KNOWLEDGE AND ATTITUDE REGARDING PAP SMEAR AMONG MARRIED WOMEN IN SELECTED COMMUNITY, TAMIL NADU

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Abstract

In the modern era, the world is heading toward a rising epidemic of non-communicable diseases (NCDs). Out of these NCDs, cancer is the second leading cause of death globally. Cervical cancer is the fourth most common cancer in women worldwide, leading to death of which 85% occur in low- and middle-income countries.[1]Pap smear is an effective screening method for early detection of cervical cancer. However, a large group of women are reluctant to do the Pap smear because of various reasons.[2] When diagnosed, cervical cancer is one of the most successfully treatable forms of cancer, as long as it is detected early and managed effectively.[2] This study was conducted to assess the Level of Knowledge and Attitude Regarding Pap Smear among Married Women in a Selected Community in Tamil Nadu. A descriptive design was used in this study. 104 married Women who fulfilled the inclusion criteria were selected by a Consecutive sampling technique. The data was collected by face-to-face interview at their home by using a structured interview schedule to assess the level of knowledge on pap smear and 5-point Likert scale to assess Attitude regarding Pap smear among married women. Per day, 4-5 participants were interviewed and 15 minutes was given to each participant to answer the questions. After collecting data, a pamphlet was distributed to participants. The study findings revealed that the knowledge score was significantly associated with Previous knowledge on pap smear, and the attitude score was significantly associated with Parity, and there was a significant correlation between knowledge and attitude ($P < 0.001$). Hence, the study concluded that the Majority of the Married Women had Poor knowledge and unfavorable attitude regarding Pap smear.

Key words: Knowledge, attitude, pap smear, married women.

INTRODUCTION

Women in India do not take care of their health. It is observed that women tend to take care of their family and neglect their health and wellness. Such tendencies have resulted in the deterioration of women's health. Women's health should become a national cause and should be undertaken on a mission mode. Else they will continue to neglect their health.[2] Cervical cancer is the fourth most common cancer in women worldwide leading to the death of which 85% occur in low- and middle-income countries.[3] The lack of knowledge of Pap smear and appropriate behaviours to prevent cervical cancer are the most important contributors to the advanced stage of the disease. Knowledge is one of the most leading factors in predicting health behaviours and a helpful factor in performing screening procedures. However, knowledge alone is not sufficient since an individual's intention to uptake the preventive measure is also an important element in adopting preventive behaviours. Thus, the knowledge of Pap smear and intentions to undergo screening for cervical cancer are critical to primary prevention.[4] Cervical cancer in women is an important health reproductive problem in low-income and developing countries and it is one of the most common cancers in women worldwide.[5]

OBJECTIVES

1. To assess the level of knowledge and attitude regarding Pap smear among married women
2. To find out the correlation between the level of knowledge and attitude regarding Pap smear among married women.
3. To determine the association between level of knowledge and attitude regarding Pap smear among married women with selected socio-personal variables.

HYPOTHESES

H_1: There is a significant correlation between the level of knowledge and attitude on Pap smear among married Women.

H_2: There is a significant association between the level of knowledge and attitude regarding Pap smear among married women with selected socio-personal variables

METHODOLOGY

RESEARCH APPROACH : Quantitative Non-experimental approach

RESEARCH DESIGN : Descriptive Cross-Sectional Design

SETTING OF THE STUDY: Residential area of Auroville, TamilNadu

VARIABLES

Study variable: Level of Knowledge and Attitude regarding Pap smear among Married Women.

Socio-personal variable: It includes socio-personal variables like age, religion, education, occupation, monthly income, parity, family history of cervical cancer, previous knowledge on pap smear and history of taking pap smear.

POPULATION: In this study, the population includes Married women residing at bioregion areas at Auroville, Tamil Nadu.

SAMPLE: The sample for this study includes Married Women residing at bioregion areas at Auroville who fulfils the inclusion criteria.

SAMPLE SIZE: 104

SAMPLING TECHNIQUE: Consecutive sampling technique

SAMPLE CRITERIA:

Inclusion criteria: Married Women aged above 21 years.

Exclusion criteria:

- Married women diagnosed with Cervical Cancer
- Who are not willing to participate in the study.
- Women who cannot respond to verbal stimuli.

INSTRUMENTS AND TOOLS USED

Tool 1: Socio-Personal variables:
It includes age, religion, education, occupation, , monthly income, parity, family history of cervical cancer, previous knowledge on pap smear ,history of taking pap smear and Reasons for not having pap smear test.

Tool 2: -Structured Interview Schedule on level of Knowledge regarding Pap smear among Married Women
This section includes a structured interview questionnaire with 15 items related to Knowledge regarding Pap smear.

Tool 3: 5 point Likert scale to assess the level of Attitude regarding Pap smear among married Women.
This section of interview schedule consists of 10 statements with grading as strongly agree, Agree, Neutral, Disagree & strongly disagree to assess the level of Attitude regarding Pap smear among Women.

DATA COLLECTION PROCESS

Data was collected over 6 weeks from 25.7.22 to 25.8.2022 at Auroville, Tamil Nadu, after Obtaining permission from the Principal College of Nursing, Director of Morning Star Women and wellness centre Auroville, Approval from ISC (Internal Scientific Committee) and Ethical clearance from IEC(Institutional

Ethical Committee, Pondicherry Institute of Medical Sciences). The nature and purpose of the study were explained to the study participants and informed consent was obtained from the selected participants. Participants were selected by consecutive sampling technique and the data was collected by face-to-face interview at their homes by using a structured interview schedule to assess the level of knowledge on pap smear and 5 point Likert scale to assess Attitude regarding Pap smear among married women. Per day 4-5 participants were interviewed and 15 minutes were given to each participant to answer the questions. After collecting data, a pamphlet was distributed to participants to make them aware of the pap smear.

FINDINGS OF THE STUDY
SECTION 1: Distribution of participants according to socio-personal variables.
TABLE 1: Frequency and percentage distribution of study participants according to socio-personal variables.
n=104

SL.NO.	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	**AGE (in years)**		
	a) 21 – 30	15	14.4
	b) 31-40	54	51.9
	c) 41-50	32	30.8
	d) 51-60	3	2.9
2.	**Religion**		
	a) Hindu	103	99.0
	b) Christian	1	1.0
3	**Educational status**		
	a) No formal education	50	48.1
	b) Primary	26	25.0
	c) Secondary	12	11.5
	d) Graduates	16	15.4
4	**Occupation**		
	a) Daily Wages	13	12.5
	b) Business	5	4.8
	c) Private sector	86	82.7
5	**Family income** (per month)		
	a) ≤10,000	51	49.0
	b) >10,000	53	51.0
6	**Parity**		
	a) None	5	4.8
	b) 1	16	15.4
	c) 2	76	73.1
	d) ≥3	7	6.7
7	**Family history of cervical cancer**		
	a) Yes	5	4.8
	b) No	99	95.2
8	**Previous Knowledge on Pap smear**		
	a) Yes	2	1.9
	b) No	102	98.1

Table 1 denotes the frequency and percentage distribution of study participants according to socio-personal variables. With regards to age majority 54(51.9%) of them were in the age group of 31 to 40 years. Regarding religion 103(99%) of them were Hindus and only 1(1%) belonged to Christian. According to educational status majority of them, 50(48.1%) had no formal education. According to the occupation, majority 86(82.7%) of them were working in the private sector. Concerning family income per month 51(49.0%) of them were earning less than or equal to Rs. 10,000/ and 53(51.0%) of them were earning above Rs.10,000/-. According to the parity majority 76(73.1%) had 2 delivery whereas 7(6.7%) had more than or equal to 3 delivery and 5(4.8%) were nulliparous. The majority 99(95.2%) have no family history of cervical cancer. Majority of them 102(98.1%) were not heard about pap smear from anyone and 2(1.9%) of them heard about Pap smear.
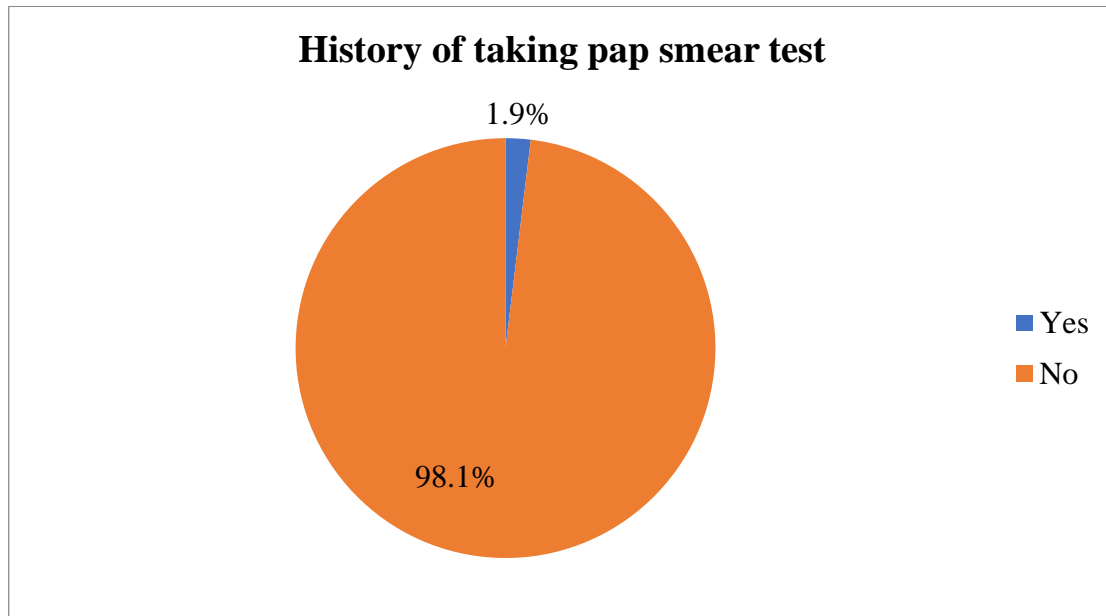

Figure 2: Distribution of participants according to history of taking pap smear

The above pie diagram depicts that 102(98.1%) did not take a pap smear in their lifetime and only 2(1.9%) had taken a pap smear.

SL.NO.	REASONS FOR NOT HAVING PAP SMEAR TEST	FREQUENCY	PERCENTAGE
1	Lack of knowledge about Pap smear	64	62.7
2	Fear of the test result	23	22.5
3	Negligence, despite having knowledge about Pap smear	5	4.9
4	No physicians' or other health providers' recommendation.	5	4.9
5	Embarrassing	5	4.9

Table 2: Reasons for not having pap smear among married women
n=102

Table 2 denotes the reasons for not having pap smear among married women. Concerning the women who had not taken pap smear, the major impediment to have pap smear was identified. Among those majority verbalized 64(62.7%) had lack of knowledge about pap smear, followed by 23(22.5%) due to fear of test

results. Other barriers were 5(4.9%) no physician recommendation,5(4.9%) negligence, another 5(4.9%) considered embarrassing.

Section 2: Level of knowledge and attitude regarding pap smear among married women
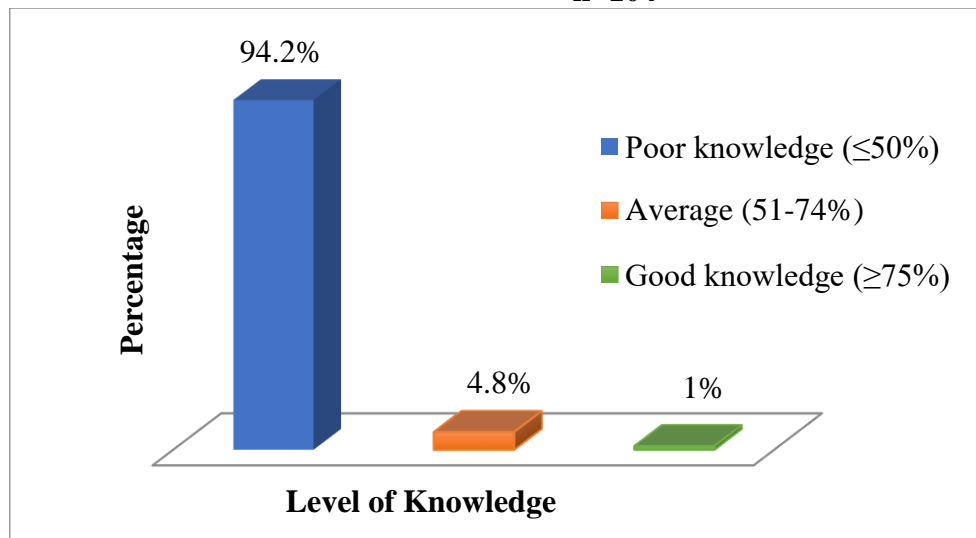

Figure 3: Level of knowledge regarding pap smear among married women

The above bar diagram depicts that majority 98(94.2%) of married women had poor knowledge regarding pap smear and5 (4.8%) had average knowledge regarding pap smear and 1(1%) of them had good knowledge.
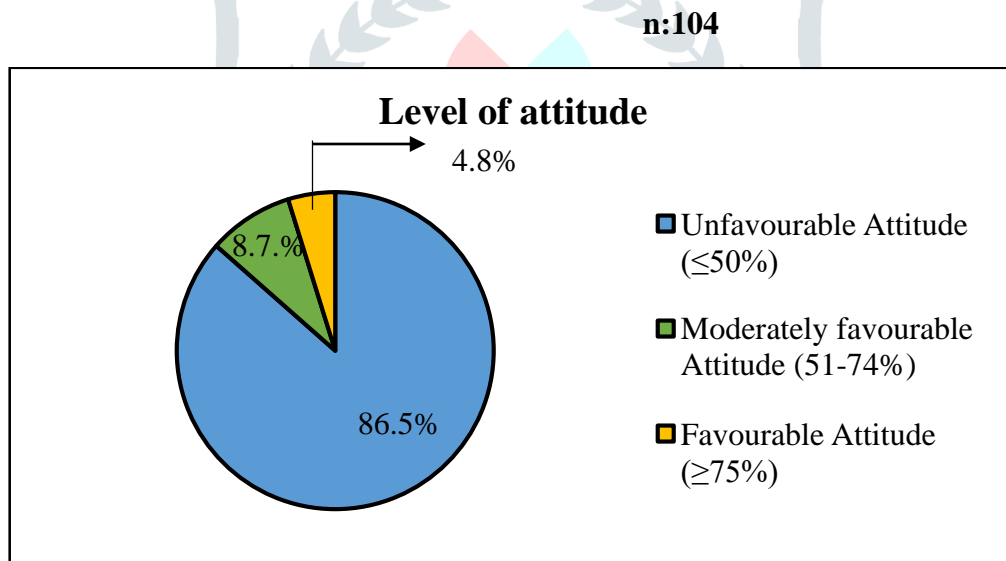

Figure 4: Level of attitude regarding pap smear among married women

Above pie diagram reveals that 90 (86.5%) of married women had unfavourable attitude 9(8.7%) had moderately favourable attitude and 5 (4.8 %) had favourable attitude regarding pap smear among married women.

Table 3: mean and standard deviation on level of knowledge and attitude scores regarding pap smear among married women.   **n=104**

.NO.	ITEMS	MEAN	STANDARD DEVIATION
1.	Knowledge	3.50	2.17
2.	Attitude	20.02	6.84

Table 3 depicts that mean score on level of knowledge regarding pap smear was 3.50 with SD 2.17. The mean attitude score of married women was 20.02 with SD 6.84.

SECTION 3: CORRELATION BETWEEN THE LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING PAP SMEAR AMONG MARRIED WOMEN

Table 4: Correlation between level of knowledge and attitude regarding pap smear among married women

ITEMS	Spearman's Correlation Coefficient	p value
Knowledge		
Attitude	0.359	<0.001

Correlation between level of knowledge and attitude regarding pap smear among married women was 0.359. There is a positive moderate correlation between level of knowledge and attitude with a very high statistical significance ($p < 0.01$).

SECTION 4: ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING PAP SMEAR AMONG MARRIED WOMEN WITH SELECTED SOCIO-PERSONAL VARIABLES.

TABLE 5: Association between level of Knowledge regarding Pap smear among married women with selected socio-personal variables   n=104

NO	SOCIO PERSONAL VARIABLE	Poor knowledge (≤50%)		Average knowledge (51-74%)		Good knowledge (≥75%)		Fisher's Exact P value
	AGE (in years)	f	%	f	%	f	%	
1	a) 21 – 30	13	13.3	2	40.0	0	-	0.220 NS
	b) 31-40	53	54.1	1	20.0	0	-	
	c) 41-50	29	29.6	2	40.0	1	00.0	
	d) 51-60	3	3.1	0	-	0	-	
2	Educational status							0.014 S
	a) No formal education	49	50.0	1	20.0	0	-	
	b) Primary	26	26.5	0	-	0	-	
	c) Secondary	11	11.2	1	20.0	0	-	
	d) Graduate	12	12.3	3	60.0	1	00.0	
3	Occupation							1.000 NS
	a) Daily Wages	13	13.3	0	-	0	-	
	b) Business	5	5.1	0	-	0	-	
	c) Private sector	80	81.6	5	00.0	1	00.0	
4	Family income (per month)							0.281 NS
	a) ≤10,000	50	51.0	1	20.0	0	-	
	b) >10,000	48	49.0	4	80.0	1	00.0	
5	Parity							0.046 S
	a) None	4	4.1	1	20.0	0	-	
	b) 1	14	14.3	2	40.0	0	-	
	c) 2	74	75.5	1	20.0	1	00.0	
	d) ≥3	6	6.1	1	20.0	0	-	
6	Family history of cervical cancer							0.065 NS
	a) Yes	4	4.1	0	-	1	00.0	
	b) No	94	95.9	5	00.0	0	-	
7	Previous Knowledge on Pap smear							0.001 S
	a) Yes	0	-	1	20.0	1	00.0	
	b) No	98	00.0	4	80.0	0	-	

S- Statistically significant at p<0.05, NS-Not Statistically significant (p>0.05)

Table 5 depicts there is statistically significant association between level of knowledge regarding Pap smear among married women with socio personal variables like educational status, parity and previous knowledge on pap smear.

TABLE 6: Association between level of Attitude regarding Pap smear among married women with selected socio personal variables

n=104

SL.NO.	SOCIO PERSONAL VARIABLE	Unfavourable attitude (≤50%)		Moderately favourable (51-74%)		Favourable attitude (≥75%)		Fisher's Exact p value
		f	%	f	%	f	%	
1	AGE (in years)							0.010 S
	a) 21 – 30	12	13.3	3	33.3	0	-	
	b) 31-40	50	55.6	2	22.2	2	40.0	
	c) 41-50	27	30.0	4	44.4	1	20.0	
	d) 51-60	1	1.1	0	-	2	40.0	
2	Educational status							0.121 NS
	a) No formal education	44	48.9	2	22.2	4	80.0	
	b) Primary	24	26.7	1	11.1	1	20.0	
	c) Secondary	10	11.1	2	22.2	0	-	
	d) Graduate	12	13.3	4	44.4	0	-	
3	Occupation							0.308 NS
	a) Daily Wages	13	14.4	0	-	0	-	
	b) Business	4	4.4	0	-	1	20.0	
	c) Private sector	73	81.2	9	100.0	4	80.0	
4	Family income (per month)							0.228 NS
	a) ≤10,000	46	51.1	2	22.2	3	60.0	
	b) >10,000	44	48.9	7	77.8	2	40.0	
5	Parity							<0.001 S
	a) None	3	3.3	2	22.2	0	-	
	b) 1	13	14.4	3	33.3	0	-	
	c) 2	72	80.0	2	22.2	2	40.0	
	d) ≥3	2	2.2	2	22.2	3	60.0	
6	Family history of cervical cancer							1.000 NS
	a) Yes	5	5.6	0	-	0	-	
	b) No	85	94.4	9	100.0	5	100.0	
7	Previous Knowledge on Pap smear							0.252 NS
	a) Yes	1	1.1	1	11.1	0	-	
	b) No	89	98.9	8	88.9	5	100.0	

S- Statistically significant (p<0.05), NS-Not Statistically significant (p>0.05)

Above table depicts there is statistically significant association between level of attitude regarding Pap smear among married women with socio personal variables like age, and parity. There is a no statistically significant association between the level of attitude of married women regarding Pap smear with socio personal variables like educational status, occupation, family income, family history of cervical cancer and previous knowledge regarding pap smear.

DISCUSSION:
OBJECTIVE 1: To assess the level of knowledge and attitude regarding Pap smear among married women

In the study 98(94.2%) had Poor Knowledge regarding Pap smear, 4(4.8%) had average Knowledge and1 (1%) had good knowledge. 90(87%) of married women had unfavourable Attitude, 9(9%) had moderately favourable Attitude and 5(5%) had favourable Attitude regarding Pap smear.A similar study conducted by Taneja N et al. to assess the knowledge and attitude on Cervical Cancer and screening among women in India showed that Knowledge and attitude regarding Cervical Cancer screening were seen in 20.31% and 43.64% of women, respectively. [6]

OBJECTIVE 2: To find out the correlation between level of knowledge and attitude regarding Pap smear among married women.

There is a positive moderate to correlation between level of knowledge and attitude with a very high statistical significance ($p < 0.01$). A similar study conducted to assess the Knowledge, Attitude, and Practice Regarding Pap Smear, Cervical Cancer, and Human Papillomavirus among Women Attending a Mother and Child Health Clinic in Kuantan, in Malaysia among 120 respondents also showed a significant correlation between knowledge with attitude ($P < 0.001$) and attitude with practice ($P < 0.001$) regarding Pap smear.[7]

OBJECTIVE 3: Association between level of knowledge and attitude regarding pap smear among married women with selected socio personal variables.

The knowledge score was significantly associated with Previous knowledge on pap smear and the attitude was significantly associated with Parity. A community-based cross-sectional study conducted at Karnataka to assess the knowledge, attitude towards cervical cancer screening among tribal women showed that the knowledge scores were significantly associated with age group, marital status, education level, socioeconomic status and tribal community of the participants ($p < 0.05$). [3]

CONCLUSION:

Although knowledge of Pap smear as a screening procedure for cervical cancer is high, practice is still low. Therefore, there is need to conduct awareness program on cervical cancer screening to increase the level of knowledge and practice regarding cervical cancer screening through the medium of health personnel, friends and mass medias like television, radio and newspaper as these are the common source of information. Cervical cancer screening health camps can also be conducted at the community level.

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