

Knowledge and Attitude of Reproductive Aged Women Towards Cervical Cancer Screening in Osun State, Nigeria

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Abstract:

The study investigated knowledge and attitude of reproductive aged women towards cervical cancer screening in Osun State, Nigeria. Specifically, the study examined the knowledge of and attitude towards cervical cancer screening among reproductive aged women; and the relationship between socio-demographic variable of the reproductive aged women and their knowledge and attitude toward cervical cancer screening. The research design for the study was a cross sectional descriptive design. The research was carried out at State Specialist Hospital, Asubiaro, Osogbo at Infant Welfare Clinic which is a branch of paediatric medicine of the hospital. Twenty women were selected daily using simple random sampling through balloting. An average of 10 days was used to collect the data. Data were collected using a self-developed questionnaire that captured information on knowledge and attitudes of participants towards cervical cancer screening. The data gotten from respondents were presented in tables and analysed using measures of central tendencies, percentages and chi-squares. The findings of the study revealed that respondents had a good knowledge and attitude towards cervical cancer screening. Factors associated with the knowledge includes respondents level of education, late age of intercourse, respondents that had regular sexual intercourse while factors associated with positive attitude to cervical cancer screening were respondents that were married, respondents with single sexual partner, respondents with single current sexual partners and respondents that had regular sexual intercourse. It was recommended among others that

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the government should make cervical cancer screening mandatory and free for reproductive aged women.

Keywords: Knowledge, Attitude, Reproductive Aged Women, Cervical Cancer, Screening,



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Introduction

Women's Reproductive health needs are very important to the health of the family as women have important roles to play in their families. They need to be healthy in order to function optimally. Thus, women's health must be seen as a holistic concept that includes all bio-psychosocial aspects of the women's being (Ayinde et al, 2011). A woman is healthy when she is free from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions. Cervix is a part of a woman's reproductive organ, it is the door of a woman's womb and it plays important role in reproductive aged woman. Screening for cervical cancer is an effective way of preventing, diagnosing and early detection of cervical cancer (Ibrahim, 2013; Buker & Audu, 2011).

Cancer is a major cause of morbidity and mortality globally. In 2008, 12.7 million cases of the disease were diagnosed globally while 7.6 million individuals lost their lives as a result of the condition (Tefera, et al, 2016; Ahmed, et al, 2013). Cervical cancer is of public health importance globally. Over the past 20 years, the developed countries have reported a lower prevalence of Cervical Cancer however, the developing countries have been experiencing a rise in the prevalence of the disease. In addition, about 88% of Cervical Cancer cases globally occur in the developing countries. It is the second most common cancer affecting women with approximately 500,000 new and 274,00 death recorded (WHO, 2017)

Cervical Cancer is considered one of the most preventable cancers. Human papillomavirus (HPV) infection is associated with virtually all cases of cervical cancer (Al Zaabi, Al Mugbali & AL Sanucli, 2015; Buker & Audu, 2011; Imelda, 2008). Long term infection with high-risk strains of HPV can lead to the development of cervical dysplasia and cancer (Carr, K.C. & Sellors, 2003). Research evidence has suggested that infection with human papilloma virus (HPV) significantly increases the relative risk for developing cervical cancer.

Studies have found that there was a strong interplay between the knowledge and attitudes towards cervical cancer screening and the resultant health seeking behaviours (Pegu, et al. 2017; Tefera, et al., 2016, Ibrahim, 2013; Zaleha, 2010; Mutyaba, 2006). Women's attitudes towards cervical cancer screening have been found to have an impact on the adoption of cervical cancer screening in many developing countries. A study in Thailand found that female sex workers with negative attitudes about Pap smear services were less likely to have ever had a cervical smear taken than those with a positive attitude (Thun, et al, 2009).

In Nigeria, there is limited information regarding knowledge of and attitude towards cervical cancer prevention and control at community level as mentioned by the national strategic plan on prevention and control of non-communicable diseases. To the best of my knowledge, there are no community based studies conducted so far on target populations except few facility based studies on cervical cancer screening. There is scanty information regarding knowledge of and attitude towards cervical cancer and its screening; hence, the need for this study.

The aim of this study was to investigate knowledge and attitude of reproductive aged women towards cervical cancer screening in Osun State, Nigeria. Specifically, the study examined:

- i. the knowledge of and attitude towards cervical cancer screening among reproductive aged women;

- ii. the relationship between socio-demographic variable of the reproductive aged women and their knowledge of cervical cancer screening; and
- iii. the relationship between the socio-demographic variable of the reproductive aged women and their attitude toward cervical cancer screening.

Research Question

This research question was raised for this study:

1. What is the knowledge of and attitude towards cervical cancer screening among reproductive aged women?

Research Hypotheses

The hypotheses for this study were the following:

Ho1: There is no significant relationship between socio-demographic variable of the reproductive aged women and their knowledge of cervical cancer screening.

Ho2: There is no significant relationship between the socio-demographic variable of the reproductive aged women and their attitude toward cervical cancer screening

Methodology

The research design for the study was a cross sectional descriptive design conducted to describe the knowledge and attitude of reproductive aged women towards cervical cancer screening. The research was carried out at State Specialist Hospital, Asubiaro, Osogbo at Infant Welfare Clinic which is a branch of paediatric medicine of the hospital. It is located in Osogbo which is situated on Latitude 7.45N and Longitude 4.33N. Reproductive aged women attending Infant Welfare Clinic, State Specialist Hospital, Asubiaro, Osogbo, Osun State constituted the entire population of the study. Twenty women were selected daily using simple random sampling through balloting. Those who have been selected and have filled the questionnaire were given a number and instructed not to refill the questionnaire. An average of 10 days was used to collect the data.

Data were collected using a self-developed questionnaire that captured information on knowledge and attitudes of participants towards cervical cancer screening. The questionnaire had three sections. The first section included questions on the participants' demographic characteristics such as age, highest level of education attained, marital status, area of residence, age at marriage and number of children, previous health seeking behaviours and methods of contraception. The second section included ten questions that assessed the respondents' specific knowledge about cervical cancer prevention measures, symptoms and screening methods.

The last section included questions on attitudes and required respondents to state their level of agreement with statements about cervical cancer on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). This section had ten statements that assessed women's perception of risk, severity of cervical cancer, perceived self-efficacy and the importance of cervical cancer screening. The instrument was validated before administration.

The data were presented in tables and analysed using measures of central tendencies, percentages and chi-squares. The statistical software SPSS 21 was used to calculate the percentages and the chi-squares.

Results

Research Question 1: What is the knowledge of and attitude towards cervical cancer screening among reproductive aged women?

Table 1: Descriptive Statistics showing Knowledge of and attitude towards cervical cancer screening

	Poor N (%)	Good N (%)
Knowledge	92(46.0)	108(54.0)
Attitude	23(11.5)	117(88.5)

Table 1 shows the knowledge of and attitude towards cervical cancer screening among reproductive aged women as 54.0% of the respondents had a good knowledge of cervical cancer screening while 88.5% had a good attitude toward cervical cancer screening

Hypothesis 1: There is no significant relationship between socio-demographic variable of the reproductive aged women and their knowledge toward cervical cancer screening

Table 2: Association between Socio-demographic Variable with Knowledge on Cervical Cancer Screening

Variable	Poor knowledge n(%)	Good knowledge n(%)	X^2	Df	Pvalue
Age in years					
10-20	4(100)	0(0)	5.298	3	0.151
21-30	54(46.6)	62(53.4)			
31-40	30(43.5)	39(56.5)			
≥41	4(36.4)	7(63.6)			
EDUCATIONAL LEVEL					
None	6(85.7)	1(14.3)	21.136	3	0.000
Primary	11(84.6)	2(15.4)			
Secondary	35(55.6)	28(44.4)			
Tertiary	40(34.2)	77(65.8)			
MARITAL STATUS					
Married	82(44.8)	101(55.2)	1.521	2	0.468
Divorce	3(50.0)	3(50.0)			
Single parent	7(63.6)	4(36.4)			
AGE MARRIAGE GROUP					
20 and below	12(54.5)	10(45.5)	7.808	3	0.050
21 – 25	54(52.4)	49(47.6)			
26 – 30	22(32.4)	46(67.6)			
31 – 35	4(57.1)	3(42.9)			
NUMBER OF MARRIAGE					
Single	74(46.5)	85(53.5)	0.685	2	0.710

More than one	15(41.7)	21(58.3)			
AGE OF MENSES					
Early	63(51.2)	60(48.8)	3.504	1	0.061
Late	29(37.7)	48(62.3)			
AGE OF INTERCOURSE					
Early	45(63.4)	26(36.6)	13.537	2	0.001
Late	46(36.2)	81(63.8)			
SEXUAL PARTNER					
Single	55(44.0)	70(56.0)	0.537	1	0.279
Multiple	37(49.3)	38(50.7)			
CURRENT SEX PARTNER					
Single	86(46.0)	101(54.0)	0.258	2	0.879
Multiple	5(50.0)	5(50.0)			
REGULAR SEXUAL PARTNER					
Yes	78(42.9)	104(57.9)	8.041	1	0.005
No	14(77.8)	4(22.2)			
TIME YOU HAVE BEEN PREGNANT					
Less than 5	82(45.3)	99(54.7)	0.372	1	0.542
5 and above	10(52.6)	9(47.4)			
AGE AT FIRST PREGNANCY					
Early	92(46.2)	107(53.8)	0.856	1	0.355
Late	0(0)	1(100)			
NO OF CHILDREN DELIVERED					
Less than 5	85(45.5)	102(54.5)	0.345	1	0.381
5 and above	7(53.8)	6(46.2)			
HISTORY OF SEXUALLY TRANSMITTED DISEASE					
Yes	25(47.2)	28(52.8)	0.040	1	0.842
No	67(45.6)	80(54.4)			
EVER TREATED AN SEXUALLY TRANSMITTED DISEASE					
Yes	25(49.0)	26(51.0)	0.251	1	0.367
No	67(45.0)	82(55.0)			
HAVE YOU EVER USED CONTRACEPTIVE					
Yes	50(45.5)	60(54.5)	0.029	1	0.488
No	42(46.7)	48(53.0)			

Table 2 revealed that greater proportion of the respondents that had tertiary education (65.5%) had a good knowledge of cervical cancer screening than respondents that had secondary school education (44.4%), primary education (15.4%) and those with no formal education (14.3%). This observation is statistically significant ($\chi^2=21.13$, $p<0.001$). In addition, respondents with regular sexual partner had a good knowledge of cervical cancer screening (57.9%) than those with multiple sexual partners. This observation is statistically significant ($\chi^2=8.041$ $p= 0.005$). Besides, a greater proportion (63.8%) of those that had late sexual exposure had good knowledge of cervical cancer screening that those with early sexual exposure. This observation is statistical significant ($\chi^2=13.537$, $p=0.001$).

There was no statistical significance between knowledge on cervical cancer screening and other variables such as age, marital status, number of marriage, age at first menses, age at marriage, number of sexual partners, number of current sexual partners, number of pregnancy, age at first pregnancy, number of children derived, history of sexually transmitted disease, previous treatment for STD and the use of contraceptives.

Hypothesis 2: There is no significant relationship between the socio-demographic variable of the reproductive aged women and their attitude toward cervical cancer screening

Table 3: Association between Socio-demographic Variable with Attitude towards Cervical Cancer Screening

Variable	Poor attitude N (%)	Good attitude N (%)	X ²	Df	Pvalue
Age in years					
10-20	0(0)	4(100)	1.342	3	0.714
21-30	12(10.3)	104(89.7)			
31-40	10(14.5)	59(85.5)			
≥41	1(9.1)	10(90.9)			
EDUCATIONAL LEVEL					
None	2(28.6)	5(71.4)	6.895	3	0.075
Primary	2(15.4)	11(84.6)			
Secondary	11(17.5)	52(82.5)			
Tertiary	8(6.8)	109(93.2)			
MARITAL STATUS					
Married	16(8.7)	167(91.3)	16.787	2	0.000
Divorce	3(50.0)	3(50.0)			
Single parent	4(36.4)	7(63.6)			
AGE MARRIAGE GROUP					
20 and below	2(9.1)	20(90.9)	1.790	3	0.617
21 – 25	11(10.7)	90(89.3)			
26 – 30	10(14.7)	58(85.3)			
31 – 35	0(0)	7(100)			
NUMBER OR MARRIAGE					

Single	19(11.9)	140(88.1)	0.687	2	0.709
More than one	4(11.1)	32(88.9)			
AGE OF MENSES					
Early	16(13.0)	107(87.0)	0.714	1	0.398
Late	7(9.1)	70(90.9)			
AGE OF INTERCOURSE					
Early	10(14.1)	61(85.9)	0.925	2	0.925
Late	13(10.2)	114(89.8)			
SEXUAL PARTNER					
Single	10(8.0)	115(92.0)	4.012	1	0.045
Multiple	13(17.3)	62(82.7)			
CURRENT SEX PARTNER					
Single	18(9.6)	169(90.4)	10.031	2	0.007
Multiple	4(40.0)	6(60.0)			
REGULAR SEXUAL PARTNER					
Yes	19(10.4)	163(89.4)	2.234	1	0.135
No	4(22.2)	14(77.8)			
TIME YOU HAVE BEEN PREGNANT					
Less than 5	20(11.0)	161(89.0)	0.380	1	0.377
5 and above	3(15.8)	16(84.2)			
AGE AT FIRST PREGNANCY					
Early	23(11.6)	176(88.4)	0.131	1	0.885
Late	0(0)	1(100)			
NO OF CHILDREN DELIVERED					
Less than 5	21(11.2)	166(88.8)	0.206	1	0.455
5 and above	2(15.4)	11(84.6)			
HISTORY OF SEXUALLY TRANSMITTED DISEASE					
Yes	9(17.0)	44(83.0)	2.129	1	0.115
No	14(9.5)	133(90.0)			
EVER TREATED AN SEXUALLY TRANSMITTED DISEASE					
Yes	7(13.7)	44(86.3)	0.333	1	0.363
No	16(10.7)	133(89.3)			
HAVE YOU EVER USED CONTRACEPTIVE					
Yes	17(16.5)	93(84.5)	3.756	1	0.041
No	6(6.7)	84(93.3)			

Table 3 showed that respondents who were married (91.3%) had a good attitude towards cervical cancer screening than respondents that were divorced (50%) and single parents (63.6%). Observation is statistically significant ($\chi^2=16.787$, $p<0.001$). Significantly, respondents with single current sexual partners had a higher proportion of good attitude ($\chi^2=3.756$, $p=0.04$). Greater proportion of respondents with single sexual partners (92%) had a good attitude towards cervical cancer screening than respondents with multiple sexual partners. The observation is statistically significant ($\chi^2 = 4.012$, $p=0.045$). Significantly, higher proportion (93.3%) of the respondents who did not use contraceptive had a good attitude towards cervical cancer screening ($\chi^2 =3.756$, $p=0.0041$).

There was no statistical significant between attitude towards cervical cancer screening and other variables such as age in years, educational level, age at marriage, number of marriages, age of menses onset, age at first intercourse, regular sexual partner, number of pregnancy, number of children delivered, history of sexually transmitted disease and treatment for sexually transmitted disease.

Discussion

This study revealed that about half (54%) of the respondents had a good knowledge of cervical cancer screening while majority 88.5% had a good attitude toward cervical cancer screening. This contrasts most reports from Nigerian communities who found that majority of respondents never heard of cervical cancer or cervical cancer screening (Ahmed, et al., 2013; Ibrahim, 2013).

The study revealed that a greater proportion of the literates, those that had late sexual exposure, respondents with regular sexual partner had a good knowledge of cervical cancer screening. Respondents that were educated were more likely to read books, search the internet to increase their knowledge of cervical cancer screening. Respondents with late sexual exposure were likely to be older, mature, financially dependent and more educated that those who had early sexual exposure to have a good knowledge of cervical cancer screening. Respondents who had regular sexual intercourse have a good knowledge of cervical cancer screening (Pegu, et al. 2017; Tefera, et al., 2016, Zaleha, 2010).

Respondents that were married, with single both life time and current sexual partners and non-use of contraceptive was found to be associated with positive attitude towards cervical cancer screening. Bukur and Audu (2011) concluded that factors associated with wiliness to be screened include attitude, educational level, and age at menarche (P values are 0.000, 0.006, and 0.050, respectively). All except one of the respondents with poor attitude were not willing to be screened while 77.8% of those with good attitude were willing to be screened. More than two third of the respondents whose age at menarche was <20 were willing to be screened. The knowledge of being predisposed is responsible for this willingness. The factors significantly associated with uptake of cervical cancer screening test include educational level, knowledge, and attitude. None of the respondents with bad attitude and only 5.5% of the respondents with poor knowledge had been screened.

Conclusion

This study has shown that respondents had a good knowledge and attitude towards cervical cancer screening. Factors associated with the knowledge includes respondents level of education, late age of intercourse, respondents that had regular sexual intercourse while

factors associated with positive attitude to cervical cancer screening were respondents that were married, respondents with single sexual partner, respondents with single current sexual partners and respondents that had regular sexual intercourse.

Recommendations

1. The government should make cervical cancer screening mandatory and free for reproductive aged women.
2. Women should eliminate fear concerning cervical cancer screening.

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