

Knowledge and Acceptability of Cervical Cancer Screening among Adult Women Visiting in Gynecological OPD

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ABSTRACT

Background: Cervical cancer is the most common form of cancer among women developing countries. Pap smear is a very significant screening test for reduction of incidence and mortality from cervical cancer. The pap smear test detect precancerous cell change on the cervix that might become cervical cancer if they are not treated appropriately. The objective of this research is to find out the knowledge and acceptability of cervical cancer screening among adult women. **Methods:** A cross-sectional research design was conducted among 425 gynecological patients of Bharatpur hospital OPD of 30 to 59 years of age. Semi structured questionnaire was used in data collection. **Results:** The mean age of participants was 40.07±7.9 years. Majority of the respondents, 247 (58.1%) had good knowledge in cervical cancer screening and 282 (66.4%) of the respondent accepted Pap smear test. Mean knowledge score on sign and symptom of cervical cancer was 62.1%, in risk factor was 72.8% and in preventive measure was 82%. Study showed the association between respondents knowledge of cervical cancer screening with educational status (p=0.04), religion (p=0.01) at 0.05 level of significance. There was association between respondents' level of knowledge and acceptability of cervical cancer screening (p=0.02) at 0.05 level of significance. **Conclusions:** Majority of participant had never screened for cervical cancer, information get from health care provider was poor and acceptability rate is low. So the study recommends that health care provider should provide the information education and communication (IEC) at all level of delivery towards cervical cancer screening.

Keywords: acceptability; adult women; cervical cancer screening.

INTRODUCTION

Cervical cancer is the most common form of cancer among women in developing countries. Hospital based data in Nepal also showed cervical cancer is most commonly occurring cancer among women in Nepal. Pap smear is the very significant screening test for reduction of incidence and mortality from cervical cancer and many developing countries failed to obtain high coverage of target population.¹ According to a recent study the burden of cancer of cervix is increasing in India. There was 96, 156 cases detected in the year 2011 and the estimated number of cases for the year 2026 is expected to be 148,813.²

A cross sectional study in Nigerian women 853 (56.2%) were aware of cervical cancer. Though previous cervical cancer screening was low at 9.4%, 79.8% (1210) accepted to take the test. Cost of the test (35.2%) and religious denial (14.0%) were the most common reasons given for refusal to take the test.²

Cervical cancer is the second commonest cancer in females worldwide and is one of the most important causes of premature death in women of reproductive age. There were 465,000 new case and 226,000 death with 85% occurring developed countries and 15% occurring in developing countries. One in 70 women developed cervical cancer between birth and age 79. The objective of this research is to find out the knowledge and acceptability of cervical cancer screening among adult women.

METHODS

A cross-sectional design was used to find out knowledge and acceptability of cervical cancer screening test among adult women at Bharatpur Hospital, Chitwan from 1st to 15th July 2017. Ethical approval was received from the Nepal Health Research Council (NHRC) and written permission was taken from the authority of Bharatpur Hospital Chitwan. Non-probability

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purposive sampling technique was used to select 425 gynae patients in OPD. Semi structured questionnaire was developed. Women who were below 30 or above 59 years of age, cervical cancer and hysterectomy patient were excluded. From the total score of knowledge if the level is <50 percentile, it means poor level, if level of knowledge lies between 50 to 70 percentile, it is fair level and for >75 percentile it is good level. The written informed consent was obtained from each respondent prior to data collection. The information given by respondents was kept confidential by give code number instead of patient name. All data are collected from patient using face to face interview method. Data was analyzed using SPSS version 20. In descriptive statistics frequency table, measure of central tendency, dispersion was used. In inferential statistics chi-square test was used.

RESULTS

The 425 respondents were surveyed to find out the knowledge and acceptability of cervical cancer screening among adult women. Majority of the respondent's age group were 30-39 years with mean±SD age of 40.07±7.9 years. Regarding the marital status majority of the respondents are married and one third of the respondents are uneducated, can read and write, majority of them are housewife with Hindu by religion (Table 1).

Variable	Number of respondents	Percentage
Age		
30-39	227	53.4
40-49	124	29.2
50-59	74	17.4
Marital status		
Married	414	97.4
Unmarried	6	1.4
Widow	3	0.7
Separate	2	0.5
Educational status		
Uneducated	127	29.9
Can read and write	116	27.3
Primary education	43	10.1
Secondary education	103	24.2
Higher secondary or more	36	8.5
Occupational status		
Agriculture	106	24.9
House manager	260	61.2
Service holder	20	4.7
Business	37	8.7
Others	2	0.5
Religion		
Hindu	353	83.1
Buddhist	25	5.9
Muslim	19	4.5
Christian	21	4.9
Others	7	1.6

Majority 247 (58.1%) respondents had good knowledge, 96 (22.6%) respondents had fair knowledge and 82 (19.3%) respondent had poor knowledge. Regarding acceptability of cervical cancer screening, majority 282 (66.4%) respondent accepted. (Table 2)

Knowledge of cervical cancer screening	Frequency	Percent
Poor	82	19.3
Fair	96	22.6
Good	247	58.1
Acceptability of cervical cancer screening		
Accepted	282	66.4
Not accepted	183	33.6

There is significant association between knowledge of cervical cancer screening with educational status (p=0.04), religion (p=0.01). There is no association between knowledge of cervical cancer screening with age (p=0.08), marital status (p=0.32) occupational status (p=0.12). (Table 3). There is no association between respondents' level of knowledge and

Variable	Level of Knowledge			P-value
	Poor	Fair	Good	
Age				
30-39	36	61	130	0.08*
40-49	27	25	72	
50-59	19	10	45	
Marital status				
Married	78	94	242	0.32
Unmarried	3	0	3	
Widow	1	1	1	
Separate	0	1	1	
Educational status				
Uneducated				0.04*
Can read and write	36	28	63	
Primary education	23	27	66	
Secondary education	9	10	24	
Higher secondary or more	12	23	68	
Occupational status				
Agriculture	18	29	59	0.12*
House manager	58	56	146	
Service holder	2	6	12	
Business	4	4	29	
Others	0	1	1	
Religion				
Hindu	68	72	213	0.01*
Buddhist	5	13	7	
Muslim	1	4	14	
Christian	6	4	11	
Others	2	3	2	
Significance level at 0.05, ** c2test, * Likelihood ratio				

acceptability of cervical cancer screening (p=0.02) (Table 4).

Table 4. Association between Respondents' level of Knowledge and acceptability of cervical cancer.

Variable	Level of Knowledge			P-value
	Poor	Fair	Good	
Not accepted	37	35	71	0.02
Accepted	45	61	176	

c² test is computed for P value

DISCUSSION

This study revealed that the mean±SD age of 40.07 ±7.9 years. The most common age groups were 30 -39 years. Regarding occupation (61.2%) were house wife. In present study regarding information received about cervical cancer, 26.6% from radio/ TV, 12.7% family member,

9.9% from health worker. The findings of this study is supported by another the study shows that information about cervical cancer mostly from either foreign media 28.5% (118/414).⁴ This study shows that regarding sign and symptom of cervical cancer, 71.3% agreed foul smelling vaginal discharge, 60.7% were post menopausal bleeding. The findings of this study is supported by the study shows post-menopausal bleeding (84%), and offensive vaginal discharge (83%).⁵ This study revealed knowledge of cervical cancer (58.1%) respondents had good knowledge; mean knowledge on cervical cancer was (67%). Similar with other study conducted in Udaipur district which shows that (63.3%) had good knowledge about cervical cancer.⁶

This study shows that there is statistically significant association between respondents knowledge of cervical cancer screening and educational status (p=0.04), religion (p=0.01). Another similar study result shows that awareness was positively associated with higher levels of education, socioeconomic status and occupational status (p< 0.05).⁷

This study showed that (56.2%) had never practice for screening. The study finding was consistent with the other studies done in Nepal which shows the uptake of screening to be from (7% to 15%). The findings shows that despite the introduction of cervical cancer screening in the national program of Nepal the screening practice in Nepalese women

has not increased. Regarding frequency of cervical screening, (26.1%) of the respondents screening had done only one time. The study findings were contradiction with those of other countries like India, Bhutan and Nigeria. The findings of India Bhopal show only (9%), that had screened for cervical cancer at least once, in Bhutan (6%) and Nigeria women were (13%).⁸ The findings of this study showed that, (82.8%) respondent said that negligence, (81.9%) respondents said that fear of painful procedure, (77.9%) respondents said that lack of money, (75.5%) said that fear of diagnosed cancer (54.4%) respondents said that stigma is a main reason for not necessary to pap smear test. The findings was contradiction with other study result shows that, the most common reason for not undergoing pap smear testing was neglect (50%) followed by lack of financial resources (13.6%), fear of discovering a serious disease (13.6%) and deeming it unimportant (13.6%).⁶

This study findings shows that (39.3%) respondents had good knowledge, on pap smear test similar study conducted by Shrestha shows that (47%) of women had adequate knowledge of Pap smear test. This study revealed that fair knowledge on pap smear test (22.6%), in contrast study by Ahmed, Sabitu & Ahmed (2013) showed that there was a fair knowledge (43.5%).⁹

This study findings revealed that, regarding acceptability of cervical cancer screening, majority (66.4%) respondent accepted cervical screening, similar findings were reported by Ezechi., Okafor, Ostergren, & Pettersson (2013) shows that (79.8%) respondents accepted to take cervical cancer.

CONCLUSIONS

Education can play a crucial role in the screening of cervical cancer. Health care provider should provide the information education and communication (IEC) at all level of delivery towards cervical cancer screening to the patients and families. Awareness campaign can help increased acceptability in practice of the various cervical cancer screening test in ordered to detect high risk and early stage of cervical cancer.

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