

A scoping review to determine levels of knowledge, attitudes and screening practices towards breast and cervical cancer among women in Nepal

Background

- Global cancer cases are on the rise, especially in low- and middle-income countries (LMICs)¹
- Breast cancer (BC) and cervical cancer (CC) have emerged as the two major health challenges for women in LMICs¹⁻⁴
- Increased awareness of cancer risk factors can enhance screening and preventative practice, reduce late presentation and improve outcomes^{5,6}
- Given the importance of BC and CC awareness and attitudes towards screening, a scoping review was conducted

Results

- 38 studies were identified; see details in Figure 1
- Most were cross-sectional using clinician or researcher-administered surveys in rural and urban settings
- Sample sizes ranged from 1 to 1,420
- Mean age ranged from 17 to 53
- Literacy levels were reported in 21 studies and ranged from 4% to 66%

Method

- Relevant methodological guidance and the PRISMA-ScR guidelines were used
- PsycINFO, PubMed, Global Health, Embase, CINAHL & grey literature were searched using the PICO criteria shown in Table 1
- Data on study details, population characteristics, and main study outcomes was extracted by a single researcher (CR). A second researcher independently reviewed and validated this data
- Data was charted regarding knowledge, practices and attitudes towards BC and CC

Table 1 PICO inclusion and exclusion criteria

	Included	Excluded
Problem	• Breast and cervical cancer	• Articles relating to other cancers
Population	• Women, of all ages, living in all areas of Nepal	• Populations outside of Nepal • Studies including Nepali migrants
Interest	• Knowledge / awareness • Attitudes • Screening practice / behaviours	• The biochemistry or pathological subtypes of breast or cervical cancer in Nepal
Context	• Nepal	• Countries outside of Nepal

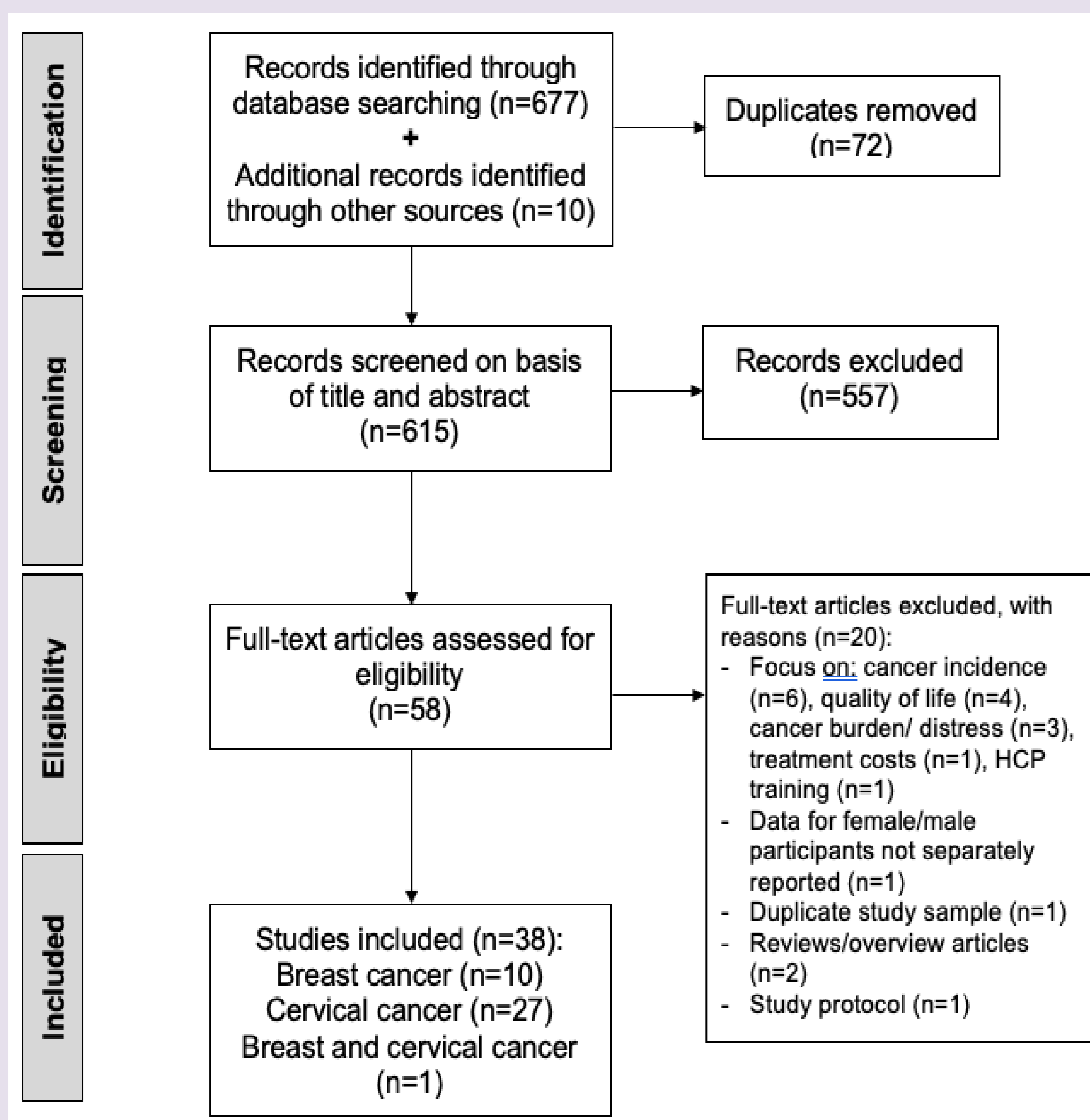


Figure 1 Study flowchart

Breast Cancer Results

- 3,268 women were included in 11 studies
- Knowledge varied widely: 5-78% knew that a breast lump is BC symptom; 39-82% knew a BC lump can be painless
- Knowledge of mammography ranged from 20-66%
- Awareness breast self-examination (BSE) reported in 7 studies; ranged from 24-82%
- Increased knowledge BC associated with higher education levels
- Barriers to BSE: low knowledge of BC/BSE, not deeming BSE to be necessary, lack of time, lack of confidence, fear of finding abnormalities

References 1) Sung H et al. (2021) CA Cancer J Clin. DOI: 10.3322/caac.21660. 2) Bray F et al. (2012) Lancet Oncol. DOI: 10.1016/S1470-2045(12)70211-5. 3) Heer E et al. (2020) Lancet Glob Health. DOI: 10.1016/S2214-109X(20)30215-1. 4) Torre LA et al. (2017) Cancer Epidemiol Biomarkers. DOI: 10.1158/1055-9965.EPI-16-0858. 5) Gyawali B et al. (2020) JCO Glob Oncol. DOI: 10.1200/GO.20.00287. 6) Musa J et al. (2016) PLoS One. <https://doi.org/10.1371/journal.pone.0183924>

Cervical Cancer Results

- 12,844 women were included in 28 studies
- Knowledge varied widely; 6-97% had heard of CC; 6-96% had knowledge of risk factors; many cited incorrect risk factors
- Common risk factors cited: early age of sexual debut, multiple sexual partners
- Increased knowledge levels associated with living in suburban area, increased education levels and higher household income
- Cervical cancer screening (CCS): 0-81% had heard of CCS; 7-69% had heard of Pap smear; 2-47% had had CCS, 10-72% had positive attitudes towards CCS
- Barriers to CCS: no permission from husband, fear of social exclusion / gossip, poverty, transportation costs, lack of CC/CCS information, no symptoms, no discomfort, illiteracy, shame / embarrassment, fear of results
- Facilitators to CCS: autonomy to make own health-related decisions, participation in public awareness campaigns reducing stigma, free screening, older age, higher levels of education, awareness of costs
- Those who had heard of HPV ranged from 0-53%; 3-14% had heard of HPV vaccine; majority would vaccinate their child if offered for free

Conclusion

Levels of knowledge and screening practices of BC and CC are low among Nepalese women, resulting from socio-cultural, geographical and financial barriers. Attitudes towards screening for BC and CC, and having the HPV vaccine were positive. Reducing the burden of BC and CC in Nepal will require earlier detection of both cancers through accessible screening programmes.

