UNDERSTANDING OF CERVICAL CANCER AND SCREENING AMONG VIETNAMESE FEMALE SEX WORKERS IN HO CHI MINH CITY

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ABSTRACT

Objective and methodology: *The objectives of this study are to explore how Vietnamese female sex workers (FSWs) explained about cervical cancer and screening which have profound effects on their attendance in cervical cancer screening. To gain objectives, a qualitative study was designed with in-depth interviews. Total 15 FSWs working in different venues were recruited through a non-government group.*

Findings: *We found that although FSWs considered themselves to be risk for cervical cancer due to their sexual lives, they still postponed going for cervical cancer screening. Some FSWs in this study believed that cervical cancer was a specific genital infection which resulted from white blood, poor hygiene and multiple sexual partners. Other FSWs believed that cervical cancer comes from God. Based on these beliefs, FSWs thought that the best way to prevent cervical cancer is treating white blood, practicing good hygiene, having safe sex with condoms and limiting sex work. As a result, they postpone going for cervical cancer screening.*

Recommendation: *The findings suggest that health education about cervical cancer and cervical cancer screening for FSWs should be improved not only to increase knowledge but also to rebuild their beliefs and existing knowledge in a creative way. Besides, physician and clients have to understand how the other perceives cancer, its prevention and its treatment. This mutual understanding may create a good foundation for physicians and clients to cooperate in healthcare setting.*

Keywords: *Belief, Cervical cancer, Cervical Screening, Female sex worker.*

1. Introduction

Cervical cancer is seen as a global health problem (Parkin, Bray, Ferlay, & Pisani, 2005) and one of the most common cancers in the world, including Vietnam (WHO, 2012). Cervical cancer in Vietnam ranks the fourth cause of cancer among women and the second most common female cancer in women aged 15 to 44 years (Bruni et al., 2014). In recent years, Vietnam government has attempted to control this disease by vaccine, Pap-smear and VIA (Dinh et al., 2007; Domingo et al., 2008; PATH, 2007). However, comprehensive population coverage for this preventive program has been difficult to achieve in Vietnam, especially among Vietnamese female sex workers who are at high risk to cervical cancer (Domingo et al., 2008; Hoang et al., 2013).

In reality, Ho Chi Minh City has higher

high-risk human papilloma virus (HPV) types rate related to cervical cancer than in Ha Noi (Lan, Dieu & Ha, 2013).Specifically, the morbidity prevalence of cervical cancer among women in Southern Vietnam, including Ho Chi Minh City (HCMC) is higher than women in Northern Vietnam (UNFPA, 2007; Van, 2005). Besides, the majority of cases are only detected at the last stages (Van, 2005). Therefore, these evidences prove that cervical cancer screening rate is still low in HCMC. Although the reasons for non-attendance for cervical screening among women in the world have been studied extensively, none of the published research on cervical screening has focused on FSWs, one of risk groups for cervical cancer due to a higher prevalence of abnormal smear and high risk HPV compared with the general population (Arioz, Altindis, Tokyol, Kalayci, Saylan & Yilmazer, 2009; Mak, Van Renterghem & Cuvelier, 2004; T. NUNEz, Delgado, GirON & Pino, 2004).

Sex work is illegal in Vietnam. Therefore, FSWs are more vulnerable than other groups. As a result, they are less likely to access health services due to stigmatization and discrimination. However, most programs have just focused on HIV and sexually transmitted diseases (STDs). In fact, FSWs are at an increased risk for cervical cancer due to the sexual transmission pattern HPV in comparison with the general population, multiple sexual partners, STDs and socioeconomic status (Kietpeerakool et al., 2009; T. NUNEz, Delgado, GirON & Pino, 2004). Therefore, it is necessary to face the issues regarding cervical cancer prevention beyond STDs prevention among women in the context of sex work.

However, many previous studies in Vietnam focused on women's knowledge, attitude, and practices regarding to HPV vaccine (Dinh et al., 2007; Poulos, Yang, Levin, Minh, Giang & Nguyen, 2011); other studies mentioned on HPV infection prevalence (Hernandez & Vu Nguyen, 2008; Hoang et al., 2013). However, a study towards practice related to cervical cancer has not been deployed. Especially, research on FSWs' perspectives on health and body has not been mentioned. Thus, I analyze how FSWs explained about cervical cancer and the way they minimized these risks within their context.

2. Methodology

This is a qualitative study with anthropological approach on explanatory models. The Explanatory Model (EM) was developed by Arthur Kleinman. He argues that individual's beliefs about the cause and importance of disease will influence their healthcare behaviors (Kleinman, 1978). According to Kleinman, the way people think, act and health care utilization are shaped by social and cultural process. Therefore, Vietnamese FSWs' low cervical screening rate could be a result, in part, beliefs and attitudes about cervical cancer and screening.

Data of this paper was drawn from my research on cervical cancer screening among FSWs in HCMC from July to November 2014. Total 15 FSWs working in different venues were recruited through a non¬government group. The criteria for selection FSWs: (a) FSWs with at least three years of work in Ho Chi Minh City; (b) over the age of 18; (c) FSWs who have cervical cancer screening; FSWs who have not ever had cervical cancer screening. Most of the interviews were audio-recorded under the participants' consent. Each interview lasted for approximately an hour at the comfortable and private place. All data being tape-recorded were transcribed and translated into English. After interviews, field notes were taken. NVivo version 7 was used in data analysis. Theoretical concept of explanatory models by Arthur Kleinman was used during analysis.

3. Findings

3.1. Beliefs about cervical cancer

Cervical cancer as an incurable disease Some FSWs in this study believe that cervical cancer is an incurable disease. Cervical cancer is the same as any cancer which leads to death sooner or later. At the first stages, they believed that uterus and ovary will be cut. They cannot get pregnant. At the last stage, they will die. They said that screening only helps them to detect if they get cervical cancer or not. In particular, sex work is an unstable job, so their income is not fixed. Although they spend much money for diagnosis and treatment, it is very difficult to recover. Also, several FSWs pointed out that thinking of cervical cancer could make them depressed. Therefore, they are convinced that screening could cause anxiety in their lives. Consequently, they postpone doing cervical cancer screening. They believed that they would not get cancer when they did not worry about it.

> *"Any kinds of cancer will lead to death sooner or later. Only listen to "cancer" that leads to worry. Therefore, unless I am suffering from diseases, I will not go to hospital for diagnosis or treatment because it makes me depressed."*
>
> *(A female sex worker, 31 years old, work on the street for 10 years)*

Cervical cancer as fate or God's will In Vietnamese culture, Vietnamese people always believe in God. God is considered to be a person with tremendous power to create all species, judges objectively and holds the fate of each person. These beliefs are rooted in the subconscious and thoughts of Vietnamese and are expressed via their everyday language.

Therefore, FSWs in this study believe that cervical cancer is predetermined by God. Everything is controlled by God, including diseases. They thought that they could not change because that was their destiny. There is no point fighting against destiny.

For example, a female sex worker who has worked for near 15 years said that *"I have been a female sex worker for more than 15 years but I have not had cervical cancer yet. Meanwhile some women who had proper husbands might be suffering from female disease including fibroma, cyst and cervical cancer. I believe that women's recovery ultimately depends on God."*

Another female sex worker said that *"everyone has his/her own fate. Death is predestined."* For her, if she got cervical cancer, she would not get any treatment. This is not due to her economic burden. Rather, she wants to accept reality. As a result, she postpones going for screening.

Cervical cancer as a result of being highly sexually active and unsafe sex practices

Most FSWs said that every woman can get cervical cancer if she has unprotected multiple sexual partners.. Some FSWs stressed that not all women know exactly how to use condoms in the correct way. As a result, they get sexually transmitted diseases easily such as syphilis, gonorrhea or condyloma acuminata. They explained that if they do not treat these STDs, they may get cervical cancer because the development of these diseases can create cancer cells and invade cervix or uterus.

As female sex worker said that *"Some clients don't like using condom because it reduces their sexual pleasure. But, we don't know if the clients are infected or not. If we agree to have sex without condom, perhaps we easily get sexually transmitted diseases. Later it leads to cancer. Thus, I think that unsafe sex is also a reason for cervical cancer."*

Fewer FSWs also mentioned that cervical cancer happens to women over 30 years old due to their long history of sexual intercourse since their young age. This implies that they may have multiple sexual

partners than other people. In addition, sometimes FSWs have unsafe sex such as putting strange and sharp things into vagina, not using condoms during intercourse. They also said that sometimes, they did not use condoms during intercourse due to client's pressure or money. As a result, it makes their vagina easy to be infected. They believe that if the primary infection is not treated in time, it will lead to cancer.

In this study, there is a difference between street-based group and other groups. Most participants assessed that street-based group was risker than other groups. The reasons for this are working place, limited choice of clients, unsafe sex, and lack of water to wash after intercourse. A female sex worker has worked at the beer-pub for 5 years. She compared between street-based group and beer-pubs. She believed that *"the street-based group is risker than beer-pubs."* She said that those who go to the pubs have much money. For street-based group, they can go with any clients. Or even they engage in sex in polluted areas such as unoccupied house or in the bush. They do not have many chances to choose clients. For beer-pubs, she can choose clients. She often gets invitation from clients. For street-based group, some clients sometimes pass across FSWs and ask them to follow him. As FSWs solicit one client, they can follow with any price. Also, she heard from her clients that *"many clients fear the street-based group because some FSWs are not neat. Their appearance is not good-looking. Moreover, clients fear of being caught by an acquainted person in the street."*

Some FSWs working on the street completely agreed with her view. They shared that *"clients only want to have sex with them or arouse sexually desire to ejaculate."* Therefore, they often quickly engage in sex in anywhere. After intercourse, they only use tissue to clean up their vagina and then they continue soliciting another client. On the other hand, fewer FSWs insisted that any types of FSWs are susceptible to get cervical cancer due to multiple sexual partners. For instance, a female sex worker had worked in the karaoke shop when she was young. Nowadays, she is working independently. She said,

> *"I think any FSWs can get. Or even they are high level because most of us have sex with multiple sexual partners. We cannot say that you work on the street; you are risker than other groups. I don't agree with this opinion. As long as you have sex, you are risk for this disease, I think."*

Clearly, although participants tended to believe that they are at high risk group for cervical cancer from their sexual lives; their cervical cancer screening rates are still low. There are two reasons. Firstly, for FSWs under 30 years, they said that they felt secure about cervical cancer because this disease only happens to women over 30 years old. Therefore, they do not need to do regular cervical cancer screening. Secondly, to most FSWs in this study, they believe that having safer sex can prevent cervical cancer. Therefore, they only persuade their clients to use condoms during intercourse.

Cervical cancer as prolonged abnormal symptoms related to reproductive organs

All FSWs believe that prolonged abnormal symptoms related to vagina or cervix are causes of cervical cancer. Most FSWs said that when white blood changes from odorless to yellow and bad smell, their vagina might be infected. White blood creates a good environment for bacteria to develop. As a result, vagina is susceptible. As usual, discharge and itching happen at the same time. When FSWs feel uncomfortable, they attempt to scratch their vagina by their hand.

They put their finger inside their vagina to take white blood out. Again, their vagina and cervix are extremely susceptible to disease.

"During working, sometimes I see other girls using their vagina as a bottle-opener. They open bottle of beer by their vagina. I was so curious and asked them to teach me. I tried to practice however I never succeeded. Another important thing was my vagina blooded and scratched. And then I imagined that maybe vagina of young FSWs bleed many times. If they continue opening bottles of beer, they get cervical cancer easily."

(A female sex worker, 33 years old, has worked for 13 years at the karaoke and brothel)

Together with white blood discharge, a menorrhea is also seen as a cause of cervical cancer. Some FSWs said that when a woman suffered menorrhea, dirty blood existed inside their body. Bacteria or germs have a good environment to develop. It is bacteria or germs that affect their vagina, cervix and uterus. Three FSWs gave the same opinions. For instance, a female sex worker had a cervical cancer screening in 2014. She absolutely agreed with a nurse who examined for her at Preventive Health Center. Although she did not ask the nurse more information related to the relationship between menorrhea and cervical cancer, she also agreed and said *"For menorrhagia, it means that you get menstruation more days than usual. If you don't wash cleanly, don't have good hygiene, maybe you get disease because blood is good environment for bacteria to develop."*

In addition, other FSWs thought infected urinary tract is a cause of cervical cancer. When they suffer this symptom, they believe dirty things inside their body did not discharge. For a long time, it makes them more difficult to urinate. Urinary tract will be infected and spread to vagina. At that time, their vagina becomes drier; they also feel hurt during urination. The reason of this symptom is poor hygiene. Some FSWs often get used to using tissue to clean vagina after intercourse, especially FSWs working on the street. This symptom often recurs. As a result, cancer will happen because dirty things are not taken out.

Overall, all FSWs think that poor hygiene causes prolonged abnormal symptoms related to vagina or cervix. Poor hygiene means that washing vagina without special hygienic water or soap; putting fingers into vagina to take dirty things out.

From these beliefs, most participants believe that keeping good hygiene will prevent cervical cancer and protect their health. Good hygiene includes washing vagina cleanly and treating white blood discharge. It is easy for them to practice every day. Consequently, they delay going for cervical cancer screening.

Cervical cancer as a hereditary disease

Half of FSWs in this study believe that a family history of cancer was a risk for cervical cancer. Their belief leads them to conclude that insofar as they did not have any family history, they are not susceptible to cervical cancer. One female sex worker said,

"I feel lucky when none of my family members have had cervical cancer or any cancer."

3.2. Beliefs about cervical cancer screening behavior

For FSWs in this study, although they thought that they should do cervical cancer screening because screening helps them to know whether they get cervical cancer or not,screening is only detection, not cancer prevention. In a bad condition, they are diagnosed with cervical cancer and it cannot be cured. It means that screening is useless. Also, getting cervical cancer makes them more depressed. Thus, it is better not going for cervical cancer screening.

"Actually, I don't believe in screening because ... if I do it, then doctor says that I get cervical cancer and it cannot be cured. Clearly, diagnosing cancer in time through screening is impossible,

screening is useless. It also makes me much worried."

For those who have done cervical cancer screening, they thought that cervical cancer screening is the same as gynecological examination. Screening helps them to know their white blood which brings cancer cells or not. They described the process as following *"At the beginning, the doctor inserted speculum inside to open my vagina. And then they use wood stick to spread cells on the cervix, I think. I felt that the doctor practiced the same process of gynecological examination. They test my white blood to find cancer cell."*

From this view, some FSWs who have cervical cancer screening said that they should undergo cervical cancer screening to know about their disease and protect their health. They should be healthy, so that they can earn money and support their children. However, they do not intend to follow up because screening is the same process of gynecological examination. Now, they have not get symptoms, so it is unnecessary to do screening. Or even, they do not have regular gynecological examination unless their symptoms get worse.

"I don't know that I will not follow up or not. I am waiting results. If I get bad result, actually I don't know how I solve. If I get good result, I think that I don't need to screen more because it is the same process of gynecological examination. You also know, most FSWs like me do not have regular gynecological examination if their symptoms do not get better."

3.3. How to prevent cervical cancer

From the beliefs above, most participants considered doing cervical cancer screening, treating white blood discharge, keeping good hygiene, having safer sex and limit to work as solution to prevent cervical cancer. However, most participants said that screening was for rich sex workers. While they work in low or medium sectors, their income is not high. Thus, doing cervical cancer screening takes them much money and they do not have enough money to cover daily things.

Together with having cervical cancer screening, most participants thought that they should treat white blood discharge because most FSWs suffer white blood discharge when they work this job. They believed that treating white blood discharge is easy for them. They can treat by themselves through practicing traditional remedies and buying medicine from pharmacy store. Unless their symptoms get worse, they will not come to meet doctor.

Moreover, good hygiene is also considered to be a way to prevent cervical cancer and white blood discharge. In FSWs' opinion, good hygiene is washing vagina carefully. Some FSWs felt their vagina become cleaner after washing with hygienic water. In contrast, other FSWs feel their vagina become drier and they feel painful during intercourse due to without lubricant substance. They visited to doctors and were suggested not to use hygienic water so much. These FSWs wash vagina with water. Sometimes, they put their vagina in steep with hot water and permanganate.

In the context of sex work, participants said that they were at the risk group for cervical cancer due to their sexual lives. They have multiple sexual partners and sometimes they have unsafe sex. These lead to cervical cancer. Thus, to prevent cervical cancer, they believe that they should have safer sex with condoms and limit to work. When they reduce frequency of sexual intercourse, they will not be susceptible to get STDs and cervical cancer. One female sex worker stated that *"I think limited work is the best way to protect myself. I told you before. Now I choose the clients. If they agree to use condom and give me good tip, I will follow them."*

4. Conclusion and discussion This study explores beliefs about cervical cancer from Vietnamese FSWs in HCMC. Therefore, it is necessary to understand barriers to cervical screening besides the financial factor, especially in the context of Vietnam where a Pap-smear price is not high compared with other screening. It costs 4 USD per case.

Clearly, most FSWs in this study acknowledge that cervical cancer screening is important to do, yet the rate of attendance is still limited. Besides economic factor, cultural beliefs are identified as one of barriers to screening. These findings are similar with several previous studies in countries (Boonmongkon, Nichter, & Pylypa, 2001; Kwok, White, & Roydhouse, 2011; Lee, Tripp-Reimer, Miller, Sadler, & Lee, 2007). For example, Korean American women believe that cancer is caused by God, promiscuous lifestyle, poor hygiene, multiple abortions, and family history of cancer. Most Korean American women did not consider themselves to be risk for cervical cancer. They believe that maintaining good health, eating a healthy diet, not having a family history of cancer, not worrying about cancer, not having multiple sexual partners or abortions are the way to prevent cervical cancer. Another similar variability in the perceived causes of cervical cancer has also been found among women in Northeast Thailand. They also believe that a bad uterus causes discharge. When a woman has much discharge, she will be susceptible to get cancer (Boonmongkon, Nichter, & Pylypa, 2001). Likewise, Donnelly (2004) also shows that cervical cancer was predetermined by a higher power. They had no control over their life. It was up to God. Due to that belief, a woman might not seek treatment, believed that a cure was up to God. Another a qualitative study on "Worse than HIV" or "Not as serious as other diseases?", the conceptualization of cervical cancer among newly screened women in Zambia (2012) shows that women believed that cervical cancer was associated with HIV/AIDS. When a woman went for cervical cancer screening test, it was assumed that she was HIV positive because in this community, cancer was associated with HIV/AIDS, thus she might fail to come for screening for fear of being found with cervical cancer (White et al., 2012).

However, in this study, especially within the context of sex work, most participants recognize that they are at risk of cervical cancer. When participants describe about causes of cervical cancer, sometimes they use their knowledge of the biomedicine perspective. However, they still postpone doing cervical cancer screening because of their beliefs about cervical cancer. Within their context, treating white blood discharge, keeping good hygiene and having safer sex are ways most participants choose. Importantly, FSWs have a strong faith in God and they believe that cancer cannot be cured. This is different from housewife's perception in HCMC. Housewives acknowledge that cancer is curable. They postpone doing screening because they thought that screening was not necessary and they had embarrassment (Hiep, Nguyet & Ha, 2010).

Based on Kleinman's explanatory models, it is necessary to understand FSWs' perception on disease to build appropriate prevention program. Biomedicine considers diseases as physical disorder in the body. Such diseases may be caused by chemical imbalances, bacteria, virus and genetic predisposition. Therefore, the meaning ascribed to disease is its meaning as a biological entity. However, patients describe their symptoms in different ways stemming from socio-cultural process. This implies that the disparity in belief may cause communication problem between physicians and clients. Physician and clients have to

understand how the other perceives cancer, its prevention and its treatment. This mutual understanding may create a good foundation for physicians and clients to cooperate in healthcare setting.

Based on the findings from the current study, health education about cervical cancer and cervical cancer screening for FSWs should be improved, not only to increase knowledge, but also to rebuild their beliefs and existing knowledge in a creative way. This might be more effective than only providing medical information to change FSWs' cervical cancer screening behaviors. Only when FSWs have adequate information and understand the importance of screening will they participate more in screening in the future.

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