

Prevention of Cervical Cancer: Knowledge, Attitudes and Practices of Women of Childbearing Age of Djifa-Kpota Market in Lome (Togo)

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Abstract

Introduction: Cervical cancer (CC) is a malignant tumor developed from the lining of the cervix. Prolonged human papillomavirus (HPV) infection is the main cause. The objective is to determine the knowledge, attitudes and practices of women of childbearing age on the CC and to sensitize women on the screening of precancerous lesions of the cervix in Togo.

Methods: This was a descriptive cross-sectional study that took place from 1st to 31st July 2022, among women of childbearing age, patronizing Djifa-Kpota market.

Results: The average age of respondents was 28.1 years old, more or less 1 year with the extremes of 15 and 49 years. In 33.4% of the cases the respondents were resellers. In 68% of the cases, the respondents were unaware of the existence of the CC. Women who were aware of the existence of the CC recognized its severity in 96% of cases. In 4% of the cases, they identified sexual intercourse as the disease transmission route. No woman had performed the oncogenic HPV vaccine. They cited ignorance in 53.7% of cases, fear of cancer in 34.7% of cases, and the cost of the act in 11.6% of cases as reasons for not screening or vaccinating. They added in 76% of cases that they would go to the hospital when faced with warning signs of CC. In 45% of cases, they would use herbal teas, and in 9% of cases, they would not tell anyone because it is a disease of shame.

Conclusion: Most women are still unaware of the existence of the CC. Awareness programmes should be more frequent and focused on the existence of this disease, its means of prevention and the organization of screening campaigns.

Keywords: Cervical Cancer; Screening; Togo

Introduction

Cervical cancer (CC) is a malignant tumour developed from the lining of the cervix [1]. Prolonged human papillomavirus (HPV), a sexually transmitted infection, is the main cause [2]. It is now a public health issue [2]. Cervical cancer is the fourth most common cancer in women worldwide, with an estimated 604,000 new cases and 342,000 deaths in 2020. About 90% of new cases and deaths

worldwide in 2020 occurred in low- and middle-income countries [3]. In developed countries, there has been a decline in mortality from cervical cancer, justified by the introduction of vaccination of teenage girls, systematic screening, and treatment of precancerous lesions [4]. For a country, eliminating cervical cancer means reducing its incidence below the threshold of 4 cases of cervical cancer per 100,000 women per year. To achieve this goal by the end

of the 21st century, the World Health Organization (WHO) has set the targets « 90-70-90 », that must be achieved and maintained by 2030 (resolution WHA73.2) [5]. In Togo, an estimated 595 women are affected annually by cervical cancer, with 417 deaths [6]. To date, there is no national organized cervical cancer screening program in Togo. This study was undertaken to determine the knowledge, attitudes and practices of women of childbearing age on CC and to raise women’s awareness about screening for pre-cancerous cervical lesions in Togo.

Methods

It was a descriptive cross-sectional study that took place from the 1st to 31st July 2022, among women of childbearing age, aged 15 to 49, patronizing Djifa-Kpota market.

This market is located in the commune of Gulf 1 more precisely in the south of the region of the second district. It is limited to the north by the land of Djifa-Kpota and to the south by Malfakassa Boulevard. Near the market is the post office of Djifa-Kpota. 100 meters from it, is Pharmacy 2000 then, the hospital of Bè kpota, 2 kilometers away. The investigation took place during the study period from 08am to 11am and from 4pm to 6pm, the moment they are more relaxed. Included were resellers and women visiting Djifa-Kpota market, aged 15 to 49, who freely agreed to participate in the survey. The sample size was obtained by simple random sampling. A total of 311 women in this market were interviewed. Were not included women under the age of 15 or over the age of 49, and the women of childbearing age who did not consent. We had prepared a collection sheet in the form of a pre-established questionnaire which had been previously tested. For each woman, we introduced ourselves, then explained the purpose of our study and sent the questionnaire. Before sending the questionnaire to the respondents, we reassure ourselves of the confidentiality. We filled out the survey forms ourselves. Intimate questions are addressed to them directly and filled by themselves for the respect of confidentiality. Those who could not fill it are still helped subtly. The variables studied were socio-demographic data, knowledge data, attitudes and practices regarding cervical cancer. The collected data was processed by Epi Info software version 7.2.4.0. The Chi-square test and the Fisher test were used to compare qualitative variables, with a statistically significant threshold of $p < 0.05$.

Operational definitions

- **Craftsman:** Person who does manual work, who practices a traditional technique on her own account, often assisted by her family or apprentices
- **Civil servant:** Person holding a permanent job in a public administration
- **Employee:** Person who performs a task for someone, under his or her direction, for a salary
- **Housewife:** Woman who takes care of the organization and execution of the domestic tasks of a house.
- **Cohabitation:** Condition of two unmarried persons living together in a marital relationship
- **VIA/VILI test:** Visual Inspection of the Cervix with Acetic Acid (VIA) and Lugol’s Iodine (VILI) test.

Results

Socio-demographic data

The average age of the respondents was 28.1 years, more or less 1 year with the extremes of 15 and 49 years. The [25 - 35[age group represented 43.7% of cases. In 35.1% of the cases, the respondents lived in cohabitation. The level of secondary education accounted for 32.8% of the cases. In 33.4% of cases, the respondents were resellers (Table 1).

	Effective	Percentage (%)
Age		
[15-25[117	37.6
[25-35[136	43.7
[35-45[30	9.7
[45-49]	28	9.0
Educational level		
Secondary	169	54.3
Higher School	95	30.5
Primary	41	13.2
Uneducated	6	1.9
Marital status		

Cohabitation	109	35.1
Married	97	31.2
Single	95	30.5
Widow	9	2.9
Divorced	1	0.3
Occupation		
Reseller	104	33.4
Student/Pupil	78	25.1
Craftwomen	58	18.6
Employee	35	11.2
Civil servant	26	8.3
Housewife	10	3.2

Table 1: Distribution of respondents by socio-demographic data.

Gravidity and parity

Thirty-six point three per cent (36.3%) of the respondents were paucigests and the nulliparous accounted for 37.6% (Table 2).

	Effective	Percentage (%)
Parity		
Nulliparous	117	37.6
Pauciparous	100	32.2
Primiparous	47	15.1
Multiparous	47	15.1
Gravidity		
Paucigest	113	36.3
Nulligest	99	31.8
Primigest	55	17.7
Multigest	40	12.9
Large multigeste	4	1.3

Table 2: Distribution of respondents by parity and gravidity.

Knowledge of cervical cancer respondents

In 68% (211/311) of cases, respondents were unaware of the existence of the CC and 32% (99/311) knew about its existence. Women who were aware of the existence of the CC recognized its severity in 96% (95/99) of cases. In 53.5%, they recognized vaginal bleeding as clinical signs of CC. Multipartnership was recognized as a risk factor in 64.6% of cases. They identified HPV as the main causal agent in 4.4%. In 4% of cases, these women identified sexual intercourse as the disease transmission route (Table 3).

	Effective	Percentage
Does cervical cancer exist?		
Yes	99	32
No	211	68
Sources of information		
Média	84	85
Nursing staff	56	57
Relatives	22	22
Clinical signs		
I don't know	46	46.5
Vaginal bleeding	53	53.5
Vaginal discharge	28	28.3
Pelvic algies	32	32.3
Serious illness		
Yes	95	96
No	4	4
Curable disease		
Yes	69	70
No	30	30
Causal agent		
I don't know	95	96
HPV	4	4
Transmission channel		
I don't know	95	96
Sexual route	4	4
Risk factors		
Multipartnership	64	64.6
Repeated STI	26	26.3
Early sexual intercourse	19	19.2
Lack of condom use	19	19.2
HIV	10	10.1
Existence of screening methods		
Yes	10	10
No	89	90
Screening methods		
Cervico-uterine smear	7	7
VIA/VILI test	3	3
Humanpapilloma virus vaccination		
Yes	4	4
No	95	96

Table 3: distribution of respondents by Parity and gravidity.

Women's practice about preventing cervical cancer

In 96% (95/99) of the cases, the respondents had never done the screening. Of the women screened (4/99), or 4%, two (02) did it more than 2 years ago, one (01) more than 3 years ago and one (01) more than 5 years ago, and all of them did it during a cancer screening campaign. None of them had performed the oncogenic HPV vaccine. They cited ignorance in 53.7% (51/95) of the cases, fear of cancer in 34.7% (33/95) of the cases, and the cost of the procedure in 11.6% of the cases as reasons for not screening or vaccinating.

Women's attitudes about preventing cervical cancer

Concerning the attitude of the respondents, 5% (15/311) felt that cervical cancer is a bad luck problem. They had added that when faced with warning signs of the CC, 76% (236/311) would go to the hospital. In 45% (140/311) of cases, they would use herbal teas, and in 9% (28/311) of cases, they would not tell anyone because it is a disease of shame.

Discussion

Women aged 15 to 49 are sexually active, hence the need to talk to them about this cancer and its prevention methods. We chose to perform the study in a market because of the diversity of users in a market; all segments of the Togolese population are in a market. We randomly chose the Djifa-Kpota market and we will gradually extend this awareness to other markets, in order to reach the greatest number of women. It is true that women are not always available to answer questions, but we think our sample is fairly representative. In 68% of cases, women were unaware of the existence of the CC. Diallo, *et al.* [7] in Guinea Conakry in 2021, on the other hand, reported that 76% of women were aware of the existence of the CC. This low level of knowledge may be due to the lack of awareness campaigns on this cancer in our country. Most of the time, cancer awareness campaigns are done during Pink October celebration, with a focus on breast cancer. The first source of information on the CC was the media in 85% of cases. This can be explained by the fact women are the ones educated most of the time (54.3% have a secondary education level) and can easily use different types of media, especially with social networks, tic toc facebook, WhatsApp, etc..... and also, during their hollow moments, they have the opportunity to turn on their radio set, especially with

the advent of community radios. Remarkably, only 10% were aware of the means of screening and had cited cervical smear in 7% of cases. Mbongo, *et al.* [8] reported that 58.3% of the respondents were aware of screening methods. This low level of knowledge about screening methods may be due to a lack of sensitization and the fact that screening is not systematic in our routine consultations. So, the population is often scared to hear about cancer; cancer is often synonymous with death sentence in our country. Only 4% of respondents have a notion about HPV vaccination. This vaccination against HPV in our country has remained in the pilot phase since 2017 [9], therefore the population really ignores its existence. According to the respondents, exposure to CC risk factors was represented by multi-partnership (64.6%) followed by repetitive STIs (23.6%). It is therefore necessary to focus on raising public awareness of the risk factors of the CC as well as individual and sexual hygiene or even more sexual education. Moreover, in our milieu, it is frowned upon for a girl to be dating several men at the same time or change them regularly. Hence the importance of emphasizing loyalty to a single partner. Regarding their practice, in 96% of cases, the respondents had never done the screening. Those who did it, had done it during a screening campaign. Mbongo, *et al.* [8] reported that 95.1% of respondents had never done screening. And of those who did, only 2.9% did it at the right time and knew the date of their last screening. This result in our context, can be justified by the reason most stated by the respondents who were unaware of the means of prevention at 64.3%. This suggests that the organization of mass CC screening campaigns by the country's authorities would provide a greater incentive for women to screen. In addition, they do not have any idea of the importance of screening. It may be interesting to raise women's awareness of the importance of an early detection of CC. This is how the health worker must work on himself in order to increase patients' awareness of the prevention of CC. A study conducted by Obossou, *et al.* [11] in Benin in 2021 revealed an "inappropriate" practice of healthcare providers in screening pre-cancerous cervical lesions in 69.9% of cases. With regard to women's attitudes towards the early warning signs of the CC, 9% (28/311) still responded "to hide their signs out of shame." This can be explained by the fact that in our society, subjects concerning sexuality are always considered a taboo subject. By increasing awareness sessions, we can succeed

in breaking this taboo. However, the majority of the respondents, 76.5% (238/311) said they went to a health training, which shows a good willingness of the respondents to make use of health training.

Conclusion

The CC is a major public health problem in Togo. Most women are still unaware of its existence; the main factor preventing early detection of precancerous lesions. The awareness programs on the CC, should be more frequent and focused on the existence of this disease, its means of prevention and the organization of screening campaigns. Health personnel must play a more important role in raising public awareness at every contact with the population in terms of sensitization. And all this in order to improve the planning and development of CC prevention interventions.

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