



Exploring women's perceptions of cervical cancer and HPV vaccination in an urban community: A qualitative study

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Abstract

Cervical cancer remains a significant global health concern, necessitating an in-depth exploration of women's perceptions in urban communities. This qualitative research investigates the knowledge, attitudes, and barriers surrounding cervical cancer and HPV vaccination. Thematic analysis of in-depth interviews reveals diverse narratives, offering valuable insights for targeted health interventions.

Keywords: Women's health, cervical cancer, HPV vaccination, urban communities, qualitative research, thematic analysis

1. Introduction

1.1 Background: Cervical cancer is a leading cause of morbidity and mortality among women worldwide. Despite the availability of preventive measures, disparities in awareness and understanding persist, especially in urban communities where cultural factors may influence health perceptions.

1.2 Rationale: Understanding women's perceptions in urban settings is crucial for designing effective public health initiatives. This study seeks to bridge knowledge gaps, identify cultural determinants, and unveil barriers hindering preventive health actions related to cervical cancer and HPV vaccination.

1.3 Research Question: What do you think about cervical cancer, its risk factors, warning signs, and HPV vaccination?

2. Objective: This qualitative research aims to:

- Assess the knowledge levels of women in an urban community regarding cervical cancer, its risk factors, and warning signs.
- Identify cultural determinants shaping perceptions of cervical cancer and HPV vaccination.
- Understand barriers to adopting preventive health

actions, specifically related to cervical cancer and HPV vaccination.

3. Methods

3.1 Participants: The study engaged a diverse group of women aged 18-45 years residing in an urban community.

3.2 Data Collection: In-depth interviews were conducted to capture rich narratives and insights. The semi-structured interviews allowed for flexibility in exploring individual perspectives, ensuring a comprehensive understanding of participants' views.

3.3 Thematic Analysis: Thematic analysis was chosen as the analytical framework. The coding process involved the systematic identification of key themes, subthemes, and codes from the interview transcripts using database MAXQDA24.

4. Results

4.1 Conversations: The in-depth interviews unveiled diverse and profound narratives. Noteworthy conversations include (I can't talk about such women's problem in front of my family), showcasing the multifaceted nature of women's perceptions.

4.2 Themes and Subthemes

4.2.1 Theme 1: Knowledge and Awareness Gap

4.2.1.1 Subtheme: Limited Awareness

- **Code:** KAG001
- **Participant Quote:** "Honestly, I don't know much about cervical cancer. It's not something we discuss often."

4.2.1.2 Analysis and Implication: Limited awareness emerges as a substantial subtheme, highlighting the urgent need for educational campaigns to address the lack of knowledge about cervical cancer within the community.

4.2.2 Theme 2: Communication Barriers

4.2.2.1 Subtheme: Reluctance to Discuss

- **Code:** R2D001
- **Participant Quote:** "We avoid talking about these things. It's considered a private matter."
- **Analysis and Implication:** The reluctance to discuss cervical health due to cultural norms becomes evident. Overcoming this barrier requires culturally sensitive approaches to encourage open dialogues about preventive health.

4.2.3 Theme 3: Diverse Risk Perception

4.2.3.1 Subtheme: Association with Multiple Partners

- **Code:** DRP001
- **Participant Quote:** "Some still believe that having multiple partners is the primary risk factor for cervical cancer."
- **Analysis and Implication:** The association with multiple partners as a perceived risk factor underscores the need for targeted education to dispel myths and promote accurate information about cervical cancer.

4.2.4 Theme 4: Financial Hurdles in Health Choices

4.2.4.1 Subtheme: Financial Challenges

- **Code:** FHC001
- **Participant Quote:** "Healthcare is expensive. Regular check-ups seem like a luxury."
- **Analysis and Implication:** Financial hurdles emerge as a significant subtheme, emphasizing the need for accessible and affordable healthcare options to promote preventive health measures.

4.2.5 Theme 5: Motivation for Preventive Health Action

4.2.5.1 Subtheme: Preventive Health Measures

- **Code:** PHM001
- **Participant Quote:** "I want to prevent any health issues. If there's a vaccine or regular check-ups that can help, I'm motivated to take those steps."
- **Analysis and Implication:** The motivation for preventive health action becomes evident. Emphasizing the positive aspects of preventive measures can enhance community engagement and encourage proactive health choices.

5. Discussion

5.1 Principal Findings: The principal findings underscore the dynamic nature of women's perceptions. Notable insights include resistance to open up, lack of financial help, shedding light on the intricate interplay of cultural, social,

and individual factors shaping awareness and attitudes.

5.2 Strengths and Limitations

5.2.1 Strengths

- **Rigorous Thematic Analysis:** The study employed a robust thematic analysis approach, ensuring a systematic exploration of participant narratives.
- **In-depth Interviews:** Utilizing in-depth interviews facilitated a nuanced understanding of individual perspectives.

5.2.2 Limitations

- **Small Sample Size:** The study acknowledges limitations due to a relatively small sample size, impacting generalizability.
- **Social Desirability Bias:** Participants' responses may be influenced by social desirability, potentially affecting the accuracy of self-reported information.

6. Conclusions

In conclusion, this research delves into the nuanced perceptions of women in urban communities concerning cervical cancer and HPV vaccination. The identified themes – Knowledge and Awareness Gap, Communication Barriers, Diverse Risk Perception, Financial Hurdles in Health Choices, and Motivation for Preventive Health Action – collectively paint a vivid picture of the complex interplay of factors shaping health attitudes.

- **Implications for Public Health:** The findings have direct implications for public health interventions. The limited awareness highlighted in Theme 1 calls for targeted educational campaigns, emphasizing the urgency of disseminating accurate information about cervical cancer. The identified communication barriers, particularly the reluctance to discuss, underscore the need for culturally sensitive approaches to foster open dialogues.
- **Addressing Financial Hurdles:** Financial challenges, as revealed in Theme 4, point to the necessity of making preventive health measures more accessible and affordable. Initiatives aimed at mitigating these financial barriers can significantly impact the uptake of regular check-ups and vaccinations.
- **Empowering through Motivation:** On a positive note, Theme 5 highlights the motivation for preventive health action. Understanding this motivation is crucial for designing interventions that resonate with the community, emphasizing the positive aspects of health-promoting behaviours.
- **Contributions to Women's Health Literacy:** The study's findings contribute to the ongoing discourse on women's health literacy, providing a foundation for informed policy decisions and targeted health initiatives. By acknowledging the diverse perspectives within urban communities, this research serves as a stepping stone for future endeavours aimed at enhancing women's health outcomes.
- **Policy and Program Development:** The identified themes lay the groundwork for the development of targeted policies and programs. Policymakers can leverage these insights to design culturally sensitive health communication strategies, allocate resources for

affordable healthcare, and implement interventions that harness the intrinsic motivation within the community.

In essence, this research goes beyond uncovering perceptions; it lays the groundwork for actionable strategies to bridge gaps in knowledge, communication, and access to preventive health measures.

7. Conflict of Interest

Not available

8. Financial Support

Not available

9. References

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