RESEARCH COMMUNICATION

Women's Awareness, Knowledge and Perceived Magnitude Regarding Common Female Cancers in Yangon, Myanmar

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Abstract

   Early detection and diagnosis can greatly increases the chances for successful treatment particularly relevant for common female cancers like cancer breast and cervix. Increased awareness of the possible warning signs of these cancers among general public is a necessity. A community-based, cross-sectional study was conducted with the objectives of assessing the women's awareness and knowledge on common female cancers and estimating the perceived magnitude and survival of these cancers. A total of 400 women were interviewed using a pre-tested, structured questionnaire. Mean age of women was 48.4 years and majority were married, dependent and primary school passed. Almost all (99.3%) were aware of breast cancer and only (69.5%) were aware of cervical cancer. Breast lump was considered as a condition that will later develop into cancer by (38.8%) and (41.5%) mentioned that it was painless in early stage. Abnormal bleeding per vagina and white discharge were mentioned as main symptoms of cervical cancer (76.3%, 63.3%). Regarding the risk of cervical cancer, female hygiene was indicated by (88.5%) and number of sexual partners by (77.0%). Almost all of them said that both diseases can be cured at early stage. Cancer breast, uterus and cervix were mentioned as the most common female cancers according to their perceived magnitude. Although cervical and breast cancer were perceived as common female cancers, health education activities regarding risk factors and early warning signs of these cancer still need to be promoted.

Key Words: knowledge-perceived magnitude-common female cancers-Myanmar women

Introduction

   Cancer is a public health problem worldwide. More than 10 million people are diagnosed with cancer every year and it accounts for 13% of deaths worldwide that is 7 million deaths every year. Cancer is the second most common cause of death in developed countries, and similar epidemiological transition has been followed in developing countries (Shibuya et al., 2002). Cervical cancer is one of the three most common malignancies worldwide (Ferlay et al., 2004). Its occurrence is commonest in developing countries and eighty percent of new cases and deaths occur in these areas (WHO, 2002). Breast cancer is the most common cancer of women, comprising 23% of all female cancers, and it is still the leading cause of cancer mortality in women worldwide that is 14% of female cancer deaths (Parkin et al., 2005). In Myanmar, according to data from Yangon Cancer Registry (1993-2000), three most common cancers for women are cancer cervix (Ca cervix), cancer breast (Ca breast) and cancer lung (Ca lung). The rising trend of two most common female cancers was observed according to the cancer registry during the past decade. The incidence of Ca cervix and Ca breast during 1993 and 2001 was 27.4 to 30.7%, 25.3 to 30.6% respectively.

At least one third of all cancer cases are preventable and another one third permits the early detection and effective treatment. Early detection and diagnosis can then greatly increases the chances for successful treatment particularly relevant for common female cancers like Ca breast and Ca cervix. Increased awareness of the magnitude and possible warning signs of these cancers among general public is a necessity. Therefore, a community based survey was carried out to assess the women's awareness and knowledge on common female cancers and to estimate the perceived magnitude and survival of these cancers.

Materials and Methods

   The study was approved by the Institutional Ethical Review Committee of Department of Medical Research (Lower Myanmar). Written informed consent was obtained from all respondents after thorough explanation about the study.
   Yangon is the business capital of Myanmar. Among 43 townships of Yangon Division, 4 peri-urban townships were randomly selected namely Hlaing Thar Yar, East Dagon, South Dagon and Shwe Pyi Thar.
A community-based, cross-sectional survey was conducted in 2005. A total of 400 women aged 40 years

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and above residing in the study townships were interviewed by well trained interviewers using a pre-tested and well validated structured questionnaire regarding socio-demographic characteristics, awareness and knowledge on symptoms, treatment options and prevention of common female cancers like cancer cervix and breast. Respondents' perceived magnitude and survival of these cancers was also inquired.

In order to ensure good data quality, the investigators closely supervised all interviewers during the fieldwork. At the end of each day, investigators reviewed the questionnaires collected during the day, discussed with interviewers and provided necessary correction or clarification. Data cleaning, coding and analysis were done using SPSS 11.5 software.

Results

Table 1 shows the background socio-demographic characteristics of the respondents. Mean age of the respondents was 48.4 years and most of them were married (65.8%). Regarding occupation, majority (67.8%) depended on other family members for their living and about one fifth (22.3%) worked as manual labours. Most of the respondents finished primary school (40.3%) and secondary school level (21.3%). Only a few (2.5%) attended university. Family income ranged from 6000 Kyats to 250000 Kyats per month and median family income was 35000 Kyats.

Awareness of common female cancers
Regarding the awareness of common female cancers,

Table 1. Background Socio-demographic Characteristics of the Respondents (n=400)

Characteristic	Frequency	Percentage
Age group		
40-49 years	250	62.5
50-59 years	115	28.8
60 years and above	35	8.8
Mean age-	48.4 ± 8.1 years	
Marital status		
Single	11	2.8
Married	263	65.8
Divorced	28	7.0
Widowed	98	24.5
Occupation		
Dependent	271	67.8
Manual labour	89	22.3
Government/private employee	15	3.8
Own business	25	6.3
Education status		
Illiterate	23	5.8
Read and write	85	21.3
Primary school passed	161	40.3
Middle school passed	90	22.5
High school passed	31	7.8
University/ Graduate	10	2.5
Monthly Family Income		
< 25,000 kyats	84	21.0
25,000-50,000 kyats	189	47.3
> 50,000 kyats	127	31.8
Median Income	35,000 Kyats	

almost all (99.3%) were aware of breast cancer whereas only (69.5%) were aware of cancer cervix. There were about one third (30.5%) of the respondents who were not aware of the cervical cancer.

Cervical cancer
Table 2 shows the knowledge of respondents regarding cervical cancer. Abnormal bleeding per vagina was mentioned as the most common symptom followed by white discharge, (76.3%) and (17.6%) respectively. Over eighty percent of the respondents highlighted that female

Table 2. Knowledge of Respondents on Cancer Cervix

Knowledge Item	Frequency	Percentage
Regarding Symptoms		
White discharge	176	63.3
Abnormal bleeding per vagina	212	76.3
Bleeding after coitus	117	42.1
Dyspareunia	121	43.5
Risk of cancer cervix		
Sexual exposure at young age	159	57.2
Multiple sexual partners	214	77.0
Use of oral contraceptive pills	144	51.8
Smoking	60	21.6
No. of children	93	33.5
Female hygiene	246	88.5
Curability of cancer cervix		
Can be cured at early stage	262	94.2
Can't be cured	12	4.3
Don't know	4	1.4
Main treatment option		
Surgery	257	92.4
Chemotherapy	199	71.6
Radiotherapy	186	66.9
Prevention		
Can prevent	182	65.5
Can not prevent	51	18.3
Don't know	45	16.2

Table 3. Knowledge of Respondents on Breast Cancer

Knowledge Items	Frequency	Percentage
Chance of cancer for breast lump		
Yes	155	39.0
No	232	58.4
Don't know	10	2.5
Pain in early stage		
Yes	183	46.1
No	166	41.8
Don't know	48	12.1
Curability of cancer breast		
Can be cured at early stage	387	97.5
Can't be cured	5	1.3
Don't know	5	1.3
Main treatment option		
Surgery	377	95.0
Chemotherapy	302	76.1
Radiotherapy	278	70.0
Breast self-examination		
Can detect breast lump	370	93.2
Can not detect	12	3.0
Don't know	15	3.8
Prevention		
Can prevent	223	56.2
Can not prevent	79	19.9
Don't know	95	23.9

hygiene was an important risk factor for cancer cervix. Having multiple sexual partners was described as a risk by (77.0%) of the respondents. Other risk factors like sexual exposure at young age and use of oral contraceptive pills were mentioned by about half of the respondents (57.2%, 51.8%) whereas smoking and number of children were stated by some respondents (21.6%, 33.5%).

Almost all respondents (94.2%) said that the disease can be cured at early stage. Surgery was mentioned as a main treatment option (92.4%) followed by chemotherapy and radiotherapy (71.6% and 66.9%). More than half (65.5%) said that it was preventable.

Breast cancer

Knowledge of breast cancer is mentioned in Table 3. Breast lump was considered as a condition that will later develop into cancer by (38.8%) and about two fifth (41.8%) mentioned that it was painless in early stage. Breast cancer was also stated as a curable disease in early stage (97.5%). Surgery was regarded as a main treatment option (95.0%) and more than half (56.2%) thought that it was preventable. Majority of the sampled women (93.2%) agreed that breast self-examination can be done to detect the breast lump at early stage.

Perceived magnitude and survival of female cancers

Open question regarding the most common female cancers was described as Ca breast, Ca uterus and Ca larynx without any probing. Others include Ca cervix, Ca lungs, Ca liver, Ca stomach and haematological cancer. According to their ranking of common female cancers, Ca breast was ranked as first followed by Ca uterus and Ca cervix consecutively. According to the above findings, Ca breast and Ca uterus were the most common female cancers mentioned by the respondents.

Regarding the survival of cancer, breast cancer was considered as a most favourable cancer for survival by most of the respondents (87.5%) followed by cancer in general and cervical cancer (68.0%, 56.0%). (Table 4)

Source of information and choice of treatment centre

It was found out that respondents' source of information was mainly from lay persons like relatives/ friends/ patients (90.5%). Health staff was mentioned by only (29.0%). Other sources they mentioned were Radio/ TV/Video, Journal/magazine, pamphlet and health talks.

Government hospitals/clinics were the most frequently mentioned treatment centres for cancer (97.3%) and private hospitals/clinics as second most common choice for cancer (28.8%). Some (21.0%) mentioned of traditional medicine hospital/clinic.

Table 4. Perceived Risk Regarding Survival from Cancer Mentioned by the Respondents

Type of Cancer	Perceived Survival	
	Survive	Die
Cancer in general	272 (68.0)	128 (32.0)
Breast cancer	350 (87.5)	50 (12.5)
Cervical cancer	224 (56.0)	176 (44.0)

Data are n (%)

Discussion

Most common female cancers were ranked by the respondents according to their perceived magnitude as follows: breast cancer, uterus cancer, cervical cancer, larynx cancer, lungs cancer, liver cancer, stomach cancer and haematological cancer. Although the cervical cancer is the most common cancer in female, it was ranked third by the respondents. It might be due to the fact that some women could not differentiate between uterus and cervix exactly. They could not distinguish these two as different types of cancer. Findings highlight that two commonest female cancers as described by the respondents were Ca breast and Ca uterus. Regarding awareness, it was quite alarming that many respondents were not aware of cervical cancer. Study done in Kenya also revealed that about half of the respondents were not aware of cervical cancer (Gichangi et al., 2003). In a study done in South Africa, one-fifth of the women had not heard of breast and cervical cancers (Pillay et al., 2002).

Abnormal bleeding per vagina and white discharge were recognized as the common symptoms of cervical cancer by most of the respondents (76.3% and 63.3% respectively) in our study. These symptoms were the significant symptoms that could easily aware by the women. A study among female health personnels found that 80.6% knew bleeding per vagina as the symptom of cervical cancer (Anya et al., 2005). Similarly, 77.7% and 92.4% of registered nurses from one University Hospital in Thailand also knew these symptoms (Nganwai et al., 2007). Therefore it can be said that respondents from this study had moderate level of awareness about the symptom of cervical cancer. It was a positive finding for the promotion of health education activities aiming on early detection.

Concerning risk factors for cervical cancer, female hygiene was considered as most important by majority of the respondents. Sexual behaviours like multiple sexual partners and sexual exposure at young age were also stated as the risk factors. In the study done in British population, only forty-one percent of respondents mentioned factors relating to sex as the risk factors (Waller et al., 2004). More than 80% of registered nurses in Thailand revealed these two risk factors (Nganwai et al., 2007). Knowing these important risk factors by the respondents was also a positive finding for encouraging prevention activities. However, only few respondents (21.6%) considered smoking as a risk factor in our study. Less than half (40.5%) of the registered nurses from Thailand study knew smoking as a risk factor (Nganwai et al., 2007). Health education activities should also stressed on smoking as the risk factor.

Regarding breast cancer, only one third of the respondents mentioned that the breast lump could be a sign of cancer. Only some respondents from the KAP study of Nigerian women could mention painless breast lump as a common presentation (Okobia et al., 2006). Moreover, breast self-examination was accepted as a method that can detect the breast lump at early stage. Both cancers were considered as preventable by half of the respondents and majority stated that both cancers can be cured at early

stage. In India, only one third of the cancer patients believed that cancer can be detected at early stage and can be cured (Kishore et al., 2007). Concerning survival, two-third of the women perceived that cancer patients can survive, however, one third had fatalistic view. Similarly, nearly half of the respondents held fatalistic views about the outcomes of cancer in India (Kishore et al., 2007). Regarding the source of information, majority mentioned the lay persons such as relatives, patients and only few mentioned health staff as their source. It was a negative finding highlighting that health staffs should be encouraged to provide health information concerning common female cancers whenever they have a chance. In contrast, other studies have identified that mass media is the important and main source of information for cancer and cancer screening procedures in India (Kishore et al., 2007) and Malaysia (Parsa et al., 2008).

The above findings highlight that even though cervical and breast cancer were perceived as common female cancers, information regarding prevention and treatment procedures should still need to be promoted for the health of all women. Awareness raising activities on cervical cancer should also be encouraged as there were about one third of the respondents who were not aware of cervical cancer. Proper breast self-examination technique should be incorporated along with health education activities within the community as almost all respondents agreed that breast lump can be detected early by breast self-examination.

Acknowledgements

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