

Men`S Knowledge, Attitude And Barriers Towards Cervical Cancer Screening In Kaduna State, Nigeria

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Abstract: Male involvement in health care is an important factor affecting reproductive health outcome. Little is known of men's knowledge, attitude and behaviour towards cervical cancer screening despite men's sexual behaviour contributing to HPV transmission and their potential role in deciding whether their wives go for screening to detect the Human Papilloma Virus. This study addresses this by conducting a qualitative study on men in Kaduna State. The study was a community-based, qualitative study on the knowledge, attitude and barriers of men towards cervical cancer screening for women of reproductive age in Kaduna State. The objectives of the study were: to identify the perception of men about cervical cancer and screening, identify the attitude of men towards cervical cancer screening, barriers from screening and willingness to allow their wives go for screening. The study covered the three Senatorial districts of the State. Qualitative technique of data collection was adopted and Focus Group Discussions were the instruments for data collection. The results from the FGDs were transcribed, the themes and patterns emerged which were systematically and critically analyzed. Findings showed that, some respondents knew of cervical cancer, none of their wives had ever been screened for cervical cancer and all the discussants were willing to allow their wives go for screening. Various factors influenced utilization of cervical cancer screening among which were; the men not aware of the screening services, no accessibility to health facility, male health personals screening their wives and cost of screening. It was therefore recommended that, information regarding cervical cancer and screening should be disseminated not only to women but to men as well in Kaduna State. This can be done by Kaduna State Government through the State Primary health Care services. Kaduna State Government should provide screening services free for women in all State owned hospitals within the State and screening should be done by only female staff, using easier and cheap screening methods such as Visual Inspection using Acetic Acid.

Keywords: Attitude, awareness, barriers, Cervical Cancer, Knowledge, Men, Screening

I. INTRODUCTION

Worldwide, cervical cancer is the second most common cancer among women after breast cancer, with an estimated 493,000 new cases and 274,000 deaths annually (Parkin, Bray, Ferlay and Pisani, 2001). Approximately 1.4 million women

worldwide are living with cervical cancer of which two to five times that number, approximately 7 million worldwide, may have precancerous conditions that need to be identified and treated (Nseem and Amal, 2004). According to Adewole (2010), every 10 minutes, two women die from cervical cancer worldwide. GLOBOCAN (2012) further stated that, cervical

cancer is the fourth most common cancer affecting women worldwide, after breast, colorectal, and lung cancers, with an estimated 528,000 new cases and 266,000 deaths annually in women in 2012. Unlike in the Western countries, majority of women in developing countries present with advanced stage of cervical cancer which is often beyond the scope of surgery and radiotherapy facilities and death is usually inevitable (Olusegun and Adeputti, 2012).

According to Abiodun (2014), Nigeria has a population of 40.43 million women aged 15 years or older who are at risk of developing cervical cancer. Ujah (2013) stated that, there are about 2 million cancer cases recorded in Nigeria with 100,000 new cases recorded annually of which about 25 percent are cancer of the cervix. Cervical cancer kills about 80,000 Nigerian women every year (Maliti, 2013). Zayyan (2013), asserts that, the more frightening part is the World Health Organisation's projection of 25 percent increased mortality in Nigeria in the next decade in the absence of widespread intervention.

Zayyan (2013) in Ahmadu Bello University Teaching Hospital, Zaria stated that, cancer of the cervix is the commonest malignancy among women in Kaduna State. This high percentage appears to be connected with some detrimental sociocultural practices, such as early onset of sexual activity. He observed that Ahmadu Bello University Teaching Hospital, (ABUTH), Zaria, which is the referral Centre in the North had three to four new cases diagnosed every week. He also stated that, this number represents 75 percent of the total cases of confirmed gynecologic cancers presenting to the unit. According to Atara, (2010), most women in the region have high number of children resulting in worsening poverty and predisposition to the disease.

Although cervical cancer is preventable and curable if detected early, its morbidity and mortality continue to be on the increase in Nigeria. This is probably due to the low literacy level in the Northern part of Nigeria where this study is carried out. Even though the Ahmadu Bello University Teaching Hospital, Zaria offers cervical cytology screening to all women, especially those attending antenatal clinic, the point is that, the hospital is located in the urban area where a few of the female population receive services, leaving a large number in the rural areas who most of the time will only visit the primary health facilities available in their communities which do not have these screening services. The implication of ignoring women in the rural communities has created a gap by limiting awareness in the reproductive health of the women.

Male involvement is an important factor affecting reproductive health outcomes for women. Knowledge and attitude of men regarding cervical cancer are important determinants of health seeking behaviors including screening and other preventive behaviors. Good knowledge among men would enable them to embrace the prevention programs and also support and encourage the women to go for screening. As access to cervical cancer screening programs improves in poor resource settings, particularly through the integration of HIV and cervical cancer services, it is important to understand the role of male partner support in women's utilization of screening for cervical cancer. The WHO recommends involving men in the prevention of cervical cancer in middle and low-income countries (World Health Organization, 2006).

II. STATEMENT OF PROBLEM

To date, there is lack of information in the scientific literature regarding Northern Nigerian men's knowledge and attitudes about cervical cancer screening and the roles that they may play in cervical cancer prevention. Psychological barriers, including the lack of spousal support, can impede a woman's access to cervical cancer screenings (Agurto, Sandoval, De La Rosa, Guardado, 2006). Therefore, it is important to determine men's knowledge, attitude and barriers affecting cervical cancer screening so that targeted interventions can be developed to increase utilization of screening services.

III. LITERATURE REVIEW

Studies on male knowledge about cervical cancer screening in the United States indicates that cervical cancer knowledge is low but that men are interested in learning more (McPartland, Weaver, Lee, Koutsky, 2005; Trevino, Jandorf, Bursac, Erwin, 2012). A study on men in Ghana also demonstrated low awareness about cervical cancer screening, inaccurate knowledge about risk factors and prevention, and stigmatization of cervical cancer diagnosis. Despite this, several men in the study also indicated that they would support screening for their partners but wanted to know more about the disease, screening process, and potential financial costs (Williams and Amoateng, 2012). According to Grounds for Health (2012) on a study on men's perception on cervical cancer, it was found that, there is a pervasive lack of knowledge regarding cervical cancer, its cause, prevention methods and the scope and severity of the disease. While men are generally ignorant regarding cervical cancer, they are receptive to learning about it.

Another study on men's knowledge and attitudes about cervical cancer screening in Kenya by Rosser, Zakaras, Hamisi and Huchko (2014) showed that, specific knowledge about cervical cancer risk factors, prevention, and treatment was low. Only half of the men perceived their partners to be at risk for cervical cancer, and many reported that a positive screening would be emotionally upsetting. Nevertheless, all participants said they would encourage their partners to be screened. Specific knowledge about cervical cancer risk factors, prevention, and treatment was low.

The more knowledgeable men are about cervical cancer and screening, the more likely they are to encourage their wives to make a screening visit and to adhere to recommended follow-ups for an abnormal result (Dignan, Michielutte, Blinson, Wells, Cas and Sharp, 1996).

In most Nigerian households, men play significant roles in the healthcare behaviours of women. This study therefore seek to address the following objectives;

- ✓ To assess men's knowledge on risk factors/causes of cervical cancer
- ✓ To assess the awareness of men about cervical cancer screening
- ✓ To identify the attitude of men towards cervical cancer screening

- ✓ To identify identify factors affecting spousal support for cervical cancer screening.

Scope of the study: Men who had female partners eligible for cervical cancer screening were recruited from the three Senatorial Zones, that is, Southern, Central and Northern Zones of Kaduna State.

IV. MATERIALS AND METHODS

BACKGROUND TO THE STUDY AREA: The study was carried out in Kaduna state in the North-West geopolitical zone of Nigeria. Screening services have been going on in the study area since 1987 (Okeke, 1999). Despite sensitization and availability of the screening services, only a few women are attending the screening.

STUDY DESIGN: This was a qualitative cross study conducted to identify the views of men regarding cervical cancer screening.

SCOPE OF THE STUDY: The study comprised of married men resident within the three Senatorial Zones (Southern, Central and Northern Zones) of Kaduna State.

INCLUSION CRITERIA: Married men who were on ground at the time of the study, sufficiently healthy to be able to understand, communicate well and provide necessary information for the study.

EXCLUSION CRITERIA: Men who refused to consent to participate in the study.

DISCUSSION GUIDE: The Focus Group Discussion Guide was elaborated around four main topics which are; Men's knowledge on risk factors and causes for cervical cancer, knowledge on availability of screening services, identify the attitude of men towards cervical cancer screening and identify factors that may lead to lack of spousal support for cervical cancer screening.

DATA COLLECTION METHOD: Focus Groups Discussion method which facilitates access to men's perception through the comparison and confrontation of opinions and experiences in guided discussions was adopted. The discussants were purposively selected with assistance from the Local leaders in the communities. Eligible discussants resident in the village were selected. Attempt was made to incorporate different social groups in each of the areas selected for the study. The discussants were grouped according to their ages. This was to ensure that discussants feel free to discuss among their mates. Data were collected in stages, starting with Kaduna South, Kaduna Central and Kaduna North. From each Local Government Area, two wards were randomly selected. Four rural communities were randomly selected from each of the wards. Focus Group Discussions were held among 248 men within twenty-four (24) communities. One (1) male FGD within the age groups of 31-40years and 41-50 years from different socio-economic background in the communities was conducted. The men within these age groups are more enlightened, married, and can influence the decision of other men towards sending their wives for cervical cancer screening. Forty-eight (48) Focus Group Discussions (FGDs) were conducted among men. Eight to ten participants were selected for the groups.

PERIOD OF DATA COLLECTION: between August 2014 and November 2014.

ETHICAL CONSIDERATION

Ethical standards for conducting the study were maintained through the following measures; Initial contact with the communities occurred via a meeting with the community head and the council of chiefs. Formal permission was sought from the leaders in each community prior to initiation of the research. The Health Research Ethics Committee of Ahmadu Bello University Teaching Hospital was contacted to grant permission to conduct the study, of which copies of the proposal were submitted for ethical review and approval was granted.

V. DATA ANALYSIS

Data collected were transcribed. Immediately after each interview, the digitally recorded files were critically analyzed. The interviews were then transcribed verbatim and verified against the audio recording to ensure that all thoughts and opinions were included in the analysis. Following the coding of all interviews, coding reports were generated for each of the codes in order to systematically analyze the information from the informants. The data was compared with inferences from the questionnaire schedule to ensure everything was captured accordingly.

VI. RESULT

The background demographic information was collected from each discussant. There was a total of 248 male participants in the Focus Group Discussion. The mean age of the male respondents was 59 years, ranging from 31 – 50 years. Majority of the male participants had some form of formal education (61%), were farmers (71%), Hausa/Fulani by tribe (74%). This is presented in Table 1.

Variable	Males N=248 (%)
Education	
None	17.0
Koranic	35.0
Primary	51.0
Secondary and above	10.0
Occupation	
None	-
Petty trading	32.0
Farming	71.0
Artisan	14.0
Civil servants	6.0
Religion	
Islam	74.0
Christianity	26.0
Ethnicity	
Hausa/Fulni	74.0
Minority tribes`	26.0

Table 1: Socio-Demographic Characteristics of Focus Group Discussion participants

KNOWLEDGE ABOUT RISK FACTORS AND CAUSES OF CERVICAL CANCER

Discussants were asked about their knowledge on cervical cancer, most participants indicated that they are aware of the disease condition but knowledge about risk factors/causes was poor.

At a Focus Group Discussion session with men at Anguwan Karofi in Mayere Local Government Area, they when asked about the issue of women having multiple sex partners as a risk factor to cervical cancer. A discussant 50 years of age revealed that:

The women in this village usually get married and remain faithful to their husbands. Hardly do we receive reports on cases of unfaithfulness among our women in this village. It is something that is highly frowned at in our village here. Although I remember, we had once handled a case where a woman was unfaithful to the husband, we struggled to handle that case and there was no divorce. Apart from this case that I can remember, I do not know of any case of infidelity among our women.

During Focus Group Discussion sessions, it was found that some discussants attributed several causes to cervical cancer. At a Focus Group Discussion with men at Ba`awa village in Makarfi on the cause of cervical cancer, a man opined that,

.....well, from what we have been hearing from our traditional healers, cervical cancer is inherited from parents by children. Women should not walk especially at night or do home activities at night as this is believed to cause cervical cancer.

Another variant of this belief expressed at an FGD held with men at Anguwan Karofi is that:

Cervical cancer is caused when women do not cover their bodies especially at night. Our traditionalist taught us that the disease can be transmitted from infected mothers to their daughters especially at night as it is hereditary.

Among the FGDs held with men, most of them did not know the symptoms of cervical cancer. Among those who said they know about the symptoms of the disease, some presented the symptoms of other diseases. One discussant said:

.....quite alright, I know about cervical cancer because any woman who contacted it has signs like whitish vaginal discharge and the women have greater chances of infertility.

Similar findings were established from other communities with poor knowledge about risk factor/cause for cervical cancer. There are other reproductive tract infections that present with whitish vaginal infection and can result in infertility. This is therefore not considered as a major symptom of cervical cancer. This shows limited knowledge of discussants about the risk factor/causes of cervical cancer. This result is similar to the findings in Kenya by Rosser, Zakaras, Hamisi and Huchko (2014) which showed that, specific knowledge about cervical cancer risk factors, prevention, and treatment was low. Similarly, knowledge about cervical cancer screening among men in the United State is low but they are interested in learning more

(McPartland, Weaver, Lee, Koutsky, 2005; Trevino, Jandorf, Bursac, Erwin, 2012).

AWARENESS ABOUT CERVICAL CANCER SCREENING

Focus group discussion session with some of the husbands also showed that, their knowledge of cervical cancer screening was quite low. This was demonstrated by most of the male Focus Group discussants who did not know about cervical cancer screening. A discussant, 51 years of age, married to one wife, who had attended secondary school, resident at Bomo Village approximately 2km from Ahmadu Bello University Teaching hospital in Sabon Gari LGA said:

You mean there is screening going on in Ahmadu Bello University Teaching Hospital for this disease? I do not know about this. My wife only goes for antenatal care whenever she is pregnant. She has never told me anything about this cervical cancer screening you are telling us about now. Which means they have never told her about it in the hospital. If I knew about it, I would have told my wife to go for the screening. In fact, I would have even taken her to the hospital myself for the screening. What you have just discussed with us now about the disease shows that it is better to do a check up on time before it is too late. You said the screening had been existing in Ahmadu Bello University Teaching Hospital for long, and we are just very close, about 21cm to the hospital yet we do not know about this.

All other men said: "walahi, da mun sani, matan mu za su tafi". Meaning that, if they had known, their wives would have gone for the screening. In a similar manner, men from other communities also consented to the fact that, now that they know about the disease condition and the screening, they would advise their wives to go for the screening.

The low awareness of cervical cancer screening recorded in this study is also similar to the result from a findings in Ghana on men by Williams and Amoateng (2012) where their knowledge about cervical cancer screening was also low.

At a Focus Group Discussion, in talking about when screening should start, a male discussant, 41 years of age, married, from Ruma village in Makarfi Local Government Area said:

Ok, before I answer your question, take note that, in this village, we only seek for medicine when someone is sick. So we don't know anything like screening or age at which screening should start. Eeeeeem, but I think, the screening should start at tender age up to the time the woman stop seeing her menses. (All laughed).

A Focus Group Discussant at Ba`awa in Makarfi Local Government Area on the treatment of cervical cancer emphasized that:

Certain drugs are given by traditionalists with certain conditions like; the drugs should not be stored in the room but outside, and the drug should not be mixed up with other drugs else they will go bad. Sometimes our Imams offer prayers for the women and they get healed of cervical cancer.

VII. ATTITUDE TOWARDS CERVICAL CANCER SCREENING

A male Focus Group Discussant from Gidan Tagwai in Kachia LGA, 56 years of age said:

I do not think that only prostitutes need to go for cervical cancer screening. I think that any woman whose parents had cancer can have it when she grows older. I say so because my mother had cancer of the breast when she died. We were told at the hospital that, we, the children can also have cancer as we grow. They told us that the cancer can be on any part of the body. I remember they called the cervix, "mouth of the womb" which I think is what you are talking about now. This is what I know. I do not even know that women can have it by "sleeping with men", meaning having sex with men" not until today during this discussion. So it is better for every woman to screen for the disease.

The above quotation further shows that, the discussants are not fully aware of the risk factors of cervical cancer. It also shows that improving knowledge of men about cervical cancer will improve their attitude towards screening and utilization by their wives. This further shows the willingness of men to allow their wives go for cervical cancer screening. Male discussants at the FGDs also said that, they would allow their wives to go for the screening if available. Discussants from Kaduna North, Central and Southern Senatorial zones responded in favour of screening for cervical cancer for their wives. A male discussant during the FGD at Bomo village in Sabon-Gari LGA said, "now that I am aware of the availability of the screening services at ABUTH Shika, I will take my wife myself for screening and pay for her to attend". All the other male discussants consented to do same. Discussants from other communities concurred that because the services are close to them, their wives will attend. Other discussants from Tashan Maigadi in Makarfi Local Government also indicated their interest to take their wives of reproductive age for screening as expressed by one of them: "Yes, women in reproductive age should be screened because it is only through modern screening that the condition can be detected and treated".

A study on men in Ghana showed that they would support screening for their partners. Many of the participants who were married indicated that they would not be comfortable knowing that their wives had a cervical cancer screening performed by a male doctor. With the exception of giving birth, participants indicated that is a taboo for a man, even a doctor, to see another man's wife nakedness, thus considered as a taboo (Williams and Amoateng, 2012).

VIII. BARRIERS TO CERVICAL CANCER SCREENING

The view of a discussant on what prevent women from going for the screening at a Focus Group Discussion session at Ba`awa in Makarfi LGA, which all the discussants agreed with, was that:

Here in this village, we have no knowledge about any screening centre yet, but nonetheless, I think lack of awareness and economic hardship are the main factors that

prevent women going for the screening. You did say, Ahmadu Bello University Teaching Hospital is among the screening centres, but, I want to let you know that, anything that involves Ahmadu Bello University Teaching Hospital, we are very afraid of because we assume that it is the end point. When people go there, we do not think that they will recover again. That is our perception.

It is important to note that, the discussants have an erroneous perception about ABUTH as a place to die. The point here is that, when people are sick, they do not go to the hospital on time. What they do is to be taking home remedies, buying drugs from the chemist, consulting the traditional birth Attendants and other traditional health personnel. It is only when these options fail that they go to the hospital. Even the decision of going to the hospital is another issue as some consider it as waste of money. The people prefer to go to small hospitals around which may be cheaper and "easier to access" usually said. It is only when all these measures fail that they think of going to ABUTH. All these delays before reaching ABUTH may have serious devastating effects as the sickness will be getting worse on the person such that by the time they reach the hospital, there will be virtually nothing the medical personnels can do for the patient and the end result is death. ABUTH is the only tertiary hospital in the State with well qualified medical personnels. Cases are referred to the hospital when they cannot longer be handled in smaller hospitals in the State. Patients who get to the hospital early and their problems are diagnosed get well and return back home due to the expertise of care in the hospital. So the perception of ABUTH being considered as the "end point" is not true.

A male discussant, 67 years of age from Biye village in Giwa LGA emphasized that:

The services should be available and accessible to the women. Let it not be the one that will start today and tomorrow when the women go they will not see anybody to attend to them or there are no equipment on ground. This has occurred from past experiences in this community and has made us to wonder when people come collecting information from us all the time. We do not usually see the impact of what they are doing after collecting information and going back. The cost of screening is also a problem for us

The above notion was emphasized by most participants during the Focus Group discussions. According to Grounds for Health (2012), men do not allow their partners to get tested due to; fear of the diagnosis, jealousy which leads them not to want a doctor to look at or touch their wives and lack of value placed on the health of their wives. Men's main concern was also the cost of the screening and the cost of treatment.

Markovic (2005) identified that the interplay of social and personal barriers influenced women's poor presentation for screening. Inadequate public health education, lack of patient-friendly health services, socio-cultural health beliefs, gender roles, and personal difficulties were the most salient barriers to screening. Similar results were obtained in a study by Mutyaba, Mmiro and Weiderpass (2007) where respondents complained of lack of awareness about cervical cancer screening. Another study by Claeys, Gonzalez, Gonzalez, Page, Bello and Temmerman (2002), also found lack of knowledge, negligence, absence of medical problems, fear, and economic reasons as the main reasons for not being

screened. Similarly, a study by Ezem (2009) in Owerri identified lack of awareness as the major reason for respondents not going for screening. A study by Hyacinth, Oluwatoyosi, Joy and Tolulope (2012) in Jos, also identified lack of awareness and belief that cervical cancer is not preventable as a hindrance for screening. This is contrary to a study by Ojiyi and Dike (2008), where the most frequent reason given for not using Pap smear services was lack of physician referral. Other reasons include, no need for the test, and fear of a bad result. A study by Oyedunni and Opemipo (2012) at Ibadan found that, reasons for not utilizing screening services include; lack of time, fear of the result, cumbersome procedure, lack of awareness of where the test could be done, cost consideration, not sexually active, and not knowing about the test.

IX. MEANS OF IMPROVING CERVICAL CANCER SCREENING

Majority of the participants mentioned that “allowing female health personnel to screen will enhance women’s participation for the screening services”.

All the discussants were of the opinion that more awareness need to be created. A male discussant, 45 years of age and married from Kurmi in Sabon Gari LGA during a Focus Group Discussion session said:

I think awareness and sensitization are the two vital machineries at improving cervical cancer screening especially among the villagers, and I think it is equally important to equip our rural hospitals with the facilities needed for the screening with specialized personnel. It will be good if the screening is included in Antenatal Care and only the female health personnel should do the screening.

Majority of the discussants were of the view that, the best way to create awareness and increase utilization is through the radio, and town criers who will announce to members of the communities.

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This study shows willingness of men to allow their wives go for the screening. This is similar to the statement by Dignan, Michielutte, Blinson, Wells, Cas and Sharp (1996) who stated that, the more knowledgeable men are about cervical cancer and screening, the more likely they are to encourage their wives go for the test.

X. CONCLUSIONS

The discussants showed limited knowledge about cervical cancer and screening. The discussants are willing to allow

their wives go for screening but prefer a female health personnel to perform the screening. Various means were identified that can help improve cervical cancer screening such as increasing awareness among the populace and using channels of communication such as town criers and the radio. Future interventions should tailor cervical cancer educational opportunities towards men who are the decision makers in the family and will decide whether their wives should go for cervical cancer screening or not. Further research is needed to determine how to best involve men in cervical cancer prevention programmes.

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