Women's Knowledge and Attitude About Cervical Cancer in Thi-Qar Governorate

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Abstract
Background: One of the most prevalent types of cancer in women worldwide, cervical cancer is mostly caused by ongoing infection with a high-risk oncogenic human papillomavirus (HPV), with more than 90% of new cases happening in developing and resource-limited nations. **Objective:** To determine women's knowledge, attitudes, and screening practices for cervical cancer. **Materials and methods:** The information from 300 women was gathered using a descriptive cross-sectional study approach. Each woman was chosen from among local researchers. Face-to-face interviews and structured instruments were used to collect the data, and each interview lasted about 15-20 minutes. SPSS version 25 was used to analyze the data and interpret it using descriptive and inferential statistics. **Results:** The average age of the 300 women was 30.85 9.819 and all the samples were of reproductive age. (54%) were housewives, (54%) were in primary school, and (62.7%) were married. Due to a lack of information, attitude, and practice, more than half of the sample did not participate in the cervical cancer prevention and screening awareness campaign. Only working women's degree of knowledge regarding cervical cancer screening was statistically significant (p = 0.00). **Conclusion:** Less than half of the survey participants knew little about cervical cancer. Though few of the study's participants received cervical cancer screenings, the majority of them had a negative attitude. Age, education, place of residence, and marital status had no correlation with knowledge, attitude, or use of the cervical cancer screening method; only occupation does.
Keywords: Women's, Knowledge, Attitude, Cervical Cancer

1. Introduction

Cancer of the cervix, mainly attributed to persistent infection with a high-risk oncogenic Human papilloma-virus (HPV), is one of the most common types of women's cancer globally, with more than 90% of new cases occurring in developing and resource-limited countries.1–2 It results in 530,000 new cases and 280,000 deaths in adult women per year, 88% of which take place in low-income nations with restricted access to pre-cancer screening and treatment. 5,6 With 70,000 new cases per year, sub-Saharan Africa has one of the highest incidence and mortality rates in the world and is responsible for more than 70% of the burden of cervical cancer worldwide.3,4 Inadequate or nonexistent national screening programs, underdeveloped health services, low access to healthcare for the poor, a lack of technical and laboratory expertise, and a general lack of public awareness are just a few of the factors that contribute to ineffective cervical cancer screening in low-income countries 5,6. All of these elements play a role in ineffective testing, delayed diagnoses, and delayed treatments 6,7. In low-income nations, illiteracy, some religious views, witchcraft beliefs, and societal injustices further obstruct access to accurate information. Only a small proportion of women frequently get cervical cancer screening in Sub-Saharan Africa. 8. Although cervical cancer can be easily discovered at an early precancerous stage, most women only seek therapy and care in an advanced stage, too late to stop the dangerous spread of the illness. Over the past three decades, high-income countries' mortality rates have steadily decreased in comparison to those of underdeveloped nations. The development of national screening programs, which are typically based on cytology 9,10, has been linked to this drop. In the Thi-qar governorate, this study intends to analyze the general population's knowledge and attitudes on cervical cancer among women and to look into any possible associations between socio-demographic characteristics and the disease.

2. Materials and Methods

Design of the Study

Women in Dhi Qar Governorate had their knowledge, attitudes, and practices on cervical cancer prevention and screening evaluated in a cross-sectional descriptive study.

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There were 300 women in the sample who were over the age of 18. Between February 1 and April 1, 2021, a self-administered questionnaire was used to collect data. The study was conducted in an outpatient clinic in AL-Nasiriyah, Dhi Qar, Iraq.

The Sample of the Study

A non-probability (purposive) sample was selected from three hundred women. The inclusion and exclusion criteria for the study samples were distributed as follows: Inclusion Criteria (adult women over 18 years old, women are in a stable condition with no psychological problems, women who agree to voluntary to participate. Exclusion Criteria (uncooperative women who refused to participate in the study, women with psychological problems.

The Study Instruments

For the purpose of this study, a questionnaire was constructed by researchers to study knowledge, attitudes and practices for cervical cancer prevention and screening among women. The questionnaire was constructed through a comprehensive review of previous literature and relevant studies in the field of cervical cancer research. The study instrument comprised of (6) parts, (Appendix A, questionnaire), and these parts relate to the following:

Part I: Socio- Demographic Data:

It consists of (5) items related to the socio-demographic characteristics of these women, which include age, residential area, occupational status, marital status and level of education.

Part II: Sources of information about cervical cancer:

It included items that represented the sources of information of these women which include: gynecologists, nurses, leaflets, brochures, friends, media (TV, radio), Internet, and not interested in getting information.

Part III: Knowledge about preventability of cervical cancer and its preventive procedures:

This part is consisted of (3) sections: the first one is related to preventability of cervical cancer and consist of (3) items, second one related to preventive procedures and consist from (3) items, third one is related to suitable time for HPV vaccination and consist from (5) items.

Part IV: knowledge of cervical cancer

It consists of (3) sections, related to the knowledge of cervical cancer of these women which include: the first one is related to risk factors of cervical cancer and consist of (9) items, second one related to early signs of cervical cancer and consist from (5) items, third one is related to transmission of HPV infection and consist from (3) items.

Part V: Risk behavior of respondents (selected risks of life style)

This part was measured through (3) items of risk behavior (1) item, smoking; (1) item; use of hormonal contraceptives and (1) items, number of sexual partners.

Part VI: Participation in preventative gynecologic check-ups and Pap smear test

It consists of (2) sections: the first one is related to frequency of preventive check-ups and consist of (5) items, and second one related to Participation in Pap smear test and also consist from (5) items.

Reliability of the Instrument

Estimating and evaluated the reliability of the questionnaire was through computing coefficient alpha (cronbach,s alpha) method, it measured (0.71) which considered positive and significant. The normal range of values is between (.00 and 1.00) for perfect positive relationship (Polit, Hungler, 1999) this result reflect that the internal consistency of study scale is within this range.

Finding out of the pilot study revealed that the questionnaire of the study was reliable and valid measure.

Data Collection

Method of collected data was through face to face interview. It started from the February1 to April 1, 2021. Each interview took approximately (15-20) minutes to complete questionnaire form. The interviewing is carried out with each study sample who participated in the study.

Ethical Consideration

Before conducting interviews with any of the women, the researchers explained the study's objectives to them. Verbal consent was gained from each study sample before any data were gathered. Women received assurances that the project was for scientific research only.

Statistical Analysis

The data analyze by using SPSS version 25. Descriptive statistic includes (frequency and percentage), while inferential statistic includes (Chi-square) to find out association between Women's Knowledge and Attitude and some sociodemographic variables at P-value 0.05 was consider significant.

3. Results

Table (4-1) Distribution of Sample According to Socio-demographic Data

Age group in year	F	P
Under 20	43	14.3
20-29	114	37.7
30-39	87	29
40 and above	56	18.7
Level of Education		
Illiterate	48	16
Primary school	69	23
Secondary school	63	21
High school	68	22.7
Bachelor and above	52	17.3
Mean and ST: 30.85±9.819		

F=Frequency %=Percentage ST=Standard deviation As show in table (4-1) (37.7%) from the sample at age group (20-29) years and the mean age and SD 30.85±9.19 years, While the lowest percentage (14.3%) of them was 40 and above.

Educational level: (23%) from sample graduated from Primary school, While the lowest percentage (16%) of them Illiterate.

Figure (4-1) Distribution of (300) Study Sample According to Residence of Women

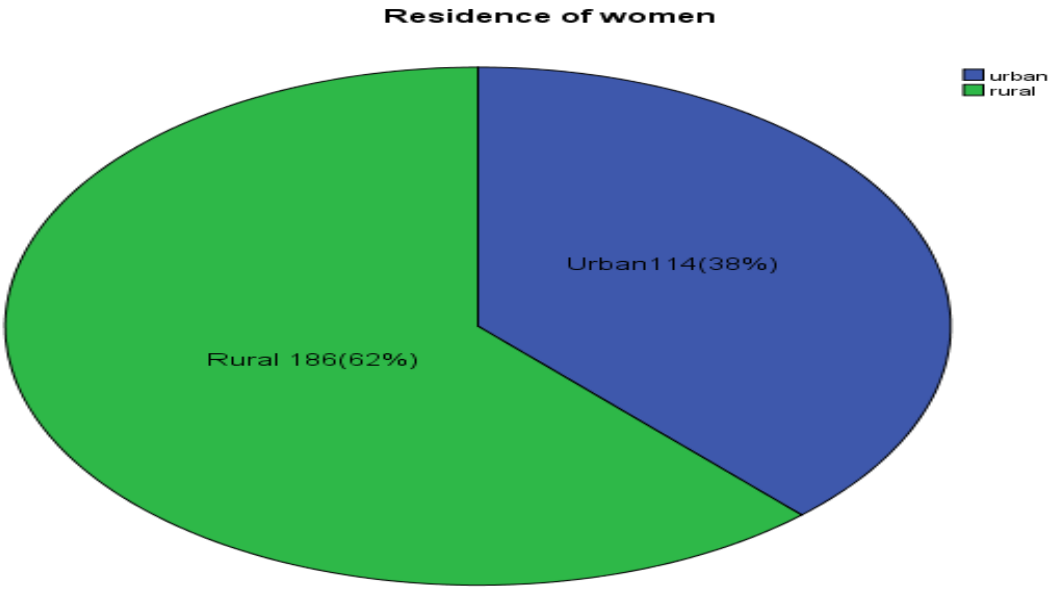

Figure (4-1) Distribution of (300) Study Sample According to Residence of Women

Figure (4-1) Shows (62%) from Sample their Residency was in rural, while the lowest Percentage (38%) of them lived in urban area.

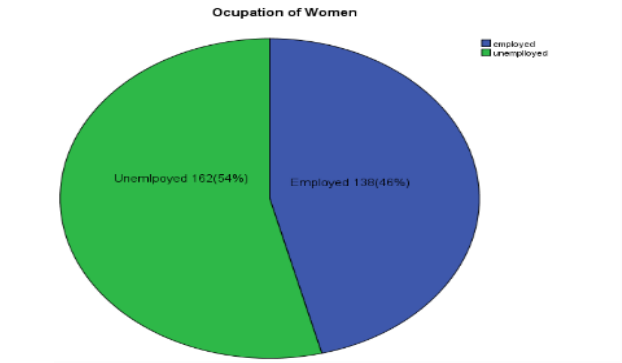

Figure (4-2) Distribution of (300) Study Sample According to Occupation of Women

Figure (4-3) shows that (54%) from sample are unemployed/housewife, while (46%) of them are employed.

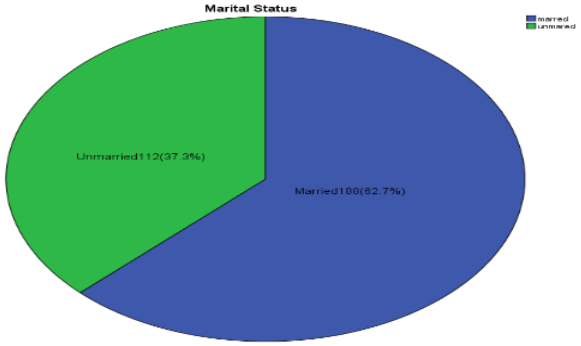

Figure (4-3) Distribution of (300) Study Sample According to Marital status of Women

Figure (4-3) shows that (62.7%) from sample are married, while (37.3%) of them are unmarried.

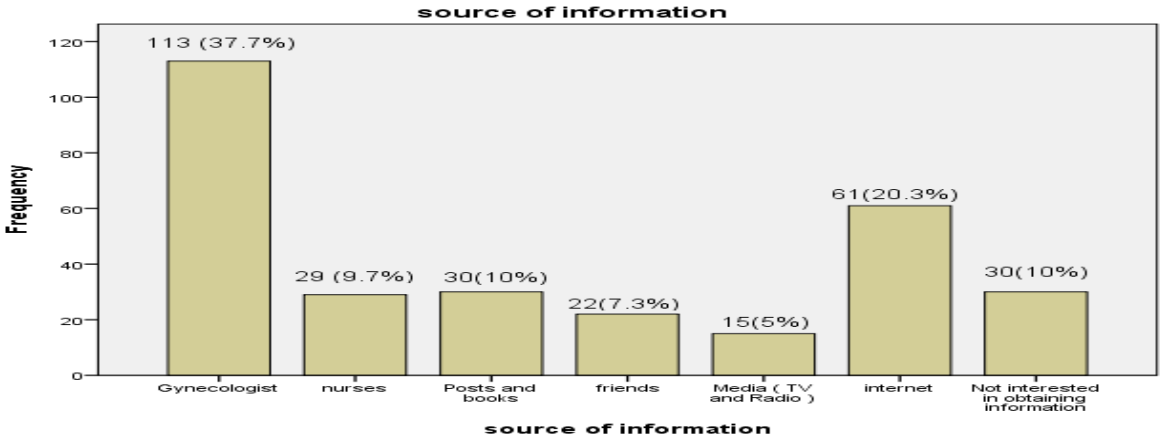

Figure (4-4) Distribution of (300) Study Sample According to Source of Information about Cervical Cancer

Figure (4-3) shows that the highest percentage (37.7%) of study sample are obtained information about cervical cancer from gynecologist, While (5%) of them from media as TV and radio.

Table (4-2) Knowledge of Sample about preventability of cervical cancer and its preventive procedures.					
Unknown		Known		Preventability of cervical cancer	No.
%	F	%	F		
68	204	32	96	Can be prevented	1.1
57	171	42.7	128	It cannot be prevented	1.2
Preventive measures					
70.3	211	29.7	89	Gynecological preventive examination	1.1
64	192	35.7	107	HPV vaccine	1.2
58.7	176	41.3	142	Pap smear (cell test)	1.3
The right time to be vaccinated against HPV					
55	165	45	135	Before the first sexual intercourse	1.1
63.7	191	36	108	After sexual intercourse	1.2
61	183	39	117	After the age of 18	1.3

The result of table (4-2) show majority of women did not know about Preventability of cervical cancer (68%) for item number (1.1) which related to (Can be prevented). While (57%) for item (1.2) which related to It cannot be prevented.

About (70.3%) from sample did not know about preventive measures for item number (1.1) which related to (Gynecological preventive examination) also (64%) for item number (1.2) which related to (HPV vaccine).

Also (63.7%) from women did not know about the right time to be vaccinated against for item (1.2) which related to (Before the first sexual intercourse) and (61%) for item (1.3).

Table (4-3) Knowledge of Women about cervical cancer					
No.	Risk factor	Know		Unknown	
		F	P	F	P
2.1	Smoking	148	49.3	151	50.3
2.2	Decreased immunity	148	49.3	152	50.7
2.3	Human papillomavirus (HPV) infection	122	40.7	178	59.3
2.4	Rotation of sexual partners	109	36.3	190	63.3
2.5	The beginning of sexual coexistence	116	38.7	183	61
2.6	Absence in cervical cell science	126	42	164	58
2.7	The number of births is high	126	42	164	58
2.8	Recurrent / chronic cervical disease	130	43.3	170	56.7
Early signs of cervical cancer					
2.1	Bleeding between two periods	149	49.7	151	50.3
2.2	Vaginal secretions	138	46	161	53.7
2.3	Bleeding between two periods	152	50.7	147	49
2.4	Bleeding after sexual intercourse	138	36	162	54
Transmission of HPV infection					
2.1	Sexual contact	146	48.7	154	51.3
2.2	It is transmitted by hands	124	41.3	176	58.7

The result of table (4-3) show majority of women did not know about Knowledge of Women about cervical cancer (63.3%) for item number (2.4) which related to (Rotation of sexual partners), while (61%) for item number (2.5) which related to (The beginning of sexual) also (59.3%) for item number

(2.3) which related to (Human papillomavirus (HPV) infection).
About (54%) from women did not know about Early signs of cervical cancer for item (2.4) which related to (Bleeding after sexual intercourse), while (53.7) for item (2.2) which related (Vaginal secretions).
(58.7) from women did not know about transmission of HPV infection for item (1.2) which related (It is transmitted by hands), while (51.3%) for item (1.1) which related (Sexual contact).

Table (4-4) Risk Behaviors of Participants (selected risks of life style).					
No.	Risk behavior	Know		Unknown	
		F	P	F	P
3.1	Smoking	134	44.7	166	55.3
3.2	use of hormonal contraceptives	122	40.4	168	59.3
number of sexual partners:					
3.1	no partners	125	41.7	174	58
3.2	1-2 partners	118	39.3	182	60.7
3.3	3-4 partners	97	32.3	203	67.7
3.4	5 and more partners	113	37.7	187	62.3

The result of table (4-4) show majority of women did not know about Risk Behaviors of Respondents (selected risks of life style). (59.3%) for item number (3.2) which related to (use of hormonal contraceptives). (55.3%) for item number (3.1) which related to (smoking). Also (67.7%) women did not know about number of sexual partners: for item number (13.3) which related to (3-4 partners).

Table (4-5) Participation in preventative gynecologic check-ups and Pap smear test.					
No.	Frequency of preventive check-ups	K		U	
		F	P	F	P
4.1	once per year	128	42.7	172	57.3
4.2	twice per year	129	43	171	57
4.3	once per 2 years	113	37.7	187	62.3
4.4	once per 3 years	123	41	177	59
4.5	at persisting health difficulties	126	42	174	58
Participation in Pap smear test					
4.1	with 3 years	83	27.7	217	72.3
4.2	above 4 years	100	33.3	200	66.7
4.3	I Never participated	61	20.3	239	79.7

The result of table (4-5) show more than half of women did not know about Frequency of preventive check-ups (62.3%) for item number (4.3) which related to (once per 2 years), while (59%) for item number (4.4) which related to (once per 3 years). Also (79.7%) show more than half of women did not know about Participation in Pap smear test for item number (4.3) which related to (I Never participated), while (72.3%) for item (4.1) which related to within 3 years).

Table (4.6) Association between knowledge, Attitude, Behavior of Women and Socio-demographic Data					
No.	Variable	Knowledge		Practice	
		X^2	P	X^2	P
1.	Age	68.972	.200	24.914	.579
2.	Education	105.101	.031	50.191	.058
3.	Residence	31.959	.044	10.065	.345
4.	Occupation	55.967	.000	33.563	.000
5.	Marital status	21.629	.361	11.755	.227
X2=Chi-square, S= significant (P≤ 0.05)					

This table (4.3) showed that there is no significant relationship regarding (age, education, residence and marital status) and knowledge a. While there is highly significant relationship between occupation of women with knowledge and practice (P≤ 0.000, P≤ 0.000) respectively.

4. Discussion

This study was designed to assess knowledge of women about delivery mode and cesarean section frequency and its relationship with certain variables.

Part-I: Demographic Characteristics

The current study revealed (37.7%) of study paticipient are at age (20- 29) years with mean age and SD 30.85±9.19, as shows in table (4.1). This data disagree with study conducted by Nyambe etal., (2019) who reported that the age of the respondents (n= 230) ranged from (23 – 40 years) (70%)[11]. Table (4-1) shows (23%) from sample who participated in the study are graduated from primary school. The finding of the study is disagree with study conducted by Nyambe etal (2019) who stated the educational levels were 43.3% primary, 18% secondary and 20.4% university levels of sample (n= 230)[11]. The result of the study shows (62%) from sample lived in rural area, while the lowest percentage (38%) of them in urban area as shown in figure (4-1). So knowledge of women which lived in rural area lower than women live in urban area. Regarding occupation most (54%)

of the study sample were housewife (that means they haven't jobs), while (48%) from them were employed as shown in figure (4-2). This indicated that lack of knowledge about cervical cancer related to occupation of women. Regarding marital status most (62.7%) of the study sample were married as shown in figure (4-4) while (37.3%) unmarried. This indicated that lack of knowledge about cervical cancer in marred women. This study is similar to one by Nyambe et al. (2019), which found that 52% of respondents were married and 34% were unmarried. (n=239)(11).

Part-II: Source of Information

Most women have information about cervical cancer from gynecologesit (37.7%), (20.3%) from internet, while (5%) from media (TV% radio. This finding agree with study conducted by Nyambe etal (2019) who stated that In this study, gynecologists and electronic media were the primary sources of information regarding cervical screening (n = 239). (11).

Part-III: Knowledge, attitude, practice of Women about Cervical Cancer

The most recent scientific research clearly shows that cervical cancer is a public health issue that can be avoided. The second most frequent type of cancer in women globally is invasive cervical cancer, but we work to avoid it in them by following preventive measures. Three conditions must be met for the best protection against cervical cancer: necessary knowledge, a healthy attitude toward one's own health, and the will to practice preventive. (Only (64%) of respondents believe that HPV vaccination prevents cervical cancer, while (70.3) and (58.7) of respondents believe that preventive gynecological exams and Pap smear tests are effective preventive measures. However, 68.3% of respondents believe that cervical cancer cannot be prevented and (57%) believe that it is preventable. This finding conflicts with a survey done in 2007 by Rob, which found that (84%) of respondents thought cervical cancer was a preventable disease, as seen in the table (4-2)12.

Women's lack of knowledge of the causes of the disease and its early signs it reached greater than average outcomes. A disproportionately high percentage was noted for risks such rotation of sexual partners (63.3%), the beginning of sexual coexistence (61%), Human papillomavirus (HPV) infection (59.3%). Absence in cervical cell science (58%). The number of births is high (58%). Within The early signs about more than half of sample do not know about bleeding after sexual intercourse (54%), (53.7%) Vaginal secretions, (50.3) Bleeding between two periods, (49) Bleeding between two periods. Higher educated women have been found to have better awareness of disease prevention, its risk factors, and related topics. These discouraging findings necessitate increasing disease awareness through a variety of channels and disseminating pertinent expert knowledge. In the result (59.3%) from women do not know use of hormonal contraceptives cause cervical cancer and about (55.3%) from women do not know use of hormonal contraceptives cause cervical cancer. (67%) 3-4 partners, (62.3) 5 and more partners.(60.7) 1-2 partners, (58%) no partners. The avoidance of diseases associated with civilisation includes taking responsibility for one's health. Their occurrence is primarily influenced by way of life. Generally speaking, smoking affects the incidence of cervical cancer both actively and passively and has a considerable impact. Tobacco contains carcinogenic compounds that are secreted and concentrated in mucus of cervical, which is what causes the increase in cervical cell proliferation to continue over time while also resulting in a degenerative impact from HPV infection that is susceptible to malignant transformation. The International Agency for Research on Cancer states. Cervical cancer is more common in women who have ever smoked, but those who smoke 15 or more cigarettes per day are about twice as likely to receive a positive HPV test. Additionally, it describes how women who have taken oral contraceptives for five to nine years have a three times increased risk of acquiring cervical cancer than women who have never used contraceptionWomen who have more sexual partners are more likely to be exposed to the human papilloma virus (13). claims that cervical cancer never develops in women who have never engaged in sexual activity. Women who use barrier methods of contraception are also less likely to contract the disease. In their study, Drolet et al. (2013) underlined the causal link between low socioeconomic level and a high number of alternating partners and the development of cervical cancer. In our study, we responded more quickly to women with college degrees(14).

The majority of the respondents don't frequently have preventive gynecological exams or Pap smears, despite the fact that they are aware of their advantages. The majority of respondents (42.7%) have never had a preventive checkup, which should be done once a year, and (42%) have experienced persistent health issues. Additionally, (79.9%) of the sample has never undergone a pap smear test, with (62.3%) participants within 3 years and (66.7%) participants over 4 years. Statistically there is no relationship between socio-demographic data and women knowledge about cervical cancer only strong association between knowledge and occupation.

5. Conclusion

Considerable proportions of women have inadequate knowledge and practice regarding cervical cancer screening. Therefore cervical cancer screening health camps and awareness program should be conducted at community level for women to increase the level of knowledge and practice regarding cervical cancer screening.

6. Recommendation

Based on the study's findings, we advocate the

following actions: increase public understanding of cervical cancer and change women's attitudes toward their own health through media and educational programs; to develop teaching materials (posters and booklets) regarding cervical cancer and potential prevention that would be displayed in inpatient clinics and waiting areas of general practitioners, gynecologists, and pediatricians as well as in their outpatient facilities to hand out flyers and booklets regarding the advantages of HPV vaccination in pediatric and adolescent primary care outpatient appointments. To plan educational seminars on cervical cancer, risk factors, HPV vaccination, and the prevention of STDs for community nursing (school nurses). Using the "invitations" method, work with gynecologists to regularly invite women to preventive gynecological checkups.", To expand vaccine accessibility in relation to vaccine costs and to effectively explain the benefits of HPV vaccination for the female population, in collaboration with health insurance providers (financially favorable conditions for women who regularly undergo preventive gynecological examinations).

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