

**Women's awareness of common female cancers  
in selected peri-urban townships**

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With the objectives of estimating perceived magnitude of female cancer problem and assessing community awareness of those cancers, a community based study was conducted employing both qualitative and quantitative approaches. Triangulation of research methods was done to validate the findings. Four peri-urban townships from Yangon Division; Hlaing Thar Yar, Shwe Pyi Thar, South Dagon and East Dagon Townships were selected purposely. For quantitative survey, 400 women were interviewed using a structured questionnaire. Six focus group discussions were done for the qualitative assessment. Mean age of sampled women was 48.4 years and majority were married, dependent and primary school passed. Cancer breast, uterus and larynx were mentioned as the most common problem according to their perceived magnitude. Almost all (99.3%) were aware of breast cancer and only 69.5% were aware of cervical cancer. Breast lump was considered as a condition that will later develop into cancer by 38.8% and 41.5% mentioned that it was painless in early stage. Abnormal bleeding per vagina and white discharge were mentioned as main symptoms of cervical cancer (76.3%, 63.3%). Regarding the risk of cervical cancer, female hygiene was indicated by 88.5% and number of sexual partners by 77.0%. Almost all of them said that both diseases can be cured at early stage and surgery was mentioned as a main treatment option. Relatives/ friends were stated as their main source of information (90.5%) and only 29.0% mentioned health staff. Government hospitals/ clinics were identified as a main treatment centre available for cancer patients (97.3%).

## INTRODUCTION

Cancer is a public health problem worldwide. More than 10 million people are diagnosed with cancer every year and it accounts for 13% of deaths worldwide that is 7 million deaths every year. Cancer is the second most common cause of death in developed countries, and similar epidemiological transition has been followed in developing countries [1]. Cervical cancer is the second most common female cancer worldwide but commonest in developing

countries and eighty percent of new cases and deaths occur in these areas [2] Breast cancer is the most common cancer of women, comprising 23% of all female cancers, and it is still the leading cause of cancer mortality in women worldwide that is 14% [3].

In Myanmar, the incidence of cancer in general has been progressive over the past decade, as mentioned in the National Health Plan (1996-2001) [4]. According to data from Yangon Cancer Registry (1993-2000), three most common cancers for women are

cancer cervix (Ca cervix), cancer breast (Ca breast) and cancer lung (Ca lung). The rising trend of two most common female cancers was observed according to the cancer registry during the past decade. The incidence of Ca cervix and Ca breast during 1993 and 2001 was 27.4 to 30.7%, 25.3 to 30.6% respectively [5].

At least one third of all cancer cases are preventable and another one third permits the early detection and effective treatment. Early detection and diagnosis can then greatly increase the chances for successful treatment particularly relevant to common female cancers like Ca breast and Ca cervix. Increased awareness of possible warning signs of these cancers among general public is a necessity. Therefore, a community-based survey was carried out to assess the awareness of women regarding these cancers.

#### *Objectives*

- To estimate the perceived magnitude of female cancer as a problem
- To assess the community awareness of common women cancers
- To recommend the programme for successful implementation of cancer control programmes for better programmatic implication

### **MATERIALS AND METHODS**

#### *Quantitative survey*

The following 4 townships from Yangon Division were selected purposely to cover the criteria of peri-urban townships namely Hlaing Thar Yar, East Dagon, South Dagon and Shwe Pyi Thar Township. Assuming that the proportion of women aged 40 and above who had satisfactory level of knowledge on women cancers is 50% and accuracy level of 0.05, the calculated sample size was 100 at 95% confidence level for each township.

Within each township, 5 wards were selected randomly from the list of wards. Then 20 households were chosen randomly

from each ward. A total of 400 women aged 40 years and above were interviewed by well trained interviewers using a pre-tested structured questionnaire. Data cleaning, coding and analysis were done using SPSS 11.5 software.

#### *Qualitative survey*

FGD guide which was pre-tested in a township of non-studied area was used. Respondents were women aged 40 years and above residing in the study areas. A total of 6 FGD sessions was done and 56 women participated in these sessions.

Female cancers which were prevalent in their community were explored by free-listing and ranking methods. Their knowledge about the risk factors, signs and symptoms, treatment options and prevention of cancer cervix and breast was discussed.

After completion of all fieldworks, transcripts were transcribed on a day by day basis, manual edition for inconsistencies and similarities were conducted. Matrix analysis was done after the transcription.

### **RESULTS**

Table 1 shows that mean age of the respondents was 48.4 years and most of them were married (65.8%). Regarding occupation, majority (67.8%) depend on other family members for their living and about one fifth (22.3%) did odd jobs. Most of the respondents finished primary school (40.3%) and secondary school level (21.3%). Only a few (2.5%) attended university. Family income ranged from 6000 Kyats to 250000 Kyats per month and median family income was 35000 Kyats.

#### *Perceived magnitude of female cancers*

During the quantitative assessment, open question regarding the most common female cancers was described as Ca breast, Ca uterus and Ca larynx without any probing. Others include Ca cervix, Ca lungs, Ca liver, Ca stomach and haematological cancer. Ranking of common female cancers

Table 1. Background socio-demographic characteristics of the respondents

Socio-demographic characteristics	Frequency	%
<b>Age group</b>		
40-49 years	250	62.5
50-59 years	115	28.8
60 years and above	35	8.8
<b>Mean age - 48.4 ± 8.1 years</b>		
<b>Marital status</b>		
Single	11	2.8
<b>Married</b>	<b>263</b>	<b>65.8</b>
Divorced	28	7
Widowed	98	24.5
<b>Occupation</b>		
<b>Dependent</b>	<b>271</b>	<b>67.8</b>
Odd jobs	89	22.3
Government / private servant	15	3.8
Own business	25	6.3
<b>Education status</b>		
Illiterate	23	5.8
Read and write	85	21.3
<b>Primary school passed</b>	<b>161</b>	<b>40.3</b>
Middle school passed	90	22.5
High school passed	31	7.8
University/ Graduate	10	2.5
<b>Monthly family income</b>		
< 25000 kyats	84	21
<b>25000-&lt;50000 kyats</b>	<b>189</b>	<b>47.3</b>
> 50000 kyats	127	31.8
<b>Median income- 35000 Kyats</b>		

was also conducted in the FGD sessions and Ca uterus was ranked as first followed by Ca breast and Ca cervix consecutively. According to the above findings, Ca breast Ca uterus were the most common and female cancers mentioned by the respondents.

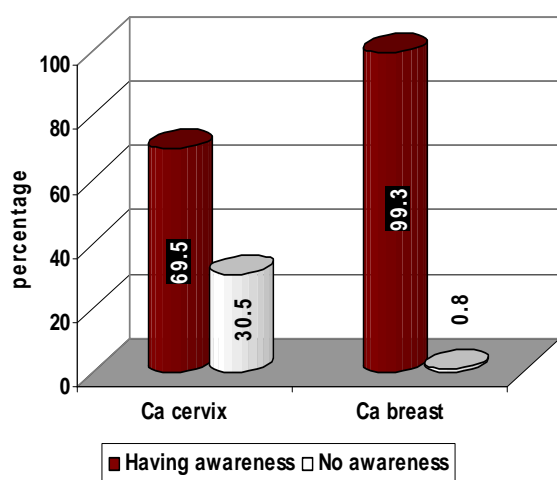


Fig.1. Awareness of respondents on cancer breast and cancer cervix

### Awareness of common female cancers

According to the above figure, almost all (99.3%) were aware of breast cancer and only 69.5% of the respondents were aware of cancer cervix. There were about one third (30.5%) of the respondents who were not aware of the cervical cancer. This finding coincides with the qualitative finding.

### Cervical cancer and breast cancer

#### Cervical cancer

Regarding cervical cancer, abnormal bleeding per vagina was mentioned as the most common symptom followed by white discharge, 76.3% and 17.6% respectively. During the FGD sessions, dynamicity of group discussion was very alive in describing the symptoms and majority mentioned these two common symptoms.

*“If the woman experienced abnormal and irregular bleeding, she may suffer from cervical cancer.”*

(54 years old, married, having 5 children, primary school passed)

Over eighty percent of the respondents highlighted that female hygiene was an important risk factor for cancer cervix. Having multiple sexual partners was described as a risk by 77.0% of the respondents. Other risk factors like sexual exposure at young age and use of oral contraceptive pills were mentioned by about half of the respondents (57.2%, 51.8%) whereas smoking and number of children were stated by some respondents (21.6%, 33.5%). Majority of the participants in the qualitative study also discussed these risk factors.

*“If the woman is unhygienic of her private part and if she has multiple sexual partners, she might be at risk of Ca cervix.”*

(54 years old, married, having 5 children, primary school passed)

*“If a woman is young and if she bears a lot of children she is at risk.”*

(40 years old, single, graduate)

Table 2. Knowledge of respondents on cancer cervix and breast

	Frequency	%
<b>Cervical cancer</b>		
<b>Regarding symptoms</b>		
White discharge	176	63.3
Abnormal bleeding	212	76.3
Bleeding after coitus	117	42.1
Dyspareunia	121	43.5
<b>Risk of cancer cervix</b>		
Sexual exposure at young age	159	57.2
Multiple sexual partners	214	77.0
Use of oral contraceptive pills	144	51.8
Smoking	60	21.6
No. of children	93	33.5
Female hygiene	246	88.5
<b>Curability of cancer cervix</b>		
Can be cured at early stage	262	94.2
Can't be cured	12	4.3
Don't know	4	1.4
<b>Main treatment option</b>		
Surgery	257	92.4
Chemotherapy	199	71.6
Radiotherapy	186	66.9
<b>Prevention</b>		
Can be prevented	182	65.5
Can not be prevented	51	18.3
Don't know	45	16.2
<b>Breast cancer</b>		
<b>Chance of cancer for breast lump</b>		
Yes	155	39
No	232	58.4
Don't know	10	2.5
<b>Pain in early stage</b>		
Yes	183	46.1
No	166	41.8
Don't know	48	12.1
<b>Curability of cancer breast</b>		
Can be cured at early stage	387	97.5
Can't be cured	5	1.3
Don't know	5	1.3
<b>Main treatment option</b>		
Surgery	377	95.0
Chemotherapy	302	76.1
Radiotherapy	278	70
<b>Breast self-examination</b>		
Can be done	370	93.2
Can not be done	12	3
Don't know	15	3.8
<b>Prevention</b>		
Can be prevented	223	56.2
Can not be prevented	79	19.9
Don't know	95	23.9

Almost all of the respondents (94.2%) said that the disease can be cured at early stage. Surgery was mentioned as a main treatment

option (92.4%) followed by chemotherapy and radiotherapy (71.6% and 66.9%). More than half (65.5%) said that it was preventable.

Majority in the FGD sessions also mentioned surgery as a main treatment option because they thought only surgery could save the life.

*“If cervical cancer patient doesn't have her cervix removed surgically, she may die.”*

(48 years old, married, having 4 children, primary school passed)

#### Breast cancer

Table 2 shows that breast lump was considered as a condition that will later develop into cancer by 38.8% and about two fifth (41.8%) mentioned that it was painless in early stage. Breast cancer was also stated as a curable disease in early stage (97.5%). Surgery was regarded as a main treatment option (95.0%) and more than half (56.2%) thought that it was preventable. Majority of the sampled women (93.2%) agreed that breast self-examination can be done to detect the breast lump.

During the qualitative assessment, most of the participants actively discussed and they mentioned all treatment options for breast cancer. They said that chemotherapy and radiotherapy can be given if the disease is in early stage and surgery was considered if the disease is in advanced stage. Although many participants said that breast cancer can be prevented, some of the preventive measures they mentioned were incorrect such as not wearing tight bodice.

*“Breast cancer can be prevented by giving breast feeding in married women.”*

(45 years old, married, having one child, high school passed)

*“Women shouldn't wear tight bodice to prevent the occurrence of breast cancer”*

(43 years old, married, having 2 children, graduate)

### Perceived risk on survival of cancer

Regarding the survival of cancer, breast cancer was considered as a most favourable cancer for survival by most of the respondents (87.5%) followed by cancer in general and cervical cancer (68.0%, 56.0%) (Fig. 2).

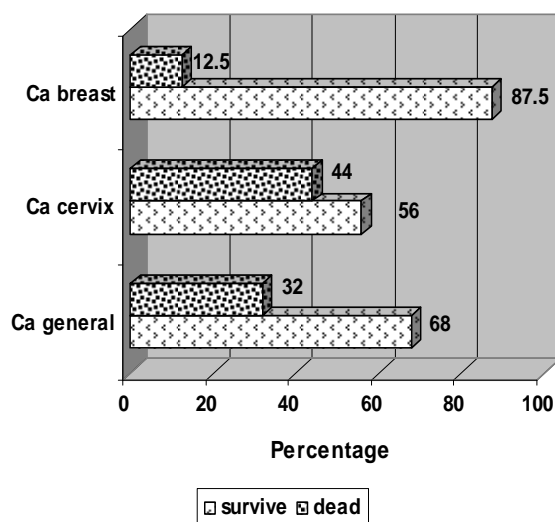


Fig. 2. Perceived risk on survival of cancer mentioned by respondents

To show their opinion about chance of survival during the FGD sessions, the words “dead” and “survive” were written on separate papers and told them to put one stone to either paper according to their will. It was done separately for both cancers. Group dynamic was very alive at that time and they put stones on either paper. Stones on the “survive” paper were much more than “dead” in case of cancer breast. It was equivocal in case of cervix and reversed in case of cancer in general. From this process it was found out that all participants thought breast cancer had the greatest chance of survival compared with cervical cancer and other cancers. But there were some negative thoughts about survival also present in them.

*“It’s quite sure that cancer patient has no chance for survival and are sure to die.”*

(56 years old, married, having 4 children, primary school passed)

*“Breast cancer patients have more chance of survival if operated in time.”*

(40 years old, single, high school passed)

### Source of information and choice of treatment centre

According to Table 3, it can be seen that respondents’ source of information was mainly from lay persons like relatives/ friends/ patients (90.5%). Health staff was mentioned by only 29.0%. Other sources they mentioned were radio/ TV/ video, journal/ magazine, pamphlet and health talks.

Table 3. Source of information and choice of treatment centre mentioned by the respondents

	Frequency	%
<b>Source of information</b>		
Relatives/ friends	362	90.5
Health staff	116	29
Health talks from NGO/ INGO	14	3.5
Radio/ TV/ Video	31	7.8
Journal/ Magazine	27	6.8
Pamphlet	17	4.3
<b>Treatment centre</b>		
Government hospital/ clinic	389	97.3
Private hospital/ clinic	115	28.8
Traditional medicine hospital/ clinic	84	21
Quacks	4	1

Government hospitals/ clinics were the most frequently mentioned treatment centre for cancer (97.3%) and private hospitals/ clinics as second most common choice for cancer (28.8%). Some (21.0%) mentioned of traditional medicine hospital/ clinic.

During the FGD sessions, majority stated government hospitals and not few stated going to traditional healers of various kinds such as monks, traditional medicine clinics, taking traditional herbs and going to “Out-lan Sayar” (lower spirit medium). Majority went there with the hope of cure, relief and lesser cost compared to western medicine.

Some of their responses were,

*“Cancer patient should go to hospital/ clinic as soon as possible.”*

(44 years old, married, having 6 children, primary school passed)

*“A monk who lived in Hle-gu could treat cancer patient and accept donation only if the patient had money. He used injection*

*and did not accept the patient after receiving radiotherapy.”*

(60 years old, married, having one child,  
middle school passed)

## DISCUSSION

Most common female cancers were ranked by the respondents according to their perceived magnitude as follows: breast cancer, uterus cancer, larynx cancer, cervical cancer, lungs cancer, liver cancer, stomach cancer and haematological cancer. Although the cervical cancer is the most common cancer in female, it was ranked only fourth by the respondents. It might be due to the fact that some women could not differentiate between uterus and cervix exactly. They could not distinguish these two as different types of cancer. Findings from both quantitative and qualitative assessment highlight that two commonest female cancers as described by the respondents were Ca breast and Ca uterus. Regarding awareness, it was quite alarming that many respondents were not aware of cervical cancer. Study done in Kenya revealed that about half of the respondents were aware of cervical cancer [6]. And in a study done in South Africa, one-fifth of the women had not heard of breast and cervical cancers [7].

Abnormal bleeding per vagina and white discharge were recognized by most of the respondents as the common presentations of cervical cancer. These two were most significant symptoms that could easily aware by the women. Study done in Vietnamese women found out that about two-fifth could mention the symptoms [8]. Therefore it can be said that respondents from this study had higher level of awareness about the symptoms of cervical cancer. It was a positive finding for the promotion of health education activities aiming on early detection.

Concerning risk factors for cervical cancer, female hygiene was considered as most important by majority of the respondents.

Sexual behaviours like multiple sexual partners and sexual exposure at young age were also stated as the risk factors. In the study done in British population regarding risk factors for cervical cancer, only forty-one percent of respondents mentioned factors relating to sex [9]. In the Vietnamese study, three-fourth did not know that having multiple sexual partners was a risk factor [8]. Knowing these important risk factors by the respondents was also a positive finding for encouraging prevention activities. However, smoking and number of children were not considered as the risk factors by most of them. So health education activities should also stressed on these risk factors.

Regarding breast cancer, only one third of the respondents mentioned that the breast lump could be a sign of cancer. Only some respondents from the KAP study of Nigerian women could mention painless breast lump as a common presentation [10]. Breast self-examination was accepted as a method that can detect the breast lump at early stage.

Both cancers were considered as preventable by half of the respondents. However, some preventive measures they mentioned were unclear and vague. Some traditional beliefs were still prevalent in the community. Regarding the source of information, majority mentioned the lay persons such as relatives, patients and only few mentioned health staff as their source. In Tunisian study, women get most of their information about gynaecological cancers from their colleagues [11]. More than half of the women from the Indian study also obtained information regarding cervical cancer from relatives and neighbours [12]. It was a negative finding highlighting that health staffs should be encouraged to provide health information concerning common female cancers whenever they have a chance.

The above findings highlight that even though cervical and breast cancer were perceived as common female cancers, information regarding prevention and

treatment procedures still need to be promoted for the health of all women.

### Recommendations

1. **Awareness raising activities concerning commonest female cancer like cervical cancer should be promoted** in peri-urban townships as there were about one third of the respondents who were not aware of cervical cancer.
2. Many said that both cancers can be prevented. However, some preventive measures they mentioned were unclear and vague. Therefore, **health education activities should focus on prevention aspect of common female cancers.**
3. **Proper breast self-examination technique should be incorporated along with health education activities within the community** as almost all respondents agreed that breast lump can be detected by breast self-examination.

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