Social and Cultural Factors Affecting Treatment Seeking Behaviour of Patients with Cancer of the Cervix, at Ocean Road Cancer Institute in Dar es Salaam, Tanzania

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Abstract:*Some social and cultural factors influence the treatment seeking behavior among women with cervical cancer in that they hinder seeking early treatment. This study was set to investigate social and cultural factors associated with the unfavourable pattern of seeking treatment. A hospital based cross-sectional descriptive study was carried out at Ocean Road Cancer Institute (ORCI) from 1st to 30th of October 2015, involving women who were diagnosed with cervical cancer and were undertaking treatment or were coming for follow up. A standardized questionnaire with both closed and open ended questions was used to get the information. Data were collected, managed and analyzed using SPSS version 20 computer programme. A total of 160 respondents participated and were interviewed. Early treatment seekers (cancer stages I and II) were only 10.6% while 89.4 % came very late when the disease was more advanced to higher stages. The overall knowledge on cervical cancer was poor, only 15.1% had adequate knowledge on the disease (p < 0.03). Symptoms awareness was only 14.4% while 85.6% of respondents being unaware (p < 0.09). Social cultural factors associated with the problem included: attending to traditional healers 88.1%, being delayed by traditional healers on different pretexts, 81.9% (p < 0.541), stigma from society 13.1%, and poverty 78.8%i.e. being unable to cater for hospital investigations and treatments. Perception that radiotherapy leads to early death was noted among 96.3% of respondents. Generally those with poor health education on cervical cancer comprised 89.5%. The study showed that the majority of women had suboptimal knowledge about cervical cancer and also symptoms specific to the disease. Beliefs that this kind of problem could not be treated in hospitals and the fact that radiotherapy kills were cemented by information obtained from traditional healers leading to delay in seeking appropriate treatment.*

Key Words: Cancer of cervix, treatment seeking behavior, factors

Introduction

Cervical cancer is one of the most common malignancies among women in Tanzania. Worldwide, cancer of the uterine cervix comprises approximately 12% of all cancers in women. In the year 2000 there were 470,600 new cases and 240,000 deaths. The majority (80%) of all cervical cancer cases were diagnosed in developing countries (WHO, 2002).

The estimated standardized incidence rate in the Sub Saharan region is 31 per 100 000 women accounting for 25% of all female cancers. Malawi is the leading country in Africa with (cervical cancer) incidence rate of about 76 per 100 000 women and Tanzania, is in 6th place with the incidence of 54 per 100 000 women; and mortality rate of 37 per 100 000 (Ferlay, 2012).

Reports from Ocean Road Cancer Institute (ORCI) revealed that cancer of the cervix was the leading cause of admissions, where in years between 2006 and 2013 more than 50% of admitted women had cervical cancer, and among those 70% were advanced disease cases (Pembe, 2001; Kazaura *et al.*, 2007; Mtowa *et al.*, 2013). The same reports indicated that there was delay in seeking treatment among those patients reviewed at that time. The reasons for delays in seeking medical care in hospitals were: receiving treatment at traditional healers' centers (35%), misinformation about cancer treatment at ORCI, especially radiotherapy, inadequate knowledge among health care providers at primary levels, and unwillingness to disclose or talk about the disease/symptoms, on the part of the patients. On average it took about 4 to 6 months from the onset of symptoms to reach the consultant hospitals and the majority of the patients, were not seeking treatment related to cancer.

A study by Birhanu and others in Ethiopia showed a strong belief that cancer of the cervix was due to breaching social taboos (example of a woman exposing underwear in the sun, instead of the ideal dark positions in the house); or undertaking unacceptable behaviors. As a result of these cultural tendencies women who got ill with symptoms of cervical cancer were excluded from society, receiving poor emotional support, and thus delayed to seek treatment in hospitals. On the other hand traditional remedies were preferred, even in situations where there was no social neglect (Birhanu *et al.*, 2012). Other studies reiterated the social factors like poor general knowledge of cancer of cervix, affordability of treatment provided by traditional healers, and dual approach (traditional with conventional medicine) as deterrents to seeking early treatment (Maree, 2010; Langley, 2012). On cultural grounds, Langley (2012) shows that in the Republic of South Africa the

big majority of patients consulted 'western' and traditional health care providers concurrently, despite the differences in educational or social groups. The objective of the study was to reassess the current situation on seeking health care among women with cancer of the cervix, to identify social and cultural barriers, after some campaign moves against cancer in the past ten years in Tanzania.

Materials and Methods
Study Site, Design and Participants
The study was conducted at ORCI, which is situated in Kinondoni District, Dar es Salaam located along the Indian Ocean 50 meters from the beach eastern part of Dar es Salaam. Kinondoni is one of three districts that form Dar es Salaam region. The district comprises four division and 27 wards, rural and urban exclusively. The area of Kinondoni is 531 km² and the latest population census of 2012 showed that the population of Kinondoni was 1,775,049 in which 914,247 were female and 860,802 male. A descriptive cross-sectional, hospital based study involving 160 participants was conducted among patients admitted at the Ocean Road Cancer Institute, in October 2015, plus those who attended for follow up treatments. Convenient sampling technique was used, where all patients accepting to participate at the time of study were involved. Informed consent was obtained verbally and written and data was collected.

A standardized questionnaire was used to obtain the basic demographic and other information from the study participants such as age, sex, marital status, location, parity, and educational level. The study instrument also included open ended questions, plus those probing on perceptions. Additionally an interview guide was used to assess what was perceived as the cause of their illness, whereby 10 persons from different age groups and backgrounds were purposively selected and interviewed. Data from the questionnaire were entered into a computer where management, including cleaning and generation of frequency tables was done, using Statistical Packages for Social Sciences (SPSS) version 20.

Results
Table 1 shows that age range between 40-49 comprised 32% while 50-59 contributed 35%. In total the majority of patients, 67% (107/160) were middle aged between 40 and 59 years. About 82 respondents (51.3%), had primary education, about 103 (64.4%), were peasant farmers and more than half of them, 71(44.4%). were married. Other findings in Table 1 show that 52.2% (84/160) of respondents were devoid of information

about the disease, while 55% (88/160) had some information, which they reported to have received from doctors, medical personnel and health workers. Proxy measurement of knowledge on what is cancer of cervix showed that the majority, [136 (85%)] had no knowledge, while a similar proportion [137(85.6%)] were not aware of the symptoms. With regard to seeking care for treatment of symptoms the proportion of women who attended to traditional healers before going Muhimbili or ORCI was 88%.

From in depth interviews among the purposively selected few patients (10), it was established that most of them were of the opinion that this ailment was not 'a natural process' but rather there was an element of being bewitched or cursed and hence the attendance to traditional healers. From instrument interview 109 patients (68.2%) had the opinion that radiotherapy is good while 51(31.8%) believed that the procedure was not good at all and that radiotherapy may kill. About 143(89.4%) claimed that poor health education on cervical cancer delayed them from seeking treatment. In practice a big number of the patients, [126 (78.8%)] looked for what they claimed 'affordable' remedies from herbalists/traditional healers, instead of going to hospital.

Table 1: Demographic Characteristics and Factors Assumed to be Related to Treatment Seeking Behavior among Women with Cervical Cancer at ORCI

Variables	Frequency	Percent
Age		
20-29	2	1.3
30-39	11	6.9
40-49	51	31.9
50-59	56	35.0
60+	40	25.0
Marital Status		
Married	71	44.4
Single	12	7.5
More than one sexual partner	4	2.5
Polygamy	28	17.5
Widowed	30	18.8
Divorced	15	9.5
Education Level		
Non formal	65	40.6
Primary Education	82	51.3
Secondary Education	12	7.5
University/Adult Education	1	0.63

Information Source		
Doctor/Health Worker	88	55
Traditional Healers	3	1.9
From the Community	23	14.4
Any other person	4	2.5
From Media	42	26.3
Symptoms Awareness		
I don't know	137	85.6
Able to mention at least one symptom	23	14.4
Prior attendance to traditional healers		
YES	141	88.1
NO	19	11.9
Stigma from Society		
YES	21	13.1
NO	139	86.9
Delayed by Traditional Healers		
YES	131	81.9
NO	29	18.0

Most patients were deliberately delayed by the traditional healers who were of the opinion that such ailments on reproductive system will not be cured in hospitals. Another important finding from in depth interviews was that most patients were not ready to divulge information about sexual and reproductive health. Patients recorded reluctance or fear to report on such signs as painful intercourse and vaginal bleeding,based on cultural grounds.

Stigma from members of the community or even family was reported only by 21(13.1%) of respondents in questionnaires but in depth interviews revealed important findings. One woman went as far as reporting that "My family members avoid sharing the household utensils and isolate me from using the same house, thinking that I will infect them"

Table 2: Factors Associated With Treatment Seeking Behavior

Variables	Early seekers /Stage I (%)	Late seekers />Stage I (%)	x²	P Value	Adjusted Odds Ratio	P value
Information on cervical cancer						
YES	7(9.2)	69 (90.8)	**0.305**	**0.581**		
NO	10(11.9)	74 (88.1)				
Information source						
Doctor/health worker	11(10.7)	92(89.3)				
Traditional healers	10(11.4)	78(88.6)	**2.430**	**0.657**		
From the community	0(0.0)	3(100.0)				
Any other person	1(4.3)	22(95.7)				
From media	0(0.0)	4(100.0)				
Knowledge on cancer predisposing factors						
Multiparity	6(14.3)	36(85.7)				
Bewitched	4(36.4)	7(63.6)	**8.449**	**0.037**	**.351**	**.204**
Early sexual debut	0(0.0)	3(100.0)			**127336044.415**	**.999**
I don't know	1(10.0)	9(90.0)			**1.227**	**.862**
Symptoms awareness						
I don't know	12(8.8)	124(91.2)				
Able to mention at least one symptom	11(8.0)	126(92.0)	**6.763**	**0.09**	**3.091**	**.106**
Attending to traditional healers						
YES	15(13.8)	94(86.2)				
NO	15(10.6)	126(89.4)	**0.000**	**0.988**		
Delayed by traditional healers						
YES	16(12.0)	117(88.0)	**0.374**	**0.541**		
NO	13(9.9)	118(90.1)				
	4(13.8)	25(86.2)				

Table 2 shows the treatment seeking pattern among study participants. About 88% of patients reported when the cancer was advanced to stage II –III, and this is irrespective of differences in age or education level.

Discussion
The study findings show that only 17(10.6%) women who had cervical cancer sought early treatment, when the disease was still in stage one, implying that seeking medical care is still a major problem among Tanzanian women. The problem was presumed to be associated with some social and cultural factors. However, the quantitative analysis of data showed that only the lack of knowledge on the disease had a significant association with cervical cancer, where only 13.1% of women had adequate knowledge (p = 0.037). Studies from India (Bansal et al., 2015) and Ethiopia (Vifru etal., 2008, Birhanu et al., 2012) on the subject showed similar findings that between 11% and 15% of women had adequate knowledge on cervical cancer. The level of knowledge is still a big problem among women in Sub Saharan Africa compared to developed ones. In Kuwait, Middle East, the reported level of knowledge on cervical cancer was 52% while in the United Kingdom of Great Britain, London women with adequate knowledge comprised of 76%. This lack of knowledge on cervical cancer is probably due to low levels of education depicted in about six studies conducted in Sub Saharan Africa.

The education level, though statistically not significant (p = 0.344) in this study, was the commonest parameter, where most affected women were those with informal and primary education levels accounting for 91.8% of the affected. In this group 8.75% (14/160) sought treatment early while 83.1% (133/160) sought treatment late when the disease had advanced to greater than stage 1. Information about cancer of cervix though statistically not significant (p = 0.581) showed some bearing in that less than half of them (47.5%) had heard about this disease and among them, only 7(9.2%) had sought treatment early while 69(90.8%) came very late. This does not compare well with results in India [27] in which more than half (65.5%) of women had heard about cervical cancer. The main source of this information about cancer of cervix in this study group was medical professionals. About 84% (135/160) got the information when they came for seeking treatment of observed symptoms. The second source of information was the media reported by 42(26.3%) patients and lastly, another source was community members (14.4%). This contrasts slightly from a study done in Nepal (Shrestha et al., 2013) in which the main sources of information on cervical cancer were community

members (18.1%), health professionals 14.3% and lastly media, 7.6%. Knowledge of symptoms of cervical cancer was very low, such that only 23(14.4%) could mention at least one symptom and associate it with the problem. The majority 137(86.6%) mentioned symptoms such as foul odourper vaginal discharges, post coitus bleeding or post-menopausal bleeding but were unaware that they were signs of cancer. These findings are similar to studies done in Kenya, India and Ethiopia (Abubakar et al., 2013; Bansal et al., 2015; Birhanu etal., 2012).

Radiotherapy was also mentioned among factors relating to treatment seeking behavior (delays) in that a good number of patients, after initial diagnosis, mentioned fear of the procedure. The main influence emanated from advice by traditional healers who contended that the instrumentations, and, indeed modern medical treatment, was not at all effective. These pieces of advice seem to add to the cultural belief that causation of ill health is mainly attributable to supernatural sources Abubakar *et al*., 2013). Stigma from members of the community or even family though statistically did not show any significance (p = 0.350) still there are people in the community and family who were reported by 21(13.1%) of respondents. One woman went as far as reporting that, "My family members avoid sharing with them household utensils and isolate me from using the same house thinking that I will also infect them". What causes stigma is poor knowledge and understanding of the disease and its mode of transmission and predisposing factors to disease.

It is noted that 141(88.1%) of all respondents did attempt to see traditional healers before seeking treatment in hospitals, or primary health facilities. This finding is in agreement with other studies in Tanzania (Pembe, 2001; Kazaura et al., 2007; Mtowa et al., 2013) about the proportion of people seeking healthcare from health facilities where 60 % seek help first from traditional medicine practitioners. Findings also indicate that skilled medical practitioners measure up to 1: 25000 population while traditional practitioners are 1: 300 population and are well scattered in rural areas where the majority of population live, thus providing easy accessibility to the sick. Poverty was indicated by proxies plus interviews, where 126(78.8%) of women pointed out that they were delayed by lack of funds to facilitate all the costs of traveling from their home villages to Government hospitals for care and treatment. The cost of treatment at primary levels was mentioned as one of the reasons for not going to hospitals. Although the Government is advocating free treatment for cancer patients, the real practice, as observed in this study,

shows that sometimes patients are required to buy some drugs such as pain killers, and this deters potential would be patients.

Conclusion
This study has established that suboptimal knowledge about cervical cancer, inability to pay for treatment in hospitals and resorting to traditional herbalists/healers were the major social factors associated with the disease. Beliefs that this kind of problem could not be treated in hospitals and the fact that radiotherapy kills were cemented by information obtained from traditional healers leading to delay in seeking appropriate treatment.

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