

## **KNOWLEDGE ABOUT CERVICAL CANCER AMONG WOMEN ATTENDING GYNAECOLOGY CLINIC AT AHMADU BELLO UNIVERSITY TEACHING HOSPITAL, SHIKA, KADUNA STATE, NIGERIA**

**By**

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### **Abstract**

*The study investigated the knowledge of women coping with cervical cancer (CC) attending gynaecology clinic at Ahmadu Bello University teaching Hospital, Shika (ABUTH). The objective of the study is to investigate how knowledgeable women are about cervical cancer after commencement of receiving healthcare at the ABUTH, Shika. The population of the study includes all the women attending the CC clinic. However, a sample size consisting about 10 women were used for the study. The study adopted qualitative methodology, interviews were conducted for data collection and data were analyzed by thematic analysis. The study findings revealed that the knowledge women who attend gynecology clinic in ABUTH, Zaria have about cervical cancer are myopathy, transmission, screening, and pains. Based on the finding, the study therefore concludes that that trust of medical practitioners, prior knowledge, personal judgment and confusion were the personal construct applied in the understanding of knowledge about cervical cancer among women in the Gynecology Clinic of ABUTH, Shika. The study therefore recommends that more channels of information and knowledge sharing should be created by the government and health facilitators on managing cervical cancer*

**Keywords:** Cervical cancer, Gynecology, Information sharing, Knowledge

### **Introduction**

Information practices are the way of information seeking by focusing on the ways in which the participants monitored everyday events and sought information to solve specific problems. Information practices are the seeking, sharing, and use of information activities that are situated within a set of social and contextual factors (Savolainen, 2008). Information practices have been previously studied in Library and Information Science. Information practices involve information foraging, information encountering, information seeking and use; information avoidance and information overload. While information foraging is used as a defense mechanism, information encountering further fortifies information use. Information encountering is a memorable experience of an unexpected discovery of useful or interesting information. Information overload occurs when information received becomes a hindrance to patients rather than a help when the information is potentially useful (Bawden, Holthan & Courtney, 2019). Information avoidance is one of the most frequently used concept on adaptation strategies of patients with chronic pain diseases differentiates active and passive coping (Bussing, Ostermann, Neugebauer & Heusser, 2010). This in most cases result avoiding of valid information required for management of chronic diseases such as cervical cancer.

Valid information should never be actively avoided by someone who is coping with cervical cancer. Information avoidance occurs not only when there is a strategic rationale for it, but also when beliefs directly enter the utility function (Golman, Hagmann & Loewenstein, 2017). From the preceding explanation of information practices it is obvious that timely,

relevant, and accurate information practices are the sole strategy is crucial for the management of chronic diseases such as cervical cancer.

Cervical cancer is a major cause of mortality in Nigeria and ranks as the 2nd most frequent cancer among women in Nigeria. Cervical cancer is the one major of the causes of morbidity and mortality among women globally and developing countries like Nigeria. It is the most common genital tract malignancy among women in Nigeria (Olubodun, Odukoya & Balogun, 2019; Tapera, Dreyer, Kadzatsa, Nyakabau, Stray-Pedersen & Hendricks, 2019). Cervical cancer is one of the most common cancers in the women worldwide and an important reproductive health problem in women. Cervical cancer is the second most common among women in Africa (Aweke, Ayanto & Ersad, 2017). Approximately 85% of the global burden of cervical cancer occurs in less-developed regions, where it accounts for almost 12% of all cancers in women (Touch & Oh, 2018).

Cervical cancer develops from 40years to 60years of women's life; which is usually a period of economic productivity but is preceded by precancerous changes about 10-20 years earlier (WHO, 2006). The death of a woman from cervical cancer causes significant economic loss to the household, community and nation. Cervical cancer is one of the most common cancers in women worldwide and an important reproductive health problem in women.

### **Statement of the Problem**

Cervical cancer (CC) is a silent killer. This is a health condition that many women have and do not know. Cervical cancer is the second common cancer suffered by women. Cervical cancer is the most common genital cancer and one of the leading causes of death among female population worldwide with a high incidence in under-developed countries like Nigeria (Durowade, Osagbemi, Salaudeen, Musa, Akande & Kolawole 2012). Cervical patients live with pain and other conditions such as offensive odour which hinders most of them from socializing.

Cervical cancer is a problem that weighs people down with economic burden associated with the management of the health condition. Studies revealed that cervical cancer is a common phenomenon in Nigeria. Though is curable but it can be prevented. Despite being considered a preventable disease, cervical cancer remains the second most common malignancy in women worldwide with a high incidence in under-developed countries such as Nigeria (Depthi & Petros, 2008). Cervical cancer in most cases is as a result of promiscuous lifestyle of concerned individuals (Azadeh, Lucie & Wayne, 2008).

Despite available studies on the subject matter in Zaria, there is a paucity of literature on the information perspective as most literature on cervical cancer is looked at from the medical perspectives. Studies (Olubodun, Odukoya & Balogun, 2019; Tapera, Dreyer, Kadzatsa, Nyakabau, Stray-Pedersen & Hendricks, 2019; Ebughe, Ekanem, Omoronyia, Omotosho, Boniface & Thomas, 2016; Durowade, Osagbemi, Salaudeen, Musa, Akande, Kolawole, 2012) have been conducted from the medical perspectives that dwells on the prevalence and risk associated with cervical cancer. Therefore, there is need for this study to determine if women are well informed about cervical cancer. If the information about cervical cancer is to be increased to achieve the desired goals, the knowledge and barriers of women need to be understood. This will assist in planning and implementing effective ways in which information about cervical cancer can be easily gotten in order to reduce the mortality and morbidity resulting from the disease.

## Research Objective

The objective of the study was to investigate what is known to the women about cervical cancer after commencement of receiving healthcare at the ABUTH, Shika.

## Literature Review

A study by Mehraban, Namdar & Naghizadeh (2018) on the assessment of preventive behavior for cervical cancer with the health belief model in Fasa. It adopted the cross-sectional design. Population of the study included 200 married women between ages of 17 – 89. The authors used stratified sampling for picking the participants. Data analysis was with SPSS 21, ANOVA and t-tests and internal correlations between components of model were analyzed in terms of the Spearman Pearson correlation coefficient. Findings of the study revealed that mean age of the participants was  $35.6 \pm 9.89$  years. 52% had undergone a Pap test. The percentage values for participants' knowledge and perceived susceptibility were 49.5% and 46%, respectively. Perceived severity and benefits were good at 56.5% and 73%, respectively, while perceived barriers were moderate (46.5%). Also, 57.1% demonstrated a good self-efficacy and 61% good behaviour. The study concluded that planning careful preventive programs based on predictable factors can increase the number of women who have a tendency to do Pap smear test regularly and consequently decrease cervical cancer rate in following years.

A descriptive cross-sectional study was performed among Saudi women in Riyadh by Aldohaian, Alshammari & Arafah (2018). Women were randomly selected, and the total sample size was 450. A pre-designed self-administered questionnaire that included the health belief model scale was used to collect data. Data were analyzed using SPSS 21.0.  $p$  values  $< 0.05$  were considered as statistically significant in this study. Among the 450 participants, the Pap smear test uptake was 26% and the HPV vaccine uptake was less than 1%. Finding of the study revealed that, low level of education and family history is associated with the belief of susceptibility for developing cervical cancer. The seriousness of the disease was recognized by 38%, and the benefit of screening was recognized by 82% participants. In addition, 27% of the participants perceived barriers to obtaining a Pap smear test.

A cross-sectional study was performed by Shadan, Azam & Mohammad (2017) in Fasa. It included 200 married women between the ages of 17 and 64. Participants were selected through stratified random sampling from urban health centers. The questionnaire of the HBM included four sections and was filled out by interview. Data analysis was with SPSS, ANOVA and t-tests and internal correlations between components of model were analyzed in terms of the Spearman Pearson correlation coefficient. The mean age of the participants was  $35.6 \pm 9.89$  years. Some 52% had undergone a Pap test. The percentage values for participants' knowledge and perceived susceptibility were 49.5% and 46%, respectively, considered moderate. Perceived severity and benefits were good at 56.5% and 73%, respectively, while perceived barriers were moderate (46.5%). Also, 57.1% demonstrated good self-efficacy and 61% good behaviour.

## Methodology

Qualitative research method was adopted for this study. The target populations for this study were women that visit the gynecology clinic of ABUTH, Shika Zaria Nigeria. The population consisted of women that frequently attend gynecology clinic of ABUTH Shika, Zaria Nigeria, from February-March 2021. Purposive sampling technique was also adopted to select 10 participants for the study. The researcher conducted face-to-face interviews (one-on-one interviews) with participants. The researcher personally visit gynecology clinic, for interview with the participants. The discussion with each participant lasted for 45 minutes. Hand-written notes were also taken during the interviews for the purpose of extending

questions and as the researcher's personal notes for further investigation. The researcher also adopted thematic analysis for the analysis of the data discovered on the study.

## Result and Discussion

### What knowledge do women attending gynecology clinic in ABUTH, Shika have about cervical cancer?

This research question investigated knowledge patients that attended Gynecology Clinic at ABUTH, Shika have about cervical cancer. To effectively answer this research question, data was collected on the knowledge they have when they started the routine Clinic. This is explained as follows:

#### Knowledge they have from Gynecology Clinic (GC)

This section consisted of narratives of participants' about the knowledge they have about cervical cancer prior to visiting the gynecology clinic. The tabular representation is presented on table 1:

**Table 1: Knowledge they have about cervical cancer from GC to manage complications**

Research Question	Categories	Sub-categories	Frequency	Percentage
What knowledge do women attending gynecology clinic in ABUTH, Shika have about cervical cancer?	1. Weakness	1.1 Weakness of the body	5	50
	<b>Group Total</b>		<b>5</b>	<b>50</b>
	2. Transmission	2.1 Sexual Intercourse	5	50
	<b>Group Total</b>		<b>5</b>	<b>50</b>
	3. Screening	3.1 Screening for cervical cancer	10	100
	<b>Group Total</b>		<b>10</b>	<b>100</b>
	4. Pains	4.1 During Sexual Intercourse	2	20
		4.2 Back Pain	4	40
		4.3 Pelvic Pain	4	40
	<b>Group Total</b>		<b>10</b>	<b>100</b>
	<b>Groups Total</b>		<b>30</b>	

*Source – Interview Analysis, 2020*

The knowledge participants have about cervical cancer at the gynecology clinic are discussed as follows starting with knowledge about weakness of the body.

**Category One: Weakness of the body:** This category includes narratives about knowledge of participants' on whether they know if cervical cancer causes weakness of the body. The researchers got informed through the participants' that cervical cancer causes weakness of the body. Five out of the ten participants stated categorically that they knew from their visit to GC that cervical cancer causes weakness of the body. This category has only one sub category – weakness of the body.

**Weakness of the body:** This sub-category highlighted narratives about the knowledge cervical cancer patients who visits the GC have about cervical cancer prior to their visit. Many of the participants described their encounter with their care providers as an eye opening. An

undergraduate student who partook in this study narrated thus “The doctor advised me to be open about the way I feel as whatever information I provide to them will aid my treatment given that the cancer is deadly if not properly managed. Before visiting the GC, I knew that cervical cancer can cause the weakness of the body as I have heard people with experience talking about it” (P4).

**Category Two: Transmission:** This category includes the knowledge the participants’ have about how cervical cancer is transmitted. Nine of the participants narrated that their doctors at the GC had stressed on several occasions on the need for participant to know how cervical cancer is transmitted. This category has one sub category; sexual intercourse (10/10, 90%). Narratives for the sub categories are as follows;

**Sexual Intercourse:** This sub category includes the narrative of the participant on their knowledge that cervical cancer is transmitted via sexual intercourse. The researcher found out all of the 10 participants signified that they know that cervical cancer can be transmitted through sexual intercourse. Some of the narratives are reflected as follows: “I knew most viral disease are mostly transferred via sexual intercourse, so when I started feeling the symptoms and was diagnosed with cervical cancer, my first point of call was to know how it was transmitted and that was how I found out that it can be transmitted via sexual intercourse and that men are the carriers” (P6). Similarly, participant 7 narrated thus “I had multiple sex partners and when I was diagnosed with cervical cancer, I knew at that point that there is no how I could have contracted the disease if not via sexual intercourse”.

**Category Three: Screening for cervical cancer:** This category consisted of the narratives of participant in relation to their knowledge about screening received at the gynecology clinic to combat the disease. The researchers gathered from the participants that it is important for patients to always attend screening programmes whether or not they have the symptoms. Participant 1 narrated thus “I first heard about cervical cancer from a friend, even before I knew that I have it despite not developing any form of symptoms. My friend encouraged me to also go for screening and that was how I got to know that I have cervical cancer and that screening is a way to know if one has it or not. I would have continued to live in ignorance and probably dead by now”.

**Category Four Pain:** This category includes the narrative of participants on their knowledge about the pains they can feel. This category has three sub categories, pain during sexual intercourse (2/10, 20%), back pain (4/10, 40%) and pelvic pain (4/10, 40%). Responses from these sub-categories are as follows;

**During Sexual Intercourse:** This sub-category comprised the knowledge and experiences participants have about the pain they experienced during sexual intercourse. Some of the participants revealed to the researcher that prior to seeing a doctor about their condition; they experienced pains whenever they have intercourse with their partner. They mentioned that they informed their consultant about the pains and it was made known to them that it is one of the symptoms of cervical cancer. Participant 2 and 3 shared similar narration thus; “I always feel pains during sexual intercourse and on sharing my feelings with people that had similar experience, I realized that it could be cervical cancer. My fear was further proven when I went for screening and that was how I knew that cervical cancer can cause pains during sexual intercourse”.

**Back Pain:** This sub-category comprised the knowledge and experiences participants have about the pain they experienced on their back. Some of the participants revealed to the researcher that prior to seeing a doctor about their condition; they experienced back pains whenever they intend to do anything like sitting, standing and walking. They mentioned that

they informed their consultant about the pains and it was made known to them that it is one of the symptoms of cervical cancer. Participant 5 narrated that; “I always feel pains on my back but on reading through the internet and asking from friends, they made me understand that many things can cause back pains. And when they listed those things that can cause back pain they made mention of cervical cancer and that was how I knew that cervical cancer can cause back pain even before visiting the GC”

**Pelvic Pain:** This sub-category comprised the knowledge and experiences participants have about the pain they experienced on their pelvic region. Some of the participants revealed to the researcher that prior to seeing a doctor about their condition; they experienced pains around their pelvic region whenever they intend to do anything like sitting, standing and walking. They mentioned that they informed their consultant about the pains and it was made known to them that it is one of the symptoms of cervical cancer.

### **Discussion of Findings**

#### **Knowledge women who attend gynecology clinic in ABUTH, Shika have about cervical cancer**

To answer this research question, the researcher investigated the knowledge women who attend gynecology clinic in ABUTH, Shika have about cervical cancer. Findings from the research question revealed that the participants’ knowledge about cervical cancer are weakness of the body, transmission, screening and pains; Discussion on their knowledge is as follows starting with weakness of the body (myopathy).

#### **Weakness of the body:**

Weakness of the body often reported as tiredness is a common phenomenon among people living with cervical cancer. Findings of this study revealed that participations usually feel very tired. This in most cases according to the participants hinders them from their day to day life activities. The most common knowledge participants have about cervical cancer is that it causes weakness of the body. Weakness of the body is known as myopathy. Myopathy is a group of disorders characterized by a primary structural or functional impairment of the skeletal muscle (Goldstein, 2017). Findings of the study revealed that participants usually feel weak to carry on with daily routines. This gets them down, making them inactive. Weakness of the body is when individual(s) feel often tired. Weakness of the body is often associated with pain (Lewinski, Anderson, Vorderstrasse, Fisher, Pan & Johnson, 2018).

Information forms the backbone for human survival. Information need is triggered where there is recurring problem. Information need is an individual or group desire to locate and obtain information to satisfy conscious or unconscious need (Yusuf, 2012). Continuous weakness of the body will necessitate information search. This process involves looking for information to facilitate decision making. Purposeful search for information is initiated in order to cope with a problem. Individuals who experience recurrent weakness of the body will definitely set out to search for information that will help in reducing the symptoms. Coping with this should be enhanced through the provision of the information resources that will assist in managing weakness of the body. Living with a condition such as weakness of the body in cervical cancer can be further simplified through motivation. Motivation is the process of simulating an act in order to accomplish a goal. Thus, cervical cancer patients can be motivated using the attribution theory (AT).

AT basically examines how people make sense of their world; what cause and effect inferences they make about the behaviour of others and themselves. Attribution is based on explaining a situation by a cause. Convincing an individual who experiences body weakness to utilize information, he/she should be aware of the cause of the symptom and how to make sense out of the situation. It is then that cognitive control will be achieved. Ability to separate

substance from insignificant information indicates cognitive ability. Making attribution gives order and predictability to people's life. It helps individuals to cope and also assist in situation analysis through making inference. The implication of this finding is that weakness of the body is inseparable from cervical cancer but can be reduced and managed.

### **Transmission:**

Findings revealed that cervical cancer is transmitted during sex and that men are the carrier of the virus. It can be spread through vaginal sex, oral sex and anal sex. Similarly, based on data collected it shows that patients have little or no idea how the virus is transmitted. This is due to lack of information and/or knowledge about cervical cancer. Safe sexual practices can reduce risk of transmission. Certain genetic and lifestyle factors may increase a woman's risk for contracting HPV, which can lead to cervical cancer. They include; first intercourse at a young age, high number of sex partners, and a history of other sexually transmitted infections such as chlamydia or gonorrhea or sex with a man whose partner had cervical cancer. It is important to note that other biological factors also affect HPV infection. In young women, the cervix is more susceptible to infection. Smoking makes HPV infections more likely to turn into cancer. Immunodeficiency also makes it harder for the body to eliminate HPV infection (Monti, 2017).

### **Screening for cervical cancer:**

Screening is testing of all women at risk of cervical cancer, most of who will be without the symptoms (World Health Organization). Findings from the research questions revealed that all the participants knew about screening programmes and its importance. They knew that sometimes, women may have the HPV virus and may not know until they go for screening. Participants' knowledge about screening programmes shows that screening for cervical cancer aims at detecting precancerous changes, which, if not treated, may lead to cancer.

### **Pains:**

Participants' indicated that they had pains during sexual intercourse, at the back and pelvic region. Some of the participants emphasized the fact that pains experienced on the back and pelvic region hinders their day to day activities. Furthermore participants who have the complication revealed that getting up early in the morning is likewise a difficult task due to pains.

Since it's evident from the narratives of the participants that they experience pains during sexual intercourse, at the pelvic region and on the back, it becomes important to seek information to address pains experienced. Those experiencing pains make conscious efforts to seek for information on how to reduce the challenges associated with pain. Purposeful information seeking is used to describe the process whereby individuals suffering from a need search for information to address the problem. People with pain such as back pains, pains during sexual intercourse or pelvic pains tend to be drawn close to one another. This is to help and support each other in coping with the complication. This is enhanced with the availability of information resources.

The implication of the finding is that cervical cancer patients will experience pains from time to time. Coping with pains as it arises involves ensuring that information on cervical cancer is utilized. It is therefore recommended that resources that will promote decision making in cervical cancer management should be made available for the use of people coping with pain to facilitate cervical cancer self-management. Self-management is the ability of individuals to manage a condition with little or no assistance. Information sharing about critical health is fundamental to provision of healthcare. Individuals' coping with chronic should be encouraged to always share information with healthcare providers. Healthcare provision starts with information. This will form the basis of h healthcare provision.

## Conclusion

This is the first study to focus on the information awareness among women about cervical cancer in Zaria metropolis, Kaduna State, Nigeria to the best of the researchers' knowledge. The findings revealed that participant women who attend gynecology clinic, ABUTH, Shika, Zaria, Nigeria knowledge about cervical cancer about: myopathy, transmission, screening and pains. the study therefore concludes that that trust of medical practitioners, prior knowledge, personal judgment and confusion were the personal construct applied in the understanding of knowledge about cervical cancer among women in the Gynecology Clinic of ABUTH, Shika.

## Recommendation

Based on the findings of the study, it is recommended that extensive awareness, knowledge and information sharing should be created about CC by medical practitioners and shared among the patients who attends gynecology clinic, ABUTH, Shika, Nigeria. Local languages should be used for creating awareness about CC.

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