AWARENESS ABOUT CERVICAL CANCER IN PAKISTANI WOMEN

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ABSTRACT

Objective: To assess the knowledge of women about cervical cancer, its screening and to identify the barriers to cervical screening.

Study Design: Cross-sectional study.

Place and Duration of Study: Sharif Medical City Hospital affiliated with Sharif Medical and Dental College for a period of six months from Jun 2016 to Nov 2016.

Material and Methods: All married women who attended the outpatient clinic were included in the study after written consent. Data was collected on a structured proforma. Data was entered and analyzed using SPSS 23. Quantitative variables like age was calculated using mean and standard deviation and qualitative variables like occupation and education using frequency and percentages.

Results: Total number of women was 1070. Their mean age was 29.2 ± 7.2 with 64.8% in age group of 21-30 years while 48.9% (693) were multipara. Only 2.2% (24) had knowledge about the symptoms and risk factors of cervical carcinoma. The women who had heard about pap smear as method of cervical screening were 2.5% (27) and only 2% (21) had their pap smear testing done. Women who agreed for future cervical screening were 55.8% (597). Major barriers to cervical screening were; lack of information in 80% (856) followed by misconception for the need of testing in 12% (129), family trends of not getting cervical screening in 5.2% (56) and the cost of the test in 2.8% (29) respondents.

Conclusion: The awareness of Pakistani women regarding cervical cancer and its screening was found very poor. The major barrier is lack of information, and misconception about the need of cervical screening.

Keywords: Awareness, Cervical cancer, Prevention, Screening.

INTRODUCTION

Cervical cancer is a major killer of women of reproductive age all over the world. It is estimated that one million women have cervical cancer throughout the world. In Pakistan every year 5238 new cases of cervical cancer are diagnosed and 2876 women die each year[1]. Initially it may be asymptomatic however woman may present with vaginal discharge, inter-menstrual or post coital bleeding. Human Papilloma virus (HPV) is one of the major causative factors associated with cervical malignancy. HPV types 16 and 18 have high oncogenic potential while HPV types 6 and 11 have low oncogenic potential. Other etiological factors are multiple sexual partners and smoking etc[2].

Prevention is better than cure. Screening for pre-malignant cervical disease should be widely available for early detection of the disease. One dimension is cervical screening and other is vaccination against HPV. Different methods of cervical screening are pap smear, HPV DNA testing, liquid base cytology, Visual Inspection of cervix with Acetic Acid (VIA). Sensitivity and specificity of pap smear is 50-75% and 98-99% respectively[3-5].

Vaccine against HPV is available and included in national immunization program of developed countries. HPV vaccine only provides prevention but no cure against cervical disease so routine screening should be continued according to local screening program[6]. In developing countries most of the women are not aware of the screening methods or don't have access to health care facilities to avail the opportunity.

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WHO recommends its member countries to develop an integrate cervical cancer screening into their health system depending upon their local, social, cultural and economic context to ensure a well-structured referral system for diagnosis, treatment and follow up. Barrier to screening services could be due to demographics, community characteristics or underdeveloped health care system. On the other hand women's

Table-I: Demographic and obstetric characteristics.

Variables	Number	Percentage
Age (Years)		
18-20	66	6.2
21-30	693	64.8
31-40	225	21
41-50	75	07
51-55	11	1.0
Total	1070	100
Parity		
Nulliparous	57	5.3
Primipara	375	35.0
Multipara (Para2-4)	523	48.9
Grand multipara (Para 5-9)	112	10.5
Great grand multipara (Para ≥10)	03	0.3
Total	1070	100
Education		
Illiterate	218	20.4
Primary	060	05.6
Middle	120	11.2
Secondary	252	23.5
Higher secondary	183	17.1
Graduation	153	14.3
Masters	084	07.9
Total	1070	100
Occupation		
House wife	1004	93.8
Teacher	51	04.8
Midwifery/Nursing	12	01.1
Tailoring	03	00.3
Total	1070	100

awareness about disease, motivation to get screening test and the psychosocial factors that determines health seeking behavior of women is also crucial factors[7].

Aim of the study was to assess the knowledge of Pakistani women attending the tertiary care hospital; about the symptoms of cervical cancer, its risk factors, pap smear testing and to identify the barriers to cervical screening.

PATIENTS AND METHODS

It is a cross-sectional questionnaire based study conducted in Obstetrics and Gynae department of Sharif Medical and Dental College, Lahore, after approval from hospital ethical review committee; No. SMRC/8. Study period was six months from June to November 2016. Taking confidence interval 95% with a significant difference of 0.05 and assumed 7% of women have knowledge of cervical cancer calculated

Table-II: Awareness and attitude about cervical screening.

Variable	Number	Percentage
Information about symptoms of cervical CA		
Yes	24	02.2
No	1046	97.8
Total	1070	100
Information about risk factors of cervical CA		
Yes	24	2.2
No	1046	97.8
Total	1070	100
Knowledge about use of condom as prevention in cervical CA		
Yes	87	08.1
No	983	91.9
Total	1070	100
Heard about Pap smear		
Yes	27	2.5
No	1043	97.5
Total	1070	100
Ever had pap smear testing		
Yes	21	2
No	1049	98
Total	1070	100
Would like to get Pap smear testing done		
Yes	597	55.8
No	473	44.2
Total	1070	100

sample size was equal to 100[8]. Convenience sampling was used. All married women who attended the outpatient clinic were included in the study after written consent. The unmarried women and those who did not give consent were excluded from study.

Data was collected on a structured proforma comprised of demographic characteristics, questions to assess the knowledge about disease symptomatology, its risk factors and pap smear. Barriers to pap smear testing were also identified.

Participants were interviewed by doctors in an appropriate environment ensuring privacy using a questionnaire translated into urdu language including both open ended and close ended questions. After the completion of questionnaire study participants were provided with verbal

developing countries and 85% cervical cancer cases occur in developing world[1]. Most of the study participants were in their 3rd and 4th decade of life i.e. 64.8% and 21% respectively consistent to a study by Assoumou revealed that 59.3% and 23%[9]. In another study by Ndikom CM 71.9%

Table-III: Multivariate analysis.

Demographic Characteristics		Heard about Pap smear	Not heard about Pap smear	Chi-square	*p*-value
Age	18-40 years	26	958	0.7038	0.40
	>40 years	01	085		
Parity	Nulliparous	03	54	1.8374	0.17
	Parous	24	989		
Education status	Literate	26	826	4.7447	0.02
	Illiterate	01	217		
Employment status	Employed	12	51	74.311	0.00
	Unemployed	15	992		

and written information about the gravity of cervical disease, its symptoms, risk factors, screening methodology and preventive strategies.

Data was entered and analyzed using SPSS 23. Quantitative variables like age were calculated using mean and standard deviation and qualitative variables like occupation, education etc. using frequency and percent. Multivariate analysis was done using chi-square. A *p*-value of <0.05 was considered statistically significant.

RESULTS

Total number of patients recruited for the study was 1070. Mean age of the participants was 29.2 ± 7.2 year ranging from 18-55 years and 64.8% (693) in age group of 21-30 year. Multipara women were in majority comprising 48.9% (523) and 93.8% (1004) were house wives as shown in table-I. Awareness and attitude of study participants towards cervical screening is shown in table-II. Multivariate analysis shows that Awareness about cervical screening is significantly associated with education (*p*-value 0.02) and employment (*p*-value 0.00) status of study participants as shown in table-III. Different barriers to cervical screening are shown in figure.

DISCUSSION

Cervical cancer is a universal public health problem with highest cancer related mortality in

participants were in age group of 21-30 years[10]. Guidelines of American College of Obstetrician and Gynaecologists recommended to start cervical screening at age of 21 in spite of earlier sexual activity. The reason behind this is that below 21 years of age only 0.1% of all cervical cancers exist[11]. So educating the women about cervical screening at appropriate age and interval for effective utilization of screening test is of prime importance.
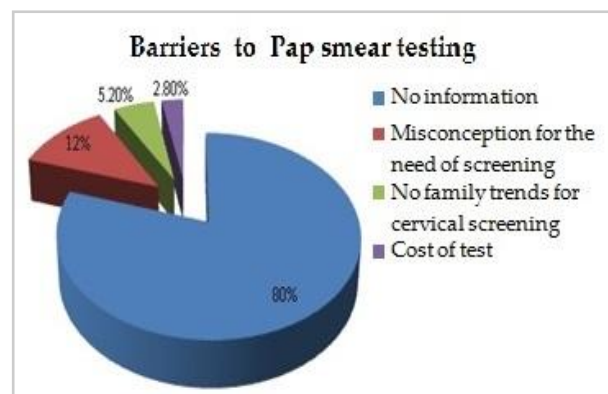
Majority (48.9%) was multipara and house

Figure: Barriers to Pap smear testing.

wives (93.8%). A study carried out in Chittagong reported that majority (77.16%) of the participants were housewives[12]. Education and employment status of the study participants is positively

associated with the awareness about the disease and its screening strategies[12].

Most of the patients had no information about symptomatology of cervical cancer and its risk factors. In a Nigerian study 97.7% have no knowledge about symptomatology of cervical malignancy and 97.9% were not aware of risk factor of cervical cancer in consistent to current study that revealed that 97.8% were not aware of the symptoms and risk factors of the disease[13].

According to a study by Papri et al 21.26% were illiterate[12] in consistent to current study 20.4% women were illiterate and 62.8% of study participants had received secondary and higher secondary education but they were not aware of the disease implications and its screening services available in the country. It is an alarming situation. Immediate and effective initiative should be taken to make the target population aware. Awareness campaigns on electronic and print media canplay role ineducating the population about such conditions and to tackle the barriers.

In current study 2.5% had heard about papsmear testing and 2% had pap smear testing done that is much lower than the findings by Osman who noted that 42.6% were aware of pap smear and 24% had pap smear testing previously[14]. In another study conducted on Zimbabwean women 19% knew about cervical screening and 9.9% had their pap smear done[15].

The most common reasons of refusal of pap smear testing was lack of awareness in 80% in concordance to a study conducted in Southern Ethiopia[16]. According to Tripathi et al 83.9% participants had no information followed by economic constrains in 3.9%[17]. Cost of the test was a barrier to avail screening services in 2.8% in current study. Provision of free of cost screening services may enhance the utilization of screening facilities.

Second common reason of denial identified was misconception for the need of cervical screening because women thinkas they are asymptomatic so no need of such testing. It is needed to educate the women in order to create awareness and motivation in society about women health.

Third barrier was cultural reason identified by 5.2% participants in the present study. Women believe that as there are no family trends of such screening test so it is not considered necessary. Appropriate counselling of couples involving families is crucial to inculcate the gravity of the situation and to change their attitude towards with due consideration to their emotional aspects, myths and fear[18].

Education of women at mass level is of prime importance to create awareness about cervical screening. Adequate information about cervical screening may change their attitude towards the screening methodologies. In current study 55.8% agreed for pap smear testing after providing information. Theory based educational intervention among women of Jamaica increased knowledge up to 62%. Similarly their attitude towards cervical cancer was improved significantly[19].

Free of cost accessible screening programme should be launched by government. Awareness campaigns should be started for effective utilization of such program. Women should register in screening programme and followed up regularly to enhance the compliance. A multidimensional dedicated approach is essential for the prevention and eradication of this killer disease.

CONCLUSION

The awareness of Pakistani women regarding cervical cancer and its screening was found very poor in spite of good literacy status of study participants. The major barrier is lack of information, and misconception about the need of cervical screening.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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