

# Awareness Status, Behavior and Practices of Women in Mahajanga, Madagascar on Cervical Cancer and its Early Detection

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## Abstract

**Objectives:** The aim of this study was to determine the role of cervical cancer awareness and the unwillingness of women to perform screening.

**Methods:** A cross-sectional study was conducted in the city of Mahajanga, Madagascar between March to April 2015. The sample size comprised 322 women over 25 years old, randomly selected using a two-stage cluster sampling design. Data were collected using self-administered questionnaires. The questions were focused on the socio-demographical characteristics of the participants, their knowledge about cervical cancer risks factors, their attitudes and practices, towards screenings. Statistical Package for Social Sciences (version 24) was used for data management and descriptive analyses.

**Results:** The average age of women is 35.58. Two third of the participants were secondary school graduates. For 9.4% of respondents the cause of cervical cancer is attributed to human papillomavirus (HPV), 34.1% reported the younger age of the first sexual intercourse, 26.9% pointed out the multiple sex partners and 26.6% the sexual transmitted disease. The goal of the screening as quoted by the surveyed subjects was to timely detect precancerous lesions for 6.2% of case, to be aware of one's health condition for 5.3% of case, to receive treatment for 5% of case and no idea for 17.7% of case. Malagasy women delayed seeking medical cares and showed themselves with a low level of awareness on health issues pertaining to cervical cancer.

**Conclusion:** the results showed that the women's knowledge about cervical cancer and screening tests necessity rate are significantly lower in this study. Health education is suggested, to raise the women's level of awareness, to change beliefs in health habit, to improve their behavior towards the screening program as to incite them to perform Pap test.

**Keywords:** Awareness; Behavior; Practices; Women; Mahajanga; Cervical cancer; Detection

## Introduction

Cervical cancer is a medical condition showing inequalities in term of women health [1]. This sexually transmitted infection originates from some strains of human papillomavirus (HPV) [2]. Each year, the disease accounts for 200 000 deaths worldwide where more than three fourth of which are located in the less advanced countries, namely in Sub-Saharan Africa [3,4].

Periodic programs for diagnosing cervical cancer are failing in poor countries, and screenings are conducted either very randomly or scarcely and performed occasionally at a sensitization campaign [5]. In developed countries, the occurrence and the mortality rate associated to this type of cancer has significantly fallen thanks to regular program of screening [6]. Among noticed difficulties in achieving cervical cancer testing include the misunderstanding of risk factors and a lack of accurate guidelines to handle appropriate screenings [7]. Considering the issue associated to the rise of death toll and the number of cervical cancer cases detected around the world; how serious it is when evidenced lately; and in view of psychological and financial burdens weighing on community and on woman herself, this study aimed to determine the role of cervical cancer awareness and the reluctance of women to perform screening was conducted in the city of Mahajanga. The specific targets were to describe the sociodemographic profile of population under the study; to identify the awareness status, behaviors and practices of women in view of cervical cancer and its screening based on the role of cervical cancer awareness and the reluctance of women to perform screening was conducted in the city of Mahajanga.

## Methods

A cross sectional study was used and data was collected by a face-to-face interview survey conducted by trained interviewers in the city of Mahajanga from March to April 2015. The population under study was composed of women aged 25 years and above, resident for at least six months in the site of study. The questionnaire was established from basic questions from Demographic Health Survey (DHS) and the Service analyse, Appui et al. Plaidoyer (S2AP) models. The team drafted its own questionnaire to match the objectives of the survey. The most important considered point is to not change the content and format of the questions but to select the questions considered most. Once the questionnaire has been developed. This pre-test is simply to establish the validity of the questionnaire. The questions were in Malagasy translated into local language as well as translated in French language by a professional translator. The questionnaire uses appropriate terminology to ensure that the original meaning of the questions is not lost. The wording of the questions after the translation should be kept simple and within reach of people with low educational level. Its

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Received July 11, 2019; Accepted August 20, 2019; Published August 28, 2019

**Citation:** Ratsiambakaina D, Gottot S, Razanamihaja N (2019) Awareness Status, Behavior and Practices of Women in Mahajanga, Madagascar on Cervical Cancer and its Early Detection. J Community Med Health Educ 9: 664

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included sixty-two items designed to evaluate knowledge, attitudes and behaviour of women regarding the cervical cancer risk factors and screening. Assessment of participants included items on the effects of awareness of participants to early detection of HPV. Data were collected using self-administered questionnaire, from March to April 2015 using a questionnaire administered by trained interviewer. The study was approved by the ethical committee of Ministry of Public Health and respecting the of ethical consideration.

Investigation lasted for two years, counting from the draft of the research protocol to the unveiling of the results. The sample size comprised 322 women to undergo interview. Beginning with a quantitative description and a cross-sectional observation of the epidemiological study, the population under survey was randomly selected using a two-stage cluster sampling design within the 26 neighborhoods of the city of Mahajanga. Quantitative data were analyzed using R software for a descriptive analysis of the study population.

## Results

The epidemiological analysis of these series showed that the average age of women under survey was 35,58 years; with a minimum of 25 years and a maximum of 63 years Tables 1 and 2.

Nine-point four percent of women support that the cause of cervical cancer is attributed to human papillomavirus (HPV), 34.1% of case to the younger age of the first sexual intercourse, 26.9% to multiple sex partners and 26.6% to cases of sexual transmitted disease. The goal of the screening as quoted by the surveyed subjects was to timely detect precancerous lesions for 6.2% of case, to be aware of one's health condition for 5.3% of case, to receive treatment for 5% of case and no idea for 17.7% of case.

Sociodemographic information of the population under the study	Subjects	Number n=322	Percentage (%)
Ages	25 to 34 years	135	47.5
	35 to 44 years	130	40.4
	45 years and above	39	12.1
Level of education	Primary	63	19.6
	Secondary	244	75.7
	Campus	15	4.7
Monthly income	below 100 000 Ar	234	72.7
	from 101 000 to 200 000 Ar	68	21.1
	from 201 000 to 300 000 Ar	9	2.8
	301 000 Ar and above	11	3.4

n=Sample size; Ar=Ariary (local money); 1Ar=2784,49 (March, the19th 2015)

Table 1: Sociodemographic portrait of the population under the study.

Cervical cancer	Subjects	Number n=322	Percentage (%)
Having heard of cervical cancer	Yes	170	52.8
	No	152	47.2
Screening history	Yes	23	7.1
	No	29	92.9
Reasons of refusal to perform screening	Lack of time	80	24.8
	No idea	39	12.1
	No financial resource	23	7.1
	No apparent signs	2	0.6
	Others	178	55.4

Table 2: Awareness status, behaviours and practices of women in view of cervical cancer and its screening.

## Discussion

The study assessed the knowledge, attitudes and practices (KAP) of women regarding cervical cancer. It is important to assess the KAP because they might affect the decision to do a screening test of human papilloma virus, responsible of cervical cancer. A well-proven way to prevent cervix cancer is to have testing (screening) to find pre-cancers before they can turn into invasive cancer. Although cervical cancer is largely preventable through screening, detection and treatment of precancerous abnormalities, it remains one of the top causes of cancer-related morbidity and mortality globally.

Women aged 31 years above are more likely concern with the survey [8]. In these series, women pretending to be aware of the cancer represent 87.3%, those having heard of the cancer occurrence 52.8%. Such figures are significant comparing with other studies, since after Obinchenti et al. only minorities (3.6%) of population are well informed of the cervical cancer [9].

The main etiology of cervical cancer reported by the women of the study were HPV for 9.4% of case. The relationship between the virus and the disease is not well understood by the target population, and this can negatively affect the prevention of HPV infection by vaccination. Similarly, Ekane GE and al. stated that the level of awareness of risk factors related to cervical cancer was low [10].

The reasons evoked by these women were the lack of time, no financial resource and no apparent signs of disease. The clinical symptoms and the case of cervical cancer diagnosed in Madagascar are not different from other countries. Malagasy people take more time to perform oncology testing, and elsewhere the monitoring period of patients is very short [11]. Such observation is reported in various studies conducted in other countries. In 2014, factors impeding screening in Sub-Saharan Africa were the fear of pain, shyness, the cost and consideration that the subjects were in good health and did not need tests [12,13]. However, in Turkey, as reported in 2012, apart from the low level of awareness, the disease being viewed as a fatality and the sex gender of the medical practitioners are also considered among factors to refrain women from undergoing a Pap test [14]. The screening rate of cervical cancer in these series are similar to those reported by Ezechi for (country) but women tested positives after visual inspection of 673 ones, were taken into his study [15]. Erbil et al., finds that positive attitude towards gynecologic examination of women (p=0.000) and considering oneself in a cervical cancer risk group (p=0.004) were positively associated with a pap smear test history [16].

## Limitation of the Study

The study was conducted in the northwest province of Madagascar and as such, the results do not represent all Malagasy women knowledge, attitudes and practices regarding cervical cancer and its screening.

## Conclusion

The results showed that women in this study delayed seeking medical cares and showed themselves with a low level of awareness on health issues pertaining to cervical cancer. Health education is suggested, to raise the level of awareness of women, to change beliefs in term of health habit and to improve their behavior in view of the screening program as to inciting them to perform Pap test, even though they had never attended to any prevention program before.

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