

Knowledge, attitudes, and practices concerning cervical cancer prevention in Uganda: a review of literature and critical appraisal

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INTRODUCTION

Cervical cancer is the leading cause of preventable deaths in women in Uganda where it accounts for 80% of all female cancers in the country. The human papillomavirus (HPV) is the primary cause of cervical cancer but uptake of HPV vaccination remains low in Uganda. The aim of this literature review was to assess the knowledge, attitudes, beliefs and practices regarding cervical cancer and its prevention, with an emphasis on HPV vac

METHODS

We conducted an electronic search of databases including PubMed, Medline, Scopus, Cochrane library, Science Direct, Embase, Google scholar between January – February 2018, using the key words; knowledge, attitudes, practices, beliefs, cervical cancer, HPV vaccination, Uganda. Duplicates were removed and content analysis was used to analyse the narratives in each article.

RESULTS

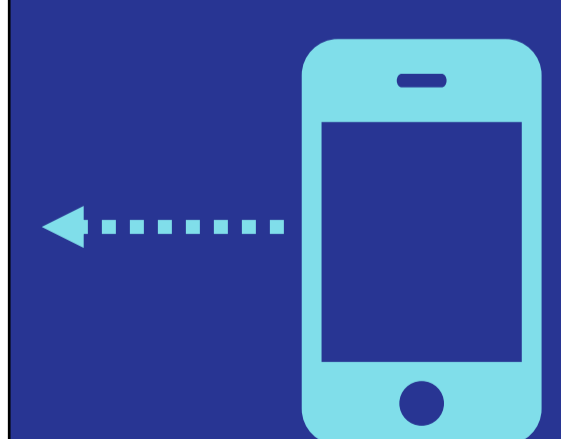
The age standardized rate of cervical cancer had doubled between the 1960's and 2015 (19.7 vs. 47.5/100,000). Baseline cervical screening rates were low (4.8% in rural; 30% in urban areas); knowledge on cervical cancer screening and HPV vaccination was low (as low as 41% and 8.3% respectively) but acceptance rates for HPV vaccination were high (96.6%) in demonstration projects. Cited barriers to cervical cancer screening included; limited knowledge and awareness; inadequate screening; misconceptions; fear of embarrassment; stigma; poor health worker attitude and inadequate screening supplies at the health facilities. Others included community misconceptions that HPV vaccination was associated with infertility; death; harm to the body; disability of injected arm; birth of twins; cause of cervical cancer; weakened intellect; abdominal cramps; heavy bleeding; and child birth complications.

DISCUSSION

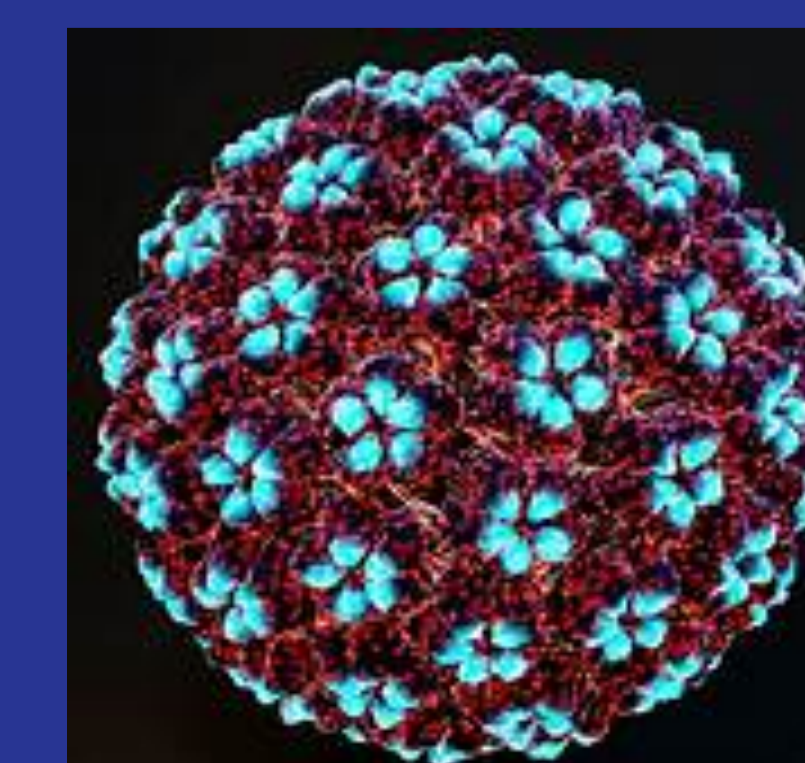
- ❖ The rollout of the HPV vaccine in Uganda provided an immense opportunity to curb the burden of cervical cancer.
- ❖ One of the significant short fall of the nationwide HPV vaccination roll out in 2015 was a lack of involvement of key stakeholders like the national and district education officials including head and class teachers.
- ❖ The high levels of willingness for HPV vaccination of 96.6% as demonstrated one of the studies despite the low levels of knowledge of 17.6% as shown in another study presents an opportunity for **communication strategies** aimed at increasing education and awareness on HPV vaccination.
- ❖ Evidence shows that massive sensitization involving all key players (school girls, parents, health workers, teachers, district leaders, community leaders) through targeted education is critical in improving the vaccine coverage.
- ❖ Mobilization activities that focus on creating awareness while providing accurate information builds acceptability, sustains demand for HPV vaccination, and counters rumors/misinformation.



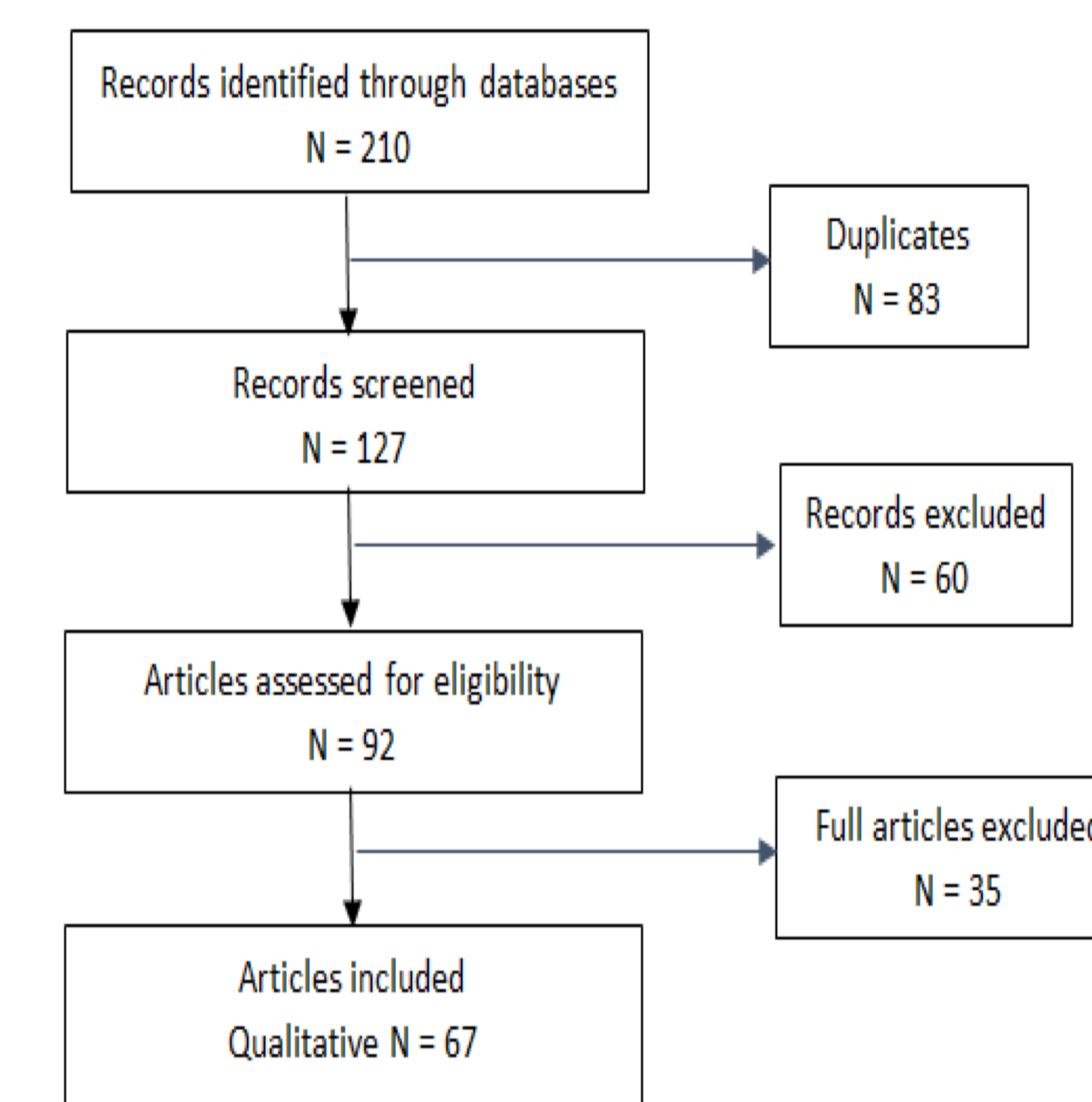
Cited barriers included misconceptions that HPV vaccination was associated with infertility; death; harm to the body; disability of injected arm; birth of twins; cause of cervical cancer; weakened intellect; abdominal cramps; heavy bleeding; and child birth complications



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Summary of the literature review



Findings on Knowledge, Attitudes and Practices for Cancer of cervix screening

- ❖ A study conducted in northern Uganda revealed low levels of knowledge (41%) on cervical cancer screening. Those who knew had heard from radio and health workers.
- ❖ Respondents perceived causes of cancer of cervix included; not washing women's genitalia immediately after sexual intercourse; sexual intercourse with polygamous men; prolonged use of family planning pills and injections; trauma of women's genitalia during sexual intercourse.
- ❖ Another study revealed that only 39% believed Cancer of cervix was preventable. Another study revealed that there was lack of knowledge among women regarding relationship between and HPV and cancer of cervix. Women did not fully comprehend the importance of cervical cancer screening.
- ❖ Other barriers to screening included fear of test outcome, embarrassment, perceived pain, and lack of spousal emotional and financial support; health care related.

Findings on Knowledge, Attitudes and Practices for HPV vaccination

- ❖ A number of studies were conducted after the pilot demonstration project and revealed the following;
- ❖ Low levels of knowledge (as low as 17%) on HPV and HPV vaccination however girls that had knowledge on HPV were more acceptable to HPV vaccination.
- ❖ Rumor and misconceptions that were barrier to HPV vaccination included were that the vaccine caused; barrenness, child birth complications, heavy menstrual bleeding, persistent abdominal cramps, infertility, twin pregnancies, poisoning, death, cervical cancer, form of family planning method, disability of injected arm, weakened intellect of vaccinated girls.
- ❖ Since the 2015 national roll out, there has been poor uptake of HPV vaccination country wide. By end of 2017, the HPV1 coverage was 88% and HPV2 coverage was 41% resulting in a 42% drop out rate.