

## **Awareness and Risk Factors for Cervical Cancer among Women in Aba, South-Eastern Nigeria**

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### **Abstract**

**Context:** Cervical cancer is the commonest genital tract malignancy in Nigeria. Previous evidence reported a high awareness but a low practice in cervical screening amongst Nigerian woman. Respondents attributed this to poor physician referral.

**Objective:** To determine the level of cervical cancer awareness amongst out women and the prevalence of the major risk factors, their rate of utilization of existing pap smear services and their attitudes to pap smears in general.

**Study Design and Subjects:** A cross-sectional questionnaire of 200 women attending the Gynaecological Outpatients Department.

**Results:** The majority of respondents were married (92%) and sexually active having initiated sexual activity at a young age (mean age 17.3 +/- 2.5 years). There was a high prevalence of the major risk factors for cervical cancer. These included initiation of coitus before 19 years (43.5%), multiple sexual partners (63.5%) and male partner with other female partners (2.5%). Also, a previous history of sexually transmitted diseases (58.5%) and vulval warts (48%). Their overall knowledge of cervical cancer was low and only 32 women (16%) had any knowledge of pap smear services. Only 16 of these women had a pap smear performed on them. Also, there was poor appreciation of personal risk of cervical cancer and safer sex practices.

**Conclusion:** The role of national cervical screening campaigns and dissemination of basic information to our women concerning risk factors cannot be overemphasised.

**Key Words:** Cervical Cancer, Cervical Screening, Risk Factors. [*Trop J Obstet Gynaecol*, 2005, 22: 25-26]

### **Introduction**

World wide, cervical cancer comprises approximately 12% of all cancers in women. It is the second most common cancer in women world wide, but the commonest in developing countries.<sup>1,2</sup> Eight percent of these occur in developing countries, which collectively have only 5% of global cancer resources.<sup>3</sup> Sixty to eighty percent are seen in advanced clinical stage (III & IV), if diagnosed at all, with a low probability of survival.<sup>4</sup> In Nigeria, cervical cancer remains the commonest reproductive malignancy.<sup>5,6</sup> Experience from countries with establish screening programmes has shown that cervical screening is cost-effective and decreases the incidence of, and mortality from, invasive disease.<sup>7</sup>

Therefore the need for a national screening programme, which does not exist in Nigeria, has become evident. The successes of such a programme will depend on, among other things, the level of cervical cancer awareness among the target population, their willingness to utilize cytological services and to comply with treatment and follow up protocols.<sup>8</sup>

A recent study of 166 Nigerian female health professionals showed that despite being highly aware (27%) of the important of cervical cancer screening, only, 9.6% of the respondents had ever had a cervical smear performed on them.<sup>9</sup> In that study, the majority of the respondents attributed their low uptake of cervical

screening to poor physician referral.

The objectives of this study were to determine the level of cervical cancer awareness and the prevalence of major risk factors for cervical cancer among them, their rate of utilization of existing pap smear services and their attitudes to pap smear in general.

### **Methods**

This study was conducted by means of a self administered cross-sectional pre-tested questionnaire. This involved 200 women attending Gynaecological Out-patient Department at Abia State University Teaching Hospital, Aba. The responses were analysed with descriptive statistics for continuous variables and simple percentages for categorical variables using the statistical package SPSS for MS Windows.

### **Results**

In all, there were 200 respondents. There was a high prevalence of the major risk factors for cervical cancer. The majority were young, 43.5% having initiated sexual activity before the age of 19 years. (Mean age 17.3 +/- 2.5 years).

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Among the 200 respondents 16 (8%) were single and 184(92%) were married. A large proportion 127(63.5) had multiple (2 or more) sexual partners. In addition, a significant proportion 65(32.5%) had male partners who had other female partners. A previous history of sexually transmitted disease was obtained in 117 (58.5%) of respondents.

Also a significant proportion (48%) gave a previous history of vulval warts. Only 32 women (16%) had any knowledge about the pap smear test. Half of these women (16) had cervical smear performed on them. Less than half of respondents (40%) had access to health facilities.

**Table 1**

**Age of Initiation of Sexual Intercourse**

Age (Years)	Frequency	Percentage (%)
15-19	87	43.5
20-24	81	40.5
25-29	17	8.5
30 & above	15	7.5
Total	200	100.0

## Discussion

Early age of initiation of sexual activity is regarded as one of the risk factors predisposing to cervical cancer. Also a large proportion (63%) had multiple sexual partners. Similar results were reported in a similar study from South Africa<sup>8</sup> although this involved a different study population of female university students as an elite group.

Similarly, in this study, a significant number (37.7%) had a male partner with other female partners. The frequency of a history of sexually transmitted reported in 42.2% of respondents in that series was lower than the frequency of 58.5% in our study in Aba. Whereas only 4.7% of respondents in that study gave a history of vulva warts, a disproportionately higher frequency of 48% of

our women gave this history. This could be explained by the fact that our respondents comprised women of different literacy levels some of whom may have given an unreliable history.

The frequency of 16% of women with knowledge of the availability of a pap smear service was low and this include literate women some of whom were professionals. Even this level of awareness did not translate into appreciation of personal risk of cervical cancer, safer sex practices or utilization of pap smear services. This agreed with the findings in the South Africa<sup>8</sup> study. However knowledge of pap smear among female health workers in a previous report from Abuja<sup>9</sup> was as expected high at 72.9.

Interestingly, the compliance rate in this "aware" group (9.6%) of 166 respondents was quite low. A report from Ibadan<sup>10</sup> gave a similar figure of a low compliance rate of 7.5% of 97 respondents. The compliance rate of 50% in our patients was significantly higher. This could be due to our policy of proactive counselling by health workers at the tertiary centres. Non compliance in our study was partly due to cultural reasons as the husband's consent is usually sought.

The majority 60% of the respondents did not have access to health facilities at the primary level and therefore could not have access to health facilities which is only available in Aba at the tertiary level. The majority of our study population had a low level of education and low socio-economic status. These problems of ignorance and poverty frequently become involved in the health sector in the vicious circle of ignorance, poverty and disease.

In conclusion, this study demonstrates the need for occupational health services in the health sector to educate our women about the risk factors for cervical cancer. There is need for a national cervical screening programme.

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