PERCEIVED PSYCHO-SOCIAL IMPACT OF CERVICAL CANCER AMONG WOMEN OF 35-50 YEARS IN A TERTIARY HEALTH FACILITY, BENIN CITY, EDO STATE

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ABSTRACT

This study assessed the perceived psycho-social impact of cervical cancer among women of 35-50 years in tertiary health facility, Benin City, Edo State. The objectives were to assess the level of knowledge of women aged 35-50 years on cervical cancer, assess the psychosocial impact of cervical cancer on women aged 35-50 years, identify the factors that influence psychosocial impact of cervical cancer on women aged 35-50 years and ascertain possible solutions to the challenges women with cervical cancer face in a tertiary health facility in Benin City, Edo State. A descriptive survey research design and random sampling technique were adopted in the study. Taro Yamane formula was used to select 50 women within the age of 35-50 years diagnosed of cervical cancer currently attending the University of Benin Teaching Hospital in Benin City. The instrument for data collection was questionnaire. 55 questionnaires Findings from study shows that 78.2% respondents have positive (good) knowledge towards knowledge of Cervical Cancer, 59.0% respondents fear the emotional trauma that comes with the fear of having the disease rather than fear for having sexual intercourse, 86.0% Responses shows that finance and fear of being stigmatize are serious factor that do make women suffering from cervical cancer not to air their view. Majority (56.4%) of respondents consciously have an idea of how persons with cervical cancer can be mitigated. The study recommends that nursing knowledge is very much needed in the care and caring for persons suffering from cervical cancer and orientation is needed and enlightenment should be given to women as to understand signs and symptoms for early treatment.

KEYWORDS: *Cervical Cancer, Impact, Psycho-social, Tertiary Health Facility*

INTRODUCTION

Cervical cancer poses a major public health threat to women in many low and medium resourced countries in South and Central America, Sub-Saharan Africa, South and South-East Asia, where it is still the leading type of cancer among women (Ferlay *et al*., 2013). With about 500,000 new cases and 250,000 deaths each year worldwide, it is the second most common cancer among women (World Health Organization, WHO, 2014) cervical cancer is largely a preventable disease. It is preceded by a detectable and preventable pre-invasive phase of about a period of 10-15 years.

There were 17 million new cases of cancer (all cancers combined excluding non-melanoma skin cancer) worldwide in 2018: 8.8 million (52%) in males and 8.2 million (48%) in females, giving a male: female ratio of 10:9.3. (International Agency for Research on Cancer 2022). The World age-standardised (AS) incidence rate item shows that there are 204.7 new cancer cases for every 100,000 men in the world, and 175.6 for every 100,000 females (International Agency for Research on Cancer, 2018). Cancer has become a major source of morbidity and mortality globally (Sylla and Wild, 2012). In 2008, there were 12.7 million new cases and 7.6 million cancer-related deaths (*Ferlay et al.*, 2013).

Most, 56% of these newly reported cancer cases occurred in developing countries and it is projected that by 2030, 70% of all new cases of cancer will be found in developing countries (Boyle and Levin 2018). Most of this increase in incidence is a result of population growth and increased life expectancy (Ferlay *et al*., 2013). In Nigeria, some 100 000 new cases of cancer occur every year, with high case fatality ratio (National Cancer Registry, 2014). With approximately 20% of the population of Africa and slightly more than half the population of West Africa, Nigeria contributed 15% to the estimated 681,000 new cases of cancer that occurred in Africa in 2008 (Azubuike *et al*., 2018). Similar to the situation in the rest of the developing world, a significant proportion of the increase in incidence of cancer in Nigeria is due to increasing life expectancy, reduced risk of death from infectious diseases, increasing prevalence of smoking, physical inactivity, obesity as well as changing dietary and lifestyle patterns (Agoola, 2015).

Cervical cancer is a cancer arising from the cervix. It is due to the abnormal growth of cells that have the ability to invade or spread to other parts of the body. cancer (National cancer institute 2014) It mainly affects sexually active women aged between 30 and 45 years. Early on, typically no symptoms are seen. Later symptoms may include abnormal vaginal bleeding, pelvic pain or pain during sexual intercourse. While bleeding after sex may not be serious, it may also indicate the presence of cervical cancer (National Cancer Institute, 2014). It is the second most common cancer in women worldwide and is a leading cause of cancer-related death in women in underdeveloped countries. Worldwide, approximately 500,000 cases of cervical cancer are diagnosed each year.

Being diagnosed of having cancer is terrifying because most times it often times it is done at the late stages where little or nothing can be done much less cervical cancer that shows no symptoms in the early stages. Most of the cases seen, die more from fear than the disease itself. cervical cancer (CC) is one of the most widespread gynaecological malignancies in women worldwide. Treatment strategies and screening modalities have largely evolved these past years resulting in an improvement of survival. However, treatment modalities are associated with long term side effects that significantly impacts quality of life (QOL) in cervical cancer survivors and unending financial burden Incidence of cervical cancer in Nigeria. According to the data of epidemiology of cervical cancer in Nigeria, the rate of this disease is disturbingly high. Experts say that this is based on the fact that 5% of all women are

screened for pre-cancer and cancer at least once in 5 years.

MATERIALS AND METHOD
Study Area

The study area for this research was University of Benin Teaching Hospital in Egor Local Government Area of Edo State. University of Benin Teaching Hospital (UBTH) is located on the Benin-Lagos Express-way along Ugbowo Road in Egor Local Government Area of Edo State in Benin City. It is a tertiary health facility founded in 1973 following the enactment of an edict (number 12). It was the sixth of the first-generation teaching hospitals in Nigeria established to complement her institution, University of provides primary, secondary and tertiary health care to the Mid-western region (now Edo and Delta State) and its environs. It also provides the necessary facilities for training manpower for the health industry as well as spearheading research opportunities for students and lecturers in the university, hospitals and other interested persons. Its goals were encapsulated in her motto: 'Quality Healthcare Solutions'. It was initially commissioned as a 300 bedded ward in 1973 but presently, it has facilities for over 950 in-patients as a result of expansion over the years in response to increasing health care demand and provision of quality health care services (UBTH website 2017). The study was carried out in the Gynaecological clinic of the hospital.

Target Population

Population refers to members of a well-defined group. The target population for the study will be women aged 35-50 years diagnosed of cervical cancer currently attending Gynaecology clinic in UBTH. A total of 58 women within the context of the study were seen currently attending the clinic from September - November 2022.

Sample and Sampling Technique

The study population consist of 58 women aged 35-50 years, diagnosed of cervical cancer currently attending the University of Benin Teaching Hospital in Benin City. The sampling technique was simple random sampling. The sample size was computed using the Taro Yamen method as follows:

$$n = \frac{N}{1 + N(e)^2}$$

n = the sample size
N = population Size = 58
e = Coefficient of confidence or error terms = (0.05)
1 = constant

$$= \frac{58}{1 + 58(0.05)^2}$$

$$\frac{58}{1.145} = 50$$

Attrition rate of 10% of 50 respondents equals 55.

Instrument for Data Collection

Data collection tool/instrument is used to collect data needed to address research question (Polit & Beck, 2014) 55 copies of the questionnaires were distributed to the sampled respondents, the questionnaire was made up of 5 sections. Section A cover the demographic/bio data, with a total number of four (4) questions. Section B consist of questions on knowledge of cervical cancer, with a total number of three (3) questions. Section C consist of questions on the perceived psychological impact of cervical cancer on women aged 35-50 years, with a total number of eight (8) questions. Section D covers Factors

influencing psychological impact of cervical cancer with a total number of four (4) questions, and section E contains the solutions to perceived psychological impacts of cervical cancer on women 35-50 years, with a total number of four (4) questions. The questionnaire is made up of twenty-three (23) question / items

Validity of the Instrument

The instrument was carefully scrutinized by the supervisor and one other expert in the field of research to ensure face and content validity.

Reliability of the Instrument

Reliability refers to the reproducibility of a measurement or instrument. It tells how consistent an instrument should be. The Cronbach Alpha was used to estimate the reliability of the instrument. A small sample size was administered with a specimen of the questions. The analysis yielded a co-efficient of 0.59

Method of Data Collection

A total of 55 copies of the questionnaires were distributed to respondents in other to ascertain their responses on the subject under discussion. Selected group of women on the gynaecological clinic days were administered the questionnaire.

Method of Data Analysis

The data obtained from the questionnaires were arranged in tables showing the frequency and percentages. In this research study, simple percentage with the use of frequency table will be used to analyze the data and answer will be presented to the research questions stated in chapter one. Simple percentage is used because of its simplicity and easy comprehension.

Ethical Consideration

A letter of introduction was collected from the institution of learning (National Open University of Nigeria, Benin Study Centre). Ethical approval was sought for and obtained from the University of Benin Teaching Hospital Ethical Review Committee before data collection was commenced. The code of ethics was aimed at protecting the right of the individuals used as subjects of the research so careful explanation of the purpose, content and implication was made known to the committee.

The researcher maintains the following ethical principles during study. She ensured that participants have the right to voluntarily decide whether to participate in the study or not, without the risk of incurring any penalty or pre-judicial treatment. They were given the right to decide at any point during the study to withdraw their participation or refuse to provide any information on any point. The purpose and benefit of the study was explained to the ethical committee to obtain informed consent. Their consent was gained before the questionnaires were being used to obtain information from the respondents. The privacy of the information obtained was maintained. Anonymity was maintained throughout the study. The researcher ensure that the information obtained is maintained confidential and plagiarism was avoided.

RESULTS AND DISCUSSION

Table 1: Demographic Characteristics

	Frequency	**Percent**
Age		
35 -40	31	56.4
46 -50	24	48.0
Total	55	100.0
Parity		
0 -2	19	34.6
3 -4	27	54.0
5 and above	9	18.0
Total	55	100.0
Marital Status		
Single	8	14.6
Married	42	84.0
Divorced	5	10.0
Total	55	100.0
Level of Education		
No formal education	7	14.0
Primary	22	40.0
Secondary	12	24.0
Tertiary	14	28.0
Total	55	100.0

The task in table 1 was to examine if respondents' social demographic variables influence the perceived psycho-social impact of cervical cancer among women of 35 -40 years in tertiary health facility in Benin City, Edo State. When respondents were asked:

Age: 31 respondents representing 56.4% stated they were 35 -40 years while 24(48.0%) respondents stated they were within the ages of 46-50 years.

Parity: 19 respondents representing 34.6% stated that their parity was 0-2 while 27 (54.0%) stated their parity is within 3 to 4 and 9 respondents representing 18.0% stated 9 and above.

Marital Status: when respondents were asked about their marital status. 8(14.6%) stated they were single. 42(84.0%) stated they were married. 5 respondents representing 10.0% stated they were divorced.

Level of Education: When respondents were asked about their levels of education, 7 (14.0%) stated they have no formal education while 22(40.0%) stated that they have primary education. 12(24.0%) stated they have secondary certification. 14(28.0%) respondents stated that they have tertiary education.

Table 2: Knowledge of Cervical Cancer

S/N	Items	Yes	I Don't Know	No	Mean $(x)^2$	Decision Rule
2.1	Cervical cancer is abnormal growth found in the cervix	34(68.0)	16(29.1)	5(10.0)	2.5	+
2.2	Cervical cancer affects women of reproductive age	43(78.2)	9 (18.0)	3 (6.0%)	2.7	+
2.3	Cancer of the cervix may manifest as bleeding per vagina	32(58.2)	12(24.0)	11(22.0)	2.4	+

The decision rule was set at >1.5 accepted (+), < 1. 5 (-).

The task in table 2 was to examine respondent's knowledge on the issues of cervical cancer. When respondents were asked in table 2.1 if cervical cancer is abnormal growth found in the cervix. 34 (68.0%) respondents stated yes while 16(29.1%) stated I don't know and 5(10.0%) stated No. In table 2.2 respondents were asked if "Cervical cancer affects women of reproductive age" 43(78.2%) stated Yes while 9(18.0%) stated I don't know and 3(6.0%) stated No. In table 2.3 respondents were asked if "Cancer of the cervix may manifest as bleeding per vagina" 32 respondents representing 58.2% stated Yes while 12(24.0%) stated I don't know and 11(22.0%) stated No. Respondent responses shows that majority of the respondents understand and have knowledge of what cervical cancer is and few does not.

Table 3: Perceived Psychological impact of cervical cancer on women aged 35-50 years

S/N	Items	Yes	Don't Know	No	Mean $(x)^2$	Decision Rule
3.1	Being diagnosed of having cervical cancer can cause emotional breakdown	31(56.4)	15(30.0)	9(18.0)	2.3	+
3.2	Women with cervical cancer have poor sexual drives	32(58.2)	14(28.0)	9(18.0)	2.3	+
3.3	Women with cervical cancer do not enjoy sexual intercourse with their spouses	12(24.0)	28(50.9)	15(30.0)	1.9	-
3.4	Cervical cancer makes women less attractive to their partners	9 (18.0)	31(56.4)	5(30.0)	1.5	-
3.5	Cervical can makes some women to want to commit suicide	36(65.5)	15(30.0)	4(8.0%)	2.5	+
3.6	Fear that cancer may recur after treatment is common	52(94.6)	3(6.0)	-	2.9	+
3.7	Coping with treatment protocols for cervical cancer is challenging emotionally	31(56.4)	14(28.0)	10(20.0)	2.3	+
3.8	Women with cervical cancer have low self-esteem	17(34.0)	31(58.2)	6(12)	2.2	+

The decision rule was set at >1.5 accepted (+), < 1. 5 (-)

The task in table 3 was to investigate the perceived psychological impact of cervical cancer on women aged 35 -50. In table 3. 8 questions were presented before respondents. Six of such questions were accepted as valid while 2 was rejected. In the rejected questions respondents were asked if "Women with cervical cancer do not enjoy sexual intercourse with their spouses" 12(24.0%) stated "Yes" while 28(50.9%) stated "I don't know" and 15(30.0%) stated "No" and 9(18.0%) stated that "Cervical cancer makes women less attractive to their partners" while 31(56.4%) respondents stated, "I don't know" and 5(30.0%) stated NO.

Despite respondent's submission in Table 3.3 and 3.4. 31 respondents representing 56.4% agreed that being diagnosed of having cervical cancer can cause emotional breakdown while 15(30.0%) stated they don't know and 9(18.0%) stated "No" the mean (x) score for table 3.1 was 2.3. In table 3.2 the mean (x) score was 2.3 and 32(58.2%) agreed that women with cervical cancer have poor sexual drive. 14(28.0%) stated they don't

know while 9(18.0%) stated No. When respondents were asked if cervical can makes some women to want to commit suicide. 31(62.0%) stated Yes to the research question while 15(30.0%) stated they don't know and 4(8.0%) stated "No" In table 3.6 respondent were asked if fear that cancer may recur after treatment is common with women with cervical cancer. 52(94.6%) respondents stated Yes while 3(6.0%) stated they don't know. In table 3.7 respondents agreed that coping with treatment protocols for cervical cancer is challenging emotionally. 31(56.4%) stated yes and 14(28.0%) stated they don't know while 10(20.0%) stated they no. Table 3.8 asked respondents if women with cervical cancer have low self-esteem. 17(34.0%) respondents stated Yes while 31(58.2%) stated they don't know and 6(1.2%) stated No. From the data gathered and responses from respondents, the researcher came to understand that majority of the respondents fears the emotional trauma that comes with the fear of having the disease rather than fear for having sexual intercourse.

Table 4: Factors Influencing Psychological Impact of Cervical Cancer

S/N	Items	Yes	I Don't Know	No	Mean $(x)^2$	Decision Rule
4.1	Fear of being abandoned by spouse leads to depression in patients with cervical cancer	31(56.4)	16(32.0)	8(16)	2.3	+
4.2	Family abandonment due to huge financial burden can impact on the psychological health of women with cervical cancer	48(87.3)	5(10.0)	2(4)	2.8	+
4.3	Poor financial status can lead to negative impact on the psychological health of a woman diagnosed with cervical cancer	44(80.0)	9 (18.0)	3(6)	2.7	+
4.4	Fear of recurrence may make the women see no point in undergoing treatment thereby giving up hope	43(78.2)	4 (8.0)	8 (16.0)	2.6	+

The decision rule was set at >1.5 accepted (+), < 1. 5 (-)

The task in table 4 was to examine the factors influencing psychological impact of cervical cancer. Table 4.1 asked respondents if fear of being abandoned spouse leads to depression in patients with cervical cancer. 31(56.4%) stated yes while 16(32.0%) respondents stated they don't know and 8(16.0%) stated no. Table 4.2 respondents were asked if family abandonment due to huge financial burden can impact on the psychological health of women with cervical cancer. 48(87.3%) stated yes while 5(10.0%) stated they don't know and 2(4.0%) stated yes. Table 4.3 respondents were asked if poor

financial status can lead to negative impact on the psychological health of a woman diagnosed with cervical cancer. 44(80.0%) stated Yes while 9(18.0%) stated I don't know and 3(6.0%) stated No. Table 4.4 Respondents were asked if fear of recurrence may make the women see no point in undergoing treatment thereby giving up hope. 43(78.2%) yes, 4(8.0%) I don't know, and 8(16.0%) No. Responses shows that finance and fear of being stigmatize are serious factor that do make women suffering from cervical cancer not to air their view. They prefer to manage the situation even though it means dyeing in it.

Table 5: Solutions to Perceived Psychological Impacts of Cervical Cancer on Women 35-50 Years

S/N	Items	Yes	I Don't Know	No	Mean $(x)^2$	Decision Rule
5.1	Joining cervical cancer support groups can improve psychological health of women with cancer of the cervix	52(94.6)	3(6.0)	-	2.9	+
5.2	Encouraging partners to support the women during and after treatment will help to improve their self-esteem	55(100.0)	-	-	4.0	+
5.3	Encouraging the extended family to contribute financially will help the women cope better with the disease.	39(70.9)	7(14.0)	9(18.0)	2.5	+
5.4	Sexual rehabilitation should be incorporated in the treatment plan	14 (28.0)	33(60.0)	8(16.0)	1.9	-

The decision rule was set at >1.5 accepted (+), < 1. 5 (-)

The task in table 5 was to examine solutions towards the perceived psychological impacts of cervical cancer on women 35 -50 years. When respondents were asked if joining cervical cancer support groups can improve psychological health of women with cancer of the cervix. 52 respondents representing 94.6% stated yes while 3(6.0%) stated they don't know. In table 5.2 when respondents were asked if encouraging partners to support the women during and after treatment will

help to improve their self-esteem 55 respondents representing 100.0% unanimously agreed. When respondents were asked if encouraging the extended family to contribute financially will help the women cope better with the disease. 39 respondents representing 70.9% stated yes and 7(14.0%) stated I don't know and 9(18.0%) stated No.

In table 5.4 respondents were asked if sexual rehabilitation should be incorporated in the treatment plan. 14 respondents representing 28.0% stated

Yes while 33(60.0%) stated I don't know and 8(1.9%) stated No. The researcher notice that respondents consciously have an idea of how persons with cervical cancer can be mitigated. The researcher conclude that respondents do have a positive solution towards cervical cancer.

Answering the Research Questions

Research Question 1: What is the knowledge of women aged 35-50 years on cervical cancer in a tertiary health facility in Benin City, Edo State? Table 2 was used as a guide in other to answer this research question 1. In table 2, three research questions were hypothetically tested to know if cervical cancer is abnormal growth found in the cervix and to know if cancer of the cervix may manifest as bleeding per vagina. In both questions majority of the respondents showed positive (good) knowledge towards knowledge of Cervical Cancer. This view was in contrast to study of Qing et al. (2019) who argued that most of the respondents have lack of knowledge about the disease and risk factors which can create a serious health issues for the individuals.

Research Question 2: What is the perceived psychosocial impact of cervical cancer on women aged 35-50 years in a tertiary health facility in Benin City, Edo State? To answer this research question 2. Table 3 was used to guide the research question. In table 2, majority of the respondents demonstrated their attitude toward their perceived psychological impact of cervical cancer on women aged 35 -50 years. Majority of the respondents agreed that being diagnosed of having cervical cancer can cause emotional breakdown. 31 respondents representing 62.0% agreed that cervical cancer can make some women to want to commit

suicide and 47(94.0%) agreed that fear that cancer may recur after treatment is common. These responses showed that majority of the respondents fears the emotional trauma that comes with the fear of having the disease rather than fear for having sexual intercourse. This study finding followed that of de Groot et al. (2005), in their study who observed that respondent's opinions about the impact of cervical cancer as well as general psychosocial impact were different according to the stage of the disease at time of diagnosis. That is, women with cervical cancer and their male partners expressed equal intensities of concern regarding the illness and its treatment, rating sexuality.

Research Question 3: What factors influence psychosocial impact of cervical cancer on women aged 35-50 years in a tertiary health facility in Benin City, Edo State? Table 4 was used to answer this research question 3. In table 4, 26 (52.0%) respondents agreed that fear of being abandoned spouse leads to depression in patients with cervical cancer. 43(86.0%) respondents also agreed that family abandonment due to huge financial burden can impact on the psychological health of women with cervical cancer and 38(78.0%) agreed that poor financial status can lead to negative impact on the psychological health of a woman diagnosed with cervical cancer. Responses shows that finance and fear of being stigmatize are serious factor that do make women suffering from cervical cancer not to air their view. They prefer to manage the situation even though it means dyeing in it.

Research Question 4: What are possible solutions psychosocial impact of cervical cancer on women aged 35-50 years in a tertiary health facility in Benin City, Edo

State? Table 5 was used to answer this research question 5. In table 5, 52 respondents agreed that joining cervical cancer support groups can improve psychological health of women with cancer of the cervix. 34(68.0%) agreed that encouraging the extended family to contribute financially will help the women cope better with the disease while respondents unanimously agreed that encouraging partners to support the women during and after treatment will help to improve their self-esteem. The researcher notice that respondents consciously have an idea of how persons with cervical cancer can be mitigated. The researcher conclude that respondents do have a positive solution towards cervical cancer. Findings from a descriptive survey carried out by (McCoy and Haines,1981) showed that cervical cancer

patients are more likely to cope with the aftermath of the disease if they spend recovery time reflecting on how to improve on their health status, voice out pent-up emotions they may be nursing, exercise more and seek out support groups.

Research Hypothesis

Hypothesis involves conducting test in other to ascertain the validity of the research question asked. In other to test for this hypothesis Table 2. (Cervical cancer is abnormal growth found in the cervix) and respondent level of education was cross tabulated using SPSS version 27.

There is no significant difference between knowledge of cervical cancer and its perceived psychosocial impacts among patients diagnosed with cervical cancer.

Cross Tabulation (Level of Education: *Perceived Impact)

Level of Education	Cervical cancer is abnormal growth found in the cervix						
	Yes	I don't	No	Total	Chi square	df	Sig. Level
No formal education	5	2	-	7			
Primary	12	2	3	17			
Secondary	9	1	2	12			
Tertiary	8	11	-	19			
Total	**34**	**16**	**5**	**55**	8.6	3	.5

At p>0.5 significant and a degree of freedom at (r-1)*(c-1) = 3.

The observed means score equals 8.6 while the theoretical mean score equals 7.815. Since the observed mean is greater than the theoretical mean. The researcher accepted the null hypothesis and rejects the alternative hypothesis. This therefore indicates that there is no significant difference between knowledge of cervical cancer and its perceived psychosocial impacts among patients diagnosed with cervical cancer.

CONCLUSION

This study has reviewed the perceived psycho-social impact of cervical cancer among women of 35 -40 years in tertiary health facility. Cervical cancer cases are mostly linked to infection with high-risk human papillomaviruses, an extremely common virus transmitted through sexual contact. Also, it reviewed that cervical cancer is the second common female malignant tumour globally which

seriously threatens female's health and the leading causes of cancer death among women. The disease burden of cervical cancer has decreased significantly in developed countries and regions in last decades, however it is still serious in less developed countries and regions, and effective preventive measures in these areas still face serious challenges. The study found that nurses have positive knowledge of what cervical cancer is all about. Fear of stigmatization and family neglects makes most cervical cancer patients too afraid to publicly make known to their families and friends about their health status. Family social demographic variables do affects victims or persons with cervical cancer.

The study concludes that, although the global elimination of cervical cancer has a long way to go, it is believed that through large-scale continuous promotion and widely use of existing effective prevention and control measures, cervical cancer will become the first cancer eliminated by human beings.

RECOMMENDATIONS
The following recommendations are proposed in guiding the research findings
1. Knowledge on the cause, risk factors and management process is very much needed in the care and caring for persons suffering from cervical cancer
2. Orientation is needed and enlightenment should be given to women as to understand signs and symptoms for early treatment.

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