

Bristol-Myers Squibb Foundation

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**ENDLINE STUDY FOR THE
MUDZI DISTRICT WARD BASED CERVICAL CANCER SCREENING AND
EDUCATION PROJECT FINDINGS PRESENTATION
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OBJECTIVES OF THE PRESENTATION

To present Cervical
Cancer Screening and
Education Project
Endline Study Findings

BACKGROUND TO THE PROJECT & BASELINE SURVEY

Cervical Cancer Screening and Education Project was supported by **Bristol Myers Squibb Foundation (BMSF) Secure The Future Technical Assistance Programme (STF TAP)** with funding for 18 months.

Project offered ***Integrated Cancer and HIV/AIDS Management Services***.

Project had a ***Mobile Screening Unit*** that made referrals and treatment follow-ups to make sure that those diagnosed receive the necessary support during the course of the treatment.

- This endline study was conducted as part of the **project monitoring and evaluation** to determine the **breast and cervical knowledge, attitudes and practices after** project implementation.
- This **endline study** objectively measures the **project outcomes and impact since project inception**.

OBJECTIVES OF THE ENDLINE STUDY

The Endline study sought to:

- i. **Assess** the **knowledge levels** on breast and cervical cancers by **women** aged **15-49 years** in Mudzi district;
- ii. **Explore** the **attitudes** on breast and cervical cancers by women aged 15-49 years in Mudzi district; and
- iii. **Establish** the **practices** on breast and cervical cancers by women aged 15-49 years in Mudzi district.

ENDLINE SURVEY METHODOLOGY

- ▶ **409 survey household questionnaires** were administered to women of reproductive age (aged between 15-49 years) in five wards in Mudzi District.
- ▶ **8 Key Informant Interviews (KII)** were conducted.
- ▶ **10 Focus Group Discussions (FGDs)** and
- ▶ **5 Case Stories.**

ENDLINE SURVEY FINDINGS

DEMOGRAPHIC INFORMATION

Demographic Characteristic	Percent
Age	
15-19 years	8.8
20-24 years	13.9
25-29 years	17.8
30-34 years	14.2
35-39 years	15.2
40-44 years	11.2
45-49 years	18.8
Marital status	
Married/Cohabiting	76.8
Never married	5.4
Divorced/separated	7.3
Widowed	10.5
Highest level of education attained	
None	3.2
Adult literacy	0.7
Primary	38.1
Ordinary level	55.3
Diploma	2.4
Degree and above	0.2
Employment status	
Formally employed	4.2
Informally employed	51.7
Student	0.2
Not employed	43.9
Religion	
Apostolic Sect	58.8
Pentecostal	12.7
Roman Catholic	9.1
Traditional	1.0
Muslim	0.2
Protestant	10.0
Jehovah`s witness	0.5
None	7.6

CANCER KNOWLEDGE

GENERAL CANCER KNOWLEDGE

Ever heard about cancer

- The project contributed to **increased proportion of respondents** who reported ever *having heard about cancer* from 84% at baseline to 96% at endline.

Types of cancers known	Percentage of respondents reporting knowledge of the cancer types		(P-value)
	Baseline	Endline	
Breast Cancer	71.6	77.7	0.0567
Cervical Cancer	77.4	91.3	0.0001
Bladder Cancer	0.3	3.6	0.0016
Kaposi sarcoma	1.6	9.9	0.0001
Colon and Rectal Cancer	5.2	7.4	0.2221
Endometrial Cancer (Uterus lining)	2.0	1.5	0.6036
Kidney (Renal Cell) Cancer	0.6	1.0	0.5460
Leukaemia (White Blood Cells)	1.4	2.3	0.3690
Lung Cancer	1.7	3.8	0.0854
Melanoma/Skin Cancer	2.0	3.0	0.3883
Non-Hodgkin Lymphoma (Brain)	1.4	5.9	0.0014
Pancreatic Cancer	0.0	0	
Prostate Cancer	2.0	6.9	0.0015
Thyroid Cancer	0.3	1.3	0.1358
Other specify	12.2	13.0	0.7441
N	345	393	

BREAST CANCER KNOWLEDGE

Remember seeing or hearing anything about breast cancer	Percentage		(P-value)
	Baseline	Endline	
Yes	65.1	71.8	0.0905
No	30.9	18.9	0.0011
Don't remember	4	1.4	0.0543
N	249	305	

Source of breast cancer information	Percentage of respondents who have heard about cancer		(P-Value)
	Baseline	Endline	
Media (TV, Radio, Newspapers)	67.3	41.5	0
Brochures, posters and other printed materials (IEC Material)	2.4	15.4	0
Health workers	25.7	76.8	0
Family member	6.4	11.1	0.005
Friends	12.9	5.7	0.0031
Religious leaders	2.4	3.6	0.415
Teachers/School	4.8	4.2	0.7339
Community Gatherings/Campaigns	5.2	23.2	0
Community Member	14.9	24.8	0.004
Other	0.8	23.9	0
N	248	306	

Mainly Project related sources at Endline

BREAST CANCER KNOWLEDGE

Knowledge of breast cancer symptoms	Baseline	Endline	(P-value)
A lump or thickening in or near the breast or in the underarm that persists through the menstrual cycle	18.5	12.7	0.0591
A mass or lump, which may feel as small as a pea	27.3	74.8	0
A change in the size, shape, or contour of the breast	18.1	30.7	0.0007
A blood-stained or clear fluid discharge from the nipple	8.1	13.3	0.0512
Redness of the skin on the breast or nipple	8.0	17.6	0.0009
Other (specify) _____	12.0	17.3	0.0814
Do not know	30.1	4.6	0
N	249	306	

Increased comprehensive knowledge of breast cancer symptoms

Detection method	Baseline	Endline	Differences (95%CI)	(P-value)
Breast self examination	37.3	68.3	31 (22.67;39.33)	0.0001
Clinical breast examination	34.5	71.6	37.1 (28.78;45.42)	0
Mammography	0.8	1.0	0.2 (-1.39;1.79)	0.8051
Ultra sound scan of the breast	1.2	7.5	6.3 (2.77;9.83)	0.0005
Other (Specify) _____	3.2	2.0	1.2 (-1.43;3.83)	0.3714
Do not know	36.9	10.8	26.1 (19.11;33.09)	0.0001
N	249	306		

CERVICAL CANCER KNOWLEDGE

- ▶ The percentage of respondents who remember **seeing or hearing** anything about cervical cancer increased from **72% at baseline to 75% at endline**.

Symptoms of cervical cancer	Baseline	Endline	Differences (95%CI)	(P-value)
Vaginal bleeding	13.0	46.0	33.0 (25.66;40.34)	0
Vaginal foul smelling discharges	14.8	60.2	45.4 (37.66;53.14)	0
Backache	3.0	8.2	5.20 (1.47;8.93)	0.0063
Pain during and after sexual intercourse	7.4	21.2	13.80 (8.13;19.47)	0
Other symptoms	18.9	33.2	14.30 (7.30;21.30)	0
Don't know	58.1	13.8	44.30 (36.92;51.68)	0

?

- ▶ **Improved knowledge of risk factors** of cervical cancer from **baseline to endline** (*insertion of herbs-34% at baseline to 52% at endline, having multiple sexual partners-20% at baseline to 36% at endline and dry sex-6% at baseline to 17% at endline*).

IMAGES



QUOTATIONS

*“The community benefitted from awareness and education on issues surrounding cancer, its types, causes, symptoms and how to prevent it, for example by consuming a healthy diet”- **District Social Services Officer.***

*“The community benefited through increased cancer awareness (Education), increased access to treatment for cervical abnormalities and better reproductive health in general”- **District Medical Officer, Mudzi District***

IMAGES



CERVICAL AND BREAST CANCER RELATED PRACTICES

- ▶ There is a **significant increase** in the proportion of respondents who **ever had a cervical cancer screening** from 6% at baseline to 24% at endline ($p=0.000$).
- ▶ *Of those who ever had cervical cancer screening, 87% were screened **during the past 12 months** i.e. during the implementation of the CAZ project.*
- ▶ There is a **higher proportion of respondents** who reported that they **ever had a breast –self examination** from 50% at baseline to 65% at endline ($p=0.000$).

QUOTATIONS

*“I was the first to be screened at Masarakufa Clinic and this encouraged others to come for screening. We used to hear about screening in urban areas only so we are happy that we were given an opportunity to be screened”- **Councilor Masarakufa Ward.***

*“A lot of people are now aware of cancer such that some are visiting this clinic seeking for screening services”- **Sister in charge, Suswe clinic, Suswe Ward.***

- ▶ The endline shows a statistically significant increase in the proportion of **respondents who reported that, in their communities, there are places they can visit to talk and find out more about cancer** (41% at baseline to 78% at endline, $p=0.000$).
- ▶ The main cancer services provided at community/district/ward are
- ▶ There are **significant increases** in the percentage of respondents who reported the **availability of cancer screening** (4% at baseline to 36% at endline; $p=0.000$), **cancer referrals** (3% at baseline to 25% at endline; $p=0.000$) and **cancer treatment services** (2% at baseline to 10% at endline) at community/ward/district level.

QUOTATIONS

“The health staff were trained therefore, the community will benefit through local screening rather than traveling long distances to seek screening and treatment”-

Assistant District Administrator.

“People were helped a lot because the services were offered for free and there was no need for someone to pay transport since the screening services were brought to ward level”-Vice Secretary, Masahwa ward health committee member.

“We were referring people to Kotwa (the district hospital) but when the Cancer Association of Zimbabwe comes we were telling the people that they could be screened for free locally without having to pay for treatment and transport cost to Kotwa hospital”- Sister in Charge, Chimukoko Clinic, Chimukoko Ward.

“The change brought in the community is very sustainable because the district hospital was capacitated and empowered to offer cancer related services”- District Medical Officer (DMO)-Mudzi District

CHALLENGES IN ACCESSING CANCER RELATED SERVICES

- ▶ The endline survey found that the main **barriers/challenges** in accessing cancer related services is:
 - *unavailability of cancer services* (29% at baseline to 50% at endline; $p=0.000$);
 - *high cost of services* (6% at baseline to 15% at endline; $p=0.0002$) and
 - *transport to service point* (5% at baseline to 15% at endline; $p=0.000$).

QUOTATIONS

“Lack of transport for the screening teams to travel regularly around the district” - Assistant DA.

*“Clients did **not have money** to go and get **specialized treatment and medication**. Cancer Association was not providing resources or money for such advanced treatment such as **chemotherapy and radiation”- District Social Services Officer.***

*“The **volunteers that were trained are very few** and as a result they cannot cover the whole ward”- **48 year old male health Committee member, Chimikoko ward.***

*“The biggest challenge that I see is that the screening team brought **few screening kits and as a result a lot of women** were not screened. Currently, a lot of women are visiting the clinic inquiring about Cancer Association of Zimbabwe’s next screening visit” - **Primary Care Nurse Suswe Clinic.***

OVERALL RECOMMENDATION TO MUDZI DISTRICT

- ▶ Given the achievements of the programme, the district could **consider expanding the programme in all wards.**

**END OF THE PRESENTATION
THANK YOU**