Journal of Clinical Trials
ISSN: 2167-0870

Short Communication Open Access

Cervical Cancer

Nzasi Mundabi Deppinair*

Department of Public health, Texila Americian University, Maruapula, Botswana, Africa

Abstract

Perception, knowledge and practices regarding cervical cancer screening among HIV positive female patients on antiretroviral therapy have been studied in Boteti District, Botswana. The purpose of the study was to understand of the perceived susceptibility of HIV-positive female patients on antiretroviral therapy to cervical cancer. It was found that the perceived susceptibility to cervical cancer was significantly associated with cervical cancer screening.

Keywords: Cervical cancer screening; HIV positive females; Antiretroviral therapy

Introduction

Cervical cancer is a major public health problem in resource-limited settings, particularly among HIV-infected women. Cervical cancer is also the third most common form of cancer among women globally while at the same time; it is also potentially one of the most preventable. In Botswana, the crude incidence rate of cervical cancer per 100,000 women is 19.8 and the annual number of new cervical cancer cases is 156 per 100,000 women.

Aim of the Study

The study was aimed at identifying and describing factors influencing cervical cancer screening uptake among female of 20 years and above attending health facilities in Boteti District Health Management Team in Botswana using a Cross-sectional study [1,2].

Methodology

A cross-sectional survey was conducted among female patients HIV positive attending three health facilities: Letlhakane Primary Hospital, Letlhakane Clinic and Tawana Clinic located in Boteti East, Botswana. The target population for this study comprised of randomly selected women attending aged between 20 to 59 years. A closed-ended structured questionnaire was used to establish factors influencing cervical cancer screening uptake and perceived susceptibility among HIV-positive female patients on antiretroviral therapy [3,4].

Discussion

Those with high Perceived susceptibility were more likely to screen for cervical cancer than those with low perceived susceptibility (3 times higher than those with low susceptibility).

Majority of respondents are aware of perceived severity of cervical cancer, 1.94 times by comparison to respondents who did not agreed or strongly disagreed.

Majority of participants agreed with the statement about perceived barriers to cervical cancer screening (166 or 55.3%) and there was no significant association between perceived barriers and cervical cancer screening.

Perception about the severity of cervical cancer:

α. Majority of respondents agreed that there is an effective treatment for cervical cancer,

β. Minority of participants thought that cervical cancer is not serious type of cancer for women.

χ. Majority of respondents agreed that death can result to cervical cancer.

A cross-sectional study (perceived susceptibility, perceived severity and perceived barriers) when compared for patients ''Ever screened and" Never screened" for cervical cancer, shows statistical significance with perceived susceptibility being the one with the highest statistical significance [5-7].

Results

A total number of 300 participants were recruited with a mean age of 34.5 years (SD=11.04). Over one-third of the women were between the age of 20 and 29 years (36%). The majority of them were single (71%) and 21% were married. The majority of those that had screened for cervical cancer within the past 3 years (64%). Most (72%) of them had attained at least secondary school education. Regarding age, the highest screening rates were among the age group 40-49 years old. There was a significant association between perceived susceptibility and screening for cervical cancer ($p<0.001$). Patients with high perceived susceptibility were 3 times more likely to screen for cervical cancer (OR=3.24; 95% CI: 1.94–5.43), than those perceived with low susceptibility.

Conclusion

From the study, it was found that the Perceived susceptibility to cervical cancer was significantly associated with cervical cancer screening. Awareness and educational programs are the golden keys to increase perceived susceptibility to cervical cancer and can significantly improve the uptake of cervical cancer screening in Botswana and in Boteti District Health Management Team in particular, as well as address issues of barriers and misconceptions associated with low uptake of cervical cancer screening.

References

1. McFarland DM (2003) Cervical cancer and Pap smear screening in Botswana: Knowledge and perceptions. Int Nurs Rev 50:167–175.
2. MoH (2008) Botswana HIV/AIDS impact Survey III (Bais Iii). pp: 1–6.
3. Mookeng MJ, Mavundla TR, Mcfarland DM (2010) Barriers to cervical cancer screening within private medical practices in soshanguve south Africa. Afr J Nurs Midwifery 12: 27–38.

***Corresponding author:** Nzasi Mundabi Deppinair, Department of Public health, Maruapula, Botswana, Africa, Tel: +26772173131; E-mail: nzasi.mundabi@gmail.com

Received August 03, 2019; **Accepted** August 12, 2019; **Published** August 19, 2019

Citation: Deppinair NM (2019) Cervical Cancer. J Clin Trials 9: 371.

Copyright: © 2019 Deppinair NM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

4. Nkhoma G (2008) Master of Public Health Dissertation.

5. Ntekim A (2004) Cervical Cancer in Sub Sahara Africa.

6. Palefsky JM (2003) cervical human papillomavirus infection and cervical intraepithelial neoplasia in women positive for human immunodeficiency virus in the era of highly active antiretroviral therapy. Curr Opin Oncol 15: 382–388.

7. Pepfar (2013) Botswana Operational Plan Report. pp: 1–254.