Sociocultural considerations in cancer prevention and control: breast and cervical cancer in low-resource countries

IOM National Cancer Policy Forum, Oct. 26–27, 2015; Washington, DC

Vivien Tsu, PhD, MPH
Professor of Epidemiology, University of Washington
Associate Director, Reproductive Health, PATH
Outline

• What do we mean by sociocultural considerations?

• Why are they important for cancer control? Examples from breast and cervical cancer programs.

• Lessons learned and recommendations.
Social and cultural factors

- Cultural factors
  - Beliefs, customs, practices, and behaviors shared by a group.

- Social factors
  - Education, income and occupation, ethnicity, race, religion, political affiliation, and geography.

1. Determinants of illness and health
2. Influencers of health interventions
Ecological models for health interventions

- *Ecology* refers to relationships of organisms and their environments.
- In health, it refers to the belief that health behavior has multiple levels of influences:
  
  Individual ↔ interpersonal ↔ community ↔ institutional ↔ policy

Four core principles:
1. Multiple influences on health behaviors at all levels.
2. Influences interact across levels.
3. Ecological models are behavior-specific.
4. Multi-level interventions have greatest likelihood of impact.

An ecological approach to HPV vaccine

• In 2006, we needed framework for gathering data to develop program strategies and educational materials for introducing HPV vaccine.

• Considered factors related to:
  • Individual girls,
  • Interpersonal influencers like family and teachers,
  • Community influencers like cultural and social leaders,
  • Institutional actors like health workers, and
  • Policy environment.

Bingham et al., 2009.
Why is this important for cancer control?

• We strive to make all health care effective, efficient, acceptable, and available on an equitable basis.
• BUT for cancer prevention and control, social and cultural factors can make this particularly challenging.

Stigma
• Strong stigma attached to cancer because of lethality, lack of understanding of disease process, and fear of contagion.

Time lag
• Cancer prevention has a long time lag prior to its benefit; many cultures not future-oriented.

Expense
• High cost of cancer treatment leads to inequitable access and family impoverishment.
Examples from breast and cervical cancer
Breast and cervical cancer deaths have outstripped maternal mortality—and continue to rise.
Differences between rich and poor are growing

Sources: Pisani et al., 1999; GLOBOCAN 2008; GLOBOCAN 2012.
Opportunities for breast and cervical cancer prevention and control

• Breast cancer
  • Early detection through screening or symptom awareness.
  • Linkage to effective treatment and psychosocial support.

• Cervical cancer
  • Primary prevention by HPV vaccine.
  • Screening and treatment for precancer.
Sociocultural factors related to sexuality

- Beliefs about the body related to sexuality can affect women’s willingness to seek treatment for symptoms associated with the breasts or genitals, delaying early detection or surgery.

- Beliefs about *disease causality* being related to sexual behavior can raise concerns about being stigmatized or blamed for breast or cervical cancer.

- Concerns about *loss of sexual function or desirability* (especially with loss of breast) can drive treatment decisions.

- Concerns about impact of HPV vaccine on *sexual risk-taking*.

- Modesty concerns can prevent women from being examined by a health worker—especially a male provider.
Fatalism: a cultural construct

- Fatalism is the general belief that all events are determined by fate (Oxford English Dictionary).
- The intensity and extent of fatalism can be affected by ethnicity, religion, and social status.
- In health, it is often operationalized as negative or passive attitudes regarding preventive health practices and disease outcomes (de los Monteros and Gallo, 2011).
- In breast and cervical cancer, it can affect willingness to seek screening or to accept treatment.
- It can be especially difficult to counteract if survivors are rare or not visible.
Fertility: a cultural value

- Less important for older women and cancer treatment considerations.
- Very important—e.g., in Africa—for parents worried about possible effects of HPV vaccine on young adolescent girls.
Age, gender, and social position: mid-adult
women at disadvantage

- In many societies, mid-adult women have **low autonomy** for seeking care, and may be seen as no longer needing health care services (e.g., for child-bearing).
- Women are less likely to have **access to economic resources** for travel to screening or follow-up care.
- Social customs often dictate that women put the needs of partners and children before their own health.
Lessons and possible solutions: how to start

- Critical role for formative research.
  - Identify potential factors and concerns.
  - Develop conceptual framework like ecological model to guide questions.
- Search literature, already rich in some areas.
- Assemble multi-disciplinary team.
Sometimes easier to change technology than to change culture

- The careHPV™ test for cervical cancer can be used with self-collected vaginal specimens.

- Can overcome some modesty concerns (although it may raise others) as well as make collection in the community possible (reducing travel and cost barriers).
Cancer survivors can play critical role

• Reach to Recovery International (UICC and Cancer Council Queensland) is one example, for breast cancer.
• Local groups for breast or cervical cancer are in many countries.
  • Patient support groups.
  • Advocacy.
  • Visible models of what treatment can achieve.
  • Reduce stigma.
Patient navigators: helping women with breast cancer in Peru

- Cancer patients and their families in Peru face fragmented systems for diagnosis, treatment, and rehabilitation.
- Local volunteer group worked with PATH to develop curriculum and resource materials.
- Now being adopted and expanded by INEN, national cancer institute in Lima.
Include key socio-cultural variables in information systems to enable tracking and analysis

- Big competition for space in health information systems.
- Need to include variables to ensure ability to track for equity and reach to underserved groups.
- Especially difficult for new services.
Conclusions

- Sociocultural factors play a critical role in determining how people react to health messages and health services.
- Both informal and systematic qualitative research on these factors can provide valuable insights.
- The role and magnitude of impact of these factors is specific to particular topics and geographies.
- Careful attention to sociocultural issues is essential for effective and equitable programs to control cancer.
Thank you!

Vivien Tsu, PhD, MPH
Director, Cervical Cancer Prevention Project
vtsu@path.org
www.path.org/our-work/womens-cancers