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## KNOWLEDGE AND PRACTICE OF CERVICAL CANCER SCREENING AMONG WOMEN VISITING SPECIALIST HOSPITAL JALINGO, TARABA STATE

**Dugule, Dorcas Sir-Gawi Ph.D**

*Department of Community Midwifery, Taraba State College of Nursing and Midwifery, Jalingo*

**Corresponding author: \*Dugule, Dorcas Sir-Gawi**  
**Email : sirgawidorcas12@gmail.com**

### ABSTRACT

Over the past several years, the incidence of cervical cancer in Nigeria has been on increase that is mainly attributed to lack of awareness and ineffective screening and prevention strategies employed. Meanwhile, in Taraba State, women's knowledge of cervical cancer is very limited. It has been demonstrated that the vast majority of women had not heard of cervical cancer and even more knew nothing about cervical cancer screening. It was in line with this backdrop this paper assessed knowledge and practice of cervical cancer screening among women visiting specialist hospital Jalingo. The design adopted was a cross-sectional survey method and data collected were analyzed using descriptive statistics. The results showed that the sampled women visiting specialist hospital Jalingo have good knowledge of cervical cancer screening, but their ignorance about the screening, costs of the screening, lack of interest about the screening and poor attitude of the health care workers hindered them from accessing the cervical cancer screening service; it further showed that majority of the women visiting specialist hospital though have good knowledge of cervical cancer screening, but have little or low level of its practicability; the paper further identified ignorance of women about cervical cancer screening; expensive costs of the screening, lack of interest of women about the screening as the major challenges/barriers to accessibility of cervical cancer screening among women visiting specialist hospital Jalingo, Taraba State. It is therefore recommended that: more awareness on the need to educating women on the usage of the screening in order not to be ignorance of the cervical cancer screening. In addition, government should develop and incorporate into the National Health Insurance Scheme, a policy on free screening for cervical cancer since the high cost of the screening was found to be high among study participants.

### KEYWORDS

Knowledge, Practice, Cervical Cancer, Screening.



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## INTRODUCTION

Cervical cancer is regarded as the third most common form of cancer among women that suffered the devastating effect of cancer after breast and colorectal cancer. In addition, there were an estimated 528,000 new cases and 266,000 deaths from cervical cancer in 2012, and around 85% of these occurred in less developed regions (Ferlay, Parkin&Pisani, 2012). It is mainly caused by persistent infection with certain types of Human Papilloma Virus (HPV) commonly between types 16 and 18 which are responsible for approximately 70% of cervical cancer cases in all countries around the world (Clifford et al, 2016).

The fact that cervical cancer is the most common cancer of women in developing countries, it is estimated that only about 5% of women have been screened for the disease with Pap smears, compared to 40%–50% in developed countries (Umar, 2014). In addition, it is considered one of the most preventable cancers. The author added that the risk factors for cervical cancer include early age at first intercourse and multiple sexual partners. A male partner who in turn had intercourse with multiple women and smoking also confer significant risk. It was further asserted that infection with human papilloma virus (HPV) significantly increases the relative risk for developing cervical cancer and HIV infection may also increase a woman's risk for cervical neoplasia (Arevian et al, 2017).

Over the past several decades, the incidence of cervical cancer has decreased in developed countries (World Health Organization, 2013). In addition, according to the author, this is mainly attributed to increased awareness and more effective screening and prevention strategies employed in these countries.

Meanwhile, in developing countries, women's knowledge of cervical cancer is very limited. It has been demonstrated that the vast majority of women in some African countries which Nigeria is not exempted had not heard of cervical cancer and even more knew nothing about cervical screening (Adewole&Ayayi, 2018).

Cervical cancer screening helps in the detection of cervical cancer at an early stage when it can be treated more effectively. Moreover, the decision to undergo screening highly depends on the healthcare professionals involved as well as the patient (Ackerson &Gretebeck, 2017).

In Taraba State specialist hospital Jalingo, cervical cancer is responsible for over 50% of diagnosed gynaecological cancers. But, there are no studies that have assessed the knowledge and practices regarding cervical cancer screening among women of reproductive age. Therefore we aimed to collect information concerning knowledge and practices towards cervical cancer and the Pap smear test.

Cervical cancer remains a major health problem among women in Jalingo especially for women living in rural areas. A lack of knowledge about cervical cancer screening among rural women in Jalingo has been highlighted as one of the most important factors influencing participation rate of screening. Other barriers to accessing cervical cancer screening included anxiety about the possibility of being diagnosed with cervical cancer and lack of symptoms. Substantive evidence relating to knowledge and participation rates for rural women in cervical cancer screening is currently lacking. Therefore, the main aim of this study is to assess the knowledge and practice of cervical cancer screening and identify the challenges of the screening among women visiting specialist hospital Jalingo.

## CERVICAL CANCER

Cancer is the disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer Lawrence et al (2012). In addition, cervical cancer is a sexually transmitted disease caused by the human Papilloma virus (HPV) especially, HPV types 16 and 18. According to WHO (2013) cervical cancer is caused by sexually acquired infection with Human Papilloma virus (HPV), however, persistent infection with specific types of HPV (most frequently, types 16 and – 18) may lead to pre-cancerous lesions. If untreated, these lesions may progress to cervical cancer (Mayoclinic, 2019).

Cervical cancer is a disease that is peculiar to women and has adverse effects on their sexual and reproductive health as well as their general condition. Cervical cancer remains a major cause of morbidity and mortality among the women in the world. Cervical cancer is the cancer that is formed in tissues of the cervix, the organ

connecting the uterus and vagina. Cervical cancer occurs when cells in the cervix grow erratically and multiply out of control. Furthermore, the cervix in the other hand is the lower portion of the uterus that connects the uterus to the vagina. It is usually a slow growing cancer that often takes years to develop and may not have symptoms in the early stage but can only be detected through regular papanicolaou (Pap) test. As the disease progresses, signs and symptoms such as abnormal vaginal bleeding, abnormal discharge and rectal pressure may occur, also pelvic pain or pain during sexual intercourse and presence of cervical cancer may be observed (Mayoclinic, 2019).

## **CERVICAL CANCER SCREENING**

The best way to find cervical cancer early is to have regular screening with a Pap test (which may be combined with a test for human papilloma virus or (HPV). As Pap testing became routine in this country, finding pre-invasive lesions (pre-cancers) of the cervix became far more common than finding invasive cancer. Being alert to any signs and symptoms of cervical cancer can also help avoid unnecessary delays in diagnosis. Early detection greatly improves the chances of successful treatment and can prevent any early cervical cell changes from becoming cancer (Audu et al, 2019).

**The HPV DNA Test:** according to Audu et al (2019), Doctors can now test for the HPV (high-risk or carcinogenic types) that are most likely to cause cervical cancer by looking for pieces of their DNA in cervical cells. The test can be done at the same time as the Pap test, with the same swab or a second.

**The HPV Test:** The most important risk factor for developing cervical cancer is infection with HPV. Doctors can test for the HPV types (such as high-risk) that are most likely to cause cervical cancer by looking for pieces of their DNA in cervical cells. The test can be done at the same time as a Pap test. The HPV test is most often used in 2 situations, the HPV test can be used in combination with a Pap test to screen for cervical cancer (also called co-testing)(Audu et al, 2019).

The American Cancer Society recommends this combination for women 30 and older. The HPV test is not recommended for screening for cervical cancer in women under 30. That is because women in their 20s who are sexually active are much more likely (than older women) to have an HPV infection that will go away on its own. For these younger women, results of this test are not as significant and may be more confusing. For more information, see the American Cancer Society document HPV and HPV Testing (Audu et al, 2019).

**The Pap (Papanicolaou) Test:** The Pap test is a procedure that collects cells from the cervix so that they can be looked at closely in the lab to find cancer and pre-cancer. According to Ezem (2017) who described how the Pap test is done as; the health care professional first places a speculum inside the vagina. The speculum is a metal or plastic instrument that keeps the vagina open so that the cervix can be seen clearly. Next, using a small spatula or brush, a sample of cells and mucus is lightly scraped from the exocervix (Ezem, 2017). A small brush or a cotton-tipped swab is then inserted into the opening of the cervix to take a sample from the endocervix. If your cervix has been removed because you had a trachelectomy or hysterectomy as a part of the treatment for a cervical cancer or pre-cancer, the cells from the upper part of the vagina (known as the vaginal cuff) will be sampled. The samples are then looked at in the lab; although the Pap test has been more successful than any other screening test in preventing a cancer, it is not perfect (Ezem, 2017).

One of the limitations of the Pap test is that the results need to be examined by the human eye, so an accurate analysis of the hundreds of thousands of cells in each sample is not always possible. Engineers, scientists, and doctors are working together to improve this test. Because some abnormalities may be missed (even when samples are looked at in the best labs), it is best to have this test regularly as recommended by the American Cancer Society guidelines (Ezem, 2017).

Many people confuse pelvic examination with Pap tests. The pelvic examination is part of a woman's routine health care. During a pelvic examination, the doctor looks at and feels the reproductive organs, including the uterus and the ovaries and may do tests for sexually transmitted infections. Pelvic examination may help find other types of cancers and reproductive problems. A Pap test can be done during a pelvic examination, but

sometimes a pelvic examination is done without a Pap test. A Pap test is needed to find early cervical cancer or pre-cancers so ask your doctor if you had a Pap test with your pelvic examination (Ezem, 2017).

## MATERIALS AND METHODS

The design for this paper was a cross-sectional survey comprising 120 women visiting specialist hospital Jalingo. They were sampled randomly using a purposive sampling technique. A structured questionnaire was used for the study to capture information on demographics of respondents as well as their knowledge and awareness and the challenges they are facing about cervical cancer screening. Four variables: age of respondents, marital status, educational level and occupation, were considered for socio-demographic characteristics. Regarding knowledge and awareness, five (5) questions were set which sought for the opinions of the respondents regarding their level of knowledge and awareness of cervical cancer. On the challenges, eight (8) questions were set to determine the major challenges faced by the sampled respondents regarding their accessibility to cervical cancer screening. The question statements to which respondents responded were “yes” or “no”) questions. The data obtained was entered and analysed using descriptive statistics including frequency distribution tables, graphs and simple percentage with the aid of the Statistical Package for Social Science (SPSS version, 23).

## RESULTS

This paper assessed knowledge and practice of cervical cancer screening among women visiting specialist hospital Jalingo using a sample of one hundred and twenty (120) women. Data collected were presented in tables and graphs and responses from structured questionnaire were analysed using frequency distribution tables and simple percentages with the aid of statistical package for social science (SPSS version, 23).

**Table 1:** Socio-Demographic characteristics of the women

S/N	Description of item	Frequency	Percentage (%)
1	<b>Age</b>		
	< 21	6	5
	21 – 30	14	12
	31– 40	54	45
	41 – 50	36	30
	51& above	10	8
	Total	120	100
2	<b>Marital Status</b>		
	Single	18	15
	Married	84	70
	Divorced	12	10
	Separated	2	1.7
	Widow	4	3.3
	Total	120	100
3	<b>Educational level</b>		
	No formal education	16	13.3
	Primary	22	18.3
	Secondary	36	30.1
	Tertiary	46	38.3
	Total	120	100
4	<b>Occupation</b>		
	Not employed	76	63
	Employed	44	37
	Total	120	100

**Table 2:** Level of knowledge of cervical cancer screening among women visiting specialist hospital Jalingo

S/N	Description of item	Yes	No	Total
1	Are you aware of cervical cancer screening?	97	23	120(100%)
2	If yes, where is the source of your awareness?			
A	Health professionals	32(33%)	0(0)	32(33%)
B	Friends	5(5.2%)	0(0)	5(5.2%)
C	Relatives	7(7.2%)	0(0)	7(7.2%)
D	Radio	4(4.1%)	0(0)	4(4.1%)
E	Social Media	21(22%)	0(0)	21(22%)
F	School	25(26%)	0(0)	25(26%)
G	Newspapers	3(3.1%)	0(0)	3(3.1%)
	<b>Total</b>	<b>97(81%)</b>	<b>23(19%)</b>	<b>120(100%)</b>
3	Can screening prevent cervical cancer?	76(63%)	44(37%)	120(100%)
4	Can screening detect early manifestation of cervical cancer?	104(87%)	16(13%)	120(100%)
5	Is cervical cancer curable if detected early?	110(92%)	10(8%)	120(100%)

**Table3:** Level of practice of cervical cancer screening among women visiting specialist hospital Jalingo, Taraba State

S/N	Description of item	Yes	No	Total
1	Have you done cervical cancer screening before?	47(39%)	73(61%)	120(100%)
2	If no, are willing to do the screening?	56(41%)	27(20%)	73(61%)
3	Do you find the screening necessary?	53(44.2%)	67(55.8%)	120(100%)
4	I do not need the screening, because it is a waste of time, right?	82(68.33%)	38(31.67%)	120(100%)
5	Is the screening not important to you?	72(60%)	48(40%)	120(100%)

**Table 4:** Challenges facing women accessibility to cervical cancer screening in specialist hospital Jalingo

S/N	Description of item	Yes	No	Total
1	lack of awareness	23(19%)	97(81%)	120(100%)
2	Lack of women interests about the screening	75(63%)	44(37%)	120(100%)
3	Lack of access to screening services	67(56%)	53(44%)	120(100%)
4	The cost of the screening service is too expensive	86(72%)	34(28%)	120(100%)
5	poor quality of health service	43(36%)	77(64%)	120(100%)
6	Poor attitude of the health care workers	73(61%)	47(39%)	120(100%)
7	Inadequate screening facility	41(34%)	79(66%)	120(100%)
8	Ignorance of women about the screening	95(80%)	25(20%)	120(100%)

## DISCUSSIONS

Table 1 showed that 5% of the entire respondents were from the ages of less than 21 years; 12% were from the ages of 21 – 30 years; 45% were from the ages of 31 – 40 years; 30% were from the ages of 41 – 50 years and 8% were from the ages of 51 years and above. By implication, majority of the respondents were from working class group. In the same table 1, it revealed that 15% of the respondents were single (not married); 70% were married women; 10% were divorced; 1.7% were separated with their spouses and 3.3% were widows respectively.

Table 1 further presented that 13.3% of the respondents have no formal education; 18.3% have primary education; 30.1% have secondary school certificates and 38.3% have tertiary education. Because majority of the respondents have little tertiary educational qualification that is what inculcated their ignorance of the cervical cancer screening. In addition, table 1 further showed that about 63% of the respondents were unemployed

women as a result their propensity to afford the costs of the screening is low, thus hindered their accessibility to the screening.

The results presented in table 2 above revealed that 81% % of the women visiting specialist Hospital Jalingo, Taraba State whose opinions were sampled accepted that they were aware of cervical cancer screening which is attributed to awareness of the disease by health care professionals, information from friends, relatives, social media, radio, schools, newspapers and other means of information dissemination regarding cervical cancer screening. In addition, 76 respondents representing 63% accepted that screening can prevent cervical cancer. Table 2 further presented that, about 87% of the respondents accepted that screening can help to detect early manifestation of cervical cancer among infected women.

Similarly, 92% of the respondents were aware that cervical cancer is curable when detected early. By implication, this paper clearly indicated that the sampled women visiting specialist hospital Jalingo have good knowledge of cervical cancer screening, but their ignorance about the screening, costs of the screening, lack of interest about the screening and poor attitude of the health care workers hindered them from accessing the cervical cancer screening service. This paper agrees with the findings from a study conducted in Kenya in 2013 showed that about 51% of respondents were aware of cervical cancer and 32% knew about Pap smear testing. The source of information was health care providers in 82%. Only 22% ever had a Pap smear test (Gichangi et al, 2013). In contrast, it contradicts the studies conducted in Cameroon which reported that, 48 (28%) has prior knowledge of cervical cancer (Tebu et al, 2018); a study conducted in Lagos, 81.7% of patients with advanced cervical cancer had never heard of cervical cancer before, and 20%, 30% and 10%, respectively, thought the symptoms they had were due to resumption of menses, lower genital infection and irregular menses (Abotchie&Shullar, 2009); and another study in Nigeria, conducted on women aged 20-65 years, only 15% had heard of cervical cancer (Anorlu, 2018).

Table 3 above indicated that 39% of the entire respondents have you done cervical cancer screening while 61% have not undergone any cervical cancer screening; 41% of the respondents who have not done the screening are willing to do it while 20% are not willing. Table 3 further showed that about 44.2%) of the respondents found that the screening in necessary while 55.8% found it necessary. In the same table 3, it showed that 68.33% of the respondents accepted that they do not need the screening because it is a waste of time while 31.67% deemed it is necessary. Table 3 further indicated that about 60% accepted that the screening is not important while 40% accepted that the screening is important. Thus, showed that majority of the women visiting specialist hospital though have good knowledge of cervical cancer screening, but have little or low level of its practicability. It therefore showed that the sampled women do not practice well the knowledge and awareness they had about cervical cancer.

In table 4 above, it was showed that about 80% of the respondents accepted that ignorance of women about cervical cancer screening is a leading factor affecting accessibility of the screening by the majority of the respondents. In the same vein, table 4 further depicted that about 72% of the sampled women accepted that the cost of the screening service is too expensive for them to afford that is the challenge they are facing regarding the cervical cancer screening. Some of the respondents about 61% in the same table 4 above revealed that poor attitude of the health care workers is another challenge that hinders them from going for the screening. Others about 56% accepted that lack of access to screening services is also a challenge to cervical cancer screening. Thus, this paper concludes that, ignorance of women about cervical cancer screening; expensive costs of the screening, lack of interest of women about the screening were the identified major challenges/barriers to accessibility of cervical cancer screening among women visiting specialist hospital Jalingo, Taraba State.

## CONCLUSION

This paper assessed knowledge and practice of cervical cancer screening among women visiting specialist hospital Jalingo using a descriptive statistics. The design adopted was a cross-sectional survey method. The results showed that the sampled women visiting specialist hospital Jalingo have good knowledge of cervical cancer screening, but their ignorance about the screening, costs of the screening, lack of interest about the screening and poor attitude of the health care workers hindered them from accessing the cervical cancer

screening service. It further showed that majority of the women visiting specialist hospital though have good knowledge of cervical cancer screening, but have little or low level of its practicability. It therefore showed that the sampled women do not practice well the knowledge and awareness they had about cervical cancer. In conclusion, this paper identified ignorance of women about cervical cancer screening; expensive costs of the screening, lack of interest of women about the screening as the major challenges/barriers to accessibility of cervical cancer screening among women visiting specialist hospital Jalingo, Taraba State.

### **RECOMMENDATIONS**

Based on the results presented above, it is therefore recommended that: more awareness on the need to educating women on the usage of the screening in order not to be ignorance of the cervical cancer screening. In addition, government should develop and incorporate into the National Health Insurance Scheme, a policy on free screening for cervical cancer since the high cost of the screening was found to be high among study participants. This will enable young female adults to go to screen for the disease without being deterred by the cost of screening. Healthcare facilities should undertake regular outreach programs within the surrounding communities to create awareness about the disease and educate them on the need for regular screening.

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