

ABSTRACT

Introduction:

Cancer is a major health problem and it is among the leading causes of highest mortality in Sri Lanka. Out of all cancers, oral and cervical cancers are among the commonest. Risk factor prevention and screening are two effective methods of cancer control. Proper understanding of the knowledge, attitudes and practices people have, towards risk factors and screening is of paramount importance for planning of effective cancer control programmes. Estate sector is a sub sector of Sri Lanka which is much different from the rest of the population in relation to socio-economic back ground and culture.

Objective:

To describe the knowledge, attitudes, practices and associated factors related to known risk factors and screening for oral and cervical cancer among adult females in estates in Kahawatta MOH area.

Methodology:

A descriptive cross sectional study was carried out in two out of four randomly selected estates in Kahawatta MOH area. A sample of 425 adult females was selected using simple random sampling technique. An interviewer administered pre –tested questionnaire was used to collect the data during the study period. All the possible steps were taken to ensure the accuracy and completeness of information and the privacy of the participant. The response rate was 95%. Data were analyzed using SPSS software package.

Results:

Majority of the participants (92%) were Tamils and mean age was 35.92 years. Only half of the participants had their education up to or more than the secondary level and 48% were employed in jobs falling in to unskilled manual category. Out of the total sample,95% were aware of oral cancer. The most common site for oral cancer development as stated by participants was the corner of mouth. The most common risk factor identified by the participants was betel chewing and was identified by 90% of those who were aware of oral cancer. Participants had a poor awareness related to smokeless tobacco(20%) and arecanut (25%).The awareness related to oral cancer screening was also poor. Only 18.3% out of those who were aware of oral cancer,could recognize a long lasting red/white lesion as a pre-cancerous lesion. Only 6 participants could state at least one step of oral self examination correctly out of 5 steps expected by the interviewer.

Out of the whole sample, 86.1% were aware of cervical cancer. Awareness to cervical cancer

risk factors was poor. Multiple sex partners of the women was the most commonly identified risk factor among 21%, of those who were aware of cervical cancer. Only 37.3% of the participants who were aware of cervical cancer were aware of cervical cancer screening.

Almost all the participants had positive, healthy attitudes in relation to smoking(100%), alcohol(100%), multiple sex partners(100%), and teenage marriage(99.7%). They also had positive attitudes towards screening (99%). However the majority had negative attitudes about betel chewing (99.7%).The most common reason as stated by participants for non participation for screening was that they had not had any symptoms to be screened. Betel chewing was common (68%). Fifty six percent of betel chewers chew betel with tobacco. Only 3 participants had examined their mouth at least once during their life time.

The high risk behaviors in relation to cervical cancer were common. Out of ever married participants 64% had their marriage before the age of 20 years and 37% had three or more children. Out of whole sample of ever married women 7.4% and 11.5% revealed a history of multiple sex partners of herself and of her spouse respectively.

Oral cancer awareness was significantly associated with age ($p=0.015$). In relation to oral cancer risk factors the never married women showed a statistically significant more awareness than ever married($p=0.030$).The awareness of pre cancerous lesions was significantly higher among the higher educated participants($p<0.001$).

Older age groups had a better awareness on cervical cancer and this difference was statistically significant ($p=0.005$). Married women had better awareness for cervical cancer risk factors ($p=0.032$).Women with white collared jobs had a significantly better awareness on cervical cancer screening ($p=0.004$). Women with only primary education, older women, Tamil ethnicity and occupational categories had a statistically significant more known risk factors in relation to both cancers ($p<0.001$). Significant number of women with higher education had undergone cervical screening (Fishers exact= 0.022).

Conclusions:

Poor awareness in related to cervical and oral cancer, known risk factors and screening has to be addressed in future health programmes. High risk groups like estate sector has to be given more priority when cancer control programmes are conducted.

Key words :oral cancer, cervical cancer, risk behaviors, screening behaviors, estates.