KNOWLEDGE AND AWARENESS ABOUT CERVICAL CANCER PREVENTION AMONG WOMEN IN DUHOK CITY

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ABSTRACT

Background: Cervical cancer is a preventable disease. It is one of the most common cancers in women worldwide and it ranks as the 7th most frequent cancer among Iraqi women; Cervical cancer early detection is performed by the medical screening test, Pap smear.

Objectives: To assess the knowledge and awareness about cervical cancer prevention among women in Duhok city, it is the standard for doing an educational program to determine the differences in the pre and post-educational scores about this subject.

Materials and Methods: A cross-sectional study included 120 women who attended Duhok Hospital of Obstetrics and Gynecology for any reason from the 7th of January to the 28thof April 2021, who were allocated randomly by using a structured questionnaire to gather the data.

Results: All the knowledge of interviewed women scores indicated a lack of awareness about cervical cancer and Pap smear test, (44.2%) heard about cervical cancer and only (30.8%) of them had good knowledge. In comparison (21.7%), knew that Pap smear is the primary test used for cervical cancer screening. The main reason for not doing this test was "having no physician or other health providers advice" in (95.8%) of them. In addition, it was found that beliefs and the thought that cervical cancer is a scary disease" were in (76.7%) and (75.8%) respectively.

Conclusions: The women's knowledge about cervical cancer and Pap smear was poor. These findings indicate the need to educate the women and promote their awareness. Health education programs and social media are essential in this aspect.

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Keywords: *Awareness, Cervical Cancer, Knowledge, Pap smear.*

Cervical cancer (CC), as a malignant disease, is the uncontrolled growth of epithelium cells within the transformation zone (TZ), the space between endo-cervix and ecto-cervix tissue[1]. CC is raised as a serious health problem globally because it is a fatal in its invasive stages[2]. It is the only preventable kind of women's cancer as its progression to invasive cancer is slow and has few subjective symptoms. Therefore, the early detection of precancerous lesions by screening is vital for this prevention[3].

It is globally well known that the prevalence of CC screening programs as a technique for the early discovery of this cancer effectively reduces around 40% of its incidence and problems related to the invasive stages. The Pap smear (PS) test is used as a screening method to detect CC. It is an effective way to prevent its development and reduces the risk of CC. It is simple, non-invasive, and easy to detect precancerous lesions in a gynecological patient; regular screening will reduce the chances of CC remarkably and reduce its morbidity and mortality[4]. Furthermore, if CC is detected and treated

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early enough, its rate of cure can be as high as 70 to 90%[5].

In addition to the PS test, nutritional factors like a diet rich in vitamin C, A, and folic acid, hygiene of the genitalia, visiting a doctor if symptoms have presented, and respecting ethical principles are also included within the preventive methods. PS test has been recommended in the age group of 20-65 years; if the first three tests were negative, the test should be repeated once a year for the next three years. Failure to perform the test at the specified periods increases cancer risk by two to six times[6].

According to the Centers of Disease Control and Prevention (CDC) in 2020, CC is linked to Human papillomavirus (HPV) infection, which is the major cause of CC. Recent advances demonstrate that HPV spreads primarily through skin-to-skin contact throughout the sexual activities; it is the etiologic agent of genital warts and can be isolated in 99.7% of CC cases[7]. It has been recognized that there is a strong association between CC and HPV types 16 and 18[8]. Nearly 70% of CC cases are caused by 16 and 18 types[9]. This virus affects the changes within the cervical epithelium metaplasia and is associated with nearly all cervical dysplasia and abnormal cervical cytology[10]. Prophylactic vaccines against oncogenic HPV and CC precursors have been available from 2006 in most High-Income Countries (HICs) onwards. Three types of HPV vaccinations are now approved for preventive uses[11].

Until 2004, there were no CC screening programs in Kurdistan Region. The Ministry of Health conducted the first study on Cervical Intraepithelial Neoplasia (CIN) in this area. The CC screening program was developed after the results revealed that dysplasia was in 4.4% of the population. In addition, the program was launched in Erbil in 2006, Duhok in 2008, and Sulemani in 2009[12].

Independent reports from a number of Iraq cities have revealed an increased in the frequency of various cancer, but there has been little research on the incidence of CC across the country, particularly in the Kurdistan Region. In the first study about CC incidence Kurdistan Region, Othman, et al., (2011) reported an increase in the risk factors for all cancers, including CC[13]. However, another study that was done in 2015 in Duhok city by whom (Authors names and reference) revealed the level of knowledge toward CC was low[14].

The World Health Organization (WHO) mentioned that health education is the sharing of information to raise awareness and understanding about how to keep women healthy and prevent diseases such as CC, including information about available resources and the benefits of accessing health services[15].

Globally and Local situation

The estimated age-standardized incidence of CC was 13.1/ 100 000 women globally and varied widely among countries, with rates ranging from less than 2 to 75/100 000 women5. According to WHO, the crude incidence rate of CC in Iraq is 2.1/100,000 women of all ages. Moreover, 10.21 million Iraqi women aged 15 years and older are at risk of developing the disease[16]. In Duhok city, the percentage of new cases of CC and mortality rates have gradually grown. However, when compared to other developing countries, the percentage remains very low. Due to a dearth of understanding regarding CC and PS, many women are still presenting late with advanced disease. According to statistics from the Directorate of Health for the years 2015-2020, there was an increase

in the new cases and the death rates because there was no screening program for all the population, which increased the risk factors that are related to it[17].

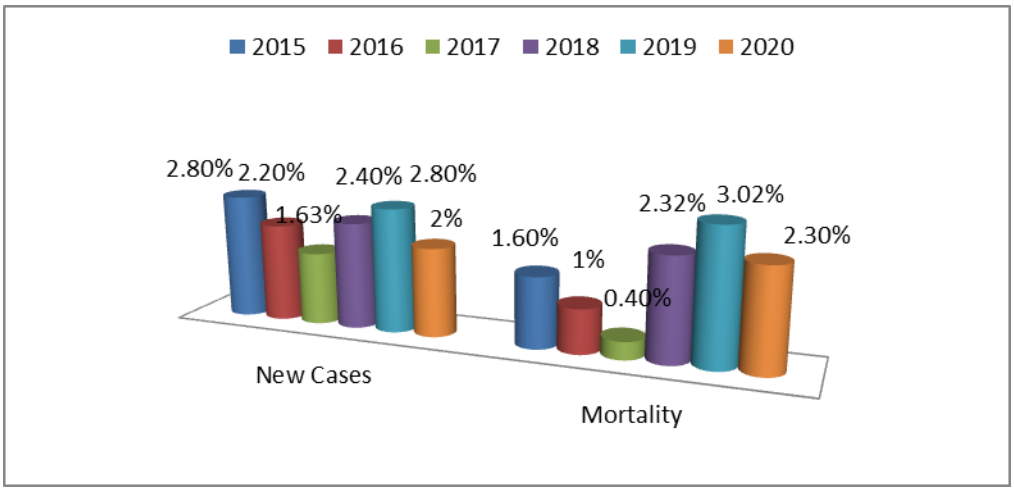

Figure 1: Distribution of the Numbers of Mortality and New Cases Data about Uteri/Cervix by Cancer Department in Duhok Governorate/Health Director from 2015 – 2020

The study aims to assess the knowledge and awareness of cervical cancer prevention among women attending Duhok hospital for obstetrics and gynecology and to detect the reasons for not performing CC screening.

METHODS:

A cross-sectional study includes 120 married women allocated randomly, aged 20 to 65 years old, willing to participate in the study and who attended Duhok Hospital of Obstetrics and Gynecology for any reason: consultation about their gynecological and obstetrical problems, pregnancy status, sonography, antenatal care (child and maternal health care), laboratory investigations, family planning, and an appointment for operations in the outpatient department.

The data collection was done during the study period by the researcher herself on a 4-5 hours a day basis, distributed onto 3 days per week. The approval has been obtained from the Ethical committee at the Directorate of Health of Duhok. Furthermore, a written request of the agreement was sent to the hospital in order to facilitate the researchers' work.

The researcher gathered the data through direct interviews with women by using a structured validated questionnaire. The questionnaire interview was composed in English; however, it was translated into Kurdish or Arabic to be understood by women. The first part of the questionnaire was aimed to collect women's socio-demographic characteristics, including age, level of education, residence, religion, employment status, marital status, the age of first marriage, marriage period, and family history of CC. In the second part, the questions were about the age at first pregnancy, history of abortion, parity (Number of deliveries after 24 weeks of gestation), use of contraceptive method. Finally, the third part of the questionnaire was to assess the knowledge about CC and PS, which were 16 items.

Assessment of knowledge scores toward CC: 16 questions were based on Modified Bloom's cut-off, which was adopted from Nahida's KAP study in 200818. The questions had a value of 3, 2, or 1 (correct

response had a value of '3′, wrong' 1′, and I do not know response had a value of '2′). Therefore, the scores corresponded to the women's different levels of knowledge: low levels (less than 50%), Moderate levels (50-79%), and good levels (80-100%). The data analysis of the present study was done after entering to (SPSS) version 23. beta using the descriptive method as (Frequency and Percent).

RESULTS

Socio-demographic Characteristics of the Study Sample

Table 1 showed that the mean age of the enrolled women was 35.7± 6.54 with a range of 20-65 years. About half of the women (46.7%) were aged between (26-29) years old, more than half (56.7%) lived in urban areas. The data also illustrates that about one-third of them (31.7%) had university or higher education, while only (29.1%) were read and write. The vast majority of women (90.8%) and (70.8%) were Muslim and unemployed or housewives. All the participants had no family history of cervical cancer. The differences were statistically insignificant. P-value > 0.05.

Table 1: The Study Sample by the Socio-demographic Characteristics

Variables		No.	%	Mean±SD	P-value
Age	20-29	56	46.7	35.7±6.54	0.898*
	30-39	46	38.3		
	40-49	16	13.3		
	50-65	2	1.7		
Education	Read and write	35	29.1	0.067*	
	Intermediate School	27	22.5		
	High School	20	16.7		
	University or Higher	38	31.7		
Residency	Urban	68	56.7	0.523*	
	Rural	52	43.3		
Religion	Muslim	109	90.8	0.465*	
	Non-Muslim	11	9.2		
Employment	Unemployed or House Wife	85	70.8	0.135*	
	Students	3	2.5		
	Employee	32	26.7		
Have a family history of CC	No	120	100.0	NA	

NA: Non-Applicable. * Fisher Exact Test

The Study Sample Regarding their Obstetrical History

According to Table 2, most of the participants (97.5%) were married, while the divorced /separated were only (2.5%). Related to the age at marriage, the mean age was 24.4±5.5, and about three-quarters of the sample (76.7%) were in the group of (18-29 years). Regarding the period of marriage (64.2 %) were in the group<10 years. As to the age at first pregnancy, most of the women (73.3%) were in the group aged between (19-29 years). The overall mean parity was 2.4±1.2 and most of them (74.2%) were in the group of (1-4 para). The contraceptive pills and Intra-Uterine Device (IUD) were used in (22.5%), while the majority (77.5%) used

the natural family planning methods. The differences between the groups across all the variables did not achieve statistical significance. The P-value > 0.05 apart of in the marriage period group the P=0.045.

Table 2: The study sample regarding their Obstetrical History

List	Variables		No.	%	Mean±SD	P- value
1	Marital	Married	117	97.5	1.000*	
		Divorced/ Separated	3	2.5		
2	Age at marriage	< 20	22	18.3	24.4±5.5	0.099*
		20–29	92	76.7		
		≥30 years	6	5.0		
3	Marriage period	<10	77	64.2	11.4±3.3	0.045*
		10-20	32	26.7		
		>20	11	9.2		
4	Age at first pregnancy	≤ 20	25	20.9	24.5±5.2	0.665*
		21-29	88	73.3		
		≥30	7	5.8		
5	Number of children	Nulliparous	19	15.8	2.4±1.1	0.840*
		1-4	89	74.2		
		≥5	12	10.0		
6	Use of the contraceptive method	Yes	27	22.5	0.353*	
		No	93	77.5		

*** Fisher Exact Test**

The study Sample Regarding the Reasons for not Performing PS

Regarding the reasons preventing the women from performing PS, "having no physician or other health providers' advice" was 95.8% of them. At the same time, the "lack of information where to get the services" was in 90.8%. About three-quarters of the sample (76.7%), "Beliefs" were the main cause. Nevertheless, the reason "if having no symptoms, you need to do PS screening every three years" was in (13.3%) only. Table 3.

Table 3. Study Sample Regarding the Reasons for not Performing PS

List	Variables	No.	%
1	Lack of Knowledge about CC screening	52	(43.7)
2	No physician or other health providers' advice	115	(95.8)
3	Fear from result	25	(20.85)
4	Undergoing a Pap smear test is too painful	14	(15.8)
5	Ashamed to lie on a gynecologic examination	52	(43.3)
6	Expensive to do the test and having to pay	40	(33.3)
7	Lack of information on where to get the services	109	(90.8)
8	If you don't have symptoms, you need pap screening every 3 years	16	(13.3)
9	Beliefs	92	(76.7)
10	The thought of cervical cancer scares you	91	(75.8)

Women's knowledge about CC& PS

Table 4. Regarding the women's knowledge about CC and PS, (60%) considered that "CC is one of the most common cancers among women" more than half of them (51.6%) thought that "the genitourinary infection increases the risk of CC among women," and (41.2%) had a wrong answer about "vaginal bleeding during or after sexual intercourse is a sign of CC." About one-third of the women (35.1%) reported that "CC is without signs in the early stages," while the answer in (41.7%) had a wrong answer. Please rewrite with explanation One Quarter (24.2%) knew that "all women above 30 years need to be screened for CC". Only (17.5%) knew that "spotting between menstrual periods may be a symptom of CC."

Table 4. Women' Knowledge about the CC & PS in the Study Sample

Q	Statements	True-Yes		False- No		I don't know	
		No.	(%)	No.	(%)	No.	(%)
1	Have you heard about CC?	53	(44.2)	63	(52.5)	4	(3.3)
2	Is CC one of the most common cancers among women?	72	(60.0)	14	(11.7)	34	(28.3)
3	Is CC a preventable disease?	41	(34.2)	34	(28.3)	45	(37.5)
4	Do you think the pelvic pain or persistent pain is due to of CC?	17	(14.2)	61	(50.8)	42	(35.0)
5	Does genitourinary infection increases the risk of CC among women?	62	(51.6)	32	(26.7)	26	(21.7)
6	Can spotting between menstrual periods be a symptom of CC?	21	(17.5)	42	(35.0)	57	(47.5)
7	Is the bleeding and spotting after menopause linked with CC?	28	(23.4)	62	(51.6)	30	(25.0)
8	Is vaginal bleeding during or after sex a sign of CC?	36	(30.0)	50	(41.7)	34	(28.3)
9	Do you think that persistent vaginal discharge that smells bad is a warning signs of CC?	62	(51.6)	28	(23.4)	30	(25.0)
10	May CC be without sign in the early stages?	36	(30.0)	50	(41.7)	34	(28.3)
11	Do you have an idea about PS test and is it a primary test used for CC screening?	26	(21.7)	15	(12.5)	79	(65.8)
12	Should all the women do PS test in their life to prevent CC?	15	(12.5)	88	(73.3)	17	(14.2)
13	Do you think that only the women with symptoms have to do PS?	36	(30.0)	77	(64.2)	7	(5.8)
14	Do you think that all the women above 30 years need to be screened for CC?	29	(24.2)	80	(66.7)	11	(9.2)
15	Is discomfort or pain during sex a sign and symptom of CC?	9	(7.5)	96	(80.0)	15	(12.5)
16	Do you think unexplained weight loss is a cause of CC?	49	(40.8)	47	(39.2)	24	(20.0)

Study Sample by the Levels of Knowledge about CC & PS

The mean level of knowledge was 29.99± 3.44, the poor level of knowledge was in (15%) and only (3.3%) had a good level as in Table 5.

Table 5. The Study Sample by their Knowledge Levels about CC & PS

Levels of Knowledge	No.	(%)
Poor 16-26	18	(15.0)
Satisfactory 27-37	98	(81.7)
Good 38-48	4	(3.3)
Mean ±SD	29.99±3.44	

DISCUSSION

Cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It is also highly curable when found and treated earlier, as the Centers for Disease Control and Prevention mentioned in 2019.

Based on the present study results, most of the participants (46.7%) were aged between 20-29 years old. This result was in line with a study conducted in Egypt by Ahmed, et al., (2018)[19], but was different from a study in Iran by Karimy, et al., (2017)[20] who mentioned that (43%) were aged between 35-44 years.

As far as the educational level of the present is concerned, only (31.7%) of the women were universities graduates or higher degree holders; whereas the study by Aldohaian et al., (2019)[21] reported (68%)of the women to fall in this group. Almost half of the sample in this study was urban (56.7%); this result contrasted with a study in India by Sachan et al., (2018)4who found that (56.36%) were rural.

About three-quarters of the study sample (70.8%) were unemployed or housewife. This might be because of the existence of a culture where most husbands refuse their wives' employment and also owing to the low level of education. The finding was not the same as a study in Iowa University in USA by El-Sayed Amr, et al., (2021)[22] who found that the majority of the sample was employed or working (66.7%). The results might differ in the study sample, different age groups, and educational levels.

It is illustrated that none of the participants had a family history of CC, probably owing to the lack of women's awareness about CC, as some women had a family history of hysterectomy without knowing the reason. This finding is in congruence with a study in Duhok city in 2015 which found that (3.5%) had a family history[14].

In the present study, the vast majority of the women were married (97.5%). This was in line with (89.3%) in a study conducted in India by Ghosh et al., (2021) 23. But, in addition, it was different from a study done in South India by Reichheld, et al., (2020) which mentioned (89.7%) of the women were in the group of age at marriage (<18 years)[24].

Regarding women's use of contraceptive methods, in the present study, the majority of the participants (77.5%) were using the natural method. Thus, the current result of the study has differed from a study in Egypt done by El-Sayed Amr, et al., (2021)[25], that found (56%) of their sample used the contraceptive method such as pills and IUD.

Among the women in the research group, the main reasons for not performs CC screening were reported to be the "Lack of information on where to get the services" and "No physician or other health

providers' advice." In addition, the absence of an official system to remind the women about regular PS tests. In developed countries, each woman has her health records. So, if someone forgets to do the test, they will contact her. Humans are naturally lazy, and if there is nothing to force them to do this test, no one will do it." Healthcare providers (e.g., physicians and nurses) in primary health centers and hospitals were suggested to play a significant role in women's tendency to have the test. Most respondents indicated that healthcare providers had no time to explain what a PS was?, why it was needed?, what benefits it had?, and when it had to be performed? . Similar to the study in Erbil by Rasul et al., (2015)[26], in Turkey by Koç, et al., (2019)[27] and in Ethiopia by Getachew, et al., (2019)[28].

Religion the participants who have never been screened mentioned religion as a barrier. They believed that they were not at risk of developing cancer if they trusted in God. A participant explained: "Insha'Allah (God willing)." "God will protect me from serious diseases like cancer." So, I do not think about testing so much. "Sometimes, believing in destiny led to women's refusal. They asserted that God sent cancer and what God wills is out of people's control. The finding of the current study was similar to the study conducted in Erbil by Rasul, et al., 2016[26].

In the current study, about (44.2%) of the women had heard about CC; whereas a study by Abdulmalek & Kalary, (2020) reported (57.2%) in the same place in 2015 in Duhok[14]. On the other hand, Ebu, et al., (2014) reported (30.6%) in Ghana29. (65.1%) in a study by Mengesha, et al., (2020) in North West Ethiopia[30], and (85%) in a study in Qatar by Al-Meer, et al., (2011)[31]. Regarding the prevention, (34.2%) believed that CC is preventable, which is less than (62%) a finding in a cross-sectional study in Southern India conducted by Raychaudhuri & Mandal, (2012) on the knowledge and attitude about CC[32], and also less than (78%) in North West Ethiopia by Mengesha, et al., (2020)[30].

Poor knowledge about cancer will affect women's manner of neglecting PS and screening services. Poor knowledge about cancer could be due to a lack of CC screening information, education, and communication in public health programs. Two studies suggest that women with low knowledge of CC have lower rates of screening than women who have more knowledge. In India, for example, the study by Aswathy, et al., (2012)[33] mentioned that lack of knowledge about the disease, absence of the concept of preventive behavior are important factors that prevent women from using the screening services. K, et al., (2020), considering the proper training and interventions seem to play pivotal roles in enhancing their knowledge level and promoting their participation in the PS to prevent CC[34].

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پوختە

زانیاری و هشیاریيا خۆپاراستنێ ژ پەنجەشێرا ستوویێ مالبچووکی دناڤ ژنان دا ل پارێزگەها دهۆکێ

پێشەکی:

پەنجەشێرا ستوویێ مالبچووکی نەخۆشیەکە د شیاندایە خوە ژێ ب پارێزین، ئێك ژبەربەلافترین جورێن پەنجەشێرێیە دناڤ ژناندا ل جیهانێ و ل رێزا حەفتێ دهێت دناڤ ژنان ل عیراقێ، ڤەدیتنا پێشوەخت ب رێیا وەرگرتنا نموونەکی ب رێیەکا نۆژداری ژستوویێ مالبچووکی، دشیاندایە رادەیەکی بو کێمکرنا پەیدابوونا وێ و نەخۆشیێن پێڤە گرێدای بدانیت.

ئارمانج:

بو هەلسەنگاندنا زانیاری و هشیاریا ژنان ل پارێزگەها دهۆکێ ل دۆر خوپاراستنێ ژ پەنجەشێرا مالبچووکی، ئەڤە رێیەکە بو ئەنجامدانا پرۆگرامەکێ هشیارکرنێ بو دەستنیشانکرنا جوداهییێن رێژەیان بەری و پشتی ئەنجامدانا ڤی پرۆگرامی.

پشکداریکرن و رێك:

ڤەکولینەکا خاچەرێیە د ماوێ دناڤبەرا 7کانونا دوویێهەتا 28 نیسانێ 2021، ل نەخوشخانا ژنان و زارۆبوونێ، ل سەر 120 ژنان هاتبوو کرن کو قەستا نەخۆشخانێ کربوون ژبەر هەر ئەگەرەکی هەبیت و ب شێوەیەکێ ئاڤەرتای هاتینە ژێگرتن، ب رێکا ئەنجامدانا چاڤپێکەتنێن راستەخو.

ئەنجام:

هەموو ئەنجامێن وان وەسا دیارکر کو زانیاری و هشیاریيا وان ل دۆر پەنجەشێرا ستوویێ مالبچووکییا کێمە و ب هەلبژارتنا وەرگرتنا نموونەکێ ژستوویێ مالبچووکی دناڤ هەموو ژنان دا ئەوێن دیدار دگەل هاتیەکرن، (44.2%) ئاگەهـ ژپەنجەشێرا ستوویێ مالبچووکی هەبوو و سێکەك ژوان (30.8%) پێزانینێن باش هەبوون، بەلێ (21.7%) ئەوبوون کو ئاگەهـ ژێ ببوو کو وەرگرتنا نموونەکی ژستوویێ مالبچووکی پشکنینەکا سەرەکییە بو دەستنیشانکرنا پەنجەشێرا ستوویێ مالبچووکی، ئەگەرێ سەرەکییێ نە ئەنجامدانا ڤێ پشکنینێ ڤەدگەریت بو (نەبوونا شیرەتێن نوشداری و کارمەندێن ساخلەمیێ بو ئەنجامدانا وێ) د(95.8%) ژوان، سەرەرای ڤێ چەندێ کێماسی دهەبوونا پێزانینداندا هەیە ل دور جهێ وەرگرتنا خزمەتان و هزر و بووچوونێن وان کو پەنجەشێرا ستوویێ مالبچووکی نەخۆشیەکا ب ترسە و دناڤ (90.8٪) و(76.7٪) و(75.8٪) ل دووڤ ئێك هندەك بووچوونێن دی هەبوون.

دەرئەنجام:

زانیارێن ژنان ب پەنجەشێرا ستوویێ مالبچووکی و وەرگرتنا نموونا یا لاواز بوو، ئەڤ دەرئەنجامە دیاردکەن کو پێدڤیە ژن بهێنە هشیارکرن و رەوشەنبیریا وان بهێتە زێدەکرن، پرۆگرامێن رەوشەنبیریا ساخلەمیێ و سوشیال میدیا د گرنگن د ڤی بیاڤی دا.

الخلاصة

المعرفة والوعي حول منع سرطان عنق الرحم بين النساء في مدينة دهوك

خلفيـة البحث:

يعتبر سرطان عنق الرحم من أكثرانواع سرطانات النساء شيوعا في العالم، وهو من السرطانات التي يمكن الوقاية منها وتجنب حدوثها، ويشكل المرتبة السابعة من السرطانات الشائعة بين النساء في العراق. يتم الكشف المبكر عنها عن طريق إجراء الفحص الطبي (مسحة عنق الرحم) والتي تلعب دور رئيسي في تقليل الاصابة والمضاعفات المرافقة لها.

هـدف الـدراســة:

تقييم معلومات ووعي النساء تجاه منع حدوث سرطان عنق الرحم في مدينة دهوك ولتكون هذه الدراسة الاساس لإجراء برنامج تثقيفي ومعرفة الفرق في المعدلات قبل وبعد اجراء هذا البرنامج.

المشـاركـات والـطـرق:

أجريت هذه الدراسة المقطعية خلال الفترة من السابع من كانون الثاني إلى الثامن والعشرين من نيسان 2021، في مستشفى دهوك للولادة والنسائية على 120 من النساء اللواتي يرتادون هذا المستشفى لعدة اسباب. وتم اختيارهم عشوائيا ومن خلال إجراء مقابلة مباشرة.

النتائج:

كل المعلومات أثبتت هنا كنقص في معرفة ووعي النساء المشاركات في الدراسة تجاه سرطان ومسحة عنق الرحم، ومن بين كل النساء اللواتي تمت مقابلتهن، (44.2%) هم من سمعوا بهذا النوع من السرطان. حوالي الثلث منهن (30.8%) هم فقط لديهن معلومات جيدة حول هذا الموضوع. بينما (21.7%) هم اللواتي قد سمعن ويعرفن إن مسحة عنق الرحم تستعمل للكشف المبكر عن هذا النوع من السرطان. وأن السبب الرئيسي لعدم أجراء هذا الفحص انه ليس لديهن معلومات من قبل الطبيب او الممرضة المسؤولة عند المراجعة حول هذا الموضوع في (95.8%) منهن. هذا بالاضافة الى بعض المعتقدات الخاطئة وعدم التفكير بهذا المرض وان ذكره مخيف لديهن في (90.8%)، (76.7%)، (75,8%) منهن على التوالي.

الاسـتـنـتـاجـات:

إن معلومات النساء تجاه سرطان عنق الرحم والمسحة الخاصة به هي ذات شحة، وهنا تظهر الحاجة لعمل برنامج تثقيفي وهادف لزيادة نسبة معرفتهم. البرامج التثقيفية عن طريق التلفزيون او من قبل الاشخاص المسؤولين عن ذلك له دور ايجابي في زيادت ثقافتها في هذا الموضوع.