OPEN ACCESS
Scholars International Journal of Obstetrics and Gynecology
Abbreviated Key Title: Sch Int J Obstet Gynec
ISSN 2616-8235 (Print) |ISSN 2617-3492 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Original Research Article

"Awareness about Cervical Cancer among the Woman Attending in the Out-Patient Department in a Tertiary Level Hospital, Dhaka, Bangladesh"

Farzana Islam Khan[1*], Rawshan Ara[2], Nahid Sultana[3], Naireen Sultana[4], Farhana Hossain[5], Umme Hafsa[6], Hasinatul Ferdous Lopa[7]

[1]Assistant Professor (Obstetrics & Gynaecology), Tairunnessa Memorial Medical College, Gazipur, Bangladesh
[2]Associate Professor (Obstetrics & Gynaecology), Tairunnessa Memorial Medical College, Gazipur, Bangladeh
[3]Professor (Obstetrics & Gynaecology), Tairunnessa Memorial Medical College, Gazipur, Bangladesh
[4]Associate Professor (Obstetrics & Gynaecology), Tairunnessa Memorial Medical College, Gazipur, Bangladesh
[5]Associate Professor (Obstetrics & Gynaecology), Popular Medical College, Dhaka, Bangladesh
[6]Associate Professor (Obstetrics & Gynaecology), Mansur Ali Medical College, Dhaka, Bangladesh
[7]Junior Consultant (Obstetrics & Gynaecology), District Hospital, Sherpur, Bangladesh

DOI: 10.36348/sijog.2021.v04i11.007 | **Received:** 07.10.2021 | **Accepted:** 15.11.2021 | **Published:** 24.11.2021

***Corresponding author:** Farzana Islam Khan

Abstract

Introduction: Cervical cancer is one of the most common causes of cancer death in the world. It constitutes about one fourth of the total number of female cancers patient in our country. Cervical cancer is the second leading cause of cancer in females in developing countries and first in developed countries. ***Objective:*** To assess the level of awareness among the women attending the OPD of DMCH regarding cervical cancer. ***Materials and Methods:*** The cross sectional study was conducted among the outdoor patients of Obstetrics & Gynecology wards of Dhaka Medical College Hospital, Dhaka, Bangladesh from 1st July 2015 to 30th December, 2015. The study period was only 6 months. 95 patients included in your study. The aim of the study is to assess the level of awareness among the women attending the OPD of DMCH regarding cervical cancer. The sample was collected from the women attending GOPD of DMCH by random sampling. The sampling was done to select the patient according to the eligibility criteria. ***Results:*** This study age of maximum women was within below 30 years and the minimum numbers of women were from above 30 years out of 100 women. The numbers of women in these two categories were 84% and 16% respectively. The mean age and standard deviation of total study population was 24.184 ±6.63years.Maximum respondents of our study received education up to primary level (43%)followed by illiteracy (31%). Risk factors were mentioned as genital infection (15.79%), OCP (21.93%), multiple sexual partners (10.53%), white discharge (21.93%), repeated MR (12.28%), many children in early age (8.77%), smoking (8.77%). They heard of cancer from various sources such as Uthan boithok (28%), electronic & Print media (27%), Miking of VIA camp (25%). A greater percentage of the sample 91% reported having information on cervical cancer. However, when asked to describe cervical cancer 50% of the respondents could not. Of those who had some information about cervical cancer, a greater percentage (32%) of respondents gave a general description of a bad disease or fatal disease of the uterus which is curable when diagnosed early. ***Conclusion:*** Cervical cancer is a common female cancer but apt knowledge regarding the risk factors and prevention way of this disease may show excellent response. Keeping that in mind, the country policy maker took many projects to campaign against cervical cancer to improve the awareness of community people. As female of reproductive age are one of the principle group of sufferer of the disease so the research work was operated on the married, unmarried, widow and divorced women of this age group. This study proved that the awareness regarding the disease just now is almost unsatisfactory.

Keywords: Awareness, Prevalence, Cervical Cancer, Risk Factors.

INTRODUCTION

Cervical cancer is one of the most common causes of cancer death in the world. It constitutes about one fourth of the total number of female cancers patient in our country. The global prevalence of cervical cancer is estimated to be 2.3 million and the incidence to be 500000. Cervical cancer is the second leading cause of

cancer in females in developing countries and first in developed countries. As ne screening procedure of cervical cancer is available and widely acceptable, so it can be diagnosed easily in its preinvasive stage. So, awareness about cervical cancer among women can prevent it by early screening and treating them. Treatment consists of surgery including local excision, Wertheim's hysterectomy in early stages, and chemotherapy and radiotherapy in advanced stages of the disease. Pap smear screening VIA and colposcopy can identify potentially precancerous changes. Treatment of high-grade changes can prevent the development of cancer. In developed countries, the widespread use of cervical Screening programs has reduced the incidence of invasive cervical cancer by 50% or more [1]. Human Papilloma Virus (HPV) infection is a necessary factor in the development of nearly all cases of cervical cancer. Cervical cancer may not have symptoms but can be early diagnosed by doing a Pap smear. The burden of disease due to transmissible diseases such as HIV and Human Papilloma Virus (HPV) is increasing especially in developing countries. Approximately 80% of cervical cancers occur in developing countries [2]. Worldwide, cervical cancer is twelfth most common cause and fifth most deadly cancer in women [3]. In Bangladesh genital cancer is increasing day by day and there is no population-based data about its magnitude. Among those cervical cancer is the most common constituting about 22-29% (from hospital-based data) throughout the country [4]. The yearly burden of cervical cancer is about 17,686 and around 10,364 women die from cervical cancer each year [5]. Bangladesh is a developing country with limited resources. The Government of Bangladesh (GOB) has developing a cervical cancer screening programmed through Visual Inspection of Cervix with Acetic Acid (VIA). GOB has a plan to make it a nation-wide program. VIA is performed at upazila health complexes, Maternal and Child Welfare Centre's (MCWCs), District Hospitals (DHs), Medical College Hospitals (MCHs) and Bangabandhu Sheikh Mujib Medical University (BSMMU) by trained Family Welfare Visitors (FWVs), Senior Staff Nurses (SSNs) and Doctors [6]. The services for cervical and breast cancer screening are currently available as opportunistic screening at 252 facilities including BSMMU, 14 MCHs, 57 DHs, 61 MCWCs, 15 (out of 482) Upazila Health Complexes (UHC), 44 (out of 3725) Union Health & Family Welfare Centers (UH&FWC), 25 Urban Primary Health Care centers and 35 Non-Government Organizations (NGO). However, only three lac women have received screening services during the last five years. During evaluation of the Cervical Cancer Screening Programmed of Bangladesh low coverage of the target population was observed [7]. Lack of awareness about cervical cancer and its prevention, low availability of services may be underlying factors for this low intake of services. In fact, several studies have mentioned that the uptake of screening in developing countries is poor [8]. Lack of awareness of cervical cancer has been identified as one of the factors contributing to the high prevalence of this condition in the developing world compared to the developed world [9]. Many studies have been done in our country regarding cervical cancer which were both hospital based and community based. But this study will try to find out the awareness and perception of women attending the OPD of a tertiary level hospital. It will assess the awareness and knowledge of women about cervical cancer and cervical screening. The study will find out the status of the information about the disease, the rate of adoption of screening and vaccination, barrier of screening and vaccination in our perspective.

MATERIALS AND METHODS

The cross sectional study was conducted among the outdoor patients of Obstetrics &Gynecology wards of Dhaka Medical College Hospital, Dhaka, Bangladesh from 1st July 2015 to 30th December, 2015. The study period was only 6 months. 95 patients included in your study. The aim of the study is to assess the level of awareness among the women attending the OPD of DMCH regarding cervical cancer. The sample was collected from the women attending GOPD of DMCH by random sampling. The sampling was done to select the patient according to the eligibility criteria. Then the respondents were explained about the study procedure and assurances were given that no benefit or harm would be occurred for being included in this study from their perspective. Sample unit was selected from the study population and data were collected from the selected patient by preformed structured questionnaire, interview of the patient and the key informant. With the demographic detail's orientation of risk factors, female preponderance cancer, knowledge about vaccination and other prevention procedure as well as source of information's were observed and recorded. All the data were gathered, accumulated, edited, reduced and decorated. The results and observations were decorated in tabular and figure form which has been depicted from the next page.

Inclusion Criteria:

- Women attending OPD of DMCH.
- Women of reproductive age.
- Physically and mentally sound to give interview.
- Wish to give face to face interview after informed written consent.

Operational Definition:

For the purpose of this study the following terminology is defined and further explained.

Awareness

Awareness is described as appreciation, familiarity, knowledge, observation or understanding (Oxford Concise English Dictionary 1995). For this study awareness meant "being familiar and also

knowledgeable about cervical cancer and cervical cancer smear screening." It also relates to the experience and perceptions influencing the uptake of cervical screening services.

Cervix

The cervix is the lower part or neck of the uterus. It is divided into 2 parts, namely the endo-cervix, internal part and ecdo-cervix, the outer part that is next to the vaginal.

Cervical cancer

Cervical cancer relates to the actual neoplasm cancerous cell changes in the cervix commonly referred to as carcinoma in situ (cancerous growth localized) and invasive cancer(cancer spreads to nearby organs).

Cervical screening

For the purpose of this study cervical screening relates to early detection of pre-cancer lesions through a Papanicolau smear (Pap) and VIA. A Papanicolau test is ascreening tool used to detect cervical abnormalities. Mucus and cells are collected from the ectocervix and endocervix, by scraping and then fixed onto a glass slide and sent to the Cytopathology laboratory for assessment [1].

Procedures of data analysis and interpretation

- All data were checked and edited after collection.
- Chart by spreadsheet of Windows 7.
- Frequency distribution and normal distribution of all continuous variables were calculated.
- Cross tabulation was prepared and a comparison will be made between the respondents from different age, co morbidities, BMI, mode of delivery.
- Chi-square analysis.
- Covariate and multivariate analysis with multiple logistic regression.
- SPSS version 17.
- 'P' values <0.05 was considered as statistically significant.

RESULTS

The present study was conducted among the outdoor patients of Obstetrics & Gynecology wards of Dhaka Medical College Hospital, Dhaka from 1st July 2015 to 30th December, 2015. The age of maximum women was within below 30 years and the minimum numbers of women were from above 30 years out of 100 women. The numbers of women in these two categories were 84% and 16% respectively. The mean age and standard deviation of total study population was 24.184 ±6.63years (table-1).

Table-1: Distribution of age of study population (n=100)

SL.	Age in years	Frequency
1.	<20	25
2.	20-30	59
3.	31-40	9
4.	41-50	5
5.	>50	2
	Total	100
	Mean ± SD (age in yrs.)	24.18±6.63 years

Maximum respondents of our study received education upto primary level (43%) followed by illiteracy (31%). But the minimum number of respondents were educated up to graduate and above (3%) (Table-2).

Table-2: Distribution of educational status of the respondents (n=100)

SL	Level of education	Frequency (%)
1.	IIIiterate	31
2.	Primary	43
3.	SSC level	11
4.	HSC level	12
5.	Graduate and above	3
	Total	100

Risk factors were mentioned as genital infection (15.79%), OCP (21.93%), multiple sexual partners (10.53%), white discharge (21.93%), repeated MR (12.28%), many children in early age (8.77%), smoking (8.77%) (Fig-1).

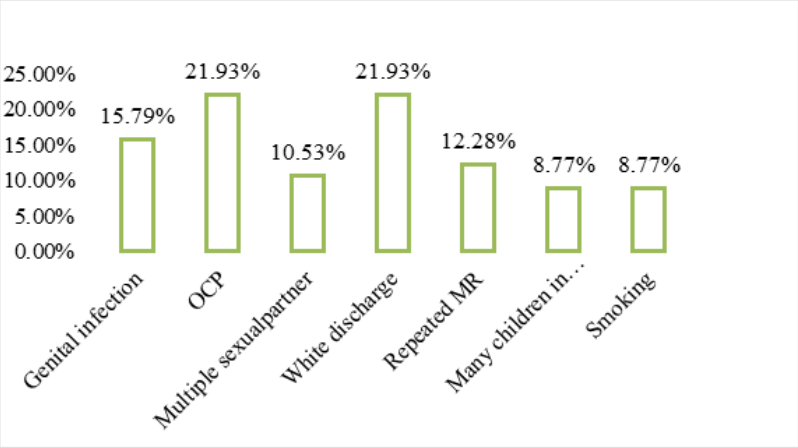

Fig-1: Showing the risk factors as mentioned by respondents (n=100)

They heard of cancer from various sources such as Uthan boithok (28%), electronic & Print media (27%), Miking of VIA camp (25%), Doctors and other hospital service providers (9%), Relative (6%), Patients (5%) and Book (1%) (Table-3).

Table-3: Distribution of different source of information (n=100)

SL	Ways of information	Frequency (%)
1.	Uthan boithok	28%
2.	Electronic & Print media	27%
3.	Miking of VIA camp	25%
4.	Doctors and other hospital service providers	9%
5.	Relatives	6%
6.	Patients	5%
7.	Book	1%
	Total	100%

Table-4: Cervical cancer screening perceptions and women's knowledge attending DMC GOPD (n=100)

Variables	Responses	n	%
Perceives self at risk	No	39	
	Yes	60	
Ever been screened for cervical cancer	No	88	
	Yes	12	
Reasons for not screening	Did not have information	74	
	Told procedure painful	11	
	Too embarrassed to expose private parts	15	
Intention to screen in the future	No	10	
	Yes	90	
Reasons for unwillingness to screen for cervical cancer in the future	Told had no cancer	0	0
	Had a hysterectomy performed	3	30%
	Felt the procedure was too embarrassing	7	70%
Ideal screening Centre/institution	Sadar hospitals	72	
	Any other hospitals	20	
	Private doctors	8	
Knowledge about vaccines:	Prevention of disease	13	26%
	Treatment	16	32%
	Others	21	42%
	Did not know	50	100%
Acceptance of vaccination against HPV after delivery	No	49	
	Yes	51	

Table-5: cervical cancer description by respondents (n=100)

Cervical cancer description	N (%)
Could not give a cervical cancer description	43
Bad/fatal disease of the uterus curable if diagnosed early	25
Sores or growths in the uterus	13
Irregular/heavy per vaginal bleeding	19
Lower abdominal pain or per vaginal discharge	06
Caused by having multiple sexual partners	03
Know disease but has never seen someone affected	11

The overall perception regarding cervical cancer has been shown below as observed throughout the study. A greater percentage of the sample 91% reported having information on cervical cancer. However, when asked to describe cervical cancer 50% of the respondents could not. Of those who had some information about cervical cancer, a greater percentage (32%) of respondents gave a general description of a bad disease or fatal disease of the uterus which is curable when diagnosed early. Responses given on the description of cervical cancer are presented in (Table-4, 5).

DISCUSSION

In this study 100 women attending the outpatient department of obstetrics and gynecology of Dhaka Medical College and Hospital, were interviewed with a view in mind to find out their awareness status regarding cervical cancers and their risk factors. 86% of our respondents had heard about cervical cancer. But a small of them could mention the risk factors. Among the risk factors OCP was mentioned as important risk factors by 21.93% respondents. Print and electronic media (mostly community radio and television) were mentioned as one of the sources of information. There is an advertisement in the television on cervical cancer. Educated women could mention the names more than the illiterate women. To find out the awareness status this research tried to specify the knowledge level of the respondents regarding their perception whether they themselves feel they were at risk (60%) or not, their knowledge regarding vaccination (50%) and screening program. Only few were conversant with the risk factors such as genital infection (15.79%), multiple sexual partners (10.53%) and too many children in early age (8.77%). The American Cancer Society provided list of risk factors: HPV infection, smoking, HIV infection, Chlamydia infection, stress and stress related disorders, dietary factors, hormonal contraception multiple pregnancies, exposure to diethylstilbestrol and a family history of cervical cancer 136). Human papillomavirus (HPV) infection with high-risk types [10, 11] has been shown to be a necessary factor in the development of cervical cancer in 70% of cases [12]. In Bangladesh, risk factors for cervical cancer are related to early marriage, early onset of sexual activities, multiparity, STD, s and low socioeconomic condition. Lack of knowledge about the risk factors is also an important determinant behind the increasing incidence of these cancers. Cervical cancer is a type of cancer which can be identified in its precancerous stage and it takes a long time to be malignant. If cancer cervix is treated in its precancerous form successfully the lesions do not develop into invasive cancer. According to World Health Organization, 12,931 women are diagnosed with cervical cancer every year and 6,561 die of this disease. This number will be more than double by 2025. Unfortunately, no study has been done yet to determine the prevalence of HPV infection in the population of Bangladesh. To reduce the death toll, nationwide cervical cancer screening programmed should get strengthen to reach the hard- to-reach women. In order to screen more women in our resource-poor settings, the government of Bangladesh offers most cost-effective VIA test as free of cost in any government setting. It offers a real-time advantage over other screening methods with the distinct improvement of diagnosis at early stage to provide rapid treatment. Another test called Pap test (or Pap smear) is also used to screen cervical cancer. It looks for pre-cancers cell changes on the cervix that might become cervical cancer, if it is not treated appropriately. Women should start getting regular screening at the age 21 or within three years of the first time they have sex - which ever happens first. Cervical cancer is a preventable disease; unfortunately, many women are still unaware about it. In order to raise cervical cancer awareness four key messages, need to be developed for dissemination among the general population. To achieve these goals, Bangladesh should designate January as "Cervical Cancer Awareness Month" along with the international communities. During the campaign Ministry of Women and Children Affairs, Ministry of Health and Family Welfare, Obstetrics and Gynecology Society, Cancer Society, popular women celebrities, Media, NGOs, Universities, Colleges, High Schools, Army, BRD, Girls Scout, Women's club, Rotary Club, Lions Club etc. can act as a chain to organize special programs to raise much awareness about cervical cancer.

CONCLUSION

Cervical cancer is a common female cancer but apt knowledge regarding the risk factors and prevention way of this disease may show excellent response. Keeping that in mind, the country policy maker took many projects to campaign against cervical cancer to improve the awareness of community people. As female of reproductive age are one of the principle

group of sufferer of the disease so the research work was operated on the married, unmarried, widow, divorced women ofthis age group. Most of our respondents came from different region of Dhaka mostly.

Maximum respondents didn't undergoes screening for the disease though the screening programme of the disease is well established from grass root level of the health system. Bangladesh Government has taken versatile steps to prevent non-communicable diseases like cancers preferably cervical cancer. World Health Organization has recently set SPG or sustainable Development Goal where non-communicable disease has been emphasized. Our government is also eagerly doing work to fulfill the goals. Cervical cancer is a silent killer of women and most of our female citizens were not aware just even a few years back regarding the disease. This study proved that the awareness regarding the disease just now is almost unsatisfactory.

REFERENCES

1. American Cancer Society. (2009). Available at. http://www.cancer.org/ docroot /CRI/content 242X: Do we know what causes Cervical Cancer 2009. [Accessed 04 August 2009]
2. Kent, A. (2010). HPV Vaccination and Testing. *Reviews in obstetrics and Gynaecology*, *3*(1); 33-4.
3. Edward, P. (2010). Armstrong. Prophylaxis of cervical Cancer and related cervical disease; A review of the Cost Effectiveness of Vaccination Against Oncogenic HPV Types. *Journal of Managed Care Pharmacy*, *16*(3); 217-30.
4. Akhter, P. S., Uddin, M. M., & Sharma, S. K. (1998). Patterns of malignant neoplasm: a three year study. *Bangladesh Med J*, *27*, 29-32.
5. Ferlay, J., Shin, H.R., Bray, F. (2010). GLOBOCAN 2008: cancer incidence and mortality worldwide. IARC Cancer Base. No. 10 Lyon, France: IARC Press. h ttp://globocan. i arc.fr.
6. Nessa, A., Hussain, M.A., Rahman, J.N. (2010). Screening for cervical neoplasia in Bangladesh using visual inspection with acetic acid. Int J Gynaecol Obstet, 111, 115-8.
7. Basu, P., Nessa, A., Majid, M., Rahman, J. N., & Ahmed, T. (2010). Evaluation of the National Cervical Cancer Screening Programme of Bangladesh and the formulation of quality assurance guidelines. *BMJ Sexual & Reproductive Health*, *36*(3), 131-134.
8. Sangwa-Lugoma, G., Mahmud, S., Nasr, S. H., Liaras, J., Kayembe, P. K., Tozin, R. R., ... & Franco, E. L. (2006). Visual inspection as a cervical cancer screening method in a primary health care setting in Africa. *International journal of cancer*, *119*(6), 1389-1395.
9. World Health Organization, Programme on Cancer Control (World Health Organization), & World Health Organization. Reproductive Health. (2002). *Cervical cancer screening in developing countries: report of a WHO consultation*. World Health Organization.
10. Kjær, S. K. (1998). Risk factors for cervical neoplasia in Denmark. *APMIS. Supplementum*, *80*, 1-41.
11. Ruche, G. L., Ramon, R., Mensah-Ado, I., Bergeron, C., Diomandé, M., Sylla-Koko, F., & Dabis, F. (1998). Squamous intraepithelial lesions of the cervix, invasive cervical carcinoma, and immunosuppression induced by human immunodeficiency virus in Africa. *Cancer: Interdisciplinary International Journal of the American Cancer Society*, *82*(12), 2401-2408.
12. Walboomers, J. M., Jacobs, M. V., Manos, M. M., Bosch, F. X., Kummer, J. A., Shah, K. V., ... & Muñoz, N. (1999). Human papillomavirus is a necessary cause of invasive cervical cancer worldwide. *The Journal of pathology*, *189*(1), 12-19.