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Socio-economic barriers towards access to cervical cancer services at Parirenyatwa Group of Hospitals in Harare, Zimbabwe

Fadzai Manana, Anotida Mavuka, Soko Sneddon and Chikwaiwa Belamino K

Miss Fadzai Manana, Independent Researcher, stayinmyhome0828@gmail.com.

Mr Anotida Mavuka, Lecturer in the Department of Social Work, University of Zimbabwe, amavuka@gmail.com (Corresponding author)

Mr Soko, Sneddon, Lecturer in the Department of Social Work, University of Zimbabwe, aposelijah@gmail.com

Chikwaiwa Belamino K, Senior Lecturer, Africa University, chikwaiwab@africau.edu

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Abstract

The study explored the socio-economic barriers towards access to cervical cancer services in Harare. The study utilised Kaunda's theory of African humanism as the basis for benchmarking acceptable access to health care services for cervical cancer patients. The study adopted the qualitative research methodology. The study sample size was sixteen comprising of twelve women diagnosed with cervical cancer and four key informants. Data was collected through in-depth interviews and key informant interviews from participants who were purposively selected for inclusion into the study. The study found that the social barriers towards access to cervical cancer includes, culture, religion, stigma, lack of awareness. The prevalent economic barrier was cost of treatment. The study concludes that access to cancer treatment services is a function of social and economic factors. Cancer patients who lack social support and financial resources find it difficult to access treatment services. The study recommends for subsidised treatment services for all cancer patients. The study also recommends for the establishment of mobile cancer clinics which will reach out to all cancer patients using the door to door treatment approach. The implications of this study for social work practice are that social workers need to advocate for the rights of cancer patients towards free treatment. Social workers also need to inform policy makers regarding the rolling-out of mobile cancer clinics which will provide door to door treatment services to those cancer patients who fail to meet both transport and treatment costs. In addition, social workers are expected to come – up with mechanisms which improve the social capital for cancer patients.

Key words

access, barriers, cervical, cancer, socio-economic, Zimbabwe

Key points

1. In Zimbabwe there are various socio-economic factors impeding access to cervical cancer services.
2. The study provides Kaunda's theory of humanism to benchmark acceptable access to cervical cancer services.
3. We provide broad based recommendations to enhance access to cervical cancer services.
4. The study gives implications of the findings on medical social work practice.

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Cervical cancer is the most prominent cancer and the foremost reason for morbidity and mortality among women and girls in Zimbabwe yet it is avoidable, early detectable and highly curable in tertiary health centers such as Parirenyatwa (Paul, 2016). Cervical cancer happens when the cells of the cervix grow out of control thus malignant cancer cells continue to divide until they form a growth or tumor that may appear as a cauliflower-like growth that bleeds easily on contact (World Health Organization, 2016). Tapera et al (2019), describes cervical cancer services as the presence of cervical cancer screening, prevention, treatment, follow up and educational programs that are used to treat or prevent the disease.

Among the population worldwide 35% cervical cancer incidence is among black women while 2.8% among other non-black women (Brown and Falayan, 2015). Cervical cancer is sexually transmitted and is caused by the Human Papilloma Virus (HPV). This means there is a strong link between cancer of the cervix and Sexually Transmitted Infections (STI's) (Tapera et al., 2019). The other risk factors for cervical cancer development include frequent births, early sexual debut before the age of 16 and the presence of other STI's globally (WHO, 2015). Success of cervical cancer screening initiatives depend on high participation of the target population which in turn is determined by the women's knowledge and perceptions, cultural and other socioeconomic issues (Dappah, 2019). Zimbabwe National Statistics Agency (ZIMSTAT, 2015), noted that the coverage of cervical cancer screening services in developing countries is on average 19% compared to 63% in developed countries. Thus women in developing countries such as Zimbabwe are less likely to get screening hence, more prone to cervical cancer than those from developed countries. In order to deal with the scourge of cervical cancer the global north countries utilise vaccination to reduce the incidence of cervical cancer (Dappah, 2019). The majority of cancers (over 80%) in the sub-Saharan Africa are detected in late stages, predominantly due to lack of information about cervical cancer and prevention services (Brown and Falayan, 2015). Cervical cancer is the commonest cancer which causes higher numbers of death among women in Sub Saharan Africa, (Parkin et al, 2015). Consequently, cancer of the cervix has remained a huge threat worsened by lack of early detection technologies and prevention mechanisms (Cohen et al., 2019). Cancer prevalence has continued to rise with the disease noted as a leading cause of death globally.

According to the ZIMSTAT (2015), 2270 is an estimated number of the women diagnosed with cervical cancer annually in Zimbabwe with 65% mortality rate. The most prevalent cancer observed among women in Zimbabwe is cervical cancer (Ministry of Health and Child Care, 2016). Southern Africa has one of the highest incident rates of cervical cancer in the world, and in Zimbabwe alone it caused the deaths of 3 900 women in 2014 (Denny, 2016). It has also been projected that 70% of all cervical cancer deaths occur in low and middle-income countries where there are limited or non-existent resources for prevention, diagnosis and treatment of cancer (Brown and Falayan, 2015). Women in Zimbabwe are predisposed, especially those from rural areas who lack information on the causes, effects and preventive measures of cervical cancer (Brown and Falayan, 2015).

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Socio-economic barriers towards access to cervical cancer

According to Khoda (2017), in the global north women have the knowledge on cervical cancer as compared to women in the global south. These women have access to information as they have free and easy access to internet services. These internet services are used by most organizations and healthy centres to convey cervical cancer related information. African women and other women in the global south still perceive cervical cancer as being caused by promiscuity, witchcraft and evil spirits compared to their counterparts in the global north (Aldohaina, 2019). The mortality of black women due to cancer in the global south is three times higher than of the whites (Burhan, 2021). These are racial differences which also define the attitudes related to health behaviour in developed countries.

Women in the global south face a variety of socioeconomic challenges in trying to access cervical cancer services and the factors range from individual, community, institutional and health system related (Maseko et al., 2015). The individual level factors are the barriers that are peculiar to certain individual while community level factors are those affecting the community at large such as religion and culture.

Culture is one of the barriers towards access to cervical cancer services thus it is crucial to have an appreciation of cultural factors as they are of paramount important in recognizing and understanding a groups' or individual conceptualization of health and illnesses and how it affects their health behaviours and attitudes (Murewanhema and Makurumidze, 2020). Cultural groups in the global south such as Zimbabwe and Ghana believe that cervical cancer is as a result of promiscuity (Swihart et al., 2021). Consequently, it becomes punishment from the gods or from the ancestors over the evil promiscuous deed committed (Swihart et al., 2021). Performing certain rituals in Zimbabwe within the Makoni district of Rusape is considered to be able to cure cancer. These rituals often include brewing beer and dance whiles calling for divine intervention (Mutambara et. al., 2017). With such cultural beliefs, some women tend to become shy to seek cervical cancer services like screening and treatment from the conventional health systems (Mutambara et. al., 2017). Thus, culture in Zimbabwe influences the health seeking behaviours of women as they do not want to be associated with diseases which are said to be a curse from the God and the ancestors (International Agency for Research on Cancer, 2005). In Nigeria cultural gender roles and gender expectations are also barriers towards access to cervical cancer services. Patriarchal societies confine women to household chores and family. Consequently, lacking approval from husbands to go and access cervical cancer services in hospitals (Chukwuneke, 2016). However, permission is often granted to seek medical attention from the hospitals when the diseases have already progressed.

Religion is another barrier towards access to cervical cancer services. According to Mapanga et al., (2019), in developing countries such as Zimbabwe, Malawi and Lesotho some religious beliefs are impediments to accessing cancer services. Muslims for example believe that women should only be seen naked by their husbands and others might see them during giving birth in which only women are allowed (Maseko et al., 2015). If women are seen with other men, they are put to shame by isolating them for quite a number of weeks thus rebounding after cleansing. This then results in most women withdrawing from screening if the medical practitioners are being males.

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Cost is one of the barriers towards access to cervical cancer services in developing countries. Kalawe and Akanda (2021), noted that due to the economic challenges in the Sub-Saharan Africa, with high unemployment rates, there are various competing needs which limits the health seeking behaviours of the majority of persons. However, cervical cancer treatment is high such that the chemotherapy drugs are expensive costing about 400 US dollar per cycle. Furthermore, if the cervical cancer is on its later stages the women undergo more cycles of radiotherapy, CT scans and blood tests which is expensive (Khoda et al, 2017). All these will be further straining the already burdened household income. Subsequently, many women fail to access cancer treatment due to cost thus ending up seeking for other means of treatment which are not clinical treatment. Also cervical cancer is being treated in referral hospitals which are not accessible to women from the furthest areas (Denny, 2016). They are provisions such as the Assisted Medical Treatment Order (AMTO) in Zimbabwe which is offered to cater for the treatment of the vulnerable groups. Despite, this being a noble social protection measure the non-remission to service providers has rendered it non-efficient. This effectively makes cancer treatment a preserve of the privileged few.

According to Miller et al., (2019), women in Zimbabwe have poor access to adequate information which inhibits them from accessing cervical cancer services. Information and knowledge is hardly accessible especially to women in some the country side and other remote areas (Modibbo et al., 2016). Usually awareness campaigns are done through radios, television and through cell phones hence, lack of electronic devices women in rural areas inhibits their access to such information. This becomes a hindrance as others effectively become misinformed about cervical cancer (Dappah, 2019). More so, cervical cancer services are available in such institutions like New Start Centre and Cancer centre in Zimbabwe. However, due to lack of access to information concerning the available services and where they are found, uptake of such remain low. Mana (2019), noted that women from Xhosa culture in South Africa are prohibited from discussing issues to do with reproductive health hence, contributes to information gaps.

The problem

Cervical cancer is a major cause of morbidity and mortality among women in Zimbabwe. This is despite the fact that if detected earlier cervical cancer can be treated and mortality prevented. The high mortality rate from cervical cancer is so regardless of the available services and institutions that offers such services in Zimbabwe. It however, remains unknown why women fail to access cervical cancer services on time. This paper therefore, seeks to explore the socio-economic barriers towards access to cervical cancer services, with persons receiving treatment at Parirenyatwa radiography centre being a case study.

Theoretical Framework: Kaunda's Theory of African Humanism (Ubuntu)

The theoretical framework that guided the conceptualisation of the problem was Kaunda's theory of African humanism. The theory was born out of the realisation that there was need for maintaining Africa's overarching in various spheres of life. These spheres of life include among other things the political, economic and access to various social needs and services. These social needs and services include education, health and decent shelter *inter alia*.

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Therefore, capitalism within this theory is not a determining factor on who has access to these but diverse factors that show both humanness and solidarity among people (Kaunda, 2007). This sought to do away with the supposed colonial mentality where individual's access to social, economic and political means is based on segregation. Thus the theory provides humanism as the basis upon which everyone works in the best interest of the other, where individual success and happiness is intricately tied to that of others. The theory further proposes socialist ideals where the means of production, distribution and exchange are community owned and protect the marginalised individuals (Kaunda, 1974). This would ensure that all members of the society have access to quality health care, education and economic factors of production. African spirituality is also central to the understanding of Kaunda's theory of humanness (Kaunda, 1974). The theory proposes a people centred approach where economic contribution, political affiliation, religion and race are not determinants of access to health or any other social amenities.

The theory further recognised the inherent dignity of individuals. This inherent dignity makes it incumbent upon the various states, communities and service providers to ensure that all individuals have access to health. The theory abhors all forms of exploitation of individuals by the state organs or organs within the provision of various services (Kaunda, 2007). Therefore, service provision within this theory has to be both affordable and profit margins reasonable. This ensures that the interest of the service provider and the service user are both catered for. The theory further recognises the importance of both the nuclear and the extended family within African societies. It is these family networks that provide support in times of sickness and distress (Kaunda, 2007). The nature of support from the extended family may include financial, social and psychological support. This paper therefore, proposes the need for Africans to find their roots embedded within the African humanism in order to attain equitable access to cancer services for all.

Research methodology

The study adopted a qualitative research approach as it fully explores and give meaning to the social phenomenon under study (Mohajan, 2018). Qualitative research approach is concerned with the subjective assessment of opinions and behaviour which includes the way individuals interpret their experiences together with the world they live in. The study employed the case study design. The researcher adopted this design so that contemporary real life situations concerning barriers to accessing cervical cancer services are examined. Purposive sampling was used to select the participants who the women are receiving cervical cancer treatment for in-depth interviews and four key informants who were knowledgeable in this area. The sample size constituted a total number of 12 women who came to Radiotherapy department, Parirenyatwa Group of Hospital for cervical cancer treatment.

Data was collected utilizing the in-depth interviews and key informant interviews. The research used the thematic data analysis. This is because thematic data analysis focuses on identifying and describing implicit and explicit ideas within the data that is themes. The first stage focused on the familiarization of data thus converting language (from Shona to English) and also recordings or audios into texts. Data mapping and interpretations were used to search for patterns and sub themes. Consistency of the sub themes to the fitted data was checked and

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together with other missing themes. The themes were then finally labelled and finalized thus aligning the themes to the research queries and or purposes.

Findings

The study found that the socio-economic barriers towards access to cervical cancer include, culture, religion, stigma, lack of awareness and economic cost. The following pseudonyms were used for the purposes of data presentation that is Praise, Nyasha, Everjoy, Christabel, Lissa, Judith, Chido, Susan, Rufaro, Ruramai, Faith and Tofara for the in-depth interviews. The key informants were identified as Tinashe, Tanyaradzwa, Mukudzei and Kudakwashe.

Socio-economic barriers towards access to cervical cancer services

The study findings showed that barriers towards access to cervical cancer services in Zimbabwe are found at various levels that is institutional, community and individual. The study findings showed that these barriers included among others cost of living, lack of information, religion, COVID-19, stigma, inaccessibility of the services and culture among others.

The cost of treatment

Research findings showed that cost was a key economic impediment towards accessing cervical cancer services for women. Judith from the in-depth interviews noted that: "*cervical cancer services are expensive. The entire process from diagnosis and treatment needs is overly expensive. This makes it hard even for those that are gainfully employed to access all the services. Myself I am a civil servant but it's even harder for me to get treated due to the money which is needed thus many people end up being tested only and not treated till the cancer spreads".*

Lissa from the in-depth interviews concurred that:

"I have young children and their father passed away. I work as a house helper so when I was diagnosed cervical cancer, paying for treatment meant that the children were to drop out of school. This meant that I had to endured for my children to go to school up until the cancer spread that I could feel some pains and lose of weight."

Mukudzei a key informant also highlighted that:

"Cervical cancer services are expensive in such a way that in other hospitals screening is being paid, then one is considered to have cervical cancer one will undergo the treatment process which is more expensive. For treatment there are few hospitals in Zimbabwe that offers cancer treatment hence, many people would need transport which is costly. If for example one needs six cycles of chemotherapy which are 12 doses and on each dose a person needs something like 400 US dollars. Also for severe cases which are above stage 2 they either undergo an operation for the removal of the uterus and then undergo radiotherapy which is expensive."

Lack of information

The study findings showed that information scarcity is one of the factors inhibiting women from accessing cervical cancer services in Zimbabwe. This information included on the disease

itself, the services available and also how to access the services and where to get them. Everjoy from the in-depth interviews noted that:

"My child people do have the know-how of the existence of cervical cancer but they don't have the idea of where to get the services and the nature of the available services at what cost."

Praise from the in-depth interviews noted that:

"We have heard of the availability of programs of cervical cancer on radios and telephones but due to geographical location in rural areas there is no signal to access the programs and also those who do awareness campaign have not yet reach out where we stay".

Kudakwashe a key informant further highlighted that:

"Some women have no idea on what's cervical is? And also awareness campaigns are done on radios and televisions and a few can access due to illiteracy, lack of electronic gadget and also network problems. Most women from the rural areas first hear of cancer when they are diagnosed".

Religion

In Zimbabwe there are different religious beliefs which are impediments to accessing cervical cancer services for women. The findings of the study highlighted that religious beliefs have their norms that hinders access to the services. Christabel from the in-depth interviews noted that:

"I belong to an indigenous church and we are not allowed to visit the clinic or hospital or getting vaccinated when we are sick. Also we are not supposed to be seen naked by any other man apart from our husbands or only when giving birth. My self l got very sick until I was returned to my relatives for home based care. My relatives are the ones that brought me to the hospital and was diagnosed with cancer. My treatment is progressing well"

Tinashe a key informant concurred that:

"There are certain religious beliefs that inhibit women from visiting the hospital for treatment. Also some women go back home when they realized that there is a male doctor on duty. Other religions inhibit married women from being seen naked by any other person and such is a problem that hinders access to cervical cancer services."

Corona virus diseases 2019 (COVID-19)

The study findings showed that the emergence of COVID-19 is yet another barrier towards access to cervical cancer services. COVID-19 pandemic brought its regulations and restrictions which restricted individual mobility. This had trickle down impact on access to health services in general. Rufaro from the in-depth interviews maintained that:

"Since the emergency of COVID-19 they have been challenges accessing health services since lockdowns restricted us from travelling. This meant that a formal letter was a requisite for travelling and also hospitals catered for emergence cases only. After lockdown we first get

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tested for COVID-19 and it is painful that is why others are not coming for the services because there in fear of being tested."

To further support the above Ruramai from the in-depth interviews noted that:

"I was diagnosed cervical cancer during the time of COVID-19 so I did not come for treatment because I thought being around the hospital environment pre-disposed me to COVID-19 and I feared the vaccine."

Tanyaradzwa a key informant highlighted that:

"COVID-19 worsened the situation on the medical side in such a way that doctors were not supposed to see patients who are not tested for COVID-19, yet there are other patients who were seriously ill who needed attention. In some cases, other patients who tested positive were not going to be treated or access any service. Also the hospital needed only serious cases to be attended to through admissions."

Stigma

The study findings showed that stigma hinders women from access to cervical cancer services were they are connotations associated with cervical cancer. Labels and segregation from the community and the family destroys a person's ego thus hinders access to cancer management. Faith from the in-depth interviews noted that:

"From where I come from people view cervical cancer as a disease that is associated with having multiple sexual partners and it is also associated to other sexual transmitted diseases so that is why some women fail to access cervical cancer services. I got tested because I was terribly sick but when I was diagnosed of cervical cancer my husband left because he thought I cheated and the people in my community and family segregated me from that time henceforth."

Tofara from the in-depth interview added that:

"When we were educated of cervical cancer it was said that cervical cancer is related to HIV/AIDS so it is shameful for people to know that you have cervical cancer. People will conclude that you have HIV/AIDS that is why women fail to access cervical cancer".

Mukudzei a key informant concurred that:

"In most cases cervical cancer is associated with stigma due to lack of knowledge. Communities and families have not enough knowledge on cervical cancer and they end up stigmatizing the patient and even discouraging others from seeking related health services. You would see that when we admit a patient that will be the last day you see their relative coming to check up on them and in some instances a serious patient will come on her own with no one to help her because they think that it is related to having many sexual partners."

Inaccessibility of cervical cancer services

Unavailability and inaccessibility of the cervical cancer services hinders the uptake of the cervical cancer services. Chido from the in-depth interviews was of the view that:

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"I have heard about cervical cancer before but the problem was that I did not know where to find the services such that in my area there are no nearby clinics, we walk about 17km to reach the nearby clinic where there are no doctors and the clinics are only for minor diseases like headache."

Tinashe a key informant supported the above:

"...there are problems associated with cervical cancer services in such a way that in many primary health care does not offer cervical cancer services such as screening treatment and follow up and even awareness. Thus other women fail to access these services even if they know about their existence. Also there are problems associated with misdiagnosis were the patient would have cervical cancer but they misdiagnose it as something else due to lack of professional healthy personnel".

Culture

The study findings showed that culture is hindering women from accessing cervical cancer services. Consequently, these different societal beliefs and norms affects the uptake of cervical cancer services. Culture involves values, norms and beliefs that shapes the perceptions of individuals, families and communities. Nyasha a participant from the in-depth interviews noted that:

"*From the village where I come from, we believe in traditional medicines which were presented to us by our forefathers and there is no any other artificial medicine that we use. This is the reason why we grew up healthy so accessing services from hospitals is suicidal".*

Praise from the in-depth interviews noted that:

"Where I come from sickness is healed through traditional healers in the event of the failure of rituals. Traditional medicine does not have side effects and it is the reason our grandmothers lived over a hundred years without disease while having given birth to over 14 children".

Kudakwashe a key informant concurred that:

"In most cases the beliefs of women hinder them from accessing the services for instance some believes in traditional medicine thus failing to uptake cervical cancer treatment".

Discussion

The study findings showed that accessing cervical cancer services is expensive for ordinary women. It can be noted that cancer screening and also treatment is expensive. This is because it is already competing with other family needs such as food and school fees in a constricted economic environment. The majority of people in developing countries such as Zimbabwe are informally employed thus they cannot afford to for cancer diagnosis and treatment. These findings concurred with what Kalawe and Akanda (2021), noted that due to the economic challenges in the Sub-Saharan Africa, there are various competing needs which limits the health seeking behaviours of the majority of persons. The medical treatment order for vulnerable groups though noble has been marred by failure to remit to service providers which hinders its effectiveness. The unavailability and inaccessibility of screening and treatment

militate against the uptake of cervical cancer services. The study found out that most local clinics and hospitals do not have such services and personnel who can handle cancer patients. Consequently, people would be redirected to referral hospitals such as Parirenyatwa. Also due to the inaccessibility of hospitals that can cater for the treatment of cervical cancer the entire process becomes fairly expensive considering the transport costs. Furthermore, the study findings were in line with Khoda et al., (2017), who noted that other people are not accessing the services because they have no relatives in Harare where Parirenyatwa is situated as an equipped referral hospital. From the Kaunda's African theory of humanism, the drive should be therefore, to ensure that means of production, distribution and exchange are community owned and protect the marginalised individuals (Kaunda, 1974). This would have trickle down effects in ensuring access to health care for the poor members of the society.

The study findings revealed that there are information gaps especially for women from the rural areas. This is because awareness campaigns are done on digital platforms and social media which is not accessible to most women. This effectively hampers the possibility of women receiving cancer services due to ignorance. The study findings are in line with Burhan (2021), who noted that lack of knowledge on the services available and where to find them is militating against uptake of cervical cancer services in Zimbabwe. The findings further concurred with Mapanga et al., (2019), who maintain that most women have no knowledge on cervical cancer and understanding of their bodies in relation to the disease. This partly explains poor turnout at organisations that offer private cancer services in Zimbabwe such as New Start Centre and Diagnostic Radiography centre.

The study findings further showed that they were cultural impediments to accessing cervical cancer services. These included the patriarchal nature of the society where women have not independent decision to seek health care, consequently having to seek approval through consulting with patriarchs. Often these would consent when the sickness would have been evidently serious which sometimes means late. These findings were contrary to the proponents of the African humanism theory where the nuclear and extended family networks provide support in times of sickness and distress (Kaunda, 2007). The nature of support from the extended family may include financial leverage, social and psychological support. The study findings however, showed that the family was actually a barrier to accessing health care.

From the findings of the study it can be noted that religion is another barrier towards access to cervical cancer services. Religious norms of some indigenous churches hinder women from visiting the hospital for examination or for any other treatment which reduces the chances of being diagnosed early. Furthermore, Muslim women are not supposed to be seen naked by other males other than their husbands. If this happens they would have to undergo cleansing for a long period of time. These findings are in tandem with Chukwuneke (2016), who noted that religious women are prohibited from being seen by men naked hence, reduce their chances of seeking professional cancer services.

COVID-19 was another impediment to accessing cervical cancer treatment that was not prevalent in reviewed literature due to time and context. Lockdown restrictions prevented people from moving around. Furthermore, hospitals were limited to critical cases and not routine check-ups. Cervical cancer screening was seen not as an emergency which needs

attention thus women failed to access the services. Also fear of contacting the virus hindered access to cervical cancer management. People therefore, in the fear of contracting COVID-19 at hospitals as hot spots would abandon seeking cancer related treatment.

The study findings further showed stigma as a major impediment to women accessing cervical cancer services. This is because cervical cancer is viewed as being caused by having multiple sexual partners. Consequently, for married women it becomes difficult to access the services without community backlash. This was so important because others were divorced because they were diagnosed with cervical cancer. The findings are in tandem with Matsumoto and Wideman (2020), who noted that lack of family and community support hinders access to cervical cancer services since cervical cancer is associated with having multiple sexual partners.

From the presented findings it was evident that culture hinders women from accessing cervical cancer services. Cultural beliefs shape the individual's perceptions. The study findings showed that individual that were cultural considered modern medicine to be both infective and infested with side effectives. This meant that individuals had a negative disposition towards conventional medicine and that which it represents. This was in tandem with Swihart (2021), who noted that the people from Makoni districts Rusape believe that performing rituals and the use of traditional medicine offers a comprehensive treatment for diseases. Furthermore, the findings concurred with Murewanhema and Makurumidze (2020), who noted that women from traditional Binga believe that cervical cancer is caused by punishments from the gods thus they seek supernatural interventions. The Kaunda's African theory on humanism therefore, proposes co-opting African spirituality in the broader solution focused interventions and not demonise it.

Recommendations

The study recommends:

1. Establishment of monthly multi-disciplinary professional team visits utilising the mobile clinic treatment approach. This will have a positive impact on cutting costs of treatment.
2. Inclusion and Active participation of local leadership in the multi-disciplinary teams to improve local identity and acceptance, for education purposes and removing stigmatisation or any other negative cultural connotations attached to cervical cancer.
3. Use of fliers written in indigenous languages to improve community knowledge acquisition.
4. Establishment of community health clubs that meet regularly.
5. Subsidised treatment services for all cancer patients through the introduction of a cancer levy.
6. There is need to test indigenous knowledge systems on the treatment of cervical cancer and produce working patterns.

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Implications for social work practice

The implications of this study for social work practice are that social workers need to advocate for the rights of cancer patients towards free treatment. Social workers also need to inform policy makers regarding the rolling-out of mobile cancer clinics which will provide door to door treatment services to those cancer patients who fail to meet both transport and treatment costs. In addition, social workers are expected to come up with mechanisms which improve the social capital for cancer patients.

People affected by cancer as indicated in the findings of the study are affected both physically and emotionally. Their major concern is their well-being, their self-image among family, friends and the neighbourhood. Social worker intervention from the onset would be through provision of individual counselling and linking the cancer affected people with existing support groups and locating other services that provide other forms of assistance. Working with cancer patients is considered as a specialized area falling under the auspices jurisdiction of the oncology Social Workers. This specialized cadre can best be considered as a prerequisite to successful oncological interventions. Noting that in Zimbabwe oncological social work in an uncommon and restricted field, it behoves the authorities to pay attention to the following suggested actions:

Going by the statistics that the study indicated, there is urgent need for Zimbabwean social workers to specialize in oncology social work. In this regard, institutions of higher learning must play their part to speed up the introduction of the introduction of the specialized oncology social work courses. Similarly, the Zimbabwe Council for Social Workers, as duty bearers are called upon to deliberately speed up the registration of private social work practice, to allow for these private companies and local authorities to employ more Social Workers within their organizations. this would end over-reliance on government, which till now has been the largest employer of Social workers. On its part government must uphold the value of teamwork and dutifully introduce policies that focus on devolution or decentralizing social work services to the local authorities and non-state institutions. This would ensure wider coverage of specialized Social Work services for cancer patients.

Conclusion

The study concludes that access to cancer treatment services is a function of social and economic factors. Cancer patients who lack social support and financial resources find it difficult to access treatment services. The study further identified various other social factors that impede individual access to cervical cancer treatment in Zimbabwe. These among others included cultural connotations around cervical cancer, religion, lack of information among others. The Kaunda's theory of African humanism provided a lenses through which the current impediments to cervical cancer treatment can be understood whilst providing a framework for equitable access to health care and other services. The study informed by the theory gave various recommendations aimed at removing the identified barriers in Zimbabwe.

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Author	***Role***
Fadzai Manana	Introduction. Background, data collection
Mavuka Anotida	Methodology, Data collection, presentation and discussion
Soko Sneddon	Data collection. ethics, coding, Recommendations
Chikwaiwa, B., K	Discussion, methodology, conclusion, paper synthesis