The Knowledge, Attitude and Practice of the Prevention of Cancer of the Cervix in Okada Community

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Abstract: The objective of this study was to assess the Knowledge, attitude and practice of the prevention of cancer of the cervix among members of the Okada community. The 384 respondents were picked by simple random sampling technique after obtaining consent and a comprehensive list of the major streets from the Local government council. Using Epi info version 3.5 (June 9th 2008), the results were collated and analyzed. Ninety one point one percent had never heard about cervical cancer. Of the 8.9% that have heard, 3.2% have heard of pap smear; 6.5% who felt at risk were also the largest number that were willing to do a pap smear and take the vaccine if it is available, as compared to those who just felt they were at risk of the disease. Of 384 respondents, none have been screened for cervical cancer. Furthermore, it was found that the practice of safe sex dwindles with increasing multiple sexual partners. These come to show the reason why most women in a developing country like ours, present with advanced form of cervical cancer. Despite the poor knowledge of the disease and its prevention, attitudes and practices towards its prevention were worse.

Keywords: Attitude, cervical cancer, knowledge, pap smear, practice

INTRODUCTION

Cancer of the cervix is a potentially preventable disease and is the leading cancer in women in developing countries. It is the 2nd most common malignancy in women worldwide. It makes up 30-40% of uterine cancers. Cervical cancer usually occurs in the 5th to 6th decade of life at a mean age of 54 years. More than 75% of sexually active women have been exposed to Human Papilloma virus by age 18-22 (Shelton, 2000).

The incidence of cancer of the cervix worldwide is about 16 per 100,000 women while in Nigeria, it is about 25 per 100,000 women (GLOBOCAN, 2002). It has been found to cause death in 9 per 100,000 women (GLOBOCAN, 2002). The World Health Organisation has estimated that this number will double by the year 2010 (World Health Organization, 2006). It is the 5th most deadly cancer in women (World Health Organization, 2006).

Cancer of the cervix has no known definite aetiology but several risk factors have been implicated with the development of the disease (Goodman et al., 2007). These include majorly, Human Papilloma Virus (HPV) Types 16 and 18, Cigarette smoking, Early Coitarche, Multiple sexual partners, Age groups 45-55 years, Human Immunodeficiency virus infection, prolonged estrogen contraceptive use and poor genital hygiene. It has also been found that diets deficient in carotenoids (Goodman et al., 2007), Vitamin A (Yeo et al., 2000; Giuliano et al., 2003), E (Goodman et al., 2007) and folate (Piyathilake et al., 2004) increase the risk.

One risk factor is not a pre-requisite for the development of cancer of the cervix. However, two or more risk factors increase the probability of developing the disease.

Over 95% of patients with early cancer of the cervix can be cured. The average age at diagnosis of patients with cancer of the cervix is 51 years; however the disease can occur in the 2nd decade of life and during pregnancy (University of Zimbabwe/JHPIE90 Cervical cancer project, 1999).

The risk of the progression can also be reduced by measures such as: Abstinence, Discouraging the use of diethylstilbestrol in pregnancy, Human Papilloma virus vaccination, Male circumcision and promoting Educational awareness of the disease with its associated risks.

Previous studies carried out in such rural communities, has shown a knowledge deficiency with the subject matter of cervical cancer, talk less of the...
preventive methods (Ayinde et al., 2003; Udigwe, 2006). This study is geared towards assessing the level of knowledge, attitude and practice of prevention of cancer of the cervix in this community with the aim of promoting their awareness of the practice of preventing this disease.

MATERIALS AND METHODS

This study, in 2010, was carried out amongst members of the Okada Community in Ovia North-East Local Government Area of Edo State, Nigeria.

Background: A project conducted in collaboration with the College of Health Sciences, Igbinedion University, in Okada community of Ovia North-East Local Government Area of Edo State, Nigeria. Okada is a rural community located at Ovia North-East local government area of Edo state in the southern part of Nigeria. It is a home to over 9000 people as obtained from the attendance of the primary healthcare facility situated here. Also located within the community is a magistrate court, town hall, a catholic church and mosque, numerous Pentecostal churches as well as shrines; a post office and the main market, one primary and one secondary school. The local government secretariat is also located here. The main occupation here is farming though the timber industry is also prosperous here.

Setting: The study was conducted among adult males and females.

Sample size calculation = \( Z^2 P q / d^2 \)

\( Z \)-level of significance = 1.96

\( P \)-Prevalence = 0.5

\( q = 1 - P = 0.5 \)

\( d \)-Degree of error = 0.05 (5%)

\[ = 1.96^2 \times 0.5 \times 0.5 / 0.05^2 \]

\[ = 384.16 \]

Therefore, 384 questionnaires was prepared and administered orally by interviewer method, to 384 members of the community.

This sample was picked by simple random sampling technique in which four of the seven major streets in the community were picked by ballot method; subsequently followed by numbering the houses in each of the streets picked and finally generating a set of random numbers between one and the highest number (simple random sampling technique) electronically after which, based on the sampling frame, the number of individuals to be sampled from each house was obtained by dividing the sample size calculated (above) by the number of houses randomly picked.

This reduces the level of error as every unit in the population will have an equal chance and also in so doing, the minority in the community is adequately represented.

The questionnaires contained majorly closed-ended questions with a few open-ended ones (a copy of the questionnaire is attached).

Data collection and analysis: The data was collated and analysed using Epi info version 3.5 (June 9th 2008) and the findings were represented using pie charts and tables on Microsoft Excel and Word. Relevance tests and Tests of Significance using chi-square were also carried out.

Ethical issues: A written consent from the Local Government and the Village Heads and an oral consent were received from each respondent before the study commenced.

Limitations: The following made the research logistics difficult:

- Accurate and correctly updated census of the population, streets and houses was scarce to obtain at the Local Government secretariat
- Most of the residents were unavoidably absent at home (diurnal migration of workers to the cities in search of work)
- Language barriers

RESULTS

From Table 1, at \( p = 0.05 \), there is a statistically significant association between a subjective accessibility of risk to cervical cancer and the willingness to do a pap test, beyond that attributable to chance (Table 1). Thus, the above shows that those who feel they are at risk of cervical cancer had the highest frequency of refusal to do a pap test if sexually active. Referring to Fig. 1 which indicates that a large proportion has no form of knowledge of this common preventive measure of cervical cancer, it could be implied this could be an important factor in determining the attitude of members of this community to Cervical cancer as well as its prevention (Fig. 2). Although there is no basis for comparison, Table 2 shows a staggering number of respondents who practice this form of cervical cancer prevention and this could be a reason for the increasing amount of women who present with advanced form of the disease.

Table 1: Attitude-table showing the relationship between subjective susceptibility and willingness to do a pap smear if sexually active

<table>
<thead>
<tr>
<th>Subjective susceptibility to cervical cancer</th>
<th>No (%)</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>25.0</td>
</tr>
<tr>
<td>No</td>
<td>80</td>
<td>68.8</td>
</tr>
<tr>
<td>I don’t know</td>
<td>20</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Fig. 1: Shows the distribution of awareness of pap smear. A large proportion has no form of knowledge of this common preventive measure of cervical cancer.

Fig. 2: Pie chart showing the distribution of respondents’ awareness of cervical cancer. From above, a large proportion of respondents have not heard of cervical cancer.

Table 2: Practice-relationship between awareness of cervical cancer and practice of prevention (pap test)

<table>
<thead>
<tr>
<th>Awareness of cervical cancer</th>
<th>Respondents who have undergone a pap test before</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes (%)</td>
</tr>
<tr>
<td>No</td>
<td>No (%)</td>
</tr>
<tr>
<td>Total</td>
<td>Total (%)</td>
</tr>
</tbody>
</table>

DISCUSSION

Of a sample size of 384 individuals, 91.1% have not heard of cancer of the cervix and do not know anything whatsoever about the subject matter. (8.9%) however have heard about the disease but the level of awareness still varies amongst them. Of the 8.9 and 63.6% have not heard or do not know anything about Pap smear while 36.4% do know about it.

Of those aware of cancer of the cervix, 64.5% are aware that cancer of the cervix is vaccine-preventable.

Consequently, we can deduce that level of education plays a large role in the knowledge of the disease and its prevention, in Okada community. Unfortunately, majority of people in this community have a secondary level of education (64.1%) which in addition to inadequate media information on cancer of the cervix limits their accessibility to the knowledge of the disease.

Despite the fact that the incidence of cancer of the cervix in developing countries, of which Nigeria is one, is a preventable leading cancer amongst women and the World Health Organisation estimates that this will double by the year 2010 (World Health Organization, 2006), there is still not enough input by the health sector in the prevention of the disease.

Even with the citing of a primary healthcare facility in the community, there is a poor dissemination of information about the disease and its prevention. This is as a result of health workers who are inadequately enlightened on the need to educate their community on the disease and its prevention, despite the aforementioned staggering statistics. Also, even where the vaccines are available, majority of these rural dwellers do not have access to them nor can they afford the exorbitant price.

At best, poorly sustained and weak efforts have been made in this area and much emphasis, if any, placed on breast cancer as the leading preventable cancer amongst women of developing countries.

As far as their attitude towards prevention of the disease was concerned, results from our study showed that even though 73.9% of those who are aware of the disease agreed to do a pap smear if they were sexually active, 72.7% agreed to take the vaccine if it were available to them. Unfortunately, a staggering 71.4% insisted that they are not at risk of the disease. In fact, it was interesting to find out that respondents who felt they were not susceptible to cancer of the cervix, were more willing to go for screening and take vaccines if it was available, than those who are at risk. This may be due to their thought that the latter is diagnostic and the former therapeutic.
owing to their defective/inadequate knowledge on cervical cancer. Thus, there is a need to properly educate these respondents that Pap test will help detect the disease early and increase the probability of a cure.

From a study carried out in Ibadan and a similar study carried out at Mulago hospital, Uganda showed that despite knowledge of the gravity of cervical cancer and its prevention by screening via pap smear, attitudes and practices towards screening were negative (Decherny and Nathan, 2005).

Also, of the 384 respondents, 80.7% are sexually active with 19 being the mean age; also 76.1% have had between 1-3 sexual relationships, 23.2% are in polygamous marriages, 20% have taken hormonal contraceptives and 58.2% of them do not practice safe sex. Also, none of the respondents have undergone any pap smear or taken the human papilloma virus vaccine.

Also, 39% of 110 respondents who are single do not practice safe sex which dwindles with increasing multiple sexual partners. Also, in finding an association between the awareness of cervical cancer and the practice of its prevention, particularly Pap smear, there is no basis for comparison as no one amongst the respondents or partners of the latter have undergone a pap test. This is probably one of the reasons why women in this part of the world present with advanced form of the disease in most cases, as the attitude toward the disease need to be tackled.

Thus the knowledge is poor and practice is non-existent. This goes to corroborate a study carried out in Nnewi, South-Eastern Nigeria which revealed that the knowledge of the cervical cancer screening services is high, the uptake is abysmally poor (Udigwe, 2006). Practice of the prevention of cancer of the cervix should be a reflection of the knowledge and attitude of members of the community towards the disease. Even among those aware of the disease, practice is low and this could be as a result of the wrong attitude, non-availability and non-affordability of screening exercises and processes. This further buttresses the need for a well-designed health education programme on cervical cancer and benefits of screening (Decherny and Nathan, 2000).

CONCLUSION

From the study carried out, we can safely conclude if adequate and substantial measures are put in place by the government with good community mobilization and participation, morbidity and mortality from cancer of the cervix can be drastically reduced which is another step in increasing the life expectancy of the average Nigerian woman.

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REFERENCES


