

Cervical Cancer Awareness in Lemotit Location, Kipkelion East Sub-County, Kericho County, Kenya

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Abstract: World over, cervical cancer is a non-communicable disease of big public health concern. It is ranked number two after breast cancer in order of frequency of cancers affecting women in the world and the leading cause of cancer mortality in low and middle income countries. This burden is even more in developing countries like Kenya due to low education levels, low cervical cancer knowledge, less availability and accessibility of screening services among other reasons. The study sought to assess general awareness of cervical cancer, its prevention, knowledge on availability of screening services and correlate this awareness with education levels and why there is low uptake of screening services. The result revealed that majority of the respondents at 62.5% had heard of cervical cancer while 37.5% had never heard of cervical cancer with 4.4% reporting to have never heard of the word cancer. Among the respondents 28% had been screened while 72% had not been screened for cervical cancer. This calls for an intensive cervical cancer awareness.

Keywords: *cervical cancer screening, PAP smear*

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I. INTRODUCTION

Cancer of cervix is said to occur when there is proliferation of abnormal cells in the cervix and these cells grow out of control. It is the number two common cancer in women¹ and leads in cancer mortalities in women within the reproductive age in developing countries.

In 2008 global cervical cancer cases were estimated to be 530 000 and among these 275,000 died secondary to the cervical cancer², 85% of these mortalities occur in developing countries³.

This cancer is mostly caused by a virus called Human Papilloma Virus (HPV)⁴. HPV is transmitted by having coitus with someone who is infected by the virus. Some HPV types don't cause cervical cancer, and in this cases infection with the virus can go away on its own or lead to either genital warts or cervical cancer⁵.

It is important for all women within the reproductive age bracket (15-49 years) to have cervical cancer screening to detect any abnormal cell and if detected early treatment is initiated to avoid this precancerous cells developing into cervical cancer. Screening is done via: 1. PAP smear. 2. Visual inspection of cervix with Lugol's Iodine (VILI) 3. Visual inspection of cervix with acetic acid (VIA)⁶. Once a woman has been screened negative she should be rescreened after five years⁷.

The sure means of preventing a disease transmitted through sexual intercourse is by abstinence from coitus and if one engages in sex, they should practise safe sex by use of a condom or having one sexual partner. Other modalities of prevention are by giving HPV vaccine recommended for women between ages 13 – 26 years. It can also be given to girls from nine years⁸.

Early stages and precancers usually show no symptoms or signs⁸. These symptoms start when the cancer is advanced and invades the neighbouring tissues. Symptoms include:

- An usual vaginal bleeding
 - ✓ Contact bleeding like in after intercourse bleeding and bleeding after pelvic examination.
 - ✓ Vaginal bleeding in between periods.
 - ✓ Post-menopausal bleeding
 - ✓ Prolonged menstrual bleeding often heavier than usual.

- Pain during coitus.
- Unusual vaginal discharge often blood stained.

These symptoms could also be caused by other conditions and one needs to seek health professional advice, assuming these symptoms allows the cancer time to grow and cause more complications.

II. MATERIALS AND METHODS

This descriptive study was carried out in Lemotit Dispensary located in Kericho county, Kipkelion east sub-county, Kipkelion east constituency, Saramek sublocation. A sample size of 120 women whose ages were between 20-49 year were administered questionnaires for this study.

Study design: A descriptive cross sectional study design was used.

Sample size: 120 antenatal and outpatient women.

Data collection tool: Pre-tested questionnaires were administered to women who consented.

Study population Study population consisted of women between 15 – 49 years visiting Lemotit Dispensary outpatient department (OPD) and Antenatal Clinic (ANC).

Inclusion criteria Women aged 15 – 49 years attending Lemotit Dispensary outpatient and Antenatal clinic who gave consent.

Exclusion criteria

1. Women aged 14 years and below.
2. Women aged 50 years and above.
3. Women who did not give consent.

Procedure methodology

After an oral informed consent was obtained, a well-designed pre-tested questionnaire was used to collect the data from the women visiting the clinic. The questionnaire included socio-demographic characteristics such as age, maritalstatus, parity as well as education level.

Included also was there knowledge on cervical cancer, availability of screening services, it's prevention and treatment modalities.

Sampling method : Systematic random sampling method was used. Since this research was done on out patient and ANC clinic thus hard to accurately determine the number of clients per each day of research, the reseacher would be determining the sampling interval each morning. Sampling interval is the distance between the cases that are selected.

Sample size determination: This general formula was used to determine sample size since the estimated total population was less than 10,000:

$$nf = \frac{n}{1 + (n)/(N)}$$

Where nf = is the desired sample size

N = is the estimated total population less than 10, 000

and

n = is the estimated sample when the estimated total population (N) is less than or equal to 10, 000

In this research N is 1301, n= 478

$$nf = \frac{478}{1 + 479/1301}$$

nf= 350 because of limited time for the study and limited availability of resources a sample size of 120 women was used.

Statistical analysis

Data was analyzed using SPSS version 20.

III. RESULT

After 12 weeks of data collection data was analysed and the following results determined.

Age distribution among the respondents.

There was even age distribution of the respondents with majority (26.67%) being between 20 – 24 years and the least (3.33%) being 45 – 49 years

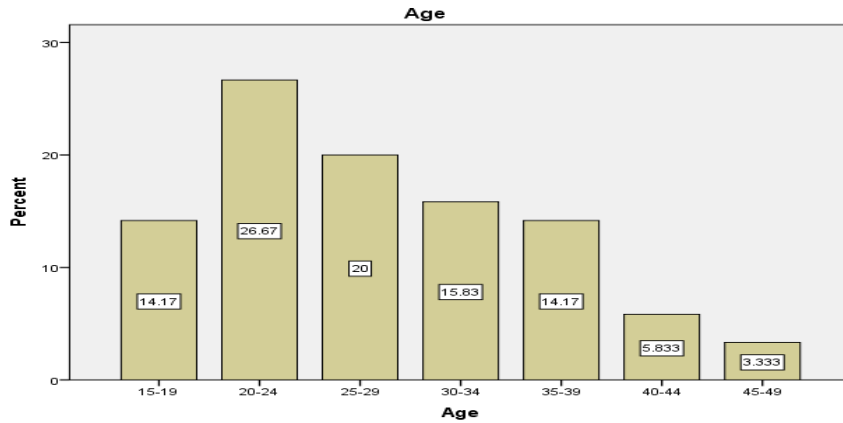


Figure 1 Age

Level of education of respondents.

More than half of the respondents (55.83%) had attained primary school education, followed by secondary education at 37.5%, tertiary level of education at 5.83% while 0.83% had never attended any formal school.

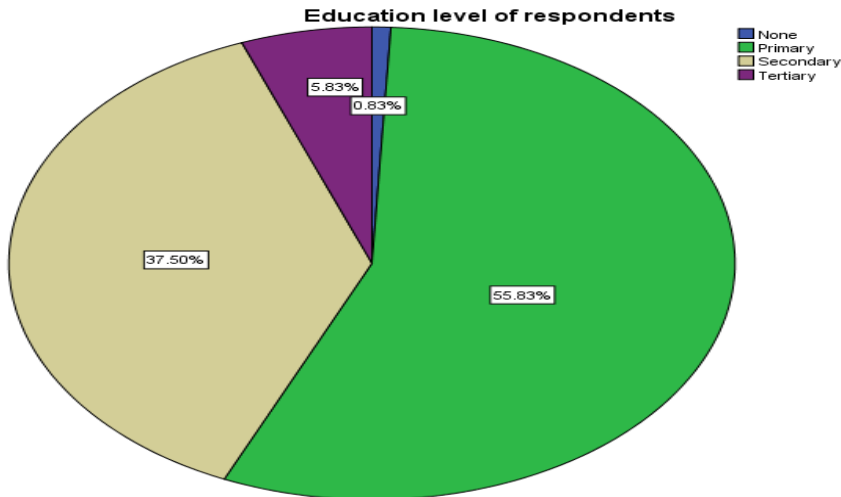


Figure 2 Level of education

Respondents marital status.

70.8% of the respondents were married, 24.2% single, 1.7% either divorced or separated and 3.3% widowed.

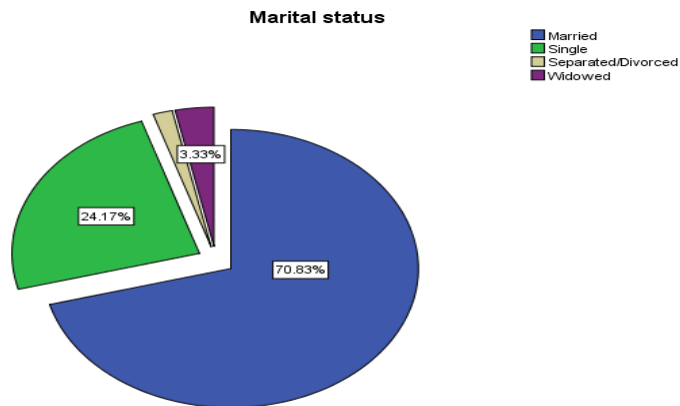


Figure 3 respondents marital status

Respondents parity

Majority of the respondents had 1 – 4 children at 60.8%, more than para 4 represented 25% of the respondents while nulliparous were the minority at 14.2%.

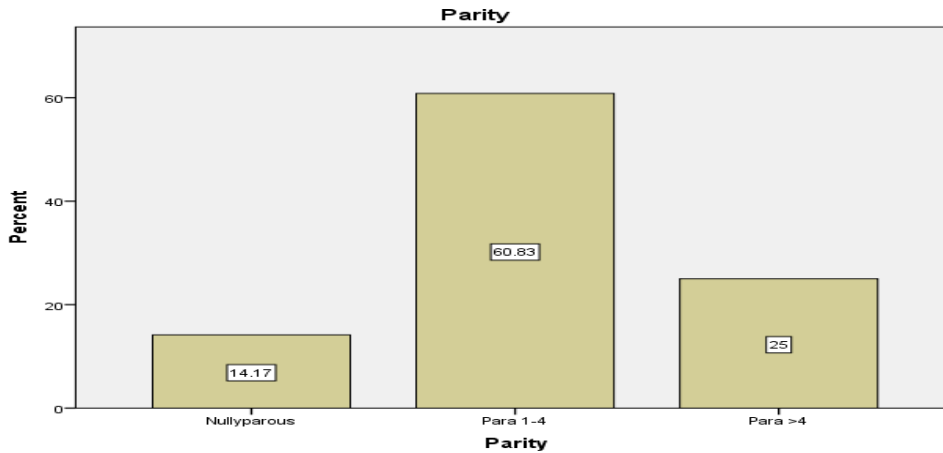


Figure 4 Parity distribution

CERVICAL CANCER KNOWLEDGE AND CERVICAL CANCER SCREENING

Respondents who had heard of cervical.

Majority of the respondents at 62.5% had heard of cervical cancer while 37.5% had never heard of cervical cancer. 4.4% of those who had not heard of cervical cancer reported to have never heard of the word cancer.

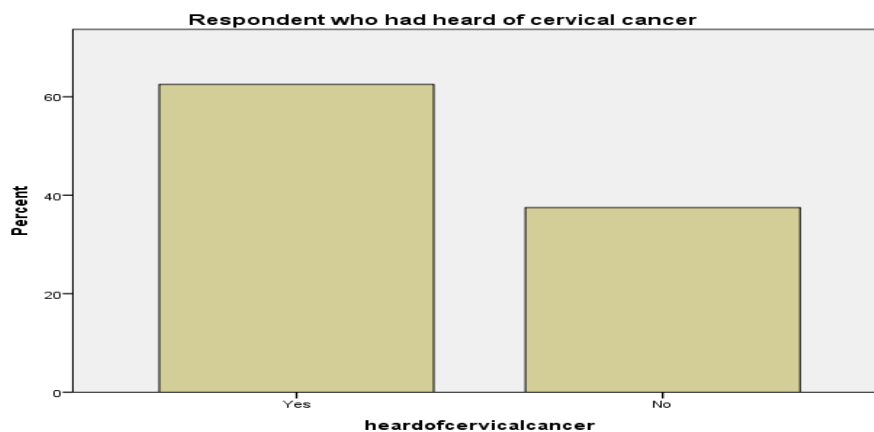


Figure 5 Respondents who had heard of cervical cancer

Respondents knowledge on cervical cancer prevention methods.

Only 7.5% of the respondents knew of cervical prevention practices. 5 of the 9 (55.6%) gave cervical cancer screening as a practice to prevent cervical cancer, 3 (33.3%) said prevention is by use of condoms while 1 (11.1%) said prevention is by being faithful to one sexual partner.

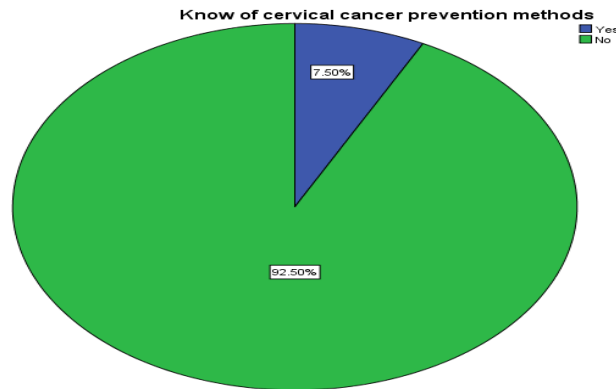


Figure 6 Knowledge on cervical cancer prevention methods distribution

Respondents who knew cervical cancer screening is done in lemotit dispensary.

40.8% of the respondents were aware that cervical cancer screening is offered at LemotitDispensary while 59.2% did not know.

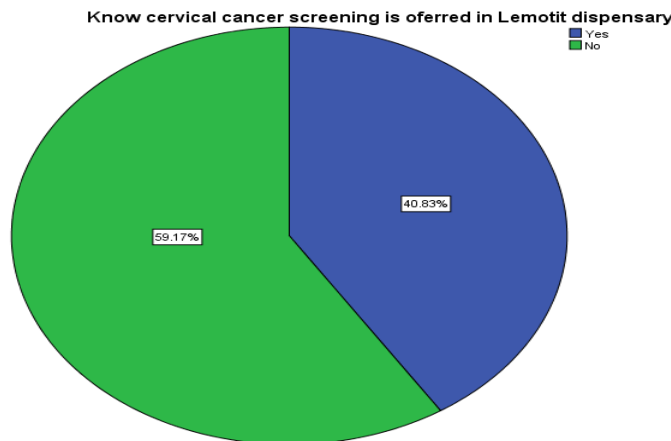


Figure 7 Respondents who knew screening is done in Lemotit dispensary

Respondents who had been screened for cervical cancer

Among the respondents (40.8%) who knew the service was offered at the dispensary 28% had been screened while 72% had not been screened for cervical cancer. Those not screened gave the following as reasons for not having been screened for cervical cancer yet they knew the service was offered at lemotit Dispensary:

- 19.4% being busy.
- 13.9% said they did not know the exact day the service is offered.
- 8.3% Fear of getting a positive result and stigma.
- 5.6% said they did not feel they needed the service.
- 5.6% reported to have been pregnant and thought one cannot be screened.
- 5.6% just knew on their way in i.e. read the banner at the hospital entry.
- 2.8% believed was not at risk of cervical cancer.
- 2.8% cited distance from the health facility as the reason for not having been screened.

Table 1 Cervical cancer screening distribution

| | F r e q u e n c y | P e r c e n t |
|-----------|-------------------|---------------|
| Y e s | 1 | 4 2 8 |
| N o | 3 | 6 7 2 |
| T o t a l | 5 | 0 1 0 0 . 0 |

Willingness to come for screening among the respondents who had no information on screening being done in lemotit dispensary

Among the 59.2% of the respondents who did not know that cervical cancer screening was offered at Lemotit dispensary, 95.7% said they would come for screening since they now know.

Those not screened and willing to be screened

| | F r e q u e n c y | P e r c e n t |
|-----------|-------------------|---------------|
| Y e s | 67 | 95.7 |
| N o | 3 | 4.3 |
| T o t a l | 70 | 100 |

Knowledge on cervical cancer symptoms among respondents

10.8% knew atleast some cervical cancer symptoms while 89.2% of the respondents did not know of any cervical cancer symptoms. Among those who knew 30.8% cited heavy menses as a cervical cancer symptom, 15.4% vaginal discharge, 15.4% genital itchy, 15.4% said ulceration in the genitalia, 7.7% said lower abdominal pain is a symptom while 7.7% said dysuria was a symptom for cervical cancer. 7.7% did not specify the symptom though they said they knew of symptoms of cervical cancer.

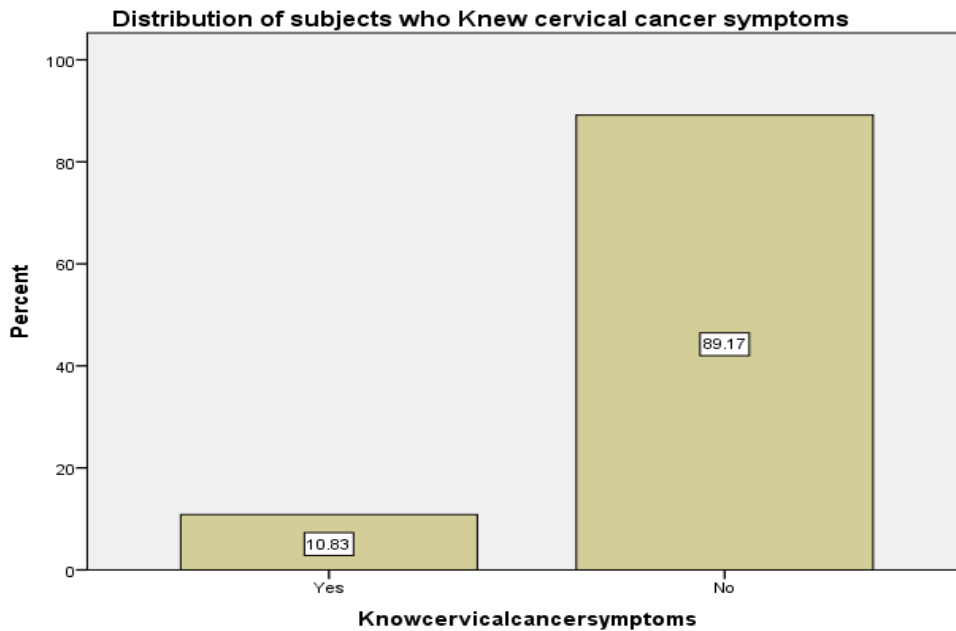


Figure 8 Distribution of subjects who knew cervical cancer symptoms

Knowledge on cervical cancer treatment modalities among respondents

42.5% of the respondents knew of cervical cancer treatment modalities if detected early while 57.5% did not know of cervical cancer treatment modalities. Those who knew treatment modalities responded as follows on the modalities:

- ✓ 35.3% - treatment with drugs i.e. cancer drugs.
- ✓ 13.7% - surgery
- ✓ 51% - just knew there are treatment modalities available but could not specify.

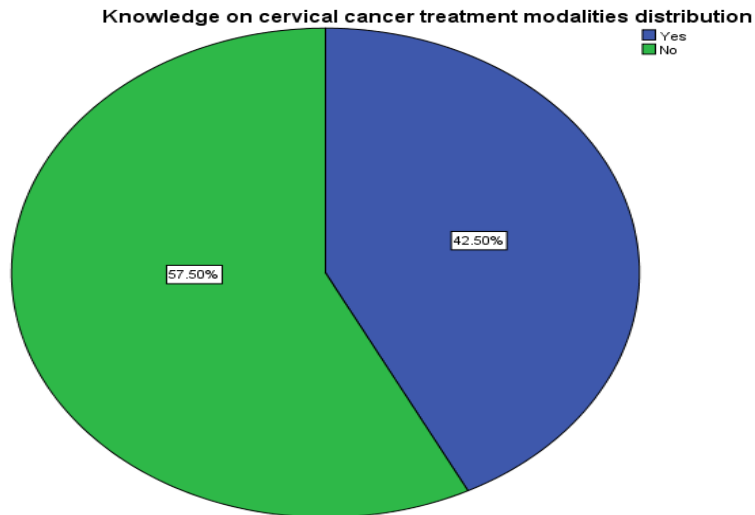


Figure 9 knowledge on cervical cancer treatment modalities

Respondents who thought if educated on importance of cervical cancer screening they would go for regular screening.

98.3% said they would go for regular cervical cancer screening (every five years) if informed on importance of cervical cancer screening. The 1.7% said they were afraid of the cervical cancer screening

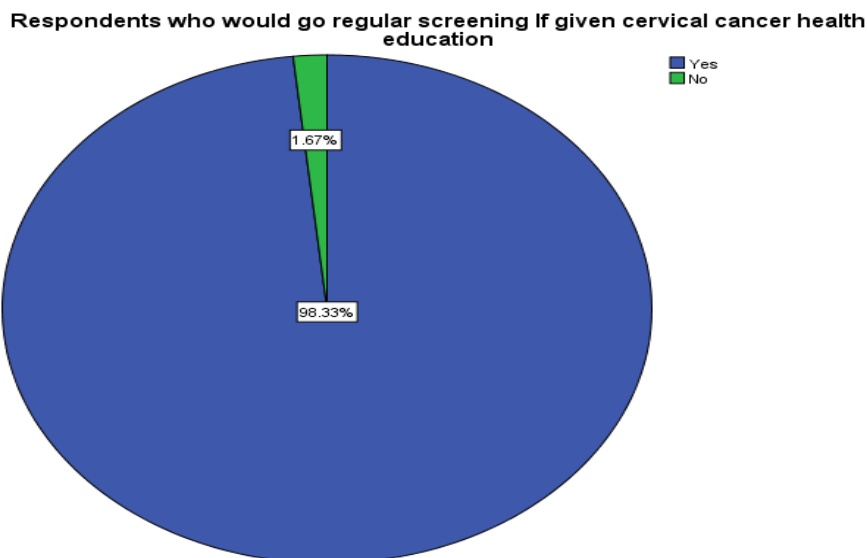


Figure 10 Respondents who would go for regular screening if given cervical cancer health education

Respondents who thought cervical cancer education to their spouse would help them go for regular screening

95% thought if their spouse were educated on the importance of regular cervical cancer screening to the respondent, this education would help them to go for regular screening while 5% said this will not help.

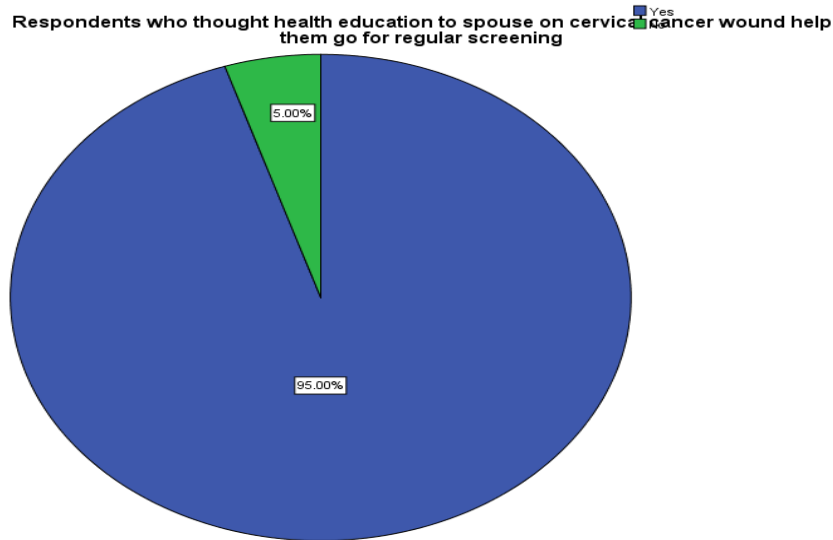


Figure 11 Respondents who thought health education to their spouses on cervical cancer will help them go for regular screening

Reasons by those who thought education to their spouse will not help them go for regular cervical cancer screening include:

- ❖ 66.7 said their husbands are deceased and did not have other spouse currently so this not applicable in their case currently.
- ❖ Husband is a drunkard so the respondent thought even if the spouse is educated on importance of regular screening it won't help. This was at 16.7% of those who said educating won't help them in going for regular cervical cancer screening.
- ❖ Another 16.7% did not give a reason as to why they thought educating their husbands on the importance of them having regular cervical cancer screening won't help them go for regular screening.

IV. DISCUSSION

Cervical cancer awareness.

This study showed that despite majority (62.5%) having heard of cervical cancer. Only 7.5% of the respondents knew of cervical cancer prevention practices where 55.6% gave cervical cancer screening as a practice to prevent cervical cancer, 33.3% said prevention is by use of condoms while 11.1% said prevention is by being faithful to one sexual partner.

In this study among the few who knew of any cervical cancer prevention modality only 33.3% mentioned screening as a way of cervical cancer prevention. This finding is in keeping with other studies that have shown low cervical cancer knowledge. In a study done by (Lindau *et al.*, 2002)in multiethnic cohort, the researcher documents that many women and especially those more vulnerable are not aware of cervical cancer screening. Another research by (Asthana and Labani, 2013)concluded that the research subjects were not aware of cervical cancer screening methods.

Knowledge on availability and uptake of cervical cancer screening services.

Only 40.8% of the respondents knew that cervical cancer screening was offered at the facility the research was conducted despite it being their primary health care facility. this finding matched that of Stacy T. Lindau that despite the facilities of cervical cancer being within reach cervical cancer screening among women of reproductive age was low. Among those who knew of availability of cervical cancer screening service in the facility, a minority of 28% had been screened for cervical cancer. Those who knew the service was offered and had not been screened cited the following reasons for not having been screened:

- ✓ 19.4% said they had been busy.
- ✓ 13.9% did not know the exact day when the screening is done.
- ✓ 8.3% cited fear of getting a positive result and stigma.
- ✓ 5.6% said they did not feel they needed the service.
- ✓ 5.6% said were pregnant and thought they could not be screened while pregnant despite cervical cancer screening being one of the tests listed to be carried out in pregnancy as contained in the MOH mother to child booklet.

- ✓ 5.6% reported to having known on their way in (at the day the questionnaire was administered) though a banner displayed on their way in.
- ✓ 2.8% believed they were not at risk of cervical cancer for she reported to have never had sex.
- ✓ 2.8% cited long distance to the dispensary as the reason to having not been screened.
- ✓ 36% did not give any specific reason as to why they had not been screened yet they knew the service was offered at the facility.

This research findings is consistent with studies that have shown little knowledge of cervical cancer symptoms among women of reproductive age. A study done in England by (Waller *et al.*, 2009) showed that despite extensive media coverage of cervical cancer, women's knowledge of cervical cancer symptoms remained woefully low.

Health education impact on regular cervical cancer screening.

Health education impact on regular cervical cancer screening in women.

98.3% of the respondents said they would go for regular cervical cancer screening if they were given health education on importance of having cervical cancer screening every five year. The 1.7% who said they will not go for screening even if given health education on importance of regular screening cited fear for the test as the reason why they will not be screened.

Health education impact on regular cervical cancer screening if the respondents spouses were educated.

95% of the women interviewed thought if the health education on importance of cervical cancer screening was passed to their spouses, it would help them go for regular screening. 0.83% said spouse was a drunkard and educating the spouse would not help her to go for regular screening. 0.83% did not give reason as to why educating their spouses won't help them go regular 3.3% said they did not have spouses currently so the question was not applicable to them.

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