

Awareness and Perception towards the Utilization of Cervical Cancer Screening (CCS) Services among Nurses in a Teaching Hospital in Ibadan, Nigeria

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Received: 14 December 2017 Accepted: 31 December 2017 Published: 15 January 2018

Abstract

Invasive cervical cancer is the second-most common cancer in women world-wide, 80

Index terms— nurses, cervical cancer, screening, awareness, perception.

1 Introduction

Invasive cervical cancer is the second-most common cancer in women world-wide, 80% of these cases were discovered through records to be from developing countries. Although it can be readily detected in the premalignant phase, cervical cancer remains the second most common cancer in Nigeria and fifth in the United Kingdom as opined by Ahmed, Sabot and Iris (2013).

According to United States Cancer Statistics (1999-2011) Cervical cancer was rated the leading cause of cancer death among women living in the United States however, the number of cervical cancer cases reported in the past 40 years and the number of deaths have decreased significantly. This reduction was related to the fact that many women got regular Pap test which enabled them to have a pre-cancer detection before it turns to cancer. By 2011, about 12,109 women in the United States were diagnosed with cervical cancer while 4,092 women died from cervical cancer. Internationally, cervical cancer has been regarded as the third most popular type of cancer among women besides breast and colorectal cancer. This was reported by Al-Meer, Al-Khalid, Al-Kowari and Ismail (2009).

As a developing country, Nigeria is not spared of the cervical cancer public health problem; Olaniyi (2010) reported that cervical cancer is the commonest female cancer and is the leading cause of female death. This is observed to be secondary to late presentation at an advanced stage of the disease and which could be due to false reassurance associated with having no symptoms of disease.

Jamal, Bray, Centre, Farley and Ward (2011) are of the opinion that cervical cancers are a preventable disease through proper screening, treatment and follow up. However, it is a serious public health problem as it accounts for over 275,000 female deaths and approximately 529,000 new diagnoses each year were recorded in global cancer statistics. The World Health Organization (WHO) also reported that cervical cancer is the most common cause of the female cancer globally (WHO, 2012).

Blair (2009) not only agrees that early detection is a proven cost-effective intervention for cervical cancer control strategy but is also of the opinion that cervical cancer screening has its potentials to greatly reduce deaths occurring from cervical cancer. Guido (2008) however views it as a major challenge for developing countries where lack of resources limits coverage of the cervical cancer screening.

An assessment of women's knowledge of cervical screening was considered important as up to 92% of those dying from this form of cancer have never been tested (Nacelle, 2009). It has been noted that some women lack the knowledge about prevention of cervical cancer tests and its indications. Many women do not have a clear understanding of the meaning of an abnormal smear or the concept of pre-cancerous changes and many believe that the purpose of the prevention of cervical cancer test is to detect cancer (Ackerson, 2010).

2 a) Objectives of the study

To determine awareness and perception affecting utilization of cervical cancer screening services awareness, perception and factors affecting utilization of cervical cancer screening services among nurses in Adobo Maternity Teaching Hospital, Ibadan, Oyo State, Nigeria. Sampling procedure and sample: This is a descriptive and cross-sectional study aimed at assessing and documenting the awareness, perception and factors influencing cervical cancer screening among nurses working at Adobo Maternity Teaching Hospital using a validated structured questionnaire. Sampling Techniques: Stratified, proportionate and simple random sampling techniques were adopted for the selection of the 180 nurses from a total of over 204 nurses from all cadres of nurses in the hospital. The sample is a subset of the total population which gives representation size of 88% of the total Nurses population will be used.

3 b) Specific Objectives includes

4 Sample size determination:

The sample size formula for estimating proportions will be used to calculate the required sample size for this study. $n = \frac{Z^2 (up) d^2}{n}$ n = minimum sample size d = desired precision of the estimate, set at 0.05 (level of accuracy desired/sampling error (tolerance error 5%) z = standard normal deviate (set at 1.96 for 95% confidence level) p = the proportion of the population having the characteristic being measure 87% (cited in Arulogun et al, 2012) q = the proportion of the population that does not have the characteristics (1- p) p = prevalence of awareness of cervical cancer screening among female Nurses in NnamdiAzikwe University Teaching Hospital, Knew, Nigeria = 87 Therefore, p is 0.87 $q = 1 - 0.87 = 0.13$ Substituting for the values in the formula, $n = \frac{1 (0.05)^2 .96^2 \times 0.87 \times 0.13}{0.0025} = 173.79$ Estimated Sample size = 180. 10% non-respondent = 1-10 100 = 0.9 (used for pilot study = 20)

5 b) Inclusion Criteria

All the Nurses that volunteer to participate in Adobo Maternity Teaching Hospital, Hemet, and Ibadan.

6 c) Ethical Approval

Ethical approval was sought and obtained from the Oyo State Ethical Approval Board before this research was carried out.

7 III. Results

8 a) Age distribution of respondents

The age of the respondent ranged from 23 to 59 years; the median age \pm standard deviation was 40 ± 9.5 years.

9 b) Research Question 1: What is the level of awareness of CCS among Nurses in Adeoyo Maternity Teaching Hospital?

To provide answer to this question, the frequency counts and the percentages of respondents to the items in section B and D of the instrument were computed and the results represented in table 9 and figure 4.9.

More than half of the respondent are aware of the cervical cancer screening 97 (39.5 and 15.2 = 54%).

10 c) Discussion, Summary and Recommendation

There is a high level of perception 106 (59.9%) had positive perception only 8 (19.0%) had undergone cervical cancer screening in the past. The Chi square $X^2 = 10.172$, degree of freedom (df) is 1 and P value is 0.002 thus the null hypothesis is rejected.

11 d) What is the level of awareness of CCS among

Nurses in Adobo Maternity Teaching Hospital?

In order to determine their level of awareness the respondents were asked to define cervical cancer higher percentage of the Nurses could not define cervical cancer 103 (58.2%) while 74 (41.8%) were able to define it correctly. However, majority of the respondent 168 (94.9%) are familiar with the right age to have cervical cancer done. The respondents are also aware that the facilities where the test can be done 165 (93.2%) Their knowledge of cervical cancer was not poor; 97.7% of the respondents have heard of cervical cancer screening as a form of cervical cancer prevention and 168 (94.9%) are familiar with the age range (between 16-65 years old) that are eligible to go for CCS, only 128 (72.3%) were aware of modern day CCS equipment under Oyo state hospital management board facilities. However only 16 (9.0%) have worked in CCS unit and only 8 (4.5%) had privileged to attend refresher course training to enhance their knowledge of CCS practice.

The knowledge of availability of various types of cervical cancer screening method was fair: 130 (73.4%) of the respondents are aware of Pap smear, 49 (27.7%) Human Papiloma virus test, 10 (5.6%) Cone biopsy test, 12 (6.8%) Liquid based cytology and 46 (26%) Visual inspection with acetic acid.

Although their knowledge of cervical cancer screening as a form of prevention of deadly disease such as cervical cancer was fair only 42 (23.7%) have undergone CCS and only 8 (4.5%) had done a repeat screening (screened twice).

In Arul gun's (2012) study respondents' pattern of utilization of cervical cancer screening (CCS) services that only 174 (34.6%) of the respondents had made use of cervical cancer screening services. However pattern of utilization showed that 80 (46.0%) had accessed CCS only once, 48(27.6%) twice, 15(8.6%) thrice and 31(17.8%) four or more times with the University College Hospital being the mostly patronized (85.6%).

Unlike Arul gun's study only few Nurses have had cervical cancer screening in the past (42, 23.7%) and less than have had a repeat test (8, 4.5 % had done it twice) however (132, 74.5%) perceived it as crucial to women's health.

The research revealed that the Nurses level of awareness is in significant in making an informed decision; Nurses have adequate information but are not health informed. It then become a concern how well can they be an advocate that women should go for cervical cancer screening when they have not fully utilized its benefits personally.

12 e) What is the perception of Nurses at Adobo Maternity Teaching Hospital on cervical cancer screening?

According to Table 11 which showed the perception of respondents towards CCS. 130 (74%) respondents are of the opinion that not all Nurses are well trained to conduct cervical cancer training. 128 (72.4%) claimed that cervical cancer screening is time consuming and that it is not easy to leave work to go for CCS 121 (62.7%). Majority 107 (60.4%) of the respondents claimed that CCS is a painful procedure and they cannot withstand the pain thus cannot go for it.

According to Kholo et al (2011) some women sometimes have their own perception about cervical cancer and the Pap smear, their study reveal that some women believe that women attend screening programs because they engaged in an active sexual lifestyle or contracted a sexually transmitted infection (STI). Because of this perception, many women do not attend for screening until the systems are well established and the condition is life threatening. Previous research also revealed that if women feel healthy, they feel no immediate need to attend for screening. This is similar to Kholo study only few of the respondents 25 (14.1%) perceived having multiple sexual partner as a possible risk for having cervical cancer. Majority of the respondents 168 (94.9%) disagreed that cervical cancer screening is for people of the lower class.

On accessibility Muppet (2011) study is of the opinion that proximity is a key factor to utilization, in her study with Zimbabwean women rural areas have limited access to health centre providing CCS the respondents complained of distance being too far. Here the respondent working in a facility that has CCS service view its nearness to them positively 99(55. (%)) strongly agree to have the CCS done at their work place.

Respondents 132(74.5%) believes nurses see cervical cancer screening as crucial to women's health. 129(72.9%) disagreed that cervical cancer screening should be out of hospital -based services. Majority of the respondents 99 (55.9%) feels comfortable going for cervical cancer screening at their place of work. 108(61%) respondents feels Hospital based cervical cancer screening services discourages Nurses .

The summary of group perception revealed that 106 (59.9%) among the one hundred and seventy seven Nurses at Adobo Maternity Teaching Hospital had a positive perception. Even though the general attitude is positive, 71 (40.1%) of the Nurses who have negative perceptions about cervical cancer screening needs to be targeted for re-orientation.

13 IV. Conclusion

The seriousness and hazards which cancer brings into the lives and existence of sufferers of the disease cannot be quantified. Cervical cancer is a type of cancer limited to and suffered by women and has serious adverse effect on the ability of women to function properly within their sphere as mothers, care givers and sometimes bread winners. Nurses due to their daily contact with patients, their relatives, friends and the general public can be viewed as fountains of knowledge. It is therefore important that they have the right kind of knowledge to disseminate information to the public

The findings of this study show that majority of the Nurses at Adobo Maternity Teaching Hospital though aware of cervical cancer, the availability and importance of screening, yet only few have undergone cervical cancer screening.

The Nurses' health promotion unit should also be resourced to handle promotional activities and programs through in-service trainings in providing informative education to help improve the level of awareness about cervical cancer screening among Nurses in general Year 2018

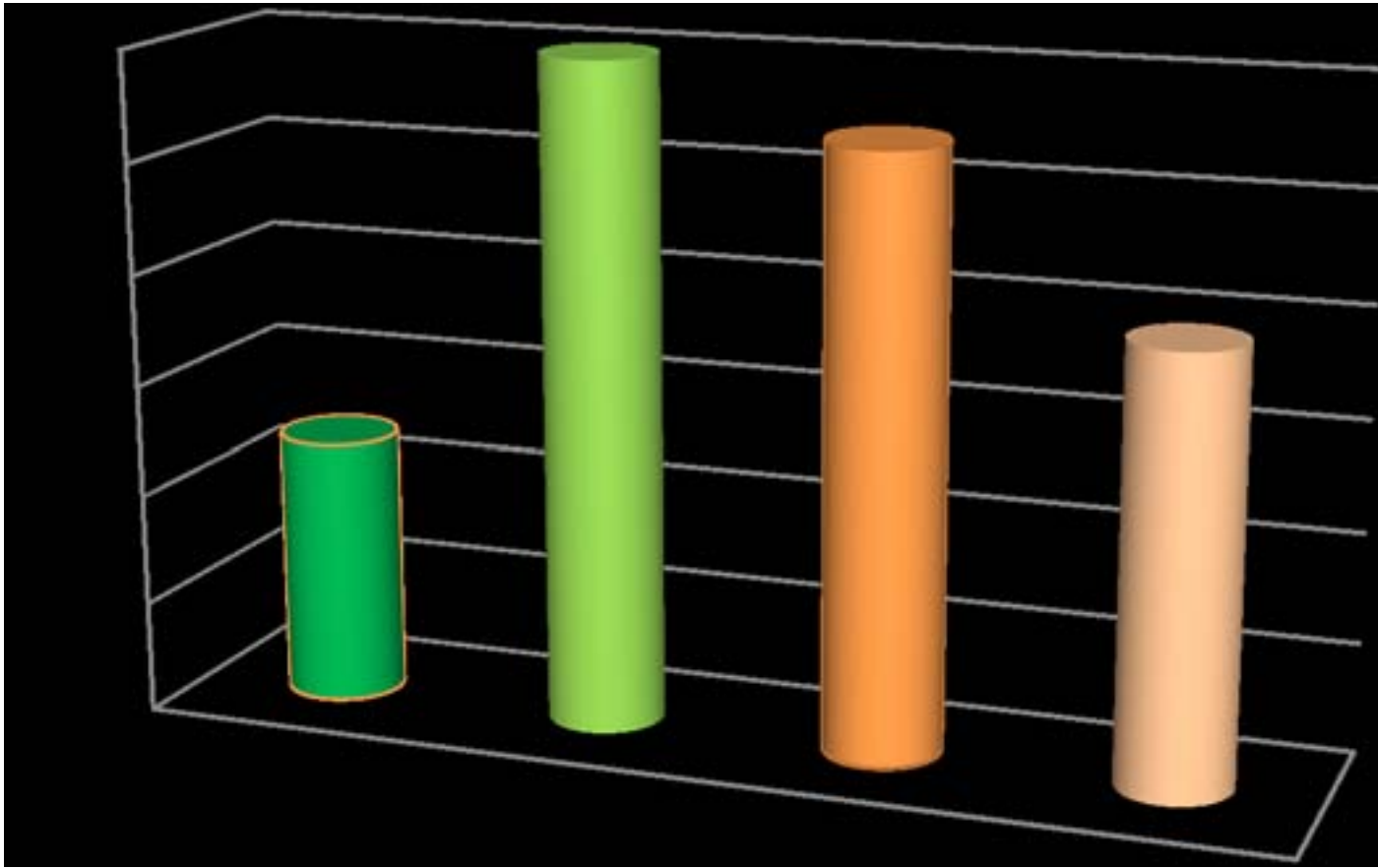


Figure 1:

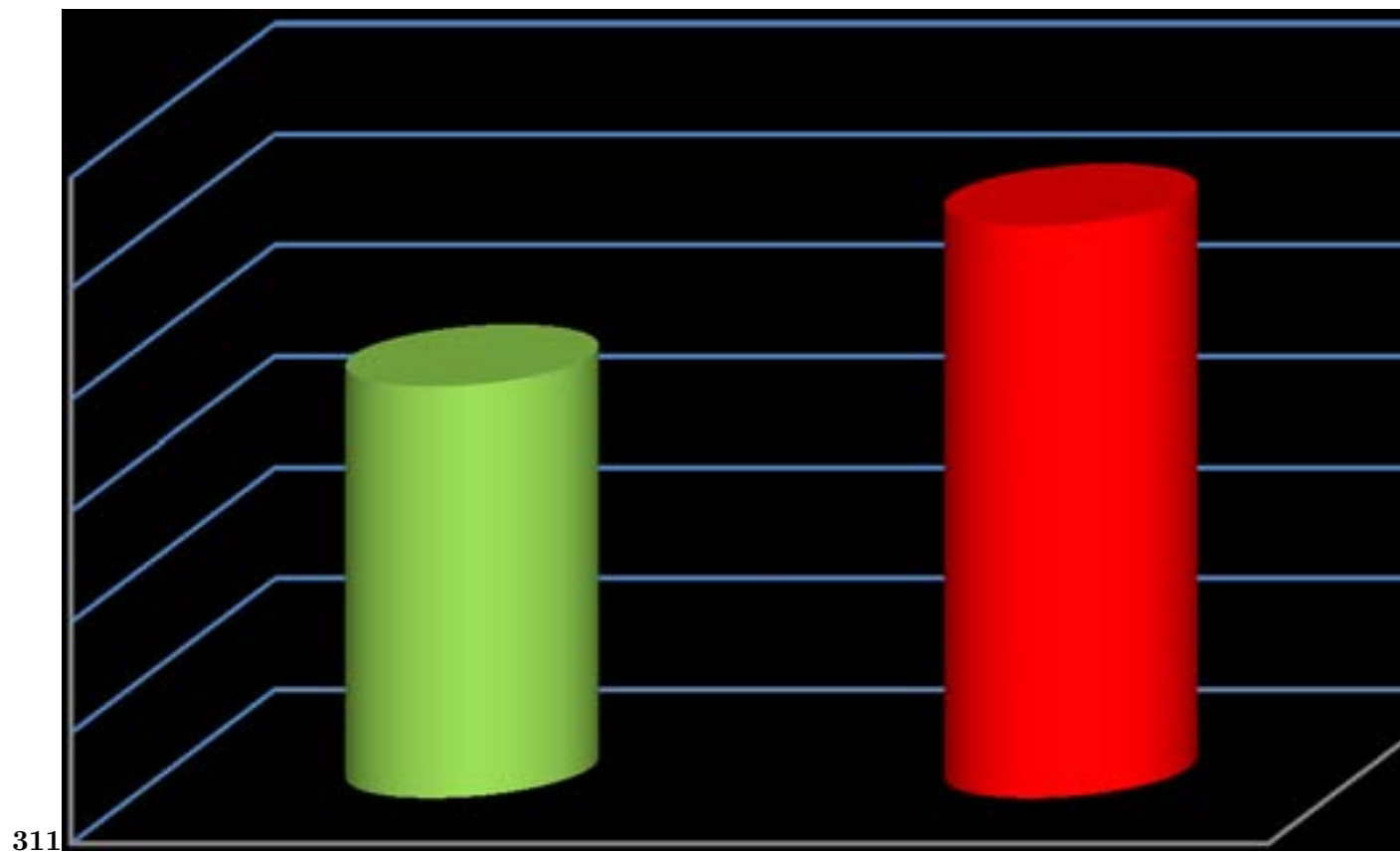


Figure 2: Figure 3 :Table 11 :

1

Age range (years)	Frequency	Percentage (%)
23-29	24	13.6
30-39	60	33.9
40-49	54	30.5
50-59	39	22.0
Total	177	100

[Note: Figure 1: Bar Chart Showing Distribution of Respondents by Age]

Figure 3: Table 1 :

2

S/N Variables	Options	Frequency N=177	Percentage %
1 Age group	23-29 years	24	13.6
	30-39 years	60	33.9
	40-49 years	54	30.5
	50-59 years	39	22.0
2 Ethnic group	Igbo	6	3.4
	Yoruba	171	96.6
3 Marital status	Never married	12	6.8
	Married	157	88.7
	Widowed	8	4.5
4 Religion	Christianity	158	89.3
	Islam	19	10.7

Figure 4: Table 2 :

3

Marital Status	Frequency	Percentage (%)
Never married	12	6.8
Married	157	88.7
Widowed	8	4.5
Total	177	100

Figure 5: Table 3 :

4

	Frequency	Religion Percent %	Valid Percent %	Cumulative Percent %	Per-
Christianity	158	89.3	89.3	89.3	
Valid Islam	19	10.7	10.7	100.0	
Total	177	100.0	100.0		

Figure 6: Table 4 :

5

Year 2018

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Medical Research

ValidRN

Educational status Frequency Percent % 19 10.7

Valid
Percent %

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76.8

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B.Sc.

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Total

177

100.0

100.0

Figure 7: Table 5 :

6

	Frequency	Cadre Percent %	Valid Percent %	Cumulative Percent %
ValidNO I	17	9.6	9.6	9.6
NO II	44	24.9	24.9	34.5
SNO	22	12.4	12.4	46.9
PNO	52	29.4	29.4	76.3
CNO	41	23.2	23.2	99.4
ACNO	1	.6	.6	100.0
Total	177	100.0	100.0	

Figure 8: Table 6 :

7

Valid Casualty	Main theatre	Area of practice	Frequency	Percent	% Valid	Percent	% 11	6.2	6.2	2	1.1	1.1
Labour ward I	room Antenatal war II											
Paediatrics		8		4.5		4.5						
SCBU	Lying-in-wards I	7	19	6	6	4.0		4.0				
Lying-in-wards II	CHOPD					10.7		10.7				
						3.4		3.4				
						3.4		3.4				
ANC Crèche ward	Gynae/septic Family planning	2	1	4	3	1	1.1	.6	1.1	.6		
	NHIS					2.3		2.3				
						1.7	.6	1.7	.6			
Gynaecological clinic		7				4.0		4.0				
Administrative Nurse		1				.6		.6				
Not disclosed		34				19.2		19.2				
Total		177				100.0		100.0				

Figure 9: Table 7 :

10

Respondent	Frequency	Range of scores	Percentage %	Remark
Awareness score of respondent about cervical cancer screening	80	0-40	45.2 %	Poor awareness
	70	41-69	39.5 %	Average awareness
		70-100	15.2 %	Good awareness
Total	N=177		100 %	

Figure 10: Table 10 :

13

S/N	TEMS	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	All Nurses are well trained to conduct cervical cancer screening.	5 (2.8%)	22 (12.4%)	19 (10.7%)	72 (40.7%)	59 (33.3%)
2	Cervical cancer screening is time consuming.	3 (1.7%)	15 (8.5%)	31 (17.5%)	81 (45.8%)	47 (26.6%)
3	It is not easy to leave work and go for cervical cancer screening.	9 (5.1%)	44 (24.9%)	13 (7.3%)	70 (39.5%)	41 (23.2%)
4	Cervical cancer screening is painful and I can't withstand the pain.	7 (4.0%)	22 (12.4%)	41 (23.2%)	76 (42.9%)	31 (17.5%)
5	I do not have multiple sexual partners, so I do not need cervical cancer screening.	6 (3.4%)	19 (10.7%)	10 (5.6%)	74 (41.8%)	68 (38.4%)

Figure 11: Table 13 :

14

6	Cervical cancer screening is for people of lower social class.	2 (1.1%)	5 (2.8%)	2 (1.1%)	65 (36.7%)	103 (58.2%)
7	Nurses see cervical cancer screening as crucial to women's health.	62 (35.0%)	70 (39.5%)	12 (6.8%)	20 (11.3%)	13 (7.3%)
8	Cervical cancer screening should be out of hospital -based services.	8 (4.5%)	23 (13.0%)	17 (9.6%)	77 (43.5%)	52 (29.4%)
9	I feel comfortable to go for cervical cancer screening in my workplace.	26 (14.7%)	73 (41.2%)	24 (13.6%)	38 (21.5%)	16 (9.0%)
10	Hospital based cervical cancer screening services discourages Nurses.	16 (9.0%)	29 (16.4%)	24 (13.6%)	70 (39.5%)	38 (21.5%)

Figure 12: Table 14 :

	User	Non-User	X 2	df	P-value	Remark	Decision
Aware	41 (97.6%)	132 (97.8%)	0.004	1	1	Insufficient	We fail to reject the H 0
Not Aware	1 (2.4%)	3 (2.2%)					
	42 (100%)	135 (100%)					

Figure 13: F

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