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Attitudes toward Cervical Cancer and Screening among Married Women Attending Outpatient Clinics at Maternity Hospitals in Baghdad City

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Abstract: *Cervical cancer is the most common cause of cancer deaths among women worldwide. However, it is a disease that can be prevented and cured. Developed countries have reported a significant reduction in the incidence rate of cervical cancer due to intensive screening programs. The Papanicolaou smear is plays an important role in reducing both the morbidity and mortality rate of cervical cancer .*
Objective: *To assess women attitude toward cervical cancer and screening and find out the association between women's attitude and their some study variables.*
Methods: *A cross sectional study was conducted between October 2016 and February 2017 at maternity hospitals in Baghdad city. data was collected through interview and self administered questionnaire which used to gather information from (400) women. Data are analyzed through the use of SPSS version 20.*
Results: *This study shows that majority of respondents (94%) had positive attitudes toward cervical cancer and screening and only (11%) of them have ever been screened with once Pap smear test. there was no statistical significant relationships between women's attitudes and socio demographic variables.*
Conclusion: *This study shown despite there are positive attitude toward cervical cancer and screening among study sample but their uptake of Pap smear was poor.*
Recommendation: *Women should be inform about their susceptibility to cervical cancer and encouraging them to do regular Pap smear test that detect precancerous lesion which prevent cervical cancer through early treatment of precancerous lesion.*
Keywords: *Attitudes, Cervical Cancer, Screening, Pap smear*

I. Introduction

Cervical cancer is one of the leading causes of gynaecological cancer death of women in developing countries, but cervical cancer is a disease that can be prevented and cured. Early detection of the disease has reduced mortality and morbidity of the world. Papanicolaou (Pap) smear is an effective and affordable test for the detection of cellular changes in the cervix [1] .

Yoshino,et. al. stated that because of cervical cancer has few self reported symptoms, progression to invasive cancer is slow, early detection of precancerous lesions through screening is important for prevention. It is universally recognized that the prevalence of cervical cancer screening as a secondary prevention effectively reduce the incidence and mortality of cervical cancer [2].

Developed countries have succeeded in controlling the incidence of cervical cancer, while the developing countries have failed miserably in this regard. The success of developed countries largely attributed to the widespread and systematic use of Pap smear [3].

It is easy to understand that prevention and early detection plays a vital role. However, in order to implement preventive tools, women must be aware of the seriousness of the cervical cancer. Therefore, there is a need to obtain accurate data on the current knowledge of women about cervical cancer. The aim of all these efforts in launching campaigns that would encourage the human Papilloma virus (HPV) vaccination and cytological examination [4].

Several reasons have been suggested for the little compliance, including insufficient knowledge toward the benefits of prevention and early detection, negative attitudes on electiveness preventive measures for cervical cancer, and limited access to services related to costs, and convenience [5].

II. Methods

Cross-sectional descriptive analytic study design was conducted among women attending maternity hospitals outpatient clinics to identify their attitudes regarding cervical cancer and screening. The study was performed between October 2016 and February 2017 at maternity hospitals in Baghdad city. Non probability (purposive sample) used to collect the data from (400) married women who attained outpatient clinics in maternity hospitals. A questionnaire constructed about attitudes concerning cervical cancer and screening

assessment tool were designed and prepared by the researchers. A pilot study conducted in order to determine the reliability of the questionnaire in a sample of (20) women who excluded from the study sample (r1= 0.96). Content validity was determined through a panel of (17) experts their experience mean and SD was 28.82±7.5. The data was collected after obtaining the agreement from women to participant in this study. The study instrument was consisted of five main parts which include: Socio demographic characteristics, reproductive variable, clinical variable, and women's attitudes toward cervical cancer and screening assessment tool consisted of (15) items. Data are analyzed through the use of SPSS (Statistical Process for Social Sciences) version 20

III. Results

Table (1) Women's Demographic Characteristics (n = 400)

Socio Demographic Characteristics	F	%
Age / years		
< 20	**41**	**10.3**
20-29	**175**	**43.8**
30-39	**118**	**29.5**
40-49	**49**	**12.3**
50-59	**17**	**4.3**
Mean = 29.7625 SD= 9.40704		
Marital Status		
Married	**380**	**95.0**
Divorced	**4**	**1.0**
Separated	**12**	**3.0**
Widow	**4**	**1.0**
Age at marriage / years		
11-15	**68**	**17.0**
16-20	**178**	**44.5**
21-25	**97**	**24.3**
26-30	**43**	**10.8**
(31 □)	**14**	**3.5**
Mean =19.9700 SD= 5.04209		
Duration of marriage/ years		
1-9	**243**	**60.8**
10-19	**93**	**23.3**
20-29	**43**	**10.8**
30-39	**19**	**4.8**
40-49	**2**	**.5**
Mean = 9.8200 SD= 9.29508		
Educational level		
Not read	**37**	**9.3**
Read and write	**45**	**11.3**
Primary school	**118**	**29.5**
Intermediate school	**83**	**20.8**
secondary School	**46**	**11.5**
Institute graduate	**25**	**6.3**
College graduate	**43**	**10.8**
Master and higher degree	**3**	**.8**
Occupation Status		
Student	**13**	**3.3**
Governmental employee	**62**	**15.5**
Self-employed	**2**	**.5**
Retired	**3**	**.8**
Housewife	**320**	**80.0**
Residence		
Rural	**3**	**.8**
Urban	**397**	**99.3**
Monthly income		
Sufficient	**125**	**31.3**
Mostly sufficient	**179**	**44.8**
Insufficient	**96**	**24.0**
Smoking		
yes	**6**	**1.5**
No	**394**	**98.5**

Table (1) results shows that the highest percentage (43.8%) of participants was at age group (20-29) years, more than one third (44.5%) married before (16-20) years, nearly two third of them (60.8%) married for (1-9) years, more than quarter of them (29.5%) had primary school graduation, the majority of women (80%)

were housewives, nearly half of the study sample (44.8%)were mostly sufficient income, and the majority of them (98.5%) weren't smoker women.

Table (2) Women's Reproductive Characteristics (n = 400)

Reproductive Characteristics	F	%
Gravidity		
Nulligravida	**19**	**4.8**
1-2	**149**	**37.3**
3-4	**113**	**28.3**
(5 □)	**119**	**29.8**
Parity		
Nullipara	**89**	**22.3**
1-2	**141**	**35.3**
3-4	**99**	**24.8**
(5 □)	**71**	**17.8**
Alive children		
None	**90**	**22.5**
1-2	**142**	**35.5**
3-4	**98**	**24.5**
(5 □)	**70**	**17.5**
Abortion		
None	**269**	**67.3**
1-2	**106**	**26.5**
3-4	**24**	**6.0**
(5 □)	**1**	**.3**
Using family planning methods		
No	**237**	**59.3**
Yes	**163**	**40.7**
Types of family planning		
None	**237**	**59.3**
Condoms	**15**	**3.8**
Pills	**74**	**18.5**
Injection	**19**	**4.8**
Intrauterine device	**55**	**13.8**

The results shows in table (2) that more than one third (37.3%) of participants had (1-2) pregnancy, (1-2) parity, (1-2) alive children, more than two third (67.3%) hadn't abortion, more than half (59.3%) didn't use contraception, and more than one third (40.7%) were use contraception higher percentage of them (18.5%) were use pills method.

Table (3) Women's Clinical Variables (n = 400)

Clinical variables	F	%
Ever have Pap smear		
No	**371**	**92.8**
Yes	**29**	**7.3**
Age of having first Pap smear / years		
None	**371**	**92.8**
< 20	**5**	**1.3**
20-29	**11**	**2.8**
30-39	**9**	**2.3**
40-49	**4**	**1.0**
Frequency of Pap smear / years		
None	**371**	**92.8**
1	**26**	**6.5**
2	**2**	**.5**
(3 □)	**1**	**.3**
Period of last Pap smear test /years		
None	**371**	**92.8**
1-3	**11**	**2.8**
4-6	**7**	**1.8**
7-9	**3**	**.8**
(10 □)	**8**	**2.0**
Reasons of don't having Pap smear		
Don't know the test	**263**	**65.8**
Fear	**1**	**.3**
Embarrassment	**2**	**.5**
Not necessary	**103**	**25.8**
Expensive	**2**	**.5**

Have Pap smear	**29**	**7.3**
Family history of cervical cancer		
Yes	**10**	**2.5**
No	**390**	**97.5**
The relation of relative suffered from cervical cancer		
None	**390**	**97.5**
Mother	**3**	**.8**
Sister	**1**	**.3**
Aunt	**6**	**1.5**

The results shows in table (3) that the most (92.8%) of the study sample didn't have Pap smear, while only (7.3%) have once Pap smear before (1-3) years, their age of first Pap smear test were between (20-29) years, and the reason of those didn't have Pap smear test were "don't know the test". The majority of them (97.5%) hadn't family history of cervical cancer.

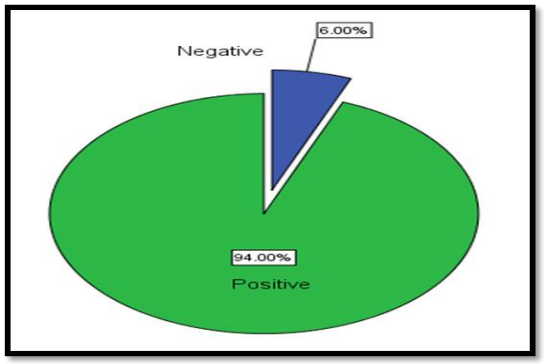

Figure (1) women's attitudes toward cervical cancer and screening

Table (4.) Association between women's attitudes and some study variables (n = 400)

Socio Demographic variables		**Attitudes**				**Chi square statistics**			**Sig.**
		Positive		**Negative**					
		F	**%**	**F**	**%**	**Value**	**df**	**P-value**	
Age / years	**< 20**	**39**	**95.1**	**2**	**4.9**	**2.303**	**4**	**.680**	**NS.**
	20-29	**161**	**92.0**	**14**	**8.0**				
	30-39	**113**	**95.8**	**5**	**4.2**				
	40-49	**47**	**95.9**	**2**	**4.1**				
	50-59	**16**	**94.1**	**1**	**5.9**				
Duration of marriage / years	**1-9**	**225**	**92.6**	**18**	**7.4**	**2.809**	**4**	**.590**	**NS.**
	10-19	**89**	**95.7**	**4**	**4.3**				
	20-29	**41**	**95.3**	**2**	**4.7**				
	30-39	**19**	**100**	**0**	**0.0**				
	40-49	**2**	**100**	**0**	**0.0**				
Educational level	**Not read**	**35**	**94.6**	**2**	**5.4**	**6.010**	**7**	**.539**	**NS.**
	Read and write	**40**	**88.9**	**5**	**11.1**				
	Primary school	**115**	**97.5**	**3**	**2.5**				
	Intermediate school	**76**	**91.6**	**7**	**8.4**				
	secondary School	**43**	**93.5**	**3**	**6.5**				
	Institute graduate	**23**	**92.0**	**2**	**8.0**				
	College graduate	**41**	**95.3**	**2**	**4.7**				
	Master and higher	**3**	**100**	**0**	**0.0**				
Parity	**Nullipara**	**81**	**91.0**	**8**	**9.0**	**2.075**	**3**	**.557**	**NS.**
	1-2	**134**	**95.0**	**7**	**5.0**				
	3-4	**93**	**93.9**	**6**	**6.1**				
	(5 □)	**68**	**95.8**	**3**	**4.2**				
Abortion	**None**	**255**	**94.8**	**14**	**5.2**	**4.114**	**3**	**.249**	**NS.**
	1-2	**96**	**90.6**	**10**	**9.4**				
	3-4	**24**	**100**	**0**	**0.0**				
	(5 □)	**1**	**100**	**0**	**0.0**				
Contraception	**No**	**223**	**94.1**	**14**	**5.9**	**.009**	**1**	**.925**	**NS.**
	Yes	**153**	**93.9**	**10**	**6.1**				

(df) degree of freedom, (Sig) significant Probability value (P < 0.05), (NS) Non Significant.

Table (4) results shows that there was no statistical significant differences between women's attitudes and study variables.

IV. Discussion

At personal level, the decision by an asymptomatic women to undergo a timely preventive or screening test depends on whether that women believes in the feasibility and usefulness of the screening, perceived susceptibility, severity, barriers, benefits of action, and whether there is clear understanding of the problem against which the test is directed [6].

This study looked at the respondents attitude toward cervical cancer and screening the results shows that the majority of study sample (94%) had positive attitude toward cervical cancer and screening. The higher percentage of them (83%) like to participate in a national cervical cancer screening program. The higher percentage of respondents (81.3%) like to know more knowledge about cervical cancer. The higher percentage of respondents (80.5%) like to receive HPV vaccine, these results is consistent with AL-Sairafi & Mohamed found that about one third of respondents (30.6%) had adequate attitude towards Pap smear test and the majority of participants liked to know more about Pap smear test and like to participate in a national cervical cancer screening program if the ministry of health initiates program[1] . Donati found that more than two third of the respondents (72%) indicated that they would accept being vaccinated against HPV infection[7]. Wong showed that more than two third of his study population (65%) professed an intention to receive the HPV vaccine [8].

Regarding Pap smear test the most of the study sample (92.8%) didn't have Pap smear, while only (7.2%) have Pap smear, these results is consistent with Shrestha who stated that the uptake of Pap smear test was only (10.5%) in their respondents[9]. Amarin mentioned that most of study population (85.7%) had never received a Pap smear and only (14.3%) had Pap smear test [10].

Regarding reason of didn't have Pap smear test the higher percentage of participants (65.8%) were "didn't know the test", also approximately quarter of study sample (25.8%) were answered with "not necessary", these results is consistent with Bansal who demonstrated that more than two third (65%) responded that they were unaware of the screening test for cervical cancer [11]. John showed that one third of the study population (30.7%) barrier was the lack of knowledge [12]. Amarin reported that the major barriers to Pap smear screening include inadequate knowledge about the test [10]. Sait stated that the main reason for not having a Pap smear was the lack of awareness [13].

Regarding association between women's attitudes and study variables this study shows that there are no statistical significant differences between women's attitudes and socio demographic variables, these result is consistent with Cerigo who found that there are no statistically significant associations were found when responses to questionnaire items on women's experiences, attitudes and beliefs about cervical cancer [14].

V. Conclusion

This study revealed that women's attitude was generally positive as most of them showed a positive attitude towards cervical cancer and screening, but they had low rate of screening for premalignant cervical lesions with Pap smear test. This attitude however did not improve practice and this could have been contributed by barriers that were they don't know the test and though it is not necessary.

Recommendation

- Women should be inform about their susceptibility to cervical cancer and encouraging them to do regular Pap smear test that detect precancerous lesion which prevent cervical cancer through early treatment of precancerous lesion.
- Increase cervical cancer screening rates through health education and gynecologist, health care professionals recommendation for Pap smear test to all married women every 3 years.

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