**Knowledge Level of Cervical Cancer Among Women in Cameroon**

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Submission: September 14, 2018; Published: September 26, 2018

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**Abstract**

Cervical cancer is a leading cause of death among women in Africa and Cameroon in particular. It is cancer of the lower portion of the uterus, just above the vagina. Cervical cancer is caused by the Human Papilloma Virus which is transmitted mostly through sexual intercourse. We aimed at finding the reasons why this cancer very common among women in Africa and Cameroon in particular and also to find out if Cameroonian women are aware of the disease using a cross sectional designed study. We found out that more than 50% of the women never knew or have never heard nor screened for cervical cancer.

**Introduction**

Cervical cancer is the second most commonly diagnosed cancer after breast cancer and the third leading cause of cancer death among females in under developed countries. Incidence rates are the highest in countries with low income. Nearly 90% of cervical cancer deaths occurred in developing parts of the world [1]. Cervical cancer has emerged to become a major public health concern in the 21st century, alongside HIV/AIDS [2]. A cross-sectional study was conducted in 6 regions in Cameroon found a national prevalence is 3.9% and also found a low awareness level of the disease [3]. A study carried out in schools and clinics in the North West Region of Cameroon revealed an awareness of cervical cancer, preventive measures, screening method and HPV vaccination of above 70% [4].

**Study Designed**

A cross sectional study among 433 women in the Buea Health District, Fako Division in the South West Region. Questionnaires were given and analyzed almost immediately and the results presented in frequency distribution tables.

**Result**

**Demographic characteristics**

Over 500 women in Buea Health District were approached. A total of 433 participants were recruited. The average age of the participants was 30.5 years. Most of the participants were married (60.7%), Farmers (46.7%) and Christians (98.8%) (Table 1).

**Table 1:** Socio-demographic characteristics of the participants, N=433.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency (F)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Category</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-34</td>
<td>141</td>
<td>32.6</td>
</tr>
<tr>
<td>35-51</td>
<td>220</td>
<td>50.8</td>
</tr>
<tr>
<td>52-68</td>
<td>72</td>
<td>16.6</td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No formal</td>
<td>6</td>
<td>1.4</td>
</tr>
<tr>
<td>Primary</td>
<td>174</td>
<td>40.2</td>
</tr>
<tr>
<td>Secondary</td>
<td>149</td>
<td>34.4</td>
</tr>
<tr>
<td>Tertiary</td>
<td>104</td>
<td>24</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/Separated/Widow</td>
<td>170</td>
<td>39.3</td>
</tr>
</tbody>
</table>
To determine the knowledge of the participants on cervical cancer

Table 2: Knowledge of the participants on cervical cancer.

<table>
<thead>
<tr>
<th>Knowledge on Cervical Cancer</th>
<th>Yes F(%)</th>
<th>No F(%)</th>
<th>Don’t know F(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard of cervical cancer</td>
<td>251(57.8)</td>
<td>183(42.2)</td>
<td></td>
</tr>
<tr>
<td>Is cervical cancer the 1st cause of death in women in Cameroon</td>
<td>183(42.2)</td>
<td>41(9.4)</td>
<td>210(48.4)</td>
</tr>
<tr>
<td>Is cervical cancer caused by a virus</td>
<td>131(30.2)</td>
<td>28(6.5)</td>
<td>275(63.4)</td>
</tr>
<tr>
<td>Have you heard about HPV</td>
<td>100(23.0)</td>
<td>334(76.9)</td>
<td></td>
</tr>
<tr>
<td>Do patients always show symptoms</td>
<td>50(11.5)</td>
<td>76(17.5)</td>
<td>308(71.0)</td>
</tr>
<tr>
<td>Can cervical cancer be prevented via vaccination</td>
<td>234(53.9)</td>
<td>22(5.1)</td>
<td>178(41.0)</td>
</tr>
<tr>
<td>Is cervical cancer curable</td>
<td>192(44.2)</td>
<td>46(10.6)</td>
<td>196(45.2)</td>
</tr>
</tbody>
</table>

F = Frequency, % = Percentage

The various frequencies beside each option refer to the number of participants who responded to the question. Using descriptive statistics, about 57.8% (95%CI=46%-55.37) of the study population had heard of cervical cancer (Table 2).

Discussion

In our study, we recruited 433 participants. Our age range was 18 to 68 years, which was similar to [5] in Nigeria, with an age range of 16 to 65 years. The mean age of the study population was 30.5 years, with a modal age of 21 years. However, this was higher than the mean age of 21.5 years obtained by Hoque E [6] in South Africa. Majority of our participants (98.8%) were Christians and single; this was similar to other studies carried out in other parts of Africa.

57.8% of the participants had heard of cervical cancer in the past. This is slightly lower than that carried out by Wamai RG, et al. [4], revealed an awareness of cervical cancer, of above 70%. The high awareness of cervical cancer among these women could be due to the fact that they are within an urban area, and thus can easily access information from the internet, mass media, and press prints. Our findings were however higher than the 33% obtained by Hoque E [6] among female undergraduate students in South Africa. Most of our participants (68%) had heard about cervical cancer from mass media. This was similar to results obtained by Wright KO [7] in Lagos Nigeria, and by Abotchie PN [8] in Ghana.

Conclusion

We can conclude therefore that most women in the Buea Health District had good knowledge (57.8%) and a high level of awareness of cervical cancer.

Authors’ contribution

NCN and SNC conceived and designed the study. NCN implemented the study. NCN conducted data analysis. NCN and SNC interpreted study results: NCN wrote the first draft of the manuscript. SNC reviewed and corrected the draft manuscript. All authors read and approved the final manuscript.

Acknowledgement

We are grateful to all the women who took part in this study.

References


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DOI: 10.19080/JGWH.2018.12.555830

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