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## Knowledge and perception of men about cervical cancer and their attitudes towards cervical cancer screening in South-West Nigeria

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### Abstract

**Background:** Cervical cancer is one of the foremost causes of death among Nigerian women. Nigeria is a patriarch country where the partner's approval is necessary before attendance to health-related services by the wife. It is essential to understand the role of male partner support in women's utilization of screening and treatment of cervical cancer.

This study assessed men's knowledge, awareness, and attitudes toward cervical cancer screening of spouses.

**Methods:** A cross-sectional, descriptive study design involving 100 men using a structured, self-administered electronic questionnaire in a community-based medical outreach in South Western Nigeria. Data analysis used Statistical Package for Social Sciences (SPSS) version 22.

**Results:** Married men had little knowledge of cervical cancer risk factors, prevention, and treatment. Only 50% of the men perceived their partners at risk for cervical cancer. The majority would prevail on their spouses to seek medical help.

**Conclusion:** Men's exposure to the existence, prevention and available treatments are crucial in eradicating cervical cancer from our society.

**Keywords:** Cervical cancer, screening, awareness, treatment

### Introduction

Cervical cancer is the commonest, preventable genital tract cancer and the 4th most common cancer in women worldwide [1, 2].

In 2018, more than half a million women were diagnosed with cervical cancer. Of which, close to half of them died from the disease. This trend, however, continued till 2020 [3, 4]. In projecting forward, the burden of cervical cancer would soar by 21% and 27% in new cases and mortality, respectively, leading to 700,000 cases and 400,000 deaths in 2030 [5].

In Nigerian women, approximately 56.2 million females above 15 years were at risk of cervical cancer, and about 12,075 incidental cases were diagnosed yearly in 2020, among which about 8000 deaths were recorded. Mortality from cervical cancer is more in middle and low-resource countries [1]. These regions account for 80.0% of annual cervical cancer deaths occurring worldwide [2]. In contrast, the Western world has been able to significantly reduce the prevalence of the disease through cervical screening, enhancing early detection of premalignant cells in addition to vaccination [2].

Human papillomavirus (HPV) is the main aetiological factor responsible for cervical cancer. Cervical cancer occurs in the phase of persistent infection with a high-risk strain of HPV [6]. Cervical cancer can be prevented in 70% of cases by HPV vaccination and screening [6]. Studies have shown that cervical screening and vaccination can effectively reduce the prevalence of the disease [1, 2]. Notably, developing countries are immensely hampered by financial constraints and thus fail to practice proven preventive methods [5]. Human papillomavirus vaccines are not available and affordable for most women in Sub-Saharan countries. Awareness of the disease is equally poor among women and their spouses. Women had attributed barriers to accessing cervical cancer screening to several factors like difficulty accessing the facility, lack of support from their husband, high cost of the vaccine and lack of Government policy to subsidise the vaccine price [7, 8].

Studies have identified various other factors such as early coitarche and pregnancy, multiple sexual partners, sexually transmitted diseases, cultural and traditional beliefs, lack of cervical screening program, illiteracy by poor government policy, illiteracy, poor health system, cost of the vaccine, absence of cervical screening program and poverty as the leading causes of the public burden [1, 9-12]. Nigeria, like other African countries, is not excluded. It ranks as the fifth highest country with mortality from cervical cancer [1, 13]. At the same time, it is the second most common cause of cancer deaths among women in Nigeria [11, 12]. In Nigeria, like most African countries, the awareness of cervical cancers and the use of Pap smear as a screening method are very poor among women and men [12, 14]. However, several stakeholders have set up programmes encouraging women to utilise scarce and expensive resources.

In overcoming this dilemma, WHO has, over time, emphasised the need to incorporate the male view into reproductive health care services [15]. In Sub-Saharan countries, male dominance is crucial to decision-making. Men play a vital role in women's health-seeking behaviour by providing psychological and physical support. They contribute significantly to the financial aspect of women's health and thus determine where, when and how health services are utilised. Religion, culture and level of education of spouses had a role to play in their disposition to their wives' health seeking permission.

In most African countries, such as Uganda, Burkina Faso, Tanzania including Nigeria, male approval is a vital determinant in women utilising health services [13, 16]. Generally, the husband's consent to cervical cancer screening and vaccination is indispensable for women's health in most African countries. The response from most men varies; while some would consent to their wives' acceptance of the screening, others will disagree with it [13, 16, 17]. Unmet needs for cervical cancer screening and Human papillomavirus vaccination are very high. Lack of partner support due to inadequate information could be a factor [13]. There is a paucity of studies regarding men's role in cervical screening and treatment [15, 18-19]. Few studies have shown the low awareness level among men, while others have demonstrated the willingness to support affected spouses [18-21].

A knowledge of men towards cervical cancer, as well as the determining factors in the race against cervical cancer, would impart positively on the cervical cancer morbidity and mortality rate [22].

### Methodology

We conducted this cross-sectional, descriptive study design in November 2021 in an urban area in Ibadan, Oyo State, Nigeria. Bodija Ojurin community is in the Ibadan North Local Government in Ibadan. Ibadan is the 3rd largest city located in South-Western Nigeria. Bodija Ojurin Muslim community school opposite Eid praying ground Inu-Koko was built 22 years ago by the joint efforts of different youth groups in the community and the elders through social responsibility. We conducted the study during the medical outreach organised by the Bodija Ojurin community to mark the 20th anniversary of the school. Medical outreach featured free medical consultations, health talks on medical conditions, cervical cancer awareness, dental hygiene, ophthalmologic check-ups and cervical cancer screening for eligible women. Male participants who met the eligibility criteria were counselled and gave informed consent to participate in the study. Inclusion criteria

are female spouses or partners between 21 and 64 years of age) recruited by convenient sampling technique until we attained the required sample size.

One hundred men consented and were administered a questionnaire [15]. Trained interviewers administered the online questionnaire in the languages understood by the participants to those that were eligible and needed assistance while others filled out the questionnaire themselves. Other tribes present could speak either of the languages fluently. Responses were entered into a tablet computer or the participants' phone using the google form link of a structured, self-administered electronic questionnaire. Ninety-three men, however, completed the questionnaire to a reasonable extent. A study in Kenya has used this questionnaire. The questionnaire includes socio-demographic features, awareness and specific knowledge of cervical cancer and perceptions of partners' risk, stigma, and intention to support the screening. The age, education, occupation, marital status, source of health information, any prior HIV test, prior sexually transmitted disease, whether circumcised or not, partner's choice of contraceptive and if their partner has had previous cervical cancer screening.

Awareness was assessed using a dichotomous question. Participants were asked if their partners had been previously screened for cervical cancer with screening tests like the human papillomavirus (HPV) test, Papanicolaou smears, and visual inspection with acetic acid or Lugol iodine (VIA/VIN). Knowledge of cervical cancer was revealed by asking questions on common cervical cancer, screening and HPV. A total knowledge score of 15 given

Perception of the male on their partner risk for cervical cancer, STIs, HIV, breast cancer, and malaria. The last part showed the participants' emotions if the doctor informed them about their partners' positive results for cervical cancer or HIV.

### Statistical analysis

Data were collected, coded, and entered in the Statistical Package for Social Sciences version 22 (SPSS). Descriptive statistics were used for all variables. A non-parametric test for continuous variables with the abnormal distribution. A P value of < 0.05 was statistically significant.

### Results

A total of ninety-three (93) men made up the sample size, of which 92 (98.9%) were based in Nigeria while 1 (1.1%) person lived in Ontario, Canada. Their average age was 44 years, and the average number of children fathered was three. More than half of them, 52 (55.9%), resided in Oyo State, and 25 (26.9%) of these men were from Lagos State. The majority had an education level beyond secondary school, a Higher Educational Qualification of 90 (96.8%), and 3 (3.2%) had a Secondary School Certificate. The Occupational level of most of them showed that they were Professional / Technical / Managerial 84 (90.4%). The primary source of Health Information was through Health facilities, 67 (72.0%). Prior Health Seeking Behaviour, 25 Men (26.9%) and 16 (17.2%) have gone for HIV testing and STD testing, respectively, and 87 Men (93.5%) tested negative, while 6 Men (6.5) HIV Status were unknown. Fifty-one (54.8%) Men said that family Planning used by Partners was Long term – IUCD/Implant – 20 (39.2%) and Male condoms – 20 (39.2%). Men and partners previously screened for Cervical Cancer, as shown in Table 1.

**Table 1:** Sociodemographic features of Men (n = 93)

Characteristics	Frequency (N = 93)	Proportion (%)
<b>Age (years)</b>		
<30years	7	7.5
30 - 39years	25	26.9
40 - 49years	32	34.4
50 - 59years	23	24.7
60 - 69years	5	5.4
Not Specified	1	1.1
Age (years): Mean $\pm$ SD	43.5 $\pm$ 10.0	
<b>Country</b>		
Nigeria	92	98.9
Canada	1	1.1
<b>Level of Education</b>		
Secondary School	3	3.2
Beyond Secondary School	90	96.8
<b>Occupation</b>		
Agriculture / Fishing	4	4.3
Artisan	5	5.4
Professional / Technical / Managerial	84	90.4
<b>Number of Children fathered</b>		
None	9	9.7
1 to 2	21	22.6
3 to 4	46	49.5
5 to 7	14	15.1
Not specified	3	3.2
Number of Children fathered: Mean $\pm$ SD	3.0 $\pm$ 1.6	
<b>Relationship Status</b>		
Single	8	8.6
Married	85	91.4
<b>Primary Source of Health Information</b>		
Radio	12	12.9
Health Facility	67	72.0
Google / Internet / Online	6	6.5
Mosque / Church	6	6.5
Medical Practitioners	3	3.2
Books / Journals	4	4.3
<b>Prior Health Seeking Behaviour</b>		
History of HIV Testing	25	26.9
History of Male Circumcision	23	24.7
History of STD Testing	16	17.2
Not specified	29	31.2
<b>HIV Status</b>		
Negative	87	93.5
Unknown	6	6.5
<b>Partner uses Family Planning</b>		
Yes	51	54.8
No	42	45.2
<b>Type of Family Planning used by Partner</b>		
Depo-Provera (Injectable)	3	5.9
Dual (Condom + Hormonal Method)	8	15.7
Long term - IUCD/Implant	20	39.2
Male Condom	20	39.2
Partner previously screened for Cervical Cancer	31	33.3

The specific knowledge about Cervical Cancer was also low, with an average Knowledge Score of  $7.6 \pm 2.8$ . Although 93.5% (N = 87) of Men correctly indicated that screening could help prevent Cervical Cancer, 75.3% (N = 70) knew there was a treatment for Cervical Cancer. Knowledge about risk factors was

also low; 29% (N = 27) of Men knew that Vaginal washing is not a risk factor for Cervical Cancer. About 63.4% (N = 59) knew that Cervical Cancer is caused by Human Papilloma Virus (HPV) infection, as shown in Table 2.

**Table 2:** Awareness and Knowledge of Cervical Cancer among Men with Partners eligible for Cervical Cancer Screening (n = 93)

	Frequency (N = 93)	Proportion (%)
<b>Awareness (% answered yes)</b>		
Ever heard of Cervical Cancer	77	82.8
Ever heard of Cervical Cancer Screening	70	75.3
Ever heard of HPV	44	47.3
Ever heard of pap smear	43	46.2
Ever heard of VIA	10	10.8
Know someone with Cervical Cancer	8	8.6
<b>Knowledge (% answered correctly)</b>		
Screening tests look for changes on your cervix that indicate you are at risk for Cancer	40	43.0
Women should get screened for cervical cancer only if they have symptoms	18	19.4
If a woman has abnormal vaginal bleeding, discharge, or pain, she should see a medical provider to get screened for cervical cancer	90	96.8
Cervical cancer can be prevented	87	93.5
Screening tests can help prevent cervical cancer	87	93.5
There is no treatment for cervical cancer	23	24.7
<b>Knowledge of Risk Factors (% answered correctly)</b>		
Family planning increases risk	25	26.9
HIV increases risk	55	59.1
Only HIV + women are at risk	21	22.6
Washing inside the vagina decreases risk	27	29.0
Screening decreases risk	72	77.4
Nothing can prevent cervical cancer because it is fate or the will of God	3	3.2
<b>Knowledge of HPV (% answered correctly)</b>		
HPV is an infection that can cause cervical cancer	59	63.4
HPV is spread during close contact like during sexual	54	58.1
HPV infection is always symptomatic	47	50.5
Partner previously screened for Cervical Cancer	31	33.3
Composite Knowledge Score (# Correct out of 15) Mean $\pm$ SD	7.6 $\pm$ 2.8	

### Perception of Risk

The perception of women's disease risk among men with wives eligible for Cervical Cancer Screening, out of 93 men, only 12.9% (N = 12) men thought about the risk of partner while 39.8% (N = 37) did not believe that their wives were at risk of Cervical Cancer and 47.3% (N = 44) don't know if their wives were at risk or not. None of the men believed that their wives

were at risk of Sexually Transmitted Diseases (Gonorrhoea, Chlamydia) and Breast Cancer. And a good number of men said that their wives were not at risk of Sexually Transmitted Diseases, 83.9% (N = 78) and Breast Cancer, 86% (N = 80). Only 1.1% (N = 1) thought his wife might be at risk of HIV disease, while 88.2% (N = 82) of men had no thought of their wives being at risk of HIV at all.

**Table 3:** Perception of Partner disease risk among Men with Female Partners eligible for Cervical Cancer Screening (n = 93)

I think my partner is at risk for:	Yes N (%)	No N (%)	Don't Know N (%)
Cervical Cancer	12 (12.9)	37 (39.8)	44 (47.3)
Sexually Transmitted Diseases (i.e. gonorrhoea, chlamydia)	0 (0.0)	78 (83.9)	15 (16.1)
Breast Cancer	0 (0.0)	80 (86.0)	13 (14.0)
HIV	1 (1.1)	82 (88.2)	10 (10.8)
Malaria	21 (22.6)	50 (53.8)	22 (23.7)

### Emotional response

When asked how you would feel if your partner was diagnosed of Cervical Cancer, this puts some men in an emotional state of Sadness which is the commonest, 38.7% felt Pain (9.7% of responses). Negative emotion includes disappointed, stressed, shocked, afraid, depressed and dismay (32.3% of the responses). Regardless of the emotion putting on by some men on wives being diagnosed of Cervical Cancer, a good number of them will still seek for help for their wives to relieve their health challenges (90.4%), such help will be to consult Health Practitioners, to go for further test / screening and any other

steps the Medical Practitioners may recommend.

And how the will feel if their wives were diagnosed of HIV, the emotional state of most of them, were Being Sad, (50.5% of responses), only 5 men (5.4% of responses) said it will pain them while 21.5% of men will be feeling bad that is disappointed, stressed, shocked, afraid, depressed and dismay. Irrespective of their Partners' current health status, 43% of men will still try to look after their wives by seeking for help, through consultation with the Medical Practitioners on how the HIV diagnosed can be managed.

**Table 4:** Attitude (n = 93)

<b>How would you feel if your partner told you she had Cervical Cancer?</b>		
<b>Theme</b>	<b>Frequency</b>	<b>(% of responses)</b>
<b>Emotion</b>		
Sad	36	38.7
Pain	9	9.7
Bad (includes bad, disappointed, stressed, shocked, afraid, depressed, dismay)	30	32.3
Other (includes sympathy, strange, amused)	18	19.4
<b>Outlook</b>		
Accept Diagnosis	19	20.4
Diagnosis is normal	55	59.1
<b>Behaviour</b>		
Seek help for Partners	84	90.3
<b>Cervical Cancer Belief</b>		
Cervical cancer could be treatable	57	61.3
Cervical cancer treatment is costly	20	21.5
No cure for Cervical Cancer	6	6.5
<b>Emotional response if spouse had HIV?</b>		
<b>Emotion</b>		
Sad	47	50.5
Pain	5	5.4
Bad (includes bad, disappointed, stressed, shocked, afraid, depressed, dismay)	20	21.5
<b>Outlook</b>		
Accept Diagnosis	52	55.9
Diagnosis is normal	18	19.4
<b>Behaviour</b>		
Seek help for Partners	40	43.0
Get Tested	43	46.2
Talk with partner	4	4.3

The Knowledge of Men with Partners eligible for Cervical Cancer Screening was checked with their Biodata to establish whether their Biodata contributed to their Knowledge or not. None of their Demographic Characteristics (marital status, Age, Interview Site, Educational Attainment and Occupational Status)

contributed to the Knowledge of Cervical Cancer; there is no statistically significant difference in each Biodata to the Men Knowledge of Cervical Cancer. ( $p > 0.05$ ) as shown in Table 5

**Table 5:** Association of Knowledge of Cervical Cancer with Demographic Characteristics

<b>Knowledge of Cervical Cancer / Demographic Characteristics</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>f/t - value</b>	<b>P-Value</b>
<b>Marital status</b>					
Single	8	7.1	4.1	-0.61	0.55
Married	84	7.7	2.3		
<b>Age of Men</b>					
<30years	7	7.7	4.0		
30 - 39years	25	7.1	2.7		
40 - 49years	32	8.3	2.2	1.54	0.2
50 - 59years	23	7.7	2.3		
60 - 69years	5	5.8	1.8		
<b>Interview Site</b>					
Urban	83	7.8	2.3	1.17	0.25
Rural	6	6.7	2.9		
<b>Highest Level of Educational Attained</b>					
Secondary School	3	6.3	7.8	-0.92	0.36
Beyond Secondary School	89	7.7	2.2		
<b>Occupational Status</b>					
Agriculture / Fishing	4	6.5	2.5		
Clerical / Sales and Services / Manual Labour	5	6.8	2.9	1.4	0.25
Professional / Technical / Managerial	78	8.0	2.3		

### Discussion

Men's understanding, knowledge, and attitude because of cervical cancer and screening could influence the uptake of women's cervical screening methods and directly affect the cervical death rate. Most men have heard of cervical cancer,

which could be attributed to the setting, which was an urban residence. In a study by Okunowo in Lagos, a similar percentage of women heard of cervical cancer and the Pap-smear method, which was consistent<sup>2</sup> with our result. In contrast, only 10% of our men have heard of visual aid inspection. This low level of

awareness among the husbands indicates that the lack of knowledge and screening methods for cervical cancer in their wives is equally common among men worldwide [23, 24]. Globally, most men are naïve to cervical cancer and the preventive strategies available. In the USA, the knowledge of men was low, but the men were willing to be supportive [13]. This was in tandem with the finding in developing countries such as Ghana, where though the knowledge among men was low, they were ready to learn and provide support to their wives [13].

Most men are unaware of these methods of cervical screening, as shown in the study indicating that not only are cost and inaccessibility serve as deterrents, but awareness and knowledge also contribute significantly to the eradication of cervical cancer. It also corroborates that educating both genders is much needed in reducing morbidity and mortality related to cervical cancer. Educating men on cervical cancer and the available preventive methods would enhance the acceptance of cervical screening by husbands and provide both financial and psychological support. About 80% of men believe cervical screening should be done only for symptomatic women. In tandem, a study by Ijeoma *et al.* also found that men hesitated in screening asymptomatic women and believed that only women with genital symptoms should have cervical cancer screening test [13]. This buttresses the insufficient knowledge on cervical cancer and reflects men's attitude towards screening. Studies have shown that some men disapprove of the screening method as an invasion of privacy [17]. However, a majority 70% believed that screening might reduce cervical cancer incidence among those women that have screening opportunities. Only a third of the participants had spouses that had had cervical cancer screening. While few men still believe that a cervical cancer disease is an act of God and that no solution exists regarding prevention or treatment.

In terms of causative factors for cervical cancer, most men have poor knowledge of the enhancing agents of cervical cancer. While 80% of men believed malaria is an enhancing agent, they disagreed that the sexually transmitted disease could predispose their spouses to cervical cancer. A method of prevention is the avoidance of the causative and enhancing factors. But this can only be achieved if they know what factors or conditions to avoid.

Most (76%) men believe cervical cancer is linked to HIV and that Human papillomavirus is the leading causative agent. The knowledge score was 7 out of 15.

A similar study had a knowledge score of 7,2 among men [17]. When asked about their reactions if their wives had cervical cancer, most would show negative emotion but would instead seek help and not accept the diagnosis. This indicates that most men believe cervical cancer is treatable and can be cured. A significant 80% are willing to seek help for partners with cervical cancer, which was a similar finding in Ghana and USA [14, 18]. Thus, educating our men would improve awareness and knowledge and reduce cervical cancer deaths. In comparison to men's reactions, if their wives had HIV, most men would have more negative feelings but would accept the disease, and only a quarter would seek help for a partner. This shows that most men believe cervical cancer can be treated and cured if help is sought from appropriate quarters, unlike HIV.

The study showed that only 12% of men believe their wives are at risk of cervical cancer. In a similar study in southeast Nigeria, only a third of men have the same perception [13]. In Kenya, about 50% of the men perceived their wives to be at risk of cervical cancer [17]. Most of the men in the study have post-secondary education, yet the knowledge is still very low as

health information is only sourced only from health care services which are not frequented by most men. There was no relationship between age, education and marital status and knowledge of cervical cancer. This was inconsistent with a similar study carried out in Kenya.

Thus, there is a need to widen the scope and sources of health education. Engaging in mass campaigns on cervical cancer and screening is highly needed to reduce the menace by stakeholders.

## Conclusion

The introduction of men into reproductive health services has a positive influence on women's health. Improving the knowledge of cervical cancer among men is a channel for combating the disease and enhancing gender equity in information dissemination. Informed men would make better choices and decisions on their wives' or partners' health on Cervical Cancer.

## Conflicting interests: Nil

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## Ethical Considerations

Participants' confidentiality and Helsinki declaration were respected in the conduct of the work.

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