

## EMORY UNIVERSITY SCHOOL OF MEDICINE

# **Barriers and Facilitators to a Single Visit Cervical Cancer Prevention Program** in Ethiopia, a Qualitative Analysis

### Introduction

- Cervical cancer is a leading cause of cancer-related death among Ethiopian women.<sup>1</sup>
- Though screening has been shown to reduce the incidence of and mortality from cervical cancer, Ethiopia continues to have low availability and utilization of cervical cancer screening and prevention services, with only 14% of Ethiopian women screened according to a 2021 report.<sup>2</sup>
- Visual inspection with acetic acid (VIA) has been shown as a practical alternative that does not require a follow up visit if paired with access to ablative therapy when indicated via cryotherapy or thermoablation.<sup>3</sup>
- In 2012, Emory and AAU provided a series of trainings in VIA and Cryotherapy to a group of 54 Ethiopian providers to address the gap.<sup>4</sup>

### **Project Aims**

- Identify barriers and facilitators of cervical cancer screening with VIA among Ethiopian health care workers trainees.
- Assess barriers and facilitators of cervical precancerous lesion treatment with cryoablation among Ethiopian healthcare worker trainees.
- Assess the long-term outcomes of the training done in 2012 at Addis Ababa University in terms of utilization of acquired VIA and cryoablation skills.

### Methods

- We conducted ten in-depth, individual interviews with keyinformants in Addis Ababa, Ethiopia in Amharic and English.
- Stakeholders involved in the provision of cervical cancer screening services and past participants of the 2012 VIA and Cryotherapy training were interviewed.
- Interviews were conducted using a semi-structured guide
- We coded the data iteratively using a qualitative analysis software (MAXQDA-2022).
- We conducted thematic analysis in accordance with the Socioecological Model (SEM).

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Ten participants were interviewed and we reached thematic saturation. Participants included screening nurses, GYN oncologists, representatives from Ethiopian Society of Obstetrics/Gynecologist (ESOG) and NGOs. Three of the participants participated in the 2012 VIA/Cryo training *Figure 1*: Factors at different levels of SEM go hand in hand • Patient risk perception and community education • Provider communication and rapport with patients • Improved systems for training, infrastructure, and referrals • Interventions sensitive to community needs and practices • Implementing policies in resource-limited settings While training in VIA/Cryo has helped bridge the gap in screening, there are several factors that continue to hinder its implementation and utilization.

- knowledge and expand the workforce.
- as issues with staffing as barriers to screening.<sup>2,6</sup>
- help bridge some of these gaps.
- barriers and facilitators at all levels of the socioecological model.

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### Results

### Discussion

Our findings call for enhanced organized health education to ensure all eligible women have improved awareness, especially in rural Ethiopia.<sup>5</sup> Participants shared a desire for more training, both to deepen their

Our study findings reinforce the results of numerous studies that have highlighted the impact of weak referral systems, limited resources, as well

Involving frontline providers in budgeting and financing conversations might

These findings demonstrate the need for an organized effort that addresses

### References

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