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ORIGINAL ARTICLE

Knowledge, Practices and Education of Clients on Cervical Cancer Screening among Female Health Care Workers In Plateau State Nigeria.

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ABSTRACT

Background: Most patients with cancer of the cervix present late with poor prognosis. Health workers' knowledge and utilization of the screening services might influence their clients. The aim of this study was to determine the knowledge, practice and education of clients on cervical cancer and its screening among female healthcare workers in plateau state. **Material and Methods:** This was a cross-sectional survey of 182 female healthcare workers in selected Primary Healthcare Centres (PHC) in Plateau state Nigeria. Semi-structured, self- administered questionnaires were used to obtain data which was analyzed using Epi info statistical software version 3.3.2 **Results:** Those aware of cancer of the cervix comprised of Community Health Extension Workers (44.0%) and Nurse/ Midwives (17.6%) among others. Human Papilloma Virus (HPV), multiple sexual partners and early sexual intercourse were among the cited risk factors. Although, 136(87.2%) of the "aware" respondents accepted that cancer of the cervix could be prevented, 33.8% of them could not identify regular cervical screening as a preventive strategy. Similarly, 140(89%) knew about the cervical cancer screening but only 12(8.6%) had actually been screened ($p < 0.005$). Additionally, only 40% of the "aware" respondents had ever educated their clients. **Conclusion:** The knowledge and practice of the health workers about cancer of the cervix has not been commensurately translated to utilization of screening services or education of clients. Strategies such as seminars and workshops to train as well as motivate health workers towards the utilization of screening services should be explored.

Key Words: Knowledge, Practices, education, Cancer of the cervix, cervical screening, female Health Care workers.

INTRODUCTION

Cancer of the cervix is one of the most common cancers affecting women's reproductive organs. It is the second most common cancer among women worldwide [1,-4]. It is often the most common cancer among women in developing countries including Nigeria where it accounts for 80% of new cases [1, 3, 5, 6]. This disease is a major cause of morbidity and mortality worldwide with an estimated global incidence of 470,606 new cases and 270,000 deaths annually[4, 6]. In Nigeria an estimated 25,000 new cases are diagnosed annually [1, 7 - 9]. Unfortunately, 75% of the cases are diagnosed in late stages (FIGO clinical stages IIb to IV) where cure is impossible and probability long term survival is low [1, 7 - 10] The burden of this disease can only be reduced and controlled by implementation of evidence based preventive strategies, early detection and proper management of patients with the cancer. Cervical cancer is probably the only genital tract malignancy that may be detected in its pre invasive stage by regular cytological (Papanicolaou smear) screening[11-14]. This test is widely recognised as an effective screening test for cancer of the cervix worldwide[10, 15, 16].

Early treatment prevents progression to invasive cervical cancer. The remarkably decline in incidence and mortality rates of 70- 80% in developed countries is attributable to wide spread availability and utilisation of cervical screening programmes, leading to early presentation and treatment of 75% of their cases[2, 4, 6, 9, 15, 17]. Although cervical cancer is known to be preventable, poor knowledge of the disease and the possible preventive measures against it are responsible for late presentation of cases and consequently high case fatality in our setting[7].

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Health workers are sometimes regarded as role models in health related issues and custodian of information. Their knowledge and practice with regards to cancer of the cervix and screening might positively or negatively influence people they come in contact with particularly at the Primary health care level where most women are poorly informed about the disease and its prevention. Thus, they have an important role to play in the education of the populace on the benefit of regular screening for cervical cancer.

This study therefore set to determine the knowledge, practice and clients education on cervical cancer screening among female health care workers in selected Primary Health care Centres (PHCs) in plateau state.

MATERIALS AND METHOD

A cross sectional survey of female healthcare workers in Primary Healthcare Centres (PHC) in selected Local Government Areas (LGA) in Plateau State, North-central Nigeria was carried out. All LGAs in Plateau State were stratified into urban and rural LGAs. Through balloting, one rural and one urban LGA were selected. The selected LGAs were Jos South and Ryom LGAs. After obtaining ethical clearance for the study, a visit was made to the selected LGAs. At each of the selected LGA a mapping of all PHC facilities both public and privately owned ones were obtained from the office of the Director PHC where the purpose of the study was explained, consent was sought and obtained for the study.

All female health workers who were available at the time of visit and gave their consent were enrolled into the study. A semi-structured, self-administered questionnaire was used to obtain data, relating to the socio-demographic characteristics of the respondents, knowledge of cervical cancer and its predisposing factors. Awareness and uptake of the screening technique or reasons for not screening were also assessed. In addition, information on whether they had ever educated their clients regarding cancer of the cervix and the screening test was obtained. A total of 182 questionnaires were analyzed using EPI Info 3.3.2 version software of the World Health Organization (WHO) [18]. Chi-square test was used as a test of statistics. $P < 0.05$ was considered significant.

RESULTS

A total of 182 female health care workers were interviewed out of which 156 (85.7%) were aware of cancer of the cervix while 26 (14.3%) were not. Registered Nurses/Midwives, Junior and Senior Community Health Extension Workers (CHEWs) constituted (17.6%), (19.8%) and (16.5%) of the respondents respectively that were aware of cancer of the cervix among others (Table 1). Thirty six (19.7%) of the health care workers did not indicate their cadre (Unknown).

Risk factors associated with cancer of the cervix as cited by the "aware" group were Human Papilloma Virus (HPV) 52 (33.3%), multiple sexual partners 42 (26.9%), past history of Sexually Transmitted Diseases (STDs) 38(24%) and early exposure to sexual intercourse 34(21.8%) among others (Table 2).

Although 136(87.2%) of the "aware" respondents accepted that this cancer could be prevented, 90(66.7%) identified regular cervical screening as a means of doing so while 46 (33.3 %) of them could not. Among the 140 (89.7 %) respondent that were aware of the cervical cancer screening technique, only 12 (8.6 %) of them had ever been screened ($p < 0.05$).

Table 1: Awareness of cervical cancer among different Professional cadres

Cadre	Cervical Cancer		Total (%)
	Aware (%)	Not aware (%)	
*MBBS	2 (1.1)	0 (0.0)	2 (1.1)
CHO	8 (4.4)	2 (1.1)	10 (5.5)
RN/RM	32 (17.6)	0 (0.0)	32 (17.6)
RM	4 (2.2)	0 (0.0)	4 (2.2)
SCHEW	30 (16.5)	6 (3.3)	36(19.8)
JCHEW	36 (19.8)	8 (4.4)	44 (24.2)
MLT	4 (2.2)	0 (0.0)	4 (2.2)
EHA	6 (3.3)	8 (4.4)	14 (7.7)
UNKNOWN	34 (18.6)	2 (1.1)	36 (19.7)
TOTAL	**156 (85.7)**	**26 (14.3)**	**182 (100)**

**MBBS- Bachelor of medicine, Bachelor of surgery; CHO-Community Health Officer; RN/RM- Registered Nurse/Registered midwife; SCHEW- Senior Community Health Extension Worker; JCHEW-Junior Community Health Extension Worker; MLT- Medical Laboratory Technician; EHA- Environmental Health Assistant; UNKNOWN-Cadre was not indicated.*

Table 2. Cervical cancer risk factors among 'cervical cancer aware' respondents

Risk factors	Frequency	%
Human papiloma Virus	52	33 .3
Multiple sexual partners	42	26 .9
Past STDs	38	24 .4
Early coitarche	34	21 .8
I don't know	30	19 .2
Oral contraceptives	22	14 .1
Others	120	76 .9
Total *	**338**	

**Total more than 156 due to multiple responses*

Those that had ever educated their clients regarding cancer of the cervix and screening constituted 40 % of the respondents that were aware of the screening technique. Among those that have not screened; not feeling susceptible to the cancer (11.7 %), ignorance of where to carry out the test (1.6%) and fear of unfavorable outcome (2.3 %) were among the common reasons for not having done the test even though they were aware of the screening technique. Some (54.7%) of the respondents did not respond.

DISCUSSION

One hundred and fifty six (85.7 %) of the respondents in this study were aware of cancer of the cervix and its screening. This finding is comparable to similar studies where high level of awareness about cancer of the cervix and its screening had been documented [1, 3, 5, 11]. The high level of awareness was revealed in the fact that some of the respondents could identify more than one risk factor associated with the disease. Additionally, 136 (87.2%) of the "aware group" accepted that the cancer could be prevented, although a significant proportion 46 (33.8 %) of them could not identify regular cervical screening as a means of doing so ($p<0.001$). This reveals that the in-depth knowledge has some gaps.

Out of the 140 respondents that were aware of cervical cancer screening, only 12(8.6 %) had the test carried out on them. This shows that the high awareness regarding the disease and its screening did not commensurately translate to utilization of the screening services among professionals. This finding is consistent with that documented in Ilorin[3] and Sokoto [15]where only 3% and 4.6% of respondents respectively had ever carried out Pap smear test among those that were aware of the screening test. Similarly, a study conducted in Abuja[5] revealed that 13.2% of those who knew about Pap smear had done the screening test. Although, higher findings have being documented in a study carried out among female community health extension workers in Kaduna [19], where 37.5% of those that were aware of Pap smear had ever had the test performed on them. This could be attributable to their source of information which was mainly books and hospital where they worked.

Among those that had not done the test, confidence in one's self (11.7%), not aware of the test (6.3%), fear of unfavorable outcome (2.3%) and ignorance of where to carry out the test (1.6%) were among the reasons advanced for not having done so. This is comparable to findings reported in studies among health care professionals in Abuja, Ilorin and Kaduna [5, 15, 19]respectively. This is worrisome to be seen among these cadres of healthcare professionals who are expected to be custodians of knowledge of cancer of the cervix, including prognosis of the disease condition if not detected early.

Additionally, they are in- turn to enlighten or create awareness among their clients, but this was at variance with their high level of knowledge. It is therefore, important to correct these misconceptions on time particularly among Primary Healthcare Centre (PHC) workers who are at the grassroots and through whom major preventive programmes are expected to reach majority of the population.

Among those that were aware of screening for cancer of the cervix, over 40% had never educated their clients regarding it. It was obvious that their high level of awareness regarding screening for cancer of the cervix did not translate to education of their clients regarding same. Perhaps, it has never called for such or probably it is a reflection of non utilization of the screening services by the health care workers themselves.

In any case regarding cervical cancer preventive education, one needs to be pro-active and take advantage of every opportunity. Since early detection of premalignant lesions of the cervix through screening test confers better prognosis on women, primary healthcare workers therefore, need to be encouraged and educated on the importance of uptake of the Pap smear test. If properly trained and motivated,

they shall in turn convince their clients to utilize screening services aimed at detecting premalignant lesions of the cervix.

We conclude that most of the health care professionals were aware of cancer of the cervix, its associated risk factors as well as the screening technique. However, the knowledge has neither commensurately been translated to utilization of screening services nor education of clients. Regular seminars and workshops for grass root healthcare workers shall assist tremendously in improving clients' education and uptake of cervical cancer screening.

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REFERENCES

1. Yisa I.O, Fatiregun A.A and Bamgboye E.A. Risk factors for cancer of the cervix. Niger Postgrad med J 2007; 14 (10): 46-49.
2. FMOH. National Reproductive Health Strategic Framework and Plan. Federal Ministry of Health, Abuja, Nigeria 2002-2006.13-46.
3. Adewole I.F. Epidemiology, Clinical features and management of cervical carcinoma. In Friday Okonofua and Kunle Odunsi eds.Contemporary Obstetrics and Gynaecology for developing countries. Women's Health and Action Research centre (WHARC) 2003; 289-315.
4. OUTLOOK- PATH. Preventing cervical cancer: Unprecedented opportunities for improving women's health 2007; 23 (1): 1-4.
5. Olaniyan O.B, Agboghoroma O.C, Ladipo O.P. Knowledge and practice of cervical screening among female health workers in government hospitals in Abuja metropolis, Nigeria. Trop J Obstet Gynaecol 2000; 17(1):18-20.
6. Galadanchi H.S, Mohammed A.Z, Uzoho C.C, Jido T.A, Ochicha O. Gynaecolgical malignancies seen in Tertiary facility in Kano. Trop J Obstet Gynaecol 2003; 20 (2):105-110.
7. Olushola A. A, Olayinka O. O and Olatunde J. A. Determinants of cervical cancer knowledge and the utilization of screening among a Nigerian female population. Trop J Obstet Gynaecol 2005; 22 (1): 21-24.
8. Adamu A.N and Ekele B.A. Matching knowledge with practice: Acceptance of cervical cancer screening among health workers in a Nigerian Hospital. Trop J Obstet Gynaecol 2007; 24(1):35-39.
9. Onwere S, Okoro O, Chigbu B, Onwere A. Knowledge and Practice of cervical cancer screening using Pap smear among women attending Antenatal clinic at Aba, South Eastern Nigeria. Nig J Clin Pract 2009; 12 (3): 341- 342.
10. Feyi-Waboso P.A, Kamanu C and Aluka C. Awareness and Risk factors for cervical cancer among women in Aba, South Eastern Nigeria. Trop J Obstet Gynaecol 2005; 22 (1): 25-26.
11. WHO. Are number of cancer cases increasing or decreasing in the world. Available at: http:www.who.int.info. Accessed December 2010.
12. WHO. Cancer. Available at: http:www.who.int.info. Accessed December 2010.
13. WHO. 10 facts about Cancer. http:www. who.int.info. Accessed December 2010.
14. WHO. Cancer Prevention. Available at: http:www. who.int.info. Accessed December 2010.
15. Aboyeji P.A, Ijaiya M.A and Jimoh A.A. Knowledge, Attitude and Practice of Cervical smear as a screening procedure for cervical cancer in Ilorin, Nigeria. Trop J Obstet Gynaecol 2004; 21 (2): 114-117.
16. Chukwuali L.I, Onuigbo W.I.B and Mgbor N.C. Cervical cancer screening in Enugu, Nigeria. Trop J Obstet Gynaecol 2003; 20 (2): 109-111.
17. Okunlola M.A, Owonikoko K.M, Jogo A.A. Characteristic pattern of Pap smears in women aged 50 years and above in Ibadan. Nig Med Pract 2008; 54 (3-4): 56-60.
18. Epi info. Version 3.2.3. Available at: http.//cdc.gov/epinfo. Accessed September 2009.
19. Onwuhafua P.I and Sule S. Knowledge and Practice of cervical pap smear amongst female Community Health Extension Workers in Kaduna State, Nigeria. Trop J Obstet Gynaecol 2007; 24(1): 54 -59.