

# **Knowledge of Risk Factors and barriers to Health Seeking Behaviour on Cervical Cancer among Women in Micro Enterprises**

Olujide A. Adekeye<sup>1</sup>, Emmanuel O Amoo<sup>2</sup>, Gbemisola W. Adetoro<sup>2</sup>, M. Paula Ajayi<sup>3</sup>, Tolulope Amusan<sup>3</sup>, Adenike E. Idowu<sup>3</sup>, Fadeke, Olu-Owolabi<sup>4</sup>, and G. Oni<sup>2</sup>

<sup>1</sup> Department of Psychology, College of Leadership and Development Studies, Covenant University, Canaanland, Ota, Ogun State, Nigeria.

<sup>2</sup> Demography and Social Statistics, Department of Economics and Development Studies, School of Social Sciences, College of Business and Social Sciences Covenant University, Canaanland, Ota, Ogun State, Nigeria.

<sup>3</sup> Department of Sociology, of Social Sciences, College of Business and Social Sciences, Covenant University, Canaanland, Ota, Ogun State, Nigeria.

<sup>4</sup> Department of Political Science and International Relations, College of Leadership and Development Studies, Covenant University, Canaanland, Ota, Ogun State, Nigeria.

## **Abstract**

Nationwide cancer screening is almost none existence in Nigeria especially among women in rural areas. The opposite is the case in most developed countries as evidenced by the drastic reduction in the morbidity and death due to cancer, the appalling rate in developing countries calls for serious attention. Globally, over 169.3 million years of healthy life were lost yearly due to cancer morbidity (Cancer Research UK, 2012; IARC, 2012). Precisely, approximately, 47% of cancer cases and 55% of cancer deaths occur alone in developing countries (United Nations Development Programme, 2008). Although, the disease cuts across gender, the incidences of cervical and breast cancers are exclusively rampant among women, especially those within child bearing ages. Cancer incidences among women in age 40-44 years were more than doubled in 2010 compared to the previous years and the rates for other ages are appalling (Office National Statistics, 2012).

Cervical cancers like most other cancers is preventable. However, it is the most common cause of death and morbidity among women in Nigeria. Studies show that cervical cancer predominate in both the northern and western parts of the Nigeria (McPherson, Steel & Dixon, 2000; Pindiga, Babayo & Omotara, 2004; Omotara et al, 2012). The global burden of cervical cancer is disproportionately high among the developing countries where 85 percent of the estimated 493,000 new cases and 273,000 deaths occur (Ali, Kuelker & Wassie, 2012).

The prominent cause of cervical cancer, Human Papillomavirus (HPV), is about 5 times higher in Sub-Saharan Africa including Nigeria compared to Europe and other advanced economies (WHO, 2010). However, in a nation bedeviled with high level of illiteracy and poor health seeking behaviour, it is no gainsaying that several individuals will be ignorant of not only the types/sub-types but also of the risk factors of these viruses. How then do we determine the fate of women who are the most vulnerable?

Two main objectives of this study are to identify the incidence and the characteristics of women with cancer in the study areas and to promote strategies to reduce morbidity and mortality rate of cancer in Nigeria. The demographic features of women in micro enterprises and knowledge of cervical cancer risk factors as well as barriers to health seeking behaviour of cervical cancer, such as not feeling confident talking about my symptoms were assessed in a cross-sectional survey of women in micro enterprises in a semi-urban area of Ogun State, Nigeria.

The study is to examine behavioural risk factors for cancer incidences among the rural and urban women in Nigeria in order to promote strategies to reduce morbidity and mortality rate due to cancer and also design a communication campaign towards relieving emotional discomfort among the women victims. Two hundred and eighty (280) respondents were drawn from Sango Ota, a border town between Lagos and Ogun State, Southwest Nigeria. Two focus group discussions were conducted in the study location.

The study adopted both quantitative and qualitative research approaches. The quantitative aspect employed a cross sectional study using a structured questionnaire while the qualitative study was a community based structured-face-to-face interview among married women between the age of 25 and 50 years.

Coded data have been analysed while the qualitative data are being transcribed and analyzed using systematic-content-analysis technique. The study shows that there is an appreciable knowledge of risk factors and barriers to health seeking behaviour on cervical cancer among women in micro enterprises. The paper concludes that women in the study area need more enlightenment on cervical cancer and dealing with barriers to seeking medical attention.

**Key words:** Cervical cancer, risk factors, women, health seeking behaviour, micro-enterprises