



KNOWLEDGE AND ATTITUDE OF PREVENTION OF CERVICAL CANCER AMONG RURAL WOMEN

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Abstract: Cervical cancer possibly a preventable disease if timely screening has been performed, however; lack of awareness leads to increase the cases of cervical cancer day by day which increase morbidity and mortality of developing countries. It's a third leading cause of cancer death among woman worldwide. Knowledge of woman about prevention of cervical cancer is the key factors that determine the utilization of screening services. The community based cross sectional study was conducted among 35 to 55 years age woman of kosamba, Surat. The hundred women were selected by using simple random technique. The investigator used interview method for data collection by using structured Knowledge questionnaire and Likert attitude scale. Descriptive and inferential statistics were used to represent the study result. The hundred women were participated in the study, among that 63% woman had 3 and more than 3 children and a single woman had not taken previous knowledge regarding cervical cancer formally. There were more than half (60%) of women had poor knowledge about the prevention of cervical cancer; however, there were only 1% difference between the favourable & unfavourable attitude towards prevention of cervical cancer among women. There was no relationship between knowledge and attitude regarding prevention of cervical cancer among women. The association of knowledge showed the significance with age, whereas education and number of children didn't show the significant of association. This study conclude that woman had poor knowledge regarding prevention of cervical cancer and had no association with attitude; however, age had an association with knowledge. There is a need of formal education to increase the knowledge about prevention of cervical cancer.

Index Terms: Knowledge, Attitude, Prevention, Cervical cancer, Rural

INTRODUCTION:

Cervical cancer is a significant health issue worldwide. It is the second most common cancer worldwide in women under 45 years of age, whereas it also affects a significant number of women over that age. Although cervical cancer is acknowledged as a preventable disease, it is still the major health burden for women in many developing countries because an adequate scale of screening program is lacking.

Cervical cancer is a leading cause of morbidity and mortality among women in the low and middle-income countries. 500,000 new cervical cancer cases diagnosed annually worldwide, where more than 80% are diagnosed at advanced stage and have poor treatment outcomes. Cervical cancer is an ever-increasing danger, posing a grave health threat to India and other developing countries. In India, on an average, 1.3 lakh new cases of cervical cancer are recorded every year and it is one of the most common causes of cancer - related deaths. According to National Institute of Prevention and Research, one woman dies of cervical cancer every 8 minutes in India. Approximately 74,118 women die due to cervical cancer every year in the country. Cancer killer among women and is a major public health problem especially in developing countries like India, where women don't have routine cervical cancer screening, Burden of the disease is enormous in developing countries. Where mortality rate is 10-30 per 10,000 women as compared with 2-4 deaths per 10,000. Cervical cancer is the most common cancer among females in Gujarat. This account for about 28-30 per cent of all cancers in women.

Cervical cancer is both a preventable and treatable disease. Cervical cancer is mainly caused by persistent infection with certain types of human papillomavirus (HPV) which include 16 and 18 types are responsible for approximately 70% of cervical cancer cases in all countries around the world. Other risk factors include Early sexual debut, multiple sexual partners, smoking, genetic predisposition and compromised immunity are associated with development of cervical cancer. This form of cancer is prevalent especially among the rural women due to several factors such as early exposure to marriage and sex, multiple pregnancies, and

restricted use of condoms, to name a few. It is therefore essential to draw the attention of the public through warnings to the hazards posed not only by AIDS but also by other life-threatening diseases like cervical cancer. Vaccination against the human papillomavirus vaccines (HPV) has been shown to prevent cervical cancer and genital warts, and subsequently reduce the number of women requiring follow-up and treatment. Prevention, early diagnosis and treatment have been shown to reduce mortality due to cervical cancer.

Many countries have significantly reduced their cervical cancer morbidity and mortality through cervical cancer screening and early treatment. In the United States, the introduction of the Pap smear has been responsible for a 90% decrease in deaths from cervical cancer. Early detection through cervical cancer screening has decreased the incidence of cervical cancer by 50% over the last 30 years. The risk for cervical cancer is highest for women who have persistent long-term infection with one of the two high-risk strains of HPV. Half of all cervical cancer diagnoses occur in women ages 35 - 55.

A lack of knowledge about HPV and low levels of understanding of HPV vaccination has direct implications for women's participation in cervical cancer. Incidence of cancer can be reduced through controlling the causes and risk factors; therefore, knowledge and attitude of cervical cancer prevention needs to measure

Prevention should be the key element in any disease control programme. Prevention means eliminating or minimizing exposure to the causes of cancer and includes reducing individual susceptibility to the effect of such causes. This approach offers the greatest public health potential and the most cost-effective long-term method of cancer control. Educating people regarding the disease will help to drive away the fears and stigma associated with the disease. It is important to involve all levels of the population in the educational process.

After reviewing many resources, investigator felt that there is need to identify that the women are aware about the cervical cancer and its prevention. Another thing the investigator found that though government is spending lots of money, material and manpower even though the disease is increasing day by day so there is need to identify knowledge and attitude of woman regarding prevention of cervical cancer and make them aware about the facts related to cervical cancer.

The objective of this study to determine the knowledge and attitude of prevention of cervical cancer among rural woman of 35 to 55 years of age and develop an Information pamphlet.

MATERIALS AND METHODS:

The descriptive cross-sectional study was carried out in Kosamba village of Surat district. According to 2011 census, Kosamba has a total population of 16151 among which 8,208 are males while 7,943 are females. The study was conducted on hundred women of 35 to 55 years age, who lives in rural area of Kosamba in Surat district. The women were selected by using simple random technique. The women were interviewed on prevention of cervical cancer with use of structured Knowledge questionnaire and likert attitude scale after approval from health department of Surat district.

There were three parts of tools, in which the first part was included demographic details such as Age, Education Level, Marital Status, Duration of active Marriage life, No. of children, previous information regarding cervical cancer and media of getting information. The second part tool was structured knowledge questionnaire which consisted of 20 questions and third part, likert scale included 10 statements regarding prevention of cervical cancer. The tools were designed after thorough review of text and previous published study and then validated from experts in the field of woman and cancer. The reliability of tool, 0.7 were calculated by split half methods. The researcher explained aims and methods of research to women before asked consent and then interviewed on knowledge questionnaire and likert scale of prevention of cervical cancer. The women were interviewed, who had given voluntary consent.

The descriptive statics (Frequency, Percentage, Mean) and spearman's correlation and coefficient, Chi square test were used to analyse the data.

RESULTS:

The study shows that out of 100 women, 33 were belonging to the age group of 31 to 40 years, majority 65 women were taken primary education. 79 women were living with partner. 41 women were living an active marriage life since 6 – 10 years and majority of women had 3 and more children. No one had taken previous knowledge regarding cervical cancer formally.

Table 1: Range, Mean, Median and Mode of knowledge score of women regarding prevention of cervical cancer [N=100]

KNOWLEDGE	RANGE	MEAN	MEDIAN	MODE
Knowledge score	7	5.88	6	6

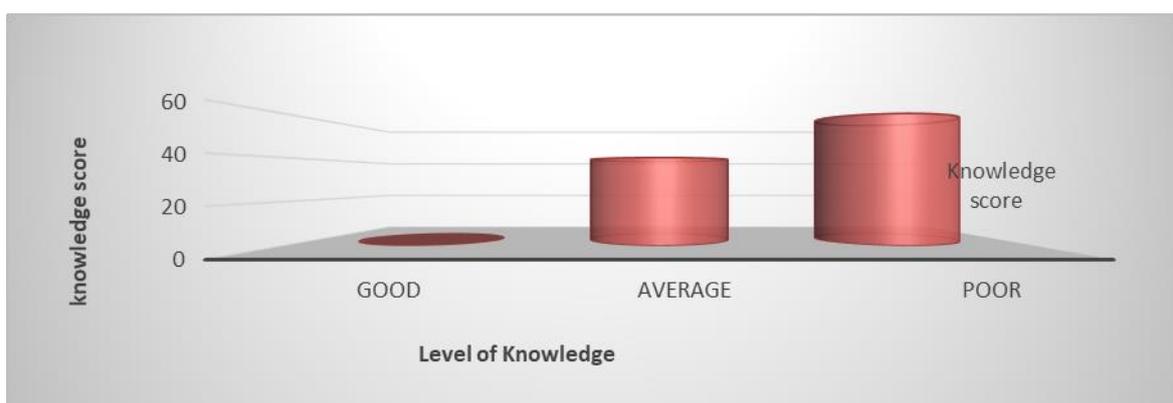


Figure 1: Bar diagram shows the level of knowledge regarding prevention of cervical cancer

The 60% of women had poor knowledge about the prevention of cervical cancer and there was no single woman found the good knowledge of prevention of cervical cancer. The attitude of women showed that in majority women were not certain about prevention of cervical cancer. The result of sample on prevention of cervical cancer have been shown in Table-2.

Table 2: Attitude of women on prevention of cervical cancer

Sr. No	Statement	Agree	Uncertain	Disagree
1	All adult women develop cervical cancer.	11	75	14
2	All married women age 30 – 65 years should undergo for cervical cancer screening.	22	55	23
3	Screening of cervical cancer helps in early detection and treatment.	43	40	17
4	Cervical cancer is highly prevalent and could lead to death	32	52	16
5	Cancer awareness plays an important role in prevention of cervical cancer.	37	34	29
6	Simple home remedies help in prevention of cervical cancer.	24	58	18
7	There is no chances of development of other cancer if women are having cervical cancer.	35	35	30
8	Cervical cancer screening procedure is painful.	25	57	18
9	Cervical cancer spreads through kissing & Hugging	34	45	21
10	Having more number of children decrease risk of cervical cancer.	19	60	21

Table:3 Association of Knowledge regarding prevention of cervical cancer with demographic variables

[N=100]

Demographic Variable	Categories	Knowledge		DF	Chi-Square*2	p-value	Table value	Inference
		Below Median <6	Above Median >6					
Age	<30	14	18	6	17.63	0.05	12.59	S
	31-40	24	9					
	41-50	20	6					
	>50	1	8					
Education	Illiteracy	7	11	6	6.29	0.05	12.59	NS
	Primary	44	21					
	Secondary	8	8					
	Graduate	1	0					
Number of Children	0	6	3	6	4.96	0.05	12.59	NS
	1	12	6					
	2	34	18					
	>3	8	3					

The knowledge regarding prevention of cervical cancer had an association with age, whereas education and number of children didn't show the significant of association.

Table-4: Correlation between knowledge and attitude regarding prevention of cervical cancer.

[N=100]

Variables	Correction
Knowledge	0.0042
Attitude	

There was no relationship between knowledge and attitude regarding prevention of cervical cancer among women.

DISCUSSION:

The present study was conducted with aiming of identification of knowledge and attitude of rural women regarding prevention of cervical cancer. According obtained results, more than half of women had poor knowledge regarding prevention of cervical cancer; however, some study shows higher percentage of lack of knowledge (Mengesha, A. and Messele, 2020; Taneja Neha, 2021). As per the Mengesha study 19.87% of participants were having good knowledge of prevention of cervical cancer; although in present study not a single woman had good knowledge.

One of the studies conducted by Durrani sajjid conclude that 4% had good and 14.7% had fair knowledge; but in the study participants were female healthcare professional and also since cervical cancer is considered as the second major cancer related mortality factor among women of developing countries (Ali et al., 2010), unawareness of the one third of samples is very important and could not be neglected. In the present study knowledge of woman about prevention of cervical cancer was evaluated, as an evident more than half of the samples (60%) shows poor, 40% fair and not a single sample has good knowledge about prevention of cervical cancer.

REFERENCES:

1. Anusha D Souza, Babu D, Gireesh GR. Assess Level of Risk of Cervical Cancer among Women in selected Community Area, Mangalore. *Asian J. Nur. Edu. and Research* 4(4): Oct.- Dec., 2014; Page 461-468.
2. Arkierupaia Shadap, Ranjita Devi, Maria Bygrace, Markoriti Sun, Bimla Siwakoti, Pincho D Bhutia. Knowledge on prevention of cervical cancer among women residing in selected urban and rural community in Sikkim. *Asian J. Nur. Edu. and Research*.2017; 7(2): 219-221.
3. Asgarlou, Z., Tehrani, S., Asghari, E., Arzanlou, M., Naghavi-Behzad, M., Piri, R., Gareh Sheyklo, S., & Moosavi, A. (2016). Cervical Cancer Prevention Knowledge and Attitudes among Female University Students and Hospital Staff in Iran. *Asian Pacific journal of cancer prevention: APJCP*, 17(11), 4921–4927. <https://doi.org/10.22034/APJCP.2016.17.11.4921>
4. Ebu N, Sylvia C. Mupepi S, Mate-Siakwa P, Sampsel C. Knowledge, practice, and barriers toward cervical cancer screening in Elmina, Southern Ghana. *Int J Womens Health*. 2015;7:31-39 <https://doi.org/10.2147/IJWH.S71797>.
5. Gatumo, M., Gacheri, S., Sayed, AR. *et al.* Women's knowledge and attitudes related to cervical cancer and cervical cancer screening in Isiolo and Tharaka Nithi counties, Kenya: a cross-sectional study. *BMC Cancer* 18, 745 (2018). <https://doi.org/10.1186/s12885-018-4642-9>.
6. Ghosh, S., Mallya, S.D., Shetty, R.S. *et al.* Knowledge, Attitude and Practices Towards Cervical Cancer and its Screening Among Women from Tribal Population: a Community-Based Study from Southern India. *J. Racial and Ethnic Health Disparities* 8, 88–93 (2021). <https://doi.org/10.1007/s40615-020-00760-4>
7. Moses. K, P. Karthika, Najarana Patel. Awareness regarding Cervical Cancer among Married Women. *Asian J. Nursing Education and Research*. 2018; 8(4):515-518.
8. Mengesha, A., Messele, A. & Beletew, B. (2020). Knowledge and attitude towards cervical cancer among reproductive age group women in Gondar town, North West Ethiopia. *BMC Public Health* 20, 209. <https://doi.org/10.1186/s12889-020-8229-4>
9. Jeena Jose, Jincy Daniel, Abhilasha Kumar, Amalu Mathew, Anju Kuriakose, Annie Sara Sabu, Bhawna, Della Maria Sebastian, Minnu Mariya, Navya Abraham. A Descriptive study to Assess the Risk Factors and Knowledge on Cervical Cancer and its Prevention among Women Residing in a Selected Urban Slum of Delhi and to Develop an Informational Pamphlet on Cervical Cancer and its Prevention. *Int. J. Nur. Edu. and Research* 3(4): Oct.-Dec., 2015; Page 423-427.
10. Jisa George T, Kiran Batra. Cancer cervix; Preventive strategies; Pap smear screening. *Asian J. Nur. Edu. and Research* 5(3): July- Sept.2015; Page 420-424.
11. Jisa George T, Kiran Batra. Beliefs and Attitude of Women Regarding Cervical Cancer Prevention and Screening in a Rural Community of Kerala. *Asian J. Nur. Edu. and Research*. 2016; 6(1): 7-10.
12. Koshy, G., Gangadharan, V., & Naidu, A. (2017). A study to assess the knowledge and attitude of female graduate students on cervical cancer. *International Journal of Research in Medical Sciences*, 5(10), 4545-4549. [doi:http://dx.doi.org/10.18203/2320-6012.ijrms20174593](http://dx.doi.org/10.18203/2320-6012.ijrms20174593)
13. Long HJ 3rd, Laack NN, Gostout BS. Prevention, diagnosis, and treatment of cervical cancer. *Mayo Clin Proc*. 2007 Dec;82(12):1566-74. doi: 10.1016/S0025-6196(11)61104-X. PMID: 18053467.
14. S. Gladin Sudha. A Study to Assess the Knowledge regarding Cervical Cancer among staff Nurses in P.S. Medical trust Hospital, Thalikulam, K.K. District. *International Journal of Advances in Nursing Management*. 2021; 9(3):247-8.
15. S. Shakila, S. Rajasankar, N. Kokilavani. A study to assess the Knowledge regarding Cervical Cancer among Women. *Asian J. Nur. Edu. and Research* 5(3): July- Sept.2015; Page 307-310.
16. Shweta Handa, Poonam Ahlawat, Bharti, Ajay, Renu. A Descriptive Study to assess the Knowledge regarding Cervical Cancer among selected Rural Areas of Gurugram, Haryana. *Asian J. Nursing Education and Research*. 2019; 9(4):562-565.
17. V. Indra. A study to assess the Health Seeking Behavior of Women towards Cervical cancer screening among Women in Selected Areas of Puducherry. *Int. J. Nur. Edu. and Research* 3(4): Oct.-Dec., 2015; Page 354-362.
18. World Health Organization. Attaining the nine global non-communicable diseases targets; a shared responsibility. *Global Status Report on non-communicable diseases*. Geneva: WHO; 2014
19. <https://www.cancer.org/cancer/cervical-cancer/about/new-research.html>