

ACCEPTABILITY OF SELF-SAMPLING FOR CERVICAL CANCER SCREENING AMONG WOMEN LIVING WITH HIV AND HIV-NEGATIVE WOMEN IN LIMBÉ, CAMEROON

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WHAT WE LEARNED



1 Cervicovaginal samples are a well accepted method of specimen collection within this community, regardless of HIV status.



2 However, WLWH were less likely to prefer self-collection to provider-collection due to a strong reliance on providers for comfort and security within clinical settings and during clinical procedures.



3 A screening location that is known to offer HIV services may prevent HIV[-] women from seeking care due to their fear of being perceived as a WLWH.

BACKGROUND

Women living with HIV (WLWH) are at increased risk of HPV infection and cervical pre-cancerous squamous intraepithelial lesions. Invasive cervical cancer (ICC) is recognized as an AIDS-defining illness with significant implications for women in sub-Saharan Africa (SSA). Like many countries in Sub-Saharan Africa, Cameroon has a high burden of cervical cancer and low availability and uptake of screening. Self-collection has the potential to increase the uptake of cervical cancer screening among Cameroon women.

OBJECTIVES

- Assess and compare women's perceptions and preferences for self- vs. provider-collected specimens in the coastal town of Limbé, Cameroon
- Explore patient and community insights surrounding self-collection among WLWH and HIV[-] women in Limbé, Cameroon
- Examine barriers and facilitators to obtaining and utilizing self-collected specimens in cervical cancer screening programs

METHODS

- Parent study as part of the CA-IeDEA where each participant provided a self- and provider-collected specimen for HPV testing
- The selection of focus group discussion (FGD) and in-depth interview (IDI) interviewees was done from the master list of participants from the parent study
- A total of six FGD and eight IDI were conducted
 - FGD = 10-12 people based on HIV status and age category (25-35 years, 36-45 years, and ≥46 years).
 - 3 FGD & 4 IDI consisting of WLWH and 3 FDG & 4 IDI for HIV[-] representing each age category
- The identification and subsequent validation of a priori themes using a unified coding scheme
- All procedures were approved by the National Ethics Committee for Human Health Research in Cameroon and the Albert Einstein College of Medicine IRB.

RESULTS

Awareness and acceptability of self-sampling	Both groups indicated that the option to self-collect should be available at clinics for women who were able and willing to perform the procedure	“If some women say they can [collect their specimen] well, then leave them [the option] to do it themselves.” (WLWH, FGD, aged 25-35)
Pain and fear surrounding the provider sampling procedure	WLWH found their provider to provide a level of comfort during the collection procedure HIV[-] indicated their fear of pain from the procedure if sampling is done by the provider	“We have fear of this procedure so we need assurance from [our providers]” (WLWH, FGD, aged 25-35) “Because I will be able to do [the procedure] myself, I will not be able to feel the difference.” (HIV[-], FGD, aged 46-55)
Perceived competence about ability to self-collect their own specimen	Not feeling educated about the procedure was correlated with their concern about their ability to self-collect Nearly all of the participants indicated a concern in their ability to successfully collect their own specimen	“... I do not have the education to collect it” (WLWH, IDI) “I do not know whether I have done it fine or not” (HIV[-], FGD, aged 45-55)
Environmental context and stressors	Community stigma based on use of a clinical setting that serves PLWH Anxiety around the lack of familiarity with the clinical setting from HIV[-] Financial barriers that prevent people from seeking cervical cancer screening services and health care generally	“In the first place, HIV alone carries a particular stigma. That stigma is what is preventing people out there to come and do [cervical cancer screening].” (HIV[-], FGD, aged 25-35) “... screening is embarrassing. They say remove all your pant and tell me say climb for bed, open all your legs.” (HIV[-], FGD, aged 25-35) “If someone said to me I can get the test done for free, I would go get it done myself so that I could experience it too.” (WLWH, FGD, aged 36-45).
The influence of the medical provider on collection preferences	WLWH indicated their confidence in providers due to the status of their occupation	“... the nurse will know the right thing to do more than myself.” (WLWH, FGD, aged 25-35).
Beliefs about consequences of self-collection	WLWH women cited that their level of comfort was a determining factor of their collection preference Both groups believed that self-collection would offer them more confidentiality than involving a provider	“Some women will prefer to take it themselves because they are shy.” (WLWH, FGD, aged 46-59) “So the reason that you use [provider] collection is if you don't feel comfortable putting [the collection swab] right at the cervix.” (WLWH, FGD, aged 25-35) “I prefer collecting myself so that my secret should not be let out.” (HIV[-], IDI)



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