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Original Article

Assessing Knowledge, Awareness, and Attitudes Toward Cervical Cancer and Screening Among Women: A Descriptive Study

Manahil Umar, Amna Zafar, Mahtab Ahmed Khan, Bismah Wasim, Sameen Ather, Ali Akhtar

Faculty of Pharmaceutical Sciences, University of Central Punjab, Lahore, Pakistan.

Corresponding author:

Dr. Ali Akhtar
Faculty of Pharmaceutical Sciences, University of Central Punjab, Lahore, Pakistan.
E-mail: aliakhtar5657@gmail.com

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ABSTRACT

The study will determine the knowledge, attitude, and awareness of women aged 20-70 years residing in Lahore, Pakistan, regarding cervical cancer. It also aims to evaluate their awareness of and participation in cervical cancer screening practices. This study used a random sample of women aged 20-70 years living in Lahore, Pakistan. Women were selected from different parts of Lahore. The data collection tool was based on the cervical cancer awareness measure and was culturally adapted for the population of Lahore. Descriptive statistical analysis was conducted on a completed sample of 500 women. The final sample yield 73.9% response rate, which included highly educated women (90.6% holding undergraduate or postgraduate qualifications). Despite high formal education, the borderline of health literacy regarding cervical cancer symptoms and risk factors was significantly low, resulting in a mean total symptom score of 2.81± 2.52 out of 11. 11.2% of the participants were entirely unable to identify a single correct clinical symptom. Furthermore, preventive screening uptake was significantly deficient: 44.2% respondents reported no prior awareness or lifetime utilization of screening programs, and only 40.8% had participated in a screening program once in their lives. Higher general educational attainment among urban women in Lahore does not translate into sufficient reproductive health literacy. These findings imply a critical need to transition from opportunistic screening to systematic public health campaigns and university-based wellness interventions to bridge the life-saving prevention gap.

Keywords: Cervical Cancer, Cancer Prevention, Human Papillomavirus (HPV), Health Literacy, Screening Uptake.

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INTRODUCTION

Cervical cancer is among the major causes of mortality caused by cancer in women. Over the years, the percentage of cervical cancers is considered over 99% of the rare complications of persistent Human Papilloma Virus (HPV) infection (Pandey *et al*., 2025). One of the most prevalent cancers in women of low- and middle-income countries (LMIC) is cervical cancer, which is largely preventable. There was also a dramatic decrease in the number of deaths due to cervical cancer among those countries that had managed to institute effective national screening coverage. The programs were based on cytology-based Papanicolaou smears to detect pre-cervical cancer, which can be excised before it develops into invasive cancer. As many as 91% of all invasive cervical cancers have been prevented in the countries that have the capacity to adopt screening on a large scale through cytology (Casas *et al*., 2022; Merdzhanova-Gargova *et al*., 2025).

Several risk factors of cervical cancer are associated with exposure to the HPV (Wang *et al*., 2017; Jouya *et al*., 2026).The duration of the process of developing invasive cancer may take 20 years after sexually transmitted HPV creates the precursor lesion. Nonetheless, other various risk factors (including reproductive and sexual factors, behavioral factors, etc) of cervical cancers encompass sexual intercourse at an early age (below 16 years old), more than one sexual partner, smoking, high parity, and low socio-economic status (Choi *et al*., 2023; Ogbolu & Kozlovszky, 2024).

Infection with a high-risk/oncolytic HPV type is the main causative agent of pre-cancerous and cancerous lesions of the cervix. Most cervical cancer cases are an outcome of HPV16 and 18 infections. The high-risk types, HPV16 in particular, are discovered to be very common among human beings. Transmission is normally through sexual contact and leads to squamous intraepithelial lesions. Lesions normally fade away within 6-12 months following an effective host immune response. Nevertheless, a minor proportion of such lesions do not disappear; this persistent infection serves as the primary driver for cellular transformation into invasive cervical cancer (Koshiol *et al*., 2008).

Screening programs like Pap smear and HPV screening tests are the best ways of controlling cervical cancer *(Saeed et al*., 2025). Nevertheless, the adoption of the said programs in most developing countries is minimal, owing to ignorance (regarding cervical cancer and its screening programs) (Choi *et al*., 2023).

This low uptake is a clear indication of a significant public health problem in Pakistan, where there is a lack of a centralized screening program and no HPV vaccination program in the country. Thus, the prevention of cervical cancer depends solely on opportunistic screening of women who seek it out. This places the burden of prevention entirely on the individual and places a great emphasis on a woman's health literacy and health-seeking actions to make the most of preventative health services. A turning point for women's health in Pakistan: Evaluating the baseline of national opportunistic screening and behavioral constraints.

One of the key requirements to eradicate cervical cancer in Pakistan is the general population awareness of screening and vaccination against cervical cancer. This research was intended to determine the level of knowledge and attitude towards screening, vaccination, and risk factors of cervical cancer in women of Lahore, Pakistan. However, there are significant gaps in the local research literature that currently limit the design of effective interventions, such as the lack of a knowledge-action gap (awareness does not equal screening practices). Additionally, socio-cultural and attitudinal constraints such as fatalism, social stigma associated with HPV, and modesty issues regarding pelvic exam are poorly quantified, and there is a significant lack of socio-demographic information across the community in important cities such as Lahore (Shamsi *et al*., 2024).

To fill these gaps in the literature, this descriptive study has a specific objective to investigate the baseline knowledge of the public about the etiological factors of cervical cancer and HPV transmission, the attitude and behaviour barriers towards Pap smear, and socio-demographic predictors affecting healthcare utilization in women of Lahore city, and actual screening rates (Singhal *et al*., 1999). From awareness to acceptance: Understanding HPV and vaccine knowledge, attitudes, and beliefs among women in Punjab, Pakistan.

METHODS AND MATERIALS

This study used a community-based cross-sectional design to assess the knowledge, attitude, and awareness of women living in Lahore, Pakistan, regarding cervical cancer and cervical cancer screening.

Study Design

This study utilized a community-based descriptive cross-sectional design to determine the knowledge, attitude, and awareness of women living in Lahore, Pakistan, regarding cervical cancer and cervical cancer screening. Cross-sectional surveys are epidemiologically justified for Knowledge, Attitudes, and Practices (KAP) studies because they capture population variables at a single point in time and are useful for identifying distinct gaps in awareness and preventive behavior.

Study Setting and Population

The study was conducted in urban sectors of Lahore, Punjab, Pakistan, among women residing in the city. Lahore represents an urban environment with diverse socioeconomic groups, making it suitable for assessing variations in health literacy. The target population was limited to women of reproductive and primary screening age (20–70 years) who had lived in Lahore for at least 6 months to 1 year. This age group is justified as it includes the demographics eligible for routine cervical screening and prevention services (Berson *et al*., 2013).

Data Collection Instrument

Primary quantitative data were collected using a structured, self-administered questionnaire adapted from the validated Cervical Cancer Awareness Measure (CAM) Toolkit (UCL Health Behaviour Research Centre, 2011; Deguara *et al*., 2021). The final adapted instrument captured four distinct sections: (a) sociodemographic information, (b) knowledge of cervical cancer symptoms and risk factors, (c) awareness of screening and prevention services, and (d) attitude toward screening utilization (Chang *et al*., 2010; Ekechi *et al*., 2014).

Sampling

The sample size was calculated using the single population proportion formula with a 95% confidence level and 5% margin of error. A simple random sampling technique was used to select participants from the eligible women living in Lahore. Each eligible woman had an equal chance of being included in the study, which helped reduce selection bias and improve the fairness of participant selection. This method was chosen to obtain a representative sample of women for assessing knowledge, attitude, and awareness regarding cervical cancer.

Data Collection Procedure

Data were collected using a structured questionnaire that was distributed to women living in Lahore. The questionnaire was given in a form format, and participants filled it out themselves after providing informed consent. Completed questionnaires were collected afterward, and all responses were kept anonymous and confidential.

Inclusion and Exclusion Criteria

Women who were included in the study were those aged 20-70 years, who had been living in Lahore for at least 6 months or 1 year. Only women who were willing to participate, gave informed consent, and were able to understand English were included. Women who were available during the data collection period were also eligible for participation. Women were excluded if they were not residents of Lahore, did not fit the chosen age group, refused to give consent, were too ill or mentally/physically unable to complete the questionnaire, submitted incomplete forms, or could not understand and fill out the questionnaire on their own, and who are unable to read the form properly.

Variables

The independent variables include age, education, marital status, occupation, number of children, family income, and family history of cancer. The dependent variables were knowledge of cervical cancer, awareness of screening, and attitudes toward screening.

Scoring System

Correct knowledge answers may be scored as 1, and incorrect or "don't know" answers as 0. Total scores can then be calculated for symptoms, risk factors, and awareness items. Higher scores represent better knowledge and awareness.

RESULTS AND FINDINGS

Response Rate

From the original sample of 630, 500 women met the inclusion and exclusion criteria. A response rate of 73.9% was obtained; a total of 500 samples were collected. The sample contained highly educated women holding undergraduate and postgraduate degrees.

Socio Demographics Characteristics

The socio-demographic characteristics of 500 women who met the inclusion and exclusion criteria are mentioned in Table 1. Most women were in the critical screening window of 30-50 years. The mean age of the participants was 29.4 ± 9.1 years (range 20-70years).

Symptoms and Risk Factors Knowledge

When women were asked to identify the symptoms of Cervical Cancer, 34.4% of women (n=172) recognized more than 3 symptoms. The most common identified symptoms were unexplained weight loss, unusual heavy or lengthy periods, and persistent lower back pain (Figure 1). The overall mean total symptom score for the study population was 2.81 ± 2.52, with individual scores ranging from 1 to 11. However, 11.2% of the participants (n=56) could not find any correct symptom, while 0.2% (n=1) identified all 11 symptoms correctly (Figure 2).

Attendance for Cervical Cancer Screening

The women who participated were also asked about their screening habits. From the total sample score, 40.8% of women (n=204) confirmed attending screening once in their lives, 8.6% (n=43) twice, 6.4% (n=32) thrice attended screening programs, whereas 44.2% (n=221) don't know about it or never experienced any cervical cancer screening program. Figure 3 illustrates the barriers to regular CC screening. The most common reported barriers include a lack of perceived risk, a lack of awareness about screening, and perceived young age for screening.

Table 1

Sociodemographic Characteristics (n = 500)

Variable	Category	Frequency (n)	Percentage (%)
Age group (years)	20–30	373	74.6
	30–40	67	13.4
	40–50	37	7.4
	50–60	10	2.0
	60–70	13	2.6
Marital Status	Single	376	75.2
	Married	103	20.6
	Widowed	20	4.0
	Divorced	1	0.2

Qualification	Primary	12	2.4
	Secondary	35	7.0
	Undergraduate	366	73.2
	Postgraduate	87	17.4
Living Arrangement	Own house	402	80.4
	Rented	98	19.6
Employment Status	Employed	95	19.0
	Unemployed	405	81.0

Figure 1

Correctly Identify Cervical Cancer Symptoms

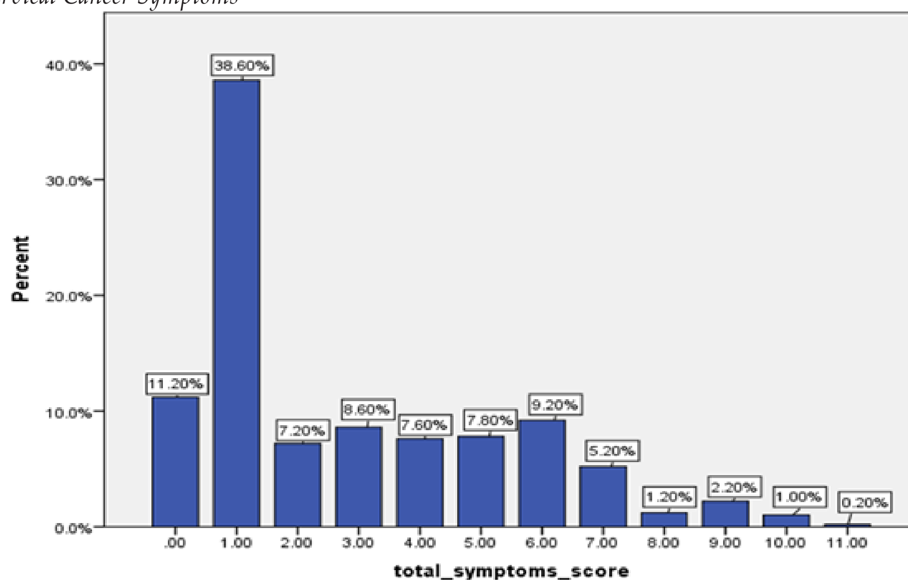


Figure 2

Total Score for the Number of Symptoms Positively Identified

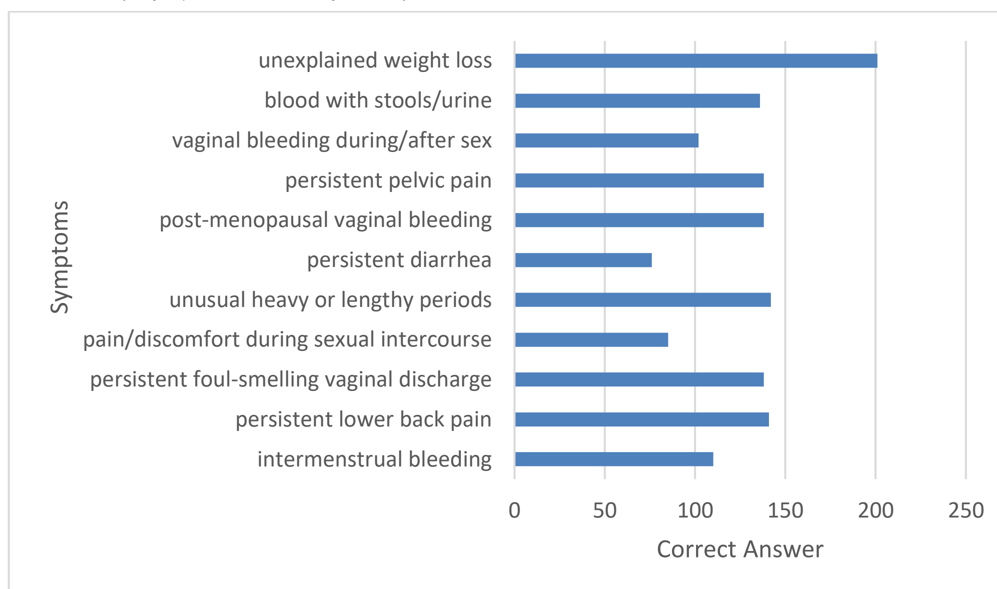
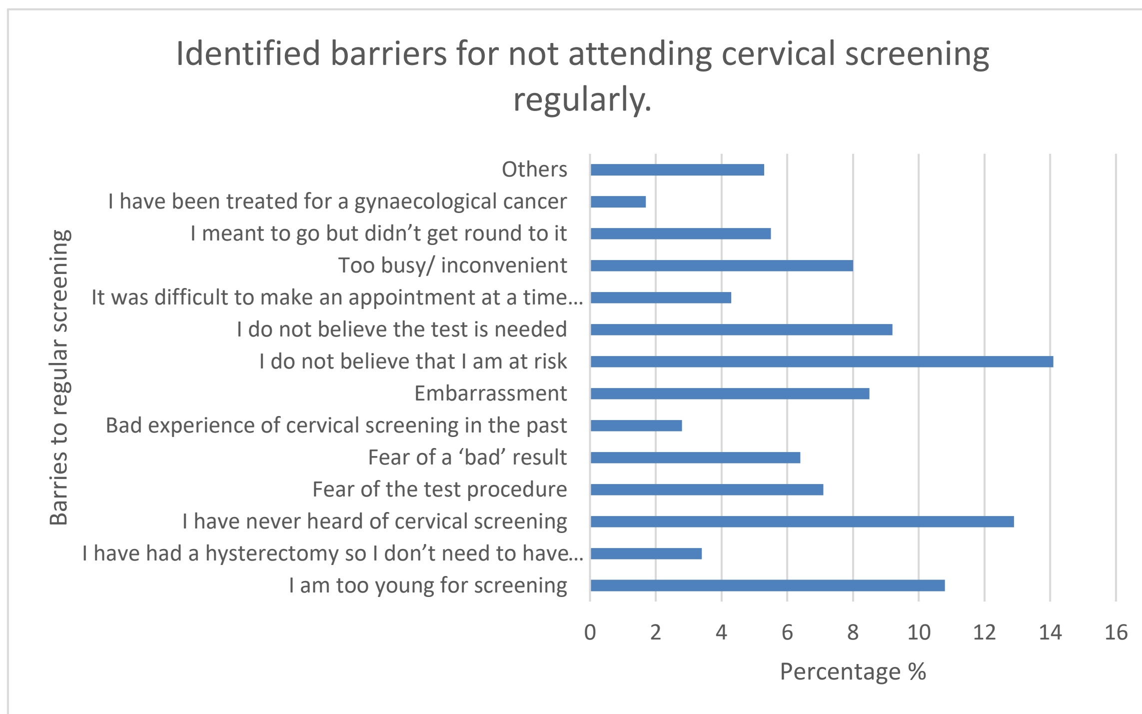


Figure 3
Identified barriers to Not Attending Cervical Screening



DISCUSSION

This study aimed to investigate the existing knowledge and perceptions of women of Lahore about cervical cancer. Our group had a poor knowledge of cervical oncology (mean score 2.81 ± 2.52, on 11 items). Alarmingly, 11.2% of these highly educated women could not identify even a single correct symptom of cervical cancer. This deficit is significantly different from what was reported in the Malta National Survey by Deguara *et al.* (2020), which shows that women had a higher mean symptom score of 5.55 out of 11, and 74.9% of them were able to easily identify more than three symptoms (Deguara *et al*., 2020). Deguara et al. examine a population in the context of European public health systems, while we find a critically localized paradox: that high academic achievement in Pakistan does not protect a woman from deep health illiteracy. This is no statistical anomaly; it is systemic failure. It highlights the absolute absence of widespread cervical cancer awareness campaigns and organized screening programs in Pakistan, proving that countries with established screening services and public health education initiatives tend to have a higher level of awareness regarding CC symptoms and prevention, regardless of individual formal education.

Our cohort identified unexplained weight loss, unusual heavy or lengthy periods, and persistent lower back pain as the most common symptoms, whereas a report by Eve Appeal on Awareness Levels of Cervical Cancer amongst Women in England suggests that most women in England recognized bleeding, unusual vaginal discharge, and pain as the common symptoms of cervical cancer (Low *et al*., 2012).

The most notable finding of this study is the huge gap between basic academic learning and specific health literacy. The knowledge and uptake of cervical cancer screening are very low despite the high education level of the sample (90.6% with undergraduate or postgraduate qualifications). The subjects had good academic achievement, but 44.2% said they were not aware of or had never participated in a cervical cancer screening program. Existing international literature routinely establishes a baseline dogma that individuals with higher levels of education generally demonstrate better health literacy and proactive

preventive screening behaviour (Damiani *et al*., 2015). However, the findings of the current study directly contradict this established global consensus by demonstrating no significant association between educational status and cervical cancer awareness. This finding is remarkable since it shows that the curricula of our region's standard academic education programs entirely lack reproductive health and neglect preventative oncology. This implies that currently, no formal education in our region includes the necessary information on reproductive health; this means that the most prestigious institutions are not generating health-literate citizens when it comes to cancer prevention. Most of our sample was young women (M = 29.4 years) who were living in their own homes (80.4%). This should be a population with high levels of health-seeking behaviour. Nevertheless, cervical cancer awareness remained inadequate. A study reported significantly lower awareness among women from poorer socioeconomic and educational backgrounds (Muneeza Abdul Haleem, 2023). However, the insights gained from our study are unique because it demonstrates that screening uptake is still severely suppressed even after all financial and logistical obstacles are resolved (as with our high-resourced, urban population). Findings indicated that there were more than just financial and logistical barriers, with only 8.6% of individuals screening for at least two times and 6.4% screening at least three times. This exceptionally low repeat-screening rate reveals a complete lack of perceived risk. Unawareness about the exact cause of cervical cancer and accessibility of screening programs is one of the major reasons that accounts for a very low uptake of screening programs in developing countries, including Pakistan, as described in the introduction. Moreover, Pakistan does not have a systematic national screening program, so the responsibility of screening falls on opportunistic screening. The organized national cervical cancer screening programs and education have been shown to increase awareness, knowledge, and participation in cervical cancer screening practices in the past (Bao *et al*., 2020; Zia *et al*., 2024).

Even though most cases of cervical cancer are preventable, it is one of the major causes of cancer-related death in low and middle-income countries. Most cases (99%) are associated with a long-term HPV infection, offering a window of almost 20 years for intervention. The average symptom score (2.81 out of 11) found in our study is concerning, as it may mean that many women do not recognize early signs and symptoms of the disease, such as intermenstrual bleeding or persistent lower back pain, until the disease has advanced. Many of these invasive cases can be prevented through effective national screening coverage, but this depends on the community awareness level that our data indicates is yet to be achieved. Evidence suggests that wider screening coverage plays a crucial role in cervical cancer prevention by enabling the detection of precancerous lesions before progression to invasive disease (Peirson *et al*., 2013).

STRENGTHS AND LIMITATIONS

One benefit of this study was the use of an urban, educated population as a ‘best-case scenario' for the country in terms of health literacy. The use of the simple random sampling method reduced the selection bias and gave a fair selection of the subjects. But the fact is that the awareness among the general and less educated populace of Lahore can be even lower than what is seen here, because the study was conducted based on English literacy.

RECOMMENDATIONS

Based on these results, it is imperative to incorporate health education for cervical cancer into the wellness programs at the university. Patients should also be advised about pap tests and HPV vaccines in their routine care with the health care provider, rather than when they have symptoms. Public health interventions to eradicate cervical cancer will require more than awareness about literacy, but rather targeted and actionable health messages in Pakistan.

CONCLUSION

The finding in this study reveals that higher general education of women in Lahore is not necessarily associated with good health knowledge about cervical cancer preventive measures. Although the sample was urban and highly educated, the screening rates and the poor symptom recognition scores are alarming and indicate a systemic problem in the incorporation of reproductive health education in the formal school curriculum and public health messages. Pakistan needs to shift from an opportunistic to a national programme to eradicate cervical cancer. Moving forward, more emphasis needs to be placed on

university-based wellness programs, and providers should be required to provide counselling to address the academic literacy-lifesaving prevention gap.

DECLARATION

Ethical Consideration: This study strictly adhered to the Declaration of Helsinki and relevant national and institutional ethical guidelines. All procedures performed in this study were consistent with the ethical standards of the Declaration of Helsinki. The study was conducted in accordance with ethical standards for research involving human participants. Confidentiality as well as the privacy of participants' data were ensured. We got ethical approval from our university review board.

Conflict of Interest: The authors have no conflict of interest to declare for the publication of this study.

Consent for Publication: All participants were informed of consent before being subjected to this study. No one was forced to take part in the study, and participants were briefed on the aims and process of the research.

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Authors' Contributions: Manahil Umar and Amna Zafar: Conceived the idea and designed the study. Bismah Wasim and Sameen Ather: Reviewed the literature, Amna Zafar and Manahil Umar: Data Analysis and Writeup, Mehtab Ahmad Khan and Ali Akhtar: Overall supervision and guidance.

Use of artificial intelligence (AI)- Assisted Technology for Manuscript Preparation: No AI tools were used for data extraction, statistical analysis, result interpretation, or the generation of original scientific content. All analyses were conducted by the authors, and they take full responsibility for the integrity and accuracy of the manuscript; however, we used AI for our questionnaire alignments, yet no AI was involved in conducting the test for the analysis.

Similarity Index/ Plagiarism: The similarity index was checked, and it is below 19%, whereas each source is less > 5%.

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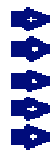

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