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Knowledge of cervical cancer screening among women in Farin Tanki Area Argungu, Kebbi State, Nigeria

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Abstract

Cervical cancer is the most common malignancies among females worldwide especially women of reproductive age, cervical cancer is one of the most preventable of all cancers through prophylactic human papilloma virus (HPV) vaccination and cervical screening. The study focuses on assessing the knowledge of cervical cancer screening services among women in farin tanki area Argungu. Descriptive survey study utilized validated questionnaire developed by the researcher, 400 questionnaires were administered to women in Farin Tanki area Argungu who met the inclusion criteria using a systematic random sampling technique. Questionnaires were retrieved from respondent after successful completion. Data collection spanned a period of 14days. Data collected were coded and fed into computer using statistical package for social sciences (SPSS version 21.0). Descriptive statistics such as frequencies, proportions and confidence intervals were compared using the chi-square tests as appropriate. A P-value <0.05 was confidence statistically significance. The findings of the study revealed 71.3% of respondents were to be aware a cervical cancer and screening services. There is a significant association between knowledge and utilization of cervical cancer screening services where $P < 0.002$, a significant association exist between barrier and knowledge of cervical cancer screening.

Keywords: Knowledge, utilization, cervical cancer, screening

Introduction

Cervical cancer is the malignant cancer of cervix uteri or cervical area. This happens when normal cells in the cervix change into cancer cells ^[1]. Human Papilloma Virus (HPV) infection is a necessary factor in the development of nearly all cases of cancer. Sexually transmitted human papilloma virus infection leads to the development of cervical intraepithelial neoplasia and cervical cancer ^[2]. Women with many sexual partners, and those whose partners have had many sexual consorts, or have been previously exposed to the virus, are mostly at risk of developing the disease ^[3].

Cervical cancer is the most common genital tract malignancy of women, living in poor rural communities of developing countries ^[4]. Such populations lack cervical screening facilities and other basic infrastructural and human resources essential for effective primary healthcare delivery. Globally, there are over 500,000 new cases of cervical cancer annually and in excess of 270,000 deaths, accounting for 9% of female cancer deaths. 85% of cases occur in developing countries and in Africa ^[5].

An estimated 1.4 million women worldwide are living with cervical cancer and 2 to 5 times more up to 7 million worldwide may have precancerous conditions that need to be identified and treated Alliance Of Cervical Cancer Prevention- (ACCP, 2010). In the United Kingdom (UK), cervical cancer is the second most common cancer among females under 35 years of age accounting for 702 new cases in 2007. According to the UK' statistics report for 2010, 2,828 new cases were diagnosed in 2007 ^[6]. In Nigeria, cervical cancer is the second most common female cancer with an age-standardized incidence rate of 34.5 per 100,000 with mortality ratio of 0.6 ^[7].

The developing countries have carried a disproportionate share of the burden with 80% of the 250,000 cervical cancer deaths in 2005 occurring in the less developed countries (3, 8). Lack of knowledge concerning cervical cancer may be related to the high incidence ^[9]. In developed countries, the widespread use of cervical screening programmes has reduced the incidence of invasive cervical cancer by 50% or more. Cervical cancer is one of the most preventable of all cancers through primary and secondary prevention, prophylactic Human Papilloma virus (HPV) vaccination and cervical screening ^[10].

Increasing women's knowledge of cervical cancer and preventive health-seeking behaviour can have a great impact on cervical cancer incidence and mortality [11]. In many developing countries, women's knowledge of cervical cancer is very limited [12]. It has been demonstrated that the majority of women in some countries had not heard about cervical cancer and most knew nothing about cervical screening [13]. Many findings have shown that cervical cancer and pap testing awareness positively influence the utilization of cervical cancer screening services [14]. However, Huchko, done a study among Kenyan women to find out how much they know about cervical health [15]. He found that 89% of the study respondents knew of cancer in general, but only 15% had heard of cervical cancer, none of the women in the study knew about the HPV vaccine. In a similar study who found that women commonly believe that cervical cancer occur as a result of having too many children [16]. The women did not identify HPV as the cause of cervical cancer and were not aware HPV is a sexually transmitted infection. Nduke, Williams and Sheppard (2013) said that women often assume symptoms of cervical cancer are menstrual symptoms [17]. Another study done in Kasarani, Nairobi Kenya found out that 80% of the respondent are aware of pap smear and cervical cancer and only 21% of them had had a pap smear test done on them [18]. This study found out that knowledge of cervical cancer and pap smear does not translate to action. There could be more underlying reasons as to why women do not go for screening despite knowing the importance. WHO (2006), observed that many women do not attend screening programmes because of ignorance of the risk for cervical cancer and or the benefit of screening in its early detection and cure. About 250,000 women die of cancer annually said by wife of the executive governor of Kebbi state and also the founder Medicaid cancer foundation Dr. Zainab Atiku Bagudu. She said this during a walk to create awareness on cancer in Abuja with the theme walk away cancer in October 2017 with the goal of saving 250 women who die from cancer annually. She stated that in the last six years, the Medicaid cancer foundation which she puts in place has so far freely screened 15,000 women suffering from cancer related diseases especially in Abuja and other parts of northern Nigeria in 2015. Similarly she said that cervical cancer is 99% preventable but yet it kills over 26 women daily. Moreover in Kebbi state so many seminars were organized by Dr. Zainab Atiku Bagudu in which large number of nurses and midwives from different hospitals around the state including general hospital Argungu were trained on cervical cancer screening. Yet there is low percentage on the utilization of cervical cancer screening services in Argungu local government. The main objective of this paper is to determine the knowledge of cervical cancer screening among women in Farin Tanki area Argungu.

Method and Procedure

Research Design

Descriptive survey method of research was adopted for this study the prospective method of data collection was used which involved the administration of structural questionnaire to the respondent.

Research Setting

The area for study is Farin Tanki area, Argungu local government. Farin Tanki is an area located in Kokani South

region of Argungu. The head of the area is Alhaji Samaila Muhammad Maiyaki. According to national population commission (2016) the area has an estimated population of 5370 people and predominant language is Hausa. It is near Emirate primary school. There were 4 primary schools and 3 secondary schools in the area. Most of the people in the area are civil servants and there are also farmers and business men. There is also road, power supply, shops and mini market. There is also a big white water tank that supplies not only the area but including most part of Argungu.

Sampling Techniques

The sampling technique used in the study was simple random sampling technique. This method was chosen because it gives the subjects in the population equal chance of being selected.

Instrument for Data Collection

A structured questionnaire will be used to collect or gather information from the respondent. The questionnaire will comprise two sections, A and B. section A will comprise of personal data of the respondent such as age, sex, religion, educational background, occupation, marital status and tribe. Section B will comprise of question items that may test the level of knowledge of women towards cervical cancer.

Method of Data Analysis

Statistical analysis will be use, using frequency distribution table and mean, the essence of representing this in the table and mean is to allow easy comparison of information collected and equally give room for drawing inference based on the analysis of data collected.

Ethical Consideration

Rules and regulation guiding this research study will be duly observed, the researcher will obtain introduction letter from the school and permission from the head of the area before carrying out the research study. The respondent will be assured of their confidentiality of all information provided and will be mainly for the purpose of the study in respect of information given out in questionnaire distributed to them in order to get honest and reliable responses.

Result

Section:-Socio-demographic data

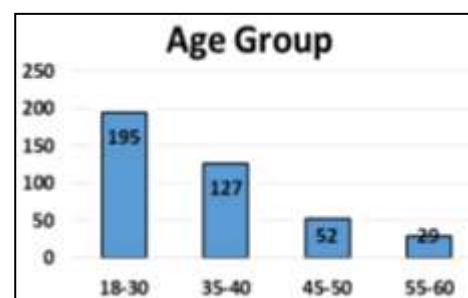


Fig 1: Age group of the respondents

The above figure shows that age range of the respondent within 18-30 has the highest frequency of 195 and percentage of 48.4% and age range of 55-60 has the lowest frequency of 29 and percentage of 7.2%.

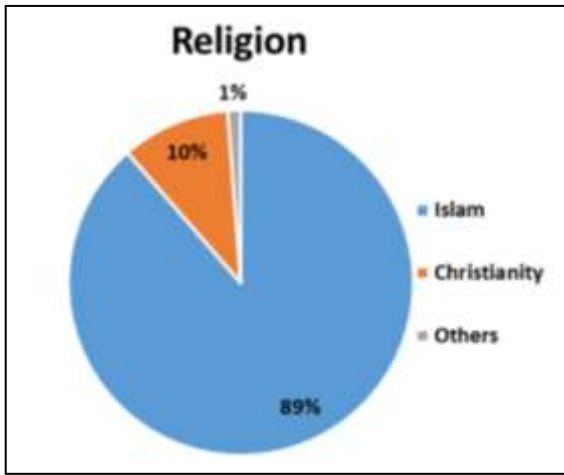


Fig 2: Religion of the respondents

The above figure shows that most of the respondents were Muslims, for Islam had frequency of 355 and percentage of 88.5% while Christianity had frequency of 41 and 10.2%.

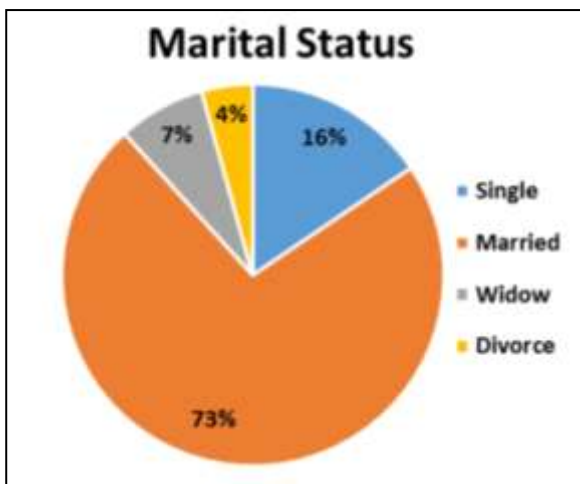


Fig 3: Marital Status of the respondents

From the above findings it is indicated that married women had the highest frequency of 28 and percentage of 72.8% where divorced women had the lowest percentage of 4.3%.

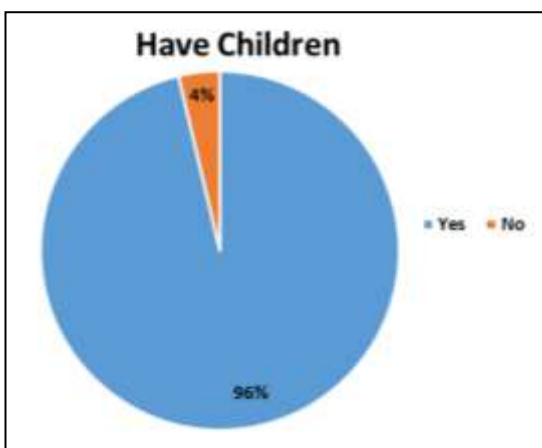


Fig 4: Percentage of women with children

As seen above 83.2% of the women have children while 16.8% of them doesn't have children.

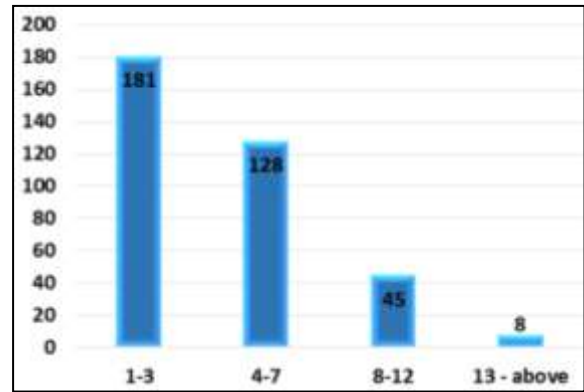


Fig 5: Percentage of deliveries

From above findings it shows that women that had 1-3 children were more with frequency of 181 and percentage of 50.0% while those that have 13 and above children have the least percentage of 12.2%.

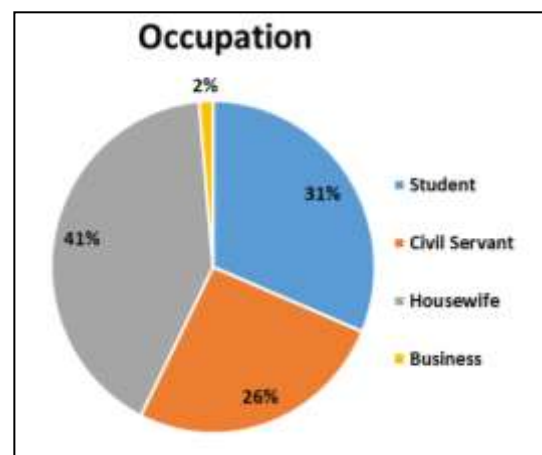


Fig 6: Occupation of the respondents

This finding shows that majority of the women were housewives with frequency of 139 and percentage of 35.5%, followed by students with percentage of 27%, civil servants 22.4% and Business women with least percentage of 15.1%.

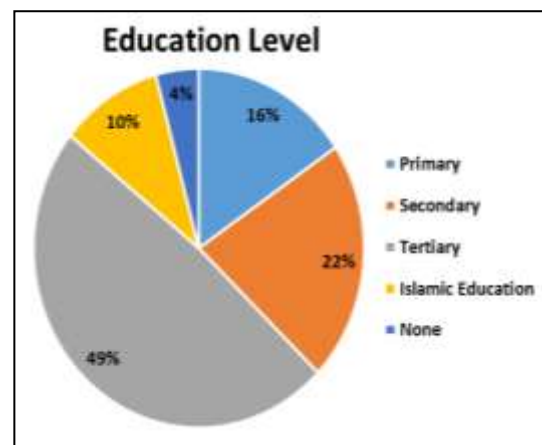


Fig 7: Level of education of the respondents

From the above figure it shows that women with tertiary level of education were more with the frequency of 195 and percentage of 48.6% then secondary level had 21.7% primary 15.5%, Islamic education 10.0% and none 4.2%.

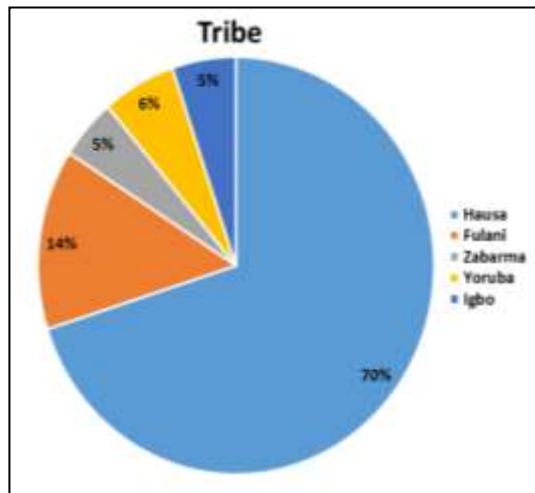


Fig 8: Tribe of the respondents

This findings shows that Hausa tribe women were more in the area with frequency of 282 and 70.0%

Table 4.1: Knowledge of Cervical Cancer Screening

Knowledge	Frequency	Percentage
Awareness Level		
Yes	268	71.3
No	108	28.7
Cervical cancer is cause by having many children		
Yes	126	31.6
No	273	68.4
Exposure to sexual relationship		
Yes	198	50.1
No	197	49.9
Screening Prevent cervical cancer		
Yes	298	76.0
No	94	24.0
Does cervical and Pap testing influence utilization of CC		
Yes	310	78.5
No	85	21.5
Does CC screening reduces the burden of CC		
Yes	315	81.6
No	71	18.4
Does campaign Awareness reduces the incidence of CC		
Yes	33	83.9
No	64	16.1
Pap smear cleansing of a womb after exposure to sexually transmitted infection		
Yes	227	57.9
No	165	42.1
Women lack of knowledge of this cancer the greatest risk of CC		
Yes	288	72.9
No	107	27.1

The table shows that women were aware of the cervical cancer screening services and this screening prevent and reduces the burden of cervical cancer. They also believed that awareness campaign reduces the incidence as they identified lack of knowledge as one of the greatest risk of cervical cancer.

Chi Square Values

Knowledge * Utilization	
Df	1
X ²	9.142
P-Value	0.002

*Significant at $p < 0.05$

Discussion of Findings

Women are aware of the cervical cancer screening services, awareness campaign can reduce the burden of cervical cancer. They are also aware cervical cancer is not caused by having too many children and this screening is not cleansing or scraping of the womb. 71.3% of the respondent were found to be aware of cervical cancer and screening services which is in line with the study conducted by Ogilvie, 2017 in Kasarani, Nairobi Kenya who found out that 80% of the respondent knew about pap smear and cervical cancer and only 21% of them has had a pap smear test done on them. This study found out that knowledge of cervical cancer and pap smear does not translate to action. There could be more underline reasons as to why women do not go for screening despite knowing the importance. It was discovered that the respondents do not believe that cervical cancer is caused by having too many children. This is in contrary with the study carried out which stated that women commonly believed that cervical cancer was caused by having too many children, the women did not identify HPV as the cause of cervical cancer and were not aware HPV is a sexually transmitted infection [16].

Women were also aware that cervical cancer screening prevent cancer of the service this is similar to the study done by Wood and Haher [19] which revealed that women were aware that early diagnosis and treatment of precancerous lesion greatly improve the probability of a successful cure and prevention of cervical cancer, the respondents also believed that awareness campaign reduces the incidence of cervical cancer, this is related to the study by Tebeu [20] who assess the knowledge, attitudes and assumption of cervical cancer by women living in Marouna and Cameroon, it was revealed that the knowledge of cervical cancer by women in Cameroon was in adequate. In this study Tebeu *et al.* [20] suggested that there was need for aggressive campaign to make women aware of cervical cancer and its prevention to avoid deaths from cervical cancer a curable and preventable disease. It was discovered that 71% of women even being aware of the screening services doesn't utilize it because they did not perceived themselves to be at risk, this is in line with the study conducted in Singapore by Seow [21] who found out that women who were aware of pap smear did not perceive themselves to be at risk and therefore did not indicate the future intention to have a smear. The study further revealed that a means of increasing utilization of screening for cervical cancer for both women who had a smear and those who had not had a smear are culture specific and must address the appropriate health beliefs and attitudes.

If was also observed that embracement influence decision of women in not returning for a regular smear, this is similar with the study carried out by Wong [13] at Guy's hospital in London to gain an insight into women's attitude towards and awareness of smear testing for cervical cancer, embarrassment and discomfort played part in women's decision in not returning for a regular smear, the respondents stated that self-collected samples to detect human papilloma virus encourages participation in screening programme which is coincide with the study conducted to explore the utilization of self-collection of samples to detect human papilloma virus (HPV) testing in comparison with that of the pap test in Mexico, 98% of women reported privacy and comport with the self-sampling procedure than a pap test as it consistently provoked more

discomfort, pain and embarrassment than self-sampling [22]. It was concluded that in cooperation of self-collected samples to detect HPV could encourage participation in screening programmes among those women who reject the pap test because of the necessary pelvic examination.

Implication for Nursing

It is of great benefit to women in Farin Tanki area Argungu local government of Kebbi state especially if the problems identified are directed to the Kebbi State ministry of health and state Government at large that can take measures to handle them. It will serve as a means of improving knowledge to women in not only Farin Tanki but entire Argungu and Kebbi State at large.

Conclusion

The findings of the study revealed that women are aware of the cervical cancer screening services they are also aware that cervical cancer is not cause by having too many children and this screening is not cleansing or scraping of the womb.

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