

Stigma Reduction Strategies for HPV and Cervical Cancer Screening Using Focus Group Discussions in Kisumu, Kenya

Cassidy Connett¹, Madeline McNee¹, Avanti Shah¹, Saisahana Subburaj¹

¹Trinity College of Arts and Sciences, Duke University



Background

- Human papillomavirus (HPV) accounts for over 90% of cervical cancer cases, the most common type of cancer among reproductive-aged women in Kenya.
- HPV vaccination and cervical cancer screening are important preventative measures.
- Addressing the stigma associated with HPV and cervical cancer is a key component in ensuring women's access to necessary healthcare and resources.

Objective

- This qualitative study aims to:
- conduct focus group discussions with community health volunteers (CHVs) and women in Kisumu
 - identify stigma reduction strategies from analysis of the FGDs to increase vaccination and screening

Discussion

We sought to explore knowledge, attitudes, and stigma surrounding HPV and cervical cancer among women and CHVs in Kisumu, Kenya, to inform a stigma-responsive educational structure promoting cervical cancer screening. We found that participants had incomplete knowledge of HPV and cervical cancer and expressed doubt surrounding certain concepts like transmission, screening process, etc. Women also discussed common stigmatizing attitudes in the community and shared experiences of HPV-related stigma, where a majority was interpersonal and community-based. Religion and cultural tradition played significant roles in the expression of stigmatizing attitudes, and morality often played a role in narratives about acquisition of HPV. As a result of this study, we were able to successfully pinpoint gaps in knowledge and education and formulate mobilization strategies that could reduce stigma.

Methodology

Participants: CHVs and female residents recruited through purposive sampling from a government-supported outpatient facility.

Measurements:

- 3 FGDs: FGD 1 had 9 CHVs and FGD 2 & 3 had 21 females of the target audience.
- Collected anonymized data on participants' ages, levels of education, religion; number of children and marital status of female residents, and professional experience for CHVs.
- FGDs sought to gauge understanding of HPV and cervical cancer; identify barriers to knowledge and healthcare surrounding HPV and cervical cancer; define trust levels for CHVs, religious leaders, etc.; explore learning methods; and uncover general personal and societal attitudes about HPV and cervical cancer, including experience with stigma.

Analysis: We conducted a thematic analysis of the 3 transcripts using NVivo.



Main Findings



Secondary Findings



Fear and embarrassment around screening, pain, lack of confidentiality, and implications of cancer / STI diagnosis were strong deterrents

Lack of confidence in health education, both in content and educator-patient privacy

Women often had **incorrect notions about cervical cancer** topics, including how HPV is transmitted

Variations in reported trust between the perceptions of CHVs and the experiences of women

Future Implications

This study provides a strong contribution to the limited resources and literature available in addressing stigma of HPV and cervical cancer in Kisumu, Kenya. While this qualitative study focuses on a specific population of women and may be difficult to generalize to larger populations, it provides valuable knowledge and findings which supports the need for stigma reduction strategies in future research and intervention. Additionally, this study identified addressable themes associated with stigma inhibiting access to quality treatment and screening. Through such exploration, this study contributes a new and unique perspective on the necessity of stigma reduction in HPV and cervical cancer educational strategies in Kisumu, Kenya.

Acknowledgements

We thank our SRT advisor Dr. Megan Huchko for all of her guidance. We also thank Dr. Emily Herfel and the Kisumu team for their support in research. We thank Erin Gauldin and Lysa MacKeen for their support to the SRT program.

Results/Findings

Themes & Quotes

Stigma	"There are those diseases that we took as a taboo [...] one of them is cancer, leprosy, so you'll find someone even if they had signs [...] they fear saying because according to African traditions some diseases are a taboo." (Woman, 40, FGD 2)
Fear of Death	"Some of the things that can make it difficult to talk about cervical cancer is that people have formed mind that if you have cancer, the next thing ... [A participant concurs death] is death..." (Woman, 35, FGD 2)
Mistrust	"...we don't trust them, you may be close to a CHV and yet they are not open, they can't keep secrets, so you'll be forced to study them first until you know them, that's what I can say about CHVs." (Woman, 23, FGD 1)
Mis-information	"I've heard about cervical cancer and when I asked they told me that... even your husband can transmit it to you if he is not circumcised." (Woman, 40, FGD 2)
Fear of Screening	"I can remember when I went for the screening, when I got in I found four men all were around me. I feared and I stepped back, and they asked [Laughing], what do you fear yet you are a parent?" (Woman, 27, FGD 2)