

Genital warts in women: Knowledge, Attitude and Behaviour (KAB). Literature review and recommendations

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Introduction

Genital human warts (condyloma acuminata) are caused by human papillomavirus (HPV), which is primarily sexually transmitted. There are more than 120 HPV subtypes which have been identified (Castellsagué, 2008), with 40 which can infect the genital area. HPV 6 and 11 are the commonest strains causing GWs. There are 15 oncogenic types which can infect the cervix, vaginal mucosa and vulval and anal skin and the two main culprits are HPV16 and 18 which are associated with more than 70% of all cervical cancer globally. According to Anorlu, 2008, and Doerfler et al, 2009, cervical cancer contains HPV DNA in 100% of cases. Many studies state that about 15-35% of sexually active women have subclinical infections with HPV virus (asymptomatic carriers), and most of those women usually become negative within 2 years; however those who do not are at greater risk of develop cervical cancer (Doerfler et al, 2009).

The incidence of this infection has been on the rise recently (Anorlu, 2008). However, information on HPV prevalence globally is not consistent because there is no uniform scheme of detection. There are almost no statistics on HPV prevalence in developing countries due to the lack of data collection.

There are some studies in the literature looking at HPV prevalence in general, and it is not always clear how HPV are tested in their studies. For instance, it has been estimated that about 6 million new cases of HPV infection are acquired annually only in the United States, and the prevalence data implied that around 24 million American adults; 1 in 5 might be infected with HPV (Anorlu, 2008). While in South Africa, it has been estimated that 21 % of women harbour the HPV, and about

Abstract

Background: Genital warts is a common global public problem with considerable morbidity. GWs are one of the commonest sexually transmitted diseases (STDs) that entail considerable morbidity in terms of social, psychological and economic consequences.

Objective: to examine the literature relating to the knowledge and attitudes of patients and others, and the behaviours (KAB) connected with GWs.

The search strategy was conducted through the search key word "genital wart", "condyloma acuminata", and "venereal warts", then combing knowledge and GWs, attitudes and GWs, behaviours and GWs, in developing and developed countries, through the e-books, and e-journals including EBSCO, Scopus, Cochrane, life science database, journals, and peer review, and the English-language literature, which were applied.

Conclusion: This review demonstrates a gap in knowledge among many women worldwide about genital HPV. This varies according to ethnicity and socio-economic characteristics, even if women seemed to be educated.

Also it is uncertain if any educational intervention can change sexual behaviour relating to HPV acquisition, but at least awareness is key to preventing infection and education may urge people to use protective measures like condoms more consistently.

In terms of other possible interventions, male circumcision proved scientifically to be protective for women against genital HPV infection.



Figure 1:
Genital warts

62.8% of invasive cervical cancer are accredited to HPV 16 and 18 (Summary report update, 2010). In Nigeria, according to Nnodu et al, 2010, the prevalence rate of HPV is 26.3% among the general population, with cervical cancer prevalence of 24.8%.

While other studies looked at GWs specifically, and the incidence of GWs in the USA which according to Hoy et al, 2009, was 1.2/1000 among women, and 1.1/1000 among men, with the highest incidence in females aged 20-24 (4.6/1000), and males aged 25-29 (2.7/1000). According to Brotherton et al, 2009, in Australia the peak incidence of GWs was among females aged 20-24 (1.4% reported GWs in preceding years). According to Moore et al, 2001, it is estimated that about 111,000 new reported cases of GWs were seen in genitourinary medicine clinic (GUM) in 1998 in the UK. According to

Edwards, 2008, GWs in UK is rising, and in 2006, it accounted for 22% of all STDs cases (83,745 of 376,508 cases).

Examine the level of understanding and knowledge about HPV infection A comprehensive systemic review of 39 published studies between 1992 and 2006, carried out by Klug et al, 2007, covering 19,986 participants, among the public, students, patients, and health professionals, in a wide variety of developed and developing countries (like South Africa, Mexico, Brazil and some other non specified South east America), found that about 13-93% of participants had heard of HPV infection, and 5-83% knew the association between GWs and HPV infection, 8-68% of participants knew the association between HPV and cervical cancer if the questions were closed, and if the questions were open only 0.6-11% knew the associations.

Health professionals' knowledge of the association ranged between 82-100% if closed and 59-87% if there were open questions. Among the public some seemed confused between other STDs and HPV, but generally speaking women and health professionals demonstrated substantially more knowledge than men in this review. These broad ranges demonstrate that knowledge varies in different site settings.

Attitudes

GWs can considerably influence the psychological status of the affected individual's self image and quality of life (QoL). It can lead to stigmatisation, physical disfigurement and psychological impacts such as feelings of shame, fear of contagiousness, depression, isolation, guilt, worry, anger and sexual impact, with low feeling of self esteem and dejection in both genders (Hillemanns et al, 2008,

sexual impact, with low feeling of self esteem and dejection in both genders (Hillemanns et al, 2008, Escalas et al, 2009, Dediol et al, 2009, Mortensen and Larsen, 2010, Daley et al, 2010). However, according to Garland, (2010), the psychosocial impacts of HPV on men are lacking, as not much study has been done on men and less is known about GWs impacts in men according to Partridge & Koutsky, 2006, while in women this had been screened and looked at. Thus it is vital to understand as well as acknowledge infected men's concerns, and thus more studies are needed.

Behavioural change, beliefs and practices, circumcision and HPV It is well documented in the literature that HPV is sexually transmitted. The risk of transmission increases with high risk human sexual behaviours such as multiple partners and use of condoms inconsistently. However condoms do not provide complete protection.

Circumcision has been done for decades as a religious ritual among Muslim and Jewish people, and been acknowledged to confer a protection against many STDs. Male circumcision proved scientifically to be protective for women against genital HPV infection (Castellsague et al, 2002). This finding was supported by Auvert et al, 2009, who reviewed a randomised clinical trial (RCTs), conducted in South Africa.

Discussion

This review aimed to look at the available literature about knowledge, attitudes and behaviours of women infected with GWs in different countries, in order to understand the impact of the disease. Certainly, healthcare priorities are different in developing and developed countries.

From the literature review it has been found that there is a wide range of reported levels of knowledge about HPV internationally. This project demonstrated significant gaps in knowledge among many women worldwide about genital and HPV infection which varies according to ethnicity, socio-economic and other

demographic characteristics (Mays et al, 2000, Cuschieri et al, 2006).

Australian women in the literature seemed to be well informed about genital infection and HPV and this can possibly be attributed to the broad educational campaign about HPV vaccination (Pitts et al, 2010). Australia was the first country in April 2007 to introduce the free quadrivalent Gardasil HPV vaccine in its campaign which covers the commonest wart-causing sub-types (6,11) as well as the commonest oncogenic subtypes (16,18) for all women aged 12-26 years and younger (Donovan et al, 2010). Recently, Australia reported a rapid decline in new cases of GWs by 25% among women and 5% in heterosexual men in 2008 (Fairley et al, 2009).

The articles that I examined concluded that HPV diagnosis carried emotional reactions, and socio-psychological impacts like fear, worry, detachment and guilt, because of the cosmetic and physical disfigurement to the affected lady's genital area. Thus it is essential to address psychological needs (Hillemanns et al, 2008, Escalas et al, 2009, Dediol et al, 2009, Mortensen and Larsen, 2010, Daley et al, 2010).

It is hard to talk about sexuality openly in any community as its considered a private thing. This may make it harder to develop prevention messages which can be disseminated to the general public.

Educational intervention which may be utilised is new technology like the internet where everyone can reach out and find the information they need in private, and people tend by nature like to read about sexuality and sexual issues. Also considering the use of social networks, mobile texts, and anonymous telephone hotlines as ways of increased awareness may be useful. (DeJong et al, 2007).

Implications for policy and implementations

Adopt the ABC rule, "Abstinence (from extramarital sex), Being faithful

(to spouses), Condoms (for sexually active with infected partner)", as a general rule for cultural norms.

Empower women's confidence about their rights, with a confidential approach, for her potential in making things better for society.

It seems that an almost universal finding in the literature explored for this project is the lack of knowledge about HPV among women of different ethnic and demographic backgrounds. This suggests that there is a strong case for increasing educational awareness about the infection and the possible treatment interventions, including men (GWs carrier) who seemed to be less aware compared with women, about genital and HPV infection.

Health care and service providers in the community must be educated and should be sensitive towards patients' needs and should avoid adopting a paternalistic and coercive approach in giving services and counselling in culturally sensitive ways, in order to encourage the patient to seek advice when it is needed.

Addressing psychological factors such as embarrassment and stigma, and the importance of confidentiality is a vital issue in such patients. Further communication between HPV and, or STDs patients, and clinicians needs to be improved to better understand and ensure medical care and treatment at the start.

To date, most studies on attitudes toward HPV vaccination have been conducted mostly in the western countries, thus it is a challenge to conduct in the developing countries and compare results with western cultures about women's a different ethnicity thoughts. Attitudes will be influenced by many factors such as culture, religion and diverse people's perceptions, which can be an obstacle for running vaccination programs.

The best rule is prevention rather than cure whereby that would involve improving public health measures, such as health promotion and

education, partner identification, condom use, promotion of safe sex, screening, and effective public education to slow down STDs and HPV spread.

Additionally, if only people could behave, we could say goodbye for good to every STD.

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