

Original Article

# Sociocultural Perceptions in the Process of Cervical Cancer Management in Women in the Port-Bouët Health District, Abidjan, Côte d'Ivoire

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**Abstract - Context/Objectives:** The process of managing cervical cancer women encounters difficulties related to sociocultural perceptions structuring this pathology in the District of Abidjan and, more specifically, in the health area of Port-Bouët. This study was conducted to identify sociocultural perceptions of cervical cancer that impact women's access to the management process in the health area of Port-Bouët. The survey was conducted within the Departmental Public Hospital Establishment of Port-Bouët (EPHDPB) among women. **Methods:** The study used a cross-sectional descriptive design that consisted of direct observation with interviews and a questionnaire among a sample of 42 respondents who were recruited to participate in the study. The data was entered into an MS Excel sheet, and the statistical analysis was carried out using Sphinx statistical data processing software, which made it possible to cross-reference the responses and present the results in tables. The content analysis consisted of a thematic analysis of the interviewees' verbatims and highlighted the social logic structuring cervical cancer in the Port-Bouët health area. **Results:** The study revealed various sociocultural perceptions structuring cervical cancer that impact the treatment process among women. The results reveal that out of a total of 42 women surveyed, 38.1% of them perceive cervical cancer as a pathology of shame. The results also show that 33.33% and 28.57% of women consider cervical cancer a taboo subject in African societies and a disease of divine nature. These considerations of cervical cancer among women strongly impact the medical treatment process. This leads to the death of several patients due to non-compliance with adequate medical care. **Conclusion:** In view of these results, the mobilization of traditional pharmacopoeia by patients is justified. Due to financial difficulties in care, some patients prefer to turn to healers or devote themselves to prayer. Educational interventions for health and community awareness on the real causes of this pathology in order to break these social representations. Also, the strengthening of the information-communication system must be undertaken and maintained in order to reduce the high rate of new cases of cervical cancer and the complications that result from it.

**Keywords -** Cancer, Cervix, Sociocultural perceptions, Pathology, Treatment process.

## 1. Introduction

The fight against female cancers is a growing concern for both healthcare and social scientists. Worldwide, more than 2.4 million women between the ages of 25 and 60 have been reported to lose their lives every year due to complications from cervical cancer. It is the second most common cancer among female cancers after breast cancer (Ferlay et al., 2023). As a result, most women do not have access to the various awareness-raising messages and care structures. Africa is the part of the world most affected by this phenomenon because its prevalence rate in recent years has reached 21.3%, and more than half of the cases are in sub-Saharan Africa (Sanchez et al. 2014). By 2030, more than 600,000 people will die from cervical cancer, according to WHO projections. Of these potential casualties, it is estimated that 90% of cases will occur in sub-Saharan Africa if the disease is not prioritized for public health (PNLCA, 2022). In Côte d'Ivoire, the reproductive health situation is

worrying with the emergence of gynaecological cancers (Maia, 2004). In 2020, there were over 4960 new cases of cervical cancer and at least 1037 recorded deaths (PNLCA, 2020).

This has led Côte d'Ivoire to make community outreach and cervical cancer management a major challenge. For example, the government has drawn up a National Health Development Plan (NHDP) for 2012-2016 and (NHDP) for 2016-2020 and (NHDP) for 2021-2025, in which the fight against chronic diseases and cervical cancer is specifically central to the preservation of maternal health. In addition, the state established the National Program for the Fight against Cancer (PNLCA) by Order No. 412 of the MSP/CAB of December 2001. It strengthened in 2014 the structure responsible for cancer at the national level. It aims to reduce mortality from cancer, especially cervical cancer. As such, the program initiates annual HPV vaccination and early



detection campaigns for more than 65,000 girls aged 9 to 14 in health facilities.

Regarding cancer management, the state opened in 2018 The National Center for Medical Oncology and Radiotherapy Alassane Ouattara (CNRAO), built at the Cocody University Hospital for the care of patients.

At the Port-Bouët Departmental Public Hospital (EPHDPB), the study area, the strategy implemented by health authorities in the fight against cervical cancer is focused on three types of prevention, particularly primary prevention. It involves raising awareness and vaccinating girls aged 9 to 14 against HPV. As for secondary and tertiary prevention, it ranges from the systematic screening of women during prenatal consultations to the treatment of precancerous lesions (WHO, 2019). As we can see, the proposed response makes no distinction between literate and illiterate women. This appears to be a shortcoming insofar as the type of message conveyed is not perceptible by all these women. Thus, the issue of community awareness and the management of cervical cancer among the category of illiterate women remains a concern in the Port-Bouët Health District. But some women seem more exposed than others. Uneducated women who neither read nor understand medical language are largely unaware of the causes, symptoms, and prevention methods, as well as the appropriate therapeutic pathway for managing cervical cancer (Gnamien, 2018).

In the Port-Bouët Health District, cervical cancer accounts for 20% of the reasons for consultation among illiterate women. In 2019, more than 554 cases were observed among women (EPHDPB, 2020). Among these cases, 75% of illiterate women were diagnosed late. This late screening is linked to sociocultural perceptions in African societies. Several ideologies and perceptions are structured around certain pathologies, and the little-known cervical cancer is not exempt from considerations that constitute an obstacle in the biomedical care process. These ideologies range from its divine nature, taboo, to its perception as a disease of shame. Knowing the deep-rooted nature of Ivorian society in ancestral habits, the government has implemented the National Cancer Control Program (PNLCA) for communication aimed at breaking this habit. Despite this approach, a negative ideology shapes the relationships surrounding this pathology. From then on, why is cervical cancer perceived as a disease of shame? How does the perception of cervical cancer as a taboo subject complicate biomedical care for women? How does the divine nature of cervical cancer constitute an obstacle in the biomedical care process for women? This study explores the sociocultural perceptions structuring cervical cancer among women in the Port-Bouët health area.

## 2. Materials and Methods

### 2.1. Study Area

The study was conducted in the Abidjan District in Côte d'Ivoire, specifically in the Port-Bouët health area. This study was conducted in the cancer department at the Public

Hospital Establishment of Port-Bouët (EPHDPB). The Port-Bouët health area is a sociocultural and economic crossroads where indigenous peoples and communities from diverse backgrounds coexist (Gnamien, 2018).

### 1.2. Objective of the Study

This study explores the sociocultural perceptions structuring cervical cancer among women in the Port-Bouët health area. From this exploration, understanding the social logic surrounding cervical cancer is at the center. Understanding the internal logic and external ones with a view to exploring them to find a solution.

### 1.3. Research Design

This case study was conducted through an interview guide and a questionnaire at the cancer department of EPHDPB over a period of two months, from September to October 2024. A presentation was made by the researcher at the oncology department, accompanied by the midwife through whom we were able to conduct the survey. The participants were invited to fill out a survey questionnaire and were subjected to an in-depth interview about the sociocultural perceptions structuring cervical cancer.

### 1.4. Consent and Ethical Issues

All ethical considerations were respected in the study. The participants gave their informed consent for data collection. The confidentiality and privacy of the interviewed women were preserved. No personal data was disclosed to a third party. Thus, the ethical guidelines of the research were respected.

### 1.5. Sample and Data Collection Tools

All women attending the cancer department of EPHDPB, aged 25 years and older, were likely to participate in the study. We opted for purposive sampling. This technique allows the researcher to choose based on the background of the target population by selecting a representative sample of these variations. Thus, our sample consists of 42 women who are victims of cervical cancer. Our data collection tools are the interview guide and the questionnaire.

### 1.6. Data Collection Procedure

To collect the data, the nursing staff asked us to wear a smock so as not to put the interviewees in a position of trust. When the participants arrived at the health centre, we introduced ourselves and asked them preliminary questions before the actual interviews. After the presentation by the researcher and the cancer specialist midwife, interviews were conducted, and a question-and-answer period was organized to obtain clarifications on the objectivity of the study. The participants then received a questionnaire to fill out before the session concluded. The participants' responses were collected and organized by the number assigned to each participant in order to compare the answers.

### 1.7. Statistical and Content Analysis

The data was entered into an MS Excel sheet, and the statistical analysis was carried out using the Sphinx statistical data processing software, which allowed for the cross-referencing of the responses and the presentation of

the results in tabular form. The statistical analysis allowed for the evaluation of data quality in order to calculate data values and compare the average scores in each category of the questionnaires and the overall values for the entire questionnaire. The content analysis consisted of a thematic analysis of the respondents' speeches (the verbatim transcripts) and allowed for the identification of the social logic structuring cervical cancer in the Port-Bouët health area.

## 2. Results and Discussions

The results obtained are structured around three points: the divine nature, taboo, and the perception of cervical cancer as a shameful disease among women.

**Table 1. Distribution of respondents based on their sociocultural perceptions**

Sociocultural Perceptions Structuring Cervical Cancer	Staffing	Percentage
A disease of shame	16	38.1%
A taboo subject	14	33.33%
A divine pathology	12	28.57%
Total	42	100%

Source: Field Survey, 2024

In view of the table, it is observed that out of a sample of 42 women surveyed on the sociocultural perceptions structuring cervical cancer, 38.1% of them consider this type of cancer as a disease of shame and of the lower body. It also appears that 33.33% of women consider cervical cancer to be a taboo subject in African societies, and 28.57% perceive it as a divine illness, a pathology difficult to cure due to its nature.

Indeed, it is a disease that relates to female sexuality, to the woman's reproductive organ, which remains very sacred from a cultural and social perspective. As such, cervical cancer is perceived by the majority of the women surveyed as an embarrassment, an affront to modesty, a dishonor for the family, and for most women who suffer from it. Thus, to avoid being stigmatized by society, some women suffering from the disease prefer healing through religious faith rather than adhering to conventional treatments. This constitutes an obstacle to the medical care process and leads to the death of several patients due to non-compliance with adequate medical care.

Next, cervical cancer is perceived as a taboo subject in African societies, a disease that women prefer to keep silent about in their living environment. One must, therefore, not talk about it, nor even think about it, because talking about it means attracting the disease. This is, therefore, a subject to avoid for fear of being contaminated. Finally, cervical cancer is considered by the majority of women as a divine illness. Indeed, in the collective beliefs of the patients interviewed at EPHDPB, cervical cancer is linked either to a curse or to a punishment from God. It expresses a curse, an enchantment caused by an enemy from within the family. This makes it complex biomedical care because the WHO medical protocol has difficulty treating any disease related

to divine punishment. This explains the lack of adherence to the biomedical management process for cervical cancer among the majority of illiterate women interviewed.

Overall, it appears that the various sociocultural perceptions expressed about cervical cancer constitute an obstacle in the biomedical management process of the disease in women. From then on, what interpretations can be drawn from these results?

### 2.1. Cervical cancer: a situation of community humiliation

In the collective consciousness, cervical cancer is referred to as a "disease down below." It refers to female sexuality, to the woman's reproductive organ, which remains very sacred from a cultural and social perspective. So uterine cancer is perceived as an embarrassment, an affront to modesty, and a disgrace for most women who suffer from it, as evidenced by the words of Mrs K B, a patient who expresses herself in these terms: *Cervical cancer is a disease of the lower parts. It remains a taboo subject, and it is shameful to have this disease and especially to talk about it because, for us, it is a dishonour, an invasion of our privacy, and it is humiliating.*

Through her words, the embarrassment and shame she feels for having this illness, which for a woman is a disgrace, is conveyed. In African society, it is outright prohibited to mention a woman's intimate area in relation to lower body diseases. In this regard, Menoret, M., 2007, supports that cervical cancer is a "shameful disease" deeply inhibited by the taboos constructed around sex.

### 2.2. Cervical Cancer: The Ideology of Socially Codified Illness

Cervical cancer is perceived as a taboo subject in African societies, a disease that women prefer to remain silent in their social environment. In some conservative societies, a woman who is a victim of cervical cancer jeopardizes the future of her sisters in the family because no man will want to marry into that family. This remains a subject to avoid for fear of jeopardizing the future of one's own family. In this case, the less he says about this illness, the less he knows. These statements from M.P, a patient, perfectly attest to this. *It's better not to talk about illnesses like the one I have because if you talk about it, that's it; you can get oh. Otherwise, even when you don't know, it's better... And then, even if you know, you have to act like you don't know.*

These statements reflect the difficulty women with cervical cancer have in talking about it in public for fear of being stigmatized by society. That is why Martine, M., in a 2022 study, showed that the word cancer is still taboo, and women who suffer from it are afraid to talk about it. Moreover, cervical cancer is a word loaded with connotations and symbolism that make it a formidable disease. This is due to the explanatory models that doctors provide in their discourse, which they understand about the disease. Cervical cancer indeed contains, according to Doll, 2015, a variability of diseases in which cells escape the control mechanisms that normally limit their growth and division.

Despite the diversity of meanings associated with cervical cancer, the most widely shared connotation is based on the belief that this disease symbolizes death. Cervical cancer, therefore, remains in popular thought as a potentially deadly disease in our societies. This terrifying connotation indeed materializes the collective imagination that public opinion holds about cancer. This is always perceived as an insidious evil, like the devil, the crab, the spider and the snake, ready to devour, to silently feed on the inside of the body before introducing disorder into the body's natural order.

Thus, talking about cervical cancer evokes fear, fatalism, and death. This is evident in the words of Mrs. P.A, a patient diagnosed with cervical cancer, who expresses herself as follows: *we didn't know about cervical cancer, but when the doctor told me I had it, my feet trembled like this, I have five children and if I die, who will take care of them ?*

In the same vein, Martel C, 2020 asserts that cancer, a deadly disease, is on par with HIV/AIDS. It follows from these statements the fear and concern expressed regarding cervical cancer and its consequences on her children, as their future will be jeopardized after her premature death due to the disease.

### 2.3. Divinity and Fate Surrounding Cervical Cancer

The majority of women perceives cervical cancer as a curse. Indeed, in the collective beliefs of the patients interviewed at EPHDPB, cancer is seen as a curse cast by an enemy from within the family. According to an anonymous patient, a woman from her social environment is the cause of her illness, who, in expressing herself, states the following: *There is a woman in my neighborhood with whom I don't get along; one day, we had a quarrel, and she told me: it's because you have feet that you walk over to answer me. Shortly after our argument, my discomfort began. (Woman with bone metastasis from cervical cancer, September 2022).*

According to the statements collected, a disease cannot affect an individual without there being an enemy behind it. The illness is immediately placed in another category, shifting from a natural state to that of a caused illness. In this logic, a traditional healer asserts: *Cancer is often caused, and when people come to us, we treat it spiritually and physically" (Traditional Healer, September 2022).* These statements show that in African societies, pathologies are signs of divine punishment. So, to achieve spiritual and physical healing, a spiritual diagnosis is necessary. Moreover, according to the religious leader, cervical cancer is a punishment from God due to the sins committed. This is what M.T., an Imam, says: *"Normally, every sin committed is punished by a trial or an illness; it also depends on the sin" September (2022).*

This explanatory logic of disease remains deeply rooted in individual or collective consciousness, whether Christian or Muslim, following the onset of an illness; this is what

emerges from Herzlich's (1984) study in Christian Western societies and ancient Egypt. According to her, and in light of endogenous perceptions, it is God who chooses to send illness to a person because of their sins.

### 2.4. Novelty of the Study

By analogy with other studies, the methods and means of treating cervical cancer are almost identical. However, this study, in addition to mentioning the explanatory factors, placed particular emphasis on the category of illiterate women. This category of women remains more exposed and vulnerable to ideological considerations and resistant to conventional medicine. The originality of this lies in its focus on women who cannot read or write, thus sceptical of awareness and the conventional therapeutic pathway.

### 2.5. Comparative Analysis of the Study with Other Health Districts of ABIDJAN

Like the other health districts of Abidjan, perceptions of cervical cancer are diverse but most often convergent. This study identified and highlighted three distinct sociocultural perceptions structuring cervical cancer according to women in the Port-Bouët health district.

In the same vein as this study, other research has identified various ideologies surrounding cervical cancer. In her study conducted at the Treichville University Hospital, Dori (2018) shows that some women consider cervical cancer as the spectre of death.

Others perceive it as a disease of the shadows or even qualify it as a pathology imported by migrants into societies. These perceptions are similar to those developed in the present article. It is clear in both that cervical cancer is perceived as the spectre of death. From then on, resorting to religious faith or prayer becomes a means of healing for some patients, which constitutes an obstacle to the effectiveness of medical care.

## 3. Conclusion

This article focused on the sociocultural perceptions in the management process of cervical cancer among women within the EPHDPB. It aimed to identify the sociocultural perceptions related to this pathology. After interviews conducted with the heads of organizations and the target populations, three types of results were obtained. It emerges from these results that cervical cancer is seen as a disease of shame. Also, cervical cancer is considered a taboo subject. Finally, the study revealed that cervical cancer is perceived as a divine pathology and a punishment. Faced with these socio-anthropological considerations, the use of traditional pharmacopoeia by patients finds its justification. Due to financial difficulties in receiving care, some patients prefer to consult traditional healers or dedicate themselves to prayer. Thus, this study has highlighted the sociocultural dynamics that influence the process of treating cervical cancer in conventional medicine. Also, this article has allowed the identification of the therapeutic pathways of patients, although contrary to medical recommendations.

## Recommendations

Given that sociocultural perceptions structuring cervical cancer constitute an obstacle in the biomedical management process of the disease in women, it would be pertinent to intensify community awareness of the real causes of cervical cancer and the possibility of curing it if detected early.

## Study Limitations

Some limitations of this study must be acknowledged, particularly the need for a broader test, such as the implementation of smear tests. In addition, we have a lack of illumination of all the sociocultural factors structuring cervical cancer, which constitutes a difficulty in the process of managing patients.

## Ethical Approval

Ethical approval was obtained from the thesis director and the director of the Port-Bouët Departmental Public Hospital Establishment (EPHDPB) in accordance with their favorable opinion signed on 04/19/2022 as part of the

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preparation of our Doctoral Thesis. The assurance of anonymity was given to all participants.

## Consent

Informed written consent was obtained from the participants for the publication of this study. A copy of the written consent is available for review by the editor-in-chief of this journal upon request.

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