Knowledge and Health Care Seeking Behaviours on Cancer of the Cervix among Rural Women- A Case Study of Isingiro District

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Abstract

Cervical cancer is an abnormal growth of cells in the cervical region of the uterus. Cancer of the cervix occurs when the cells of the cervix change in a way that leads to unregulated growth and invasion of other tissues or organs of the body. Cancer of the cervix is the most common cancer affecting women in Africa and in the developing countries, second only to breast cancer worldwide(Franco *et al* 2003).
Very few studies on knowledge and health care seeking behaviors have been carried out among women living in rural areas in Africa. Cervical cancer has threatened the lives of women in Uganda leading to other associated long-term problems in families.
Keywords: Cancer of the Cervix,Knowledge,Health care seeking behaviours.

Aim

This study was intended to assess the knowledge of cervical cancer and the related health care seeking practices among the rural women in Isingiro district, south-western Uganda.

Methods

It was a community based cross sectional study, involving women of 18 years and above. The study participants werefirst given an explanation of the study and thereafter, a questionnaire was administered for data collection. The sample size estimated using the formula: $N = Z^2 p (1-p) / e^2$.

Results

According to the study, the knowledge, prevalence of symptoms and predisposing factors to cervical cancer was at 4.62 %(18/385) and 0.00 %(0/385) respectively. The study also revealed that; 98.35% (374/385) would accept CaCx screening, 0.33 %(01/385) had utilized cervical cancer screening facilities and that 97.02 %(374/385) did not screen due to lack of knowledge on CaCx.

There is need to conduct a community based study to know the practices of health workers and assess if they are educating and offering suggestions for screening for cancer of the cervix.

The research therefore recommends intervention the relevant stakeholders in the health care system to demystify facts on this disease among rural women, especially in Isingiro district.

Background

Cancer of the cervix is the most common cancer affecting women in Africa and in the developing countries, second only to breast cancer worldwide(Franco *et al* 2003). Approximately, 1.4 million women worldwide are living with cervical cancer (Lori Ashford,YvetteCollymore;Preventing cervical cancer worldwide,2005). The regions hardest hit by cervical cancer are among world'spoorest. Central and South America, Sub Saharan Africa, the Caribbean and parts of Asia have the highest incidence rates of over 30 per 100,000 women in Europe and North America (Alliance of Cervical Cancer Prevention 2004).This cancer kills approximately 270,000 women each year with nearly 85%of the deaths from resource limited settings(Bellone*et al,* 2007).

The burden of cervical cancer in Uganda is unacceptably high. The age-standardized incidence is 45.6/100,000 while the age-standardized mortality is at 25/100,000. Over 80% of women with cervical cancer are diagnosed with advanced disease, usually stage III/IV and the 5-year survival rate stands at approximately 20 % (Association of Obstetricians and Gynecologists of Uganda, 2009).

In southwestern Uganda, several cases of cervical cancer have been diagnosed in rural women. Out the 32 patients found with pre-cervical cancer lesions and those positive for cancer of the cervix, 6 were from the rural setting of Isingiro district (Mbarara Regional Referral Hospital records; 1st November-1st December 2011).

Problem Statement

Unlike other gynecological cancers, cervical cancer is the most easily preventable and treatable if early screening is done and potential candidates followed up for future interventions (Alliance of Cervical Cancer prevention, 2004). Superimposed onto the many other problems that women face, cervical cancer has threatened the lives of women in Uganda let alone creating long term problems for poverty-stricken families.

Reduction of maternal mortality ratio and improving reproductive health are key priorities of Ministry of health –Uganda. For the proper achievement of Millennium development goal number five to improve maternal health, there is need to address gynecological complications that not only reduce mothers' reproductive potential but also claim their lives. A study to assess the knowledge and health care seeking practices in rural women is therefore of utmost importance.

Rational

This study was aimed at establishing the knowledge and health care seeking behaviors on cervical cancer especially among women in the rural settings as observed from records at Mbarara Regional Referral Hospital (MRRH).The questions to be answered included assessing whether women are knowledgeable about cervical cancer disease, taking into considerations the risk factors that can predispose them to acquiring the disease and also the determination of the level of acceptance among women in the reproductive ages to be screened for the disease. By answering these questions we were to create a basis for execution of preventive interventions.

Significance of the study

This study was intended to: reduce the curative costs that are significantly higher than the preventive costs, decrease the stigma associated with the disease in families and society at large and to improve women health in an effort to boost the economic and agricultural productivity of Isingiro district residents. This will in the long run enhance the overalldevelopment of the regionand country at large. The research findings were also to provide a foundation for reference to future researchers who may wish to study more about the effect of knowledge and health seeking behaviours on cancer of the cervix.

Objectives
General Objective:

To assess the knowledge of cervical cancer and the related health care seeking practices among the rural women in Isingiro district, south-western Uganda.

Specific Objectives;

1. To assess awareness of symptoms and predisposing factors to cervical cancer among women in rural areas.
2. To identify the factors which hinder women in Isingiro district from screening for cancer of the cervix at health facilities there, which provide the service.
3. To assess if acceptance of cervical cancer screening varies within different groups of age, religion and level of education.

Literature review

Cervical cancer is a disease in which the cells of the cervix become abnormal and start to grow uncontrollably, forming tumors (Gale encyclopedia of medicine, 2002).

Cervical cancer is a malignant condition of the cervix that has remained a major public health problem especially in the developing world (Harris *et al,* 2005*)*. Despite the relatively low cost and the available knowledge on the non-invasive screening protocols, many women remain unscreened for cervical cancer.

Causes of Cervical cancer;

The exact cause of cancer of the cervix is not clearly defined but high risk human papilloma virus subtypes are the major ones incriminated. Human papilloma virus (HPV) is sexually transmitted and thus the linkage between cancer of the cervix and sexually transmitted infections. HPV infects the cells of the cervix and may result into lesions that may later become cancerous (Bosch et al, 2002).

Cervical cancer is known to be associated withearly age sexual intercourse and is also prevalent among women who are sexually active; Asia reported Oncogenic HIV as the predominant risk factor in the pathogenesis of cervical cancer and this was exacerbated by multiple partner sexual practice (Moore *et al* 2004).

Just like in other neoplasms, cervical cancer is associated with cigarette smoking. Cigarette smoking has been indicated as a risk factor in cervical neoplasm (Trimble *et al.,* 2005)

Symptoms and Signs of cervical cancer:
It is rare for women to have any signs or symptoms of cervical cancer early in the disease process, however when the disease is more advanced women can experience:
• Abnormal vaginal bleeding – bleeding between periods, following sexual intercourse (post-coital bleeding) or after menopause (postmenopausal bleeding)
• Unusual vaginal discharge – watery, pale, red or foul-smelling
• Pelvic pain – during sexual intercourse or at rest.
These signs or symptoms can occur for other reasons so should always be Investigated(Common wealth Department of Healthand Family services,1998)

Barriers to Cervical Cancer Prevention;
Barriers to prevention of cervical cancer include the following;
Lack of enabling policies and evidence based guidelines, as a consequence - no resources for Cervical & other cancers control programs.
There is also inadequate advocacy, limited data on burden, inability to scale up & sustain pilot screening projects in spite of available evidence.
More specifically, cervical cancer prevention has the following barriers (Barrett P &Straton JAY 1996).

Community & Individual Barriers:
Lack of awareness that Cervical Cancer is a major health problem among the population, health care providers' leaders and policy makers.
Poor attitudes, misconceptions & beliefs that cancer is untreatable and therefore a death sentence(stigma surrounding diseases of genital tract).
Failure to openly discuss issues related to sex and diseases of the genital tract presents major barriers to cervical cancer control(Doll R, Smith PG 1982)

Health system barriers;
Weaknesses in health systems,equipment maybe locked up, lack of facilitative supervision. Failure of health workers to recognize cervical cancer as a big problem,lack of appropriate equipment, and lack of skills among providers limits access to prevention activities, screening, diagnosis treatment, follow up and palliative care.

Current policy environment;
Policy goal is to enhance integration of services for screening and treatment of gynecological cancers. But without resources, integration isdifficult(Australian Health Ministers Advisory Council (AHMAC) 1991).

Methodology
Study Design:
This was a community based cross-sectional study.
Study Area:
The study was done in Isingiro district, South Western Uganda. Three villages were selected using random sampling method of all the villages within the district.Isingiro district is located approximately35km by road South East of Mbarara. In 2011, Uganda Bureau of Statistics (UBOS) estimated the population at 22000.
Study Population and Inclusion/Exclusion Criteria;
The study involved women of 18 years and above. They were consented voluntarily to participate in the study after reading to them the consent form that was on every questionnaire. Short of that, they were automatically disqualified from participating in it. However even for those who did not consent to the study, some time was spared for them to answer their questions on cervical cancer.
Sample Size:
Using the formula;
$$N= [Z^2 p (1-p)] \div e^2,$$
Where**; N** = the total number of population to be studied,
Z = the confidence interval, 1.96,
p being the estimated level of cervical cancer awareness and health seeking practices in the rural women.
e being the accepted degree of error (0.05).
Therefore, N= 384.126 hence the sample size will be of approximately **385** women.

Data collection and analysis
Data was collected using a questionnaire through interviews that were interviewer guided.
All tools were checked for completeness. Data was entered, cleaned, coded and analysed using

SPSS(Version12).The chi square statistical test was used for calculating any associations being investigated for as per required.

Pilot study
Ten people were used to pre-test the questionnaire. These people are not part of the study.

Ethical considerations
Completed proposals were sent to Faculty Research and Ethical Committee for ethical clearance.
Permission to conduct the research was soughtfrom the Local Council 1 Chairpersons of the villages in which the research was carried out. The women were consented voluntarily to participate in the study after reading to them the consent form that was on every questionnaire.
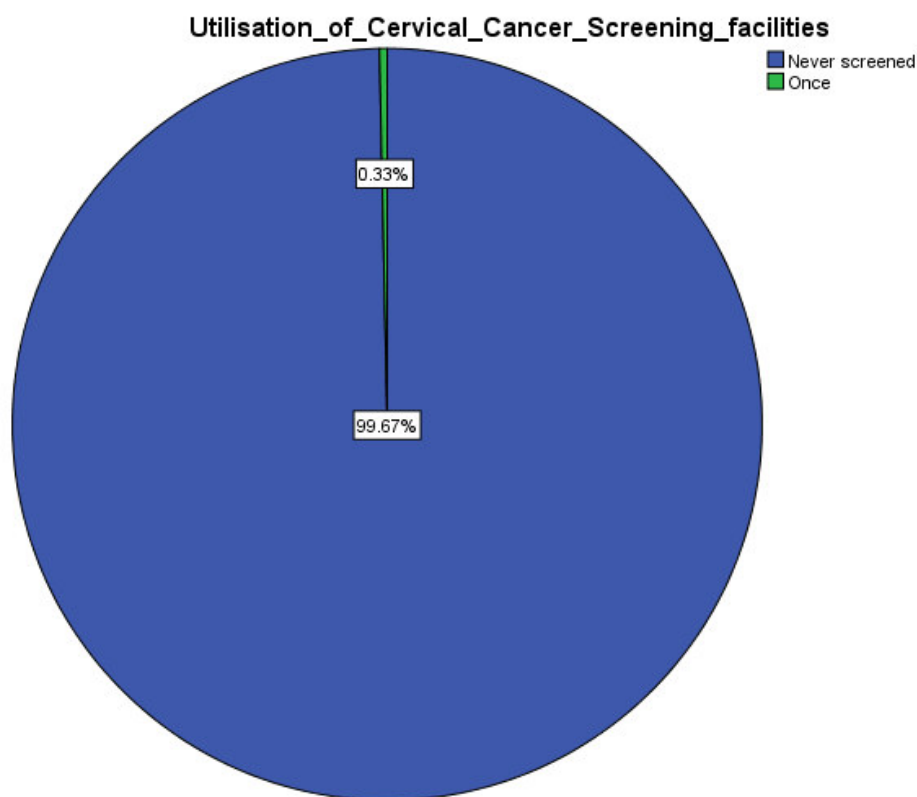
Results
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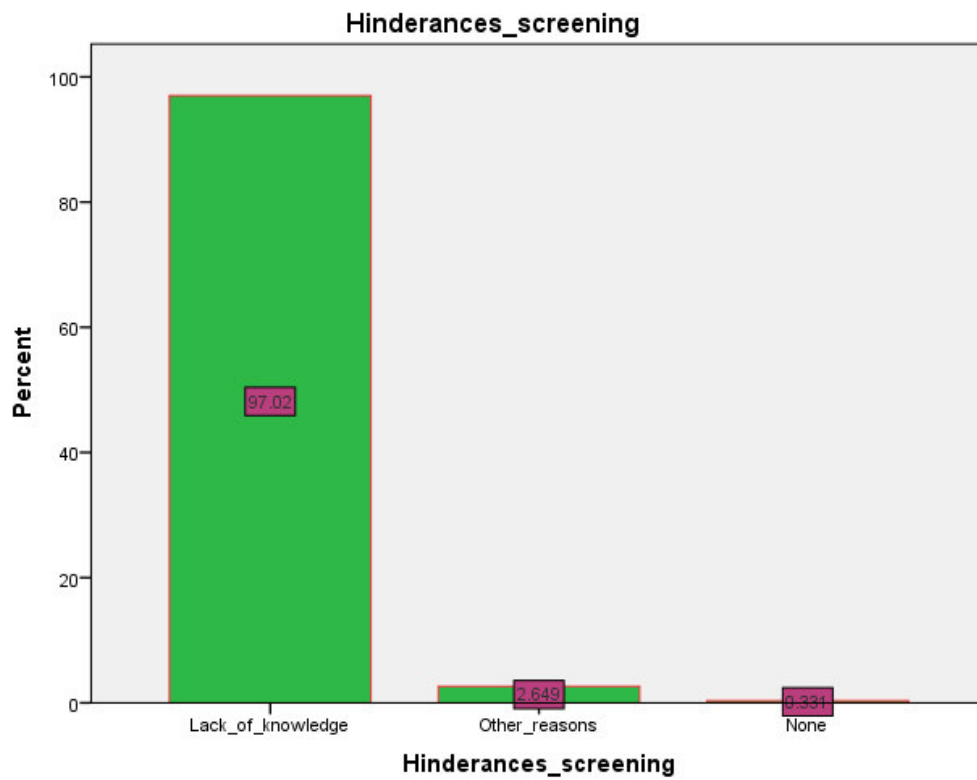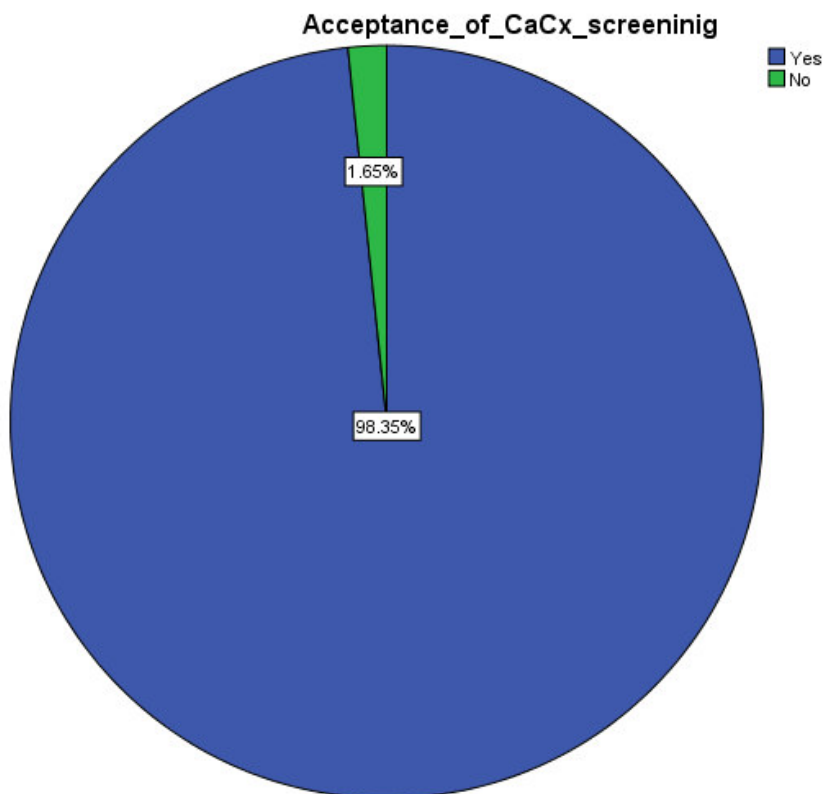
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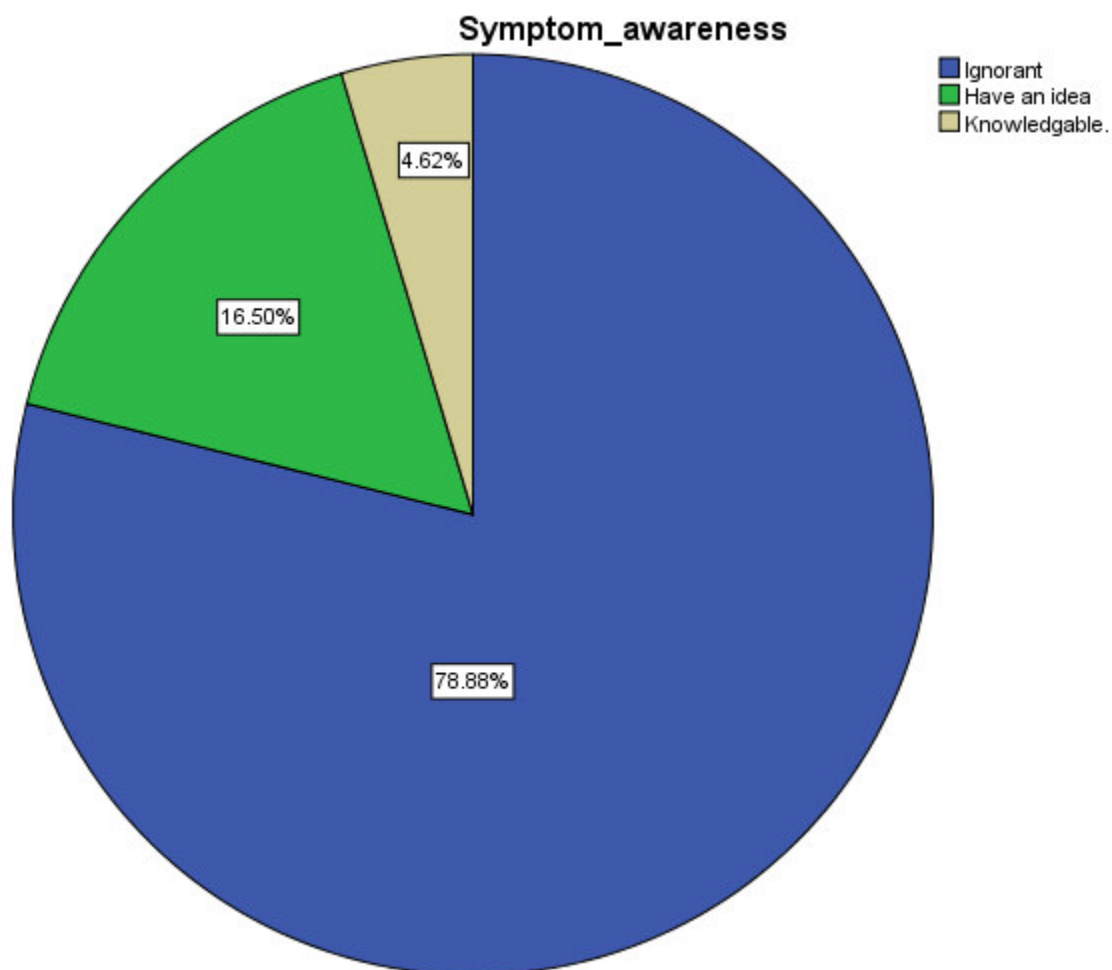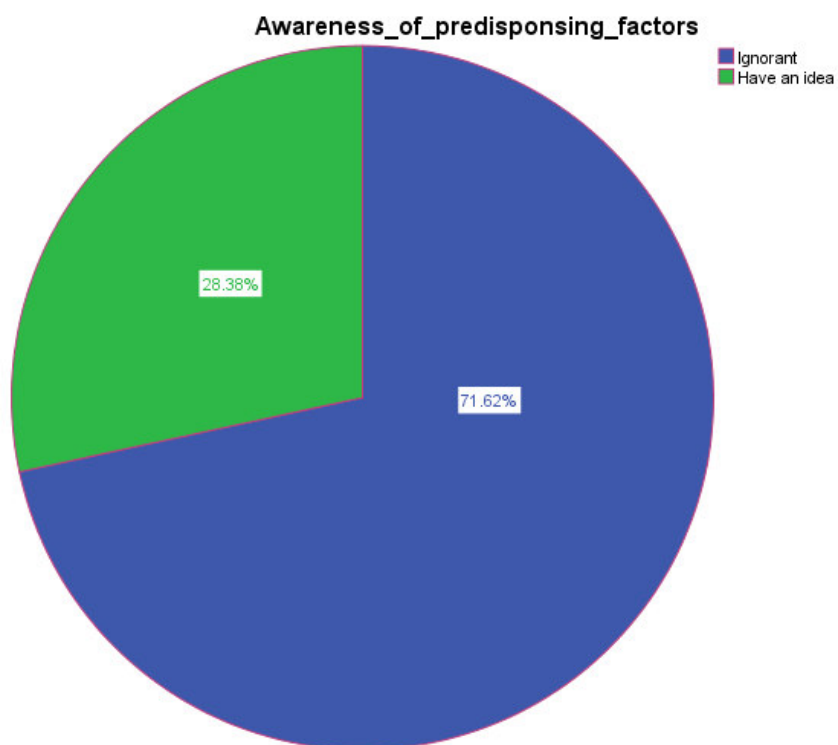
To establish the presence and utilisation of cervical cancer screening services in Isingiro district.

Utilisation_of_Cervical_Cancer_Screening_facilities

To identify the factors which hinder women in Isingiro district from screening for cancer of the cervix at health facilities in rural areas.

To assess whether the acceptance of cervical cancer screening within socio-demographic

Discussion

This research found out that a majority of the study population(78.9%) had no knowledge on the symptoms and 71.6% had no awareness of the predisposing factors to cancer of the cervix. This is consistent with Masood S 1997;Why women still die from cervical cancer, in which it was found out that low levels in awareness about the disease were associated with high incidence of cancer of the cervix.

99.7% of the study population had never utilised health facilities for screening for cancer of the cervix. This is explained by the fact that 97% of the study population had no knowledge on the fact that early screening for cancer of the cervix can be done.

98.4% of the population had acceptance for screening for cancer of the cervix if such an opportunity was availed. This level of acceptance is important given that in this population, the majority of the respondents had not utilised cervical cancer screening services due to lack of knowledge.

Lack of knowledge is also reflected in poor understanding of symptoms as shown in figure 1.

CONCLUSIONS AND RECOMMENDATIONS
CONCLUSIONS

Majority of the rural women lack knowledge on the symptoms of cancer of the cervix, and a significant number of these rural women lack knowledge on the predisposing factors of cancer of the cervix.99.8% of the rural women have never utilised cervical cancer screening services and this is largely attributed to lack of knowledge to cervical cancer screening in this population. Our data therefore suggests that levels of knowledge and understanding of cervical cancer as well as its preventable nature should be improved.

Recommendations

There is a need for community-based study to know the practices of health care providers and assess: (1) If they are educating the women about cervical cancer and its screening. (2) Whether they actually offered screening services to the eligible women who consulted them for any other health problem.

The ministry of Health should carry out massive sensitisation of the masses in rural areas using media such as radios.

Health workers at the level of Health Centre II and above should be supported and trained on the cancer of the cervix and empowered to pass on knowledge to the populations they serve.

Local leaders including Local council officials and church leaders should be trained and at the same time asked to pass on knowledge on cancer of the cervix to the community.

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