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An Empirical Review of Cervical Cancer Awareness Campaign on Women's Wellbeing in Rivers State: Implications for Counselling

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ABSTRACT
The purpose of this review is to acquaint counsellors with the statistical evaluation of the overview of cervical cancer and cervical cancer awareness campaign on women's wellbeing in Rivers State. The first article reviewed consists of 780 eligible female who were recruited for the study. According to the result about 262 (33.6%) had heard of HPV infection and 203 (26%) had heard of HPV vaccines while 148 (72.9%) were aware that the vaccine could protect against cervical cancer. While the second review focused on the cases of cervical cancer in Nigeria. Nigeria happens to be the most populous African country, about 92,000 new cases of cervical cancer were recorded by the WHO 57,000 death; Nigeria had about 10,000 new cases and 8,000 mortalities in the same period. According to the third review the women's knowledge of the risk factors for cervical cancer is generally poor; although 62.5% of them were aware that sexually transmitted infections were a risk factor. Their knowledge of the symptoms of cervical cancer was fair, while their attitude towards cervical cancer screening was poor 19.6%. From the forbearing empirical review, one can see that, there is an urgent need to improve the knowledge base and attitude of Rivers State women to enhance cervical cancer screening uptake among them. This can only be achieved through awareness campaign and pre – screening, screening and post – screening counselling on cervical cancer. Through this process the women can make formal choices that can enable them to have total wellbeing which is the state of being comfortable, healthy, happy, fulfillment of long terms goals and self control for sense of purpose.
Keywords: Cervical Cancer, screening, awareness campaign, women's wellbeing, counselling

INTRODUCTION
In order to really conceptualize the construct behind the perceived influence of cervical cancer awareness campaign on women's healthy wellbeing in Rivers State and its counselling implications, the following question need to be asked and answered depth.

Cervical Cancer Overview
The uterine cervix is the lowest portion of a woman's uterus (womb), connecting the uterus with vagina. Cervical cancer occurs when there is an abnormal growth in the cells of the cervix that can invade other tissues and organs of the body. Invasive cancer affects the deeper tissues of the cervix and may have spread to other parts of the body (metastasis), most notably the lungs, liver, bladder, vagina and rectum.

Cervical cancer is slow – growing, so its progression through precancerous changes provides opportunities for prevention, early detection and treatment. Better means of detection have meant a decline in cervical cancer in the United State over the decades. Most women that are diagnosed with precancerous changes in the cervix are in their 20s and 30s, but on the average women in their mid 50s are diagnosed with cervical cancer. The huge difference in the age in which precancerous changes are most frequently diagnosed and the age of the diagnosis of the actual cancer highlights the slow progression of this disease and the reason why it can be prevented if adequate steps are taken.

Causes of Cervical Cancer

Cervical cancer begins with abnormal changes in the cervical tissue. The risk of developing these abnormal changes is associated with infection with Human Papillomavirus (HPV) which is a sexually transmitted infection (STI) found commonly among sexually active adolescents and young women with multiple sex partners. In addition, early sexual contact, high numbers of sexual partners, taking oral contraceptives (birth control pills), smoking, HIV infection, poor nutritional status, and lack of routine screening this all can lead to greater exposure to HPV.

There are several subtypes of HPV causing skin warts, genital warts, and other abnormal skin disorders which have been known to lead to many of the changes in cervical cells that may eventually lead to cancer. Genetic material that comes from certain forms of HPV (high – risk subtypes) has been found in cervical tissues that show cancerous or precancerous changes.

In addition cigarette smoking due to the chemicals present in cigarette smoke interacts with the cells of the cervix, causing precancerous changes that may over time progress to cancer. Also girls who begin sexual activity before age 16 or within a year of starting their menstrual periods and women who have been diagnosed with HPV are more likely to develop a cervical cancer.

Cervical cancer, is however by far the most commonly HPV – related cancer. The aetiology implication of HPV high – risk types 16, 18 and to cervical cancer is approximately 94% of the cervical cancer. GLOBACAN indicated that approximately 530 000 cervical cancer cases and 275 000 deaths had occurred worldwide, with 85% of cases occurring in less developed countries. Now cervical cancer ranks the third most common cancer in women worldwide with World Health Organization (2018) estimation of 570 000 women diagnosed and 311 000 women died of the disease. In the United States, cervical cancer is relatively uncommon. The incidence of invasive cervical cancer has declined steadily in the US over the past few decades. This trend is attributable to mass screening with Pap test.

Symptoms of Cervical Cancer

Like many cancers, it is possible not to have signs or symptoms of cervical cancer until it has progressed to a dangerous stage. The symptoms are as follows:

1. Back pain, when the cancer is advanced
2. Abnormal vaginal bleeding (other than during menstruation)
3. Abnormal vaginal discharge
4. Pelvic pain
5. Kidney failure
6. Painful urination
7. Leg swelling due to nervous or lymphatic obstruction

When to seek Medical Care

1. Vaginal bleeding after menopause is never normal. In the case where an individual has gone through menopause and notices vaginal bleeding that individual should see a health care provider as soon as possible.
2. Very heavy bleeding during period or frequent bleeding between periods warrants evaluation by a health care provider.

3. Bleeding after intercourse does occur in some women. If it is occasionally there is probably nothing to worry about, but if the bleeding is frequent it is advisable to see the health care provider for evaluation.
4. If vaginal bleeding is associated with weakness, feeling faint, light – headed or actual fainting go to the hospital emergency department for care.

Cervical Cancer Exam and Test

As with all cancers, the key to successful treatment and cure is early diagnosis of cervical cancer. It is easier treating precancerous changes that affect only the surface of a small part of the cervix than treating invasive cancer that affects a large portion of the cervix and has spread to other tissues.

The most important progress in early detection of cervical cancer is widespread use of the Papanicolaou test (Pap smear) and HPV testing. Pap smear is done as part of a regular exam. During the procedure, cells from the surface of the cervix are collected and examined for abnormalities. In order to diagnosis for cervical cancer it requires that a sample of the cervical tissue (called a biopsy) be taken and analyzed under a microscope. This takes place if the Pap smear is abnormal.

Colposcopy is a procedure similar to a pelvic exam. It is used for patients that have abnormal Pap smear result but a normal physical exam. The examination uses a type of microscope called colposcope to inspect the cervix. The whole area of the cervix is stained with a harmless dye or acetic acid to make abnormal cells easier to see. The stained areas are then biopsied. The colposcope magnifies the cervix by eight to 15 (depends on the colposcope) times, allowing easier identification of any abnormal – appearing tissue that may need biopsy. The procedure can be carried out usually in the gynecologist's office. If the biopsy under the colposcope suggests an invasive cancer, a larger biopsy is needed to fully evaluate the condition. Treatment is based on the stage of the cancer.

The loop electrosurgical excision procedure (LEEP) technique uses an electrified loop of wire to take a sample of tissue from cervix. This procedure can often be performed in the gynecologist's office. A conization (removal of a portion of the cervix) this procedure is carried out in operating room while under anesthesia. It can be performed with a LEEP, with a scalpel (cold knife conization) or a laser. In this procedure, a small cone shaped portion of the cervix is removed for examination.

Medical Treatment for Cervical Cancer

Treatment of precancerous lesions differs from that of invasive cervical cancer.

Precancerous Lesions

Choice of treatment for a precancerous lesion of the cervix depends on a number of factors, including whether the lesion is low or high grade, whether the individual wants to have children in the future, age, general health, and the preference of the health care provider.

1. If low – grade lesion SIL, (LGSIL) which is known as early subtle changes in the size and shape of cells that form on the surface of the cervix that is detected by Pap smear no further treatment may be required especially if the abnormal area was completely removed during biopsy.
2. High grade SIL (HGSIL) a large number of precancerous cells, which look very different normal cells, constitute a high – grade lesion.
3. When a precancerous lesion requires treatment, LEEP, conization, cold knife conization, cryosurgery (freezing), cauterization (burning also called diathermy), or laser surgery may be used to destroy the abnormal area while minimizing damage to nearby healthy tissue.
4. Treatment for precancerous lesions may cause cramping, pain, bleeding or watery vaginal discharge.

Invasive Cancer

If abnormal cells spread deeper into the cervix or to other tissues or organs, the disease is then called cervical cancer, invasive cervical or metastatic cancer. Cervical cancer occurs most often in women age 40 years or older.

Surgery

1. If the disease has invaded deeper layers of the cervix but has not spread beyond the cervix, an operation may remove the tumor but leave the uterus and the ovaries.
2. If the disease has spread into the uterus, hysterectomy which is the removal of the uterus cervix is usually necessary. Sometimes the ovaries and fallopian tubes are also removed.
3. In addition, lymph nodes near the uterus maybe removed to check for the spread of the cancer.

Radiation Therapy or Radiotherapy

1. Is used to treat cervical cancer at some stages. Radiation therapy uses high – energy rays to damage cancer cells and stop their growth.
2. Radiation therapy is local therapy which affects cancer cells only in the treated area.
3. Radiation may be applied externally or internally and in some cases both.
4. External radiation comes from a large machine, which aims a beam of radiation to the pelvis while internal or implant radiation comes from a capsule containing radioactive material which is place directly in the cervix.

Chemotherapy

1. Chemotherapy is the use of powerful drugs to kill cancer cells. In cervical cancer, it is used most often when the cancer is locally advanced or has spread to other parts of the body. Just one drug or a combination of drugs may be given.
2. The drug or combination of drugs used to treat cancer is given via an IV line or by mouth. Either way, chemotherapy is systemic treatment, meaning that the drugs flow through the body in the blood stream. They can kill cancer cells anywhere in the body.
3. Chemotherapy is given in cycles: each cycle comprises a period of intensive treatment followed by a recovery period. Treatment usually consists of several cycles. Treatment for invasive cancer involves a team of specialists, which are as follows, gynecologic, oncologist and radiation oncologist working together and decide to use one treatment or combination of method.

Prevention

Vaccination: New vaccines have been invented and developed to protect against HPV infection and cervical cancer. These vaccines were produced through a combination of genetic material from more than one origin, and do not contain any biological product or DNA hence they are non – infectious. The HPV vaccines target 'high risk' HPV types 16 and 18 and 'low risk' HPV types 6 and 11. Gardasil and Cervarix were commercially released in government sponsored vaccination programmes that targeted women, girls and even boys as young as 9 years of age after the completion of the clinical trials. The vaccines is about 98% effective against HPV types 6, 11, 16 and 18, given in three doses over a 6 – month period.

The vaccine which targets both HPV strains 16 and 18 is proven to be 92% effective with more than 4 years potency is licensed and available in Nigeria. Women with pre – existing infection are not protected with HPV vaccines vaccination. If given without a Pap smear test it could leave them more susceptible to other forms of oncogenic HPV types.

HPV vaccines help prevent infection from both high risk HPV types that can lead to cervical cancer and low risk types that cause genital warts. The CDC recommends all boys and girls get the HPV vaccine at age 11 or 12 as the vaccine produces a stronger immune response when taken during the preteen years. For this reason, up until age 14, only two doses of the vaccine is required.

Concept of Cervical Cancer Awareness Campaign

The Primary Health Care Center provides opportunity for primary prevention of cervical cancer, especially in environment where there is no standard protocols or programs for cervical cancer prevention. Primary health care provides easy access to health care in most communities in Nigeria. They have a large percentage of patient loads and are in direct contact with the grassroots of the society. Hence,

the primary health care units in the community can play a vital role in the prevention of cervical cancer by educating the general public about cervical cancer and its prevention services.

The West Africa Cervical Cancer Prevention Program (WACCPP) implemented a cervical cancer prevention campaign which coincides with the National Cervical Cancer Awareness week (11 – 17 of November 2019) which was aimed at increasing women's understanding of the importance of regular cervical screening from their primary health care center.

Construct of Cervical Cancer Awareness Campaign

Cervical Cancer Awareness Campaign can be raised in the local community, at home, school, university, religious centers and hospitals in order to ensure that people know about cervical cancer prevention and treatment.

How to Raise Awareness for Cervical Cancer

1. Have an awareness campaign day using free materials to hold a cervical cancer awareness stand in order to talk to others about cervical cancer prevention, screening and treatment.
2. Talk about it if you have been or know someone who has been personally affected by cervical cancer on the media or any campaign programme in order encourage others to take the necessary actions.
3. Messages about cervical cancer can be shared in the media, notice boards, intranets and newsletters in order to reduce the risk of cervical cancer.
4. Positive use of the social media by joining conversations on social media in order to let your followers know about cervical cancer.

What is Wellbeing

Wellbeing is the state of experiencing health, happiness, prosperity, stable mental health, the fulfillment of long – goals and a sense of purpose along with self control. Wellbeing is a keyword in the WHO definition of health; "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

Baileff in a publication has defined a healthy woman as free from organic disorder, diseases and deficiencies that interfere with sexual and reproductive functions. Carr and Sellors stated that almost all sexually active women are at risk for development of cervical cancer, which is almost completely preventable if detected and treated early. It has been recognized by Kim JJ and Spayne Y that countries with regular screening programme has led to a reduction in cervical cancer cases.

According to Bessler screening through the use of the Pap smear has resulted in a reduction in cervical cancer mortality in developed countries. Adewole, 2008 stated that the situation is still not declining in developing countries like Nigeria where it is a leading cause of cancer mortality, and it is the second most frequent cancer. Despite this, Gharoro EP and Ikeanyi EN stated that the uptake of screening services has remained low.

An Empirical Review

According to the result of an article ***"Awareness an uptake of human papilomavirus vaccine among female undergraduate students: Implication for cervical cancer prevention in South –South, Nigeria"*** written by Chibianotu Ojimah and Omosivie Mauka of ***Department of Preventive and Social Medicine, University of Port Harcourt, Nigeria*** and published in the ***Port Harcourt Medical Journal 2017,*** the human papilomavirus (HPV) is a sexually transmitted infection found most commonly among sexually active adolescents and young women. HPV vaccine is available in Nigeria. However, very few persons have been vaccinated. The study, therefore, aimed to assess the level of awareness of HPV infection and its vaccine uptake among female university students in Rivers State. The study was a descriptive cross – sectional study carried out between July and October 2015 in three Universities in Rivers State, Nigeria. Multistage sampling was used to identify the study participants. A sum total of 780 eligible females were recruited for the study. About 262 (33.6%) had heard of HPV infection and 203 (26%) had heard of HPV vaccines. Among those who had heard of HPV vaccine, 148 (72.9%) were aware that the vaccine could protect against HPV infection while 97 (47.8%) were aware that the vaccine could protect against cervical

cancer. Only 40 (5.1%) of the study participants had been vaccinated with HPV vaccine. HPV vaccine uptake was significantly predicted by respondents marital status (adjusted OR [AdjOR] = 0. 061; 0.015 – 0.246), parity (AdjOR = 5.855; 1.433 – 23.923) and knowledge about HPV (AdjOR = 7.918; 3.062 – 20.475). The study concluded that awareness of HPV infection and HPV vaccine among female undergraduates in Rivers State is poor. There is, therefore, need for health promotion interventions that address this gap as part of cervical cancer control activities. While the result of article on ***"Cervical cancer screening and practice in low resource countries: Nigeria as a case study"*** written by Oluwaseun O. Sowemimo, Opeyemi O. Ojo and Olusola B. Fasuba of ***Department of Obstetrics, Gynaecology and Perinatology, Obafemi Awolowo University Teaching Hospitals Complex Ile – Ife, Osun Nigeria*** published by ***Review Article 2017.*** An estimated 528,000 new cases of cervical cancer were diagnosed in 2012 with 266,000 deaths globally. About 90% of these deaths occur in low – to middle – income countries and if current trends persist, it was estimated that about 25% rise in the deaths may be recorded in the following years. The global average incidence of cervical cancer is 15.2/100,000 women, the Sub – Saharan Africa has an incidence of 19.1. Reports from regional population – based cancer registries in Nigeria revealed age – specific rate of 36.0, 30.3, and 21.0/100,000 women for Ibadan, Abuja and Calabar cancer registries, respectively, and mean age at diagnosis of cervical cancer are 56.1, 52.3, and 50.1 years accordingly. Nigeria happens to be the most populous African country. About 92,000 new cases of cervical cancer were recorded by the World Health Organization (WHO) 57,000 deaths; Nigeria had about 10,000 new cases and 8,000 mortalities in the same period. Persistent high – risk human papillomavirus (hrHPV) infection of the cervix considered the main etiological factor in over 99% of cervical cancer. Although HPV transmission is predominately sexual, 90% of immunocompetent women will have a spontaneous resolution over a 2 – year period. Out of about 200 HPV genotypes known over 440 types infect the genital tract out of which 15 are known to be oncogenic to humans. The two most common hrHPV types are the HPV – 16 found in 50% - 70% of cervical cancer in 7% - 20%.

Saad Aliyu Ahmed, Kabiru Sabitu and Rukaiya Ahmed of ***Department of Community Medicine, Ahmadu Bello University Zaira, Nigeria*** wrote an article titled ***"Knowledge, attitude and practice of cervical cancer screening among market women in Zaria, Nigeria"*** published by ***Nigerian Medical Journal.*** According to their results the women's knowledge of the risk factors for cervical cancer is generally poor; although 62.5% of them were aware that sexually transmitted infection was a risk factor. Their knowledge of the symptoms of cervical cancer fair, while their attitude towards cervical cancer screening was poor 19.6%. Some patients would go to seek care after noticing symptoms in hospitals (72.1%), traditional healers (10.5%), religious healers (7.4%), while 10.1% would not go anywhere. 32.7% of the women had never heard of cervical cancer screening before, but 32.7% had been screened for cervical cancer of those who had been screened, 80.6% did so voluntarily 68.2% had advised a friend/relation in the past to take up cervical screening.

While Ajibola Idowu, Samuel Anu Olowookere, Aderonke Tolulope Fagbemi and Olumuyiwa Ayotunde ogunlaja who wrote **"*Determinants of Cervical Cancer Screening Uptake among Women in Ilorin, North Central Nigeria: A Community – Based Study"*** and published in 2016 in the ***Journal of Cancer Epidemiology.*** The study assessed the determinants of cervical cancer screening uptake among Nigerian women. A cross – sectional study was conducted using multistage sampling technique among 338 participants in Ilorin, North Central Nigeria. According to the result 67% were aware of cervical cancer screening while 66.9% of them were aware of the benefits of screening in cervical cancer disease control. Majority (97.0%) of the respondents had positive attitude to cervical cancer screening. Low risk perception regarding cancer of the cervix was the most common reason for not participating in screening activities among respondents who had never been screened before; this was reported by 36.3% of such women. Almost three – quarters of our respondents were aware of cancer of the cervix. This did not however translate to good knowledge a 92% of the women demonstrated poor knowledge on the disease.

Findings from the study

Based on the analytical statistical information above, the general knowledge of cervical cancer screening was good and the attitude fair however, this did not translate to good practice. High cost of screening, lack of female health workers and fear of the outcome of the screening were some of the reasons responsible for low screening procedures.

There is urgent need to improve the knowledge base and attitude of Nigerian women to enhance cervical cancer screening uptake among them. In order for the perception of cervical cancer awareness campaign on women's wellbeing in Rivers State to actual function in helping the women of Rivers State understand the concept and construct of cervical cancer, counselling theories such as ***Planned Theory Behaviour*** and ***Reality Therapy*** needs to be implied in the pre – screening, screening, and post – screening of cervical cancer.

Theories of Counselling to Cervical Cancer Screening

Theory of Planned Behaviour

The theory of planned behaviour tries to describe the link between attitudes and behaviour. It will be used to explain the role of counselling in cervical cancer screening and prevention. It is also useful in the development and implementation of interventions for behavioural change in the case of cervical cancer screening. The theory of planned behaviour was developed by Icek Ajzen in 1985 from the Theory of Reasoned Action, which was proposed by Martin Fishbein together with Icek Ajzen in 1975. Based on Hausmann – Muela S, (2003) in the Theory of Planned Behaviour, behavioural intention is determined by:

1. Attitude towards behaviour, determined by the belief that a specific behaviour will have concrete consequence and the evaluation or valorization of this consequence.
2. Subjective norms or the belief in whether other relevant persons will approve one's behaviour, plus the personal motivation to fulfill with the expectations of others.
3. Perceived behavioural control, determined by the belief about access to the resources needed to act successfully, plus the perceived success of these resource (information, abilities, skills, dependence or independence from others, barriers, opportunities, etc).
4. Socio – demographic variables and personality traits which condition attitudes, subjective norms and perceived behavioural control.

Reality Therapy

Reality therapy was originated by William Glasser. The reality therapy approach developed by Glasser William was didactive, directive, practical, active, and behavioural in its application. According to (Glasser, W. and Zunin, L. M. 1979) reality therapy focuses on behaviour and not attitudes, feelings, past and unconscious motivation.

Reality Therapy View of Human Nature

1. Health or growth force in all individuals.
2. People have problems when they don't take responsibility for their behaviour.
3. Learning is a life – long process.
4. There is a need for people to be loved, feel worthwhile, and successful.
5. People act to control the world around them for various purposes.

Relevance of Counselling in Cervical Cancer Screening

Counselling is a face – to – face personal confidential communication aimed at helping a person and her family to make informed decisions and then act on them (WHO, 2006). Counselling women will enable them to understand the risk and benefits involved in the different screening test so that they will be able to make informed choices. Counselling is not about giving advice, it is a two – way communication between a client and a health worker to identify and address the client's needs and concerns about cervical cancer screening. Counselling is necessary in screening, diagnostics and treatment services that include exchange of important and accurate information between counsellor and counsellee.

Counselling is extremely important in cervical cancer screening because it reduces the psychological impact of screening. According to (Fylan, FL 1998) the quality of the cervical screening service can be enhanced by the provision of additional information, improved quality of communication, and consideration of women's health beliefs. Chigbu, CO and Aniebue, UU (2011) stated that counselling should be directed towards addressing specific locally held fears and misconceptions such as fears of a possible outcome of cervical cancer diagnosis and the perceived effects of colposcopy procedure on future childbearing.

It will be easier for women to participate in screening if they understand the risk and the benefit of the procedure. The theories of counselling helps to emphasize the need to understand the various reasons associated with women's screening behaviours. All information is critically analyzed by the individual and then the individual decides to participate or not. The information provided by the health care provider through counselling will dispel all misconceptions that the individual might have had towards cervical cancer screening.

Counselling Strategies for Screening

Various strategies should be adopted in order to ensure successful counselling and screening. Counselling can be individualized, grouped, for example women group; family or community. In the case of a client seeking screening service, counselling should be individualized in order to ensure privacy and room for personal questions that will require personified answers. Hence counselling should be client – centered which means that each client is considered as an individual and the counselling should be adapted to address her specific needs.

Pre – Screening Counselling in Cervical Cancer Prevention

According to Solanke, TF (2006) "information to cancer patients and their family members regarding the disease, the treatment procedure, the adaptation process of living with uncertainty, inherent with diagnosis of cancer is often not effective due to people's failure to understand, and also, emotional stress usually creates communication difficulties" hence the importance of pre – screening counselling which is a two way dialogue that takes place between the woman and the health care worker in order to give information before the screening procedure that enables her to make informed choices towards the screening procedure.

It is important that women have information on cervical cancer especially strategies for its prevention through screening. The most common screening method is Papanicolau smear (Pap smear) which is used in many countries. Irrespective of its wide use it has its own limitation that makes it in accessible in low resource centers. Therefore it is important that women are well informed about other alternatives such as visual inspection with acetic acid (VIA) or visual inspection with Lugol's iodine (VILI). The test result are seen immediately, which allows the woman to know immediately whether she has a negative result or has to carry out further diagnostic tests. Pre – screening counselling therefore informs women about the advantages and disadvantages of various tests.

During – Screening Counselling

Counselling involves listening and conversational skills plus the knowledge of the subject matter in which counselling is implied. All health care providers should have some training in counselling skills so as to enable them communicate effectively with clients. The counselling should be structured to educate the woman, review results of screening and follow – up she may need. This will help the woman to make informed choices. Counselling sessions should involve probing questions that will lead patients to express view on cervical cancer screening and implications of positive or negative test and conditions for effective treatment.

Before the procedure takes place the health care provider stress again the importance of the screening exercise to the client. The process of the procedures is fully explained to the client. Having fully given the client all necessary information about the procedure, and the client shows she understands the process involved and is willing to be screened then the necessary consent is obtained and signed by the client.

During the procedure the client is carried along informing her about the step by step process of the procedure that will be carried out. The client is informed about the pain, cramps or other discomfort she might experience.

After the procedure the result is reviewed and the client is informed about the outcome. In the case of abnormalities in the result the client is encouraged to come back for further evaluations. Emphasizes are further stressed to the client whether negative or positive result to keep up appointments and make sure the client ask any necessary questions in order to be abreast of things.

SUMMARY AND CONCLUSION

Cervical cancer is one of the most leading cause of death in women around the world. Every woman should be counselled about cervical cancer, prevention, screening method, possible results and treatment options in order for them to make an informed choice that breaks the psychological misconception of the disease. In the study carried out 41.7% of the respondents have never heard of cervical cancer and 7.3% said HPV can't be sexually transmitted while 23.3% does not know. Through adequate campaign awareness and counselling the disease is preventable through vaccine, screening in order to detect precancerous lesions which can be treated before the lesions develops into cancer.

RECOMMENDATIONS

1. Their needs to be an urgent aggressive awareness campaign on cervical cancer and national provision of screening program.
2. Governmental and non – governmental organizations needs to get on board with campaign awareness on cervical cancer so that the community can have adequate information for informed choices.
3. All health care workers should have adequate training towards counselling skills.
4. A qualified counsellor should be employed in health care center so as to help with psychological evaluation before screening, during screening and after screening.
5. Counselling should be made mandatory before the screening so that women can make informed choices.
6. Training sessions on cervical cancer preventions for all health care providers.

REFERENCES

Alliance for Cervical Cancer Prevention (2004). ACCP Strategies for Supporting Women with Cervical Cancer. Seattle: ACCP. Cervical Cancer Prevention Issues in Depth, p.2.

Amosuka CO (2003). The Role of Counselling in Cervical Screening. Training Workshop on Cervical Cancer Prevention for Doctors and Midwives.

Ayinde OA, Omigbodun AO (2003). Knowledge, attitude and practices related to prevention of cancer of the cervix among females health workers in Ibadan. J. Obst. Gynaecol., 23(1): 59-62

Bessler P, Aung M, Jolly P (2007). Factors Affecting Uptake of Cervical Cancer Screening Among Clinic Attendees in Trelawny, Jamaica Center Control, 14(4).

Carr KC, Sellors JW (2004). Cervical cancer screening in low resource settings using visual inspection with acetic acid. J. Midwifery. Women's Healthc., 49(4): 329-37.

Chigbu CO, Aniebue UU (2011). Non – uptake of colposcopy in a resource- KCpoor setting. Int. J. Gynecol. Obstetr., 113(2): 100-102.

Fylan FL (1998). Screening for cervical cancer: a review of women's attitudes, Knowledge and behaviour. British. J. General Practice., 48(1509): 1509-1514.

Hausmann-Muela S, Muela Ribera J, Nyamongo I (2003). Health-seeking behaviour and the health system response. DCPP Working Paper No. 14. http://www.dcp2.org

Henrikasson K, Olsson H, Kristoffersson U (2004). The Need for Oncogenetic counselling. Ten years' Experience of a Regional Oncogenetic Clin. Acta Oncol., 43(7): 637-649

International Agency for Research on Cancer (IARC), GLOBOCAN (2008) in WHO/ICO Information Center on HPV and Cervical Cancer (HPV Information Centre). Human Papillomavirus and

Related Cancer in Nigeria. Summary Report 2010. Accessed 2nd August, 2010 at www.who int/hpvcentre

Jedy – Agba E, Curado MP, Ogunbiyi O, Oga E, Fabowale T, Igbinoba F, et al. Cancer incidence in Nigeria: A report from population based cancer registries, cancer Epidemiol 2012; 36:e271 – 8. [PUBMED]

Kim JJ, Brisson M, Edmunds WJ, Goldie SJ (2008). Modeling Cervical Cancer Prevention in Developed Countries. Vaccine, 26(10): 76-86.

Miller JW, Royalty J, Henly J, White A. Richardson L.C. Breast and Cervical Cancers diagnosed and stage at diagnosis among women served through the National breast and cervical cancer early detection program. Cancer causes control 2015; 26: 741 – 7 {PUBMED}

Sharoro EP, Ikeanyi EN (2006). An Appraisal of The Level of Awareness and Utilization of The Pap Smear as A Tertiary Health Institution. Int. J. Gynecol. Cancer Screening Test Among Female Health Workers in A Tertiary Health Institution. Int. J. Gynecol Cancer, 16(3): 1063-1068.

Solanke TF (2006). Communication with the Cancer Patient in Nigeria Information and Truth Annias Of New York Academy Accessed

Spayne Y, Ackerman I, Milosevic M, Seindefield (2007). Cancer: A Failure of Screening: Eur. Formal Public Health, 18(2): 162-165.

World Health Organization, Cervical Cancer, World Health Organization, Geneva, Switzerland, 2015

WHO Comprehensive Cervical Cancer Control: A Guide to Essential Practice 2nd ed. Geneva WHO, 2014