Community-based VIA and Thermocoagulation for Cervical Cancer Prevention in Rural Malawi

A qualitative study

Session Title: Gynecology Oncology

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Declaration of Good Standing and Conflict of Interest Disclosure

My presentation complies with FIGO’s policy for declaration of good standing and conflict of interest disclosure;

I do not have a financial interest in any product or service related to my presentation;

My participation at this Congress is supported by:
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Learning objective

Gain insight into perspectives of women in rural Lilongwe in regards to cervical cancer screening:

Barriers
Motivations
Experiences
Malawi has the highest age-standardized incident rate in the world.
- Incidence: 75 per 100,000
- Mortality: 49 per 100,000
Screen-and-treat cervical ca prevention:
Visual inspection with acetic acid (VIA) and Cryotherapy

Limitations:
Access to screening facilities
Cost & availability of gas
High lost to follow-up

Thermocoagulation:
Heat to destroy cells
Safety and efficacy comparable to cryotherapy
Community-Based Cervical Cancer Screening with VIA and Thermocoagulation, a pilot program (Chinula et. al)

- To assess safety, efficacy and acceptability

Qualitative Sub-study:

- To explore the perceptions and experiences of participants
- To assess the feasibility and acceptability of this intervention
July – August, 2017 in rural Lilongwe District
• 415 women screened with VIA
• 29 women treated with Thermocoagulation

• 17 in-depth interviews, semi-structured
• Audiotaped, translated & transcribed
• Content analysis
• NVIVO
• Constant comparative analysis
RESULTS: DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Participant Demographics (N=17)</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>20's 12% (2)</td>
</tr>
<tr>
<td>30's 47% (8)</td>
</tr>
<tr>
<td>40's 35% (6)</td>
</tr>
<tr>
<td>50's 6% (1)</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
</tr>
<tr>
<td>no formal 24% (4)</td>
</tr>
<tr>
<td>Some Primary 35% (6)</td>
</tr>
<tr>
<td>Completed Primary 29% (5)</td>
</tr>
<tr>
<td>Some Secondary 12% (2)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
</tr>
<tr>
<td>Married monogamous 65% (11)</td>
</tr>
<tr>
<td>Married polygamous 24% (4)</td>
</tr>
<tr>
<td>other 12% (2)</td>
</tr>
<tr>
<td><strong>Partners with additional partners</strong></td>
</tr>
<tr>
<td>yes 65% (11)</td>
</tr>
<tr>
<td>no 12% (2)</td>
</tr>
<tr>
<td>unknown 24% (4)</td>
</tr>
<tr>
<td><strong>Total lifetime partners</strong></td>
</tr>
<tr>
<td>1 partner 35% (6)</td>
</tr>
<tr>
<td>2-3 partners 59% (10)</td>
</tr>
<tr>
<td>≥4 partners 6% (1)</td>
</tr>
<tr>
<td><strong>HIV status</strong></td>
</tr>
<tr>
<td>negative 100% (17)</td>
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</tbody>
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There was low baseline knowledge, fatalistic views of cervical cancer and myths/misconception of screening.

“There is cervical cancer is a very deadly disease, everyone is afraid of it more than AIDS” (ID233, age 40)

Participants commonly expressed desire to “know one’s status,” as the main reason for partaking in screening.

“I wanted to know the condition of my body. you can just be staying and never be certain that you are ok or not. So this time I thought it wise to go and get screened” (ID269, age 26)
All participants expressed an overwhelmingly positive experience.
Transportation – expressed by EVERY participant

Male partners were viewed as both a barrier AND as an important source of support

“After I told him [about the screening], he did not understand....We managed to stay for 2 weeks without sex but that was because he was angry. The third week however things got worse and then we had sex. So it only worked for 2 weeks and that was because he was angry.”

(ID329, age 41)
Community-based, screen-and-treat with Thermocoagulation was widely accepted by participants.

Transportation is a major barrier to follow-up.

Thorough counseling and positive experience with healthcare providers helped participants understand the purpose and importance of screening.

Education campaigns should also target men to promote male partner support.

Future considerations for reaching rural women should include self-collected vaginal swabs for HPV testing.
Thank you
Participants of this study
UNC Project Malawi and study staff
Lilongwe District Health Office

Mentors:
Drs: Jennifer Tang, Lameck Chinula, Benjamin Chi, Jes Morse

Study Team:
Agatha Bula, John Chopola, Clement Mpange, Laura Limarzi

UNC Office of International Affairs
UNC OBGYN Residency
FIGO
REFERENCES

   http://globocan.iarc.fr/Pages/fact_sheets_population.aspx


“I will use my story and experience as a tool to encourage my fellow women to go for cervical cancer screening, because I am a living example.” -ID240, age 36