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Cervical Cancer Screening in Rural South Africa: An Analysis of the Awareness, Attitudes, and Practices of Women Served by the Masincedane Clinic

Jordan Schneider
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Cervical Cancer Screening in Rural South Africa
*An Analysis of the Awareness, Attitudes, and Practices of Women Served by the Masincedane
Clinic*

Jordan Schneider

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SIT – Public Health South Africa, Fall 2004

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Abstract

The aim of this study was to conduct a brief investigation into the awareness, attitudes and practices regarding cervical cancer among women living in Keiskammahoek, a rural area in the Eastern Cape of South Africa. The objectives of this study were to:

- Determine if screening is available within a localized rural community and the methods that are being used.
- Determine if women are coming in for screening, the demographics of these women, and the circumstances that bring them into PHC clinics.
- Investigate the level of knowledge and education about cervical cancer and prevention among women within the community of research.
- Investigate the reasons women are not coming in for screening.
- Investigate stigma that surrounds both pap smears and cervical cancer in general.
- Make recommendations both for improving the current system as well as for future study.
- Create awareness about cervical cancer after conducting research.

To achieve these objectives, four interviews with healthcare professionals were conducted.

Additionally, five percent of the population of women living in the village immediately surrounding Masincedane Clinic, one of the ten Primary Health Care Clinics in Keiskammahoek was surveyed.

Finally, an interview was conducted with the head of a new screening program for cervical cancer in Keiskammahoek.

The following results were found:

- Pap smears are available for free for all women at each clinic in Keiskammahoek, but they are for diagnostic purposes only; no consistent screening policy is in place.
- The sister at the clinic of interest, Masincedane Clinic, has taken an initiative to try to screen women despite the fact that there is currently no program in place.
- The level of awareness of cancer, especially cervical cancer is extremely low among the women served by the Masincedane Clinic.
- Among women who have knowledge about cervical cancer, very few know that pap smears help prevent developing the disease.
- The majority of women who had a pap smear in their lifetimes did not know that they were being screened for cervical cancer, and many never got their results.
- A large population of women who had not heard of a pap smear expressed interest in having one.
- The main barriers keeping women from coming in for screening are a lack of awareness, fear of the exam itself and fear of having cancer.

Chapter 1

General Introduction to the Study

1.1 Introduction:

This chapter is a general introduction to the research project. It includes the motivation for research, a statement of the research problem, the research questions addressed by the study, and the definitions of key terms that will be used throughout the study.

1.2 Motivation for Research:

Over the past ten years, the South African government has been greatly emphasizing the importance of integrating preventative healthcare into the Primary Health Care (PHC) system in the Republic of South Africa. Preventative healthcare seeks less to treat or cure existing diseases, ailments or epidemics, but rather focuses on preventing men and women from contracting the diseases in the first place. The aim of preventative healthcare is to avert rather than simply to treat, and its tactics are education, screening, and awareness rather than drugs and medications. Some preventative healthcare tactics include educating men and women about their health needs, encouraging behavioural changes among men and women regarding their mental, physical and spiritual well-being, integrating population based screening policies into a community of people to avoid the contraction of preventable diseases, immunizing adults and children, etc.

Women's healthcare has also been identified as a priority for the PHC system in South Africa. Maternal/fetal medicine has been greatly emphasized in PHC clinics and women's health issues ranging from abortion, cervical cancer, breast cancer, HIV/Aids, sexual rights, gender, and reproductive health have been forced to be addressed by the government through the work of organizations like the Women's Health Project (WHP). According to the WHP, 70% of the 1.2 billion people living in poverty are female, indicating that a large population of the medically underserved in South Africa are female and women's healthcare must be a priority in the PHC system in South Africa.

When identifying an applicable and significant public health issue for research, both of these factors were taken into account, and a topic was chosen that focuses on both preventative healthcare and women's health. Breast and cervical cancer are two of the most common cancers among women worldwide, and they are also two of the most preventable if detected early. In South Africa, there exists a broader general level of awareness among women regarding breast cancer than cervical cancer, and more South African women die each year of cervical cancer than any other form of cancer (Moore, 440). This study, therefore, is an investigation of cervical cancer and its screening within the PHC system of South Africa.

1.3 Research Problem Statement:

Cervical cancer is a vitally important women's health issue in South Africa. In spite of the fact that, if it is caught early, it is one of the most preventable types of cancer, cervical cancer kills more women than any other cancer in South Africa (Moore, 440). With proper screening, however, many of these deaths could be prevented. Due to many factors including a lack of a consistent National screening program in South Africa until recently, the majority of women living in the Republic of South Africa do not undergo any screening for cervical cancer, leading to a relatively high incidence of cases among South African women in comparison to the rest of the world. According to the Department of Health, approximately 1 in 41 South African women are expected to develop cervical cancer within their lifetime (DOH, 1998:2).

Worldwide, cancer of the cervix is has the third highest incidence rate, accounting for 10% of all cancers. In developing countries, however, it is the second most prevalent cancer, accounting for 15% of all cancers worldwide (Health Canada, 1999). According to the website for Reproductive Health Outlook (RHO2, 2004:1), of the 466,000 new cases that are identified each year, approximately 80 percent occur in developing countries. Additionally, RHO estimates that only about five percent of women who live in developing countries have been screened for cervical dysplasia in the past five years, compared with the 40-50 percent of women of developed countries who have been screened. These statistics are disheartening because studies show that in areas where screening quality and coverage has been high, invasive cervical cancer has been reduced by as much as 90 percent (RHO2, 2004:1).

The Republic of South Africa is a unique country, in that it has a wide contrast of developed and developing communities in a relatively small region within its borders. The rural areas of South Africa are the less developed communities. A native citizen of Keiskammahoek, a rural area in the Eastern Cape of South Africa, states it best, saying, "We are staying in rural areas, so many things come last to us." Healthcare in rural areas is often less developed due to factors such as a lack of running water and electricity, lack of paved roads and efficient transport, unemployment, poverty, and that fact that many must travel great distances to reach their nearest hospital, which are often understaffed. Taking into account the statistics regarding cervical cancer in developed verses underdeveloped nations, it is likely, then, to assume that the most effective place to begin to eradicate the problem of cervical cancer in South Africa is in a rural area.

1.4 Research Questions:

- Is screening for cervical cancer available at the PHC clinics in rural South Africa?
- Is screening accessible to all women served by the PHC clinics in rural South Africa?
- If available, are rural South African women accessing the services available to them for cervical cancer screening?

- What is the general level of knowledge among women living in rural South Africa regarding both cervical cancer and its screening?
- What factors keep rural South African women from being screened for cervical cancer?

1.5 Definition of Key Terms:

There are a number of terms that will be used throughout the study that must first be defined.

1.5.1 Cancer:

Cancer is defined as “an invasion of normal cells by rapidly growing abnormal cells.” (Moore, 440).

1.5.2 Cervix:

The cervix is the lower, narrow part of the uterus (womb). The uterus, a hollow, pear-shaped organ, is located in a woman's lower abdomen, between the bladder and the rectum. The cervix forms a canal that opens into the vagina, which leads to the outside of the body. See picture below (Medterms, 2002).

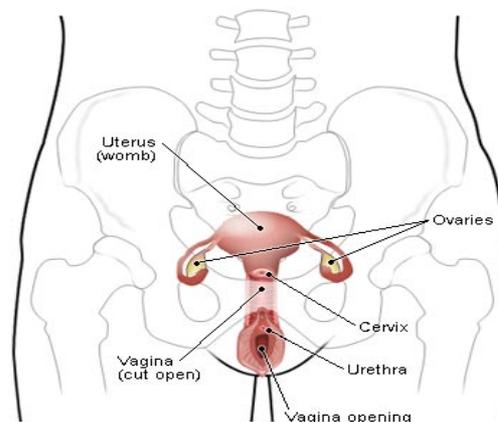


Figure 1.1 – Picture of the Cervix

1.5.3 Dysplasia:

Cervical dysplasia is defined as changes from normal in the cells lining the cervix of the uterus. Cervical dysplasia involves a sequence of cellular changes from mild to severe that are not yet cancerous but constitute the prelude to cancer of the cervix (Medterms, 2002).

1.5.4 Human Papillomavirus (HPV):

HPV is a sexually transmitted virus that can cause cellular changes in the cervix that may progress into cancer (Engender Health, 2004:1).

1.5.6 Papanicolaou Smear (Pap Smear):

A pap smear is quick, simple procedure in which a few cells are scraped from the cervix with a special instrument and then examined under a microscope for abnormalities (Moore, 440).

Chapter 2

Literature Review

2.1 Introduction:

This chapter provides a very brief literature review. There is a significant amount of literature available regarding both cervical cancer and its screening. Additionally, research has been conducted investigating the stigma surrounding both cervical cancer and pap smears among Xhosa women specifically. This chapter describes the epidemiology and natural history of cancer of the cervix, identifies risk factors for developing the disease, describes both primary and secondary preventative measures, and finally describes stigma associated with cervical cancer, especially among the Xhosa community.

2.2 Epidemiology and Natural History of Cervical Cancer:

Although its exact role in the development of cervical cancer is unclear, it is now thought that cancer of the cervix is highly associated with certain strains of the sexually transmitted infection, human papillomavirus (HPV) (DOH, 1998:2). In fact, HPV is believed to be the cause of almost all cervical cancer cases worldwide. A recent study indicates that worldwide HPV prevalence in cervical carcinomas is 99.7% (RHO1, 2004:1).

Cervical cancer develops slowly over time from a precursor lesion (known as cervical dysplasia or cervical intra-epithelial neoplasia (CIN)) that, although seemingly invisible to the naked eye, can be diagnosed by cervical cytology (DOH, 1998:2). Mild dysplasia (CIN I) almost always regresses spontaneously, especially in younger women and most moderate dysplasias (CIN II) also regress; it is severe dysplasia (CIN III) that is the true precursor to cervical cancer (RHO1, 2004:1). The progression from CIN III to cervical cancer is quite slow, ranging from 10-20 years (DOH, 1998:2).

2.3 Risk Factors

There are several risk factors which place a women at a higher risk of developing cervical cancer. These include:

- Becoming sexually active at an early age;
- Having multiple sexual partners or a partner who has multiple partners;
- Recurring sexually transmitted diseases;
- Viral infections such as genital warts and herpes;
- Smoking
- Multiple Pregnancies
- Poor nutrition (Moore, 41)

- Oral contraceptive use (RHO1, 2004:1)
- Increasing Age (DOH, 1998:2)
- Illiteracy (Palacio-Mejia et al., 1)

2.4 Prevention:

There are two types of preventative measures described in terms of avoiding the development of cervical cancer. Primary prevention involves behavioural choices a woman can make on her own, without outside treatment or testing done by a healthcare worker. Secondary prevention involves a screening test which can detect pre-cancerous cells of the cervix so that a woman may be treated before she actually develops cervical cancer.

2.4.1 Primary Prevention:

The Department of Health suggests five different forms of primary prevention that women should practice in their own lives to reduce the probability of acquiring cervical cancer. They are as follows:

1. Stop smoking or preferably never start smoking.
2. Use barrier methods during intercourse to prevent the spread of HPV and other sexually transmitted diseases (STDs). It has been found that condoms and diaphragms provide some protection against cervical cancer (Moore, 41).
3. Postpone sexual activity to older age.
4. Effectively manage STDs.
5. Decrease parity (reduce the number of pregnancies one has) (DOH, 1998:3).

Evidence also indicates that limited one's use of oral contraceptives may also be a possible form of primary prevention (RHO, 2004:1).

2.4.2 Secondary Prevention:

Secondary prevention aims at detection and treatment of the precursors to cervical cancer. Pap smears are the best known and most widely used form of secondary prevention (DOH, 1998:3). There are several other methods that have been attempted in developing countries with varied levels of success. Three such methods include various forms of visual inspection of the cervix to identify lesions, HPV testing followed by cryotherapy treatment, in which dead tissue is frozen through the application of a refrigerated probe, and the use of automated Pap screening machines to identify subsets of Pap smears that should be examined by cytologists. (RHO1, 2004:5).

2.7 Stigma:

There is a significant amount of stigma surrounding both pap smears and cancer of the cervix itself. It is vital for healthcare providers to be aware of the sources of this stigma in order to be sensitive to cultural and physiological influences that may keep a woman from coming in for treatment. For instance, in Xhosa tradition, the womb is a very important part of a woman's body, defining her womanhood. A Xhosa woman sees her womb as her source of power and her vulnerability; an examination of the cervix, an extension of her womb may, therefore, be extremely uncomfortable for her. A Xhosa woman as quoted as saying, "We are Xhosas, and it is not out custom to open our vaginas to strangers. Your vagina is your secret." (Engender Health, 2004:1).

Not only so, but a Xhosa man is very protective and possessive of his wife and her body. It is a Xhosa belief that the husband is the 'owner of the vagina' and, at times, men feel that a pelvic exam is in competition with his exclusive rights to examine his wife's body. (Engender Health, 2004:2). A Xhosa woman may not have the support of her husband to undergo a pelvic exam, which may lead many women not to come in for treatment until they are already having gynaecological symptoms due to severe dysplasia.

Finally, there is stigma surrounding the disease of cancer itself. Studies have shown that 72% of cancer patients indicate that they were treated differently after diagnosis than they were before having cancer (Helman, 89). Women want to avoid the negative connotations associated with the disease and the change in social interactions that may occur when they are diagnosed, and may therefore avoid screening or treatment altogether.

It is crucial that healthcare workers are aware of and sensitive to the anxieties associated with the stigma surrounding cervical cancer and its screening. The RHO states that a fear of embarrassment, pain, or cancer as one of the leading factors reducing women's participation in screening programs (RHO1, 2004:9). By being sensitive to the cultural and psychological issues surrounding cervical cancer screening, healthcare providers can help to alleviate these fears.

Chapter 3

Research Objectives and Methodology

3.1 Introduction:

This chapter contains the research objectives, a statement of ethics, and the methodology of the study.

3.2 Research Objectives:

- To conduct high-quality quantitative research within a localized, rural area through informal interviews and a population survey.
- To determine if screening is available within this localized community and the methods that are being used.
- To determine if women are coming in for screening, the demographics of these women, and the circumstances that bring them into PHC clinics.
- To investigate the level of knowledge and education about cervical cancer and prevention among women within the community of research.
- To investigate the reasons women are not coming in for screening.
- To investigate stigma that surrounds both pap smears and cervical cancer in general.
- To make recommendations both for improving the current system as well as for future study.
- To create awareness about cervical cancer after conducting research.

3.3 Statement of Ethics:

This research project was conducted in such a way that the rights of the respondents were given top priority. Signed permission was given by each respondent and their confidentiality was maintained at all times during the research and writing of the report. The research was also conducted so as to avoid harm in any way to respondents, offer beneficence to them, and minimize researcher bias.

3.3.1 Permission:

Permission was received by the matron at S.S. Gida hospital to tour the facility, as well as by the sisters at the various clinics visited throughout the project. Verbal consent was also given by those interviewed to use their names and the information received by them in the writing of this report.

Each respondent to the survey signed a consent form¹ after being informed of the following:

¹ A copy of the consent form can be found in Appendix A.

- (1) The researcher's name and status as an international student from the University of Port Elizabeth (UPE) studying Public Health.
- (2) The purpose of the study and research objectives.
- (4) That her participation is voluntary and that she may withdraw at any time
- (5) That the information shared is confidential and her name will not be recorded in any way.

The consent form was read to each respondent and translated into Xhosa when necessary. A copy of the consent form was also offered to each respondent, including a phone number of the Academic Director of the program whom she was told to call anonymously if she had any questions or complaints regarding the survey or the researcher.

3.3.2 Confidentiality:

The confidentiality of each respondent was maintained at all times during the research project. No names of have been recorded in any way, either on the surveys themselves or in the writing of this report. Both the researcher and the translator have not and will not share with anyone the responses of the women surveyed.

3.3.3 Harm:

This study was conducted in such a way so as to avoid psychological harm or embarrassment in any way to the respondents of the survey. The respondents were assured that they were not required to answer any question they did not feel comfortable responding to, and that they were free to withdraw from the study at any point. The questions in the survey were carefully worded to still obtain the desired information while minimizing embarrassment or discomfort, and were edited beforehand by the Academic Director of the program, the Sister at the local clinic, and a citizen of Keiskammahoek to ensure that they fulfilled this goal. Finally, an additional disclaimer was given to each respondent immediately before questions regarding sexual behavior, stating that the following questions had to do with her sexual behavior and that she need not respond if she did not feel comfortable. 35.7% of women surveyed did not feel comfortable talking about sexual activity, and this part of the survey was simply skipped.

3.3.4 Beneficence:

Although none of the respondents received monetary beneficence for participating in the study, a pamphlet of information on both cervical cancer and pap smears² was given to each respondent following the survey. These pamphlets were made in both English and Xhosa, and the respondent was given her choice of language. For those who were illiterate, the pamphlet was read

² A copy of this pamphlet in both English and Xhosa can be found in Appendix B.

to them. Additionally, time was allotted after each survey during which any questions that the respondent had regarding both cervical cancer and screening were answered by the researcher if known.

3.3.5 Researcher Bias:

To assure that researcher bias did not play a role in the results of the survey, the researcher did not distribute any information or answer any questions about cervical cancer until after every question from the survey had been responded to.

3.4 Research Methodology:

This research project was conducting using both informal interviews and a population survey.

3.4.1 Framework for Survey:

Before beginning formal research, four informal interviews were held with healthcare professionals, three sisters and one doctor working in Keiskammahoek, a rural area in the Eastern Cape, South Africa's poorest province. These interviews provided a framework and foundation on which the rest of the study was built because they provided information about the current screening program in the area and its effectiveness. The qualitative information gained from these healthcare professionals, together with outside literary review, was used in creating the survey, which was the main aspect of the study.

3.4.2 Survey:

A survey was created and separated into seven different categories³:

- (1) The demographics/background information of respondents
- (2) Awareness of cancer in general
- (3) Awareness of cervical cancer
- (4) Risk factors of women surveyed
- (5) Knowledge/Utilization of services
- (6) Types of health education among women surveyed
- (7) Strategies/Solutions

The aim was to survey five percent of the population of the village immediately surrounding the Masinedane Clinic, but due to time constraints and a day devoted to research at St. Matthews Clinic rather than surveying, only 4.67% of the population was surveyed. 28 women from 28 of the 600 homes in the village were questioned. The population was a convenience sample, meaning any

³ The exact questions from the survey can be found in Appendix C.

woman who was available and willing to participate was chosen. The researcher travelled from door-to-door all over the village, however, to try to ensure that all areas of the village were represented and that the population surveyed represented all those living in the community not just those who visit the clinic regularly.

The survey was conducted as an interview-survey, in which the researcher sat down with women and asked them questions directly (or through a translator). It was decided not to distribute the surveys in a form of a strict, quantitative questionnaire for multiple reasons. First, many women in the community cannot read and it was most effective to ask questions directly.

Secondly, due to constraints on time, both qualitative and quantitative questions were asked together in the same survey rather than first surveying a large population to gather qualitative data and then surveying another population to obtain quantitative results. It was desired to have as large of a population as possible answering the quantitative questions, in order to most accurately display the knowledge, awareness, and practices of the women in the localized area of research, and more time was needed to ensure this goal was met than would have been possible if two different populations were questioned separately. The majority of questions in the survey provide quantitative data, which is analysed in the next chapter of the report. The qualitative questions of the survey, however, required that it be more of an interview-survey rather than a strict questionnaire.

Finally, one of the objectives of the study was to provide information to women about both cervical cancer and pap smears. By going door-to-door and taking between 20 minutes and an hour to sit down with respondents and ask them questions, the researcher was able to then distribute pamphlets of information to respondents and answer any questions that arose from the survey itself or from reading the pamphlet.

3.4.3 Visit to St. Matthews Clinic:

The final aspect of the research project was not initially planned, but became helpful in determining the effectiveness of educating women about cervical cancer. A day was devoted to touring St. Matthews Clinic, one of the ten clinics in Keiskammahoek, and gaining information about a new screening policy for cervical cancer that was implemented on November 1, 2004. An informal interview was conducted with the Sister Ngqungwana, who is leading this initiative. Additionally, one of the nine volunteers who is helping promote the new screening program responded to the questions from the survey.

Chapter 4

Presentation and Analysis of Results

4.1 Introduction:

This chapter is a presentation and analysis of the results from the study. It includes the information gained from the initial three informal interviews with sisters from three different PHC clinics in Keiskammahoek as well as from the informal interview with the doctor who travels from clinic-to-clinic throughout the week. Both the qualitative and quantitative results from the surveys are then presented and analysed. Finally, the results from the visit to St. Matthews Clinic are presented and analysed as well.

4.2 Initial Informal Interviews:

Through interviewing four different healthcare professionals working in Keiskammahoek, the way in which the health care system in Keiskammahoek is set up was identified. There is only one hospital in the area, S.S. Gida Hospital, which is responsible for serving all 50,000 inhabitants of Keiskammahoek. It is centrally located in the middle of town, and there are 10 PHC clinics spread throughout the area, each of which serves about 5,000 people. The services provided at these clinics, the hours of operation, the number of nurses, and the facilities themselves are all consistent with each other. They have 3 professional nurses and 1 assistant nurse at each clinic and offer services in health education, breastfeeding, child health, immunizations, child minor ailments, antenatal care, delivery, postnatal care, home visits, mental health, T.B., HIV/AIDS, chronic diseases, circumcision services, and oral health. As stated, each clinic is responsible for a population of about 5,000 people and none of the clinics have patients living more than 6 kilometers away. This is extremely important because transport is not readily available in this area and the roads are not paved, so the clinics must be in walking distance. The sisters at the clinic are responsible for most of the health services provided to its patients, but a doctor visits from the hospital once a week to retrieve both specimens and blood and to see patients referred to him/her by the sister. In this way, the hospital has close connection with the clinics and patients do not fall through the cracks very easily.

Three sisters from three different clinics in Keiskammahoek were interviewed and all agreed that, although pap smears are available for free at the clinics, women are not readily accessing these services. Each sister claimed to have a screening policy at her clinic, but the ages at which women are screened and the intervals between pap smears were inconsistent with each other. The first sister stated that women are first screened at the age of 21 and then every three years if she is taking oral contraceptives, or every five years otherwise. The second sister stated that women are first screened at the age of 25, then every year for two years, and then in three year intervals thereafter if all pap smears are normal. She also commented that this changed from the policy from

a year ago, in which women were first screened at the age of 18 and then again every ten years. The third sister stated that women are first screened at the age of 25 and then every ten years after that. Ironically, all three sisters claimed to follow the regulations set forth by the Department of Health.

This was the only inconsistency in the interviews of the sisters. All four of the healthcare professions, the three sisters and the doctor, agreed that women very rarely come into the clinic solely for cervical screening. They are screened if they come in for family planning or if they are having gynaecological symptoms. This is discouraging, because women are at an increased risk for cervical cancer as they get older, after they would no longer be visiting the clinic for family planning. Additionally, women who are already having symptoms of cervical cancer are often past the stage at which it is easily treated or treatable at all.

The sisters also agreed that the main reasons women were not coming in for screening were a lack of awareness and knowledge, a cultural taboo in talking about gynaecological anatomy, a level of discomfort and lack of support from husbands or partners, and the fact that many women chose to visit traditional healers for gynaecological symptoms rather than the clinic. Sister Mdonti, in describing the lack of awareness about cervical cancer and pap smears stated, “The women are educated, but not knowledgeable as far as healthcare is concerned,” meaning that although the level of formal education is not low in Keiskammahoeck, the level of health education is very low. Sister Nxusa commented on how sexual issues are taboo to talk about in the Xhosa community, especially with men, and that women do not tell their husbands about having a pelvic exam because they feel uncomfortable doing so.

The information gained from these interviews was used in creating the survey which sought to quantitatively show the level of awareness among women living in Keiskammahoeck, identify reasons women are not coming in for screening, and seek to gain insight into ways to increase the number of women who come to the clinic for pap smears.

4.3 Results from the Surveys:

In this section, the responses from the surveys are presented in seven different categories.

4.3.1 Demographics/Background Information of Respondents:

Age:

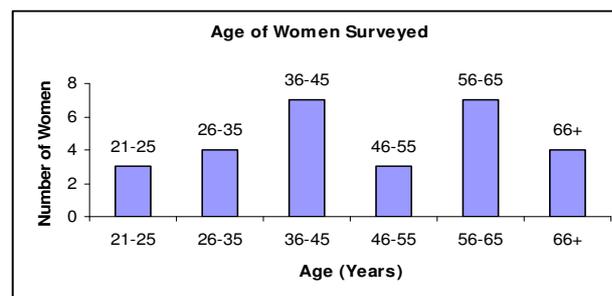


Fig. 4.1 – Age of Women Surveyed

- 10.7% of women surveyed were between the ages of 21-25, 14.3% between 26-35, 25% between 36-45, 10.7% between 46-55, 25% between 56-65, and 14.3% over the age of 65.

Race:

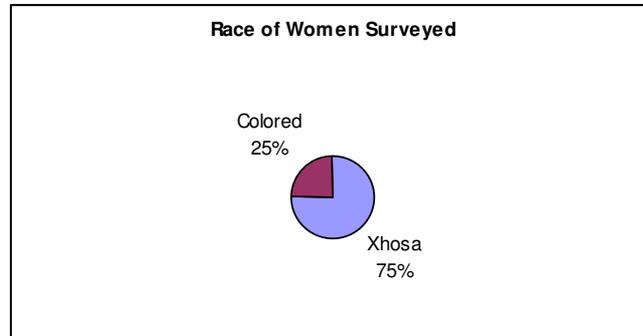


Fig. 4.2 – Race of Women Surveyed

- 75% of women surveyed were Xhosa, the remaining 25% were coloured

Birthplace:

- 57.1% of women surveyed were born in Keiskammahoek and had lived there their whole lives. Only 7.1% had lived outside of the Eastern Cape, and 14.3% moved Keiskammahoek within the past ten years. The remaining 28.6% have lived in Keiskammahoek for over a decade.

Marital Status:

- 46.4% of women surveyed were married, 28.6% are single, 3.6% are divorced, and 21.4% are widowed.

Level of Education

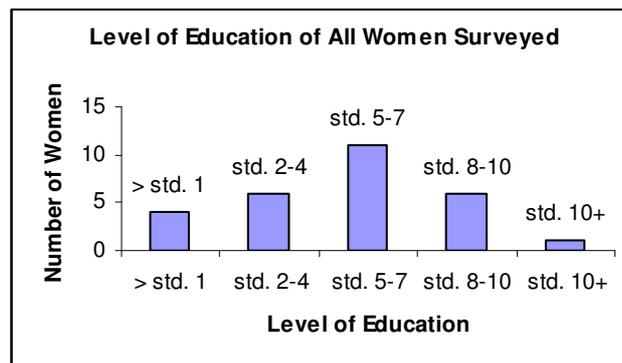


Fig. 4.3 – Level of Education of Women Surveyed

- 14.3% of women surveyed had a level of education at or below standard 1. 21.5% were between standard 2 and standard 4, 39.3% were between standard 5 and standard 7, 21.5% were between standard 8 and standard 10, and 3.6% were above standard 10.

4.3.2 Awareness of Cancer in General:

Have you heard of cancer before today?

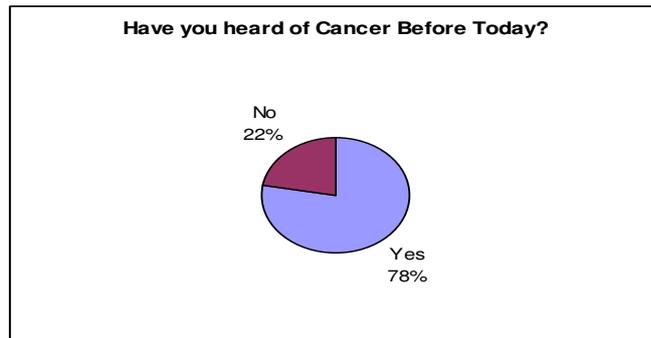


Fig. 4.4 – Have You Heard of Cancer?

- 78.6% of the population surveyed had heard of cancer.
- 18.2% of those who had heard of cancer, however, knew nothing about the disease and had only heard the term itself.
- In reality, therefore, only 64.3% of the population had any knowledge about cancer.

How would you define cancer?

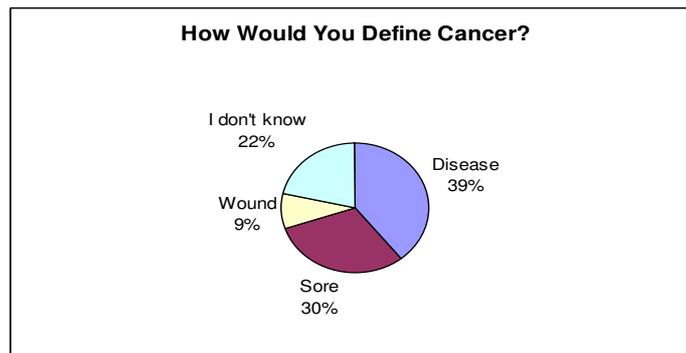


Fig. 4.5 –Definitions of Cancer

- Of those who had heard of cancer, 39.1% identified it as a disease, 8.7% identified it a wound, 30.4% identified it as a sore, and 21.7% did not know how to define it.
- Other definitions of cancer include:
 - “It’s a sore, like a wart, and makes your eyes red”
 - “It’s a bad sore, a serious sore”
 - “It’s a sore in your breast or your cervix”
- One woman stated that a headache is “cancer of the head”

Do you know anyone who has had cancer?

- Of those who responded, 39.1% knew someone who had cancer, and the remaining 60.9% did not.

Is There More Than One Type of Cancer?

- 53.9% of women knew that there is more than one type of cancer.
- 14.3% of these women, however, thought that breast and cervical cancer are the only two types.

- 19.2% of women surveyed thought there was not more than one type of cancer.
- 26.9% of women surveyed did not know if there was more than one type of cancer.

Which Type of Cancer is the Leading Killer of Women?

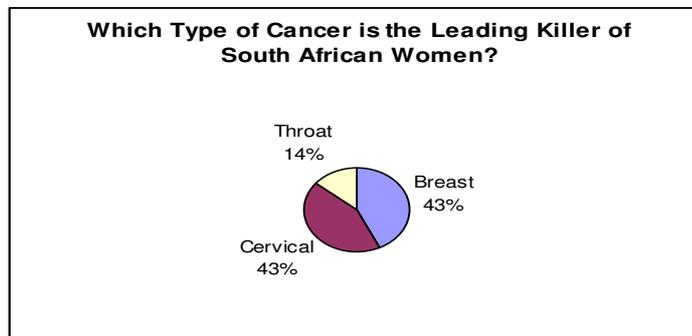


Fig. 4.6 – Leading Cancer Killer of South African Women

- When asked which type of cancer killed the most South African women annually, of those who responded, 42.9% said breast cancer, 42.9% said cervical cancer, and 14.3% said throat cancer. No one responded that skin or prostate cancer were the most common.

Is Cancer Preventable?

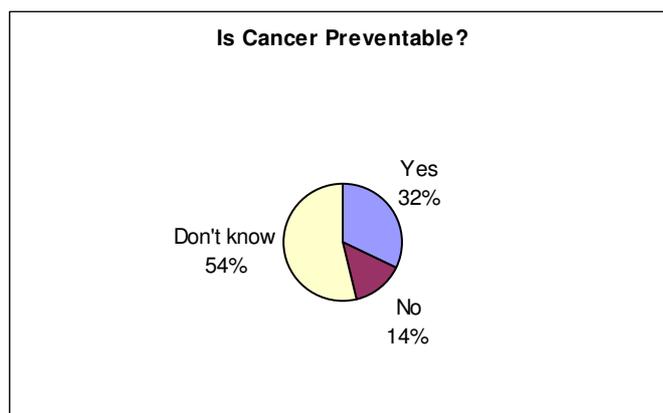


Fig. 4.7 – Is Cancer Preventable?

- When asked if cancer was preventable, 32.1% said yes, 14.3% said no and 53.6% did not know.
- Further responses given by women when asked if cancer was preventable were:
 - “I don’t know...all I know is that it’s a killer disease.”
 - “No, you will die if you have it”

4.3.3 Awareness of Cervical Cancer

Have You Heard of Cervical Cancer Before Today?

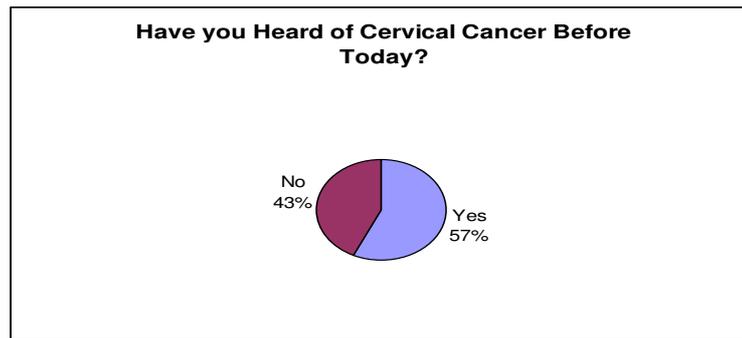


Fig. 4.8 – Is Cervical Cancer Preventable?

- 42.9% of those surveyed had never heard of cervical cancer
- Of the 57% who had heard of the term cervical cancer, 37.5% knew nothing about the disease.
- In reality, therefore, only **35.7% of the population surveyed knew anything about cervical cancer.**

Do you know anyone who has had Cervical Cancer?

- 17.9% of women surveyed knew someone who had cervical cancer

Who is at Risk of Getting Cervical Cancer?

- 60% knew that a woman is still at risk for cervical cancer even if she is not sexually active. 30% claimed that a woman who is not sexually active cannot get cervical cancer. 10% were unsure.
- 80% knew that a woman can still get cervical cancer even if she is menopausal or has already experienced menopause. 20% responded that a woman who is menopausal or post menopausal can no longer get the disease.
- 70% knew that a woman can still get cervical cancer even if she no longer plans to have children. 20% claimed that a woman no longer planning to have children cannot get cervical cancer. 10% were unsure.
- 60% knew that having a tubal ligation does not affect a woman's chances of getting cervical cancer, 20% responded that she could no longer get the disease and 20% were unsure.
- 50% knew that a woman can still have cervical cancer even if she has no signs or symptoms. 40% claimed that a woman cannot have cervical cancer if she is not showing any signs or symptoms. 10% were unsure.

What Factors Increase my Risk of Getting Cervical Cancer?

(Unprompted)

- When asked about factors that increase a woman's chances of developing cervical cancer, 30% identified smoking as a risk factor without being prompted, 20% identified multiple sexual partners as a risk factor, and 20% claimed that excessive alcohol use is also a risk factor.
- One woman commented that a woman who has had an abortion is at a much higher risk of having cervical cancer because abortions are the main cause of cervical cancer.

- Another woman claimed that, ““A woman who doesn’t smoke cannot get it [cervical cancer]”

(Prompted)

Once prompted,

- 100% identified having sex at an early age, smoking, and having a sexually transmitted disease as risk factors. 100% also claimed that alcohol use increases a woman’s chances of developing cervical cancer, which research has not distinctively shown.
- 90% knew that having multiple sexual partners is a risk factor and 10% were unsure.
- 90% knew that condom use decreases a woman’s chances of getting cervical cancer and 10% thought that condom use increases her chances.
- 80% of women believe that poor personal hygiene can increase a woman’s chances of developing cervical cancer, while 20% correctly said that it does not.
- 50% of women knew that her risk of developing cervical cancer increases with age. The other 50% claimed that age is not a factor.

Is Cervical Cancer Preventable?

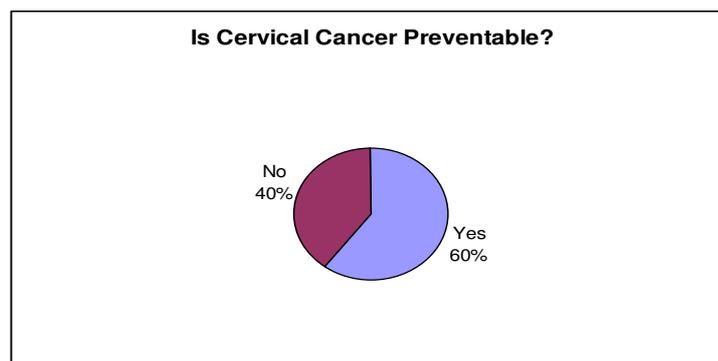


Fig. 4.9 – Is Cervical Cancer Preventable?

- Of the 36% of women who responded to questions regarding cervical cancer, 60% responded that cervical cancer is preventable and the other 40% said that it is not.

What Signs or Symptoms Indicate that a Woman may have Cervical Cancer?

- Of the 36% of women who responded to questions regarding cervical cancer, 80% were able to identify signs or symptoms associated with the disease. (10% knew there are symptoms but did not know what they were, and the other 10% claimed that there were none at all.)

(Unprompted)

- Of the women who identified signs or symptoms,
 - 62.5% identified severe pelvic pain, 37.5% identified excessive vaginal bleeding, 37.5% identified vaginal discharge, and 25% identified warts or white spots that may be an STI.
 - One woman also claimed that weight loss is a sign of cervical cancer.

(Prompted)

Once prompted,

- 100% identified excessive vaginal bleeding, vaginal discharge, and bleeding after intercourse as signs of cervical cancer.
- 90% identified vaginal itching and pain during intercourse as signs.

4.3.4 Risk Factors of Women Surveyed

Multiple pregnancies:

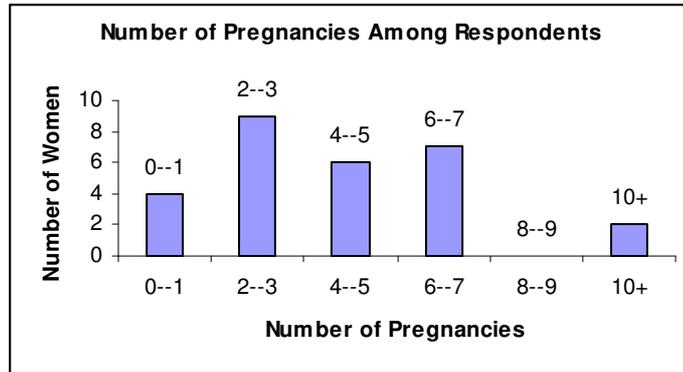


Fig. 4.10 – Number of Pregnancies among Women Surveyed

- 14.3% of women reported being pregnant 0-1 times. 32.1% had been pregnant 2-3 times. 21.4% had been pregnant 4-5 times. 25% had been pregnant 6-7 times. 0% had been pregnant 8-9 times. And 7.1% of women had been pregnant 10 or more times.
- The mean average number of pregnancies per woman was 4.25.

Sex at an early age:

35.7% of women surveyed did not feel comfortable talking about sexual activity. So 18 women responded to the questions regarding their first engagement in sexual intercourse.

- The age at which women first had sexual intercourse ranged from 14-25.
- 55.6% reported having sex before the age of 18. 27.8% were 18 or 19 years old. 16.7% were 20 or above.
- The mean average age at which women first had sexual intercourse was 16.9.

Multiple Sexual Partners:

35.7% of women surveyed did not feel comfortable talking about sexual activity. So 18 women responded to the questions regarding their number of sexual partners.

- 100% of women surveyed were sexually active.
- The number of sexual partners women reported having in their lifetimes ranged from 1-10.

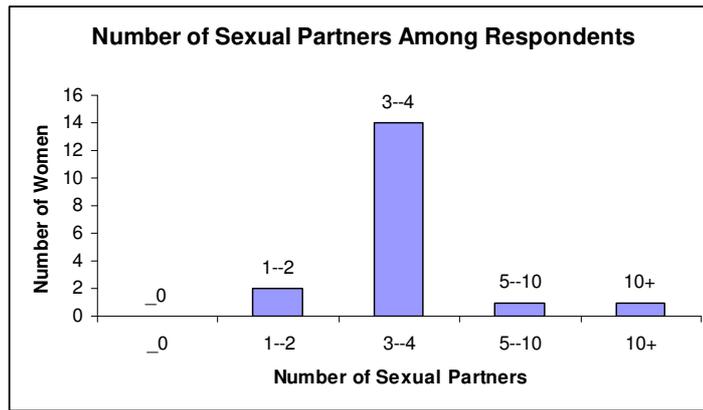


Fig. 4.11 – Number or Sexual Partners among Women Surveyed

- 11.1% of women reported having 1 or 2 sexual partners. 77.8% reported having 3 or 4 sexual partners. 5.6% had between 5 and 10 sexual partners. And 5.6% had 10 or more sexual partners in their lifetimes.
- The mean average number of sexual partners per woman was 3.72.

Smoking:

- 33.3% of the women surveyed admitted to smoking, and another 2.7% claimed to have smoked in the past but quit.
- 56% of women had women in their family who smoked.
- 66.7% of women claimed that many women living in their community smoke.

Condom use:

35.7% of women surveyed did not feel comfortable talking about sexual activity. So 18 women responded to the questions regarding condom use.

- 100% of these women knew what condoms are.
- When asked how many women in the community they thought were using condoms, 30% did not respond. Of those that responded, 21.4% said ‘All’, 35.7% said ‘Most’ and 42.9% said “Few.”
- 17.6% of women claimed that condoms cause sexually transmitted infections (STIs). 64.7% said that condoms protect a woman from both STIs and cervical cancer. 17.6% were unsure if condoms did or did not cause STIs.
- 95% of women had had sex without a condom.

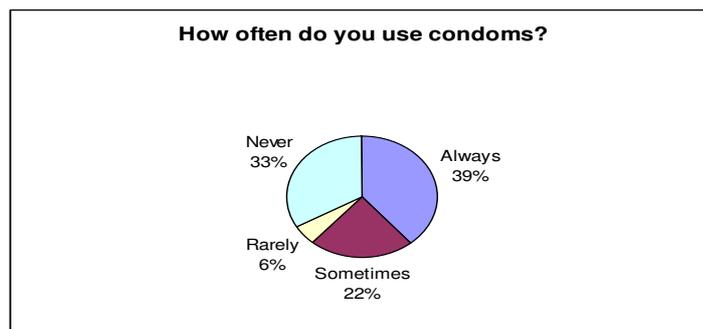


Fig. 4.12 – Frequency of Condom Use among Women Surveyed

- 38.9% of women claimed that they were currently always using condoms. 22.2% claimed to sometimes use condoms. 5.9% claimed to rarely use condoms. And, 33.3% never use condoms.

Sexually Transmitted Infections:

Of the 17 women who responded,

- 52.9% had been tested for and STI and the remaining 47.1% had not.
- Of those who had been tested, 33% had been diagnosed with an STI.
- Overall, 17.6% of respondents were aware of having an STI.

4.3.5 Knowledge/Utilization of Services:

What is the Name/Location of your Local Clinic?

- 92.8% of women surveyed knew the name and location of her local clinic.

When did you Last Visit the Clinic?

- 56.5% of those who responded claimed to have visited the clinic within the past 6 months. 4.3% visited between 6 month and 1 year ago. 13% visited between 1-5 years ago. 13% visited more than 5 years ago. And 13% have never visited the clinic at all.

Why have you never been to the Clinic?

Reasons for not visiting the clinic include (1 respondent each)

- Trusting private doctors more and having medical aid through her husband
- Having just moved to the area
- Preferring to see traditional healers

Have you heard of a pap smear?

- 75% of women had heard of a pap smear.

Of the 7 women who did not know what a pap smear was...

- 2 were 21-25 years old, 2 were 36-45 years old, and 3 were 56-65 years old
- 5 (71.4%) had been to the clinic within the past 12 months
- 2 (28.6%) had last visited the clinic for family planning
- All (100%) had at least one risk factor increasing their chances of developing cancer
- 5 (71.4%) expressed interest in having such a test, 1 (14.3%) declined wanting to have a pap smear due to discomfort, and 1 (14.3%) did not respond regarding her interest in having a pap smear in the future.

Have you had a pap smear?

- Of the 21 women who had heard of a pap smear⁴, 66.7% had had a pap smear and 33.3% had never had one.

⁴ Statistics of women who have had at least one pap smear in her lifetime can be found in Appendix D.

- Overall, 50% of women surveyed had had at least one pap smear in their lifetimes.
- 2 of the 14 women who had a pap smear were aware that the pap smear screens for cervical cancer. Meaning 14.2% of women who had a pap smear knew its purpose, and **only 7.1% of women surveyed knew that pap smears screen for cervical cancer.**

Did you feel comfortable having a pelvic exam?

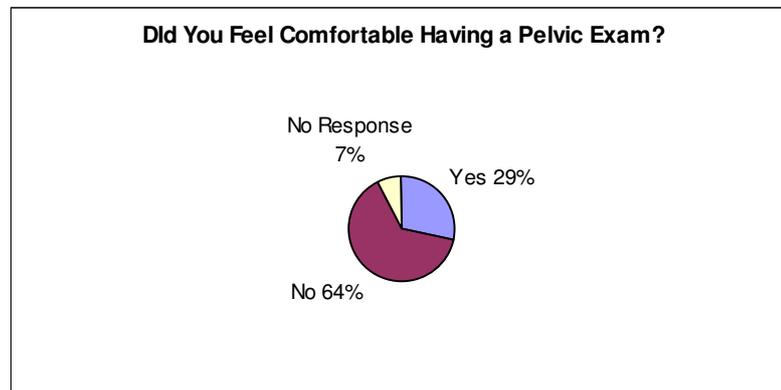


Fig. 4.13 – Number of Women Who Felt Comfortable Having a Pap Smear

- Of the 14 women who had at least one pap smear in their lifetime, 64.3% felt uncomfortable having a pelvic exam/pap smear. 28.6% of women felt comfortable with the exam. 7.1% of women did not respond.
- A woman who had 3 pap smears in her lifetime, all during pregnancy, responded that she “was angry, but complied” when asked to have pap smears.

Why do women need to have pap smears?

The following are reasons women gave regarding the purpose of a pap smear:

- A woman needs them to ensure a healthy pregnancy (4 respondents)
- A pap smear is used solely to test for STIs (1 respondent)
- “To check on the womb”
- A pap smear “cleans your insides up”
- When you are taking oral contraceptives

Why did you have a pap smear?

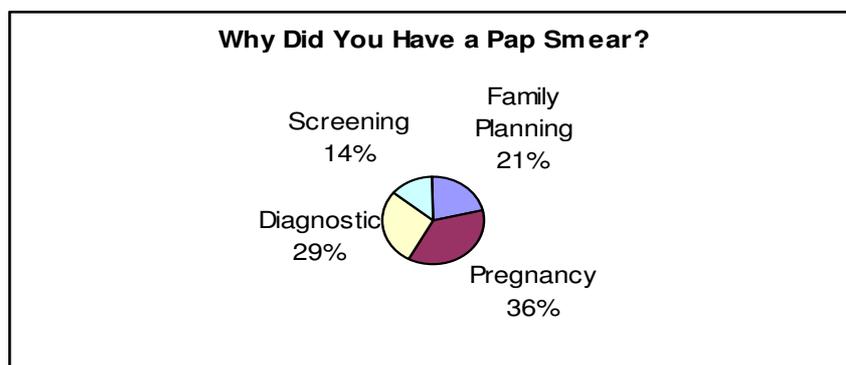


Fig. 4.13 – Number of Women Who Felt Comfortable Having a Pap Smear

- 14.3% of women who had at least one pap smear in their lifetime had come into the clinic for family planning and were encouraged to have a pap smear. They were all unaware that they were being screened for cervical cancer.
- 35.7% of women who had at least one pap smear in their lifetime did so during her pregnancy and were all unaware that they were being screened for cervical cancer.
- 28.6% of women who had at least one pap smear in their lifetime were screened diagnostically, because they came in with gynaecological symptoms such as pain, discharge or bleeding. All of these women were also unaware that they were being screened for cervical cancer.
- 2 (14.3%) of women who had at least one pap smear in their lifetime went in solely for screening, one at the clinic and one at a private hospital. Only one was aware that she was being screened for cervical cancer, the other had heard about the test on the radio, went to have the test at the clinic and never got her results.

Do you plan on having another pap smear in the future?

- Of the 14 women who had at least one pap smear in their lifetime, 21.4% planned on having another pap smear in the future. 35.7% did not intend on having a future pap smear. 21.4% were not sure if they wanted to have another pap smear in the future. And 21.4% did not respond.
- One respondent who was 58 years old and had her last pap smear during her last pregnancy in 1989 says she does not plan to have a pap smear in the future because she is too old.
- Another woman, when asked if will have one in future, replied “no because I do not plan to have any more children.”

Did a community worker encourage you to get your results?

- None of the women surveyed had contact with a community worker regarding their gynaecological health.

Did you get your results?

- 28.6% of women who had at least one pap smear in their lifetime never went back to get their results.
 - 75% of those who did not get their results had gone in for diagnostic reasons (i.e. pain, discharge, itching, or bleeding) and their symptoms subsided and they never got their results. All of these women were unaware that a pap smear screens for cervical cancer.
 - 100% of women who had a pap smear during pregnancy got their results.
 - 100% of women who had a pap smear when they came to the clinic for family planning got their results.
 - 25% of women who had a pap smear for diagnostic purposes got their results.
 - 50% of women who came in for screening got their results.

Were the results normal?

- None of the women surveyed had a known history of any abnormal pap smears.

How many pap smears have you had in your lifetime?

- Of the 10 women who responded, 70% had only one pap smear in her lifetime. 10% had 2, and 20% had 3.
- Those who had had more than one pap smear had done so due to multiple pregnancies.

Did you tell your husband about the exam?

- Of the 8 women who responded, 87.5% had told her husband about her pap smear and claimed to feel completely comfortable taking about it with her husband and that her husband, too, felt comfortable having his wife have a pelvic exam.
- 1 woman (12.5%) did not tell her husband about the exam because she was afraid he would not approve.

Reasons women who had heard of pap smears had not had one:

- The following are responses given by women who had heard of a pap smear but had never had one:
 - Fear of results more than the exam itself
 - Think it will be painful
 - “I’m scared”
 - “I’m not ready”
 - Already had blood test for HIV and thought that’s what a pap tested for
- No women reported not to have the test done because of the influence of a husband or partner.

Have you ever seen a traditional healer?

- 28.6% of women surveyed claimed to have visited a traditional healer at some point in her lifetime.
- Of these women, 1 (12.5%) had gone for vaginal or gynaecological symptoms.
- Overall, 1 woman, (3.6% of women surveyed) had gone to a traditional healer for vaginal or gynaecological symptoms.

Please explain your visit to the traditional healer when you went in for vaginal bleeding.

The respondent who had seen a traditional healer for gynaecological symptoms was having excessive vaginal bleeding and went first to the traditional healer who gave her herbs and a necklace to wear. Her bleeding subsided within a couple of days, and she never visited the clinic afterward because she states, “I do not care to take a pap smear.”

4.3.6 Types of Health Education Among Women Surveyed:

- 100% of women were given a pamphlet of information.
- 96.4% of women claimed to have never seen a pamphlet of information like this regarding cervical cancer. 1 woman had seen information at the hospital earlier that week and was interested

in having a pap smear. This information was the result of the new screening policy that started on November 1, 2004 at St. Matthew Clinic and hopes to soon spread to the rest of Keiskammahoek.

What Language do you Read in?

- 63.6% of women read in Xhosa
- 18.2% read in English
- 18.2% could not read at all, but had someone in their home to read to them.

How did you receive your knowledge about cervical cancer and pap smears?

When asked how they had heard of cervical cancer before today, the following responses were given:

- Radio (8 respondents)
- Told by private doctor (1 respondent)
- Posters (1 respondent)
- High School (1 respondent)
- Received information from the sister at the clinic (1 respondent)

4.3.7 Strategies/Suggestions:

When asked if they had any ideas about what could be done in their community to increase the level of awareness regarding cervical cancer and pap smears, the following suggestions were made:

- Go door – to – door and educate women in the same way the researcher was doing
- Hold community awareness meetings
- Target the youth and educate them. “It worked with condoms.”
- Not pamphlets – either people can’t read or they through them away.
- Community meeting set up like a talk show with Question/Answer time allotted.

4.4 Comparative Analysis of Results from Surveys:

This section compares different sub groups within the surveys to look for trends and is separated into four different categories.

4.4.1 Comparative Levels of Education among women who did/did not have knowledge about cervical cancer:

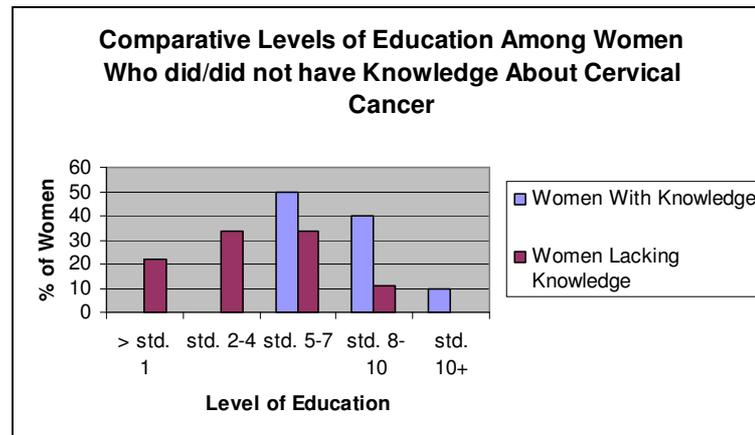


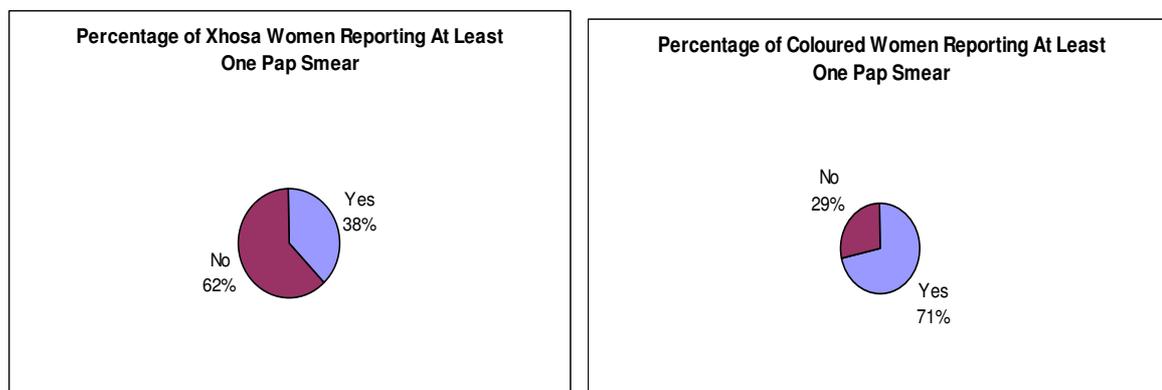
Fig. 4.14 – Level of Education: Knowledgeable vs. Lacking Knowledge

- It can be seen from the above chart that the level of formal education is higher among women who had a greater level of awareness about cervical cancer than those who did not know anything about the disease.

4.4.2 Awareness vs. Practice:

- 50% of women who had knowledge about cervical cancer had had a pap smear and 50% of women who knew nothing about cervical cancer had also had pap smears, indicating that the level of awareness about cervical cancer did not have an effect on how many women had pap smears. This may very likely not be due to the fact that awareness is not an important precursor to creating changes in one's practices, but that women are unaware that a pap smear screens for cervical cancer, especially considering that only 7.1% of women surveyed knew this.
- The mean average age at which women first had sexual intercourse was 15.8 among women who did have knowledge of cervical cancer and 18 among those who did.
- The mean average age number of sexual partners was 3.21 among women who did have knowledge of cervical cancer and 4.2 among those who did.
- Other behavioural risk factors such as smoking and STIs did not vary significantly with the level of awareness.

4.4.3 Comparative percentages of women who had pap smears by race:



- It can be seen from the above charts that a much greater percentage of the Coloured women who were surveyed had had at least one pap smear in their lifetimes than the percentage of Xhosa women. Such a small number of Coloured women were surveyed, however, that these results may or may not be conclusively significant. Further study would need to be done to show if this trend is true and what factors may lead more Coloured women to be screened.

4.4.4 The effectiveness of Radio Programs:

28.6% of women surveyed had heard about cervical cancer on the radio. 25% of these women, however, still knew nothing about the disease besides the term. Of those who responded, 50% thought breast cancer was the leading cancer killer among South African women, and 50% thought that cervical cancer is not preventable. 75% of the women who had heard about cervical cancer on the radio had had at least one pap smear in their life, but only one knew that she was being screened for cervical cancer.

Overall, those who had heard information about cervical cancer from the radio had a slightly higher level of awareness about cervical cancer than the rest of the population, but they still had a large amount of incorrect knowledge about the disease, indicating that the program was not very effective in increasing awareness but was fairly effective in promoting women to have pap smears.

4.5 Results from Visit to St. Matthews Clinic:

Through an informal interview with Sister Nozi Ngqungwana, it was revealed that a new screening program has been initiated in Keiskammahoek and started on November 1, 2004. This program truly does follow the guidelines outlined by the National Screening Policy developed by Department of Health (DOH) to combat cervical cancer in South Africa. The DOH recommends that a women be screened at minimum of three times in her lifetime, starting at the age of 25 and

then again at 35 and 45 years of age (DOH, 1998:2). St. Matthews Clinic is the first of the ten clinics in Keiskammahoek to implement this screening policy, and its target is to screen 70% of the women served by their clinic before the screening program is implemented in other clinics. It was identified at this point, that the other clinics do not actually have screening policies at their clinics, but that they have pap smears more for diagnostic purposes and that the sisters at each clinic use their own discretion about who should have pap smears. This information made the inconsistent responses regarding ages and intervals for screening from the initial interviews much more clear because a formal program has never been in place in Keiskammahoek until now.

In implementing this new program, a community awareness meeting was held on September 9, 2004 in the community hall near the clinic. More than 50 women from the surrounding area attended this meeting, and even a few men came as well. At this meeting, women were informed about what cervical cancer is and why every woman needs to be screened. They were told of the risk factors associated with cervical cancer, taught how to do self breast exams, and given condoms at the meeting. No pamphlets or other information for women to read or bring home with them was given at the meeting, but the clinic has now been provided with pamphlets in both English and Xhosa, which Sister Ngqungwana believes will be helpful.

Since the community meeting in September, 4 sisters have been trained to do pap smears, and the proper equipment has been supplied to the clinic, including 15 speculums. 9 volunteers have been educated and are being sent out into the community to get women to come to the clinic for screening, and a register is being kept to accurately document the effectiveness of the new program. It is encouraging to note that since the program's start on November 1st, over 50 women had already had pap smears by November 17th. After having interviewed one of the volunteers, however, it is discouraging to note that, although she has a much greater level of awareness than the majority of women surveyed, she did not know many of the risk factors, signs or symptoms associated with cervical cancer. She thought that breast cancer was the leading killer among South African women, and was not aware that a woman can still get cervical cancer if she has had a tubal ligation or that pain/bleeding during intercourse are possible signs of cervical cancer.

Chapter 5

Conclusions and Recommendations

5.1 Introduction:

This chapter presents conclusions from the results and analysis from the research presented in Chapter Four, looking specifically at the awareness, attitudes and practices of the women served by the Masincedane Clinic in Keiskammahoek. It also includes recommendations to the clinic to improve its effectiveness in combating cervical cancer as well as recommendations for further study.

5.2 Conclusions:

One of the objectives of this study was to determine if screening is available and accessible in rural South Africa. It was found to be the case that, in Keiskammahoek, pap smears are available at all clinics for free for all women. These clinics do not have strict screening programs, however, and the pap smears are available solely for diagnostic purposes. At Masincedane Clinic, however, Sister Ngubelanga has taken her own initiative to try screen women when they come in for family planning despite the fact that there is currently no consistent screening policy among clinics at Keiskammahoek. The percentages of women who have had pap smears in the population surveyed would have likely been even lower if this was not the case. Additionally, it is encouraging to note that a new program has been put in place at St. Matthews Clinic and will hopefully be implemented at Masincedane soon. That being said, it is important to look at the awareness, attitudes and practices of the women served by the Masincedane Clinic to understand why so few women are coming into the clinic for cervical cancer screening.

Awareness:

It is clear from the surveys that the level of awareness of cancer, especially cervical cancer is extremely low among the women served by the Masincedane Clinic. Only 64% of the population knows anything about cancer in general, and an alarmingly small 36% have knowledge about cervical cancer. Even those who have some knowledge about cervical cancer have a significant amount of incorrect information; 40% of the small group of women who have knowledge about cervical cancer do not believe that it is preventable and only half are aware that a women's chances of developing the disease increase with age. Moreover, very, very few women are informed that a pap smear can help prevent the development of cervical cancer. Only one of the 28 women surveyed was aware that a pap smear screens for cervical cancer.

It is also clear that few efforts have been made to create awareness among women about cervical cancer and pap smears. None of the women had ever seen a pamphlet of information like the one given to them after the survey, and one had seen a poster at the hospital that has recently been put up as part of St. Matthew's new screening program. While it is hopeful that more women from all over Keiskammahoek will see this poster and take the initiative to be screened, there should be posters like this one at the clinic as well. 29% of women had heard about cervical cancer

on the radio, but few knew risk factors or ways to prevent the disease. The respondent who had been taught about cervical cancer at her high school knew a reasonable amount about cervical cancer itself, but had never heard of a pap smear. Only one respondent had heard about cervical cancer from the sister at the clinic, and there are no posters or information about cervical cancer at Masincedane Clinic.

Creating awareness is unquestionably one of the first steps in combating cervical cancer in rural South Africa, and it is a crucial aspect of preventative health care. Despite the fact that pap smears are readily available to women, this service will not be accessed if women are not informed. This appears to be the greatest reason that women are not coming into the clinic for screening, more so than the reasons identified in the initial interviews with the healthcare professionals.

One positive aspect of the lack of awareness regarding cervical cancer is that there are few myths or misconceptions embedded within the community that must be amended. The majority of women know nothing about the disease and are eager to learn more. In fact, the vast majority of women surveyed had many questions about cervical cancer and pap smears, and were attentive and open to the responses given by the researcher.

Attitudes:

The hypotheses put forth by the four healthcare workers prior to the survey regarding the attitudes that keep women from being screened for cervical cancer were in some ways correct and in other ways inaccurate. The belief that women did not come in due to a lack of support from their husbands proved to be less of an issue than it was believed to be before the survey and than literary review suggested. 88% of women felt completely comfortable speaking to their husbands about the exam, and husbands appear to be supportive. No women reported not having a pap smear due to the influence of a husband or partner. In fact, the community volunteer at St. Matthews pointed out that several men have greatly encouraged their wives to be screened for cervical cancer.

Another belief about the attitudes women have about cervical cancer was that many women prefer to see traditional healers or private doctors when it comes to their gynaecological health because they do not feel comfortable with having sisters perform pelvic exams. Although many were uncomfortable having a pelvic exam, few chose to visit traditional healers or private doctors instead. Only one woman reported having gone to a traditional healer rather than the clinic for excessive vaginal bleeding.

It is unfortunately true, however, that the majority of women did not feel comfortable having a pelvic exam, including 64% of women who had had one before. Women are very protective of the “mouth of their womb”, and feel vulnerable having an exam that is so invasive, especially when they do not know exactly what the purpose of the test is. Many women reported being afraid that the exam would be painful and were pleasantly surprised that it was not.

It is encouraging to note that the majority of women were eager to learn more about cervical cancer and many claimed that they planned on telling others about the information they

gained from the pamphlet and from the researcher. Although women may not feel completely comfortable having a pelvic exam, 71.4% of women who had not heard of a pap smear before the day they were surveyed expressed interest in having one in the future. The overall attitude of the majority of women surveyed is very positive in desiring to combat cervical cancer; they simply need the tools to do so.

Practices:

In terms of primary prevention, many women in Keiskammahoek have multiple positive risk factors for cervical cancer including multiple pregnancies, multiple sexual partners, failure to use condoms, and smoking. These behavioral changes should be emphasized to women in the future to help prevent developing cervical cancer. It is secondary prevention, however, specifically pap smears among middle aged women that should really be emphasized.

Not only do women's practices show a lack of primary prevention, but they also show a lack of secondary prevention. 50% of women surveyed reported having had a pap smear at any point in her lifetime, 29% of whom never went back to the clinic to get their results. Only two of the women who were surveyed visited the clinic solely to have a pap smear, and only one of these women got her results. The majority of women who have pap smears do so during pregnancy or because they are visiting the clinic for family planning. Those who come in for diagnostic purposes rarely get their results.

5.3 Recommendations for Improvement:

The single greatest way the Masincedane Clinic can improve the gynaecological health of the women it serves, specifically when it comes to cervical cancer, is to create awareness. Despite the fact that pap smears are readily available to women, this service will not be accessed if women are not informed. This appears to be the greatest reason that women are not coming into the clinic for screening, and it is one of the easiest barriers to cross. Many suggestions were made by women in the community to increase awareness, including going door-to-door or holding community meetings. It may be extremely helpful to educate the community workers that were said to be available (but none of the women surveyed had been in contact with) about cervical cancer and send them into the community to create awareness. Put a poster up at the clinic and provide pamphlets (make more copies of the one found in the Appendix of this report). The surveys show that the majority of women in the community utilize services at the clinic. These women should be educated about their health needs when they come into the clinic; not all of the efforts to create awareness have to be as difficult or elaborate as holding community meetings or going door-to-door. Women are coming to the clinic anyways (71.4% of women who did not know what a pap smear was had visited the clinic within the past 12 months), so the each sister should take time to inform women about cervical cancer and see if they have questions and want to be screened.

Once awareness is created, it is critical to make women feel as comfortable as possible with having a gynaecological exam so that they will not discourage others from being tested. Make sure that the sisters take time before the woman has undressed to talk to her about the exam and any anxieties she may have, explain to the woman exactly what they are doing each step of the way, and that they are as gentle and non-invasive as possible. If more sisters are trained to perform pap smears in the future, once a screening program is implemented at Masincedane, ensure that they are trained from the beginning to be sensitive to the woman's anxieties and fears.

Finally, since the clinic has only 2 speculums at the moment, if many women do start coming into the clinic for screening (which will hopefully be the case) it may be helpful to create appointments so that no woman is turned away. It is also a good idea to begin following the screening policy that is now in place at St. Matthews so that there is not a great transition in the future when the program is implemented at Masincedane as well. However, as was suggested at the visit to St. Matthew's clinic, if women are willing to be screened after the age of 45, it may be beneficial to do so because she is still at risk for developing cervical cancer.

5.4 Recommendations for Further Study:

The results from this research project are in no way conclusive, but they provide a foundation for future research and insight into the level of awareness of cervical cancer among the women served by the Masincedane Clinic and some of the factors that keep them from coming to the clinic for pap smears. This information can be used as a framework for a community awareness meeting that should be held before starting the new cervical cancer screening program at Masincedane Clinic, just as one was held before it was started at St. Matthew's Clinic. After the community meeting is held, the survey should be given again to see if the level of awareness has increased and if the community meeting was effective. In fact, even if it takes a significant amount of time for St. Matthews Clinic to reach its aim of 70% and begin to implement the program at Masincedane, it may be helpful to continue to provide pamphlets at the clinic and conduct the survey again in a few months regardless of the fact that no community meeting was held to see if the pamphlets handed out by the researcher and at the clinic have increased awareness or changed women's attitudes or practices.

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Sister Nxusa – Sister at Clinic

Sister Mdtoni – Sister at Burnshill Clinic

Sister Ngqungwana – Sister at St. Matthews Clinic, head of new cervical cancer screening program

28 respondents to survey, citizens of Keiskammahoek

1 community volunteer for St. Matthews cervical cancer screening program

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Appendix A

Survey Consent Form

SIT – Consent Form for Adult Respondents

I have been informed by Jordan Schneider that she is an international student from UPE who is conducting research on women’s health issues. I understand that this study is trying to find out:

1. If screening for cervical cancer is available and the screening methods that are being used at PHC clinics.
2. If women are coming in for pap smears, the demographics of these women, and the circumstances that bring them into PHC clinics.
3. The general level of knowledge and education about cervical cancer and prevention among women in the community surrounding the Masincedane Clinic.
4. The reasons women are not coming into the clinic for pap smears if they deny doing so.

I understand that my participation is voluntary and that I have a right to withdraw my consent to participate at any time without penalty.

I understand that confidentiality will be maintained at all times. The person asking me questions will never tell anyone what I have said. My name will not be written down or recorded in any way.

I understand that you will ask me questions about my knowledge of cervical cancer and the services offered at my clinic associated with cervical cancer. I declare that I am not against talking about my personal background information, sexual behaviour, and my visits to my local PHC clinic. I understand that my name will not be written on the questionnaire and that no one will be able to link my name to the answers written down. My individual privacy will be maintained in all published and written data resulting from this study.

I know that if I have any questions or complaints about this study, I can contact anonymously, if I wish – Dr. Mthobeli Guma SIT Port Elizabeth on Tel: 041-504-2949.

I agree to participate in this study.

Signature _____ Date: _____

The extra copy of the consent form is for you to keep.

Appendix B

Pamphlets Given to Respondents and the Clinics

Appendix C
Survey Questions

Survey for Rural South African Women:

Background:

1.1 a) How old are you?

21-25 26-35 36-45 46-55 56-65 66+

b) What is your race?

Xhosa Coloured

1.2 Were you born in Keisskammahoek?

Yes No

1.3 If no, how many years ago did you move to Keisskammahoek? _____

1.8 What is your highest level of education?

< 1 std. 2-4 std. 5-7 std. 8-10 > std. 10

1.9 Are you employed?

Yes No

1.10 What is your current marital status?

Single Married Divorced Widowed

1.11 How many times have you been pregnant?

0-1 2-3 4-5 6-7 8-9 10+

Awareness:

(Cancer in General)

2.1 a) Have you heard of cancer before today?

2.1 b) If yes, how would you define it?

2.2 Do you know anyone who has had cancer?

2.3 Is there more than one type of cancer?

2.4 If yes, which of these do you think kills the most women in South Africa: breast, cervical, prostate, skin or throat?

2.5 Is cancer preventable?

(Cervical Cancer)

3.1 Have you heard of cervical cancer before today?

3.2 Do you know anyone who has had cervical cancer?

3.3. Can you still get cervical cancer if....

- a) you are not sexually active?
- b) you are menopausal or have experienced menopause?
- c) you no longer plan to have children?
- d) you are sterilized?
- e) you are not showing signs or symptoms?

3.4 What factors increase my risk of getting cervical cancer? ['U' = the factor was given unprompted by respondent. Once she has finished listing factors she is aware of, she is to respond yes or no to the following]

- a) having sex at an early age
- b) having multiple sexual partners
- c) smoking
- d) alcohol abuse
- e) failure to use condoms
- f) increasing age
- g) sexually transmitted infections

3.5 Is cervical cancer preventable?

3.6 If yes, how can a woman reduce her risk? ['U' = the answer was given unprompted by respondent. Once she has finished listing factors she is aware of, she is to respond yes or no to the following]

- a) use condoms
- b) have sex with one partner
- c) do not smoke
- d) have pap smears and any follow-up treatment
- e) other (specify)_____

3.7 What are signs or symptoms a woman may have to indicate she may have cervical cancer? ['U' = the answer was given unprompted by respondent. Once she has finished listing factors she is aware of, she is to respond yes or no to the following]

- a) excessive vaginal bleeding
- b) vaginal discharge
- c) vaginal itching
- d) pain during intercourse
- e) bleeding after intercourse

Risk Factors:

- 4.1 a) Do you know many women in this community who smoke?
 b) Do any women in your family smoke?
 c) Do you smoke?

4.2 Do you know what a condom is?

4.3 Of women in this community, how many do you think use condoms?

All Most Few None

4.4 a) Why do women not use condoms?_____

4.4 b) Do condoms cause STIs?

4.5 Are you sexually active?

4.6 At what age did you first have sex?

4.7 How many sexual partners have you had in your lifetime?

0 1-2 3-4 5-10 10+

4.8 Have you ever had sex without a condom?

4.9 How often do you use condoms?

Always Sometimes Rarely Never

4.10 Have you ever been tested for an STI?

4.11 Ever diagnosed?

Knowledge of Services/Utilization:

5.1 What is the name of your local clinic?

5.2 How many minutes does it take for you to travel there?

5.3 When did you last visit?

5.4 Why did you last visit the clinic?

5.5 Have you ever heard of a pap smear?

5.6 Where does a woman go to have a pap smear?

5.7 Why do women get pap smears?

5.8 When should women have a pap smear?

5.9 How does a women get her results?

5.10 a) Have you ever had a pap smear?

b) When was your most recent pap smear?

Last 6 months 6 months – 1 yr 1-3 yr 3-5 yr 5+ yr

c) Do you plan on having another pap smear in the future?

d) Did a community worker encourage you to return for results?

e) Did you get your results?

f) [If answered 'yes' to part d] Did you go before or after speaking with a community worker?

g) Were the results normal?

h) If no, did you receive follow-up treatment?

i) How many pap smears have you had in your lifetime?

j) Do you have a history of any abnormal pap smears?

k) If yes, did you receive follow up treatment?

l) Did you feel comfortable having a pelvic exam?

m) Did you tell your husband/partner about the exam?

5.11 If no, would you be interested in having such a test?

5.12 If you have heard of a pap smear and have not had one, please explain any reasons _____

5.13 Have you ever seen a traditional healer?

5.14 If yes, have you ever gone to one for vaginal symptoms such as bleeding, discharge or itching?

Education:

Give woman pamphlet.

6.1 a) Have you seen a pamphlet like this one?

b) If yes, in what language?

6.2 a) Have you seen or heard any other forms of

b) If yes, in what language?

6.3 What language do you read?

6.4 [If woman was aware of cervical cancer and prevention] How did you receive your knowledge about cervical cancer and pap smears?

Strategies/Solutions:

7.1 Do you have any ideas about what could be done in this community to increase the level of awareness regarding cervical cancer and pap smears?

Appendix D

Statistics: Women who have had a Pap Smear

Statistics of Women Who Have had a Pap Smear

Age

· 0% of women who had at least one pap smear in their lifetime were between the ages of 21-25, 14.3% between 26-35, 35.7% between 36-45, 14.3% between 46-55, 21.4% between 56-65, and 14.3% over the age of 65.

Race

· 57.1% of women who had at least one pap smear in their lifetime were Xhosa, the remaining 35.7% were coloured

Level of Education

· 7.1% of women who had at least one pap smear in their lifetime had a level of education at or below standard 1. 28.6% were between standard 2 and standard 4, 42.9% were between standard 5 and standard 7, 14.3% were between standard 8 and standard 10, and 7.1% were above standard 10.

Awareness of Cervical Cancer

· 71.4% of women who had at least one pap smear in their lifetime had heard of cervical cancer. However, 40% of these women knew nothing about the disease.

· Overall, of the women who had had at least one pap smear, only 42.9% knew anything about the disease

· Of the 6 women who had some awareness about cervical cancer, when asked if cervical cancer is preventable, 33.3% responded yes and 66.7% responded that it is not preventable.

Risk Factors for Women Who have Had a Pap Smear

Multiple pregnancies:

· None of the women who had at least one pap smear in their lifetime reported being pregnant 0-1 times. 42.9% had been pregnant 2-3 times. 14.3% had been pregnant 4-5 times. 35.7% had been

pregnant 6-7 times. 0 had been pregnant 8-9 times. And 7.1% of women had been pregnant 10 or more times.

- The mean average number of pregnancies per woman was 4.92.

Sex at an early age:

- 28.6% of women who had at least one pap smear in their lifetime did not feel comfortable talking about sexual activity. So 10 women responded to the questions regarding their first engagement in sexual intercourse.

- The age at which women who had at least one pap smear in their lifetime first had sexual intercourse ranged from 14-25.

- 50% reported having sex before the age of 18. 20% were between 18 or 19 years old. 30% were 20 or above.

- The mean average age at which women who had at least one pap smear in their lifetime first had sexual intercourse was 18.6.

Multiple Sexual Partners:

- 28.6% of women who had at least one pap smear in their lifetime did not feel comfortable talking about sexual activity. So 1 women responded to the questions regarding their number of sexual partners.

- 100% of women who had at least one pap smear in their lifetime were sexually active.

- The number of sexual partners women who had at least one pap smear in their lifetime reported having in their lifetimes ranged from 2-5.

- 10% of women who had at least one pap smear in their lifetime reported having 1 or 2 sexual partners. 80% reported having 3 or 4 sexual partners. 10% had between 5 and 10 sexual partners. And no one reported having 10 or more sexual partners in their lifetimes.

The mean average number of sexual partners per woman who had at least one pap smear in their lifetime was 3.4.

Smoking:

- 28.6% of the women who had at least one pap smear in their lifetime admitted to smoking, and another 14.3% claimed to have smoked in the past but quit.

Condom use:

- 28.6% of women who had at least one pap smear in their lifetime did not feel comfortable talking about sexual activity. So 10 women responded to the questions regarding their first engagement in sexual intercourse.
- 100% of women who had at least one pap smear in their lifetime knew what condoms are.
- 92.8% of women had had sex without a condom.
- 50% of women who had at least one pap smear in their lifetime claimed that they were currently always using condoms. 10% claimed to sometimes use condoms. 20% claimed to rarely use condoms. And, 20% never use condoms.

Sexually Transmitted Infections:

Of the 9 women who had at least one pap smear in their lifetime who responded,

- 88.9% had been tested for and STI.
- Of those who had been tested, 1 (11.1%) had been diagnosed.