

Awareness of Cervical Cancer Screening test Among Women of Child Bearing age in the Rural Area of Awo-Omamma, Imo State, Nigeria.

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Abstract

Introduction

This study assessed the awareness of cervical cancer screening test among women in the rural area of Imo State. Cervical cancer is the fourth most common cancer and the cause of death in women. The need to ascertain the level of awareness of cervical cancer screening test and the level of uptake among rural women motivated this study.

Materials and Methods

The study design was cross sectional descriptive survey. The sample for the study, which was statistically determined by Taro Yamane formula was 420. Administered structured questionnaire was used for data collection. Data were analyzed using frequency distribution tables.

Results

The result showed that 270(64.3%) of the respondents were aware of cervical cancer screening test and only 135(32.1%) used cervical cancer screening test. Majority of the respondents, 400(95.2%) have never taken vaccination for human papilloma virus. The main place where 234(55.7%) of the respondents learnt about cervical cancer screening was the hospital. A good number of the respondents 225(53.6%), had low uptake services because of the views that cervical cancer screening is mainly for the elderly women, and also 140(33.3%) felt that the investigation process is painful.

Conclusion

Therefore, adequate and substantial measures should be taken to health educate women on benefits of cervical cancer screening tests.

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Introduction

Studies have estimated that 528,000 cases of cervical cancer and 266,000 deaths occur yearly in developing countries due to poor uptake of cervical cancer screening test. An estimated 12,360 new cases are expected to be diagnosed while 4,020 are to die from cervical cancer. In developed countries, 34,000 new cases and 16,000 deaths occur yearly, making cervical cancer the most common cause of death among women¹. In Nigeria, research has shown that the incidence of cervical cancer is 85% and that 11.2 per 100,000 of those diagnosed die from the disease.²⁻⁴

Cervical cancer screening tests reduce cervical cancer incidence, thereby helping to diagnose the disease at an early pre-cancerous stage. Cervical cancer responds favourably to secondary prevention measures when detected at an early stage. It is considered to be one of the most successfully treatable cancers among women. Studies have shown that 95% of cervical cancer deaths can be prevented by using early Papanicolaou (pap) test screening and appropriate treatment.⁵⁻⁸ It is the Low uptake of cervical cancer screening test and poor follow-up treatment services that result in high mortality rates and poor survival outcomes among cervical cancer cases. However, researchers have attributed lack of knowledge of the benefits of cervical cancer screening tests to the poor uptake of the screening tests.⁹⁻¹² This study investigated the extent to which women in the rural areas are aware of the need to undergo cervical cancer screening as well as the factors and conditions that influence uptake of the test.

Studies have revealed that a good number of women in developing countries including Nigeria experience premature deaths due to cervical cancer because they view cervical cancer screening as the cause of the severity of the illness. As a result, only about 5% of women in developing countries have used Pap smear, compared to more than 40% of women in developed countries. As such, cervical cancer screening uptake remains a major public health challenge and this has given rise to the high prevalence of cervical cancer in developing countries.¹³⁻¹⁶ Despite the fact that most governments in developing countries encourage increased uptake of cervical cancer screening by offering free services to women, yet most women do not accept cervical cancer screening.⁷⁻⁹

The problem with cervical cancer screening in rural areas is the inability of women to understand the benefits of cervical cancer screening test. Studies have found some myths that increase low uptake of cervical screening exercises. Such myths include women believing that undergoing screening tests will result in several unfavourable health conditions including infections, infertility, abortions, sexual violence, marital instability, death and others.¹⁰⁻¹³ Researchers have argued that educating mothers on the importance of cervical screening and on ways of preventing cervical cancer will increase their awareness and also reduce the prevalence of cervical cancer.¹⁴⁻¹⁷ Some researchers have further stressed that poor knowledge of the usefulness of cervical screening test constitutes the main cause of underutilization of cervical cancer screening services. They have suggested that health workers should health educate women on the benefits of cervical cancer screening by emphasizing ways of preventing cervical cancer. This will be a step towards encouraging women of childbearing age to go for cervical cancer screening.¹⁸⁻²² Therefore, the aim of this study included to investigate the extent to which women in the rural areas are aware of the benefits of cervical cancer screening as well as to identify the factors and conditions that influence uptake of cervical cancer screening.

Materials and Methods

The study adopted a cross-sectional descriptive survey and concentrated on identifying the factors and conditions that influence cervical cancer screening uptake. The sample used for the study was 420 selected by simple random sampling after being statistically determined by Taro Yamane formula. Administered structured questionnaire was used for data collection. Data were analyzed using frequency distribution tables.

Ethical Consideration

Ethical committee of Imo State University approved the study. Thereafter, a letter was written to the traditional ruler of the area for permission to carry out the study in his domain and his consent was obtained. A verbal consent was obtained from each respondent for voluntary participation. All respondents were assured that the study will not involve any invasive procedures.

Results

The above Table shows that the highest age range of the respondents 150 (35.7%) was 26-33 years. For the educational qualification of the respondents, the highest number 165 (29.3%) had secondary education while for their occupation, 180 (42.9%) were housewives. See Table 1 for details.

From Table 2, out of 270(64.3%) of the respondents who accepted that they have knowledge of cervical cancer screening test, only 135(32.1%) of them have ever presented themselves for cervical cancer screening test. See the Table for more details.

Table 3 shows that the hospital provided the highest source of information on cervical cancer screening test to the respondents. See Table for details.

The findings on Table 4 showed that a good proportion of the respondents 225(53.6%) did not access cervical cancer screening test because they believed that the screening test is for the elderly women and not for the young women. See Table for details of the findings.

Table 5 shows that majority of the respondents, 400(95.2%) have not had human papilloma virus vaccination.

Discussion

The findings showed that the level of the rural women's awareness of cervical cancer screening test was high 270(64.3%), yet only as low as 135(32.1%) presented themselves for screening test. Those who did not undergo screening test had several reasons for not using screening test. Among the reasons they had included: unaffordability of screening test, the view that screening test is meant only for the elderly, poor attitude of health workers, the fear of eroding their privacy, as well as that of the test causing other types of cancer. The fact that the women in the rural area feared that undergoing screening test would result to abortion, exacerbate cervical cancer and prevent conception showed that they lacked correct knowledge of the benefits of cervical cancer screening test for sexually active women. This underscores the need for health workers to health educate women on the benefits of cervical cancer screening during antenatal sessions. These findings agree with that of ^{18, 19, 21}, where women in the rural areas were found to lack full

knowledge of the benefits of cervical cancer screening test.

From this study, having good knowledge of cervical cancer screening test did not correspond with high uptake of the screening services. Women of reproductive ages believing that cervical cancer screening is not meant for them could mean that these class of women may be ignorant of how to prevent cervical cancer. It could also mean that such women may delay seeking intervention for any slight signs and symptoms of likely onset of cervical cancer. This shows that such women can only seek help at the advanced stages of any health condition. This poor health seeking behaviour can contribute to increase in the prevalence of cervical cancer. These findings collaborate with the survey of ^{13,22} which examined knowledge of cervical cancer and screening practices .

The fact remains that despite the awareness of cervical cancer prevention by screening using a pap smear, uptake of screening services in the rural areas is still very low in Nigeria. The negative attitudes of women in the rural areas towards cervical cancer prevention and the view that the services are expensive and therefore, not necessary, could have contributed to the reason why some women did not take the vaccination against human Papilloma virus. In this respect, these women might have considered themselves not at risk of cervical cancer. This affirms the findings of ^{4,13,18} in which they noted that among the factors that contributed to low uptake of cervical cancer screening were the women's idea that they are not susceptible to cervical cancer as well as the poor understanding of cervical cancer screening procedures. Lack of knowledge of the risk factors of cervical cancer, the anxiety caused by receiving abnormal smear result, and the fear of being diagnosed with cervical cancer could further prevent women from using the screening test. This is confirmed by the respondents' belief that cervical cancer screening is purposely meant for those who already have cervical cancer and not for others. As a result, some of them had no interest in undergoing screening test. This negative view needs to be vigorously addressed.

Conclusion

Based on the findings of the study, the

Table 1. Socio-demographic characteristics of respondents

Variables	Category	n=420	Percentages(%)
Age group (in years)	18-25	80	19
	26-33	150	35.7
	34-41	120	28.6
	42-46	42	10
	50 and above	28	6.7
Highest educational qualification	No formal education	43	10.2
	Primary education	115	27.4
	Secondary education	165	29.3
	Tertiary education	97	23.1
Occupation	Housewifery	180	42.9
	Trading	160	38.1
	Civil service	30	7.1
	Farming	50	11.9

Table 2. Respondents and their knowledge about cervical cancer screening test

Knowledge	Response category n=420	
	Yes	No
Have you heard of cervical cancer screening test?	270(64.3%)	150(35.7%)
Have you ever presented yourself for cervical cancer screening test?	135(32.1%)	285(67.9%)

Table 3. Respondents' sources of information about cervical cancer screening test

Sources of information	Frequency	
	Yes	No
Hospital	234(55.7%)	186(44.3%)
Friends	110(26.2%)	310(73.8%)
Family members	60(14.3%)	90(21.4%)
Church members	66(15.7%)	120(28.6%)
Media	50(11.9%)	260(61.9%)

Table 4. Respondents' reasons for not accessing cervical cancer screening test

Reasons	Frequency
Will cause other types of cancer	70(16.7%)
Will exacerbate cervical cancer to develop	85(20.2%)
Threatens abortion	120(28.6%)
Meant for elderly women and not for young women	225(53.6%)
Investigation process is painful	140(33.3%)
Lack of privacy as the cervix is visualized for pap smear	120(28.6%)
Test is expensive to do	150(35.7)
Do not like the approach of some health workers	65(15.5)
Prevents conception and initiate marital conflict	77 (18.3%)
Meant for those with cancer	95(22.6%)
Not interested to attend	130(30.9)

Table 5. Respondents who have taken human papilloma vaccination

Have had human papilloma vaccination	Frequency
Yes	20(4.8%)
No	400(95.2%)

respondents had good knowledge of cervical cancer screening test, yet only an insignificant number of them used the services as a result of some frivolous reasons. A good number of them felt that they are not susceptible and moreover that screening test is meant for women with serious health conditions. Therefore, there is need for health workers to health educate women in the rural areas on the usefulness of undergoing cervical cancer screening test. This will help to create awareness for cervical cancer screening among women in the rural areas thereby reduce the incidence. Reduction of incidence of cervical cancer will be a good step in increasing life expectancy of the average woman thereby contribute to the achievement of sustainable development goals 3 and 5 which advocate for good health and well-being as well as gender equality respectively. Therefore, government should encourage increased uptake of cervical cancer screening by making the services affordable and accessible. Government should also boost good community mobilization through vigorous campaigns for

cervical cancer screening.

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