



THE CHARACTERISTICS OF WOMEN ATTENDING CERVICAL SCREENING UNIT IN BAGHDAD, IRAQ: A DESCRIPTIVE STUDY

Huda S. Al Jadiri¹, Ahlam Ghanem El-Hassani² and Jawad K. Al Diwan³

¹MB CHB, FABHS, MOH, Department of Planning and Resources Development, Baghdad-Iraq.

²MB CHB, FABHS, Arabic Board for health Specialization, Baghdad, Iraq.

³MB ChB, MSc, DCN, FIBMS, FFPH, Health and Medical Technologies College, Dept. of Community Health, National University of Science and Technology, Dhi Qar, Iraq.

***Corresponding Author: Huda S. Al Jadiri**

MB CHB, FABHS, MOH, Department of Planning and Resources Development, Baghdad-Iraq.

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ABSTRACT

Background: Cancer is a disease characterized by the uncontrolled growth and spread of abnormal cells. Cervical screening program aims to detect precancerous, and often symptomless abnormalities within the cervix to reduce morbidity and mortality rates. Screening programs are still weak and inactive in many cities including Iraq. **Aim:** To explore determinants of cervical cancer among Iraqi women. **Materials and methods:** A sample was taken randomly from the screening unit at Al Elwiyah Obstetric – Gynecological teaching hospital in Baghdad – Iraq. An oral consent for participation was considered before starting data collection. **Results:** Peak age for attending screening unit was 31 – 40 years (30.2%) and educational level was secondary school (46.5%). Most of participants were housewives (76.7%), married (86%), and nonsmoker (88.4%). Peak age for marriage was equal or less than twenty (65.1%), menarche was at eleven and twelve years old (41.9%). Most of participants were non menopausal (76.7%), with gravida and parity equal or less than four (65.1%, 69.8% respectively). Those using contraception were only (46.5%), and those with history of cancer were only three (7%). Only 25 women had HPV test. Those with negative results were (84%), and only 4 (16%) showed positive test. **Conclusions:** Cervical screening program is still not as effective as that in other states. Cervical screening uptake was more among married nonsmoker housewives with secondary school degree. Early marriage and menarche, non-menopausal, gravida and parity four or less, with no history of contraception nor cancer are determinants for cervical screening in Iraq.

KEYWORDS: Cervical screening, cervical cancer, determinants of cervical screening.

INTRODUCTION

Cancer is a disease characterized by the uncontrolled growth and spread of abnormal cells. Cervical cancer is considered nearly preventable due to slow progression, the availability of screening tests, and provision of Human Papilloma Virus (HPV) vaccine.^[1] Cervical screening program aims to detect precancerous, and often symptomless abnormalities within the cervix to reduce morbidity and mortality rates.^[2] Many countries have implemented population-wide cervical screening programmes in which women are invited to be screened at regular intervals. Whilst target age groups and screening intervals differ across countries, organized screening programmes have been shown to significantly reduce cervical cancer incidence and mortality rates, increase equity of access, and thus improve program efficacy and cost-effectiveness.^[3-5]

In Iraq, many man-made crises showed a negative impact on health system and infrastructure, availability and accessibility to health facilities. Screening programs are still weak and inactive in many cities. Current estimates indicate that every year, 286 women are diagnosed with cervical cancer and 193 die from the disease. This high mortality rate is due to late diagnosis of cervical cancer.^[6] This was the impetus to carry out this study.

AIM: To explore determinants of cervical cancer among Iraqi women.

MATERIALS AND METHODS

A sample was taken randomly from the screening unit at Al Elwiyah Obstetric – Gynecological teaching hospital in Baghdad – Iraq. An oral consent for participation was considered before starting data collection. Only 43 women aged 24 – 70 years participated in the study. HPV

test was done as recommended. Data collection started from 1st of January till 30th of April 2023.

RESULTS

Table 1 presents characteristics of the study sample. Peak age for attending screening unit was 31 – 40 years (30.2%). Peak educational level was secondary school 20 (46.5%). Most of participants were housewives 33 (76.7%), married 37 (86%), and nonsmoker 38 (88.4%).

Table 1: Characteristics of the study sample.

Variables		Freq.	%
Age	20 – 30 Years	8	18.6
	31 – 40 Years	13	30.2
	41 – 50 Years	12	27.9
	> 50 Years	10	23.3
Education	≤ Primary	11	25.6
	Secondary	20	46.5
	Bachelor and higher	12	27.9
Occupation	Housewife	33	76.7
	Employee	10	23.3
Marital status	Married	37	86
	Divorced/Widow	6	14
Smoking	Yes	5	11.6
	No	38	88.4
Total		43	100

Table 2 shows menstrual and obstetric history of the studied women. Peak age for marriage was equal or less than twenty 28 (65.1%), menarche was at eleven and twelve years old 18 (41.9%). Most of participants were

non menopausal 33 (76.7%), with gravida and parity equal or less than four (65.1%, 69.8% respectively). Those using contraception were only 20 (46.5%), and those with history of cancer were only three (7%).

Table 2: Menstrual and obstetric history of the study sample.

Variables		Freq.	%
Marriage age	≤ 20 years	28	65.1
	21 – 30 years	12	27.9
	31 – 40 years	3	7
Menarche age	11 years	18	41.9
	12 years	18	41.9
	13 years	6	14
	14 years	1	2.2
Menopause	Yes	10	23.3
	No	33	76.7
Gravida	≤ 4	28	65.1
	> 4	15	34.9
Parity	≤ 4	30	69.8
	> 4	13	30.2
Contraception	Yes	20	46.5
	No	23	53.5
History of cancer	Yes	3	7
	No	40	93
Total		43	100

Out of total, only 25 women had HPV test. Those with negative results were 21 (84%), and only 4 (16%) showed positive test.



Figure 1: HPV results among studied women.

DISCUSSION

Cervical screening and early management of cervical cancer remains the most effective way to reduce the mortality rate associated with this disease.^[7] Participation in routine cervical screening is complex and dependent on multiple factors like psychological, sociocultural and environmental contexts.^[8] Negative attitudes and beliefs towards cervical screening, fear, embarrassment, poor screening-related knowledge, and work commitments

and childcare challenges are common barriers to participation.^[9,10]

The study revealed that. Number of screened women were 43 only for four months. Many factors play a role in preventing women from checking their health routinely especially for cancer screening. These factors can be categorized into individual, social, healthcare environment, and wider society factors. Figure (2) summarizes these factors.^[11]

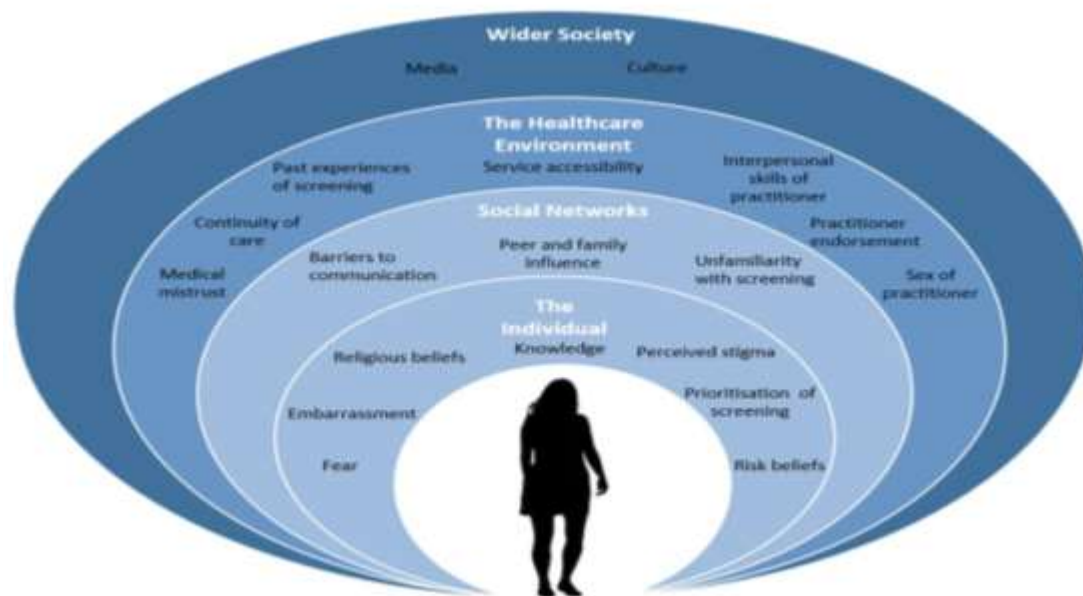


Figure 2: Determinants of routine cervical screening.

This study found that women in younger age had the higher percentage of screening uptake (30.2%), and it was less utilized by older women. It is similar to findings of other studies.^[12,13] Whilst, older women are more likely to develop cervical cancer and should be targeted for health promotion program.

Cervical screening test was done more among married housewives with secondary school degree (86%, 76.7%, 46.5% respectively). Early marriage in Iraq plays a significant role for not completing higher education among Iraqi women. This finding contrasts with that in a study in Kenya^[7] and in Iran.^[14]

Nonsmoker women had more cervical screening test than smoker ones (88.4%, 11.6% respectively). Prevalence of smoking habit among women is not as that of western states. Besides, smoker women are still considered as stigma and unacceptable in Iraqi society.

Women with history of early marriage (≤ 20 years) and early menarche (11-12 years) had more cervical screening uptake than others (65.1%, 41.9% respectively). The association between cervical cancer and early marriage was clearly defined in many developing countries^[15] and other literatures.^[16,17]

The study reveals that women with four or less children were more likely to report Pap smear than those with more than four children (69.8%). This finding is the same as that in other studies.^[14,18] The low participation among women with more children might be explained by some barriers such as daily activities.

Women with no history of contraception had more cervical screening than others (53.5%). Literatures stated

that no association between using contraception methods and risk of cervical cancer.^[19,20]

Prevalence rate of HPV positive was 16%. Small sample size might play a role in this rate. However, this finding is consistent with that in Democratic Republic of the Congo.^[21]

CONCLUSIONS

Cervical screening program is still not as effective as that in other states. Cervical screening uptake was more among married nonsmoker housewives with secondary school degree. Early marriage and menarche, non-menopausal, gravida and parity four or less, with no history of contraception nor cancer are determinants for cervical screening in Iraq.

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Author's Contribution

The work on this research was a teamwork.

Conflict of Interest

The authors declare that there is no conflict of interest with present publication.

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