



Cervical Cancer: Sociodemographic and Clinical Risk Factors Females Steps Study in Ethiopia.

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Background: Cervical cancer is an important health problem world-wide. Low socioeconomic status, no screening attendance, smoking, Oral Contraceptives (OCs) usage, multiparous, and sexual multi-partners are important risk factors.

Aim: To determine the sociodemographic and clinical risk factors of cervical cancer among Egyptian women.

Patients and methods: Eighty six adult females with cervical cancer and 200 adult healthy females were recruited as the cases and controls. A case-control study design was used in this research. A comprehensive interviewing form was used to collect data.

Results: Significant sociodemographic risk factors were low education, low occupation, and age ≥ 50 (OR=3.42, 4.79, 3.35; respectively). Also, significant sexual behavior risk factors were premarital sexual practice, practice with STDs symptomatic partner, none circumcised partner, and ≥ 3 life time sexual partners (OR=5.36, 3.1, 12.28, 26.25; respectively). Meanwhile, significant gynecological and reproductive risk factors were age at marriage < 18 , age at first full term labor < 20 , multiparity > 5 , vaginal delivery, and OCs usage (OR=2.63, 2.06, 2.19, 11.86, 4.93; respectively). Significant medical and family history risk factors were obesity, history of STDs, and positive family history of cervical cancer (OR=5.42, 4.44, 14.93; respectively). Significant life style risk factors were low fruits and vegetables intake, passive smoker, alcohol use, and poor genital hygiene (OR=7.04, 10.23, 4.34, 2.36; respectively).

Conclusions and recommendations: Risk factors of cervical cancer are mostly preventable. More studies should be conducted on big number of patients in different areas to understand the true epidemiology and situation of cervical cancer in Egypt and to doubling of efforts to address high-risk groups. Also, the need for a national prevention and control program, the integration of screen services into health facilities that women use.

Keywords

Cervical cancer; Risk factors; Sociodemographic; Clinical; Egypt

Introduction

Cervical cancer is a major health problem worldwide, being the second most common cancer in women, ranking first in many developing countries; about 80.0% of the total cases are present in developing countries. It was once, one of the most common causes of death from cancer. In the past 30 years, the death rate from cervical cancer has dropped by more than 50.0% for American women. The main reason for this change was the increased use of the Pap test. Preventable cases of cervical cancer in developed countries such as the United Kingdom are 100.0%.

Low socioeconomic status, prostitution and urban residence were observed more frequently in women with cervical cancer. Epidemiological studies have shown an increased risk of cervical cancer due to sexual and reproductive behavior. Cervical cancer was almost unknown among the nuns; sexual activity has been thought to be a major factor in the genesis of cervical cancer. Other related factors associated with cervical cancer include early age at first intercourse, multiple marriages, extramarital sexual activity, sexual activity before marriage, early age at first pregnancy, multiple partners of wives and husbands and uncircumcised sexual partners.

A number of important epidemiological risk factors have been identified: early age at marriage, coitus before the age of 18, multiple sexual partner, delivery of the first baby before the age of 20, multipartite with limited spacing of births between

pregnancies and poor personal hygiene. Women with sexually transmitted diseases (STDs) such as HIV infection, herpes simplex 2 virus and human papillomavirus (HPV) infection. Other factors associated with an increased risk are smoking, oral contraceptives (OC) and the lack of certain nutritional factors like beta-carotene, vitamin C and low consumption of fruit.

Negligence by the patient of the initial symptoms such as leucorrhea, post-coital bleeding; lack of awareness of symptoms, illiteracy and lack of adequate screening facilities increase the incidence among women.

Patients and Methods

Study design

An analytic, case-control, clinic-based study design was chosen to perform this research.

Administrative design

Required approvals to conduct the study in the hospitals were obtained before starting the field work.

Study settings and patients

Eighty six adult female patients with cervical cancer attending Gynecology Clinics, Al-Hussein and Tanta University Hospitals for follow up were recruited as a patients group in this study. Two hundred apparently normal female adults (relatives to other patients attending the clinic and free from cervical cancer) were enrolled in the study as controls. Both the patients and controls were females and their age range, 35-71 years.

Study tools

A specially designed comprehensive interviewing form contains data relevant to the topic of study was used. Also, all the patients and the controls had undergone anthropometric measurements; height (cm) and weight (kg) were measured with participants standing without shoes and heavy outer garments and accordingly Body Mass Index (BMI) was calculated and classified according to WHO.

Conclusions and Recommendations

Significant socio-demographic risk factors were low education and occupation and age ≥ 50 years. The important risk factors for sexual behavior were sexual practice before marriage, practice with a symptomatic partner for STDs, no circumcised partners and ≥ 3 lifelong sexual partners. Significant gynecological and reproductive risk factors were age at marriage < 18 , age at first full-term delivery < 20 , multiparity > 5 , vaginal delivery and use of OC. Important risk factors related to medical and family history were obesity, history of STDs and positive family history of cervical cancer. Significant lifestyle risk factors were low intake of fruits and vegetables, a passive smoker, alcohol consumption and poor genital hygiene. To identify the public health importance of cervical cancer in Egypt, more studies are needed; large community studies with larger samples. More studies should be carried out on a large number of patients in different areas in order to understand the true epidemiology and situation of cervical cancer in Egypt and to double efforts to target high-risk groups. In addition, the need for a national prevention and control program, the integration of screening services in the health facilities that women use.

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