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A STUDY TO ASSES THE KNOWLEDGE AND ATTITUDE REGARDING CERVICAL CANCER AMONG WOMEN AT PICHAVARAMPET, PUDUCHERRY

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ABSTRACT

Introduction: Cervical cancer is one of the most common cancers among females, being the fourth most common cancer. The majority of new cases and deaths approximately 85% and 90%, respectively occur in low- and middle-income countries. where it is the third most common cancer among women. This study aims to assess the knowledge and attitude regarding cervical cancer. **Method:** Descriptive study design was conducted among 100 women in village in Puducherry. Purposive sampling was used to collect the data under structured questionnaire. For association chi square were applied **Result:** The major finding of study is samples were 45% of age of 35-45, 45% of illiterate,61% house wife, family Income (6000-1000) is 44% , women attained menarche is 63% group of 13-15 year, 70% of women were married , 64% Age of during marriage group of 18-25,62% of women having 2 children ,65% having first child age 18-25, 58% of women were used sanitary pads 2 children .Regular mensuration 68%,81%having no history of abortion ,94% no history of cervical cancer ,93% having no previous knowledge .The level of knowledge, attitude among women.62% having inadequate knowledge 71% women having average attitude 'towards cervical cancer There association between attitude with demographical variables, clinical variables are Occupation(0.000) ,Age at menarche(0.001), Marital status(0.000), No of pregnancy(0.007), No of children(0.016), family history(0.001), previous knowledge is significant (0.001) **Conclusion:** Women needs effective information, awareness will help to prevent, protect from illness. Government, non-government organization and other concerned bodies need to work in collaboratively for improve the level of awareness. The government take step to create mass education and screening for women.

Key words: Cervical cancer, knowledge, attitude women

INTRODUCTION

Cervical cancer is one of the most common cancers among females, being the fourth most common cancer. GLOBOCAN 2020 estimated that, worldwide, there were approximately 604 000 new cases of cervical cancer, with 342 000 deaths annually. The majority of new cases and deaths (approximately 85% and 90%, respectively) occur in low- and middle-income countries. where it is the third most common cancer among women. In 2018, an estimated 500,000 women were diagnosed with cervical cancer worldwide and about 311 000 women died from the disease. The top 20 countries with the highest rates of cervical cancer in 2018 are given in the table below. Virtually all cervical cancers are associated with human papilloma viruses (HPV). The majority of women with HPV do not develop cervical cancer. Women become susceptible to developing cervical cancer following HPV infection, but other environmental factors are required for the cancer to develop

In India, it is estimated that there are 96,922 new cervical cancer cases (9.2%) with an age-standardized incidence rate of 14.7/105 (higher than the rates observed in many other countries across the globe) and 60,078 cervical cancer deaths (8.4%) with a mortality rate of9.2/105.WHO estimated 18.1 million cancer cases around the world in 2020. Of these, 9.3 million cases were in men and 8.8 million in women. New case of Cervical cancer is 604,127 (6.9%)

In 2019 out of total female population, 656 300 000 total deaths, is 4 191 00 WHO in India 2020 crude cervical cancer incidence per 100,000 women 18.7 cumulative risk of cervical cancer age 0-74, 2.0%

In November 2020, the World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus launched the Global strategy within 2030, To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below four

per 100 000 women. Achieving that goal rests on three key pillars and their corresponding targets Vaccination 90% of girls fully vaccinated with the HPV vaccine by the age of 15, Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45.

STATEMENT OF PROBLEM

A Study Assess The Knowledge Attitude Practice Towards Cervical Cancer Among Women at Pichavarampet ,Puducherry

OBJECTIVES

- To assess knowledge , attitude among older adults
- To associate the knowledge, attitude with demographic and clinical variables among Women

METHODOLOGY

RESEARCH APPROACH

The research approach is Quantitative ,design is descriptive research design samples are selecte through Non probability sampling in 100 women at Pichavarampet Puducherry
100 population

DESCRIPTION OF TOOL

A self structured questionnaire was used to evaluate the knowledge ,attitude regarding cervical cancer The tools consists of three section
Section A: Demographical
Section-B: Questionnaires knowledge
Section-C: Attitude

SCORE INTERPRETATION

The total was 20 each questions had correct answer with a maximum score 1, wrong answer score 0. The score interpreted as follows

Level of knowledge and practice	**Score**
Adequate knowledge and attitude	Above 75
Moderate knowledge and attitude	50-70
Inadequate knowledge and attitude	<50

RESULT

Table 1 : frequency and percentage distribution of the demographic variables

SL.NO	DEMORAPHIC VARIABLES	FREQUENCY	PERCENT
1	Age		
	20-25	17	17 %
	25-35	13	13 %
	35-45	45	45
	>45	25	25
2	Education		
	Illiteracy	45	45 %
	Primary	28	28 %
	Secondary	15	15 %
	Degree & above	12	12 %
3	Occupation		
	House wife	61	61 %
	Daily wages	25	25 %
	Private employee	12	12 %
	Government employee	2	2 %
4	Family Monthly Income		
	1000-5000	15	15 %
	6000-10000	44	44 %
	>10000	40	40 %
5	Age at menarche		
	13-15	63	63 %
	10-12	35	35 %
	<10	2	2 %
6	Martial status		
	Married	70	70 %
	Widowed	22	22 %
	Divorced	2	2 %
7	Age at marriage		
	<18	3	3 %
	18-25	64	64 %
	26-30	31	31 %
	>30	2	2 %

8	No of pregnancy 0 1 2 >2	 3 19 62 16	 3.0 % 19.0 % 62 % 16 %
9	No of children 0 1 2 >2	 10 20 58 12	 10 % 20 % 58 % 12 %
10	Age at during first child birth 0 <18 18-25 26-30 >30	 2 7 65 24 2	 2 % 7 % 65 % 24 % 2 %
11	Material used during mensuration sanitary pad old cloth	 58 42	 58 % 42 %
12	Do you have regular mensuration? Yes No	 68 32	 68 % 32 %
13	Do you have any history of abortion Yes No	 19 81	 19 % 81 %
14	Any history of cervical cancer in your family Yes No	 6 94	 6 % 94 %
15	Any Pervious knowledge regarding cervical cancer Yes No	 7 93	 7 % 93%

The study reveals that is samples were 45% of age of 35-45, 45% of illiterate,61% house wife, family Income (6000-1000) is 44% , women attained menarche is 63% group of 13-15 year, 70% of women were married , 64% Age of during marriage group of 18-25,62% of women having 2 children ,65% having first child age 18-25, 58% of women were used sanitary

pads 2 children .Regular mensuration 68%,81%having no history of abortion ,94% no history of cervical cancer ,93% having no previous knowledge

Fig:1 The frequency, percentage distribution of knowledge among women in Puducherry. Most of the women 62(62%) has inadequate ,32(32%) was moderate, and 6(6%) were adequate knowledge regarding cervical cancer

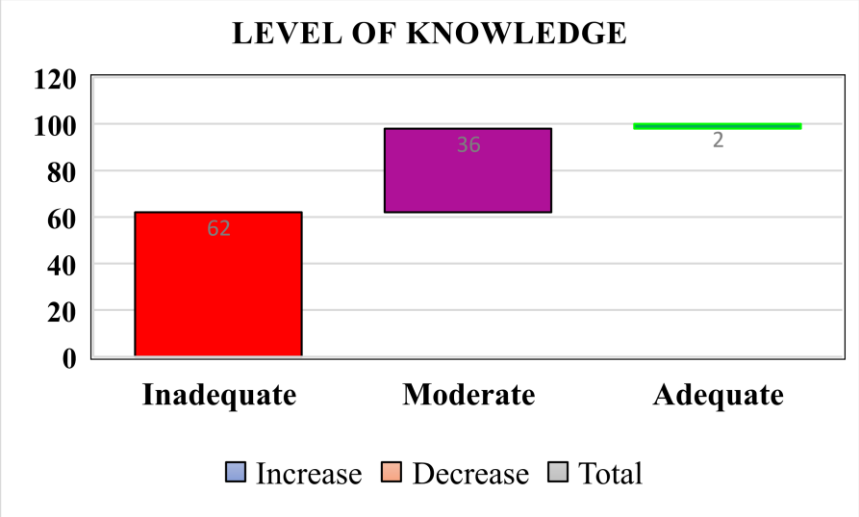

Fig:2 shows that frequency distribution of attitude towards the cervical cancer among women71(71%) were having average attitude ,12(12%) were fair and good attitude

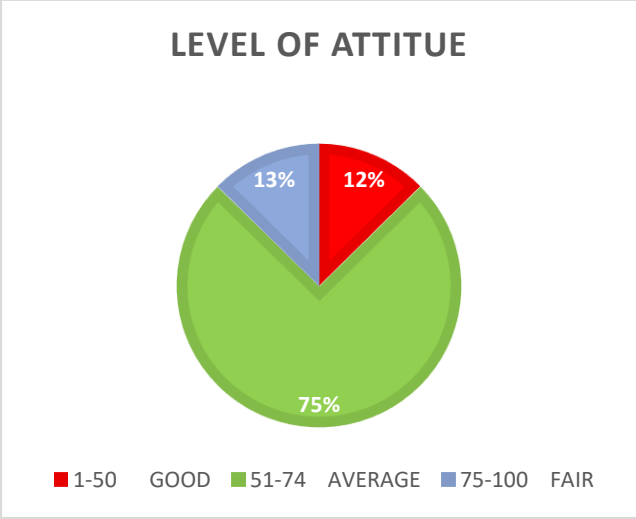

Table :2 shows that Association between the knowledge with demographical, clinical variables among women at Pichavarampet

SL.NO	DEMORAPHIC VARIABLES	Level of knowledge						X^2 P value
		Inadequate		Moderate		Adequate		
1	Age							
	20-25	3	3%	11	11%	3	3%	4.623
	25-35	1	1%	9	09%	2	2%	0.593
	35-45	7	7%	32	32%	3	3%	NS
	>45	1	1%	20	20%	4	4%	
2	Education							
	Illiteracy	27	27%	18	18%	0	0%	6.219
	Primary	16	16%	10	10%	2	2%	0.399
	Secondary	11	11%	04	04%	0	0%	NS
	Degree & above	8	08%	04	04%	0	0%	
3	Occupation							
	House wife	33	33%	27	27	1	1%	6.493
	Daily wages	17	17%	7	7	1	1%	0.370
	Private employee	10	10%	2	2	0	0%	NS
	Government employee	2	02%	0	0	0	0%	
4	Family Monthly Income							
	1000-5000	12	12%	2	2	1	1%	7.671
	6000-10000	26	26%	18	18	0	0%	0.263
	>10000	24	24%	16	16	1	1%	NS
5	Age at menarche							
	13-15	42	42%	20	20	1	1%	7.671
	10-12	19	19%	15	15	1	1%	0.263
	<10	1	01%	1	1	0	0%	NS
6	Martial status							
	Married	12	12%	54	54	4	4%	20.355
	Widowed	15	15%	15	15	4	4%	0.000
	Divorced	3	3%	3	3	4	4%	*
7	Age at marriage							
	<18	3	3%	0	0	0	0%	9.0004
	18-25	36	36%	27	27	1	1%	0.173
	26-30	23	23%	7	7	1	1%	NS
	>3	0	0%	2	2	0	0%	
8	No of pregnancy							
	0	3	3%	0	0	0	0%	9.744
	1	15	15%	4	4	0	0%	0.136
	2	38	38%	22	22	2	2%	NS

	>2	6	06%	10	10	0	0%	
9	No of children							
	0	9	9%	1	1	0	0%	
	1	15	15%	5	5	0	0%	17.291
	2	36	36%	20	20	2	2%	0.008
	>2	2	02%	10	10	0	0%	*
10	Age at during first child birth							
	0	1	1%	0	0	1	1%	
	<18	6	6%	1	1	0	0%	31.644
	18-25	39	39%	26	26	0	0%	0.000
	26-30	16	16%	7	7	1	1%	*
	>30	0	0%	2	2	0	0%	
11	Material used during mensuration							
	sanitary pad							
	old cloth	31	31%	25	25	2	2%	5.013
		31	31%	11	11	0	0%	0.082
								NS
12	Do you have regular mensuration?							
	Yes							
	No	36	36%	30	30	2	2%	7.644
		26	26%	6	6	0	0%	0.022
								*
13	Do you have any history of abortion							
	Yes							
	No	0	0%	16	16	3	3%	3.434
		12	12%	56	56	9	9%	0.181
								NS
14	Any history of cervical cancer in your family							
	Yes	5	5%	1	1	0	0%	1.259
	No	57	57%	35	35	2	2%	0.533
								NS
15	Any Pervious knowledge regarding cervical cancer							
	Yes	6	6%	1	1	0	0%	1.819
	No	56	56%	35	35	2	2%	0.403
								NS

There is association between knowledge with demographical variables, clinical variables are marital status(0.000) , No of children (0.008),Age at during first child (0.000), , menstrual regulation(0.002)

There is association between attitude with demographical variables, clinical variables are Occupation (0.000), Age at menarche (0.001), Marital status (0.000), No of pregnancy (0.007), No of children (0.016), family history (0.001), previous knowledge is significant (0.001)

CONCLUSION

The study found that overall knowledge attitude of cervical cancer among women in Pichavarampet was inadequate knowledge, moderate attitude. Women needs effective information, awareness will help to prevent, protect from illness. Government, non-government organization and other concerned bodies need to work in collaboratively for improve the level of awareness. The government take step to create mass education and screening for women.

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