

**Original Article****Awareness Levels of Married Women Aged 20-60 Years about Gynaecological Cancer and the Affecting Factors****Rabiye Erenoglu, PhD**

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**Abstract**

**Background:** Gynaecological cancers, defined as malign diseases of female genital organ, are one of the biggest morbidity and mortality causes among women after breast cancer.

**Objective:** This descriptive and cross-sectional study was undertaken in order to determine awareness levels of married women who utilized municipality women's club about gynaecological cancer and the affecting factors.

**Methodology:** The study was done at a municipality women's club between the 15<sup>th</sup> of April and the 15<sup>th</sup> of July, 2019. Therefore, 350 women who accepted to join the study were contacted to this end. The study data were collected using "Information Request Form" and "Gynaecological Cancer Awareness Scale (GCAS). To analyze the data, SPSS-22 statistical software was used. The data were assessed using Mann-Whitney U and Kruskal Wallis tests.

**Results:** Average age of the participant women was 36.87±9.79, 51.7% of them had primary school degrees, 66.9% of them lived in city centers and 83.7% of them did not work and 86.9% of them had a moderate income. In the study, Cronbach alpha coefficient was found to be 0.92 and women's average GCAS score was satisfactory (157.54±17.41). Of some of the demographic characteristics; it was identified that educational level, the place where they lived the longest and income status affected GCAS-subdimensions and there was a statistically significant difference (p<0.05). Besides, the status of being knowledgeable about gynaecological cancers and receiving gynaecological cancer diagnosis affected GCAS-subdimensions, too and a statistically significant difference existed (p<0.05).

**Conclusion:** Women's some characteristics about their gynaecological health and some demographic characteristics such as educational level, the place where they lived the longest and income status affected their awareness of gynaecological cancers. In light of these results; it may be recommended that women who have low educational level, income level and live in rural areas should primarily be educated and trained in order to raise their awareness level of gynaecological cancers.

**Keywords:** Women, Gynaecological Cancers, Awareness

**Introduction**

Gynaecological cancers, defined as malign diseases of female genital organs, are one of the biggest morbidity and mortality causes among women after breast cancer (Pinar et al., 2008). It is

estimated that over the world, more than one million new cases and a half million deaths are caused by gynaecological cancers. It is reported that cervical, ovarian and endometrial cancers are respectively listed according to prevalence rates. In Turkey, the list is as follows: endometrial, ovary

and cervical cancers respectively (Minig, Padilla-Iserte, & Zorrero, 2016; Dal & Ertem, 2017). According to 2013 data provided by the ministry of health in our country, it is reported that cervical cancer prevalence is 4.6 per 100.000, ovary cancer prevalence 7.0 per 100.000 and endometrial cancer prevalence 9.9 per 100.000 (Bilge, Kaydirak, & Aslan, 2016).

It is known that gynaecological cancers produce negative effects upon women's health. In particular; quality of life of the woman and her family is negatively affected during diagnosis and treatment in terms of body image, sexual identity and reproductive ability (Aydogdu & Bekar, 2016). Therefore; it has become more and more important to develop suitable strategies in the prevention of gynaecological cancers and treatment. Besides, to create and to raise awareness of cancers in society about causes, risk factors and signs as well as early diagnosis and screenings and to create a behavior change are crucial (Cankaya, 2017). In this sense; in order to prevent gynaecological cancers and to increase success of early diagnosis and treatment in case of the disease it is very important to increase women's awareness. However; although there is a chance to treat the disease with early diagnosis and treatments, 10% of cancer-caused deaths are caused by gynaecological cancers and it is the fourth most common cancer type; it is seen that the studies on gynaecological cancers are not at the satisfactory and desired level (Aydogdu & Bekar, 2016; Dal & Ertem, 2017). This study was planned in order to determine awareness levels of women about gynaecological cancers and the affecting factors and to contribute to the relevant literature in this subject.

## Methodology

**Study Design and Sample:** This study was descriptively and cross-sectionally done in order to determine awareness levels of married about gynaecological cancer and the affecting factors.

**The Taret Population and Sampling of The Study:** The study population was composed of women who utilized municipality women's club of a city located in Mediterranean Region in Turkiye. The study sample was composed of 350 women who utilized municipality women's club between the 15<sup>th</sup> of April and the 15<sup>th</sup> of July 2019, were -at

least- literate, were aged between 20 and 60 years and accepted to participate in the study. The author distributed questionnaire forms to the participating women and requested them to respond the forms. Filling in the forms took nearly 40-45 minutes.

**Data Collection Tools:** While collecting the study data, "Information Request Form" -used to obtain women's socio-demographic characteristics- and "Gynaecological Cancer Awareness Scale" (GCAS) -used to determine gynaecological cancer awareness- were employed.

**Information Request Form:** "Information Request Form", designed by the authors in line with the relevant literature after screening (Pinar et al., 2008; Acikgoz, Cehreli & Ellidokuz, 2011; Aydogdu & Bekar, 2016; Bilge, Kaydirak, & Aslan, 2016; Kurtipek et al., 2016; Minig, Padilla-Iserte, & Zorrero, 2016; Cankaya, 2017; Dal & Ertem, 2017; Erdem, Yilmaz, & Yildirim 2017; Atila, Ekinçi, & Altay, 2019) included questions that targeted at such information as women's age, educational status, income status, health perception status, presence of gynaecological cancer in them or in family members, smoking status, status of using methods to prevent cancer.

**Gynaecological Cancer Awareness Scale (GCAS):** The scale was developed by Alp Dal and Ertem (2017) in order to assess women's awareness of gynaecological cancers. GCAS was developed for women between 20 and 65. GCAS is consisted of 41 items and four subdimensions. GCAS' Cronbach alpha value is 0.944. The GCAS items between the 20<sup>th</sup> and the 41<sup>st</sup> are related to "Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers" subdimension and its Cronbach alpha value is 0.979, the GCAS items between the 3<sup>rd</sup> and the 11<sup>th</sup> are related to "Awareness of Gynaecological Cancer Risks" subdimension and its Cronbach alpha value is 0.843, the GCAS items between the 14<sup>th</sup> and the 19<sup>th</sup> are related to "Awareness of Protection from Gynaecological Cancers" subdimension and its Cronbach alpha value is 0.778 and the GCAS items between the 1<sup>st</sup> and the 2<sup>nd</sup>, the 12<sup>th</sup> and the 13<sup>th</sup> are related to "Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers" subdimension and its Cronbach alpha value is 0.708. Although GCAS is

evaluated with its total score, minimum score is 41 and maximum score is 205. As women's scores in GCAS increase, so does their awareness (Dal & Ertem, 2017).

### Variables Of The Study

**Dependent Variables:** Average scores of the participating women from "Gynaecological Cancer Awareness Scale" were the dependent variables of the study.

**Independent Variables:** Women's descriptive characteristics (age, educational status, income status, health perception status, presence of gynaecological cancer in them or in family members, smoking status and status of using methods to prevent cancer) were the independent variables of the study.

**Ethics of The Study:** In order to undertake the study, first written approvals and permissions from the authors who developed the scale and who did Turkish validity and reliability tests were gained via e-mail. Before initiating the study, written and legal confirmations and permissions from the municipality whose women's club was used were obtained. Also, the ethical suitability of the research was approved by Ethical Council of the Scientific Studies of the university with the decision dated and numbered 2019/ 08. The participating women provided their oral informed consents, too.

**Data Analysis:** To analyze the data; they were processed with SPSS 22 program and confidence interval was set at 95%. Whether or not the data followed a normal distribution was tested by Shapiro-Wilk's test, histogram and q-q plot.

Such descriptive statistics as numbers, percentages, averages/means and standard deviations were used. Using the data obtained in the study, Mann-Whitney U and Kruskal Wallis tests were employed to compare inter-group differences. Results were considered significant at  $p < 0.05$ .

### Results

Average age of the participating women was  $36.87 \pm 9.79$ , 51.7% of them had primary school degrees, 66.9% of them lived in city centers, 83.7% of them did not work and 86.9% of them had a moderate income (Table 1).

It was identified that most of the women (85.4%) perceived their gynaecological health as satisfactory, more than half of them (53.1%) were knowledgeable about gynaecological cancers and 28.9% of them became knowledgeable via internet. Besides; it was stated that 8.6% of the women had gynaecological cancer diagnosis during a period of their lives, 2.9% of them had family members with gynaecological cancer diagnosis, in 8% of them their aunts and grandmothers received gynaecological cancer diagnosis and in the families of 6.6% of them there were mortalities due to gynaecological cancers (Table 2). In the study, women's Cronbach's alpha coefficient of "Gynaecological Cancer Awareness Scale" (GCAS) was found to be 0.92. Also, 11.7% of the participant women had pap-smear test for gynaecological cancers, 47.42% of them used such preventive methods in order to protect themselves from cancer as caring about nutrition (34.6%), doing exercises (11.4%), having routine medical checks (20%), avoiding from alcohol and smoking (49.4%) and taking other measures (6.0%); respectively.

Women's average total score in "Gynaecological Cancer Awareness Scale" was found to be at a satisfactory level ( $157.54 \pm 17.41$ ) (Table 3). Besides, women's average total score was  $89.84 \pm 11.40$  in "Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers"-subdimension,  $28.20 \pm 5.4$  in "Awareness of Gynaecological Cancer Risks"-subdimension,  $22.98 \pm 3.8$  in "Awareness of Protection from Gynaecological Cancers"-subdimension and  $16.51 \pm 2.6$  in "Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers"-subdimension (Table 3). In Table 4, it was found that there was a statistically significant difference between average scores of some GCAS subdimensions and their educational level, the place where they lived the longest and income level ( $p < 0.05$ ). It was seen that average scores in "Awareness of Gynaecological Cancer Risks" and "Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers"-subdimensions of the women whose educational status were university degree and above were high and significant as compared to others ( $p < 0.05$ , Table 4).

On the other hand; it was found that average scores in “Awareness of Gynaecological Cancer Risks”–subdimension of the women who lived in city centers were significant and higher than those women who lived in towns-villages ( $p<0.05$ , Table 4). Besides, it was noted that average scores in

“Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers”-subdimension of the women who had an income status at a satisfactory level were significant and higher than others ( $p<0.05$ , Table 4).

**Table 1.** Women’s descriptive characteristics (n=350)

Characteristics	means±SD	
	n	%
<b>Age</b>		
		<b>36.87±9.79</b>
<b>Educational status</b>		
Literate	33	9.4
Primary-Secondary school	181	51.7
High school and above	74	21.1
University and above	62	17.7
<b>The place where women lived the longest</b>		
City	234	66.9
Town-Village	116	33.1
<b>Income status</b>		
Bad	40	11.4
Moderate	304	86.9
Satisfactory	6	1.7
<b>Employment status</b>		
Employed	57	16.3
Unemployed	293	83.7
<b>Total</b>	<b>350</b>	<b>100.0</b>

**Table 2.** Women's views on some gynaecological issues (n=350)

<b>Perception level of gynecological health</b>	<b>n</b>	<b>%</b>
Very bad	2	0.6
Bad	22	6.3
Good	299	85.4
Very good	27	7.7
<b>Status of having knowledge about gynecological cancers</b>		
Yes	186	53.1
No	164	46.9
<b>Knowledge sources of gynecological cancers*</b>		
Books-Newspapers	27	7.7
Internet	101	28.9
Relatives/Family members/Friends	64	18.3
Health Personnel	32	9.1
<b>Status of having any gynecological cancer diagnosis during lifetime</b>		
Yes	30	8.6
No	320	91.4
<b>Status of having a family member with gynecological cancer diagnosis</b>		
Yes	10	2.9
No	340	97.1
<b>Family member who received gynecological cancer diagnosis*</b>		
Mother	13	3.7
Sister	1	0.3
Daughter	1	0.3
Aunts/Grandmothers	28	8.0
<b>Loss of a family member due to gynecological cancer</b>		
Yes	23	6.6
No	327	93.4
Total	350	100.0

\* It was calculated with more than one "n".

**Table 3.** Average scores of gynaecological cancer awareness scale (GCAS)

Scale subdimensions	means±sd	Min	Max
Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers	89.84±11.40	47	110
Awareness of Gynaecological Cancer Risks	28.20±5.4	9	45
Awareness of Protection from Gynaecological Cancers	22.98±3.8	12	30
Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers	16.51±2.6	6	20
GCAS Total	157.54±17.41	41.00	205.00

**Table 4.** According to women's some demographic characteristics, average scores of "Gynaecological Cancer Awareness Scale" (n=350)

	GCAS subdimensions				GCAS Total
	Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers	Awareness of Gynaecological Cancer Risks	Awareness of Protection from Gynaecological Cancers	Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers	
	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$
<b>Educational status</b>					
Literate	88.03±9.82	28.00±6.80	23.75±3.96	16.90±2.25	156.69 ±16.32
Primary-Secondary school	89.62±11.64	27.65±4.75	22.85±3.79	16.10±2.88	156.24 ±17.28
High school and above	89.56±10.76	27.85±5.10	22.75±4.11	16.72±2.58	156.90 ±16.24
University and	91.77±12.20	30.32±6.24	23.20±3.34	17.24±2.23	162.54±19.16

above					
	X <sup>2</sup> =1.959 p=0.581	X <sup>2</sup> =13.757 p=0.003	X <sup>2</sup> =1.838 p=0.607	X <sup>2</sup> =8.795 p=0.032	X <sup>2</sup> =5.969 p=0.113
<b>The place where women lived the longest</b>					
City	90.85±11.22	28.69±5.61	22.84±3.70	16.50±2.64	158.91±17.84
Town-Village	87.80±11.52	27.29±4.80	23.25±4.00	16.52±2.78	154.78 ±16.25
	Z=-1.642 p=0.101	Z=-2.338 p=0.019	Z=-1.302 p=0.193	Z=-0.400 p=0.689	Z=-1.729 p=0.084
<b>Income status</b>					
Bad	86.55±14.67	29.57±5.61	21.00±3.91	15.72±2.88	152.85 ±20.04
Moderate	90.17±10.85	27.91±5.26	23.205±3.72	16.59±2.65	157.89 ±16.84
Satisfactory	95.33±11.37	33.50±7.42	24.83±3.06	17.50±2.34	171.16±20.97
	X <sup>2</sup> =1.943 p=0.163	X <sup>2</sup> =3.786 p=0.052	X <sup>2</sup> =13.170 p=0.000	X <sup>2</sup> =4.347 p=0.037	X <sup>2</sup> =2.751 p=0.197
<b>Employment status</b>					
Employed	92.91±9.96	28.96±5.37	23.00±2.90	16.70±2.50	158.91±17.84
Unemployed	87.24±11.58	28.05±5.40	22.97±3.95	16.47±2.72	154.78 ±16.25
	Z=-1.783 p=0.075	Z=-1.694 p=0.090	Z=-0.556 p=0.578	Z=-0.435 p=0.664	Z=-1.794 p=0.073

Z= Mann-Whitney U, X<sup>2</sup>= Kruskal Wallis

**Table 5.** Women’s average scores of “Gynaecological Cancer Awareness Scale” in terms of some characteristics related to gynaecological health (n=350)

	<b>GCAS subdimensions</b>				<b>GCAS Total</b>
	Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers	Awareness of Gynaecological Cancer Risks	Awareness of Protection from Gynaecological Cancers	Awareness of Early Diagnosis and Knowledge in Gynaecological Cancers	
	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$

<b>Perception level of gynecological health</b>					
Bad	90.26±10.95	28.34±4.92	22.69±4.14	15.95±2.78	157.26 ±17.94
Good	90.03±10.57	28.10±5.20	23.07±3.71	16.50±2.68	157.71 ±16.01
Very good	87.50±18.54	29.07±7.58	22.28±4.44	17.03±2.60	155.89±28.70
	X <sup>2</sup> =0.084 p=0.959	X <sup>2</sup> =1.193 p=0.551	X <sup>2</sup> =1.120 p=0.571	X <sup>2</sup> =1.825 p=0.421	X <sup>2</sup> =0.395 p=0.821
<b>Status of having knowledge about gynecological cancers</b>					
Yes	91.63±11.14	28.79±5.72	23.19±3.72	16.56±2.61	160.19 ±17.67
No	87.81±11.39	27.52±4.93	22.73±3.88	16.45±2.76	154.53±16.66
	Z=-2.784 p=0.005	Z=-2.293 p=0.022	Z=-0.942 p=0.346	Z=-0.322 p=0.747	X <sup>2</sup> =3.105 p=0.002
<b>Status of having any gynecological cancer diagnosis during lifetime</b>					
Yes	95.90±11.12	28.03±4.49	24.66±3.59	15.60±2.97	164.20 ±16.65
No	82.27±11.28	28.21±5.48	22.82±3.78	16.60±2.64	156.91±17.38
	Z=-2.784 p=0.005	Z=-0.060 p=0.952	Z=-2.371 p=0.018	Z=-1.726 p=0.084	X <sup>2</sup> =2.161 p=0.031
<b>Status of having a family member with gynecological cancer diagnosis</b>					
Yes	95.60±11.21	26.90±5.30	20.20±4.89	17.60±2.11	160.30 ±16.60
No	89.67±11.38	28.23±5.40	23.06±3.84	16.48±2.76	157.46±17.45
	Z=-1.148 p=0.250	Z=-0.910 p=0.363	Z=-1.827 p=0.068	Z=-1.276 p=0.202	X <sup>2</sup> =0.205 p=0.838
<b>Loss of a family member due to gynecological cancer</b>					
Yes	92.26±14.33	29.60±5.89	22.56±3.24	16.56±3.47	161.00 ±21.63
No	89.67±11.16	28.10±5.35	23.01±3.84	16.51±2.62	157.29±17.09
	Z=-1.689 p=0.091	Z=-1.308 p=0.191	Z=-0.878 p=0.380	Z=-0.641 p=0.522	X <sup>2</sup> =1.577 p=0.115

Z= Mann-Whitney U, X<sup>2</sup>= Kruskal Wallis



It was seen that there was a statistically significant difference women's being knowledgeable about gynaecological cancers and average total GCAS score and average total scores in "Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers" and "Awareness of Gynaecological Cancer Risks"-subdimensions ( $p < 0.05$ ). On the other hand, a statistically significant difference existed between women's receiving gynaecological cancer diagnosis during any period of their lives and average total GCAS score and average total scores in "Awareness of Routine Medical Checks and Serious Disease Perception in Gynaecological Cancers" and "Awareness of Protection from Gynaecological Cancers"-subdimensions ( $p < 0.05$ , Table 5). On the other hand; no statistically significant difference was found between the level of women's perceiving their gynaecological health, presence of gynaecological cancer diagnosis among the family members and experiencing a loss among family members due to gynaecological cancers and average total GCAS scores and its subdimensions ( $p > 0.05$ , Table 5).

### Discussion

Cancer is one of the most important health problems today due its high prevalence, its high mortality and morbidity rates as well as its high treatment costs, length and side effects. However, it is a disease the cost and mortality of which can be reduced through awareness, protection and early diagnosis (Dal & Ertem, 2017, Erdem, Yilmaz, Yildirim 2017). In the current study that we conducted in order to determine women's awareness levels of gynaecological cancer and the affecting factors; it was reported by more than half of women (53.1%) that they had knowledge on gynaecological cancer. The women told that they received information about cancer from internet (28.9%), relatives/family members/friends/social circle (18.3%), from health personnel (9.1%) and from books/newspapers (7.7%); respectively. Similarly; in the study of Erdem et al. (2017) it was also reported that 80.2% of the women younger than 40 years had knowledge on cancer and 52.3% of those who were knowledgeable about cancer received that information from radio/TV, 39.9% of them from neighbors/relatives and 38.1% of them from internet. In the study of

Ozan et al. (2011), it was found that 82.6% of the participants recognized cervical cancer. However, contrary to our findings, in the study of Kolutek and Avcı (2015) it was identified that 14.4% of the women were knowledgeable about cervical cancer and 40.9% of these women received that information from radio/TV, 15.9% of them from family members/relatives, 9.1% of them from newspapers-magazines and 31.8% of them from health personnel. In a study done by Acikgoz et al. (2011); it was seen that women did not have sufficient knowledge on the signs of cancer disease, cancer early diagnosis and cancer screenings. In the study of Kurtipek et al. (2016) done with 543 women aged over 19 years, it was also stated that only 16.6% of the women had knowledge on genital HPV whereas 38.9% of them were knowledgeable about genital wart treatment. In another study, by Deniz et al. (2017), done with 6910 women in Turkiye; it was found that women did not know about cancer diagnosis, early cancer diagnosis and cancer screenings at a desired level. In the study of Atila et al. (2019) that investigated knowledge, attitudes and behaviors of women who worked at primary health care services about cervical cancer; it was found that participant women's knowledge level of cervical cancer was generally high but their protection measures were poor. On the one hand, there are many studies that present literature findings similar to ours; on the other hand, there are those that present findings contradictory to ours and thus it is understood that knowledge level of women on gynaecological cancer is poor.

In the current study; majority of the women (85.4%) perceived their gynaecological health at a satisfactory level and demonstrated a good average total score in "Gynaecological Cancer Awareness Scale" ( $157.54 \pm 17.41$ ). In the study of Ersin et al. (2016) conducted with 314 female health personnel, it was identified that sensitivity perception of the women about cervical cancer was moderate. In the study of Gozuyesil et al. (2019) done to explore women's attitudes to get protection from cervical cancer and early diagnosis, it was also found that women's attitudes to get protection from cervical cancer and early diagnosis of cervical cancer were at a moderate level. Although our study findings concurred with some literature

results, there were also those literature results that contradicted ours: of cervical cancer, which is one of the most commonly occurring gynaecological cancers, the qualitative study of Duran (2011) reported that most of the women did not know how to get protection from cervical cancer and that most of those who claimed to know protection from cervical cancer knew it wrongly. In the study of Rahman and Bhattacharjee (2019), too, most of the women did not have clear knowledge about cervical cancer, risk factors –in particular-, vaccination, protection and clinical profile of the disease. The study of Choucair and Abboud (2018) that evaluated knowledge status of 444 Lebanese women about cervical cancer symptoms and risk factors and human papilloma virus (HPV) infection reported that 85.6% of the women were aware of cervical cancer but their knowledge level was not poor. In another study done in India with 573 female participants, too, it was emphasized that only 19% of the women were aware of cervical cancer (Husain et al., 2019). Other studies again showed that women presented insufficient level of knowledge and awareness of cervical cancer (Shankar et al., 2019; Boateng & Adesuyi, 2018; Oguzoncul, Altun & Kurt 2019). When the studies in the literature on ovary cancer, which is another gynaecological cancer, were examined; it was found that women did not have sufficient knowledge about ovary cancer, either (Lockwood-Rayermann et al., 2009; Cooper, Polonec & Gelb 2011; Cooper et al., 2012). In the study of All-Naggar et al. done in 2013 with 250 Malay women; it was identified that women's knowledge level of both ovary cancer and its risk factors were poor/insufficient. Other relevant studies done in the United States and England, too, reported that women's awareness and knowledge level of ovary cancer was poor and training and educational interventions were needed in this topic (Fallowfield et al., 2010; Brain et al., 2014). In our country, similarly, it was explored that particularly elderly women abstained from gynaecological examinations and demonstrated low level of awareness of cancer and screenings (Yildirim & Duman, 2019). Therefore, it is highly important that especially those women aged  $\geq 65$  years should regularly be screened in gynaecological cancer, early diagnosis and treatment.

Besides, the current study found that there was a statistically significant difference between average scores of some GCAS-subdimensions and educational level, the place where the participants lived the longest and income status ( $p < 0.05$ ). Speaking more clearly; the women with university degrees and above showed considerably higher level of gynaecological cancer awareness as compared to those with other educational degrees, the women who lived in city centers as compared to those who lived in towns/villages and the women who had a good level of income status as compared to those who did not have a good level of income status. Likewise; some literature findings, too, reported that women with high educational level and high socio-economic level demonstrated higher level of cancer awareness (Acikgoz, Cehreli & Ellidokuz 2011; Bal, 2014; Obi, 2015; Idowu et al., 2016; Arlı et al., 2018; Boateng & Adesuyi, 2018; Okunowo et al. 2018; Attah et al., 2019; Oguzoncul, Altun & Kurt 2019). Different studies on this topic concurred with ours and the studies of Ersin and KIssal (2016), of Gozuyesil et al., (2019) pointed out that women's educational levels affect their attitudes and awareness of cervical cancer protection and prevention. Therefore; in order to raise awareness of these women with low educational and socio-economic levels they should be targeted as a priority group and cancer educational programs should be provided to them.

On the other hand; in this study it was explored that those women who were knowledgeable about gynaecological cancer and received diagnosis of a gynaecological cancer during their lifetime showed high level of gynaecological cancer awareness and therefore, it may be concluded that it is a normal and expected result that women with gynaecological cancer diagnosis during their lifetime showed high level of gynaecological cancer awareness. Besides, it is normal that during the diagnosis and treatment process of cancer or another disease people seek for information and become knowledgeable about the disease.

**Conclusion and Recommendations:** In this study where gynaecological cancer awareness levels and its affecting factors were investigated among the married women aged between 20 and 60; it was identified that their gynaecological cancer

awareness was satisfactory. However; it should be kept in mind that most of the literature findings contradicted our findings and concluded that women's knowledge and awareness levels are poor. In this study; it was also found that not only such demographic factors as educational level, the place where women live the longest and income status but also having knowledge on gynaecological cancer and receiving gynaecological cancer diagnosis influence gynaecological cancer awareness significantly. In this sense; it may be recommended that in order to raise awareness level of those women who have low educational level, poor income and live in rural regions about gynaecological cancer awareness, they should be targeted and trained as priority groups. Similarly, there are studies in literature that determine knowledge, attitude and behavior on gynaecological cancer awareness. In this sense, the contribution that our study makes to the literature is highly important in terms of planning cancer prevention interventions. Regular screenings for risk groups and women against gynaecological cancer are crucial to provide them with early diagnosis and treatment services.

**The Limitations of the Study:** Since this study was done at one facility, its number of sample was limited. Besides, there were also other factors that affected gynaecological cancer awareness other than socio-demographic dynamics. As a result, it is recommended that similar studies be done with more different and larger sample groups.

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