

# ASSESSING THE VIEWS AND PERCEPTIONS OF WOMEN OF NAZARETH CHURCH REGARDING CERVICAL CANCER: A SURVEY IN UMLAZI SOUTH AFRICA.

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## Abstract

### Background:

Cervical cancer is one of the leading causes of cancer-related death in women. The role of religious beliefs in shaping beliefs and practices in people has been proven. This research examines the views and perceptions of women in religious settings, with a specific focus on women from the Nazareth Church in Umlazi, in KwaZulu-Natal, in South Africa, regarding cervical cancer. The study aims to explore the role of religious groups in cervical cancer prevention and control.

### Methods:

A qualitative survey questionnaire was used to collect data from a randomly selected sample of women from a Nazareth church in Umlazi, aged 18 years and above. The themes covered in the questionnaire included knowledge and awareness of cervical cancer, understanding of the disease, causes and risk factors, signs, and symptoms, curability, disease complications, participants' knowledge sources, awareness of screening, and screening history.

### Results:

Findings revealed a significant knowledge gap among the surveyed women, with a substantial proportion reporting limited awareness of cervical cancer. Understanding of the disease, its causes, and risk factors was found to be incomplete, highlighting the need for targeted educational interventions. Screening rates were low, indicating the importance of promoting cervical cancer screening and addressing barriers to screening uptake.

### Conclusion:

Overall, the findings highlight the need for comprehensive educational campaigns, improved access to screening services, and targeted interventions to enhance knowledge, awareness, and uptake of cervical cancer prevention and screening measures among women. They also highlight the need for health-care providers to collaborate with religious groups to develop targeted interventions and educational programs that align with religious beliefs and practices. Such efforts have the potential to enhance knowledge, awareness, and screening rates, and ultimately impact the burden of cervical cancer among women in South Africa, and potentially across the globe.

*Keywords:* Cervical Cancer, Religious Beliefs, Awareness, Perceptions, Submitted: 2023-05-17

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## 1. Background:

Cervical cancer is a significant health burden, with a high incidence and mortality rate world-

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wide (Arbyn et al., 2022). According to the World Health Organization (WHO), over 500,000 women are diagnosed with cervical cancer each year, and 300,000 women die from the disease annually (Mboineki et al., 2020). Developing countries, where access to healthcare services is limited, are disproportionately affected, Petersen et al., (2022); with cervical cancer being a leading cause of cancer-related deaths among women (Ayenew et al., 2020). In South Africa, cervical cancer is the second most common cancer among women, with an estimated 6,000 new cases and 3,000 deaths annually – thus making cervical cancer a major and growing public health problem in South Africa (Finestone and Wishnia, 2022). Religion plays a crucial role in the lives of many people in South Africa, with most of the population identifying as Christian, Muslim, and Hindu, including the Nazareth Baptist Church. Religious organizations have the potential to play a significant role in cervical cancer prevention and control among women by raising awareness, providing education, and promoting access to healthcare services (Dutta et al., 2018). A study conducted in Nigeria found that religious leaders can have a positive impact on cervical cancer prevention by using their platforms to promote healthy behaviours and dispel myths and misconceptions about the disease (Isa Modibbo et al., 2016). Another study conducted in Iran showed that religious beliefs can influence women's attitudes toward cervical cancer screening and vaccination (Khazae-Pool et al., 2018). Therefore, it is essential to explore the role of religious organizations in cervical cancer prevention and control among women in South Africa. This paper aims to review the views and perceptions of women in religious settings, particularly women from Nazareth Church, towards cervical cancer in South Africa and to explore the role of religious groups in cervical cancer prevention and control. By doing so, it aims to provide insights into the potential of religious organizations in reducing the burden of cervical cancer among women in South Africa.

### ***1.1. Key drivers of views and perceptions of women towards cervical cancer in a religious setting***

The views and perceptions of women towards cervical cancer in a religious setting can be influenced by various factors, including cultural beliefs, social norms, and access to healthcare. Different religious communities may have their unique views and beliefs about cervical cancer and its causes, which can affect women's attitudes toward the disease. A study conducted in Zimbabwe reported that culture and religion constitute impediments to early cervical cancer screening for rural women (Gutusa and Routes, 2023). Correspondingly, a cross-sectional study conducted in Malawi among urban women also found low utilization of cervical cancer screening services (Kamanga et al., 2023). In some religious settings, cervical cancer may be viewed as a punishment for immoral behaviour or sexual promiscuity, leading to shame and stigma around the disease (Williams et al., 2023). Women who are diagnosed with cervical cancer may feel ashamed or guilty, making it challenging for them to seek medical help (Petersen et al., 2022). Likewise, some religious beliefs may discourage the use of modern medicine, leading to delayed diagnosis and treatment (Gutusa and Routes, 2023).

On the other hand, some religious communities may view cervical cancer as a natural illness that can be prevented or treated through regular screening and medical care ((Kamanga et al., 2023). Women in these communities may be encouraged to undergo Pap smears or human papillomavirus (HPV) tests regularly and seek medical attention if they experience any symptoms of the disease (Kamanga et al., 2023). Moreover, religious organizations may play a vital role in raising awareness about cervical cancer and its prevention. A study conducted in Scotland, evaluating, codesigned faith-based intervention for Muslim women to encourage uptake of breast, colorectal and cervical cancer screening concluded that participatory and community-centred approaches can play an important role in tackling health inequalities in cancer and its screening (Christie-de Jong et al., 2022).

Evidence from scholarly works suggests that health clinics and workshops may be organized to educate women about the importance of regular screening and vaccination against HPV. These initiatives can provide women with accurate information and empower them to make informed decisions about their health. However, cultural beliefs and practices may also influence women's decisions around cervical cancer screening and vaccination - with cervical cancer screening less likely in women affiliated with major religions as reported by Tapera et al. (2019). Some women may be hesitant to undergo screening tests or receive vaccines due to cultural taboos around reproductive health issues (Siu et al., 2019). These beliefs can lead to low rates of screening and vaccination, which can increase the risk of developing cervical cancer.

To sum up, views and perceptions of women towards cervical cancer in a religious setting can be influenced by various factors, including cultural beliefs, social norms, and access to healthcare. It is essential to provide accurate information about cervical cancer and its prevention to ensure that women have access to necessary healthcare services and can make informed decisions about their health. Religious organizations can play a vital role in raising awareness and providing education about cervical cancer, but efforts should be made to address cultural beliefs that may impact women's health-seeking behaviours.

### ***1.2. Role of religious groups in promoting cervical cancer prevention and Control among Women***

Religious groups have the potential to play a significant role in cervical cancer prevention and control among women by promoting awareness, education, and access to healthcare services. Religious organizations can provide healthcare services, such as Pap smear tests, HPV vaccinations, and screening services, to women in their communities through health clinics and workshops. Religious organizations, through their platforms, can promote healthy behaviours, dispel myths, and misconceptions about cervical cancer, and emphasize the importance of regular screening and

early detection. Furthermore, religious organizations can work to address cultural and social barriers, such as taboos and stigma surrounding cervical cancer, to create an enabling environment for women to seek healthcare services and make informed decisions about their health (Lahijani et al., 2021). By doing so, they can contribute to reducing the incidence of cervical cancer among women. According to De Almeida et al. (2017), religious groups can play an important role in promoting cervical cancer prevention and control among women. A study by Ferrer et al. (2014) found that religious leaders can use their platforms to promote healthy behaviours and dispel myths and misconceptions, addressing cultural and social barriers that may prevent women from accessing healthcare services for cervical cancer. A study by et al Maxwell. (2019) found that African American churches in the United States could serve as effective settings for promoting breast, cervical, colorectal, and prostate cancer screening. This study emphasizes the important role that churches can play in promoting cervical cancer prevention and control among women, particularly through the use of health education campaigns and community-based screening programs, as well as increasing the uptake of screening services.

Allen et al. (2014) conducted a church-based intervention to promote multiple cancer knowledge and screening behaviour among Latina women. The intervention included education, screening, and referrals, and was found to significantly increase knowledge and screening behaviour among participants. The study recommended and supported the feasibility and acceptability of churches as a setting to promote cancer screening among the participants. Abotchie (2009) conducted a study in Ghana to explore the knowledge, beliefs, and perceptions of women about cervical cancer. The main findings were a lack of belief that cervical screening may detect cancer, the belief that the Pap test is uncomfortable, and the belief that the test will rob one of their virginites. The study found that lack of knowledge and cultural beliefs were barriers to screening and that interventions should address

these issues to increase screening rates. These studies suggest that religious groups can play a valuable role in promoting cervical cancer prevention and control among women, particularly in low- and middle-income countries where access to healthcare services may be limited. Literature suggests that religious groups can play a crucial role in cervical cancer prevention and control among women by raising awareness, providing education, and promoting access to healthcare services. By working with healthcare providers and addressing cultural and social barriers, religious organizations can help to reduce the burden of cervical cancer and improve women's health outcomes.

## 2. Methodology.

### 2.1. Study design

A qualitative research survey was conducted to assess the views and perceptions of women of Nazareth church regarding cervical cancer.

### 2.2. Study Setting: The Nazareth Baptist Church

Isaiah Shembe, also known as uNyazilwezulu, was a religious leader and founder of the Nazareth Baptist Church in South Africa. He was born in 1865 in the region of Inanda, near Durban in the province of KwaZulu-Natal. In 1911, Shembe founded the Nazareth Baptist Church, which became one of the largest and most influential churches in South Africa. Shembe's teachings blended Christianity with traditional Zulu beliefs, and he emphasized the importance of restoring Zulu culture and identity. The church has a significant following in the KwaZulu-Natal province and has been known for its distinctive blend of Christian and traditional African beliefs and practices (Kumalo, 2017; Marinovich, 2018). Our study was conducted in one of the church branches based in Umlazi in KwaZulu-Natal province from 1<sup>st</sup> September 2021 to 10<sup>th</sup> September 2021.

### 2.3. Data Collection and Population

The methodology used in a qualitative research survey aimed at assessing the views and percep-

tions of women of Nazareth church regarding cervical cancer. The following eligibility criteria were utilized to select study participants:

- Women from the Nazareth church in Umlazi were included.
- Women included in the study were aged 18 years and above.
- Women below the age of 18 were excluded from the study.
- Women who did not belong to the Nazareth church based in Umlazi were excluded from the study.
- Women who did not comprehend the study were excluded from participation.
- Women who were unable to independently complete the survey were also excluded from participation.

Data was collected using a survey that was disseminated to 150 eligible women in the Nazareth church. A random sampling of a convenient participant population was conducted. The research questionnaire was made available both electronically and in physical form. The type (electronic or physical) of the form issued was according to participant preference. A link to the survey was sent to participants that preferred electronic completion of the survey. The research questionnaire was made available in both English and IsiZulu to accommodate both educated and illiterate individuals.

### 2.4. Data analysis

Responses that were written in IsiZulu were translated and transcribed accordingly. All responses were transcribed onto a Microsoft Excel spreadsheet in the order they appeared on the questionnaire. Microsoft Excel was used to analyze the data as per the research questionnaire. Analysis of variables was summarized using descriptive summary measures including tables, and graphs with percentages of responses, and frequencies (indicating the actual number of people that responded). Participants' responses were

grouped according to similar themes and interpreted accordingly.

### 2.5. *Elimination of Bias*

To eliminate bias research participants were selected randomly from the population of women in the Nazareth Church to ensure a representative sample. The research survey was designed to present a balanced view of different perspectives on cervical cancer to prevent influencing participants' responses. Multiple data collection methods were utilized a combination of electronic and physical surveys to accommodate participants' preferences to ensure inclusivity and avoid bias towards participants with specific technology access. The researchers ensured accurate translation of responses from IsiZulu to English or vice versa. Participant responses were anonymised and kept confidential. Assure participants that their responses will remain anonymous and confidential. This encourages honest and uninhibited answers, reducing social desirability bias.

Data analysis was conducted objectively and impartially by all researchers involved to avoid preconceived notions or biases with data interpretation. Data triangulation was ensured by using peer-reviewed publications to validate and cross-reference the research findings. Furthermore, the methodology, data collection, and analysis procedures were documented to promote transparency and allow for scrutiny by other researchers.

### 2.6. *Ethical considerations*

The ethical considerations of this study were carefully considered to protect patient confidentiality and privacy. Before accessing patient data, an ethics clearance letter was sought from the institutional research committee (RD1/14/2021). Additionally, all consenting participants provided written consent before study participation and completion of the research questionnaire.

## 3. Results

### 3.1. *SECTION A: Socio-demographic characteristics*

A total of seventy-seven out of one-hundred-and-fifty-one women completed the questionnaire.

Of those who responded, fifty-seven (74%) completed the electronic questionnaire, and twenty (26%) completed hard copies. The age of the women comprised of forty-seven (57%) women aged 18- 25 years, sixteen (23%) women aged 26- 35 years, nine (12%) women aged 36- 50 years, and six (8%) women aged 51 years and above. A total of seventy-six (99%) of the women were African and only one (1%) was Coloured. A total of forty-eight (62%) of the women reported being sexually active, and only nine (38%) reported not being sexually active. Fifty-five participants (71%) reported no history of cervical cancer in their families, nineteen (25%) did not know whether they had a history or not, and three (4%) reported that they had a history of cervical cancer in their families. See Table 1 below:

### 3.2. *SECTION B: Knowledge of disease*

#### 3.2.1. *Theme 1: Evaluating knowledge and awareness of Cervical Cancer*

Out of 77 women surveyed, 54 (70%) reported that they had heard of cervical cancer, while 23 (30%) women reported that they had never heard of the disease.

#### 3.2.2. *Theme 2: Understanding of Cervical Cancer*

Out of the seventy-seven women surveyed, only 7 (10%) provided the correct explanation of cervical cancer, while 23 (30%) provided an incomplete description of the disease, reporting only that it is a cancer of the cervix without further knowledge. A total of 18 (23%) participants reported poor knowledge and 27 (35%) reported not knowing about the disease at all, 2 (2%) did not respond.

#### 3.2.3. *Theme 3: Causes and risk factors of Cervical Cancer*

Out of the 77 women surveyed, 54 (71%) showed poor knowledge and stated having multiple sex partners, unprotected sex, and having sex at an early age as causes of the disease, but these are actually risk factors. A total of 8 (10%) women seemed uncertain about the causes of cervical cancer, and only 13 (17%) women gave the correct response stating that HPV was a leading

Table 1: Socio-demographic characteristics of the study participants

	Variables	Frequency	Percentage (%)
Race	African	76	99
	Coloured	1	1
Age group	18- 25 years	44	57%
	26- 35 years	18	23%
	36- 50 years	9	12%
	51 years and above	6	8%
Sexually activity status		<b>Yes</b> 48 (62%)	<b>No</b> 29 (38%)
History of cervical cancer	<b>I do not know</b> 19 (25%)	<b>Yes</b> 3 (4%)	<b>No</b> 55 (71%)

causative of the disease. Out of the 77 women surveyed, only 20 (26%) showed excellent knowledge about the risk factors, while 34 (44%) did not know about the risk factors, and 22 (29%) showed average knowledge.

#### 3.2.4. **Theme 4: Signs and Symptoms of Cervical Cancer**

Out of the 77 women surveyed, only 29 (38%) reported the correct signs and symptoms of cervical cancer, while 33 (43%) did not know the signs and symptoms, and 14 (18%) showed incomplete knowledge.

#### 3.2.5. **Theme 5: Curability of Cervical Cancer**

Out of the 77 women surveyed, 45 (58%) did not know whether cervical cancer is curable or not, and 12 (16%) women had little knowledge about the curability of the disease. Only 20 (26%) women reported knowing that cervical cancer is curable if detected at an early stage.

#### 3.2.6. **Theme 6: Complications of Cervical Cancer**

Out of the 77 women surveyed, 38 (49%) said yes cervical cancer can cause serious complications, 31 (40%) were unsure, 7 (9%) reported that they do not know, and one participant (1%) stated that cervical cancer cannot cause serious complications. Most participants who reported that cervical cancer does have serious complications mentioned if cervical cancer is detected at an advanced stage a hysterectomy may be required to remove the cancer. Some participants admitted

not knowing about the complications of cervical cancer because they had never heard of this disease. Very few of them mentioned death as the one of complications.

### 3.3. **SECTION C: Knowledge sources and Screening behavior**

#### 3.3.1. **Theme 1: Knowledge sources**

Figure 1 below shows knowledge sources from which participants have heard about cervical cancer. Regarding the knowledge sources about cervical cancer 28 (36%) women reported hearing about the disease at clinics/ hospitals, 28 (36%) reported hearing at schools/universities, while 6 (8%) reported television and online platforms as sources of knowledge. A total of 5 (7%) reported reading about it in newspapers, and 5 (6%) reported hearing about it on the radio. Only 3 (4%) reported hearing at home and from people around them, and 2 (3%) participants reported hearing about it at their place of work.

#### 3.3.2. **Theme 2: Heard about screening.**

Regarding knowledge about Pap smear screening a total of 47 (61%) women reported hearing about cervical cancer and 30 (39%) had never heard of it before.

#### 3.3.3. **Theme 3: Describing Pap smear**

In terms of the women's ability to describe what Pap smear screening is, 19 (25%) women gave the correct description, and 23 (30%) women gave partially incorrect responses, and 35 (45 %) did not respond.

Table 2: Summary of participant responses to knowledge evaluation questions

Topic	Excellent knowledge	Average knowledge	Poor knowledge	No knowledge
Heard of cervical cancer	54 (70%)	-	-	23 (30%)
Definition of cervical cancer	7 (10%)	-	18 (23%)	27 (35%)
Knowledge of cause (HPV)	13 (18%)	-	8 (10%)	54 (71%)
Knowledge of signs and symptoms	29 (38%)	-	14 (18%)	33 (43%)
Knowledge of risk factors	20 (26%)	22 (29%)	-	34 (44%)
Knowledge of curability	20 (26%)	-	12 (16%)	45 (58%)
Knowledge of complications	-	-	31 (40%)	38 (49%)

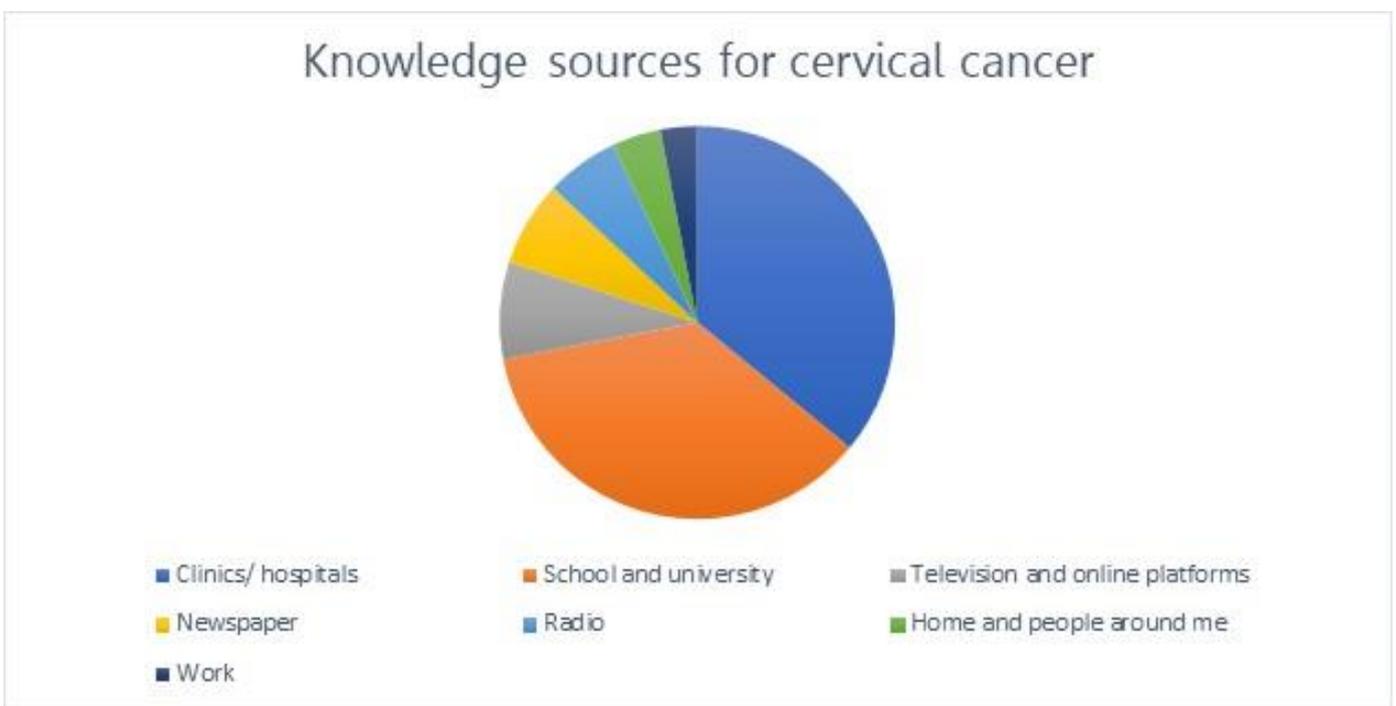


Figure 1: Showing sources of information about cervical cancer

**3.3.4. Theme 4: Importance of screening**

Regarding whether is it important to screen for cervical cancer an overall total of 56 (73%) said yes. Of the 56 participants 39 (51%) stated that it is good to screen so that you can know your status while 17 (22%) stated screening is of paramount importance to enable early detection and immediate treatment of cancer is present. Another 21 (27%) participants were unsure about the necessity of screening.

**3.3.5. Figure 2 below presents the findings of theme 2, 3, and 4.**

**3.3.6. Theme 5: Screening history**

When asked if they had ever screened for cervical cancer 70 (91%) reported that had never screened for cervical cancer, and only 7 (9%) reported they had screened using a Pap smear. When asked about reasons for not screening 22 (29%) participants cited a lack of knowledge about the signs and symptoms and the actual disease. A total of 21 (27%) did not believe that cervical cancer screening is helpful because they

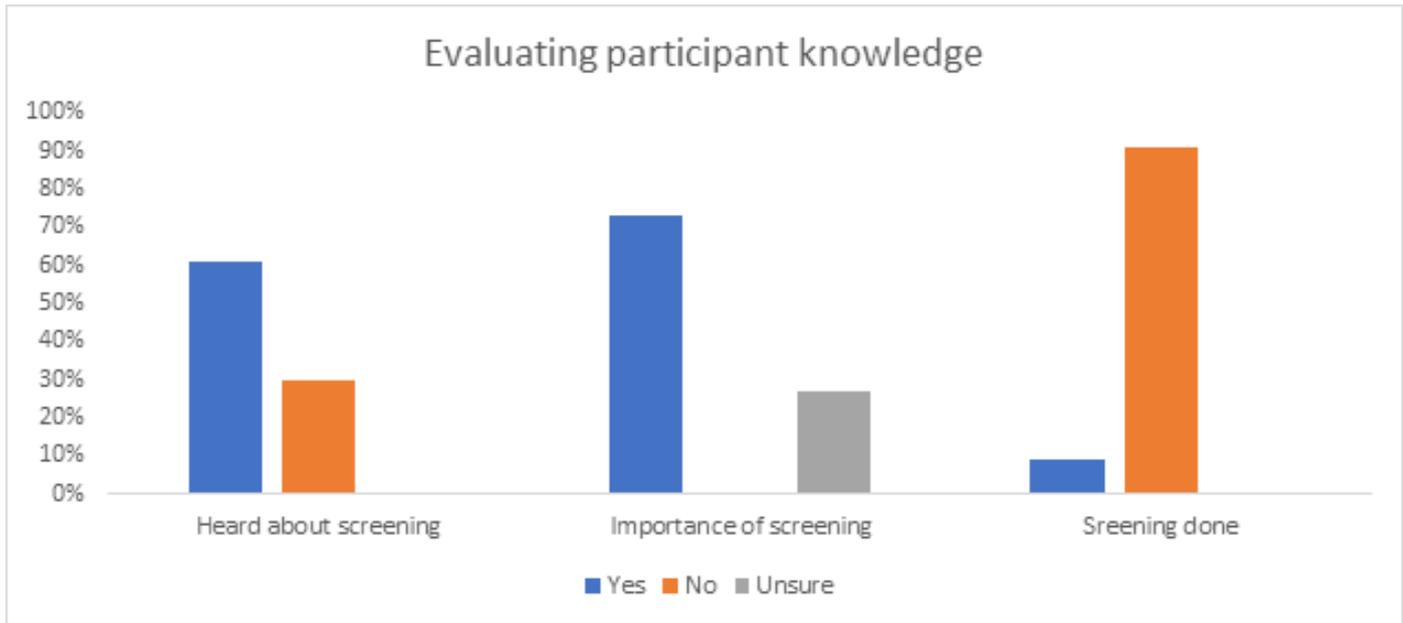


Figure 2: Presents findings of the evaluation of participant knowledge about cervical cancer screening

preferred using traditional medicine and holy water to heal their illnesses. A total of 15 (19%) reported fear of the procedure and the discomfort it may cause. Only 2 (3%) participants mentioned laziness as the reason for not screening, while 3 (4%) that they were too young and not sexually active. Only 1 (1%) participant mentioned not screening because of the screening procedure being expensive. A total of 28 participants did not respond. See Table 3 below with outlined reasons for not screening:

#### 4. Discussion and Summary of findings

The main aim of this study was to evaluate the views and perceptions of women towards cervical cancer in South Africa and to explore the role of religious groups in cervical cancer prevention and control. The study was conducted on women belonging to the Nazareth church in the Umlazi Township, in KwaZulu-Natal, South Africa. The research questionnaire comprised different sections that consisted of questions aimed to collect women's knowledge of cervical cancer, knowledge sources, and screening behaviour.

When evaluating knowledge and awareness of cervical cancer a large percentage (70%) of the women reported that they had heard of cervical

cancer. These findings are comparable to findings in a study that revealed a high percentage (85.6%) of women knew about cervical cancer (Mofolo et al. 2018). Contrary to this are the findings of a previous study conducted in Butajira, Ethiopia, where only a small percentage (36%) of participating women were aware of cervical cancer (Ruddies et al. 2020). Regarding understanding cervical cancer, only 10% of the women surveyed provided the correct explanation of cervical cancer, while 30% provided an incomplete description, and 23% reported poor knowledge. These findings align with a study conducted in the same province, which reported a poor understanding of cervical screening among Zulu women in South Africa (Godfrey et al. 2019). Regarding the causes and risk factors of cervical cancer a larger percentage of the women surveyed showed poor knowledge by stating incorrect causes, such as having multiple sex partners, unprotected sex, and early age of sexual activity. Only a small percentage correctly identified HPV as a leading cause and correctly identified the risk factors. These findings are comparable to those of a study conducted in Pretoria, South Africa where only a small percentage of women knew the risk factors for cervical cancer (Tiiti et al, 2022). A different study also

Table 3: Reasons for not screening

Reasons	Number of participants
Lack of knowledge about the signs, symptoms, and the actual disease	<b>17 (22 %)</b>
Cervical cancer screening is not helpful because they preferred using traditional medicine and holy water to heal their illnesses	16 (21 %)
Fear of the procedure and the discomfort it may cause	11 (15 %)
Laziness as the reason for not screening	1 (2 %)
Participants felt they were too young and not sexually active to screen	3 (3 %)
Screening procedure as being expensive	1 (1 %)
Did not respond	28 (36%)

showed similar results for women having limited knowledge of the risk factors of cervical cancer (Kashyap et al 2019). On the contrary in a study that sought to map out the awareness of risks and symptoms of cervical cancer in South Africa and Uganda, both the rural and urban women in South Africa had significantly higher knowledge (Moodley et al., 2020). These findings highlight the need for improved education on the causes and risk factors of cervical cancer.

Our study revealed that a considerable percentage of women lacked knowledge of the signs and symptoms of cervical. This is in keeping with the findings of a study on women's knowledge of cervical cancer at a tertiary hospital which revealed low levels of the signs and symptoms of cervical cancer (Okunowo et al. 2018). When asked about the curability of the disease a significant number of participants did not know whether cervical cancer is curable or not, leaving a small percentage of women who knew that cervical cancer is curable. Another study by Gebisa et al (2022) also reported that a small percentage (26 %) of the respondents considered cervical cancer as curable at an early stage (Gebisa et al., 2022). These findings contrast those of several studies where a high proportion of women reported knowledge about the curability of cervical cancer (Dhaher 2019; Mengesha et al. 2020). A large percentage of the surveyed women acknowledged that cervical cancer could cause serious complications, while some were unsure or had no knowledge.

Regarding knowledge sources, the participants

mentioned various sources from which they had heard about cervical cancer, with clinics/hospitals and schools/universities being the most common sources. Television, online platforms, newspapers, radio, home, and work were also mentioned. These findings are comparable to those of a study that revealed the most common knowledge sources as nurses, radio, and television platforms (Okunowo et al. 2018). These findings provide insights into the different channels through which information about cervical cancer can be effectively disseminated. A high percentage of participants had heard about cervical cancer screening, while a much lower percentage had never heard of it. These findings are similar to the findings of a cross-sectional study conducted on women in Kenya (Gatumo et al. 2018). When asked to describe a Pap smear, a considerable percentage of the women gave an incorrect or partially correct description. However, in a separate study, a high percentage of women correctly identified the Pap smear and understood the reason for a Pap smear (Zahid et al. 2022).

When asked about the importance of screening 73% of the participants acknowledged the importance of screening for cervical cancer. This contrasts several studies that reported a large number of women with low levels of cervical cancer screening because they failed to recognise the need to screen for cervical cancer (Busingye et al. 2012, Ndikom and Ofi 2012, Yimer et al. 2021). Regarding screening history, most of the women (91%) reported that they had never been screened

for cervical cancer. This finding is in keeping with the low level of cervical cancer screening as reported in a systematic review and meta-analysis on the uptake of cervical cancer screening in sub-Saharan Africa (Yimer et al. 2021). Reasons for not screening included lack of knowledge, preference for traditional medicine, fear of the procedure, perceived discomfort, young age or sexual inactivity, and cost. These barriers should be addressed to increase screening rates and promote early detection.

Our study findings highlight that while a significant proportion of the surveyed women had heard of cervical cancer, there were still a substantial number who had never heard of the disease. This emphasizes the need for increased awareness campaigns to ensure that more women know about cervical cancer. The understanding of cervical cancer, its causes, risk factors, signs, and symptoms were found to be lacking among the surveyed women. There is a clear need for comprehensive education initiatives to improve women's understanding of cervical cancer and its related aspects. The findings reveal knowledge gaps regarding the correct explanation of cervical cancer, its causes, risk factors, and curability. These gaps suggest that information dissemination efforts should focus on providing accurate and detailed knowledge about cervical cancer to address misconceptions and enhance awareness. While most of the participants recognized the importance of screening for cervical cancer, there were still some who were unsure or unaware of the necessity of screening. This highlights the importance of promoting the significance of regular cervical cancer screening and addressing any misconceptions or concerns related to the screening procedure. The findings also shed light on various barriers to cervical cancer screening, including lack of knowledge about the disease and screening, preference for traditional medicine, fear of the procedure, perceived discomfort, and cost concerns. Addressing these barriers is crucial to increasing screening rates and ensuring early detection and treatment. Overall, the findings highlight the need for comprehensive educational campaigns, improved access to screening services, and targeted interventions to enhance knowledge,

awareness, and uptake of cervical cancer prevention and screening measures among women. Furthermore, the findings also highlight the need for healthcare providers to collaborate with religious groups to develop targeted interventions and educational programs that align with religious beliefs and practices. These efforts have the potential to enhance knowledge, awareness, and screening rates, and ultimately impact the burden of cervical cancer among women in South Africa, and potentially across the globe.

#### **4.1. Implications of the findings**

By revealing that many women have limited knowledge and awareness about cervical cancer, the study highlights the need for targeted awareness and education campaigns on cervical cancer, particularly within religious settings. By addressing the knowledge gap, these campaigns can empower women with the information they need to make informed decisions about their health. The study emphasizes the potential role of religious organizations, such as the Nazareth Church, in cervical cancer prevention and control. These religious organisations can serve as platforms for delivering health education messages, promoting screening services, and addressing specific barriers within the community. By collaborating with religious leaders and engaging them as advocates for cervical cancer prevention the message can reach a wider audience and enhance the effectiveness of interventions. Furthermore, collaborations can also help overcome potential cultural or religious barriers by incorporating religious leaders' perspectives and tailoring interventions to the specific needs of the community. The findings highlight the importance of culturally sensitive approaches in addressing barriers to cervical cancer prevention and control. Understanding and respecting the cultural beliefs, preferences, and practices of the religious communities, including their views on traditional medicine and healthcare-seeking behaviours, can guide the development of interventions that are relevant and acceptable. Tailoring messages and strategies to align with cultural norms and values can enhance engagement and participation. The study re-

vealed low screening rates among the surveyed women, highlighting the need to promote cervical cancer screening and address barriers that hinder uptake. Efforts should focus on raising awareness about the importance of regular screening, dispelling misconceptions and fears associated with the screening procedure, and addressing practical barriers such as cost, accessibility, and convenience. The study highlights the need for further research and evaluation in the context of religious settings and cervical cancer prevention. Ongoing assessment can provide insights into the effectiveness of interventions, identify evolving challenges, and guide the refinement of strategies.

## 5. Recommendations

Based on the findings of our study we recommend evaluating the effectiveness of awareness campaigns, educational interventions, and screening programs to make informed adjustments and improvements. These campaigns and education interventions should address myths and misconceptions, provide accurate information about cervical cancer, its causes, risk factors, signs, and symptoms, and emphasize the importance of regular screening. Efforts should be made to promote regular cervical cancer screening among women to enable early detection, and treatment to prevent the development and progression of cervical cancer. Barriers to screening such as lack of knowledge, misconceptions, fear, and discomfort should be addressed by providing accurate information and reassurance. Continuing to utilize various channels, including television, radio, newspapers, online platforms, and community-based discussions will ensure information reaches women from diverse backgrounds and with different access to technology. Collaborations with healthcare clinics, hospitals, schools, universities, and community centres to reach a broader audience. Improving access to cervical cancer screening services in the community by providing multiple affordable screening options. Engaging local organizations, community leaders, religious organizations, healthcare providers, and government agencies to form partnerships and collaborations. This

will help in leveraging resources, sharing expertise, and implementing a multi-sectoral approach to cervical cancer prevention and control. Conducting further research in the context of religious settings to gain a deeper understanding of the specific challenges, beliefs, and barriers related to cervical cancer. By implementing these recommendations, it is possible to improve knowledge, awareness, and screening rates for cervical cancer in the community, leading to early detection, improved treatment outcomes, and a reduction in cervical cancer-related morbidity and mortality.

## 6. Limitations

The study was conducted in a small sample of a specific community in Umlazi in KwaZulu-Natal, South Africa. The findings may not apply to other populations or geographical areas, limiting the external validity of the findings. Additionally, a larger sample size would increase the generalizability of the findings. Despite efforts to eliminate bias, there may still be some response bias present. Participants may provide socially desirable responses or may not accurately recall or report their views and perceptions. The study is based on cross-sectional data, providing a snapshot of views and perceptions at a particular point in time. Longitudinal data would provide insights into changes in views and perceptions over time. The study focused specifically on views and perceptions of cervical cancer among women in the Nazareth Church. It does not explore other important aspects such as knowledge levels, access to healthcare, or barriers to screening and treatment.

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## 9. Conflict of interest

The authors declare no conflict of interest.

## 10. References:

1. Abotchie, P.N., Shokar, N.K., 2009. Cervical Cancer Screening Among College Students in Ghana: Knowledge and Health Beliefs. *Int J Gynecol Cancer* 19, 412–416.
2. Allen, J.D., Pérez, J.E., Tom, L., Leyva, B., Diaz, D., Idalí Torres, M., 2014. A pilot test of a church-based intervention to promote multiple cancer-screening behaviors among Latinas. *J Cancer Educ* 29, 136–143.
3. Arbyn, M., Weiderpass, E., Bruni, L., De Sanjosé, S., Saraiya, M., Ferlay, J., Bray, F., 2020. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *The Lancet Global Health* 8, e191–e203.
4. Ayenew, A.A., Zewdu, B.F., Nigussie, A.A., 2020. Uptake of cervical cancer screening service and associated factors among age-eligible women in Ethiopia: systematic review and meta-analysis. *Infect Agents Cancer* 15, 67.
5. Busingye, P., Nakimuli, A., Nabunya, E., Mutyaba, T., 2012. Acceptability of cervical cancer screening via visual inspection with acetic acid or Lugol's iodine at Mulago Hospital, Uganda. *International Journal of Gynecology & Obstetrics* 119, 262–265.
6. Christie-de Jong, F., Kotzur, M., Amiri, R., Ling, J., Mooney, J.D., Robb, K.A., 2022. Qualitative evaluation of a codesigned faith-based intervention for Muslim women in Scotland to encourage uptake of breast, colorectal and cervical cancer screening. *BMJ Open* 12, e058739.
7. Dhaher, E.A., 2019. Knowledge, Attitudes and Practices of Women in the Southern Region of Saudi Arabia Regarding Cervical Cancer and the Pap Smear Test. *Asian Pac J Cancer Prev* 20, 1177–1184.
8. Dutta, T., Meyerson, B., Agle, J., 2018. African cervical cancer prevention and control plans: A scoping review. *Journal of Cancer Policy* 16, 73–81.
9. Finestone, E., Wishnia, J., 2022. Estimating the burden of cancer in South Africa. *S. Afr. j. oncol.* 6.
10. Gebisa, T., Bala, E.T., Deriba, B.S., 2022. Knowledge, Attitude, and Practice Toward Cervical Cancer Screening Among Women Attending Health Facilities in Central Ethiopia. *Cancer Control* 29, 107327482210766.
11. Godfrey, M.A.L., Mathenjwa, S., Mayat, N., 2019. Rural Zulu women's knowledge of and attitudes towards Pap smears and adherence to cervical screening. *Afr. j. prim. health care fam. med.* 11.
12. Gutusa, F., Roets, L., 2023. Early cervical cancer screening: The influence of culture and religion. *African Journal of Primary Health Care & Family Medicine* 15.
13. Isa Modibbo, F., Dareng, E., Bamisaye, P., Jedy-Agba, E., Adewole, A., Oyeneyin, L., Olaniyan, O., Adebamowo, C., 2016. Qualitative study of barriers to cervical cancer screening among Nigerian women. *BMJ Open* 6, e008533.
14. Kamanga, P., Zhang, B., Stones, W., 2023. Factors associated with low utilisation of cervical cancer screening among urban women in Lilongwe, Malawi: a cross sectional study. *BMC Women's Health* 23, 183.
15. Kashyap, N., Krishnan, N., Kaur, S., Ghai, S., 2019. Risk Factors of Cervical Cancer: A Case-Control Study. *Asia-Pacific Journal of Oncology Nursing* 6, 308–314.
16. Khazae-Pool, M., Yargholi, F., Jafari, F., Ponnet, K., 2018. Exploring Iranian women's perceptions and experiences regarding cervical cancer-preventive behaviors. *BMC Women's Health* 18, 145.
17. Kumalo, S., 2017. "Now we know that the enemy is from within": Shembeites and the Struggle for Control of Isaiah Shembe's Legacy and the Church. *J. Study Relig.* 30, 122–153.
18. Lahijani, A.Y., King, A.R., Gullatte, M.M., Hennink, M., Bednarczyk, R.A., 2021. HPV Vaccine Promotion: The church as an agent of change. *Soc Sci Med* 268, 113375.

19. Marinovich, G., 2018. Shembe: A Zulu Church. *Transition* 34.
20. Maxwell, A.E., Lucas-Wright, A., Santifer, R.E., Vargas, C., Gatson, J., Chang, L.C., 2019. Promoting Cancer Screening in Partnership With Health Ministries in 9 African American Churches in South Los Angeles: An Implementation Pilot Study. *Prev. Chronic Dis.* 16, 190135.
21. Mboineki, J.F., Wang, P., Dhakal, K., Getu, M.A., Millanzi, W.C., Chen, C., 2020. Predictors of uptake of cervical cancer screening among women in Urban Tanzania: community-based cross-sectional study. *Int J Public Health* 65, 1593–1602.
22. Mofolo, N., Maarasi, S., Maleboheng, L., Chabanku, N., Ndlovu, S., Naidoo, Q., Joubert, G., 2018. Knowledge of cervical cancer, human papillomavirus and prevention among first-year female students in residences at the University of the Free State. *African Journal of Primary Health Care and Family Medicine* 10.
23. Moodley, J., Constant, D., Mwaka, A.D., Scott, S.E., Walter, F.M., 2020. Mapping awareness of breast and cervical cancer risk factors, symptoms and lay beliefs in Uganda and South Africa. *PLoS ONE* 15, e0240788.
24. Ndikom, C.M., Ofi, B.A., 2012. Awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria: a qualitative study. *Reproductive Health* 9.
25. Okunowo, A.A., Daramola, E.S., Soibi-Harry, A.P., Ezenwankwo, F.C., Kuku, J.O., Okunade, K.S., Anorlu, R.I., 2018. Women's knowledge of cervical cancer and uptake of Pap smear testing and the factors influencing it in a Nigerian tertiary hospital. *Journal of Cancer Research and Practice* 5, 105–111.
26. Petersen, Z., Jaca, A., Ginindza, T.G., Maseko, G., Takatshana, S., Ndlovu, P., Zondi, N., Zungu, N., Varghese, C., Hunting, G., Parham, G., Simelela, P., Moyo, S., 2022. Barriers to uptake of cervical cancer screening services in low-and-middle-income countries: a systematic review. *BMC Women's Health* 22, 486.
27. Ruddies, F., Gizaw, M., Teka, B., Thies, S., Wienke, A., Kaufmann, A.M., Abebe, T., Addissie, A., Kantelhardt, E.J., 2020. Cervical cancer screening in rural Ethiopia: a cross-sectional knowledge, attitude and practice study. *BMC Cancer* 20, 563.
28. Tapera, O., Kadzatsa, W., Nyakabau, A.M., Mavhu, W., Dreyer, G., Stray-Pedersen, B., Sjh, H., 2019. Sociodemographic inequities in cervical cancer screening, treatment and care amongst women aged at least 25 years: evidence from surveys in Harare, Zimbabwe. *BMC Public Health* 19, 428.
29. Tiiti, T.A., Bogers, J., Lebelo, R.L., 2022. Knowledge of Human Papillomavirus and Cervical Cancer among Women Attending Gynecology Clinics in Pretoria, South Africa. *IJERPH* 19, 4210.
30. Williams, R.C., Simonds, H., Roomaney, R., 2023. Knowledge, misinformation, stigma, and disclosure hesitancy among women receiving curative treatment for cervical cancer at a tertiary hospital in South Africa. *South African Journal of Psychology* 008124632211483.
31. Yimer, N.B., Mohammed, M.A., Solomon, K., Tadese, M., Grutzmacher, S., Meikena, H.K., Alemnew, B., Sharew, N.T., Habte-wold, T.D., 2021. Cervical cancer screening uptake in Sub-Saharan Africa: a systematic review and meta-analysis. *Public Health* 195, 105–111.
32. Zahid, H.M., Qarah, A.B., Alharbi, A.M., Alomar, A.E., Almubarak, S.A., 2022. Awareness and Practices Related to Cervical Cancer among Females in Saudi Arabia. *IJERPH* 19, 1455.

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