

Cervical Cancer Screening in Bamako Urban Commune (Commune VI) Mali: Knowledge, Attitudes and Practices of Women

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DOI: 10.36348/sijog.2021.v04i06.006

| Received: 19.05.2021 | Accepted: 24.06.2021 | Published: 27.06.2021

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Abstract

The aim was to assess women's knowledge and attitudes towards cervical cancer. **Materials and methods:** This was a descriptive study of transversal type from March to October 2018, i.e. a period of eight months at the reference health center of commune VI. **Results:** During the study period from March to October 2018, we registered 100 women who agreed to participate in the study as part of cervical cancer screening. The 18-30 age group was the most represented (64%) with extremes of 18 years and 65 years. The average age was 37.90 ± 0.66 years with extremes of 18 years and 65 years. Multiparous people were the most represented with a rate of 37% of cases. Women in school were the most represented with a rate of 67% of cases. **Attitudes aspects:** Women were in favour of systematic research into cervical cancer with a rate of 68%. Cervical cancer is known as a serious disease by 53% of women. **Practical aspects:** Cervical cancer screening was not carried out with a rate of 63% and the most cited reason for this non-practice was the lack of information. Thus, the practice of screening depended on information. Cervical cancer screening was more common in the 18-30 age group. The attitude depended on practice as 52% of women who considered cervical cancer a serious disease were in favour of routine screening. Practice depended on knowledge with a statically significant test. **Conclusion:** Visual inspection methods are simple, inexpensive tests that are easily acceptable to women and the result is systematic at the end of the examination; allowing for effective detection of precancerous lesions of the cervix. However, more than the majority of the women surveyed had no information on screening.

Keywords: Screening, cervical cancer, attitudes, practices.

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INTRODUCTION

Cervical cancer is a tissue neof ormation due to excessive, abnormal, anarchic and autonomous cell proliferation that develops at the expense of the cervix [1]. The two most common histological forms of cancer are: squamous or squamous cell carcinoma (85-90%), and adenocarcinoma (10-15%) [2]. On a global scale, cancer of the cervix is, in terms of frequency, the 2nd cancer affecting women after breast cancer and, represents 15% of cancers in women [3, 4]. In 2008, it was estimated that more than 88% of cervical cancer deaths worldwide were recorded in developing countries [5]. In the United States, invasive cervical

cancer is 3 times less common than cancer in situ (CIS) with a frequency of 5% of cancers in women [6]. In France cervical cancer ranks second among cancers in women after breast cancer with an annual incidence of 60 per 100000 inhabitants [6]. In Africa and the Caribbean, cervical cancer remains the 2nd leading cause of death after maternal mortality. It affects more and more young women, with an average age between 40 and 45 years and also among elderly multiparous [6]. In Congo Brazzaville, it has a frequency of cervical cancer of 60%; in Senegal 19%; and in Côte d'Ivoire 11% [6]. In Mali, since 1985, there has been a marked increase in frequency until the last two years. Now

there is a decrease in the frequency of cervical cancer [7, 8]. According to recent data from mali's cancer registry, cervical cancer comes in second place among female cancers, with a frequency of 22.80% [9]. HPV vaccination was initiated to prevent infection in young girls with the four most important types, causing cervical cancer. However, the prevention of this cancer will still have to rely on the early detection of precancerous lesions.

In our countries, almost half of cervical cancers are undiagnosed or are already incurable at the time of diagnosis [10]. This is regrettable for an organ so accessible to exploration, and treatment. In addition, other studies have shown that the effectiveness of a screening programme depends largely on the participation rate and level of adherence of the target women. This adherence depends on women's knowledge, attitudes and practices towards cervical cancer and its detection [11]. It is with the aim of evaluating women's knowledge, attitudes and practices in the face of cervical cancer screening that we decided to conduct this study.

OBJECTIVE

The aim was to assess women's knowledge and attitudes towards cervical cancer.

MATERIALS AND METHODS

It was a descriptive study of transversal type from March to October 2018, a period of eight months. The Study Population: These are the women received for cervical cancer screening in the unit dedicated to this activity.

Inclusion Criteria

Women of childbearing age and menopausal age; Women admitted for cervical cancer screening to the screening unit and consenting during the study period.

Non-inclusion criteria

Women admitted for anything other than cervical cancer screening; Non-consenting women.

Analysis Plan

Data capture and analysis was performed on SPSS 21.0 software. The tests, tables and graphs were carried out on the World and Excel software. As a statistical test, we used the Fischer ² with the significance level $p < 0.05$

Table-1: The different variables used

Socio-demographic data	knowledge	Attitudes	Practices
name	Cervical cancer	Severity of cervical cancer	Cervical cancer screening practice
forename	Means of screening	Curable character	Reason for in-practice
residence	Means of knowledge	Place of traditional medicine	
Gestures	Risk factors	Supportive of routine screening	
parity	Clinical signs		
contraception	The practice of cervical cancer screening in Mali		
schooling	Means of treatment		

RESULTS

Epidemiological-clinical aspects

During the study period from March to October 2018, we registered 100 women who agreed to participate in the study as part of cervical cancer screening. The 18-30 age group was the most represented (64%) with extremes of 18 and 65 years. The average age was 37.90 ± 0.66 years with extremes of 18 years and 65 years. Multiparous people were the most represented with a rate of 37% of cases. Women in school were the most represented with a rate of 67% of cases. These epidemiological-clinical aspects are summarized in Figure 1 and Table 2.

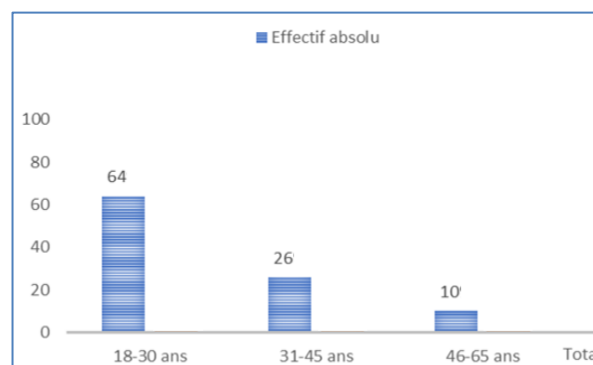


Fig-1: Distribution of women by age group

Table-2: The epidemiological and clinical aspects of women screened in 2018 for cervical cancer at the reference health centre of commune VI of the district of Bamako, Mali.

Gestures	frequency	(%)
Nulli -gesture	13	13
Primigeste	21	21
Pauci- gesture	19	19
Multi – gesture	37	37
Great multi gesture	10	10
total	100	100%
parity	frequency	(%)
nulliparous	13	13
Priiparous	21	21
Pauci- pare	19	19
Multiparous	37	37
Large multiparous	10	10
total	100	100
schooling	frequency	(%)
Yes	67	67
No	33	33
total	100	100

Aspects on women's knowledge

Cervical cancer was known to women with a rate of 71%. The most widely used source of information was television with a rate of 31%. Women knew that cervical cancer screening was taking place in Mali, but 53% had no information about the practice. Cervical cancer is considered a serious disease with a rate of 52%. Speculum examination was the most cited in the 18-30 age group. Early sexual intercourse was the

most cited risk factors in the 18-30 age group. Metrorrhagia was the most cited as a clinical sign of cervical cancer in the 31-45 age group. Surgery has been the most cited method of treatment in the 18-30 age group. The curability if the diagnosis is early and the adapted treatment was the most cited in the age group 18-30 years. These aspects of knowledge are summarised in Tables 3 and 4.

Table-3: Aspects of the knowledge of women detected in 2018 for cervical cancer at the reference health centre of commune VI of Bamako, Mali

knowledge	frequency	(%)
Yes	71	71
No	29	29
total	100	100
Means of knowledge	frequency	(%)
radio	11	11
television	31	31
friends	29	29
total	71	71
knowledge	frequency	(%)
Not done in Mali	29	29
Poorly organized	18	18
No information	53	53
total	100	100
gravity	frequency	percentage
Serious illness	52	52
Low-serious illness	3	3
Infrequent disease	1	1
Very common disease	1	1
Serious and very frequent illness	14	14
total	71	71

The bi-varied analyses

Table-4: Aspects of knowledge of women screened in 2018 for cervical cancer at the reference health centre of commune VI of Bamako, Mali. (Continued)

Means of screening	Age range			total
	18-30 years	31-45 years	46-65 years	
Speculum examination	11	7	1	19
Vaginal cervico smear	1	1	0	2
Lugol test (IVA-IVL)	5	1	0	6
colposcopy	5	7	1	13
total	22	16	2	40
knowledge	schooling		total	
	Yes	No		
Yes	51	20	71	
No	16	13	29	
total	67	33	100	
Risk factors	Age range			total
	18-30 years	31-45 years	46-65 years	
Early sexual intercourse	7	3	0	10
Multiple pregnancies	1	2	0	3
Multiple sexual partners	0	1	0	1
Other (socio-economic low)	3	4	0	7
total	11	10	0	21
Clinical signs	Age range			total
	18-30 years	31-45 years	46-65 years	
Metrorrhagia	12	12	3	27
Leucorrhoea	2	0	0	2
Pelvic algia	2	0	0	2
Metrorrhagia + Algie-pelvienne	3	4	0	7
total	19	16	3	38
Method of treatment	Age range			total
	18-30 years	31-45 years	46-65 years	
surgery	23	10	2	35
chemotherapy	10	7	1	18
radiotherapy	7	3	1	11
Traditional treatment	2	1	0	3
total	42	21	4	67
Curable character	Age range			total
	18-30 years	31-45 years	46-65 years	
curable	16	2	0	18
incurable	2	2	1	5
Curable if the diagnosis is early	10	10	1	21
Curable if the diagnosis is early and treatment adapted	17	8	2	27
total	45	22	4	71

Aspects on women's attitudes

Women were in favour of systematic research into cervical cancer with a rate of 68%. Cervical cancer

is known as a serious disease by 53% of women. The attitudes aspects are presented in Table 5.

Table-5: Aspects on the attitudes of women screened in 2018 for cervical cancer at the reference health centre of commune VI of Bamako, Mali

Supportive of routine screening	Age range			total
	18-30 years	31-45 years	46-65 years	
Yes	42	22	4	68
No	22	5	5	32
total	64	27	9	100
attitude	knowledge		total	
	Yes	No		
Serious illness	53	1	54	
Low-serious illness	1	0	1	
Infrequent disease	2	28	30	
Very common disease	1	0	1	
Infrequent serious illness	14	0	14	
total	86	14	100	

Practical aspects

Cervical cancer screening was not performed with a rate of 63% and the most cited reason for this invention was the lack of information. Thus, the practice of screening depended on information. Cervical cancer screening was more common in the 18-30 age

group. The attitude depended on practice as 52% of women who considered cervical cancer a serious disease were in favour of routine screening. Practice depended on knowledge with a statically significant test. The practical aspects are summarized in Table 6.

Table-6: The practical aspects of women screened in 2018 for cervical cancer at the reference health centre of commune VI of Bamako, Mali

Age range	Cervical cancer screening practice		total
	Yes	No	
18-30 years	42	22	64
31-45 years	20	7	27
46-65 years	6	3	9
total	68	32	100
Testing practice	reason		total
	Lack of information	negligence	
Yes	36	1	37
No	45	18	63
total	81	19	100
Cervical cancer	Supportive of routine screening		total
	Yes	No	
Serious illness	52	2	54
Low-serious illness	0	1	1
Infrequent disease	0	1	1
Very common disease	0	14	14
Serious and very frequent illness	29	1	30
total	81	19	100
practice	knowledge		total
	Yes	No	
Yes	40	28	68
No	31	1	32
total	71	29	100

DISCUSSION

Epidemiological aspects

In the literature, several studies have been done on cervical cancer screening. Our average age was 37.90 years with extremes of 18 and 65 years. These results are close to those found in Brazzaville where the average age was 32.8 years with extremes of 18 and 69 years [14]. The socio-demographic profile of the patients showed that they were mainly multigests (37%), multiparous (37%) and schoolchildren (67%). This result can be superimposed on that observed in Brazzaville [14] where multigests were the most represented. But, it is different from that of Diawara ko M in Bamako [17] where pauci- gestures were the most represented. Women's knowledge of cervical cancer screening was not related to socio-demographic factors such as age and school attendance. This result is different from that found in Tunisia in 2014[15] which showed that women's knowledge about cervical cancer was linked to sociodemographic factors.

Knowledge of women screened for cervical cancer

Cervical cancer is a pathology known by women (71% in our series). This result is close to that

found in Brazzaville in 2017 which was 78.6% [14] and in Qatar which was 85% [16]. The main source of knowledge was the media with a frequency of 71%. This result is higher than that found in Tunisia which was 63.96%. Women knew that there were means of screening (40%); they knew about risk factors (29%); clinical signs (38%); methods of treatment (98%). This knowledge did not depend on schooling or age. These results can be explained by the fact that the main source of information was the media. The practice of cervical cancer screening in Mali was known to women, but 53% of women had no information about the practice.

Attitudes of women screened for cervical cancer

Perception of the severity of cervical cancer: (52%). In our 68% study, women surveyed found cervical cancer screening useful and necessary. This rate is far from that found in Tunisia in 2014 which was 93.9% [15]. They knew the curable character, i.e. 78%. This attitude depended on practice as 40% of women who considered cervical cancer to be a serious disease were in favour of routine screening.

Aspects on the practices of women screened for cervical cancer

Cervical cancer screening: (40%) of the women surveyed were screened for cervical cancer. The situation is no better in Tunisia where the use of screening was estimated at 22,1% [15]. Cervical cancer screening was not performed in 63% of them and the reason given for this non-practice was the lack of information. Thus the practice of screening depended on information with a statistically significant test. The practice of cervical cancer screening depended on knowledge with a statically significant test. The attitude also depended on the practice. Thus, 81% of the participants with a good attitude had a fairly good practice. The situation is a little different in Brazzaville [14] where practice did not depend on knowledge.

CONCLUSION

Visual inspection methods are simple, inexpensive tests that are easily acceptable to women and the result is systematic at the end of the examination; to effectively detect precancerous lesions of the cervix. However, more than the majority of the women surveyed had no information on screening.

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