

ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF CERVICAL CANCER SCREENING AMONG WOMEN OF CHILD BEARING AGE IN BENUE STATE OF NIGERIA

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Introduction

Nigerians are experiencing a high prevalence of cancer disease. Onogu (2016) noted that over 100,000 Nigerians are diagnosed with cancer yearly, while 80,000 dies of the diseases. This brings the consequences of cancer epidemic to 240 Nigerians every day or 10 Nigerians every hour dying from cancer. It is noted that the country cancer death ratio of 4 in 5 affected people is one of the worst in the world (John and Ross, 2015).

Cancer is a disease which occurs when changes in a group of normal cell within the body lead to uncontrolled growth causing a lump called a tumor, except leukemia cancer of the blood. If left untreated, tumor can grow and spread into the surrounding normal tissue or to other parts of the body via the blood stream and lymphatic system, and can affect the digestive, nervous and circulatory system (Medical New Today, 2015). According to Olasinde (2017), the exact causes of causes of cancer is unknown. Many characteristics can influence the development. These include; gender, race, age, state of the immune system, infections and environmental toxins. Most cancers are related to behavioural lifestyle and environment. Reproductive behaviour such as early age at first sexual intercourse, multiple sexual partners among women increases the risk of carcinoma of the cervix.

According to American cancer society, women with early cervical cancer and pre cancers often usually have no symptoms. Symptoms often do not begin until the cancer becomes invasive and grows into nearby tissues, when this happens, the most common symptoms are; abnormal virginal bleeding, such as bleeding after sex, after menopause, bleeding and spotting between periods that are longer and heavier than unusual and bleeding after touching or after a pelvic examination. An unusual discharge from vagina as well as pain during sex.

Cervical cancers causes and risk factors; Human papillomavirus (HPV), smoking, birth control pills (oral contraceptives drugs) used over the long term, engaging in early sexual contact, many more. If you have low risk of cervical cancer, but you can still consider testing. Papillocolon (pap) smear or cytology screening method to identify precancerous lesions has helped in achieving massive reduction in the burden of cancer, especially in the developed countries. WHO (2016) noted other less techniques developed for rapid screening of cancer of the cervix, such as visual inspection with Acetic acid (VIA) and visual inspection with LUGO/iodine willi.

The national population and family development board clinics (2017) noted that, in Malaysia cervical cancer screening program was established in 1969 to ensure early detection of cervical cancer among target group of women age 20-25 years. Although the pap smear screening program was planned organized and evaluated by Ministry of Health, but the less reduction in the prevalence of cervical cancer had been noted to date. The uptake of cervical cancer screening remain a major challenge. It has been reported that 80% of women with the disease present at advance state. Due to the increasing burden of cervical cancer, generally, the World Health Organization WHO (2016) adopted to intensify action cancer through creation of national cancer control program (NCCP).

In Nigeria, the national cancer control program was developed in 2008 with the view of reducing the morbidity and mortality associated with cancer and its socio-economic impacts. Within the framework of NCCP, the Federal Ministry of Health (FMH) (2015) established a cervical cancer prevention plan. The plan adopted for primary prevention in girls of age 9 – 15 years, however, the levels of implementation of this plan is still debatable in Nigeria. Olasinde and Kajang (2010) suggested the need to decentralized cancer of the cervix serving through mobile clinic and establishment of screening centers in rural areas. In addition, (HPV) human papilloma – virus vaccine should be available and affordable for all girls before sexual maturity.

As interest in women health grows there is increasing concerns that the current practice of medicine may not meeting the health of women. Desmente, Turner and Robert (2015) suggested getting the proper screening and acting on information provided. Health Education supplies a person with enough new and correct knowledge about diseases to make the preventive measures regard to scientific medicine possible. Knowledge of existence of disease prevention and measure that could be adopted to reduce such cases in the population becomes vital. Similarly, Gbefwi (2010) noted that, acquisition of skills and knowledge results in change in peoples lifestyle. If a disease can be prevented by an alternation, of behaviour, then the achievement of this altered behaviour enables its incidence in community to be reduced. Access to appropriate knowledge which has been identified as a fundamental health of human right and has been critical determinant of screening practices. Knowledge is facts, information and skills acquired through experiences or and education, the theoretical or practical understanding of a subject. Bekker Morrisonn and Martean (2016) opined that, knowledge about any disease is necessary and important in order to optimize the patient's treatment and improve their quality of life. In the same vien, Jaramillo (2012) expressed that, knowledge could be the exact true information that different types of cancer patient have acquire in respect to the disease. Lack of knowledge is likely to prevent appropriate and positive health care seeking.

Cervical cancer is the most common cause of female genital cancer and female cancer death in developing country such as Nigeria. Most recently, government estimated out number of new cases of cervical cancer at 2500,000 per year. According to the latest global estimates, 493,000 new cases occur each year and 244, 000 women die of the disease annually.

In Nigeria members of the public see cancer as a disease of the wealth, the elderly as of the developed country. Many sufferers of the diseases still regard it as their fate and as such a death sentences. The concept interpretation, for instance, some diarrhea is considered a wearing disease and till recently Kwashiorkor was regarded as not being responsible for home remedies, but curable or preventable by scientific physicians. On the other hand, there are some illness which are believed not to be understood by scientific physicians and very existence of which they may deny, eg. rashes on babies considered as sugary disease called “Jadiigadi”

Cancer is not a health issues, it has far reaching social and economic implications. It does not discriminate. It is a global epidemic that affects all ages with low and middle income countries bearing a disappropraite burden of it. Brigg (2015) noted that, an individual will take action to avoid disease or health problem if he feels threatened. Disease threat is composed of two components;

1. First is that, the individual believes that he personally has a reasonable chance of acquiring the disease condition, at one end, is the individual who denies any possibility of involvement with the disease process. At the other end is the person who expresses a feeling of real danger of contacting a specific disease
2. Perceived severity is the second component of disease threat. The knowledge acquired through education will help select the right educational method for the identified problem at hand and seek for solution. There are (4) four reasons for people's behaviour.

Attitude reflects our likes and dislike and ways of feelings, thinking or behaving. Often, attitude comes from one's experience and from those people close to or makes people cautions of them.

Value are the belief and standards that are most important to people. Also resources such as money, time, labour, services, skills and material influence behaviour. Having a loaded schedule such as incessant child care, fetching of water and firewood, preparation of the family need and many more by women in the community may affect their behaviour.

Culture is a way of life of a community and this differs from one community to another which is dynamic. It is accumulated and developed experience in a certain environment over many generations. Hence, a change in culture may be very slow and sometimes rapid due to social events or contact with other cultures. A culture of a particular people has a deep influence on their behaviour. Understating the reason for a given behaviour will enable the health workers suggest change and solutions for the perceived health problem. The major factor why patients present at late stage of diseases is the state of denial. Then patient finally believe he/she has cancer, he/she will not accept immediately, common responses includes, God forbid, nobody has cancers in my family, I reject it in the name of Jesus/Allah, cancer is a disease of the elderly people and the whitemen. Then the patient might look for other options like traditional doctors, churches/mosques. WHO (2016) noted that, until we begin to change the way our people think about cancer, we cannot change late decision of cancers.

Statement of the problem

The menace of cancer is the country has continued to be of great concern to all due, to its destructive tendencies in family life and colossal amount of funds required for the diagnosis and treatment. WHO (2016) noted that, about 24.6 million people live with cancer worldwide, while about 12.3 percent of all death is attributed to cancer. WHO further estimated that over 100,000 Nigerians are diagnosed with cancer yearly while 80,000 die from the disease. This brings the consequences with cancer epidemic to 240 Nigerians everyday or 10 Nigerians every hour dying from cancer. Sedigbe, Sakineh & Mahin, (2014) noted that in Nigeria, a lot of women have been diagnosed with breast, cervical and ovarian cancer. Ninety percent of (90%) of them died of the disease, while many of the women suffering from the disease remain undiagnosed.

Despite women cancer awareness and numerous health facilities available in the country, it has been observed that women not taking advantage of the use of these health facilities and services for health screening. This has resulted in a high rate of cervical cancer disease among Nigerian women. Lack of knowledge of the existence of the disease and important of cervical screening, financial constraint, fear of screening result and their attitude towards cancer. As a result women seek medical attention when the condition becomes critical. It is against the background that this study aimed to access knowledge and attitude of cervical cancer screening among women of child bearing age in Benue State.

Purpose of the study

This research is intended to assess the knowledge and attitude of cervical cancer screening among women of child bearing age in Benue state, Nigeria.

The specific objectives of this study are to assess the;

1. Knowledge of cervical cancer screening among women of child bearing age in Benue state
2. Attitude of cervical cancer screening among women of child bearing age in Benue state.
3. Relationship between knowledge and attitude towards cervical cancer screening among women of child bearing age in Benue state.

Research question

For the purpose of the research study, the following research questions are stated

1. Do women of child bearing age in Benue state, Nigeria have the knowledge of cervical cancer screening?
2. What is the attitude of women of child bearing age in Benue state, Nigeria towards cervical cancer screening?
3. What is the relationship between knowledge and attitude towards cervical cancer screening among women of child bearing age in Benue state, Nigeria?

Hypothesis

On the basis of research questions stated, the following hypothesis are formulated for the purpose of the study:

1. Women of child bearing age do not have significant knowledge of cervical cancer screening in Benue state, Nigeria.
2. Women of child bearing age do not have positive attitude towards cervical cancer screening in Benue state, Nigeria.
3. There is no significant relationship between knowledge and attitude towards cervical cancer in Benue state, Nigeria.

Significance of the Study

The study will be significant in the following ways.

1. It will be of great benefit to women in general, especially women of child bearing age because it will lead to significant reduction of the disease due to positive attitude towards the disease.
2. It will enlighten women in Benue state and other states in Nigeria to be aware of cervical cancer screening and to develop positive attitude to the disease, prevention and treatment.
3. It will help to correct the negative attitude of women in them positive behaviour that promote their health.
4. It will help health workers to activate mechanism for further preventive strategies

Methodology

Descriptive survey research design was used for the study. The population of the study comprised women of child bearing age in Benue state. This is made up of twenty-three (23) local government. According to Nigeria demographic and health survey (NDHS) 2019, the population of women of child bearing age in Benue state Nigeria are four million, two hundred and fiftythree thousand, six hundred and forty ne. (4,253641)

Sampling: purposive sampling techniques was used to select five local government of the state. Proportionate sampling techniques was used to select the sample size of (205). These are, Otukpo 46, Vandeikya 41, Makurdi 54, Oju 32, Apa 22. The data collected was analyzed using both descriptive and inferential statistics where by descriptive statistics inform of mean and standard

deviation was used to answer question one and two, while research question three was analyzed using Pearson Product Moment Correlation (PPMC). However, Chi-square was used to test hypothesis one and two while linear regression was used to test hypothesis three all at 0.005 level of significance.

Result

Demographic information of the respondent

		Frequency	Percent
Age	15 – 19	5	2.4
	20 – 24	117	10.2
	25 – 29	21	57.1
	30 – 34	51	24.9
	35 – 39	6	2.9
	40 – 44	5	2.4
	Total	205	100.0
Marital status	Married	171	83.4
	Single	2	1.0
	Divorced	13	6.3
	Separated	19	9.3
	Total	205	100.0
Level of education	Non	45	22.0
	Educated		
	Primary school	48	23.4
	Secondary	66	32.2
	Tertiary	46	22.4
	Total	205	100.0

Table above shows that 5respondents representing 2.4% were 15 – 19years old, 21respondents representing 10.2% were 20 – 24years old, 117respondents representing 57.1% were25 – 29old, 51respondents representing 24.9% were30 – 34 years old, 6respondents representing2.9% were35 – 39 years old while 5respondents representing2.4% were40 – 44 years old. The table also indicated that 171 respondents representing 83.4% were married, 2respondents representing 1.0%, 13respondents representing 6.3% were Divorced, while 19respondents representing 9.3% were Separated. Furthermore, the table indicated that 45 respondents representing 22.0% were Non Educated, 48respondents representing 23.4% were Primary school holders,66respondents representing 32.2% were Secondary school holders while 46respondents representing 22.4% have Tertiary.

Research Question 1: Do women of child bearing age in Benue state Nigeria have the knowledge of cervical cancer screening?

Table 2: Mean and Standard deviation scores of the responses on Level of Knowledge of Cervical Cancer Screening

	N	Mean	Std. Deviation
1. I have heard about cancer disease	205	2.60	.615
2. The exact cause of cancer is unknown	205	2.83	.926
3. Cancer can be inherited from parent	205	2.55	.882
4. Causes can be influence by some risk factors such as multiple sexual partner, sexual transmitted diseases (STD) women under oral contraceptive drugs, early age of sexual activity	205	3.08	.904
5. Symptoms of cervical cancer areCancer can be diagnosed through pap	205	2.37	.797
	205	2.60	.615
6. Smear cervical cancer can be detected through pap smear screening (cydogy) before the symptoms manifests	205	2.83	.926
7. Cervical cancer can be diagnosed by visual inspection iii acatic acid (via) iv lugo iodine viii	205	2.55	.882
8. Frequent cervical cancer screening can prevent onset of cancer	205	3.08	.904
9. Women age 20 – 64 years who are sexually active should be screened at 2 – 3 years interval	205	2.37	.797
10. Pap smear screening reduces rates of death from cervical cancer	205	2.99	.877
11. Cervical cancer in the second most common cancer among women	205	2.74	.798
12. Other preventive strategy for cervical cancer are	205	2.55	.882
13. Girls 11-12 years old should be vaccinated to protect against developing cervical	205	3.08	.904

14. Women between 13-36 years old should be given	205	2.37	.797
15. Catch up vaccination and should go for pap smear each year. Source of information friends mother, mass media, health worker	205	1.86	.595
Total	205	42.45	13.101

Table 2 revealed that the mean of the responses of respondent on the level of knowledge of cervical cancer screening of women of child bearing age in Benue state Nigeria was 42.45 (average of 2.65) out of the total mean score of 64.00 (average of 4.0) which implies that the level knowledge of cervical cancer screening of women of child bearing age in Benue state Nigeria is moderate based on the responses of respondents.

Research Question 2: The attitude of women of child bearing age in Benue state Nigeria towards cervical cancer screening?

Table 3: Mean and Standard deviation scores of the responses on Level of attitude of women of child bearing age in Benue state Nigeria towards cervical cancer screening

	N	Mean	Std. Deviation
1. The knowledge of cervical cancer can encourage me to go for the screening	205	2.06	.814
2. I can only go for cervical cancer screening based on Doctor recommendation	205	1.42	.495
3. I can practice cancer screening if only female health workers perform the screening test	205	2.09	.477
4. I can attend cancer screening when I notice symptoms such as iii abdominal bleeding iv pelvic pain	205	1.26	.504
5. I can consider cancer screening when I have more than one sexual partner	205	1.81	.500
6. I believe I should be screened because my husband has many wives	205	1.65	.658
7. I feel it is appropriate for me to be screened for the fact that my mother has suffered cervical cancer	205	1.86	.595

8. I am scared cancer is one of the killer disease among women so I need to be screen for health promotion	205	2.06	.814
9. I have the fear that I can develop cervical cancer due to the contraceptive drugs so I must be screened	205	1.42	.495
10. If cervical cancer can be prevented through pap smear screening I will like to go for the screening	205	2.09	.477
11. I can only practice cancer screening if I am sure that cancer can be cured	205	1.26	.504
12. I am scared to practice cervical cancer screening because of the test result	205	1.81	.500
13. I did not o for screening because I do not know	205	1.65	.658
14. I did not o for screening because I do not know where they do it		205	1.65
15. I believe the screening is not necessary		205	2.06
16. Fear of pain and discomfort from pap smear discourage me from the test		205	2.10
17. I have no time to go for the test		205	1.81
18. I don't want the test for no reason		205	2.06
Total		205	30.47

Table 3 Revealed That The Mean Of The Responses Of Respondent On The Level Of Attitude Of Women Of Child Bearing Age In Benue State Nigeria Towards Cervical Cancer Screening 30.47 (average Of 1.79) Out Of The Total Mean Score Of 68.00 (average Of 4.0) Which Implies That The Level Of Attitude Of Women Of Child Bearing Age In Benue State Nigeria Towards Cervical Cancer Screening Is Low Based On The Responses Of Respondents.

Research Question3: What Is The Relationship Between Knowledge And Attitude Towards Cervical Cancer Screening Among Women Of Child Bearing Age In Benue State Nigeria?

Table 4: Analysis Of Pearson Product Moment Correlation On Relationship Between Knowledge And Attitude Towards Cervical Cancer Screening Among Women Of Child Bearing Age

		knowledge of cervical cancer screening	attitude towards cervical cancer screening
knowledge of cervical cancer screening	Pearson Correlation	1	.605
	Sig. (2-tailed)		.000
	N	205	205
attitude towards cervical cancer screening	Pearson Correlation	.605	1
	Sig. (2-tailed)	.000	
	N	205	205

Table 4 Indicated That The Pearson Product Moment Correlation (ppmc) Obtained Was 0.605 Which Shows Positive And High Relationship Between Knowledge And Attitude Towards Cervical Cancer Screening Among Women Of Child Bearing Age In Benue State Nigeria.

Testing Hypotheses

Hypothesis One

H_{01} : Women Of Child Bearing Age Do Not Have Significant Knowledge Of Cervical Cancer Screening In Benue State, Nigeria.

Table 5: Chi- Square Analysis Onknowledge Of Cervical Cancer Screening

	Chi- square	Df	P- value	Decision
knowledge of cervical cancer screening	51.76	10	0.000	Significant

Table 6 Above Revealed That The Chi- Square Value Of 51.76 Was Computed And The P- Value 0.000 Was Observed. Hence, The Study Rejected The Hypothesis That Say Women Of Child Bearing Age Do Not Have Significant Knowledge Of Cervical Cancer Screening In Benue State, Nigeria. The Decision Implies That Women Of Child Bearing Age Have Significant Knowledge Of Cervical Cancer Screening In Benue State, Nigeria.

Hypothesis Two

H_{02} : Women Of Child Bearing Age Do Not Have Positive Attitude Towards Cervical Cancer Screening Benue State, Nigeria.

Table 5: Chi- Square Analysis On Attitude Towards Cervical Cancer Screening

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.505 ^a	.255	.251	2.989

Attitude Towards Cervical Cancer

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	621.225	1	621.225	69.524	.000
	Residual	1813.877	203	8.935		
	Total	2435.102	204			

From The Analyses Of Linear Regression, In The In Table 7 Model Summary Table, The R Square (called The Coefficient Of Determination) Tells The Proportion Of Variance In The Dependent Variable (knowledge Of Cervical Cancer) That Can Be Explained By Variation In The Independent Variable (attitude Towards Cervical Cancer. Thus 25.1 % Of Variation In The Outcome Variable Is Explained By The Predictors (attitude Of Towards Cervical Cancer).

The F-ratio In The Anova In Table 8 Shows That The Independent Variable (attitude Towards Cervical Cancer) Statistically Significantly Predict The Dependent Variable (knowledgecervical Cancer) $F(1,204) = 69.524$, $P(0.00) < 0.05$. Hence The Hypothesis That Says There Is No Significant Relationship Between Knowledge And Attitude Towards Cervical Cancer In Benue State, Nigeria Rejected. Meanwhile There Is A Significant Relationship Between Knowledge And Attitude Towards Cervical Cancer In Benue State, Nigeria.

Discussion

The Findings Of This Research Indicated That Women Of Child Bearing Age Do Not Have Significant Knowledge Of Cervical Cancer Screening In Benue State, Nigeria. However The Level Of The Knowledge Was Moderate The Study Corroborate With That Of Bekker, (2016) Who Worked Of Assessment Of Knowledge And Attitude Of Cervical Cancer And Screening Among Primary Health Care Workers Of West Wollega Zone, The study Revealed That Low Level Of Knowledge On Cervical Cancer And Screening.

The Result Also Revealed That Women Of Child Bearing Age Do Not Have Positive Attitude Towards Cervical Cancer Screening In Benue State, Nigeria. The Result Agreed With That Gebisa, Bala And Deriba, (2022) Who Conducted A Study On Knowledge, Attitude, And Practice Toward Cervical Cancer Screening Among Women Attending Health Facilities In Central Ethiopia. Their Result Shown Negative Attitude Toward Cervical Cancer Screening Affects Screening Practices.

Finally, The Result Indicated That There Is A Significant Relationship Between Knowledge And Attitude Towards Cervical Cancer In Benue State, Nigeria. This Indicated That The Knowledge Of Cervical Cancer Significantly Influenced The Attitude Towards Cervical Cancer. The Result Agreed With That Oftekle, Wolka, Nega, Kumma, And Koyira, (2020) Who Worked On Knowledge,

Attitude And Practice Towards Cervical Cancer Screening Among Women And Associated Factors In Hospitals Of Wolaita Zone, Southern Ethiopia. Their Result Indicated That good Knowledge Of Cervical Cancer Were Significant Predictors Of A Positive Attitude Towards Cervical Cancer Screening.

Conclusion

Based On The Findings, It Can Be Concluded That:

1. Women Of Child Bearing Age Under Study Have Significant Knowledge Of Cervical Cancer Screening In Benue State, Nigeria.
2. Women Of Child Bearing Age Under Study Do Not Have Positive Attitude Towards Cervical Cancer Screening In Benue State, Nigeria.
3. Knowledge Of Cervical Cancer Significantly Influenced The Attitude Towards Cervical Cancer In Benue State, Nigeria.

Recommendation

1. It Is Recommended That, Women Should Be Given Positive Awareness On Cervical Cancer Screening.
2. Negative Attitudes Of The Respondents Towards Cervical Cancer Screening Should Be Widely Addressed By The Federal, State And Local Government.
3. Women Of Child Bearing Age Should Be Encouraged To Change Their Negative Attitude To A Positive One By Cervical Cancer Sufferers That Had Benefitted From The Screening.

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