

Cancer Screening Technology and Attitude of Women Towards Cervical Cancer

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Abstract

Cervical cancer claims over a quarter of a million lives of women annually worldwide. It is believed to be the second most common cancer among women worldwide. Screening is used to detect precancerous changes or early cancers before signs or symptoms of cancer occur. The first case of cervical cancer was founded in the 1970s by Harald Zur Hausen. It is believed to be the second most common cancer among women worldwide. Females becoming sexually active in early age with multiple partners are on high risk. Virtually all cervical cancers are associated with human papilloma viruses (HPV). This study was conducted to understand the levels of knowledge and attitudes of women towards cervical cancer screening in Al Khan Dubai. It assessed the knowledge and attitudes of women about cervical cancer prevention. 70% of the sexually active women really need to go for cancer screening. It shows that 66% of women in al khan are being affected due to lifestyle and it is affecting women's decision in relation to cervical cancer screening. To improve cervical cancer screening in al khan area, women should be given more information, motivation, awareness, and sensitization, in order to encourage them to go for a cervical cancer screening.

Keywords: *Cervix, High risk, HPV, Pre-screening methods, Women.*

Introduction

Cervical cancer claims over a quarter of a million lives of women annually worldwide. Nearly 500 000 women worldwide develop cervical cancer each year, making it a serious health issue. Most cases occur in less developed countries without effective screening systems. [1] The first case of cervical cancer was founded in the 1970s by Harald Zur Hausen. It is believed to be the second most common cancer among women worldwide. Since then, women have been trying to battle there lives with this cancer of the cervix. In 2019, UAE recorded the highest cases of cervical cancer in dubai. It is the fourth most commonly occurring cancer in women and the eighth most commonly occurring cancer overall. All types of cervical cancers are due to human papilloma viruses (HPV). Persistent

human papillomavirus (HPV) infection is the most important factor in the development of cervical cancer [2]. HPV is common and most people are getting infected when they start having sex with multiple partners and in early age, there are almost 100 types of HPV infections, but all will not lead to cancer, with proper treatment, it can be cured. The fact that HPV is a sexually transmitted infection may lead to anxiety and concerns about sexual relationships [21]. Although it does not develop into cancer in all cases as there is a role of multiple environmental factors which can lead to cancer [3].

Some of the stakeholders who took part in the battle of trying to fight cervical cancer like the World Health Organization (WHO) advocated a comprehensive approach to cervical cancer prevention and control to identify opportunities

Received: 15.02.2022

Accepted: 21.07.2022

Published on: 30.07.2022

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to deliver effective interventions. To date there are 49 screening and treatment sites for cervical pre-cancer care. Cervical cancer mostly affects the middle-aged women, there are multiple screening testing available but still cervical cancer remains the leading cancer in UAE. It is assumed that there are multiple factors such as health behaviors, knowledge, social interaction, and religion which can influence screening and vaccination practices. Recent studies indicate that the number of steady partners and frequent intercourse at early ages may further enhance risk, supporting hypotheses regarding a vulnerable period of the cervix and a need for repeated exposure to an infectious agent [10].

Cervical cancer begins with unusual changes in the tissue. The main factors that contribute to cervical cancer are:

1. Starting to have sex before the age of 16 or within a year of starting menstruation.
2. Having multiple sexual partners.
3. Taking birth control pills, especially for longer than 5 years.
4. Smoking cigarettes.
5. Having a weakened immune system.
6. Having a sexually transmitted disease (STD).

Scope and Significance of the Study

The scope of the study gives a clear summarizing and understanding on the theoretical aims that the researcher wants to accomplish. This study focuses on the causes, effects of cervical cancer such as HPV which is a sexually transmitted virus which causes cervical cancer. Having many sexual partners or becoming sexually active at an early age. Having a weakened immune system, smoking and socio-economic status that appears to be higher in areas where income is low, these fall under the causes of cervical cancer and the following are the effects which are, changes in sex life, fatigue, menopause, bowel difficulties and bladder difficulties.

The study will help in the present scenario as it will provide information related to Cervical

Cancer screening and will also provide key actions on how to deal with the various cervical cancer related issues presented in ai khan. As cervical cancer is highly treatable when detected early, this research study will help other researchers in developing better ways on how to detect pre-cancer and cervical cancer. This study will help to understand the effectiveness of different plans so most of the women will understand the screening benefits, particularly among the less educated women and those in hard-to-reach areas. This study will also help in assessing the levels of knowledge that women have on issues concerning cervical cancer and will also assess the effectiveness of programs put in place to encourage women to undertake screening.

Definition of Key Terms

Cancer

According to the World Health Organization (WHO) cancer is the uncontrolled growth and spread of cells. It can affect almost any part of the body. The growths can metastasize to other parts of the body and internal organs.

Cervical Cancer

According to Wikipedia, cervical cancer is arising due to abnormal growth of cells in the cervix and having the ability to spread to other parts of the body.

Knowledge

As per dictionary, knowledge is information and understanding about a subject.

Attitude

According to Longman Dictionary, attitude is a feeling that you have for something, especially in your behavior.

Screening

According to the World Health Organization (WHO) screening is defined as identification of unrecognized disease in an apparently asymptomatic /symptomatic healthy person by

means of tests, examinations, or other procedures.

Human Papillomavirus (HPV)

According to the NCI dictionary of cancer terms, HPV is a type of virus that can cause abnormal tissue growth (for example warts). Infection for a long time with certain types of human papillomavirus can lead into cervical cancer. Human papillomavirus is not limited to the cervix only, it can lead to anus, vagina, penis, and oropharyngeal cancer.

Infection

According to Wikipedia, an infection is the spread of one or more pathogenic agents by disease-causing agents, their multiplication, and the reaction of host tissues to the infectious agents and the toxins they produce.

Characteristics Of Cervical Cancer

Living with cervical cancer can present new challenges and would affect one in everyday life. Many people feel anxious or depressed and some get angry and resentful. Family members and friends can be supportive, a social worker, counselor or member of the clergy can help. The hospital or medical center might have support groups who would tackle such cases.

Cervical Cancer Screening Technologies

Several effective strategies for cervical cancer prevention have been identified, including cervical cytology using either conventional or liquid-based methods, high-risk (HR) human papillomavirus (HPV) DNA testing, and a variety of iterations of direct visual inspection of the cervix following application of acetic acid (VIA) or Lugol's iodine [22]. New screening technologies intending to become incorporated into highly effective cervical cancer screening programs will require a sensitivity and specificity for the detection of cervical pre-cancer [8]. A practical approach to cancer management involves 4 steps: 1) establish the diagnosis; 2) define the extent of disease; 3) determine and implement treatment; and 4)

follow the patient for evidence of recurrence and/or treatment-related complications [5].

Cervical Cancer Prevention and Treatment

The key to preventing invasive cervical cancer is to detect cell changes early before they become cancerous. Regular pelvic exams and Pap tests are the best ways to do so such as getting a Pap test every 3 years once one is 21 or older. [6]. Regular radiology exams and lab tests, especially pap smear, is important for every woman but especially for those who have been diagnosed with any kind of HPV and cervical cancer. Follow ups should be done with the doctor to know the stage of condition. As per member stage of cancer, surgery or chemotherapy is advised. After this, members can keep on oral medicines also. If the cancer is on the cervix, the doctor removes or destroys the cancerous cells with procedures like cold knife conization. Certain things can ease the physical and mental stresses of cervical cancer and treatment. One of the best things that one would do is get the right nutrition, enough calories and protein which leads to better treatment.

A nutritionist would help to keep up the calorie and protein intake [23]. Failures of cervical cancer prevention efforts are rooted in human factors to which all preventive interventions are vulnerable [7]. Cancer and its treatment can place extra demands on the body, greatly increasing nutrient and caloric needs. Studies of protein metabolism in cancer patients have shown elevations of whole-body protein turnover and skeletal muscle wasting [24]. The improvement of current screening methods therefore has two major goals: First, to offer feasible and affordable screening for the countries that still carry the largest burden of disease, and second to improve the efficiency of current screening programs, to make them more cost-effective by improving the detection of relevant disease [9].

Factors Relating to Cervical Cancer Screening

Cervical cancer is more common among groups of women who are less likely to have access to screening for cervical cancer. It includes mostly black women and women from low-income households. Oral contraceptives which are birth control pills, may be associated with an increase in the risk of cervical cancer. However, it is not, and more work is needed to confirm how contraceptive pills can be a risk factor for cervical cancer. It is given to pregnant women to prevent miscarriage and preterm labor.

If a woman is treated with DES, she has to undergo screening testing for cervical cancer or pelvic examination for checking activation of abnormal cells. Women who smoke are at higher risk, almost double, to develop cancer as compared to the females who are not doing smoking. Cervical cancer not developing in young girls below 20 years, they rarely develops, if getting sexually active with multiple partners. Women aged after 30 are on higher risk for developing cervical cancer. Women with lowered immune systems have higher risk of developing cervical cancer. Women who are on treatment for certain corticosteroid medicines, underwent organ transplant surgery, have cancer of other parts of the body, or immune system disease like HIV, are having less immunity to fight with disease. Risk for developing cervical cancer in women with Herpes is higher as compared to other women.

There is a lack of knowledge about cervical cancer and screening among both men and women. Several misconceptions exist and many believe that cervical cancer is the result from the use of contraceptives. Due to the lack of knowledge, it is sometimes hard for the women to access screening without relating to symptoms of the disease. The utilization of cervical cancer screening services help to improve women's confidence and promotes patient uptake of care. It helps with an early diagnosis and management of the premalignant lesions of the disease [16].

Attitude towards Cervical Cancer and Screening

The perception towards cervical cancer and screening is basically based on women's beliefs of being at risk and whether or how the disease can be prevented and treated. Though some attribute cervical cancer to the foods they eat and its preparation including the use of polythene bags that are used to cover food when cooking. Other beliefs include having either many or a few children, long use/non-use of sanitary pads [17].

Global Statistics Scenario

Worldwide, cervical cancer comprises approximately 12% of all cancers in women. In developing countries also, the ratio of cervical cancer is high. Annual global estimates around the year 2000 are for 470 600 new cases and 233 400 deaths from cervical cancer annually. Eighty percent of these cases occur in developing countries.

In most countries in North America and Western Europe, the incidence of cervical cancer has been falling although recently at a much slower rate. In many developing countries, cancer of the cervix has changed little in incidence except for those countries that have achieved the demographic transition with increasing affluence from industrialization. In such countries there has been a fall in incidence of cancer of the cervix and a rise in incidence in cancer of the breast similar to changes that occurred in North America and Western Europe in the early part of the last century. Many of the countries that have been through this transition are in the middle-income category [18].

Number of cervical cancers diagnosed in the last 5 years is 14,01400 in the year 2000 compared with 38,60300 for breast cancer, with 10,64000 and 15,22000 of these occurring in developing countries, respectively. Thus, although breast cancer is increasing in importance in many developing countries, cervical cancer remains a major cause of morbidity and mortality [11]. However,

reductions have been quite small recently in many countries with low incidence in the early 1960s including Canada, many parts of the United States and the Caucasian population of New Zealand. In Finland there has been some recent increase in incidence but not in mortality in women aged 25-54 [12]. Cervical cancer was the leading cause of cancer related deaths in women in eastern, western, middle, southern Africa, and UAE. In 2018, almost 570 000 cases of cervical cancer were reported, and 311 000 deaths occurred. China and India are on the highest ranking for cervical cancer, with 106 000 cases in China with 48000 deaths, in India 97 000 cases reported and 60 000 deaths in India.

Globally, diagnosis of cervical cancer was at 53 years of average age, ranging from 44 years to 68 years. Ranging from 45 to 76 years, the global average age of death is 59 years from cervical cancer [13].

Local Statistics Scenario

Cervical cancer which is preventable by screening and vaccination is the most common cancer in Dubai among females. Dubai has a population of 4.42 millions of women aged 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 2994 women are diagnosed with cervical cancer and 1839 die from the disease. Cervical cancer screening started in the year 2006 and the human papillomavirus vaccine was piloted in 2013. It is assumed that knowledge, social interaction, health behaviors and religion are factors that can influence screening and vaccination practices. In Dubai, the National Cancer Registry (NCR) has been poorly funded and understaffed, adding to limited efficiency of cancer registration. In 2008, the NCR was estimated to capture approximately 10-15% of cancer countrywide. The International Agency for Research on Cancer (IARC) estimates age standardized incidence rate of cervical cancer in Dubai at 58.0 per 10 and mortality at 36.2 per 10, making cervical cancer the most common cause of cancer morbidity in women and overall, in

Dubai. Studies have shown that the leading factors for cervical cancer in Dubai include the high prevalence of Human Papilloma Virus (HPV) types 16 and 18(21.6% each). Over the course of 7 years (2006-2013), the CDC screening program provided screening to over 100,000 women and established 24 screening sites, 12 in Sharjah town and at least 1 in every provincial headquarters. In late 2006, a new cancer hospital, the Cancer Disease Hospital (CDC) was opened in dubai for radiotherapy and chemotherapy treatment. Less than half of the women had heard of cervical cancer, 20.7% of women had attended screening and 6.7% had vaccinated their daughters. Despite the figures, the knowledge of causes and prevention is very low. It has been discovered that there is a need to increase the knowledge and awareness among both men and women. The relative risks of cervical cancer following HPV infection as ascertained in case-control and cohort studies are among the highest in cancer epidemiology [25].

The main objective of the study is to understand the levels of knowledge and attitudes of women towards cervical cancer screening in Al Khan Dubai.

1. To find out the community perception on the effectiveness of programs put in place to encourage women to undertake screening
2. To find out factors affecting women's decisions relating to cervical cancer screening
3. To provide recommendations for promoting screening of cervical cancer.

Literature Review

Overview

This chapter features the review of related literature to the area of study. According to Carol (2010), literature is reviewed against the backdrop of key study variables. The Knowledge and attitude of women towards screening of cervical cancer is discussed. The chapter also outlines the theoretical framework of the study and conceptual framework [3]. This chapter is important because it has helped the

researcher to understand better on the topic of study through the review of previously related work. It has also assisted the researcher to limit the research problem in order to define it better and come up with much more important specific goals and research questions to suit the current study. Literature review helped the researcher to use different methods with a variety of research methodologies as used by other researchers.

Francesca DE Felice (2019, 16th October), studied under the title of knowledge, attitudes and practices towards cervical cancer and screening amongst female health care professionals. Cervical cancer is curable and preventable disease if proper treatment and strategies will be applied, if not, it can result in underutilization of the preventive strategies. The questionnaire was developed from previously published studies after an in-depth literature review and then validated through experts. Results proved that most of the participants were not aware about cervical cancer and most of the participants showed lack of correspondence for all the statements in this section based on the attitudes towards cervical cancer. There is a need for healthcare providers to be proactive in promoting women's health and preventing the disease [3].

Luani Rezende Godoy (2022, January), studied under the title knowledge, attitude, and practice towards Cervical Cancer. First prevention is vaccination against HPV and secondly as population-based screening. Despite preventive measures, The American Cancer Society estimates 14,480 new cases and 4290 deaths by this tumor among women in the USA in 2021. Radical hysterectomy is now considered to be the first line of treatment in the early stage (4).

Owoeye I.O.G (2013, 12th January), studied under the title knowledge and attitude towards cervical cancer screening among female students and staff in a tertiary institution. Cervical cancer is a largely preventable disease. Due to implementation and effectiveness of cervical screening programs, in western countries, the

incidence of and mortality associated with cervical cancer has been reduced. This study shows the knowledge, level of perception and the attitude of female staff and students. Most of the participants, 278 (72%) were aware of cervical cancer, while only 182 (50.6%) were aware of cervical cancer screening. The state government needs to implement policy on screening for cervical cancer with appropriate screening guidelines [5].

Shimeles Tsegaye (2018, 26th June), studied under the title knowledge and attitude towards cervical cancer screening. Cancer of the cervix is the leading cause of cancer-related death next to breast cancer. Screening of cervical cancer helps in detection and treatment of the problem before it develops into an advanced stage. A cross-sectional study conducted using simple random sampling techniques was conducted for one month. Out of the total of 422 study participants, 42 returned the questionnaires incomplete and with an inconsistent response, the analysis was done on the remaining questionnaires making the overall response rate of 90%. More effort must be invested to increase awareness and improve the attitude about cervical cancer screening [6].

Ghufran Jassim (2018), A cross-sectional study of 300 women attending primary health care centers was conducted. Data was collected through face-to-face interviews between December 2015 and February 2016. The participants were between 37 and 50 years, they were mostly married (221; 73.7%), and had a high school or higher education (261; 87%). Over 64% (194 participants) had never heard of a Pap smear procedure and only 3.7% (11 participants) had heard about the human papillomavirus (HPV) vaccine. The study shows that there is need to establish a sustainable awareness campaign concerning the prevention of cervical cancer, and further emphasizes the importance of a nationwide population-based screening program across primary health care centers [7].

Temesgen Tilahun (2019), studied under the title knowledge, attitude, and practice of cervical cancer screening. This study aimed to assess the knowledge, attitude and practice of cervical cancer screening and associated factors among female students of Wollega University. A pre-tested structured questionnaire was developed for data collection, after reviewing similar literature. More than half, 54.4%, of participants had heard about cervical cancer and its risk factors. Only 35.8% knew about screening procedures such as Pap smear (61.1%) and visual inspection with application of acetic acid (38.8%). Different governmental and nongovernmental stakeholders need to give special attention on raising awareness about cervical cancer, its screening and preventive strategies [7].

Carlo A. Liverani (2020), studied under the title knowledge, attitude, and practice of cervical cancer screening. The most recent ACS guideline calls for substantial changes to the screening method: the ACS recommends that individuals with a cervix initiate cervical cancer screening at age 25 y and undergo primary HPV testing every 5 years through age 65year. women with positive HPV, direct referral to colposcopy is not recommended, first cytology is recommended. The European council recommends organization of screening programs and awareness, despite consistent evidence they have not yet implemented a nationally organized cervical cancer [8].

Research Methodology

Formulation of the Research Problem

The researcher formulated the research problem by observing the increase of cervical cancer cases in Dubai since the last statistics estimates indicate that every year 2994 women are diagnosed with cervical cancer and 1839 die from the disease. The researcher took interest in this study due to the demand of women going to hospitals to check for cervical cancer and the increase in awareness programs through social media and TV programs.

In Dubai currently, the situation of women is a major source of concern towards screening of cervical cancer. Most of the women lack the knowledge due to being uneducated and lack of awareness programs in communities. Hence provision of health care facilities conducting cervical cancer screening be it in rural and urban areas will help women to improve on the knowledge of conducting cervical cancer screening in al khan.

Research Design

The research design is a conceptual structure for the collection and analysis of data in a way that relates to the methodology with the purpose of study (Singh y 2013). It is the blueprint for the collection and analysis of data that gives a sense of direction for the research process (Kothari 2005). Descriptive research design is used to obtain information concerning the status of the phenomena and to describe what exists with respect to variables or conditions in a situation [8]. The design is suitable for the target population who are widely spread across the geographical area of division. The researcher will use descriptive method in order to collect data which is convenient in social science to describe phenomena that have existed and helps to provide answers to the questions of who, what, when, and how associated with a particular research problem.

The universe is a population that is ethologically selected for the purpose of targeting selected women for the research. In this case, the population is the entire group of women from which the researcher needs to obtain information. The universe in this scenario is the women in Dubai in al khan. The main focus for the research is to understand the knowledge and attitude of women towards screening of cervical cancer.

Sampling Procedure and Size

The researcher used a probability sampling procedure to select respondents. Probability sampling technique involves the researcher

choosing samples from a larger population using a method based on the theory of probability [9]. Random selection of participants gives best results of sampling among the population and can employ statistical techniques like confidence intervals and margins of error to validate the results. The researcher used this technique because it uses lesser reliance over human judgment which makes the overall process free from biasness [9].

Population chosen for a survey or experiment in a statistical sample. The respondents of this study were 50 women in al khan.

Sources of Data and Area

The sampling area of this research was in Sharjah in al khan, this is where the respondents of inquiry will come from and all the necessary and relevant data about the research will be collected.

The data was collected from both primary and secondary sources. From primary sources information will be gathered from tools such as questionnaires, personal interviews, group discussions and observations. Secondary data collection involved collecting information from journals, newspapers, textual and report. A primary data source is the original data source for the study. During primary data collection, information was gathered from tools such as the researcher getting involved in the distribution of questionnaires to selected persons from national and community level, interviews and lastly through observations. With secondary data collection, information collected from the internet, journals, newspapers and both previous and current reports which will help in gathering accurate information.

Methods and Tools of Data Collection

The method that the researcher used for interviews will help overcome most of the

shortcomings by allowing the researcher to make them understand the views of respondents' and their answers.

The semi structured questionnaire designed with both open-ended and closed questions that allow the generation and analysis of qualitative data was used. For example, a survey might be used to investigate not just which political candidate a voter chooses but why they chose them in their own words [10].

Tools of Data Analysis

The data analysis is based on the objective of the support of SPSS 17.3. SPSS (Statistical Package for the Social Sciences) is used by various kinds of researchers for complex statistical data analysis. The SPSS software manages and does statistical analysis of social science data. SPSS is used by all kinds of researchers and many more for the processing and analyzing of survey data [10]. This software package is used for logical batched and non-batched statistical analysis by which highly complex data manipulation and analysis with simple instructions can be performed.

Limitations of the Study

During the research process, the researcher found difficulties in finding information on local statistics on certain details relating to the factors, especially local scenarios in al khan and the researcher couldn't collect the appropriate information from the internet due to the slow internet network. Others were willing to participate but did not give detailed information, whilst others did not answer the questionnaires as required. The study was aiming for the females and yet some of the males won't be able to have knowledge on the causes of cervical cancer.

Data Analysis and Interpretation

Table 1. Distribution of respondents according to Age

Response	Frequency	Percent
14-17 years old	7	14.0
18-24 years old	12	24.0
25-34 years old	17	34.0
35-50 years old	14	28.0
Total	50	100.0

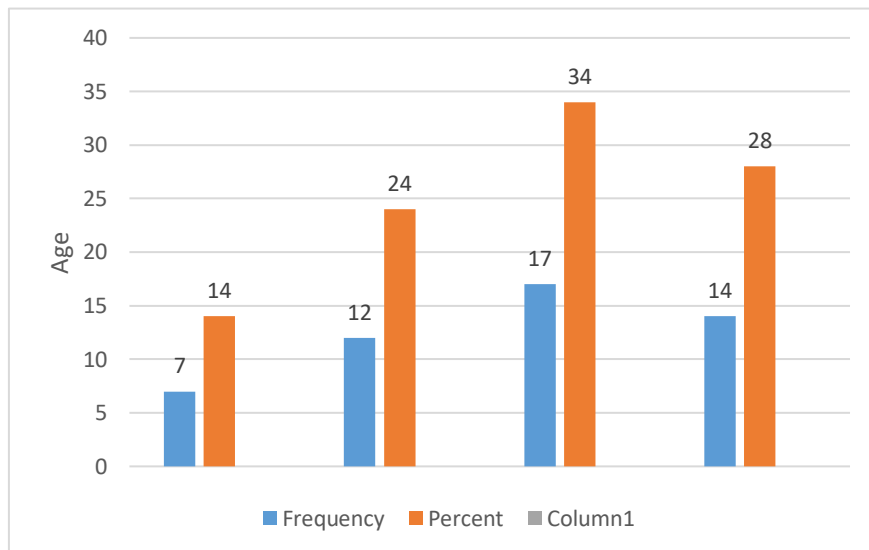


Figure 1. Distribution of Respondents according to Age

Table and figure 1 Gives the distribution of respondents according to the age groups of women al khan. The distribution of respondents regarding age considered four variables: 14-17

years 7 women which is 14%, 18-24 years 12 women which is 24%, 25-34 years 17 women which is 34%, 35-50 years 14 women which is 28%. The data is from a sample size of 50.

Table 2. Distribution of Respondents according to Marital Status

Response	Frequency	Percent
Married	20	40.0
Single	22	44.0
Divorced	6	12.0
Widow	2	4.0
Total	50	100.0

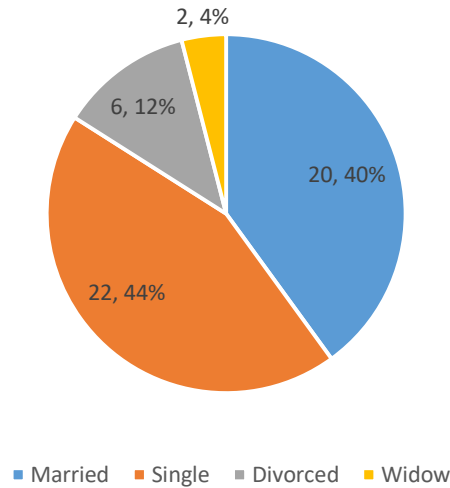


Figure 2. Distribution of Respondents according to Marital Status

Table and Figure 2 describe the distribution of respondents according to their marital status. There are four variables considered, which is the married 40%, single 44%, divorced 12% and

widow 4%. In al khan most women are single, and the study concluded that most respondents were single.

Table 3. Distribution of Respondents according to Form of Employment

Response	Frequency	Percent
Yes	32	64.0
No	18	36.0
Total	50	100.0

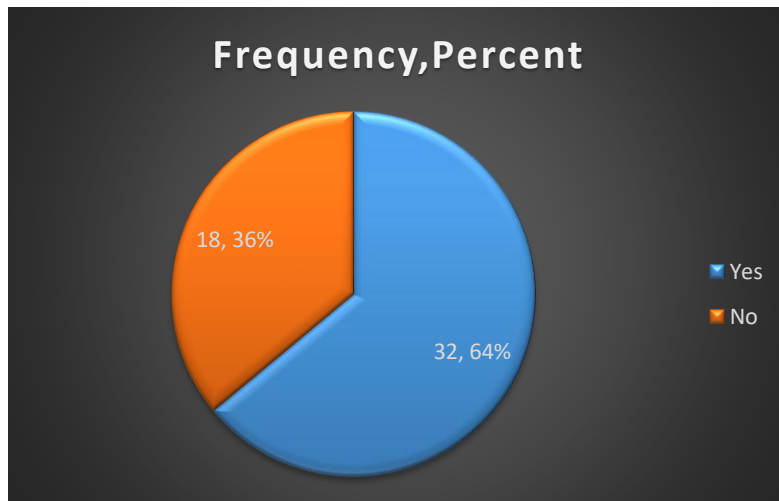


Figure 3. Distribution of Respondents according to Form of Employment

Table and figure 3 Show the distribution of respondents according to their form of employment. There are two variables which are

yes 64% and no 36%. In the chart above we see that the number of people who are in any form of employment is high.

Table 4. Distribution of Respondents according to the Previous Question is yes, what form of Employment are you in?

Response	Frequency	Percent
Government Sector	9	18.0
Private Sector	11	22.0
Self-employed	30	60.0
Total	50	100.0

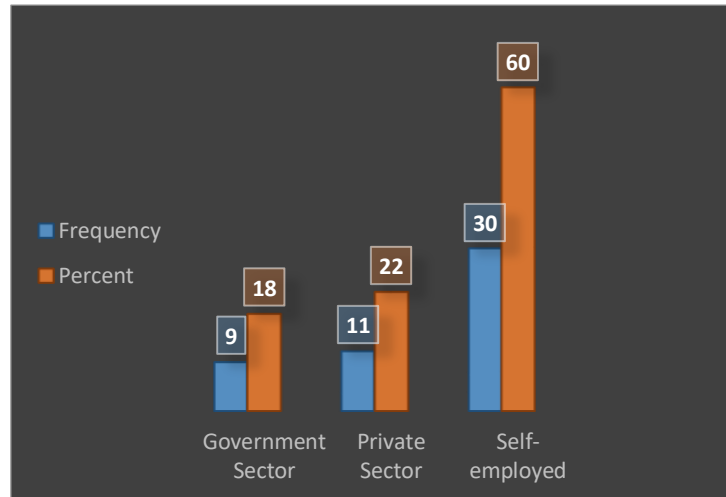


Figure 4. Distribution of Respondents according to what Form of Employment are you in?

Table and figure 4 show the distribution of respondents according to the form of employment. There are three variables which are government sector 18%, private sector 22%, and self- employed 60%.

Table 5. Distribution of Respondents according to Awareness of Cervical Cancer Screening

Response	Frequency	Percent
Yes	36	72.0
No	14	28.0
Total	50	100.0

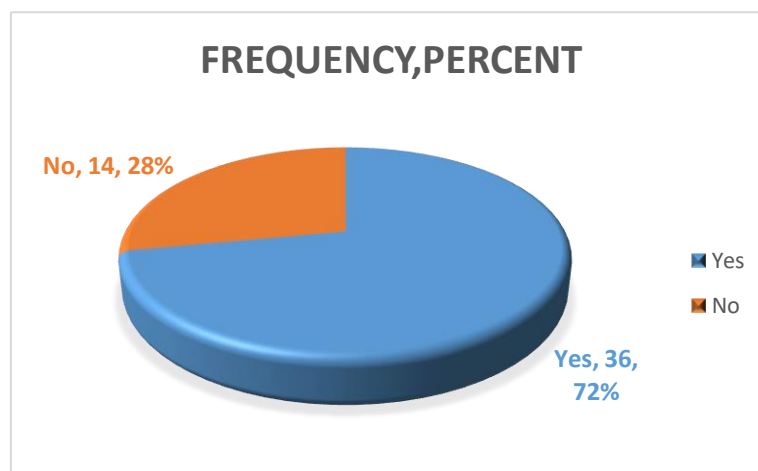


Figure 5. Distribution of Respondents according to Awareness of Cervical Cancer Screening

Table and figure 5 show the distribution of respondents according to their awareness of cervical cancer screening. There are two variables which are yes 72% and no 28%. The

chart clearly shows that several women are aware of cervical cancer screening and the number is quite higher than the women who have no idea about cervical cancer screening.

Table 6. Distribution of Respondents according to Knowing about Cervical Cancer Screening

Response	Frequency	Percent
Adequate Knowledge	12	24.0
Little knowledge	29	58.0
No idea	9	18.0
Total	50	100.0

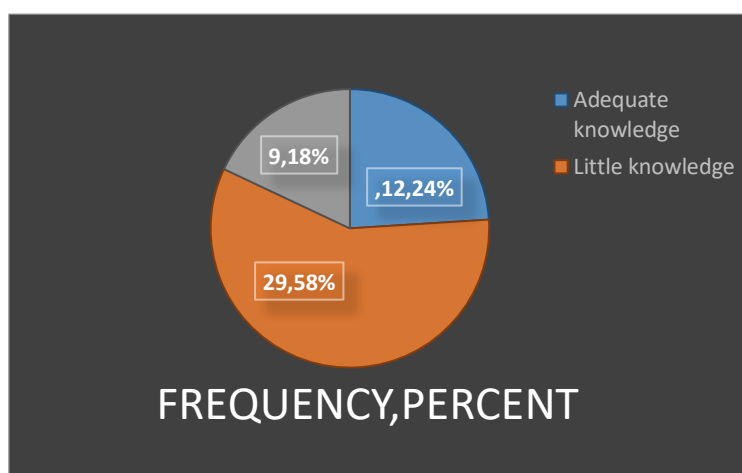


Figure 6. Distribution of Respondents according to Knowing about Cervical Cancer Screening

Table and figure 6 describe the distribution respondents according to knowing about cervical cancer. There are three variables that

have been considered which are adequate knowledge 24%, little knowledge 58% and no idea 18%.

Table 7. Distribution of Respondents according to Having Screened for Cervical Cancer

Response	Frequency	Percent
Yes	27	54.0
No	23	46.0
Total	50	100.0

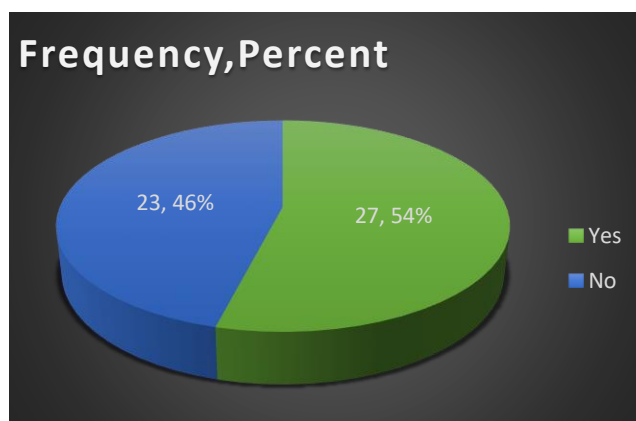


Figure 7. Distribution of Respondents according to having Screened for Cervical Cancer

Table and figure 7 show the distribution of respondents according to having screened for

cervical cancer. There are two variables which are yes 54% and no 46%.

Table 8. Distribution of Respondents according to how many times one has been Screened

If the answer to the previous question is yes, how many times?		
Response	Frequency	Percent
Once	24	48.0
Twice	10	20.0
Three	7	14.0
More	9	18.0
Total	50	100.0

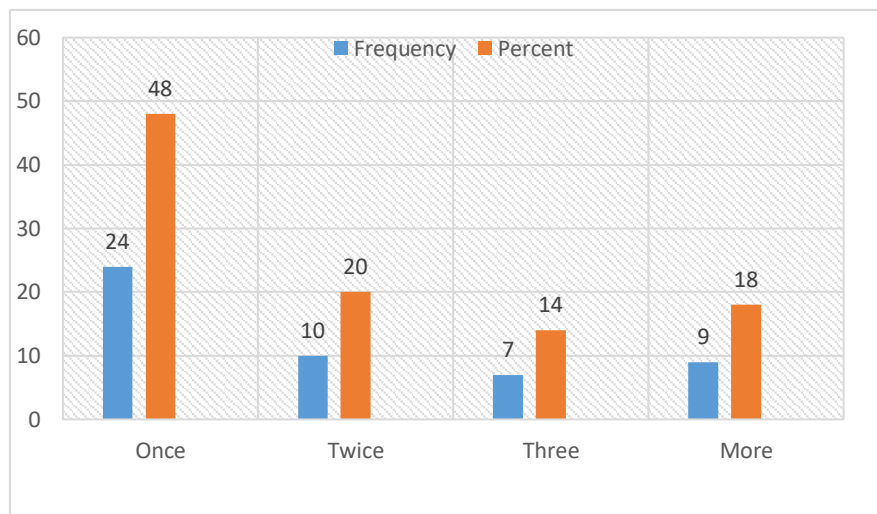


Figure 8. Distribution of Respondents according to how many times one has been Screened

Table and figure 8 describe the distribution of respondents according to how many times one has been screened. There are four variables that

have been taken into account, which are once 48%, twice 20%, three 14% and more 18%.

Table 9. Distribution of Respondents according to Attitude towards Cervical Cancer Screening

What is your attitude towards cervical cancer screening?		
Response	Frequency	Percent
Positive	19	38.0
Negative	18	36.0
Neutral	13	26.0
Total	50	100.0

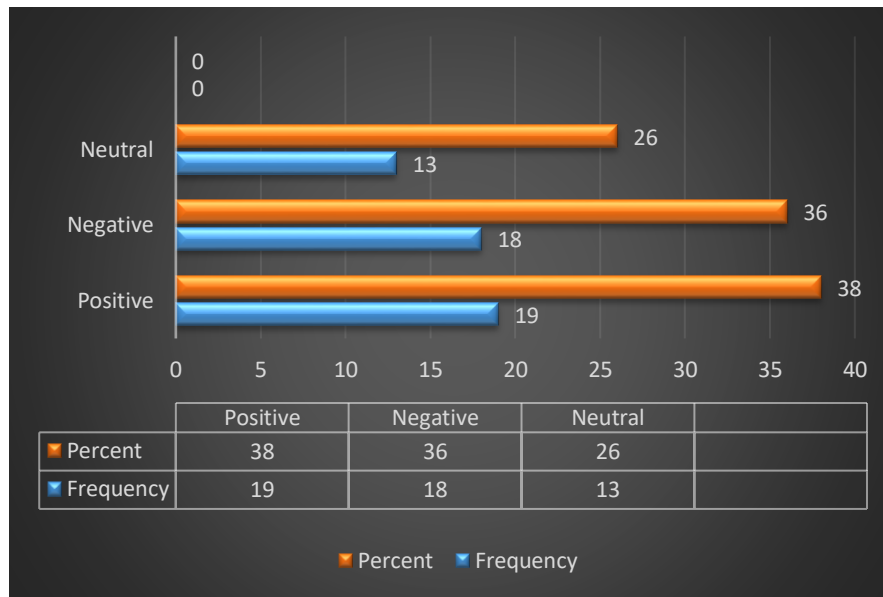


Figure 9. Distribution of Respondents according to Attitudes towards Cervical Cancer Screening

Table and figure 9 describe the distribution of respondents according to attitudes towards cervical cancer screening. There are three variables that have been taken into account which are the positive 38%, negative 36% and neutral 26%.

Table 10. Distribution of Respondents according to the Communities' Attitude towards Cervical Cancer Screening

What is the communities' attitude towards cervical cancer screening?		
Response	Frequency	Percent
Positive	8	16.0
Negative	14	28.0
Neutral	28	56.0
Total	50	100.0

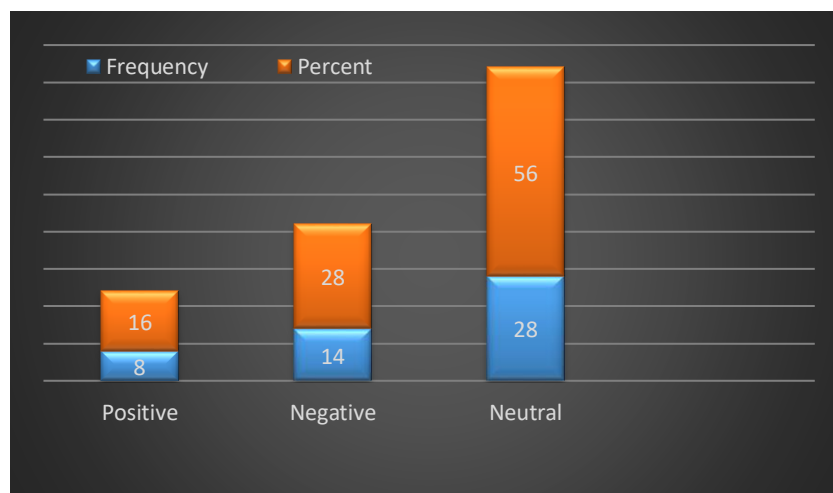


Figure 10. Distribution of Respondents according to the Communities' Attitude towards Cervical Cancer Screening

Table and Figure 10 describe the distribution of respondents according to the communities' attitude towards cervical cancer screening. There are three variables that have been taken into

account which are positive 16%, negative 28% and neutral 56%. The chart clearly shows that

most of the women, which is 56%, have a neutral attitude towards cervical cancer.

Table 11. Distribution of Respondents according to the Causes of Cancer

What are the causes of cancer?		
Response	Frequency	Percent
Age	4	8.0
Lifestyle	33	66.0
Gender	9	18.0
Other	4	8.0
Total	50	100.0

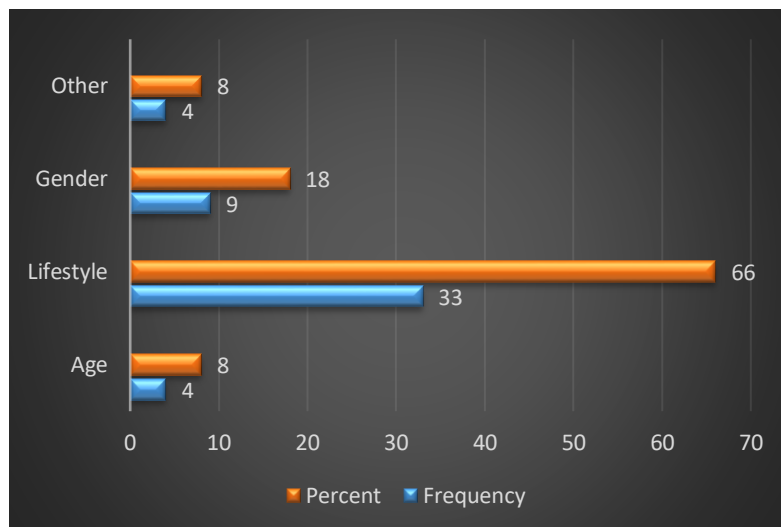


Figure 11. Distribution of Respondents according to the Causes of Cancer

Table and figure 11 show the distribution of respondents according to the causes of cancer.

There are four variables which are age 8%, lifestyle 66%, gender 18% and other 8%.

Table 12. Distributions of Respondents according to the Dangers of cancer

What are the dangers of cancer?		
Response	Frequency	Percent
Death	31	62.0
Spreads to other body parts	17	34.0
Other	2	4.0
Total	50	100.0

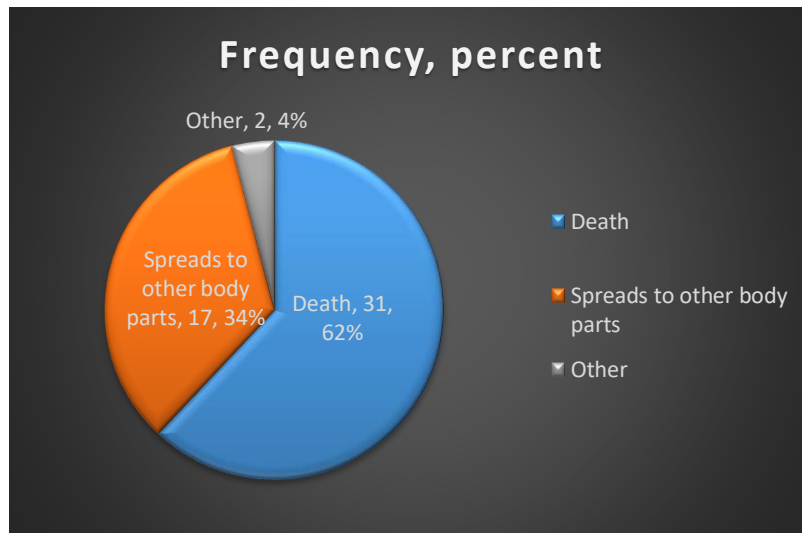


Figure 12. Distribution of Respondents according to the Dangers of Cancer

Table and figure 12 show the distribution of respondents according to the dangers of cancer. There are three variables which are as follows- death 62%, spread to other body parts 34% and other 4%.

Table 13. Distribution of Respondents according to where one Learnt about Cervical Cancer Screening

Where did you learn about cervical cancer screening?		
Response	Frequency	Percent
Friends	11	22.0
Social media	13	26.0
Hospital	21	42.0
Close relatives	5	10.0
Total	50	100.0

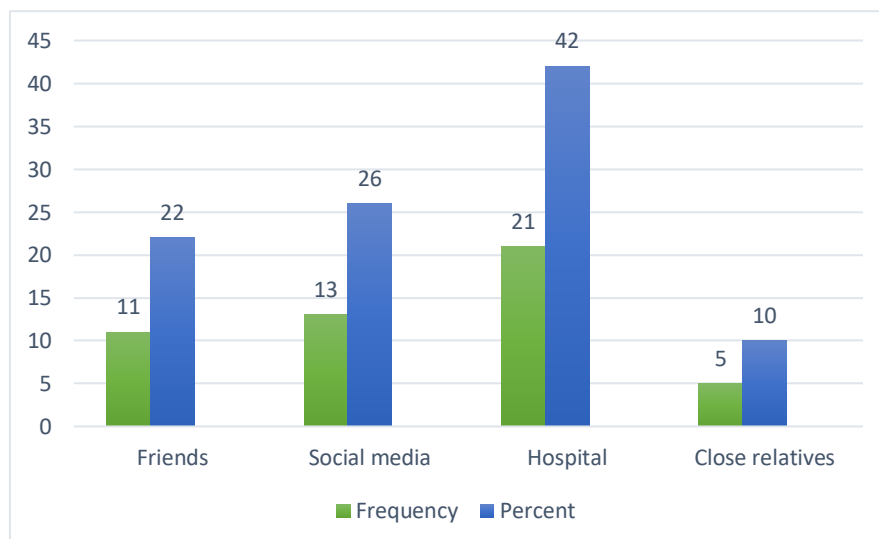


Figure 13. Distribution of Respondents according to where one Learnt about Cervical Cancer

Table and figure 13 show the distribution of respondents according to where one learnt about cervical cancer. There are four variables which are as follows- friends 22%, social media 26%, hospital 42% and close relatives 10%. In the chart above it shows clearly that the hospital

which has 42% indeed plays an important role in the community by helping to teach about

cervical cancer and encourage more screening among women.

Table 14. Distribution of Respondents according to the Category of Women should go for Cervical Cancer Screening

From the knowledge acquired, what category of women should go for cervical cancer screening?		
Response	Frequency	Percent
Married Women only	2	4.0
Single Women	6	12.0
Sexually active Women	35	70.0
Other	7	14.0
Total	50	100.0

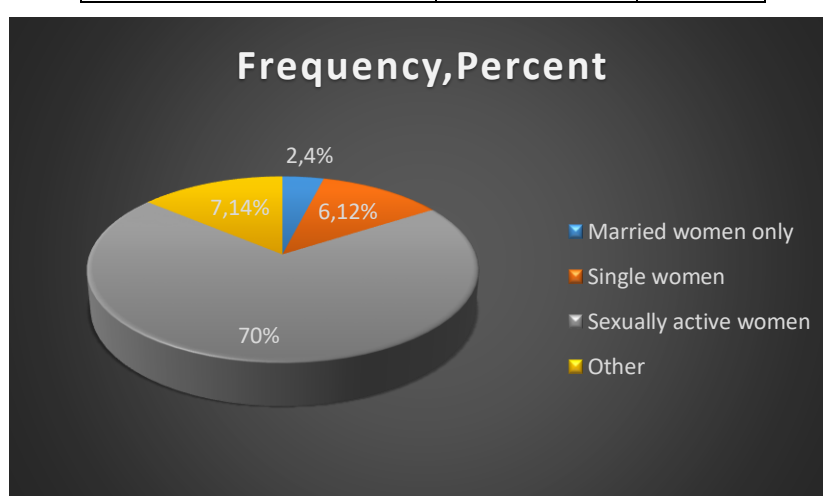


Figure 14. Distribution of Respondents according to the Category of Women should go for Cervical Cancer Screening

Table and figure 14 describe the distribution of respondents according to the category of women who should go for cervical cancer screening. There are four variables considered which is the married women only 4%, single

women 12%, sexually active women 70% and other 14%. The chart clearly shows that 70% of the sexually active women really need to go for cancer screening.

Table 15. Distribution of Respondents according to the Decision made to go for Cervical Cancer Screening

Why did you decide to go for cervical cancer screening?		
Response	Frequency	Percent
Health reasons	17	34.0
To know the cervical cancer status	17	34.0
Influence from close relatives	10	20.0
Other	6	12.0
Total	50	100.0

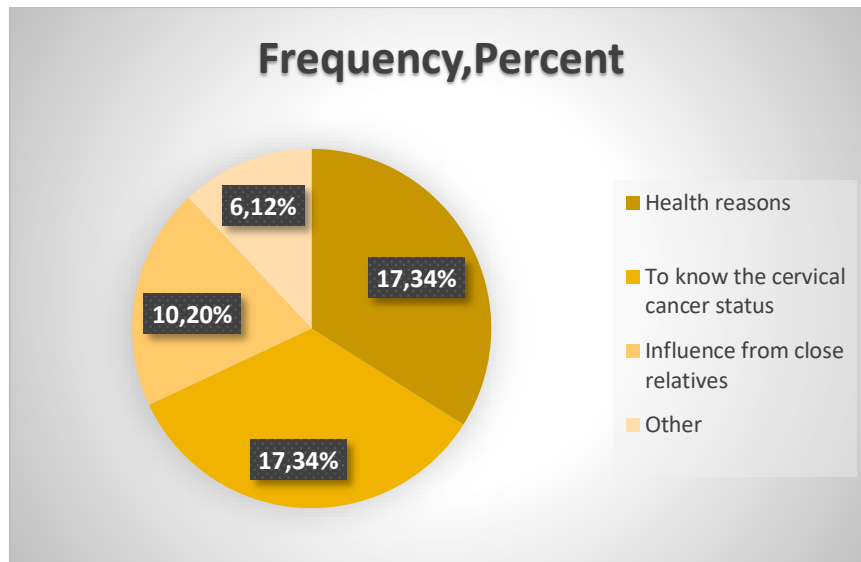


Figure 15. Distribution of Respondents according to the Decision made to go for Cervical Cancer Screening

Table and figure 15 describe the distribution of respondents according to the decision made to go for cervical cancer screening. There are four variables considered which are the health

reasons 34%, to know the cervical cancer status 34%, influence from close relatives 20% and other 12%.

Table 16. Distribution of Respondents according to the Benefits of Cervical Cancer Screening

What are the benefits of cervical cancer screening?		
Response	Frequency	Percent
To have a healthy sexual life	11	22.0
To detect cancer early	17	34.0
To live a healthy life	22	44.0
Total	50	100.0

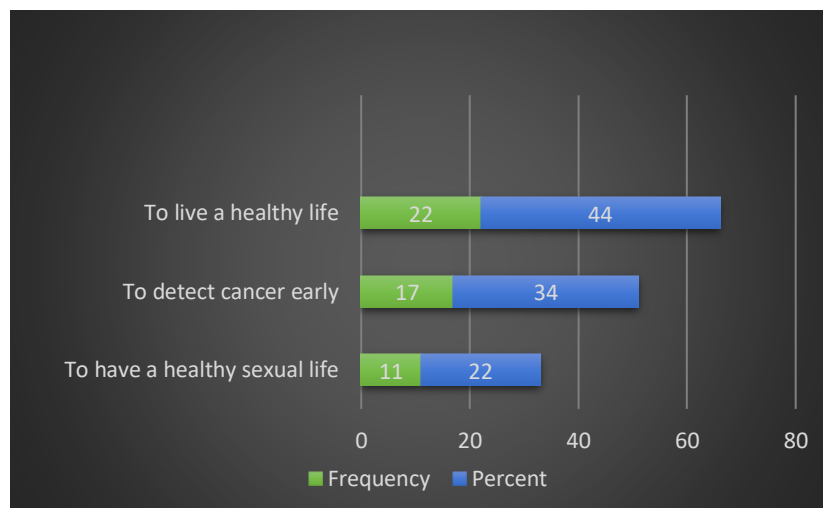


Figure 16. Distribution of Respondents according to the Benefits of Cervical Cancer

Table and figure 16 show the distribution of respondents according to the benefits of cervical cancer. There are three variables which is to have

a healthy sexual life 22%, to detect cancer early 34% and to live a healthy life 44%.

Table 17. Distribution of Respondents according to being Aware of any Programs Dealing with Cervical Cancer Screening in the Area

Are you aware of any programs dealing with cervical cancer screening in your area?		
Response	Frequency	Percent
Yes	32	64.0
No	18	36.0
Total	50	100.0

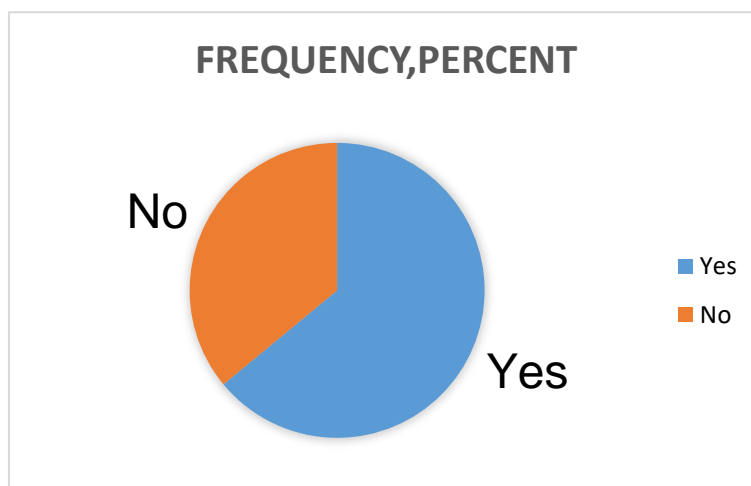


Figure 17. Distribution of Respondents according to being aware of any Programs dealing with Cervical Cancer Screening in the Area

Table and figure 17 describe the distribution of respondents according to being aware of any programs dealing with cervical cancer screening in the area. There are two variables that have been considered which are yes 64% and no 36%.

Table 18. Distribution of Respondents according to type of Programs they Offer

If the answer to the previous question is yes, what type of programs do they offer?		
Response	Frequency	Percent
Awareness services	19	38.0
Support groups	9	18.0
Counseling	16	32.0
Other	6	12.0
Total	50	100.0

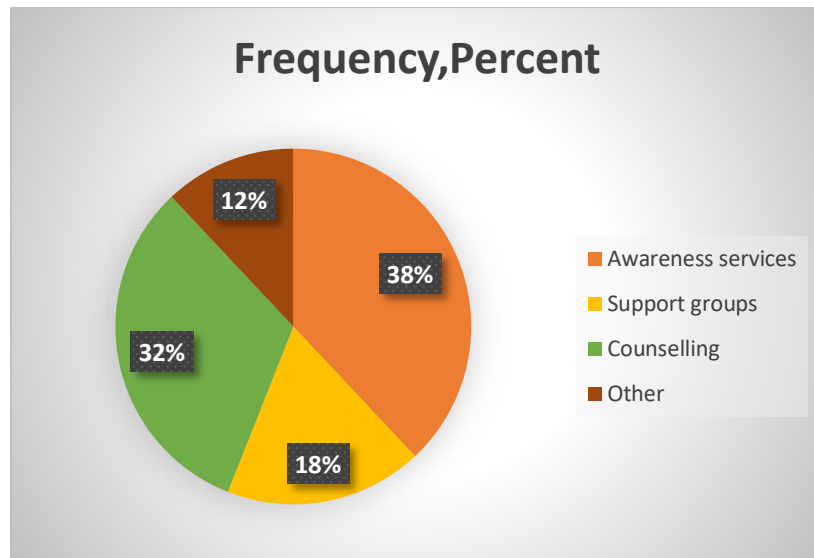


Figure 18. Distribution of Respondents according to type of Programs Offered

Table and figure 4:18 describe the distribution of respondents according to the type of programs offered. There are four variables that have been

considered which is awareness services 38%, support groups 18%, counseling 32% and others 12%.

Table 19. Distribution of Respondents according to these Programs being Effective

Have these programs been effective?		
Response	Frequency	Percent
Yes	29	58.0
No	21	42.0
Total	50	100.0

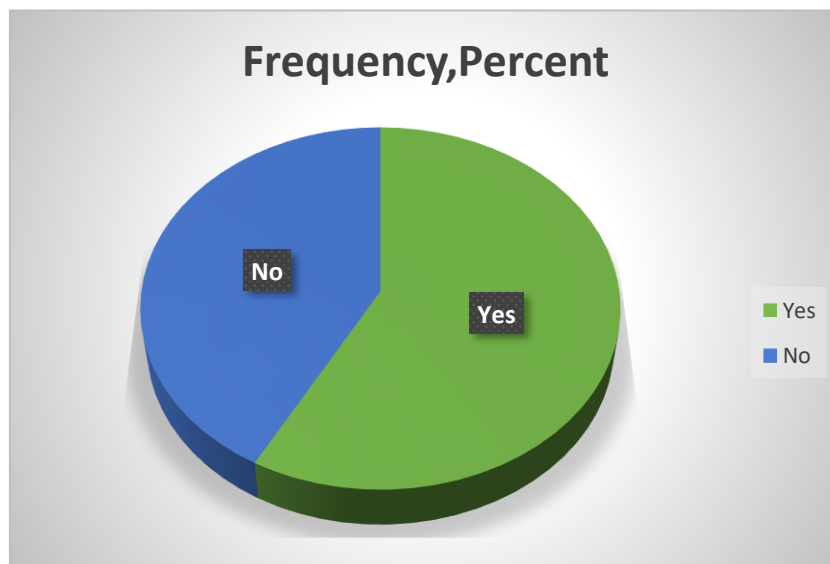


Figure 19. Distribution of Respondents according to Programs being Effective

Table and figure 19 describe the distribution of respondents according to programs being

effective. There are two variables that have been considered which is yes 58% and no 42%.

Table 20. Distribution of Respondents according to the Access of Programs

Are you able to access those programs?		
Response	Frequency	Percent
Yes	28	56.0
No	22	44.0
Total	50	100.0

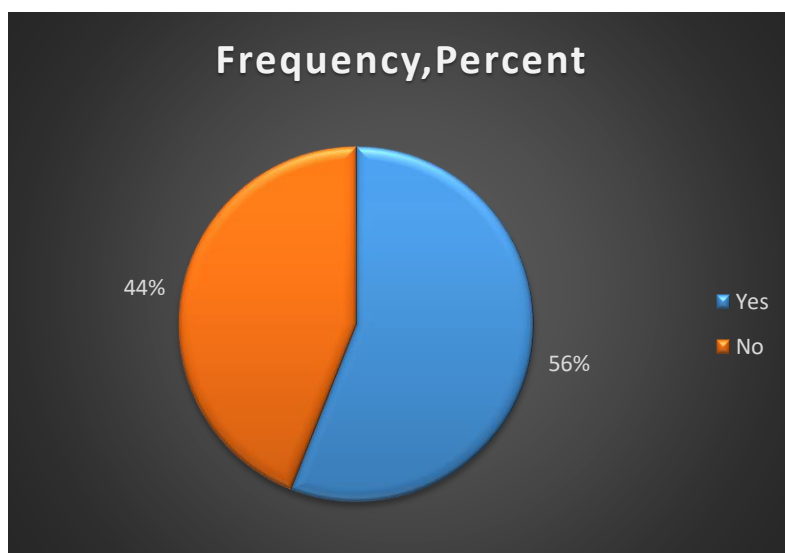


Figure 20. Distribution of Respondents according to Access to Programs

Table and figure 20 describe the distribution of respondents according to access to programs. There are two variables that have been considered which are yes 56% and no 44%. This clearly shows that 56% of the women have access to programs of cervical cancer screening while 44% can't access the programs.

Discussion

Attitudes of women towards cancer screening Based on the general attitude towards cancer screening, it was found that 38% of the respondents being the majority showed a positive attitude towards cancer screening while 36% showed that they had a negative attitude towards screening. The least being 26% who were neutral about cervical cancer screening. This clearly shows that women of al khan have a positive attitude towards cervical cancer screening. In relation to the communities' attitude towards cervical cancer screening, 16% of the respondents claimed to have a positive attitude while 28% showed that they had a negative attitude. The least being 56% showed

that the communities' attitude towards cervical cancer screening was neutral. Knowledge women have concerning cervical cancer Based on the general knowledge level concerning cervical cancer it was found that 72% of the respondents being the majority had knowledge on cervical cancer while the remaining 28% of the respondents showed that they did not have any general knowledge about cervical cancer screening. 24% of the women claimed to have adequate knowledge of cervical cancer screening while 58% had little knowledge about cervical cancer and 18% showed to have no idea about cervical Cancer. This clearly shows that women of al khan have little knowledge about cervical cancer screening and a small group of 18% had no idea about cervical cancer. Community perception on the effectiveness of programs It was found that 58% of the programs were effective to the community while the remaining 42% believed to say that the programs weren't effective. In relation to programs being effective the access of the programs also follows in which shows that 56% of the respondents had

access to the programs while 44% didn't. %. This clearly shows that 56% of the women have access to programs of cervical cancer screening while 44% can't access the programs.

Factors Affecting Women's Decision

It was found that 8% of the respondents were affected by age, 66% of the respondents were affected by lifestyle, 18% were affected by gender and others were affected by 8%. This clearly shows that 66% of women in al khan are being affected due to lifestyle and it is affecting women's decision in relation to cervical cancer screening.

Conflict of Interest

there is no conflict of interest noted.

Result

There is a need to improve the nature of cervical cancer screening in al khan area and the women should be given more information,

motivation, awareness, and sensitization that would encourage them to go for cervical cancer screening. The most reasons for low practice of screening are health and lack of information. The government should play its part by increasing health care budgets and put priority on cervical cancer prevention by establishing a national awareness campaign, spreading screening services all over the country using cheap screening procedures that have shown to have reasonable sensitivity and specificity [20].

The formation of associating with each other in a group helps women to become part of the civil society and can have a louder voice when advocating on policies that will benefit their health lives.

Acknowledgement

I would like to say thanks to DR Fazal Qadim and DR Sultan, who helped me on every step for completion of this research.

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