



**Research Article**

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# A Hospital-Based Cross-Sectional Study evaluated Bangladeshi Women's Knowledge of Cervical Cancer

Arun Shahi\*

## Abstract

The purpose of this study was to evaluate Bangladeshi women's knowledge of cervical cancer and to identify the information's source. A standardized questionnaire was used to interview 250 women, ages 17 to 55. A population-based, cross-sectional survey was carried out from September 2017 to March 2018 at the National Institute of Cancer Research and Hospital (NICRH), Mohakhali, Dhaka, Bangladesh. Data were gathered on sociodemographic traits, knowledge of cervical cancer, and information sources. Using quantitative data gathered, the bivariate analysis was done.

**Keywords:** Cervical cancer; Cross sectional; Bangladesh; Hospital; Care.

## Introduction

In Bangladesh, women between the ages of 15 and 44 most frequently develop cervical cancer. According to estimates, Bangladesh saw 11,956 new cases of cervical cancer in 2012. The fourth most frequent malignancy in women worldwide is cervical cancer. Women from less developed nations are more likely to acquire cervical cancer.

In Bangladesh, cervical cancer is anticipated to become a more significant source of morbidity and mortality during the coming decades [1, 2]. Cancer is the sixth most common cause of death, according to the Bangladesh Bureau of Statistics. According to estimates from the International Agency for Research on Cancer, cancer deaths in Bangladesh would increase from 7.5% in 2005 to 13% in 2030 [3]. WHO estimates that at least 30 to 40 percent of cancer-related fatalities can be avoided [4]. In Bangladesh, the incidence of cervical cancer has increased due to a number of variables, including early marriage, many marriages, high parity, and illiteracy. Women have very little awareness about the causes of cervical cancer in poor nations. Cervical cancer treatment, control, and prevention have always been top public health priorities. Contrary to industrialized nations, logistical, financial, and social issues have prevented cervical cancer prevention programs in poor nations from achieving their goals [5, 6].

\*Corresponding author: Arun Shahi, Department of Medical Oncology, Patan Academy of Health Sciences, Lalitpur, Nepal. E-mail: arunbibh@gmail.com

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There aren't many researches done on Bangladeshi women's comprehensive understanding of cervical cancer, such as risk factors or symptoms. Consequently, the purpose of our study is to evaluate Bangladeshi women's knowledge and awareness about cervical cancer. Women between the ages of 17 and 55 were the subjects of our sample collection.

## Methods

**Study Design and Setting:** From September 2017 to March 2018, we conducted a hospital-based cross-sectional study at the National Institute of Cancer Research and Hospital (NICRH), a tertiary cancer hospital in Mohakhali, Dhaka. Women with invasive cervical cancer served as study participants, and the department of pathology at NICRH used biopsy results to confirm each participant's diagnosis. The respondents were in stable, sound bodily and mental health, which allowed them to give accurate answers.

**Sample Size:** The Study was conducted in 245 female Patients aged 17- 55 years old and who were admitted or attended NICRH for consultation.

**Sampling Procedure:** It was a cross-sectional study based on interviews. A quantitative cross-sectional descriptive methodology was employed to measure patients' attitudes and knowledge regarding cervical cancer among those aged 17 to 55. The participants were all female visitors who sought advice or were admitted to the hospital (NIRCH) for medical care. Utilizing the convenience sampling method, participants were chosen.

**Data Collection:** Before participating, participants gave their written informed consent, and at all times, confidentiality and anonymity were guaranteed. Women were free to leave the study at any time, with or without a cause, as participation in the study was entirely voluntary. Data were gathered on behavioral, sociodemographic, and knowledge-related aspects of cervical cancer. The study respondents' responses were used to create the questionnaire, which was created with the aid of the prior research and literature on the issue. The participants' verbal consent was obtained before the questionnaire was finished. Daily collections of the completed questionnaires were made in order to ensure their consistency and thoroughness. Data were entered into Fox Pro, and Statistical Package for Social Science was used for analysis (SPSS version 18). For each of the variables, a percentage was determined. Computed were relevant tables and graphics. In order to describe the knowledge factors for cervical cancer, descriptive data analysis were employed. The variables were described using various frequency tables, graphs, and descriptive summaries.

**Study Variables:** Dependent variables are knowledge of respondents towards cervical cancer among Bangladeshi women. Independent variables are socio-demographic related factors.

## Results

The majority of people in this age group (37.6%) were over 40, with a mean age of 37.84 (Table 1). The majority of responders (96.4%) were married. 82.8% of the respondents were Muslims, while just 17.2% were Hindus or practiced another religion. They were primarily from low socioeconomic backgrounds (26.8).

**Table 1:** Socio-demographic characteristics.

| Respondents Characteristics   | Frequency      | %    |
|-------------------------------|----------------|------|
| Age of the women's in years   |                |      |
| <30                           | 63             | 25.2 |
| 31-40                         | 93             | 37.2 |
| >40                           | 94             | 37.6 |
| Mean (SD)                     | 37.84 (10.542) |      |
| Marital status                |                |      |
| Married                       | 241            | 96.4 |
| Unmarried                     | 9              | 3.6  |
| Religion                      |                |      |
| Muslim                        | 207            | 82.8 |
| Hindu                         | 43             | 17.2 |
| Type of family                |                |      |
| Nuclear                       | 55             | 22   |
| Joint                         | 195            | 78   |
| Education of respondent       |                |      |
| Illiterate+ primary           | 185            | 74   |
| Above primary                 | 65             | 26   |
| Education of husband          |                |      |
| Illiterate+ primary           | 139            | 55.5 |
| Above primary                 | 111            | 44.4 |
| Occupation of Respondent      |                |      |
| Housewife                     | 216            | 86.4 |
| Others                        | 34             | 13.6 |
| Occupation of Husband         |                |      |
| Agriculture                   | 109            | 43.6 |
| Others                        | 141            | 56.4 |
| House condition               |                |      |
| Rent                          | 156            | 62.4 |
| Own                           | 94             | 37.6 |
| Monthly family income in taka |                |      |
| <25000                        | 183            | 73.2 |
| >25000                        | 67             | 26.8 |
| Mean (SD)                     | 1.27(0.444)    |      |

74% of respondents had only received elementary or other education. The majority of women (86.4%) worked at home. Just 26% of people had schooling above the primary level. The husbands' educational backgrounds were primarily below the primary level (55.5%). 44% of them came from different occupations, while 43.6% had backgrounds in agriculture. 62.4% of respondents said they rented their homes, compared to 37.6% who said they owned their homes.

## Discussion

Our findings revealed a substantial correlation between illiteracy and inadequate cervical cancer knowledge. The understanding of those with education levels above primary was higher (62.8%) than that of those with education levels below primary or who were illiterate (38%). Previous studies on Arab and Hispanic women also found a correlation between education and knowledge. Individuals with knowledge below the primary level were profoundly ignorant. The majority of the respondent's husband's education was either nonexistent or only up to primary level. They were utterly ignorant of this malignancy. In this study, we also found that factors influencing knowledge of cervical cancer were substantially correlated with age, marital status, degree of employment, monthly income, family size, and house condition [7].

The second most prevalent age range with low expertise was 31

years to 40 years old, with 34.6%. Few women fewer than 30 existed, and 20.9% of them had inadequate knowledge. Age and awareness of cervical cancer therefore revealed a significant relationship. 89% of married women had little to no understanding of cervical cancer [8]. Prior research has demonstrated that a lack of education and affluence are factors in the rising incidence of cervical cancer. Further studies are required to examine the knowledge of cervical cancer in additional high-risk populations. Through education and awareness efforts, there is a definite need to spread knowledge about cervical cancer [9, 10].

## Conclusion

This study offers the likely first hospital-based evaluation of Bangladeshi women's knowledge about cervical cancer. The results of this study offer the essential nation-specific proof for the creation of a campaign to raise awareness of cervical cancer. Concerning signs for women's health include low levels of knowledge of cervical cancer, in-depth understanding of its causes, and methods of prevention. These findings highlight the need for culturally appropriate and focused educational activities to increase awareness of the fundamental causes of cervical cancer and associated preventative strategies.

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## Author Affiliations

Department of Medical Oncology, Patan Academy of Health Sciences, Lalitpur, Nepal