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Professional views on priorities for cervical cancer policy in Uganda: a qualitative study



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Abstract

Background Cervical cancer incidence in Uganda is three-times that of the global average, and is a leading cause of mortality for women. The main cause is human papillomavirus (HPV). Women living with HIV have a greater risk of acquiring HPV and need better cervical cancer care than their HIV-negative counterparts. Although funding and infrastructure exist for HIV control, they are not in place for cervical cancer. We aimed to assess Ugandan health professionals' knowledge of and perspectives regarding cervical cancer among women with HIV to identify perceived barriers and facilitators, and to guide potential interventions to reduce the burden of cervical cancer.

Methods We used qualitative interviews to obtain primary data from professionals working in the HIV field in Uganda, identified through purposive and snowball sampling, and through consultation with colleagues at The AIDS Support Organisation (TASO) and Makerere University in Kampala. Inclusion criteria required the respondent to be a provider, researcher, community health worker, or other authority on cervical cancer and HPV and to be conversant in English. Exclusion criteria included being younger than 18 years. Written and verbal informed consent were obtained in accordance with the Medical College of Wisconsin and Makerere University human subjects protection protocols. Virtual, 1 h-long interviews were conducted and recorded. Interviews consisted of open-ended questions exploring perspectives on, knowledge about, and practices surrounding HPV and cervical cancer among women with HIV in Uganda. Institutional review board approval was obtained from TASO, the Uganda National Council for Science and Technology, and Medical College of Wisconsin. Transcripts were analysed and coded via MaxQDA software for common themes; emerging codes were generated from meaningful quotes as used in specific interviewee contexts of facilitators and barriers to HPV vaccination, cervical cancer screening, and treatment.

Findings To date, we have conducted 50 interviews of health professionals with experience across Uganda. Common themes regarding barriers to cervical cancer control include misconceptions about treatment cost and effectiveness, scarce access to and distance to cervical cancer services, transient funding for cervical cancer screening and treatment supplies, and fears of social exclusion and death. Potential solutions offered by participants include decentralising care through integration with existing health programmes, and prioritising education that targets misconceptions surrounding cervical cancer.

Interpretation Professionals indicated numerous misconceptions and fears held by women with HIV and inaccessibility of care due to lack of funding and integration of services. Priorities should include increasing mass media campaigns that target misconceptions, decentralising care through integration with existing health-care infrastructure and HIV screening and treatment programmes, and training more professionals in rural areas.

Funding Medical College of Wisconsin Cancer Center and Dr Elaine Kohler Global Health Research.

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Contributors

KB, CJ, and KL conceived the study. NA, KL, NP, AM, and CJ collected the data. NA, NP, and KL analysed the data. NA wrote the first draft. All authors reviewed manuscript drafts, provided input, and approved the final version.

Declaration of interests

We declare no competing interests.

Acknowledgments

We are grateful to all the participants for giving us their time and information for this study.

Published Online
March 31, 2022

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