Factors Influencing Cervical Cancer Screening among Women of Reproductive Age

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ABSTRACT

It is possible that an increase in incidence or better diagnosis over time has led to an increase in cancer cases, particularly in sub-Saharan Africa. Cervical cancer is one of the most common cancers among women, and it is expected that this number will continue to rise. The main underlying factor in cervical cancer is the human papillomavirus (HPV), which is a common sexually transmitted infection. HPV transmission and Ca have risk factors attached to them. Knowledge of them will be very helpful in the Ca. when it comes to cancer. cervix conflict. Although there is a fair amount of general knowledge about cervical cancer prevention, little is known about screening in particular. Additionally, it was thought favorable to prevent cervical cancer. The majority of the women in this study relied primarily on radios, medical professionals, and networks of close friends and family members for their information.

Keywords: Cervical Cancer, Cancer, Screening, Women, Reproductive Age.

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Introduction

One of the leading causes of cancer-related deaths in women worldwide, cervical cancer is most prevalent in developing nations like Uganda where cancer screening services are less frequently used.[1,2] Cervical cancer is the fourth most prevalent type of cancer in women worldwide and the main reason for gynecologic cancer fatalities in low- to middle-income nations.[3,4]

According to estimates, there were 527,624 new cases and 265,672 deaths from cervical cancer in 2012, with 85 percent of these deaths taking place in sub-Saharan Africa.[3] Approximately 85% of cervical cancer diagnoses and deaths worldwide in 2012 occurred in developing nations, accounting for 527 600 diagnoses and 265 700 deaths. It has the highest age-standardized incidence rates of 42.7 per 100 000 women per year and is the main cause of cancer deaths in East Africa. According to projections for Uganda, 2300 people died from cervical cancer in 2012 and 4000 new cases were reported.[5] According to the WHO's estimations, 2160 Ugandan women were reported to have died from the disease in 2014, and about 3915 women in Uganda were diagnosed with cervical cancer.[6]

Interestingly, the majority of these deaths can be avoided by immunizing young girls against the human papillomavirus and screening at-risk women for precancerous lesions.[5] Studies also show that multiple screenings over the course of a lifetime with lower baseline coverage in Uganda do not reduce cancer risk as effectively as increasing baseline screening coverage over a lifetime. Unfortunately, the Uganda Cancer Institute (UCI) reports that 80% of the women who present with cervical cancer have advanced-stage disease and that the baseline lifetime screening rate in Uganda is reported to be between 4.8 percent and 30%.[7] A multidisciplinary strategy that includes the accurate detection and treatment of cervical

precancerous lesions and early disease is required in order to prevent deaths brought on by cervical cancer in Uganda.[7]

Expanding access to those previously unscreened women has thus been advocated as being of utmost importance. The Ugandan Ministry of Health has developed a modern strategic plan for cervical cancer prevention and control that has been implemented with some degree of success. A national HPV vaccination program was started and is still in place to prevent cervical cancer. The Ministry of Health's efforts, however, have been disjointed and have had mixed results. The UCI is the only center for comprehensive cancer care in Uganda.[6]

An explanation of cervical cancer

Cervical cancer is the most prevalent cancer in women in 45 countries, with more than 500,000 new cases and 270,000 fatalities reported each year globally. 85 percent of all new cases and 90 percent of all fatalities are reported from developing nations. For instance, in Uganda, 4000 new cases of cervical cancer are diagnosed each year, 80 percent of which are at an advanced stage when treatment is impossible.[6] Cervical cancer is the most common cancer in women overall. An estimated 275,000 women worldwide per year pass away from cervical cancer, and 528,000 new cases are reported each year. More than one-fifth of all cases are diagnosed in India, which accounts for nearly 70% of the global burden.[8]

Although cervical cancer is completely preventable, it continues to be the second most lethal cancer in low- and middle-income countries, where the majority of women die in their prime.[8–10]

In spite of the fact that between 1975 and 2012, the incidence and death rates for cervical cancer in the United States fell by 50%, 4,210 women were predicted to die from the disease in 2017 and 12820 new cases were anticipated to be diagnosed.[11] The Pap smear, a routine test for cervical cancer, has historically been blamed for this decline. Cervical cancer is one of the most successfully preventable and treatable cancers if found early through routine screening.[12]

Cervical intraepithelial neoplasia, a precancerous condition that can progress to malignant stage if untreated, is the result of HPV, which is the primary cause of cervical cancer.[13] Multiple sexual patterns, smoking, immunosuppression, and sexual activity beginning at a young age are risk factors for cervical cancer.[14] Although cervical cancer is a disease that can be prevented if found early, it is the second most common cancer killer of women in low- and middle-income countries, with most victims dying in their prime.[15] In contrast to America, where most cases of cervical cancer are detected early when treatment is most effective, the majority of women in Kenya are diagnosed at an advanced stage.[16]

Socio Demographic Factors Influencing Cervical Cancer Screening among Women of Reproductive Age

Age, marital status, and educational attainment are sociodemographic factors that have been shown in numerous studies to affect women's readiness for and decision to undergo a cervical cancer screening.[17] Younger women (30-39 years old, ideally under 35 years old) were more likely to be screened than older women, according to two studies conducted in India.[18] According to a study conducted among Latin American women aged 15 and older, those who knew about cervical cancer were typically younger than those who did not.[19]

According to a study conducted in Ethiopia, women under the age of 30 have a greater understanding of cervical cancer screening than women over the age of 30, and married people have less knowledge than unmarried people.[20] According to a study conducted in Nigeria, screening and knowledge for cervical cancer were higher among those older than 29 and those who were married, indicating that age had an impact on these factors.[21] An investigation conducted by Theil et al.[22] demonstrated that women with supportive patterns were more likely to participate in cervical cancer screening than were unsupportive patterns and single women.

Women's perceptions of cervical cancer screening and awareness of the services available for it.

Although there is a high level of awareness of cervical cancer screening services in developed nations worldwide, this awareness is still low in low- and middle-income regions like sub-Saharan Africa, which results in low use of these services.[23] Only 16 percent of the women who attended the outpatient departments (OPDS) in Kolkata, India were aware that cancer screening tests were available, according to a study conducted there.[24]

According to a study conducted in Nigeria, women who live in urban areas and are educated are more aware of the services available for cervical cancer screening than women who live in rural areas and are uneducated, and as a result, urban women are more likely to use these services than women from rural areas.[25] One of the factors preventing women from using cervical cancer screening services, according to a study done in Addis Abeba, was a lack of awareness.[26] The low utilization of cervical cancer screening services in sub-Saharan Africa is due to the low level of awareness of these services among women.[27] Even so, a Nigerian study found that there was a high level of awareness and that it had no impact on the use of services for cervical cancer screening.[28]

Women's opinions about cervical cancer screening will determine their decisions regarding cervical cancer screening because people's perceptions of a disease or its treatment influence their actions towards it.[29] The health belief model contains a number of fundamental ideas that forecast the need for cervical cancer screening in individuals. The severity of a disease as perceived by an individual is referred to as its severity.[30] According to a study in Quebec, 93 percent of women believed developing cervical cancer would have serious repercussions, so they used services for cervical cancer screening.[31] This finding suggests that women's perceptions of the seriousness of cervical cancer affect their need for screening.[32] According to a study conducted in India.[32] the main justification given by 76% of women who declined to use cervical cancer screening services was that they did not see the need for it. 64 percent of participants in a Laos-based study said they thought cervical cancer could be avoided.[33]

The availability of services for cervical cancer screening

Previous studies have suggested that the inaccessibility of the services is a contributing factor in the use of cervical cancer screening services.[34] It was also reported that access to services for cervical cancer screening was a barrier to use.[35] Out-of-pocket costs for non-emergency medical services, such as cervical cancer screening services, are a significant barrier to utilization in areas with high levels of poverty and urgent health issues.[36]

Conclusion

This study found that although there is a fair amount of general knowledge about preventing cervical cancer, there is little specific understanding of screening. Among those who had access to screening, women made up a very small portion. The study also uncovered knowledge gaps that may deter women from getting screened for cervical cancer. Additionally, it was thought favorably to prevent cervical cancer. The majority of the women in this study used radios, health professionals, and networks of close friends and family members as their primary information sources.

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