

Knowledge, Attitudes and Practices Towards Cervical Cancer Screening Amongst Members of Catholic Women Organization Awka Diocese, Anambra State

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Abstract

Background: Cancer of the cervix has persistently stood out as the second most common cancer affecting women in recent times. Human Papillomavirus is the causative agent of this disease and despite the introduction of HPV vaccine in 2006, death rates due to cervical cancer hit 342,000 in 2020 and the awareness on the existence of vaccine is significantly low.

Objective: To assess the knowledge, attitudes and practices towards cervical cancer screening amongst members of Catholic Women Organization Awka diocese, Anambra state.

Materials and Methods: A face to face interaction was held between participants and trained interviewers. Data was collected using structured questionnaire from a sample of 334 women and analyzed using descriptive statistics. A grading system of answered questions was developed to categorize respondents into no knowledge (0); poor knowledge (1-5) and good knowledge (≥ 6 questions). Similarly, 0-3 positive response indicated unfavorable attitude while 4-8 positive response indicated favorable attitude. Results were presented in simple frequency, percentages and tables.

Results: Most respondents were married women (90.6%), within the age group of ≥ 50 , they consisted of non-health professionals (56.6%) and unemployed women (26.7%). The percentage of women who have heard of cervical cancer was 85.1%, but 69.2% of the women were not aware of HPV vaccine. Final analysis indicated that 52.4% of women had a good knowledge, 37.4% of women had poor knowledge and 10.2% had no knowledge of cervical cancer screening. While 54.9% of women expressed favorable attitude and practice towards cervical cancer screening 43.3% were unfavorable.

Conclusion: Awareness of the disease is quite high however most women are uninformed on the prevention and treatment of cervical cancer. Hence, more sensitization program should be done to create awareness for HPV vaccine. Government hospitals and non-governmental bodies should find alternative ways to make the screening and vaccine widely available at a cheaper cost.

Keywords: Cervical cancer, Humanpapiloma virus, vaccine

Introduction

Cervical cancer is a malignant disease of the cervix with clear cut pre-malignant and malignant stages [1]. It is the second most frequent cancer in Nigerian women aged 15-44years with over 14000 new cases [2,3]. Globally, it is the 4th most prevalent cancer related death among women living in the Third world [5]. The risk between human papillomavirus (HPV) and cervical cancer is well known for a very long time [6]. HPV has a global prevalence of 99.7% among women with cervical cancer [6] Cancer of the cervix is preventable with possibility of complete cure if detected early as it evolves slowly from detectable cancerous lesions to its metastatic stage [7].

Comprehensive prevention and control strategies for cervical cancer have been proposed by WHO in 2020 [8]. The strategies encompassed primary, secondary and tertiary prevention strategies such as community education, social mobilization, vaccination, screening, treatment and palliative care. These options are cost effective modalities of addressing cervical cancer across the case continuum [9]

In developed countries organized screening has reduced the incidence of cancer of the cervix significantly [10]. Conversely, in developing countries like Nigeria, there is no tailed cervical cancer control policy on population based screening programme. The only existing programme are opportunities sparsely distributed. It is now projected that over 53million Nigerian girls and women above the age of 15years will be at an increased risk of developing cancer of the cervix [11].

In the midst of this confusion and still increased risk of death from cervical cancer, the need for continued research work to follow the level of progress and to fashion out and redirect approaches to cervical cancer issues still remain paramount.

Materials and Methods

A face to face interaction was held between participants and trained interviewers. The study population were four representatives of Catholic women from 108 parishes which made up Awka Catholic Diocese. The Local Government spread were Awka North, Awka South, Anaocha, Njikoka, Dunukofia and part of Orumba North. Data was collected using structured questionnaire from a sample of 334 women and analyzed using descriptive statistics. A grading system of answered questions was developed to categorize respondents into no knowledge (0); poor knowledge (1-5) and good knowledge (≥ 6 questions). Similarly, 0-3 positive response indicated unfavorable attitude while 4-8 positive response indicated favorable attitude. Results were presented in simple frequency, percentages and tables.

Results

a. Socio-demographic characteristics of participants

The total number of audiences was 432 but only 334 complied and responded correctly to the questionnaire giving a response rate of 77.31%. The age distribution of the participants indicated that larger number of the participants were mothers within the age of 50 and above. Data collected also included the marital status of participants spreading across single, separated, widow, divorced

and married women which constituted a 90.6% of the respondents. Furthermore, the results from respondents showed that the professional status of respondents were non -health workers, 56.6%, health workers 14.9% and unemployed women 27.8% respectively. Frequency statistics also indicated that 72% of women had acquired tertiary level of education, while 24% and 2.8% highest level of education was secondary and primary certificates. Age distribution, marital status, professional status and highest level of education of participants is presented in table 1, table 2, table 3 and table 4 respectively.

Table 1: Age Distribution

Age of participants	20 – 29	30 – 39	40 – 49	50 and above
Frequency	9	50.0	101.0	138.0
Percentage	3.1	13.9	35.1	47.9

Table 2: Marital Status

Marital Status	Single	Married	Separated	Divorced	Widow
Frequency	11	261	9	3	2
Percentage	3.8	90.6	3.6	1.0	0.7

Table 3: Professional Status

Professional Status	Health workers	Non Health Workers	Unemployed
Frequency	43	163	80
Percentage	14.9	56.6	27.8

Table 4: Level of Education

Level of Education	Primary	Secondary	Tertiary
Frequency	8	69	210
%	2.8	24.0	72.9

b. Knowledge of Cervical Cancer Screening

The total number of respondents was 334, with a grading system of 0 answered questions = no knowledge; 1 to 5 questions = poor knowledge; ≥ 6 answered questions = good knowledge. The results of the statistics showed that 52.4% of women had a good knowledge, 37.4% of women had poor knowledge and 10.2% had no knowledge of cervical cancer screening.

Table 5: Knowledge of Cervical Cancer Screening

	No Knowledge	Poor Knowledge	Good Knowledge
Frequency	34	125	175
Percentage	10.2	37.4	52.4

c. Attitude and practice of women towards cervical cancer screening

In assessing the attitude and practice of the participants towards cervical cancer screening a grading system was designed. 0 to 3 positive response = unfavorable attitude; 4 to 8 positive response = favorable attitude. From the results obtained, 54.9% of women expressed favorable attitude and practice towards cervical cancer screening while 43.3% showed unfavorable attitude

Table 6: Attitude towards cervical cancer screening

	Unfavorable	Favorable
Frequency	138	150
Percentage	43.3	54.9

Discussion

The socio-demographic characteristic of the respondents showed that respondents showed that most were within the age of 50years (47%). They were mainly married (90.6%) and majorly educated (72%) - having attended tertiary level of education. The distribution of the respondents based on occupation showed that 56.6% were non health workers (27.8%). The high social class of respondents found in this study could be linked to the fact that they are executive officers of women from various Catholic Parishes in the diocese. In this study, the level of knowledge is categorized into no knowledge, poor knowledge and good knowledge of cervical cancer and its screening. 52.4% of the respondents have good knowledge, 37.4% had poor knowledge, while only 10.2% had no knowledge at all. The knowledge of cancer and its screening is very high (89.8%). Of the respondents who showed knowledge of cervical cancer, 85.1% have seen or heard about it, 57.6% have seen or heard of someone who have died of cancer of the cervix 69.2% believed that cancer of the cervix can be prevented. Most of the respondents who actually heard about cancer of the cervix knew very little about screening. For instance only 16.3%, 14.9% and 3.6% knew pap smear, visual inspection and colposcopy respectively while 65.2% have not heard about the screening. 62.7% of the respondents agree that precancerous lesions can be detected and treated while only 30.8% have heard about human papillomavirus vaccine. It is very surprising that most respondents got knowledge of cervical cancer screening mainly from mass media (26.8%), and relatives (22.1%) against the backdrop of health workers, doctors (16.7%) and nurses 10.9%. Similar experiences were gotten from works done elsewhere. There was a significantly high knowledge of cervical cancer screening especially for studies that were done in urban centers among educated people. In a work done among market women in Zaria, Northern Nigeria there was fair knowledge 43.5% [14]

Similar experiences were found in works done in Ogbomosho Lagos [13], Owerri [14]. Values as high as 98% was gotten in the study carried out among university students in Port Harcourt [15]. This is possible because the school where the work was done is a University of Medical Sciences.

In assessing the attitudes and practice of participants towards cervical cancer screening, a grading system was designed as shown in the table. From the result obtained, 54.9% of women expressed favorable attitude while 43.4% showed mixed feelings. Just like most other studies done in Nigeria, most of the respondents expressed willingness to do the screening test and actual number that have

done the test were small 18.6% In a research carried out among urban slum in Lagos, only about 12.9% of respondents had heard about cervical cancer, only 0.7% had done the screening test and none have taken the HPV vaccine. In a similar work done in Kano only 15.4% had done cervical cancer screening [16]. Some other studies done elsewhere showed a consistent pattern of fairly good knowledge, positive attitude but up-take of the screening still remained sub optimal [14] [17].

Conclusion

In this study there was good knowledge and positive attitude towards cervical cancer screening but the uptake of the screening still remained low. There is therefore the need to inculcate cervical cancer screening into health prevention programmes and provide cervical cancer screening opportunities for all women.

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