



A DESCRIPTIVE STUDY TO ASSES THE LEVEL OF KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING HPV SCREENING AMONG WOMEN ABOVE 30 YEARS IN KMCT WOMEN AND CHILD HOSPITAL, MANASSERY, KOZHIKODE

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ABSTRACT

Problem statement

A descriptive study to assess knowledge , attitude and practice regarding HPV screening in women above 30 years in KMCT women and child hospital,manassery,Kozhikode. **Objectives**

1. To assess knowledge regarding HPV screening in detecting cervical cancer .
2. To assess attitude regarding HPV screening in detecting cervical cancer .
3. To assess practice regarding HPV screening in detecting cervical cancer.
4. To associate knowledge and selected socio demographic variables.
5. To associate attitude and selected socio deographic variables .
6. To associate practice and selected socio demographic variables.

Assumption

We assume that women at reproductive age have no knowledge regarding HPV screening.

SETTING, SAMPLE and TOOL of the study

The study was conducted in KMCT WOMEN AND CHILD HOSPITAL Manassery Kozhikode .

SETTING,SAMPLE and TOOL of the study

The study was conducted in KMCT WOMEN AND CHILD HOSPITAL Manassery Kozhikode . The sample size was 60 . The structured knowledge questionnaire and Likert attitude scale was used to collect information about HPV screening in women.

Data collection process

The appropriate people and the review committee at KMCT nursing college has approved the study and its procedures. The period of data collection was 2 minutes . 60 sample from KCT WOMEN AND CHILD HOSPITAL gynecology department were collected from those who met the inclusion criteria for the study . The data was collected by structured knowledge questionnaire and Likert scale .

Significant result of the study

The study reveals that among 60 sample ,53% have adequate knowledge , 34% have moderate knowledge and 13% have inadequate knowledge and 97% have positive attitude , 3 % have neutral attitude and 18 % have adequate practice , 34% have moderate practice and 48% have inadequate practice .

The chi square value(49.8020) showed that there was a significant association between religion and level of knowledge and The chi square value (10.192) showed significant association between marital status and level of knowledge and The chi square value (6.35) showed significant association between age and level of practice .

Keyword

- Knowledge
- Attitude
- Practice
- HPV screening
- Women above 30 years

KEY WORDS

Knowledge

Attitude

Practice

HPV Screening

Women

CHAPTER : 1

INTRODUCTION

Cervical cancer is a malignant neoplasm arising from cells originating in cervix . It may be completely asymptomatic in early stages. In advanced stages, it may present as persistent pelvic pain, unexplained weight loss, bleeding between periods, unusual vaginal discharge, bleeding, and pain after sexual intercourse. Infection with human papillomavirus (HPV) types 16 and 18 cause 75% of cervical cancer globally. Other risk factors include tobacco consumption, multiple sexual partners, early age of sexual intercourse, increasing parity, prolonged use of oral contraceptive pills, and sexually transmitted diseases. With access to HPV vaccine and early detection, most cases of cervical cancer are preventable. Pap smear test has been credited with dramatically reducing the number of cases of cervical cancer in developed countries. Unfortunately, despite the availability of methods for prevention, >95% of women in India have never been screened for cervical cancer. There are several barriers to cervical cancer screening uptake for women in low resource areas like India that include low level of awareness and knowledge of risk factors and early signs and symptoms of disease, prevention services, stigma and misconceptions about female cancer and gynecological diseases, socioeconomic limitations, and an overall lack of national cervical cancer screening guidelines and policies. Cervical cancer is the fourth most common cancer affecting women worldwide with an estimate of 5, 28,000 cases every year. A large majority (85%) of the global burden occurs in less developed regions. Cervical cancer is the 2nd most common cancer among Indian women aged 15-44 years with an estimate of 123,000 incident cases and 67,000 deaths in 2013. In the light of India's rapidly growing population, the overall burden of incidence and mortality of cervical cancer in India is projected to increase by 68 and 78%, respectively, by the year 2030. Within India, the age-adjusted incidence rate of 19.5/100,000 of cervical cancer was reported among women in Bhopal. The success and benefits of screening at a national level as a public health program to control and prevent cervical cancer depend to a great extent on the level of awareness of the potential beneficiaries. There is scanty information regarding knowledge, attitude, and practices related to cervical cancer and its screening; hence, this study was conducted. The outcome of this study may provide inputs toward designing suitable information, education, and communication strategies to address various health issues of women of reproductive age group.

In India, cervical cancer is the second most common female cancer. It is a largely preventable, slowgrowing cancer of the cervix often caused by persistent high-risk HPV infection. It typically affects women aged 30-49. Key screening methods, including Pap tests and HPV tests, detect precancerous changes early, allowing successful treatment before cancer develops. However high cervical cancer incidence in India is driven by low screening rates, lack of HPV vaccination, and limited awareness, causing most cases to be detected at advanced stages. Socio-economic disparities, early marriage, poor genital hygiene, and insufficient healthcare infrastructure in rural areas further elevate risks. The highest rates of cervical cancer incidence and mortality are in low- and middle-income countries. This reflects major inequities driven by lack of access to national HPV vaccination, cervical screening and treatment services and social and economic determinants.

In women cervical screening and treatment of precancers can be done with a high-performance test every 5–10 years starting at age 30. Women living with HIV should be screened every 3–5 years, starting at age 25.

The global strategy encourages a minimum of two lifetime screens with

high-performance test by age 35 and again by age 45. Precancers rarely cause symptoms, which is why regular cervical cancer screening is important, even if you have been vaccinated against HPV. Self-collection of a sample for HPV testing, which may be a preferred choice for women, has been shown to be as reliable as samples collected by healthcare providers.

After a positive screen, a health-care provider can look for changes on the cervix (such as precancers) which may develop into cervical cancer if left untreated. Treatment of precancers is a simple and effective procedure to prevent cervical cancer. Treatment may be offered in the same visit for screening (the screen-and-treat approach) or after a second test (the screen, triage and treat approach), which is especially recommended for women living with HIV.

Countries worldwide are accelerating efforts to eliminate cervical cancer, 90% of girls fully vaccinated with HPV vaccine by age 15, 70% of women screened by ages 35 and 45, and 90% of women with pre-cancer or invasive cancer receiving appropriate treatment.

Cervical cancer continues to rank among the top gynecologic cancers worldwide. According to current data, it is ranked 14th among all cancers and is the 4th most common cancer among women worldwide. Cervical cancer intervention focuses on primary and secondary prevention. Primary prevention and screening are the best methods to decrease the burden of cervical cancer and mortality.

In the United States and other developed countries, most screening and diagnostic efforts are directed toward the early identification of high-risk human papillomavirus (HPV) lesions through HPV testing and Papanicolaou (Pap) smears. Although HPV testing is not recommended in women younger than 30 years, low-risk younger women should begin screening with Pap tests at age 21 and continue until age 65, per the United States Preventive Services Task Force (USPSTF) recommendations. Newer recommendations offer 3- to 5-year intervals between screenings based on a patient's prior results and the use of Pap and HPV cotesting.

Like many diseases and cancers, disparities exist in screening, early diagnosis, and timely treatment rates. Screening rates are lower in low socioeconomic and low-resource areas with racial, ethnic, and age variations. Studies show women with obesity and chronic disease may have lower cervical and breast cancer screening rates. A study of ethnic minority women in the United Kingdom reports several barriers to screening, including lack of awareness, fear, embarrassment, shame, and low perceived risk. Another study reviewing the barriers for Haitian women revealed socioeconomic barriers, language barriers, and a limited understanding of health and disease. In the United States, cervical cancer mortality is disproportionately higher in black women.

As cervical cancer is a sexually transmitted infection (STI), it is preventable, and the global incidence can be reduced through targeted education, screening, and intervention. Since 2006, vaccination has been available for the prevention of cervical cancer. Vaccination can improve cancer death rates in populations with higher mortality rates and in developing countries where resources may not be available for routine screening.

In India cervical cancer is a significant health concern in India, within estimated 75,209 new cases in 2020 making it the second most common cancer among women. The age standardized incidence rate is around 12.1 per 100,000 women.

In Kerala the incidence rate is relatively lower, with an age standardised rate of 115.2

DALYs (disability-adjusted life years) per 100,000 women indicating a lower burden compared to other states.

NEED FOR THE STUDY

There is a urgent need for awareness and attitude towards HPV screening on cervical cancer and management , especially on low resource setting. Cervical cancer often undiagnosed due to lack of awareness, stigma and limited access of healthcare. This study aim to explore attitude towards HPV screening on cervical cancer, identify challenges that women face in seeking care and suggest ways to improve screening uptake to protect reproductive health of women.

Globally Cervical cancer is one of the leading causes of cancer-related morbidity and mortality among women worldwide. It is the ****fourth most common cancer among women globally****. According to global cancer statistics, hundreds of thousands of new cases are reported each year, with a significant proportion of deaths occurring in low- and middle-income countries.

Cervical cancer affecting women worldwide with an estimate of 5, 28,000 cases every year. A large majority (85%) of the global burden occurs in less developed regions.

Human Papillomavirus (HPV) infection is identified as the primary cause of cervical cancer. Persistent infection with high-risk HPV types leads to precancerous lesions and eventually invasive cervical cancer if not detected early. Although HPV screening and vaccination have significantly reduced the incidence in developed countries, many women worldwide still lack awareness, access to screening services, and preventive measures.

Despite the availability of effective screening methods such as Pap smear and HPV DNA testing, utilization remains low due to poor knowledge, negative attitudes, cultural barriers, fear, and misconceptions. Therefore, assessing knowledge, attitude, and practice (KAP) towards HPV screening is essential to strengthen prevention strategies globally.

**In India, Cervical cancer is the 2nd most common cancer among Indian women* aged 15-44 years with an estimate of 123,000 incident cases and 67,000 deaths in 2013. In the light of India's rapidly growing population, the overall burden of incidence and mortality of cervical cancer in India is projected to increase by 68 and 78%, respectively, by the year 2030. India contributes a substantial proportion of global cervical cancer cases and deaths. Many cases are diagnosed at advanced stages due to lack of routine screening and inadequate awareness.*

Although the Government of India has introduced population-based screening programs under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the uptake of screening services remains low, especially in rural and semi-urban areas.

Factors such as low literacy levels, social stigma, lack of awareness about HPV infection, limited access to healthcare facilities, and poor health-seeking behavior contribute to reduced screening practices. Hence, there is a strong need to assess women's knowledge, attitude, and practices regarding HPV screening to design targeted educational interventions.

Kerala is known for its high literacy rate and better health indicators compared to other Indian states. However, Within India, Rural women in Kerala exhibit low rates of cervical cancer screening (6.9%– 19.8%) despite relatively high awareness of the disease itself .cervical cancer still remains a significant health concern among women in Kerala.

Even though healthcare services are more accessible, studies indicate that awareness and regular screening practices are still inadequate among women, particularly in rural and semi-urban communities. Cultural inhibitions, embarrassment, misconceptions, and lack of perceived susceptibility contribute to low screening uptake.

In areas like Manasery, Mukkam, there is limited published data regarding women's knowledge, attitude, and practice towards HPV screening. Understanding the local context is crucial for planning effective community-based awareness programs and improving screening utilization.

Since women above 30 years are at higher risk for cervical cancer and are the primary target group for HPV screening, it is essential to assess their knowledge, attitude, and practices. Identifying gaps at the community level in Manasery, Mukkam will help in planning appropriate educational interventions and strengthening preventive healthcare services.

Statement:

A descriptive study to assess the Knowledge , attitude and practice towards HPV screening on cervical cancer among women above 30 yrs , in KMCT Mother and Child Hospital manasery ,mukkam

Objectives:

- * To assess knowledge regarding HPV screening in detecting cervical cancer * To assess attitude regarding HPV screening in detecting cervical cancer.
- * To assess practice regarding HPV screening in detecting cervical cancer
- * To associate knowledge and selected social demographic variables.
- * To associate attitude and social demographic variables.
- * To assess practice and social demographic variables

Hypothesis:

- *H1 - There is significant association between knowledge and social demographic variables.
- * H2 - There is significant association between attitude and social demographic variables.
- * H3 - There is significant association between practice and social demographic variables.

Operational Definitions

Descriptive study

A descriptive study is a non-experimental, observational research design that systematically maps the characteristics, behaviors, or trends of a population or phenomenon without manipulating variables.

Knowledge

knowledge is defined as an organized understanding, awareness, or familiarity with facts, information, principles, and skills acquired through experience or education.

Attitude

It refers to the feelings, beliefs and perceptions of women regarding HPV screening as measured by likert scale.

Practice

Refers to actual participation and behaviour referred to HPV screening among women.

Cervical cancer

Cervical cancer is a type of cancer that develops in the cervix due to abnormal cell growth, caused by a human papillomavirus (HPV) infection.

HPV

Human papillomavirus, transmitted through skin-to-skin contact, often during sexual activity.

HPV screening

HPV screening for cervical cancer involves testing cervical cells for high-risk HPV types.

- HPV DNA test, which detects the virus itself, while a Pap test (cytology) looks for pre-cancerous cell abnormalities.
- These tests are performed by collecting cervical cells, and results guide further care, with positive HPV tests often leading to genotyping (especially for HPV 16/18) or further cytology/colposcopy to check for issues.

It includes:

DNA tests

detecting viral genetic material.

e.g., PCR-based, Roche Linear Array).

mRNA tests

identifying active oncogene expression.

e.g. Aptima HPV Assay

cotesting combining HPV tests with Pap smears.

Women

Refers to females above 30 yrs from KMCT Mother and Child Hospital manasery, mukkam.

* KMCT Mother and Child Hospital in manasery , mukkam_ :

This is the location we choose for our study.

-we conduct our research on women above 30yrs from the KMCT Mother and Child Hospital in manassery , Mukkam.

CONCEPTUAL FRAMEWORK

Based on the Health Belief Model (HBM):

The Health Belief Model (HBM) is a widely used psychological model that explains and predicts health behaviors by focusing on the attitudes and beliefs of individuals.

According to the Health Belief Model, individuals who perceive themselves as susceptible to Human Papilloma virus (HPV) infection and believe that its consequences are serious are more likely to take preventive action. This framework helps in assessing the knowledge, attitude, and practice regarding HPV vaccination among nursing students.

Individual Perceptions

1. Perceived Susceptibility :

Refers to a person's belief about the chances of getting HPV infection.

2. Perceived Severity:

Refers to beliefs about how serious HPV infection and its consequences are .

Modifying Components

3. Perceived Barriers:

These are the individual's assessment of the obstacles to receiving HPV vaccination .

4. Perceived Benefits :

Belief in the effectiveness of HPV vaccination in preventing infection and related complications.

Action Components

Self-efficacy:

Cues to Action:

Central Component

Health-related behaviour:

The expected outcomes of health-related behaviour change include:

Change in knowledge:

The individual gains better awareness and understanding about HPV and vaccination.

Change in attitude:

A shift in perception towards accepting HPV vaccination.

Change in practice:

Actual behavioural change, such as receiving the vaccine or recommending it to others.

CHAPTER 2

REVIEW OF LITERATURE.

INTRODUCTION

A review of literature is considered as the most important prerequisite for actual planning and conducting the study. A thorough literature review provides a foundation to new knowledge and is generally well conducted before data collection. This chapter highlights the empirical data to understand knowledge attitudes and practice on cervical cancer screening. Reviewing already available information's helps the researcher to find out what others have learned and reported on the

problems and to become familiar with the various types of research. Methodology that might be used in the study. The literature for this study was reviewed from published journals, unpublished reports to broaden the understanding and to plan the following Headings:

1. Knowledge regarding cervical cancer screening
2. Attitude towards cervical cancer screening
3. Practice towards cervical cancer screening.

1. A hospital-based cross-sectional study was conducted by ramajyothi sonavalli in 2025 among 334 married women aged 20–65 years attending the gynaecology outpatient department of a tertiary care hospital in Telangana from February to November 2025. Data were collected using a pretested structured questionnaire. Statistical analysis was performed using SPSS version 26. Chi-square test and multivariate logistic regression were applied. A p value <0.05 was considered statistically significant.

Results: Only one third (31.4%) of participants were aware of cervical cancer.

Awareness regarding symptoms (13.5%), risk factors (8.9%), preventive measures (6.9%), and HPV vaccination (14.0%) was low. Awareness of screening tests was reported by 12.8%, and only 7.0% had ever undergone screening. Despite poor knowledge and minimal screening practice, willingness to undergo screening was high (82.0%). On multivariate analysis, employment status, knowledge of screening tests, and willingness to undergo screening were independent predictors of awareness.

2. A community-based, cross-sectional study was conducted by melvi jonson and teena Mariya joy from January 2024 to March 2024. A sample of 513 women aged 25-60 years was selected using multistage sampling. Data were collected using a semi-structured questionnaire and analyzed using SPSS version 20 software (IBM Corp., Armonk, NY, USA).

The results are :

The prevalence of CC screening was found to be 9.2%, with 86.2% of women expressing willingness to undergo future screening if provided free of charge. Nearly half (48.7%) of the study population had average or above average awareness of CC and its screening practices. Factors associated with increased screening uptake included age of more than 41 years, those from the above poverty line category, and those living in nuclear families.

This study provides valuable insights into the practices of CC screening and awareness among rural women in Ernakulam district, Kerala. Targeted educational interventions and improved access to screening services are recommended to address gaps.

3. A community based cross sectional study conducted on 2024 by Melvi Johnson, Teena Mary Joy on 25–60 years of Rural women's of Ernakulam district with a Sample size: 513 women through Multistage sampling method and

Semi-structured questionnaire it is finds that Screening prevalence: 9.2% and 86.2% willing to undergo screening if provided free and 48.7% had moderate or good awareness of cervical cancer.
4. A cross-sectional study conducted by shilpi sumun on 2024 that including 400 women between the ages of 21 and 65 was carried out. Systematic random sampling was used to choose the participants, and structured interviews using a pretested questionnaire were used to gather data. SPSS version 23.0 was used to analyse the data, and chi-square tests and descriptive statistics were used to determine whether the variables were related. Results: Of the 400 participants, 45% were aware of screening techniques and 55% had heard of cervical cancer. Merely 20% had never had a Pap smear performed. Lack of awareness (fifty percent), financial constraints (30%), and fear or worry (20%) were the biggest obstacles to screening. There was no significant correlation identified between awareness and marital status but there was a strong correlation between education level and awareness of screening procedures. The study found that women in the Kankarbagh slum had poor screening rates but a reasonable awareness of cervical cancer. Awareness of screening techniques was strongly correlated with education level, emphasising the need for focused educational programs.
5. A cross-sectional study was conducted by Dr. Pradeepa.S, in 2024 among married women aged 30 to 60 years, residing in the Field practice area of Urban Health Centre of Meenakshi Medical College and Hospital Kanchipuram, Tamil Nadu.

The area that was covered consists of eight streets with a total population of 10710. A total of 415 women were included in the study by population to proportion sampling. Results Of the 415 study subjects, majority (76.4%) of them have heard of the term “Cancer”. Percentage of subjects who had heard about “Cervical Cancer” specifically were 89.3% (283). Out of 415 study subjects 214(51.6%) had inadequate knowledge and 201(48.4%) had adequate knowledge. Only 46.3% of the study subject were having positive attitude and 53.7% of the study subjects were not having positive attitude. out of 283 subjects only 56(19.8%) have undergone screening and all 56 had undergone only once. Out of 56 study subjects, 2 were positive for VIA. As per the present study the knowledge, attitude and practices score towards cervical cancer is very minimal. More awareness and education program need to be implemented to women about cervical cancer and screening.
6. A cross sectional study conducted by komal sakraval ,Govardhan meena,Ajay Gupta and kapil malav on 2023 among 300 adult women in village Naila, Jaipur, for a period of 1 year from December 2021 to November 2022. Systematic random sampling was used to identify the houses, and women were selected for interview via simple random sampling.. A pre-tested semi-structured questionnaire was used for data collection. Results The mean age of participants was 30 ± 9.7 years. Out of 300, 27 (9%) women had ever heard of cervical cancer. Most 189 (63%) women agreed to undergo screening for cervical cancer if opportunity was provided

but only four (1.3%) women had practiced regular and/or yearly check-ups with doctors. Association of knowledge of cervical cancer was significant with socioeconomic status and caste (P value <0.05), while association of knowledge of cervical cancer symptoms with other sociodemographic variables was not significant (P value >0.05). Most of the women surveyed had poor knowledge about cervical cancer, its risk factors, signs and symptoms, causal relation with HPV, mode of transmission, screening method and prevention through HPV vaccination.

7. A study conducted by u.umalakshi on 2021 to understand the knowledge regarding cervical cancer among women in selected community setting, Chennai. convenient sampling technique was used to select 30 samples. Structured questionnaire was used to collect the data from 30 women in the age group of 21 to 59 years and the data was analyzed using descriptive and inferential statistics. The study findings revealed that 26(86.7%) of the women had inadequate knowledge regarding cervical cancer and 4(13.3%) of them had moderate knowledge and none of the samples have adequate knowledge regarding cervical cancer and there is a association between level of knowledge regarding cervical cancer with educational status and there is no association of level of knowledge regarding cervical cancer with demographic variables such as age, type of family and occupational status at $p < 0.5$ level.
8. A cross-sectional survey was conducted from November 1, 2021, to November 30, 2021, to assess the public knowledge, attitudes, and practices regarding cervical cancer. The self-designed online questionnaire was shared on social media such as Telegram, WhatsApp, LinkedIn, and Facebook. Girls and women aged 15 years and more studying in educational institutions or those who have completed their graduation were asked to fill out the questionnaire. 824 respondents filled out the online survey. 75% of the respondents had good knowledge about pap smear and HPV vaccination. Only 80 respondents (9.7%) were vaccinated against HPV. 255 (30.9%) had been screened with a pap smear at least once in their lifetime. Screening with pap smear was never performed in 412 subjects, which constituted 50% of the respondents. A poor knowledge about the eligibility of pap smear and the availability of HPV as a screening modality may have contributed to a poor conversion to the regular practice of screening modalities.
9. community based cross sectional study was conducted by Radha Ramaiah and Srividya Jayarama on 2018 among 200 married women of reproductive age group residing in Javarnahalli, a rural field practice area of AIMS, Karnataka. Data was collected using predesigned, pretested structured questionnaire.

Result: 64% study participants were not aware of the early symptoms of cervical cancer. Around 34.5% had heard of cervical cancer screening. 76.2% women were willing to be screened if offered free of cost. But only 9.5% women had ever been screened for cervical cancer. Strategic communication targeting eligible women, universal availability of screening facilities in public health facilities may increase the uptake of cervical screening.

10. A facility-based cross-sectional study was conducted by Dr. Arun Mahadeo Kokane in 2014 on 400 females of reproductive age who presented to out-patient department of All India Institute of Medical Sciences Bhopal. Structured questionnaire consisting 20 knowledge items and 7-items for attitude and history of pap smear for practices were administered by one of the investigators after informed consent. Qualitative variables were summarized as counts and percentages while quantitative variables as mean and standard deviation. A total of 442 women were approached for interview of which 400 responded of which two-third (65.5%) had heard of cervical cancer. At least one symptom and one risk factor were known to 35.25% and 39.75% participants. Only 34.5% participants had heard, and 9.5% actually underwent screening test, however, 76.25% of the participants expressed a favorable attitude for screening. Binary logistic regression analysis revealed that education age and income were independent predictors of better knowledge. Education level influences attitude toward screening and actual practice depends on age, income, and marital status.

CONCLUSION

Previous research studies reveal that several factors influence women's participation in cervical cancer screening, including educational status, socioeconomic level, cultural beliefs, accessibility of health services, and awareness about the disease. While some women show a positive attitude toward screening, the actual practice of undergoing screening tests remains low.

CHAPTER 3

METHODOLOGY

INTRODUCTION

The methodology of research indicates the general pattern of organizing the procedure for gathering, valid and reliable data for an investigation. It includes description of the research approach, research design under study, setting, population, sample and sampling technique, development of data collection instruments. Data collection procedure and plan of data analysis is determined the knowledge, attitude and practice of HPV screening on. cervical cancer among women above 30 yrs , in KMCT Mother and Child Hospital manassery mukkam.

RESEARCH APPROACH

Quantitative method is used as research approach, it involves collection and analysis of numerical data using a structured tool. This descriptive study helps in systematically describing the current levels of knowledge, attitude, and practices about HPV screening on cervical cancer among women above 30 yrs

RESEARCH DESIGN

The research design selected for this study is a descriptive research design, which is most appropriate for studies that aim to assess and describe existing conditions or practices without manipulating any variables. In this study, data will be gathered using structured questionnaires.

SETTING OF STUDY

The study was conducted at KMCT Mother and Child Hospital manasserry, mukkam.

POPULATION

Population of the study includes women in OPD of KMCT Mother and Child Hospitalmanassery mukkam.

SAMPLE

Sample can be defined as representative unit of a target population which is to be worked upon by researchers during their study. In this study, sample is women above 30yrs in KMCT Mother and Child Hospital manassery mukkam.

SAMPLE SIZE

A total of 60 women.

SAMPLING TECHNIQUE

Sampling is a process of selecting a representative segment of the population under study. A non- probability convenient sampling technique was used in this study.

SAMPLING CRITERIA

A-Inclusive criteria

- women who are willing to participate
- women available during the time of data collection
- all women above 30yrs from the KMCT Mother and Child Hospital mukkam.

B-Exclusive criteria

- women who are not willing to participate
- Absentees during data collection

DESCRIPTION OF TOOL

The tool used in this study is close ended self-administered questionnaire, likert scale and demographic profile.

PART 1

It is designed to collect demographic data (age, gender, religion, marital status, income, education and residency).

PART 2

It is designed to assess knowledge regarding HPV screening on cervical cancer by selfstructured questionnaire.

SCORING AND INTERPRETATION

TABLE 1

LEVEL OF KNOWLEDGE	INTERPRETATION
Good knowledge	11-15
Moderate knowledge	6-10
Poor knowledge	0-5

Table 1 shows scoring and interpretation of knowledge level.

PART 3

It is designed to assess attitude towards HPV Screening on cervical cancer among women above 30 years.

SCORING AND INTERPRETATION

Table 2

LEVEL OF ATTITUDE	INTERPRETATION
Positive attitude	1-25
Neutral attitude	26-50
Negative attitude	51-75

Table 2 shows scoring and interpretation of practice level.

PART 4

It is designed to assess the practice of HPV screening on cervical cancer among women above 30 years.

Table 3

LEVEL OF PRACTICE	INTERPRETATION
Adequate practice	0-5
Moderate practice	6-10
Inadequate practice	11-15

VALIDITY OF TOOL

The prepared collection tool along with problem statement, objectives, operational definition and blue print was submitted to experts.

DATA COLLECTION PROCEDURE

After obtaining written permission from principal, vice principal and class coordinator the students are subjected to conduct study, the questionnaire will administer in google form to women above 30 years in kmct women and child hospital. Participants were given sufficient time to complete the tool.

PLAN FOR DATA ANALYSIS

Data will be analysed using descriptive and inferential statistics.

CONCLUSION

This chapter deals with methodology, research approach, design, population, setting of study, sample and sample technique description of tool, validity, method of data collection, plan for data analysis.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

Analysis is the process of categorizing, ordering, manipulating and summarizing the data to obtain research questions. This chapter deals with the result of data collected from a sample of 60 women regarding HPV screening on cervical cancer among women above 30 years old by using structured questionnaire and Likert scale. This chapter deals with the systematic presentation of analysed data followed by interpretation of data. The collected information was organized, tabulated, analysed and interpreted using descriptive and inferential statistics.

ORGANIZATION OF THE FINDINGS

The collected data organized and presented in following sections.

Section 1: Description of sample characteristics

Section 2: Assessment of knowledge regarding HPV screening in detecting cervical cancer among women above 30 years.

Section 3: Assessment of attitude regarding HPV screening in detecting cervical cancer among women above 30 years

Section 4: Assessment of practice regarding HPV screening in detecting cervical cancer among women above 30 years.

Section 5: Analysis of association between level of knowledge and selected sociodemographic variables among women above 30 years.

Section 6: Analysis of association between level of attitude and selected sociodemographic variables among women above 30 years.

Section 7: Analysis of association between level of practice and selected sociodemographic variables among women above 30 years.

SECTION I

Description of socio demographic characteristics such as age , gender ,religion ,monthly income ,marital status, education, residency.

Table 4 : Frequency and percentage distribution of sample characteristics

N=60

SL NO	SOCIODEMOGRAPHIC	CHARACTERSTIC	FREQUENCY	PERCENTAGE
1	AGE	30-35 36-40 40 -45 45 above	33 14 12 1	55 23 20 2
2	GENDER	Female Others	60 -	100 -
3	RELIGION	Hindu Islam Christian Others	17 37 6 -	28 62 10 -
4	MONTHLY INCOME	10,000-20,000 21,000-30,000 31,000-40,000 40,000 above	21 16 13 10	35 27 22 17
5	MARITAL STATUS	Married Unmarried Widow	50 9 1	83 15 2
6	EDUCATION	Primary Education Higher secondary Graduate Illiterate	16 23 20 1	27 38 33 2
7	RESIDENCY	Rural Urban	42 18	70 30

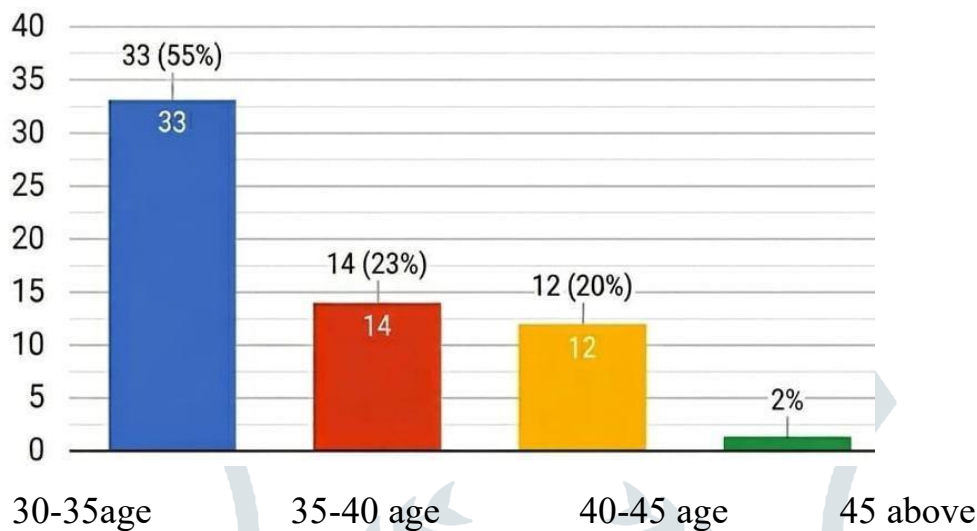
AGE

Fig 1: Bar diagram showing distribution of subjects based on age

As reflected in this figure , 55% were in the age group of 30-35 years , whereas 23% were in the age group of 35-40 years ,20% were in age group of 40-45 years and 2% are in age group of 45 years above

GENDER

Fig : 2 pie diagram showing distribution of subjects based on gender.

As reflected in this figure 100% are women.

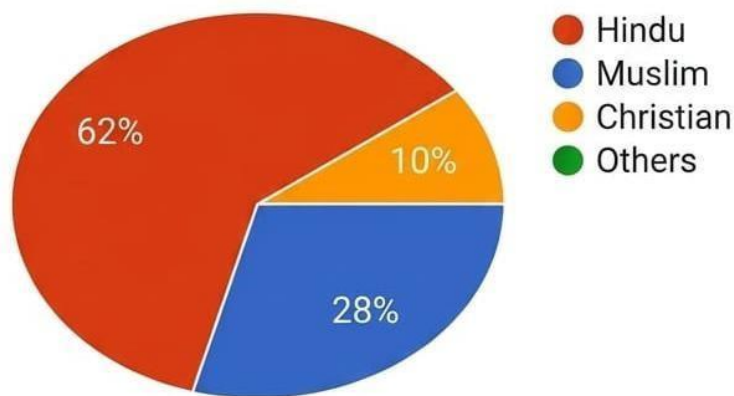
RELIGION

Fig: 3 – pie diagram showing distribution of subjects based on religion.

As reflected in this figure , majority of subjects 62% are hindu , 28% are muslim and 10% are Christian.

MONTHLY INCOME

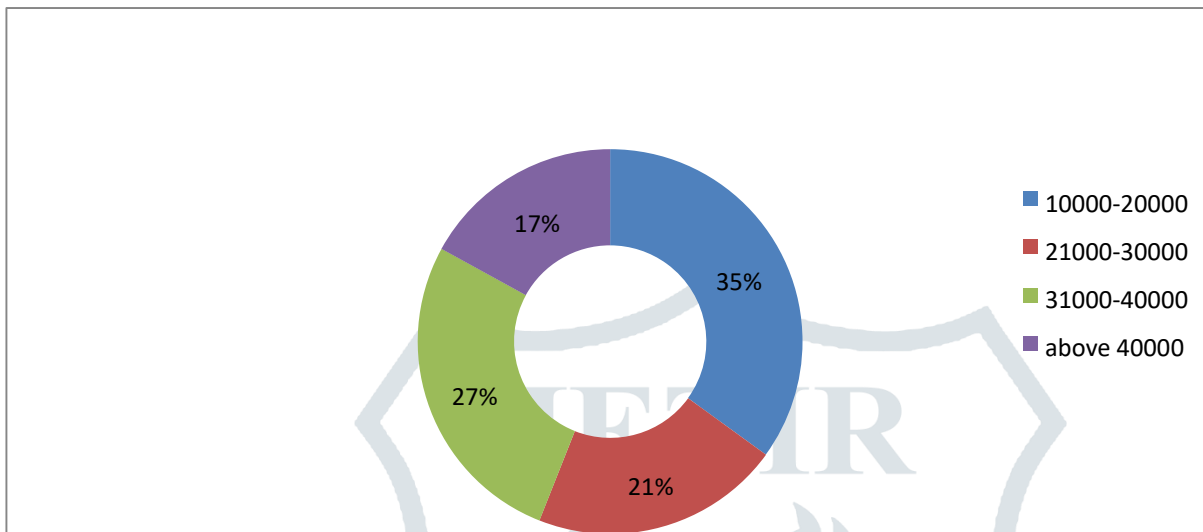


Fig : 4 – pie diagram showing distribution of subjects based on monthly income.

As reflected in this figure , majority 35% are in range of 10000-20000 , 27% are in range of 21000-30000 , 21% are in range of 31000-40000 and 17% are above 40000.

EDUCATION

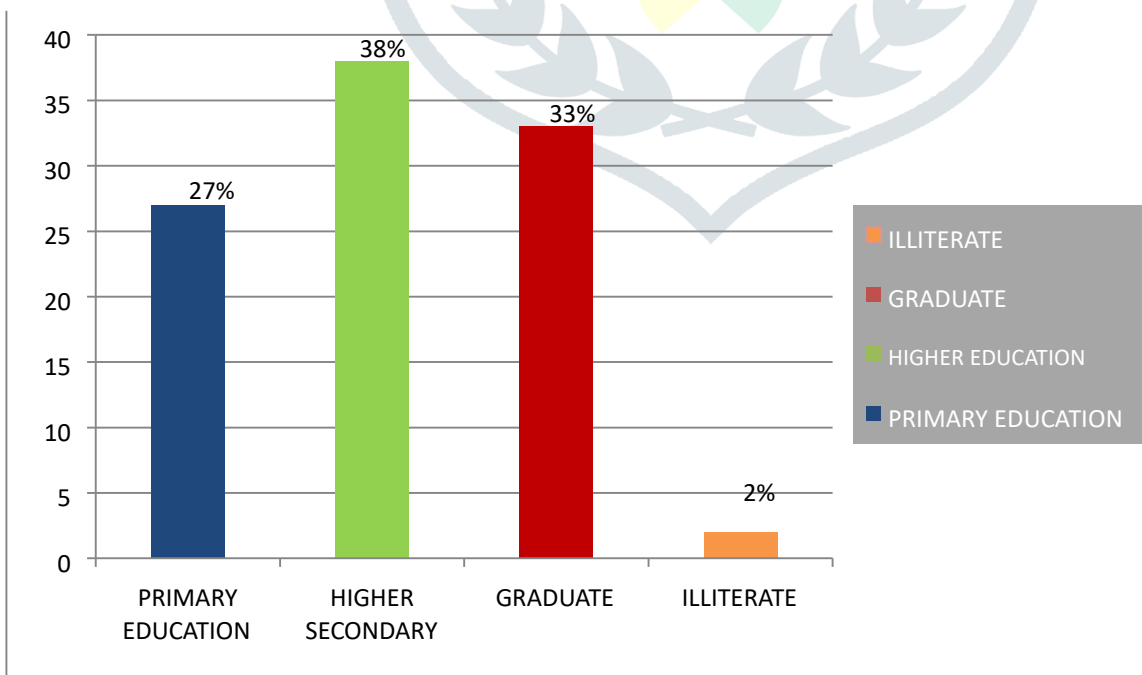


Fig:5-Bar diagram showing distribution of subjects based on education.

As reflected in the figure,majority of subjects 38% are higher secondary , 33% are graduate ,27% are primary education and 2% are illiterate.

RESIDENCY

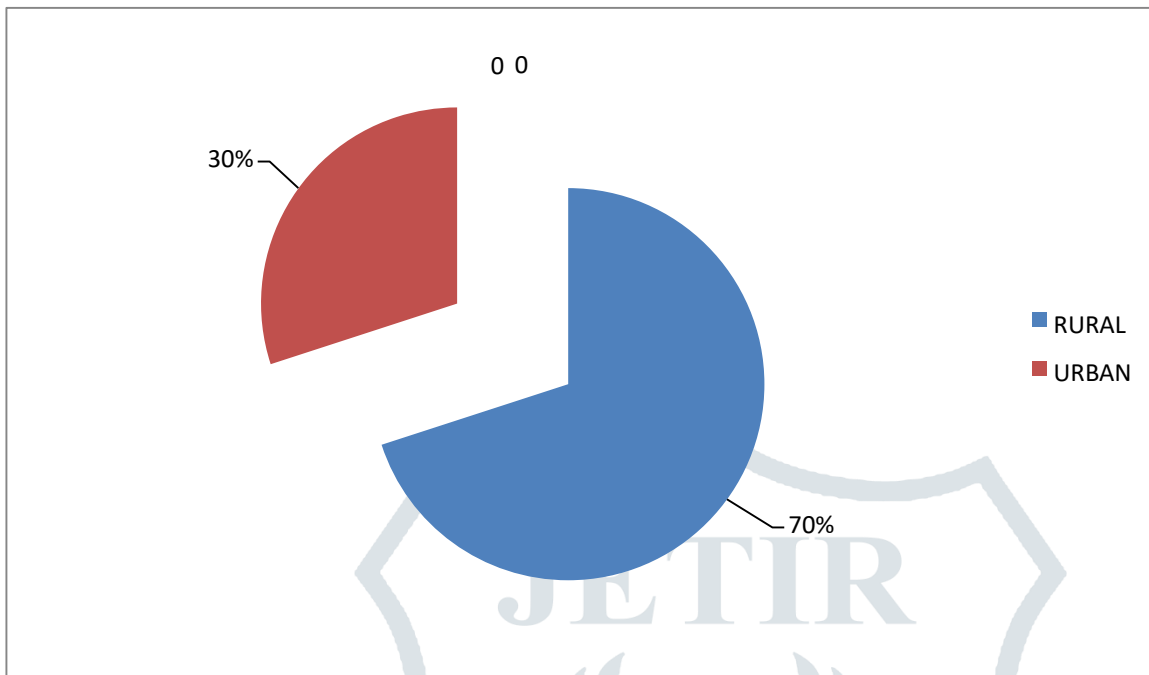


Fig:6- pie diagram showing distribution of subject based on residency.

As reflected in this figure majority 70%are rural and 30% are urban.

SECTION II

Assessment of knowledge regarding HPV screening in detecting cervical cancer among women above 30 years.

This section deals with the assessment and interpretation of knowledge level of women regarding HPV screening in detecting cervical cancer. The data was collected using questionnaire.

Table 5: Distribution of sample according to the knowledge experienced by women above 30 years. N=60

SINO	CATEGORY	NUMBER OF WOMEN	PERCENTAGE
1	INADEQUATE KNOWLEDGE (0-5)	8	13%
2	MODERATE KNOWLEDGE (6-10)	20	34%
3	GOOD KNOWLEDGE (11-15)	32	53%

This table shows knowledge experienced by women above 30 years.

KNOWLEDGE

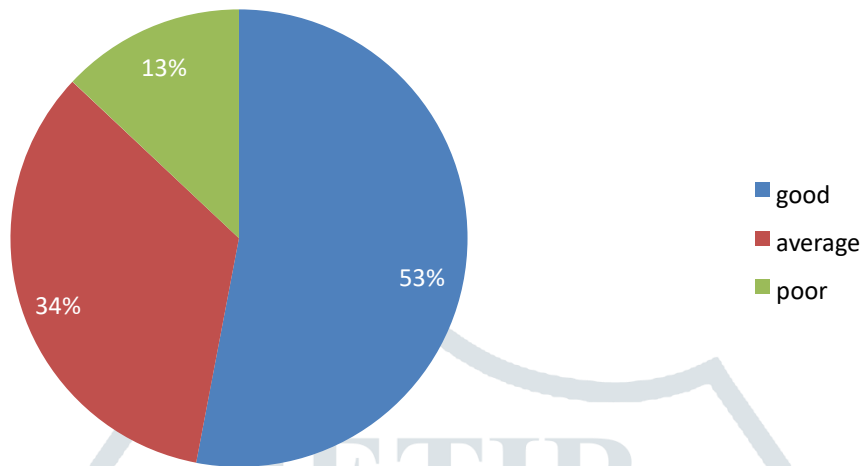


Fig 7 :shows that 32 members have good ,20 have average and 8have poor knowledge respectively.

SECTION III

Assessment of attitude regarding HPV screening in detecting cervical cancer among women above 30 years.

This section deals with the analysis and interpretation of attitude of women regarding HPV screening in detecting cervical cancer,using descriptive statistics.

The data was collected using 5-point Likert scale.

Table 6: Distribution of sample according to attitude of women above 30 years.

N=60

SI NO	CATEGORY	NUMBER OF WOMEN	PERCENTAGE
1	NEGATIVE ATTITUDE	0	0
2	NEUTRAL ATTITUDE	2	3%
3	POSITIVE ATTITUDE	58	97%

This table shows attitude level of women above 3 years.

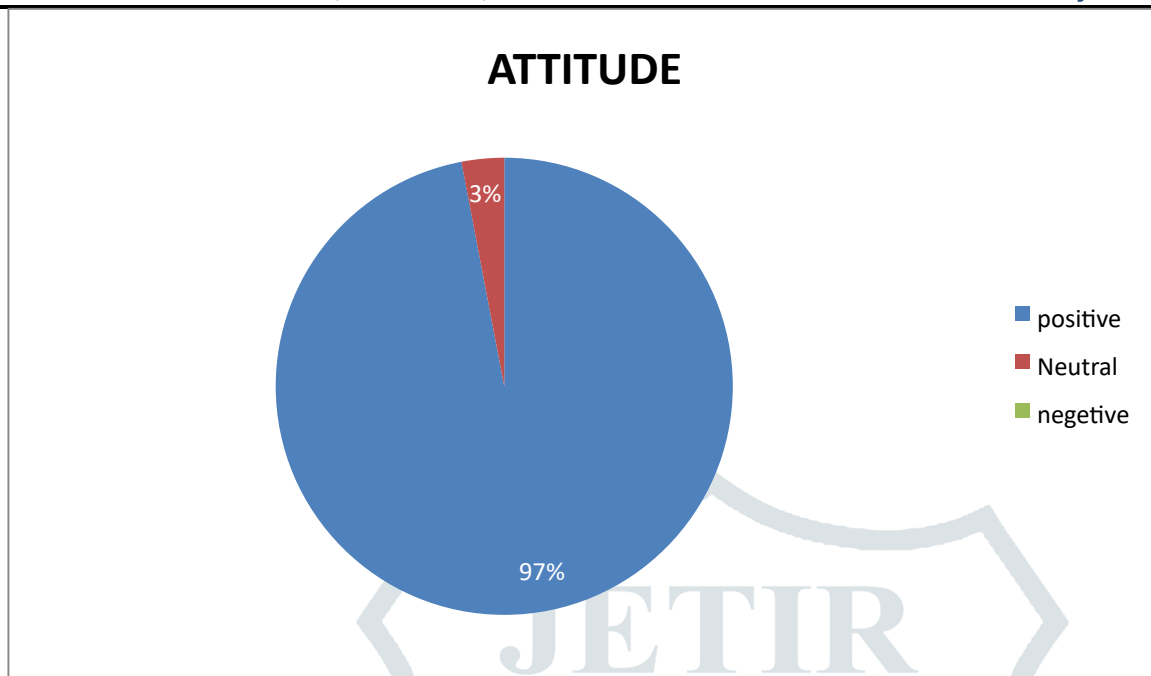


Fig :8 shows that 58 members had positive ,2 members had neutral and 0 members had negative attitude respectively.

SECTION IV

Assessment of practice regarding HPV screening in detecting cervical cancer among women above 30 years.

This section deals with the analysis and interpretation of practice of women regarding HPV screening in detecting cervical cancer,using descriptive statistics.

The data was collected using questionnaire .

Table 7: Distribution of sample according to the practice of women.

N=60

SI NO	CATEGORY	NUBER OF WOEN	PERCENTAGE
1	INADEQUATE PRACTICE (0-5)	29	48%
2	MODERATE PRACTICE (6-10)	20	34%
3	ADEQUATE PRACTICE (11-15)	11	18%

This table shows practice level of women above 30 years.

PRACTICE

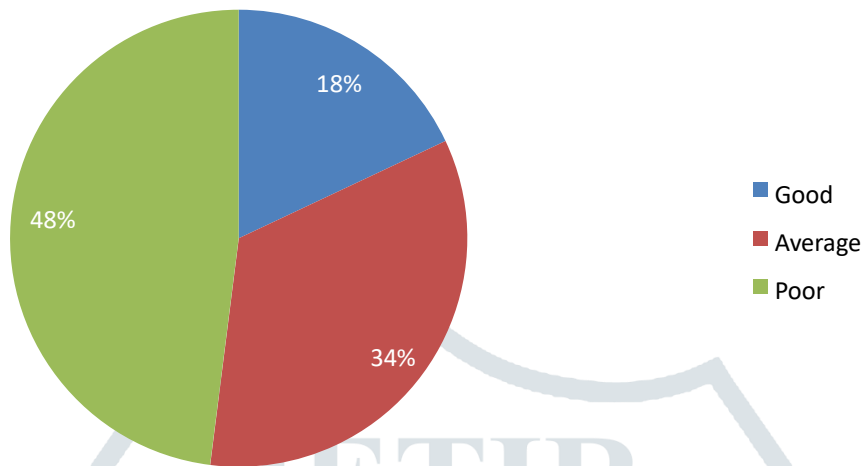


Fig 9 : shows that 11 members have good ,20 members have average and 29 members have poor practice respectively.

Table 8 : Overall distribution of means score , mean % and standard deviation of knowledge experienced by women above 30 years.

MEAN SCORE	MEAN % SCORE	STANDARD DEVIATION
2.4	80%	0.71

This table shows mean scores, mean % score and standard deviation of knowledge experienced by women above 30 years .

Table 9 : Overall distribution of mean scores , mean % score and standard deviation of attitude experienced by women above 30 years .

MEAN SCORE	MEAN % SCORE	STANDARD DEVIATION
2.97	99%	0.17

This table shows mean ,mean % score and standard deviation of attitude experienced by women above 30 years.

Table 10 : Overall distribution of mean scores , mean % score and standard deviation of practice experienced by women above 30 years .

MEAN SCORE	MEAN % SCORE	STANDARD DEVIATION
1.70	56.6%	0.75

This table shows mean score , mean % score and standard deviation of practice experienced by women above 30 years.

SECTION V

Analysis of association between level of knowledge and socio deographic variables among above 30 years. Pearson chi square test is used to find out the association.

Table 11: Association between level of knowledge and selected demographic variables.

SELECTED VARIABLES	CHI SQUARE VALUE	df	P VALUE	SIGNIFICANCE
AGE	1.503	4	0.1744	Not significant
GENDER	0	2	1	Not significant
RELIGION	49.802	6	5.15	Significant
INCOME	10.554	6	0.1032	Not significant
MARITAL STATUS	10.192	4	0.0373	Significant
EDUCATION	3.907	4	0.419	Not significant
RESIDENCY	0.384	2	0.825	Not significant

This table show association between level of knowledge and selected demographic variables.

SECTION VI

Analysis of association between level of attitude and sociodemographic variables among women above 30 years .

Table 12: Association between level of attitude and selected demographic variables.

SELECTED VARIABLES	CHI SQUARE VALUE	df	P VALUE	SIGNIFICANCE
AGE	3.53	2	0.17	Not significant
GENDER	0	1	2	Not significant
RELIGION	0.62	4	0.96	Not significant
INCOME	0	6	1	Not significant
MARITAL STATUS	1.04	1	0.52	Not significant
EDUCATION	1.04	2	0.59	Not significant
RESIDENCY	0.59	1	0.44	Not significant

This table showing the association between level of attitude and selected demographic variables.

SECTION VII

Analysis of association between level of practice and socio demographic variables among women above 30 years.

Table 13: Association between level of practice and selected demographic variables.

SELECTED VARIABLES	CHI SQUARE VALUE	df	P VALUE	SIGNIFICANCE
AGE	6.35	4	0.174	Significant
GENDER	0	2	1	Not significant
RELIGION	12.10	6	0.0592	Not significant
INCOME	4.86	6	0.5	Not significant
MARITAL STATUS	7.41	4	0.114	Not significant
EDUCATION	5.17	6	0.52	Not significant
RESIDENCY	0.99	2	0.61	Not significant

This table showing association between level of practice and socio demographic variables.

CONCLUSION

The result shows 53% (32 women) have adequate knowledge,97% (58 women) have positive attitude and 18% (11 women) have adequate practice regarding HPV screening on cervical cancer . The association was found between knowledge with religion and marital status , practice with age .

CHAPTER 5 RESULT

INTRODUCTION

The present study is aimed to assess the knowledge, attitude and practice regarding the HPV screening on cervical cancer among women in kmct women and child hospital mukkam.

OBJECTIVES

- To assess the knowledge regarding HPV screening in detecting cervical cancer .
- To assess attitude regarding HPV screening in detecting cervical cancer.
- To assess practice regarding HPV screening in detecting cervical cancer.
- To associate knowledge and social demographic variables.
- To associate attitude and social demographic variables.
- To associate practice and social demographic variables.

HYPOTHESIS

- There is no significant association between knowledge and social demographic variables.
- There is no significant association between attitude and social demographic variables.
- There is no significant association between practice and social demographic variables.

RESULTS

Section 1: Description of sample characteristics.

Following were the major findings of the study.

- Majority of the sample 55% were in the age group of 30-35 years, 23% were 35-40% years, 20% were 40-45% and 2% were above 45 years.
- 100% are female.
- Majority of 62% were in the religion Hindu, 28% were Muslim and 10% belongs to Christian.
- Regarding income 35% belongs to 10000-20000, 21% belongs to 21000-30000, 27% belongs to 31000-40000 and 17% belongs to above 40000.
- Regarding 27% achieved primary education, 38% achieved higher education, 38% were graduate and 2% were illiterate.
- Regarding residency 30% are in urban and 70% in rural.

Section 2: Assessment of knowledge regarding HPV screening on cervical cancer among women above 30 years.

Majority (53%) have adequate knowledge regarding HPV screening on cervical cancer. 34% have moderate knowledge regarding HPV screening on cervical cancer. 13% have inadequate knowledge regarding HPV screening on cervical cancer.

Section 3: Assessment and attitude regarding HPV screening on cervical cancer among women above 30 years.

97% have positive attitude regarding HPV screening on cervical cancer, 3% have neutral attitude and 0 negative attitude.

Section 4 : Assessment and practice regarding HPV screening on cervical cancer among women above 30 years.

48% have inadequate practice, 18% have adequate practice and 34% have moderate practice regarding HPV screening on cervical cancer.

Section 5: Association

✦ Regarding level of knowledge and demographic variables.

There is a significant association between the level of knowledge regarding HPV screening on cervical cancer and selected variables such as religion and marital status and no significant association between level of knowledge regarding HPV screening on cervical cancer and selected variables such as age, gender, income, education and residency.

✦ Regarding level of attitude and demographic variables.

There is no significant association between level of attitude regarding HPV screening on cervical cancer and selected variables such as age, gender, religion, income, education, marital status and residency.

✦ Regarding level of practice and demographic variables.

There is a significant association between the level of practice regarding HPV screening on cervical cancer and selected variables such as age and no significant association between level of practice and selected variables such as gender, religion, income, education, marital status and residency.

CONCLUSION

The study aimed to assess the knowledge, attitude and practice regarding HPV screening on cervical cancer among women above 30 years. The result shows that 53% women have adequate knowledge, 34% have moderate knowledge and 13% have inadequate knowledge. In terms of attitude 97% have positive attitude, 3% have neutral attitude and 0 negative attitude. In terms of practice 48% have poor practice, 18% have good practice and 34% have average practice. Significant association was found between knowledge and variables such as religion and marital status. In practice, significance is found between practice and variable such as age.

CHAPTER 6 DISCUSSION INTRODUCTION

This chapter gives brief account of discussion on major findings of other studies reviewed by investigator.

DISCUSSION

The present study aims to assess the level of knowledge, attitude and practice regarding HPV on cervical cancer among women above 30 years. The study result shows that 55% were in the age group of 30-35 years, 23% were 35-40% years, 20% were 40-45% and 2% were above 45 years. 100% are female. Majority of 62% were in the religion Hindu, 28% were Muslim and 10% belongs to Christian. Regarding income 35% belongs to 10000-20000, 21% belongs to 21000-30000, 27% belongs to 31000-40000 and 17% belongs to above 40000. Regarding 27% achieved primary education, 38% achieved higher education, 38% were graduate and 2% were illiterate. Regarding residency 30% are in urban and 70% in rural. Majority (53%) have adequate knowledge regarding HPV screening on cervical cancer. 34% have moderate knowledge regarding HPV screening on cervical cancer. 13% have inadequate knowledge regarding HPV screening on cervical cancer. 97% have positive attitude regarding HPV screening on cervical cancer, 3% have neutral attitude and 0 negative attitude. 48% have inadequate practice, 18% have adequate practice and 34% have moderate practice regarding HPV screening on cervical cancer.

1. A hospital-based cross-sectional study was conducted by ramajyothi sonavalli in 2025 among 334 married women aged 20–65 years attending the gynaecology outpatient department of a tertiary care hospital in Telangana from February to November 2025. Data were collected using a pretested structured questionnaire. Statistical analysis was performed using SPSS version 26. Chi-square test and multivariate logistic regression were applied. A p value <0.05 was considered statistically significant.

Results: Only one third (31.4%) of participants were aware of cervical cancer. Awareness regarding symptoms (13.5%), risk factors (8.9%), preventive measures (6.9%), and HPV vaccination (14.0%) was low. Awareness of screening tests was reported by 12.8%, and only 7.0% had ever undergone screening. Despite poor knowledge and minimal screening practice, willingness to undergo screening was high (82.0%). On multivariate analysis, employment status, knowledge of screening tests, and willingness to undergo screening were independent predictors of awareness.

2. A community-based, cross-sectional study was conducted by melvi jonson and teena Mariya joy from January 2024 to March 2024. A sample of 513 women aged 25-60 years was selected using multistage sampling. Data were collected using a semi-structured questionnaire and analyzed using SPSS version 20 software (IBM Corp., Armonk, NY, USA).

The results are :

The prevalence of CC screening was found to be 9.2%, with 86.2% of women expressing willingness to undergo future screening if provided free of charge. Nearly half (48.7%) of the study population had average or above average awareness of CC and its screening practices. Factors associated with increased screening uptake included age of more than 41 years, those from the above poverty line category, and those living in nuclear families.

This study provides valuable insights into the practices of CC screening and awareness among rural women in Ernakulam district, Kerala. Targeted educational interventions and improved access to screening services are recommended to address gaps.

CONCLUSION

This chapter deals with the major findings and discussion of the study with the supported review of literature.

CHAPTER 7

SUMMARY AND CONCLUSION

This chapter deals with the summary of the present study.

SUMMARY

The study we conducted with descriptive research design is considered suitable to assess the level of knowledge, attitude and practice regarding HPV screening on cervical cancer among women above 30 years by using close-ended self-administered questionnaire and Likert scale. Women above 30 years in women and child hospital kmct were selected as sample by using non probability convenient sampling method. Baseline Performa consisting of demographic data, close ended self-administered questionnaire and Likert scale. The result study revealed that majority (53%) have adequate knowledge regarding HPV screening on cervical cancer. 34% have moderate knowledge regarding HPV screening on cervical cancer. 13% have inadequate knowledge regarding HPV screening on cervical cancer. 97% have positive attitude regarding HPV screening on cervical cancer, 3% have neutral attitude and 0 negative attitude. 48% have inadequate practice, 18% have adequate practice and 34% have moderate practice regarding HPV screening on cervical cancer.

NURSING IMPLICATION

- Education and advocacy: Nurses must explain that for women over 30, the screening interval typically extends to every 5 years, they play a vital role in reassuring patients that this is longer gap is safe due to the high sensitivity of the HPV test.
- Stigma and follow up management :nurses reduce patient anxiety by clarifying that HPV can remain dormant for years, ensuring that positive results lead to strict adherence to follow up procedures like colposcopy for persistent infections.

NURSING EDUCATION

- Instruct patients to avoid sexual activity, douching and vaginal medications for 48 hours before their procedure.

- The sample group should be counselled and educated about potential harms of HPV screening.
- Women should be provided information regarding HPV screening.

NURSING ADMINISTRATION

- The role of nursing administration is very important .They can organize health education programme regarding benefit of HPV screening.
- Nursing administration at hospital and community level should evaluate the effectiveness of structured teaching programme regarding advantages of HPV screening.

NURSING PRACTICE

- Nurses should be skilled in identifying, explaining and verifying the problems faced by the clients.
- In community, student nurse must have knowledge and skill to provide knowledge regarding the advantages of HPV screening.

NURSING RESEARCH

- Research finding and result of study should publish disseminated through proper channel to enhance the knowledge of consumer regarding advantages of HPV screening.
- The study finding can be kept us the baseline data and further research can be conducted at different setting.

LIMITATIONS

- Generalisation of the findings was limited to small sample size and single settings.
- The subject were reluctant to participate in the study due to fear of disclosure of information.
- The sample may not represent the entire population, especially if restricted to a specific region ,age group, religion, educational background.
- Attribution of the subject.

RECOMMENDATION

On the basis of findings of the study, the following recommendation have been made,

- Similiar study can be replicated on a large sample to validate and generalize the study findings.
- Similiar study can be replicated in other setting.
- similiar study can be conducted by using quasi experimental design.

SUMMARY

This chapter deals with the conclusion drawn based on the findings of study, implications, nursing practice, limitations and recommendation of the study which the researcher experience during study

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APPENDIXES

APPENDIX 1 REQUEST FOR TOOL VALIDATION

From

Ms shileena rose shaji

Ms raza jahamgeer

Ms shadiya sharin

Ms nikitha ganesh

Mr rizvan

7th semester BSC nursing

KMCT college of nursing

Manassery,Kozhikode

To

Dr manjula shivakumar

Dr shine Thomas

Mrs jyothi martin

Mrs saritha

Mrs smitha

KMCT COLLEGE OF NURSING

Respected sir/madam,

Subject: Request for expert opinion and suggestion to establish content validity of the research tool.

We are 7th semester BSC Nursing students of KMCT college of nursing. We have selected the below mentioned topic for my research study to be submitted to kerala university of health science, Trissur, in partial fulfilment of bachelor of science in nursing degree.

TOPIC : A descriptive study to assess knowledge, attitude and practice of HPV screening on cervical cancer among women above 30 years in **KMCT WOMEN AND CHILD HOSPITAL MANASSERY KOZHIKODE.**

OBJECTIVES OF THE STUDY

- ✦ To assess the knowledge attitude and practice regarding HPV screening on cervical cancer among women above 30 years.
- ✦ To determine the association between knowledge, attitude practice and demographic variable regarding HPV screening on cervical cancer among women above 30 years.

Here with we enclosing the tool and the validation criteria. The tool consist of the demographic performa for the women. Knowledge, Attitude and practice questionnaires to assess the knowledge, attitude and practice of women above 30 years.

We request you to kindly go through the content of the tool for accuracy, appropriateness and relevancy and give your expert and valuable suggestions.

Please place (✓) in the column given in the validation criteria.

Your expert opinion and kind cooperation will be highly appreciated.

Thank you ,

faithfully

shaji

Yours

Shileena rose

Raza jahamgeer TP

Place:

Shadiya sharin k

Date :

Nikitha ganesh

Rizvan

APPENDIX 2

LIST OF EXPERTS FOR CONTENT VALIDITY

1.DR MANJULA SIVAKUMAR PRINCIPAL
KMCT SCHOOL OF NURSING
MANASSERY

2.DR SHINE THOMAS
VICE PRINCIPAL
KMCT COLLEGE OF NURSING
MANASSERY

3.MRS JYOTHI MARTIN K ASSOCIATE
PROFESSOR
KMCT COLLEGE OF NURSING
MANASSERY

4.MRS SARITHA
ASSOCIATE PROFESSOR
KMCT COLLEGE OF NURSING
MANASSERY

5.MRS SMITHA

LECTURER

KMCT COLLEGE OF NURSING

MANASSERY

APPENDIX 3 PERMISSION LETTER

Date:30/03/26

From
Shadiya, Shileena, Raza, Nikhitha, Risvan.
7th semester
Bsc Nursing
KMCT College of Nursing

To
HOD of Gynaecology Department
KMCT Women and Child Hospital
Manasserry, Mulkam

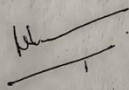
Respected sir,

Subject : Permission request for conducting academic research in BSc Nursing

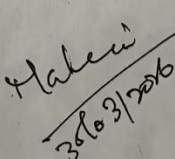
We 7th semester BSc Nursing students at KMCT College of nursing, kindly request you to grant me the permission for conducting research study on the topic of A Descriptive study to assess the knowledge ,attitude and practice about HPV screening on cervical cancer among women above 30 years in KMCT women and child Hospital manasserry , mulkam. For that purpose we need to collect data from the population of women above 30 years who comes gynaec OPD of KMCT Women and Child Hospital. Kindly do the needful.

Yours faithfully
Shadiya
Shileena
Nikhitha
Raza
Risvan





Dr. NASEEMA BEEVI A
MBBS, MD Reg. No: 13295
Professor & HOD of OBG
KMCT Medical College
Manasserry PO, Kozhikode, 672602



30/03/2026
Prof. MAGESWARIR
Principal
KMCT College of Nursing
Manasserry, Kozhikode - 673 602

APPENDIX 4

BLUE PRINT OF KNOWLEDGE QUESTION

CONTENT	QUESTION NUMBER	TOTAL NO OF QUESTIONS	%
HPV Basis	1,3,7,15	4	27
Cervical cancer	10,12	2	14
Screening test and guidelines	2,5,6,8	4	27
Risk factor and symptoms	4,9,11,13,14	5	34
Total	20	20	100

APPENDIX 5 INFORMED CONSENT

Study title : A descriptive study to assess knowledge , attitude and practice of HPV screening on cervical cancer among women above 30 years in KMCT WOMEN AND CHILD HOSPITAL Manassery Kozhikode .

Investigators : Ms.Shileena rose shaji,Ms.raza jahamgeer ,Ms.Nikhitha ganeeshan,Mr. Rizvan

Ms.Shileena rose shaji,Ms.raza jahamgeer ,Ms.Nikhitha ganeeshan,Mr. Rizvan are 7 th semester BSC nursing students assessing knowledge , attitude and practice of HPV screening on cervical cancer among women above 30 years , although the study will not benefit you directly , it will provide information that enable women to give more attention to HPV screening to assess cervical cancer .

The appropriate people and research review committee at the KMCT Nursing college respectively have approved the study and its procedures. The study procedures involves no foreseeable risks or harm to you or to your family.The procedures includes completing a demographic data sheet and responding to a questionnaire consisting of 15 questions. Participation in this study will take approximately 20 minutes. You are free to ask any clarification about study or questionnaire or about being a subject. You have the right to withdraw at any time.

The study data will be coded so it will not be linked to your name. Your identity will not be revealed while the study is being conducted or when study is reported or published. All study data will be collected by as stored in a secure place and not share with any other person without your permission.

I have read this consent form and voluntarily consent to participate in this study.

Subject's Signature/Date

I have explained this study to this above subject and have sought his/her understanding for informed consent

Date:

Investigator's Signature:

സമ്മതപത്രം

അധ്യയനത്തിന് െ ശീർഷകം :മുക്കം മണാശ്ശേരിയിലെ റക് എം സി റ്റി മദർ ആൻഡ് ചൈൽഡ് ആശുപത്രിയിലെ 30 വയസിന് മുകളിൽുള്ള ഐ പി വി സ്തകീനിംഗിന പറ്റിയുള്ള അരിവും മശ്നാഭാവവും ത്പാക്ീസും വിഠിരുത്തുന്ന പഠനം

ഗശ്വഷകർ: മിസ് ഷിഠിന ശ്യാസ് ഷാജി, മിസ്. ടെ. ജഹാകീർ, മിസ്. ഷാദിയ റഷിൻ, മിസ് നിഖിര ഗശ്നശൻ, മിസ്റ്റർ. ടിസവാൻ (റക്.എം.സി.ടി നഴിംഗ് ശ്കാശ്ജിറെ 7-ാാാറസമസ്റ്റർ ബി.എസ്സി നഴിംഗ് വിദയാർത്ഥികൾ).

സ്ത്രീകളുടെ ഐ. പി. വി സ്തകീനിംഗിന പറ്റിയുള്ള അരിവും മശ്നാഭാവവും ത്പാക്ീസും രിരിച്ചിയുക എന്നതാണ് ഈ ഒരു പഠനത്തിന്റെ ടക്ഷ്യം. ഈ പഠനം നിങ്ങൾക്ക് ശ്നരിട്ട് ഗുണം റെയുന്നിറെകിഠും അരിന പറ്റിയുള്ള അരിവ് നിങ്ങളിൽ വർദ്ധിക്കാൻ ഇർ സഹായിക്കും. ഈ പഠനത്ത കുഠിശ്ച്ചാ ശ്യാദയവെറയ കുഠിശ്ച്ചാ പങ്കാളി ആവുന്നരിന കുഠിശ്ച്ചാ നിങ്ങൾക്ക് എശ്പാഴും വയക്തര ശ്നടാം

ഈ പഠനവും അരിന് ട നടപടിക്മങ്ങൾക്കും എം.സി.ടി യിറെ എത്തിക്കൽ കമ്മിറ്റി അംഗീകരിച്ചിട്ടുണ്ട്. ഈ പഠനത്തിൽ നിങ്ങൾശ്കാ കുടുംബാംഗങ്ങൾശ്കാ യാററാറു ഹാനിയും സാധ്യരയുമിഠ. ഈ നടപടിക്മങ്ങൾ ഉൾപടുന്നർ ജനസംഖയാ വിവരങ്ങൾ പൂരിപിക്കൽ, 15 ശ്യാദയങ്ങൾ അടങ്ങിയ അരിവും സമീപനവും വിഠിരുത്തുന്ന ശ്യാദയാവെിക്ക് മൂപടി നൽകൽ എന്നിവയാണ്. ഈ പഠനത്തിൽ പരക്ടക്കുന്നരിനായി ഏക്ശദശം 20 മിനിറ്റ് സമയം ആവശയമായിരിക്കും. ഈ പഠനത്തക്കുഠിശ്ച്ചാ ശ്യാദയാവെറയക്കുഠിശ്ച്ചാ

പങ്കാളിയാകുന്നരിനക്കുഠിശ്ച്ചാ നിങ്ങൾക്ക് എശ്പാഴും വയക്തര ശ്നടാം. ഈ പഠനത്തിൽ പരക്ടക്കുന്നർ സവശ്മധയാ ആണ്. നിങ്ങൾക്ക് ഒരു ബാധ്യരയുമിഠ. എശ്പാൾ ശ്വണമകിഠും പഠനത്തിൽ നിന്ന് പിൻവാങ്ങാനാകും. നിങ്ങൾശ്കാ കുടുംബാംഗങ്ങൾശ്കാ ടിക്കുന്ന ശുർശ്ഷറയശ്കാ ആശ്റാഗയ സംഘശ്ത്താടുള്ള ബന്ധശ്മാ ബാധിക്കിഠ.

ഈ പഠനത്തിറെ ഡാറ്റ നിങ്ങളുടെ ശ്വരൂമായി ബന്ധിപിക്കാത്ത വിധ്ത്തിൽ രഹസയമായി സൂക്ഷിക്കറപടും. എഠാ ഡാറ്റയും സൂരക്ഷിരമായി സൂക്ഷിക്കുകയും നിങ്ങളുടെ അനുമരിയിഠാററ മറ്റാശ്കാടും പങ്കിടുകയും റെയിഠ.

ഞാൻ ഈ സമ്മരപത്രം വായിക്കുകയും സവശ്മധയാ ഈ പഠനത്തിൽ പരക്ടക്കാൻ സമ്മരിക്കുകയും റെയുന്നു. പരക്ടക്കുന്നയാളുടെ ഒപ് / രീയരി:

ഈ പഠനത്തിനായിട്ട് മുകളിൽ പെണ്ണ വയസ്സിന് വിശദമായി വിവരിച്ചിട്ടുണ്ട് അല്ലെങ്കിൽ/അവർക്ക് മനസ്സിലായിട്ടാണ് സമ്മതം നൽകിയത്.

ഗവേഷകൻ / ഓപ്പറേറ്റർ / രീയരി:

APPENDIX-6

1. DEMOGRAPHIC DATA

Instruction: Please tick the appropriate box or fill in the blanks. Basic information

Age :

- a) 30-35 years
- b) 36- 40 years
- c) 41-45 years
- d) 45 above

Gender :

- a) Male
- b) Female
- c) Others

Religion :

- a) Hindu
- b) Islam
- c) Christian
- d) others

Family income :

- a) ₹10000-20000
- b) ₹21000-30000
- c) ₹31000-40000
- d) ₹> 41000

marital status:

- a) married



b)unmarried

c)widow

Education:

a) Highschool

b) HighersecondarHigher secondary

c) Graduate

d) Postgraduate

e)illiterate

Residence:

a) Rural area

b) urban area

2. KNOWLEDGE

1. What does HPV stand for?

a) Human Papillomavirus

b) Human Polyomavirus

c) High Papillary Virus

d) High Papillomavirus

2. Which test is commonly used for cervical cancer screening?

a) Mammography

b) Pap Smear Test

c) Colonoscopy

d) CT Scan

3. The HPV vaccine primarily protects against which disease?

a) Cervical Cancer

b) Tuberculosis (TB)

c) Typhoid

d) Skin Cancer



4. What is an early warning symptom of cervical cancer?

- a) Abnormal vaginal bleeding
- b) Hair loss
- c) Toothache
- d) Joint pain

5 . How often should women aged 21–29 undergo a Pap smear screening? a) Every year

- b) Every 3 years
- c) Every 5 years
- d) Every 10 years

6. Which method is commonly used for cervical cancer screening in low-resource settings?

- a) VIA (Visual Inspection with Acetic Acid)
- b) MRI Scan
- c) PET Scan
- d) CT Scan

7. At what age is the HPV vaccine typically administered?

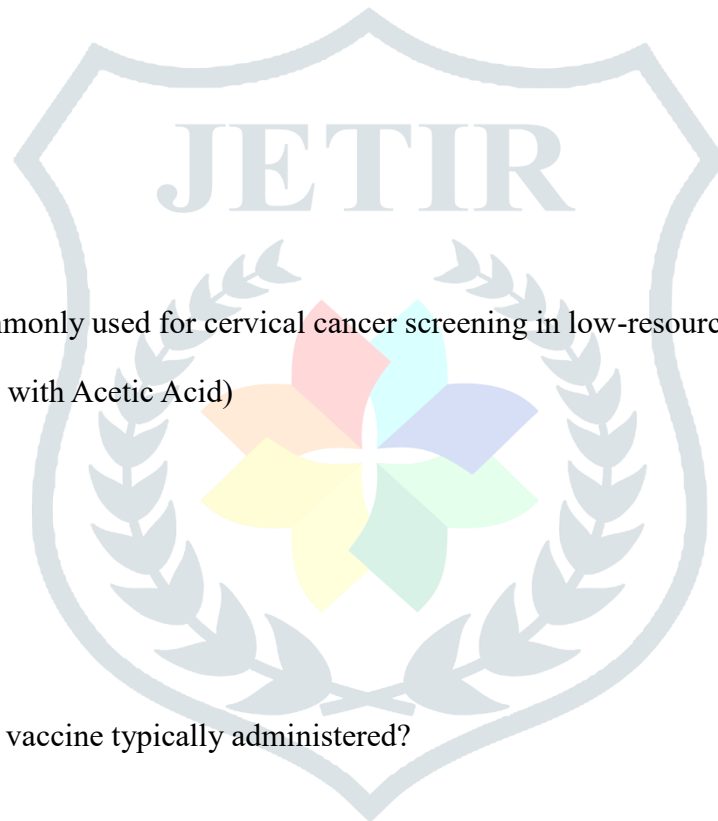
- a) 0–5 years
- b) 6–8 years
- c) 9–14 years
- d) 18–25 years

8. What is the primary purpose of cervical cancer screening?

- a) To treat cancer
- b) To detect cancer at a late stage
- c) To detect precancerous changes early
- d) To measure hormone levels

9 . What is at a higher risk for cervical cancer?

- a) Women with multiple sexual partners



- b) Women who have taken the HPV vaccine
- c) Women who have never had sexual contact
- d) Women who eat a balanced diet

10. In which part of the body does cervical cancer occur?

- a) Upper part of the uterus
- b) Cervix (Opening of the uterus)
- c) Ovaries
- d) Fallopian tubes

11. Which of the following can be a symptom of advanced cervical cancer?

- a) Abnormal vaginal bleeding
- b) Hair loss
- c) Weight gain
- d) Skin disease

12. Which age group is most commonly affected by cervical cancer?

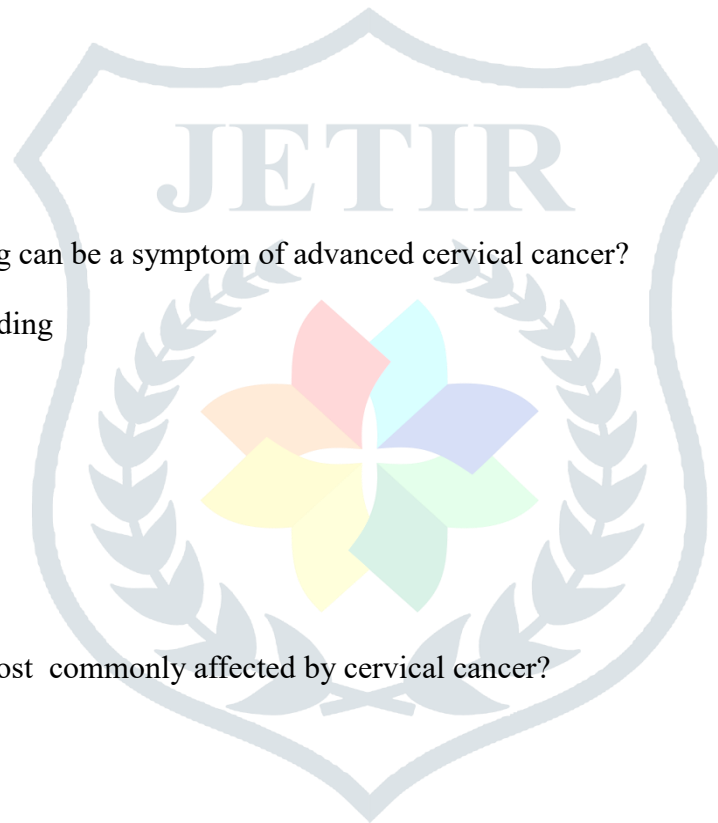
- a) 15–20 years
- b) 20–30 years
- c) 35–55 years
- d) Above 70 years

13. Which of the following is a risk factor for cervical cancer?

- a) Early onset of sexual activity
- b) Regular exercise
- c) Healthy diet
- d) Drinking milk

14. Who should undergo regular cervical cancer screening?

- a) Sexually active women
- b) Pregnant women only



- c) Elderly people only
- d) Unmarried women only

15. How is HPV infection primarily transmitted?

- a) Through the air
- b) Through sexual contact
- c) Through contaminated food
- d) Through mosquito bite

3.ATTITUDE

SL.NO		SRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1	Cervical cancer screening is important for women's health					
2	Regular cervical cancer screening helps detect the disease early					
3	All women should undergo cervical cancer screening					
4	Women should undergo cervical cancer screening even when there are no symptoms.					
5	Health workers should encourage women to get screened					
6	Women often feel shy/embarrassed about getting					
7	cervical cancer screening.Cervical cancer screening facilities should be available at all health centers					
8	Detailed information about cervical cancer screening should be available at all health centers.					
9	Women should encourage their friends and relatives to get screened					
10	Cervical cancer screening is a safe procedure					
11	Women should receive counseling before undergoing screening.					

12	Cervical cancer screening is essential for women above 30 years of age					
13	Regular screening helps detect cervical cancer at an early stage					
14	Cervical cancer screening helps improve women's quality of life					
15	Cervical cancer screening helps prevent deaths due to cervical cancer.					

4.PRACTICE

Sl.NO		YES	NO
1	Have you ever undergone cervical cancer screening?		
2	Have you ever delayed or postponed cervical screening?		
3	Do you regularly consult a doctor for reproductive health checkups?		
4	Have you specifically visited a gynecologist for cervical screening?		
5	Do you follow the screening schedule recommended by your healthcare provider?		
6	Do you attend follow-up visits after screening?		
7	Do you feel comfortable undergoing cervical screening tests?		
8	Have you ever refused screening when it was recommended to you?		
9	If you received an abnormal result, did you go for further tests?		
10	Have you used government health facilities for cervical screening?		
11	Have you participated in cervical screening camps held in your community?		
12	Is cost a barrier for you to get screened?		

13	Have you received the HPV vaccine?		
14	Do you seek medical advice when you experience symptoms like abnormal bleeding?		
15	Do you follow health education instructions regarding cervical screening?		

APPENDIX 7 ച ങ്ങുവലി

വയക്തിഗത വിവരങ്ങൾ

ത്പായം:

- a) 30–35 വയസ്
- b) 36–40 വയസ്
- c) 41–45 വയസ്
- d) 45 വയസിന് മുകളിൽ

െംഗം:

- a) പുരുഷൻ
- b) സ്ത്രീ
- c) മറ്റു

മരം:

- a) ഹിന്ദു
- b) ഇസ്ാം
- c) ത്കിസ്രയൻ
- d) മറ്റു

കുടുംബ വരുമാനം:

- a) ₹10,000–20,000
- b) ₹21,000–30,000
- c) ₹31,000–40,000
- d) ₹41,000 ന് മുകളിൽ

ചവവാഹിക നിം:

- a) വിവാഹിരൻ/വിവാഹിര
- b) അവിവാഹിരൻ/അവിവാഹിര
- c) വിധവ

വിദയാഭയാസം:

- a) ചഹസ്ൂൾക
- b) ഹയർ റസക്കൻഡി
- c) ബിരുദം
- d) പി.ജി (ശുപാസ്റ്റ്ഗാജുശുവറ്റ്)
- e) അക്രജജ്ഞാനം ഇെ

രാമസം:

- a) ത്ഗാമത്പശുദശം
- b) നഗരത്പശുദശം

അറിവ്

1.HPV എന്നർ എന്താണ്?

- a) ഹയുമൻ പാപിശ്ശോമ ചവെസ്
- b) ഹയുമൻ ശുപാളിശുയാമ്മ ചവെസ്
- c) ചഹ പാപിശ്ശോമ ചവെസ്

d) ചഹ പാപിശ്ലോമ ചവെസ്

2.ഗർഭാശയ ഗർഭഭവാര കാൻസർ സ്തർക്കീനിംഗിന് സാധാരണ ഉപശ്ചയാഗിക്കുന്ന പരിശ്ശശാധ്ന ഏരാണ്?

a) മാശ്ചമാത്ഗാഫി

b) പാപ് സ്ിയർമ റടസ്

c) ശ്കാളശ്ചനാസ്ശകാപി

d) സി.ടി സ്ാൻക

3.HPV ത്പധ്ാനമായും ഏർ ശ്കാഗത്തിനരിനര സംരക്ഷിക്കുന്നു?

a) സർവിക്കൽ കാൻസർ

b) ക്ഷ്യം (ടയുബർക്കുശ്ലോസിസ്)

c) ചടശ്ചഫാജ്

d) റൈമ്മ കാൻസർ

4. സർവിക്കൽ കാൻസെസിന്റ ത്പാരംഭ മൂന്നിയിപ് ക്ഷ്കം ഏരാണ്?

a) അസാധാരണ ശ്ചാനി രക്തസാവം

b) മുടി റകാഴിച്ചിൽ

c) പ് ശ്ചവദന

d) സന്ധിശ്ചവദന

5. 21-29 വയസ്സുള്ള സ്ത്രീകൾക്ക് പാപ് സ്ിയർമ സ്തർക്കീനിംഗ് എത്ര ഇടശ്ചവളയിൽ റൈച്ചണം?

a) ഓശ്കരാ വർഷവും

b) ഓശ്കരാ 3 വർഷത്തിനൊരിക്കൽ

c) ഓശ്കരാ 5 വർഷത്തിനൊരിക്കൽ

d) ഓശ്കരാ 10 വർഷത്തിനൊരിക്കൽ

6. കുഞ്ഞു വിഭവങ്ങളുള്ള സ്ഥലങ്ങളിൽ സർവീക്കൽ കാൻസർ സ്ക്രീനിംഗിന് സാധാരണ ഉപയോഗിക്കുന്ന മാർഗ്ഗം ഏതാണ്?

- a) VIA (അസറ്റിക് ആസിഡ് ഉപയോഗിച്ചുള്ള ദൃശ്യപരിശോധന)
- b) MRI സ്കാൻ
- c) PET സ്കാൻ
- d) CT സ്കാൻ

7. HPV വാക്സിൻ്റെ സാധാരണ ഏർ ത്പായത്തിൽ നൽകുന്നു?

- a) 0-5 വയസ്
- b) 6-8 വയസ്
- c) 9-14 വയസ്
- d) 18-25 വയസ്

8. സർവീക്കൽ കാൻസർ സ്ക്രീനിംഗിന് ത്പായ്ന ഉദ്ദേശം എന്താണ്?

- a) കാൻസർ റെംകിത്സിക്കാൻ
- b) ചവകിയ ഘട്ടത്തിൽ കറണ്ടത്താൻ
- c) മുൻകൂട്ടി ത്പികാൻസെസ് മാറ്റങ്ങൾ കറണ്ടത്താൻ
- d) ശ്വാർശ്വമാൻ നിെ അളക്കാൻ

9. സർവീക്കൽ കാൻസെിന് കൂടുതൽ അപകടസാധ്യരയുള്ളവർ ആരാണ്?

- a) ഒരിെംകം ചെംഗിക പങ്കാളികളുള്ള സ്ത്രീകൾ
- b) HPV വാക്സിൻ എടുത്ത സ്ത്രീകൾ
- c) ചെംഗികബന്ധം ഞാത്ത സ്ത്രീകൾ
- d) സമരൂെിരാഹാരം കഴിക്കുന്ന സ്ത്രീകൾ

10. സർവീക്കൽ കാൻസർ ശരീരത്തിെ ഏർ ഭാഗത്ത് ഉണ്ടാകുന്നു?

- a) ഗർഭാശയത്തിന് മുക്ളിെുള്ള ഭാഗം



b) സർവ്വീക് (ഗർഭഭവാരം)

c) അന്ധാശയം

d) ഫെല്ലോപയൻ ടയൂബ്

11. പുഷ്പരാഗമിച്ച സർവ്വീകൽ കാൻസെറിൻറെ ടെക്സ്റ്റമായി ഏർ കാണാം?

a) അസാധാരണ ശ്വാസി രക്തസ്രാവം

b) മുടി നകാഴിച്ചിൽ

c) ഭാരം കൂടുക

d) റൈമ്മശ്വരാഗം

12. സർവ്വീകൽ കാൻസെറിൻറെ ഏറ്റവും കൂടുതലുള്ള ത്വായസംഘം ഏതാണ്?

a) 15-20 വയസ്

b) 20-30 വയസ്

c) 35-55 വയസ്

d) 70 വയസിന് മുകളിൽ

13. രാഗപെയുന്നവയിൽ ഏതാണ് സർവ്വീകൽ കാൻസെറിൻ ഒരു അപകട ഘടകം?

a) റൈംപത്തിൽ ചെംഗികബന്ധം ആരംഭിക്കൽ

b) സ്ഥിരമായ വയായാമം

c) ആശ്വരാഗയകരമായ ഭക്ഷണം

d) പാൽ കുടിക്കൽ

14. രാഗപെയുന്നവയിൽ ഏതാണ് സ്ഥിരമായി സർവ്വീകൽ കാൻസർ സ്ക്രീനിംഗ് റൈശ്വയുണ്ടർ?

a) ചെംഗികമായി സജീവമായ സ്ത്രീകൾ

b) ഗർഭിണികൾ മാത്രം

c) മുരിൻനവർ മാത്രം

d) വിവാഹം കഴിക്കാത്തവർ മാത്രം

15. HPV അണുബാധ് ത്വപ്യാനമായും എങ്ങനെ പകരുന്നു?

- a) വായുവിെറുട
- b) ചെംഗിക ബന്ധം വഴി
- c) മെിനമായ ഭക്ഷണം വഴി
- d) റകാരുകു കടിയിെറുട

ആറിയുട്

1. സർവിക്കൽ കയാൻസർ സ്ക്രീനിംഗ് സ്ത്രീകളുടെ ആശുരാഗയത്തിന് ത്വപ്യാനമാണ്

- a. പൂർണ്ണമായിശുയാജിക്കുന്നു
- b. ശുയാജിക്കുന്നു
- c. നിഷ്ക്ഷപ്
- d. ശുയാജിക്കുന്നിെ
- e. പൂർണ്ണമായി ശുയാജിക്കുന്നിെ

2. സ്ഥിരമായി സർവിക്കൽ കയാൻസർ സ്ക്രീനിംഗ് റൈയുന്നർ ശുരാഗറത്ത ശുനററത്ത കറണ്ടത്താൻ സഹായിക്കുന്നു

- a. പൂർണ്ണമായിശുയാജിക്കുന്നു
- b. ശുയാജിക്കുന്നു
- c. നിഷ്ക്ഷപ്
- d. ശുയാജിക്കുന്നിെ
- e. പൂർണ്ണമായി ശുയാജിക്കുന്നിെ

3. എെം സത് രീകളും റസർവിക്കൽ കയാൻസർ സ്ക്രീനിംഗ് റൈശുയുണ്ടരുണ്ട്

- a. പൂർണ്ണമായിശുയാജിക്കുന്നു
- b. ശുയാജിക്കുന്നു

c. നിഷ്കഷ്ഠ

d. ശുദ്ധാജിതകൃതി

e. പൂർണ്ണമായി ശുദ്ധാജിതകൃതി

4. ക്ഷേത്രങ്ങൾ ഒന്നുമില്ലാത്തശുദ്ധാജിത സ്മൃതികൾ റസർവിക്കൽ കാൻസർ സ്തംഭിനിഷ്ഠൈശ്വര്യമുണ്ട്

a. പൂർണ്ണമായിശുദ്ധാജിതകൃതി

b. ശുദ്ധാജിതകൃതി

c. നിഷ്കഷ്ഠ

d. ശുദ്ധാജിതകൃതി

e. പൂർണ്ണമായി ശുദ്ധാജിതകൃതി

5. ആശുഭാഗയത്പവർത്തകൾ സ്മൃതികളെ സ്തംഭിനിഷ്ഠൈശ്വര്യമുണ്ട്

a. പൂർണ്ണമായിശുദ്ധാജിതകൃതി

b. ശുദ്ധാജിതകൃതി

c. നിഷ്കഷ്ഠ

d. ശുദ്ധാജിതകൃതി

e. പൂർണ്ണമായി ശുദ്ധാജിതകൃതി

6. റസർവിക്കൽ കാൻസർ സ്തംഭിനിഷ്ഠൈശ്വര്യമുണ്ട്

a. പൂർണ്ണമായിശുദ്ധാജിതകൃതി

b. ശുദ്ധാജിതകൃതി

c. നിഷ്കഷ്ഠ

d. ശുദ്ധാജിതകൃതി

e. പൂർണ്ണമായി ശുദ്ധാജിതകൃതി



7. റസർവിക്കൽ കാൻസർ സ്തീകീനിൻ സൗകരയം എം് ആശ്ശരാഗയ ശ്കത്നങ്ങളിം് ഡയമാകണം

- a. പൂർണ്ണമായിശ്യാജിക്കുന്നു
- b. ശ്യാജിക്കുന്നു
- c. നിഷ്ക്ഷംപ
- d. ശ്യാജിക്കുന്നിം
- e. പൂർണ്ണമായി ശ്യാജിക്കുന്നിം

8. റസർവിക്കൽ കയാൻസർ സ്തീകീനിങ്ങിൻ വിശദവിവരങ്ങൾ എം് ആശ്ശരാഗയ ശ്കത്നങ്ങളിൽ നിന്നും ഡയമാകണം

- a. പൂർണ്ണമായിശ്യാജിക്കുന്നു
- b. ശ്യാജിക്കുന്നു
- c. നിഷ്ക്ഷംപ
- d. ശ്യാജിക്കുന്നിം
- e. പൂർണ്ണമായി ശ്യാജിക്കുന്നിം

9. സ്ത്രീകൾ അവരുട സുഹൃത്തുക്കളയും ബന്ധുക്കളയും സ്തീകീനും റെയ്യാൻ ശ്കത്പാത്സാഹിപിക്കണം

- a. പൂർണ്ണമായിശ്യാജിക്കുന്നു
- b. ശ്യാജിക്കുന്നു
- c. നിഷ്ക്ഷംപ
- d. ശ്യാജിക്കുന്നിം
- e. പൂർണ്ണമായി ശ്യാജിക്കുന്നിം

10. സർവിക്കൽ കാൻസർ സ്തീകീനിംഗ് ഒരു സുരക്ഷിരമായ ത്പതീയയാണ്

- a. പൂർണ്ണമായിശ്യാജിക്കുന്നു
- b. ശ്യാജിക്കുന്നു
- c. നിഷ്ക്ഷംപ

d. ശുദ്ധാജിക്ഷുന്നിം

e. പൂർണ്ണമായി ശുദ്ധാജിക്ഷുന്നിം

11. സ്തകീനിൻ നടത്തുന്നരിനു മുമ്പ് സ്ത്രീകൾക്ക് കൗൺസിംഗ് ഏകിക്ഷണം

a. പൂർണ്ണമായിശുദ്ധാജിക്ഷുന്നു

b. ശുദ്ധാജിക്ഷുന്നു

c. നിഷ്കഷംപ

d. ശുദ്ധാജിക്ഷുന്നിം

e. പൂർണ്ണമായി ശുദ്ധാജിക്ഷുന്നിം

12 . 30 വയസ്സിനു മുകളിൽുള്ള സ്ത്രീകൾക്ക് സർവ്വീക്കൽ കയാൻസർ സ്തകീനിംഗ് അനിവാരയമാണ്

a. പൂർണ്ണമായിശുദ്ധാജിക്ഷുന്നു

b. ശുദ്ധാജിക്ഷുന്നു

c. നിഷ്കഷംപ

d. ശുദ്ധാജിക്ഷുന്നിം

e. പൂർണ്ണമായി ശുദ്ധാജിക്ഷുന്നിം

13. സ്ഥിരമായി സ്തകീനിൻ റസർവ്വിക്കൽ കയാൻസർ ആദി ഘട്ടത്തിൽ കറണ്ടത്താൻ സഹായിക്ഷുന്നു

a. പൂർണ്ണമായിശുദ്ധാജിക്ഷുന്നു

b. ശുദ്ധാജിക്ഷുന്നു

c. നിഷ്കഷംപ

d. ശുദ്ധാജിക്ഷുന്നിം

e. പൂർണ്ണമായി ശുദ്ധാജിക്ഷുന്നിം

14 . റസർവ്വിക്കൽ കയാൻസർ ക്ലീനിൻ സ്ത്രീകളുടെ ജീവിര നിംവാരം റമച്ചറപടുത്താൻ സഹായിക്ഷുന്നു

- a. പൂർണ്ണമായി ശുദ്ധയാജിക്കുന്നു
- b. ശുദ്ധയാജിക്കുന്നു
- c. നിഷ്കഷ്ഠം
- d. ശുദ്ധയാജിക്കുന്നി
- e. പൂർണ്ണമായി ശുദ്ധയാജിക്കുന്നി

15. സർവ്വിക്കൽ കാൻസർ ക്ലീനിൻ്റെ റസർവ്വിക്കൽകാൻസർ മൂലമുള്ള മരണം രാജാൻ സഹായിക്കുന്നു

- a. പൂർണ്ണമായി ശുദ്ധയാജിക്കുന്നു
- b. ശുദ്ധയാജിക്കുന്നു
- c. നിഷ്കഷ്ഠം
- d. ശുദ്ധയാജിക്കുന്നി
- e. പൂർണ്ണമായി ശുദ്ധയാജിക്കുന്നി

തപോക്ീസ

1)നിങ്ങൾ ഒരിക്കലൊക്കിെംം സർവ്വിക്കൽ കാൻസർ സ്തകീനിംഗ് നടത്തിയിട്ടുണ്ടാ?

- a. അററ
- b. ഒര

2)നിങ്ങൾ ഒരിക്കലൊക്കിെംം സർവ്വിക്കൽ സ്തകീനിംഗ് ചവകിപിച്ചശ്ശര അക്കിൾ മാറ്റിറവച്ചശ്ശര ഉണ്ടാ?

- a. അററ
- b. ഒര

3)ത്പജനനാശ്ശരാഗയ പരിശ്ശശാധ്നകശ്ശരായി നിങ്ങൾ സ്ഥിരമായി ശ്ശാക്തെ സമീപിക്കുന്നുണ്ടാ?

- a. അററ

9)അസാധാരണമായ ഫെം ട്രിച്ച്യാൽ, കൂടുതൽ പരിശുദ്ധീകരണങ്ങൾക്കായി നിങ്ങൾ ശുപാർശചെയ്യുമോ?

a. അതീവ

b. അതല്ല

10)സർവ്വകലാശാല സർട്ടിഫിക്കറ്റിനായി നിങ്ങൾ സർക്കാർ ആശുപത്രിയിൽ സ്ഥാപനങ്ങൾ ഉപയോഗിച്ചിട്ടുണ്ടോ?

a. അതീവ

b. അതല്ല

11)നിങ്ങളുടെ സമൂഹത്തിൽ നടന്ന സർവ്വകലാശാല സർട്ടിഫിക്കറ്റ് ക്യാമ്പുകളിൽ നിങ്ങൾ പങ്കെടുത്തിട്ടുണ്ടോ?

a. അതീവ

b. അതല്ല

12)സർട്ടിഫിക്കറ്റ് നേടുന്നതിന് റൈറ്റ് ഒരു രാജ്യമാണോ?

a. അതീവ

b. അതല്ല

13)നിങ്ങൾ HPV വാക്സിൻ സമ്പാദിച്ചിട്ടുണ്ടോ?

a. അതീവ

b. അതല്ല

14)അസാധാരണ രക്തസ്രാവം ശുപാർശചെയ്യുന്ന ഡോക്ടർമാർ അനുഭവപരമായവർ ആയിട്ടുണ്ടോ?

a. അതീവ

b. അതല്ല

15)സർവ്വകലാശാല സർട്ടിഫിക്കറ്റിനായി നിങ്ങൾ സർക്കാർ ആശുപത്രിയിൽ സ്ഥാപനങ്ങൾ ഉപയോഗിച്ചിട്ടുണ്ടോ?

a. അതീവ

b. 600

APPENDIX 8

ANSWER KEY

- 1) a 2) b
- 3) a
- 4) c 5) b
- 6) a
- 7) a
- 8) c
- 9) c 10) b
- 11) a
- 12) c
- 13) a
- 14) a
- 15) b

APPENDIX 9

STATISTICAL FORMULA

MEAN

Sample Mean = Sum of all observations / Total number of observations

STANDARD DEVIATION

$$s = \sqrt{(\sum (x_i - \bar{x})^2 f) / n}$$

s = sample standard deviation n = number of sample data points x_i = each individual value $\bar{x}$ = sample mean f = frequency Σ = summation symbol

$(x_i - \bar{x})^2$ = squared deviation from the mean

CHI SQUARE

$$\chi^2 = \sum [(O - E)^2 / E]$$

χ^2 = the test statistic

O = Observed frequencies

E = Expected frequencies

APPENDIX 10

ABBREVIATIONS

ABBREVIATIONS	FULL FORM
KMCT	Kunhitharuvai Memorial Charitable Trust
%	Percentage
BSC	Bachelor of science
SD	Standard Deviation
df	Degree of Freedom
H1	Hypothesis

MASTERSHEET-KNOWLEDGE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
TOTAL															
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
2	1	0	1	1	1	1	0	0	1	1	1	0	1	0	9
3	1	1	1	1	0	1	1	1	0	1	1	1	1	1	13
4	0	1	0	0	0	0	1	0	1	1	1	0	1	1	8
5	1	1	1	1	1	0	0	0	1	1	1	1	1	1	12
6	1	1	1	1	1	0	1	1	1	1	1	1	1	1	14
7	1	1	1	1	0	0	1	0	1	1	1	1	1	1	12
8	1	0	1	1	1	1	0	0	0	1	1	1	1	1	11
9	1	0	1	0	0	0	0	0	1	0	0	1	0	0	5
10	1	0	1	0	1	0	1	1	0	1	0	1	1	1	10
11	1	1	1	1	0	0	1	1	1	1	1	1	1	1	13
12	1	0	1	1	0	0	1	0	1	1	0	1	1	1	10
13	0	1	1	1	1	0	1	0	1	1	0	1	1	1	11
14	1	1	1	1	1	1	1	0	1	1	1	1	1	1	14
15	1	1	1	1	0	0	1	1	0	0	1	0	1	1	10
16	1	1	1	0	1	0	1	0	0	0	0	1	0	1	8
17	0	0	0	0	1	0	0	0	1	0	1	0	1	0	4
18	1	1	1	1	0	0	1	1	0	1	1	1	1	1	12
19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
20	1	1	1	1	0	1	1	1	1	1	1	1	1	1	14
21	0	1	0	1	0	0	0	0	0	1	1	0	1	0	6
22	1	1	1	1	0	0	1	1	1	1	1	1	1	1	13
23	1	1	1	0	0	1	1	0	0	0	1	0	1	1	8
24	1	1	1	1	0	0	1	1	0	1	1	1	1	1	12
25	1	1	1	0	1	0	1	0	1	0	0	0	1	0	8
26	0	1	1	0	0	0	0	0	0	0	1	0	0	1	5
27	1	0	1	1	0	0	0	1	1	0	0	1	0	1	8

0 0 0 0 1 1 1 0 1 1 1 10

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
TOTAL															
1	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60
2	4	4	4	4	4	2	2	5	5	2	5	5	5	2	55
3	4	4	4	4	2	2	5	5	3	3	5	5	5	4	59
4	4	3	4	4	3	2	5	4	5	4	5	5	4	5	61
5	4	4	4	4	4	5	3	4	4	4	3	5	4	5	62
6	4	4	5	5	5	3	4	4	5	4	4	5	3	5	65
7	4	4	4	4	3	3	4	5	5	4	4	5	4	5	63
8	5	5	4	4	4	5	5	4	5	5	3	5	4	5	67
9	4	4	3	4	3	4	3	4	5	5	4	5	4	4	59
10	4	4	5	4	3	5	4	4	5	4	5	5	4	4	64
11	5	5	4	5	4	3	5	3	5	4	5	5	4	4	65
12	4	5	4	3	4	5	4	3	4	5	3	5	4	4	60
13	5	4	4	3	5	3	3	5	4	5	4	4	5	4	63
14	4	5	5	5	3	4	5	4	5	4	5	3	5	4	64
15	4	3	4	5	3	4	5	4	5	4	5	3	3	3	59
16	4	4	5	3	5	3	4	4	4	4	5	3	4	5	60
17	4	5	5	3	3	4	4	4	5	4	4	2	4	3	58
18	5	3	4	5	3	5	4	3	5	4	3	4	3	5	60
19	5	5	4	3	4	4	5	3	2	3	4	5	4	3	57
20	4	4	3	4	4	5	5	2	3	4	4	5	4	4	58
21	5	4	4	3	3	4	4	5	5	4	3	2	2	3	55
22	4	5	4	4	3	5	3	5	5	4	4	3	4	2	59
23	4	3	3	5	5	5	5	4	4	5	5	4	4	5	65
24	4	5	4	4	4	5	5	5	4	3	2	2	3	4	58
25	4	4	3	4	5	5	5	4	4	4	4	3	4	4	61
26	5	3	3	4	4	4	3	3	3	5	4	4	5	4	58
27	5	5	5	4	4	5	4	5	3	3	4	4	3	5	63
28	5	4	4	5	4	5	4	4	5	5	4	5	5	5	69
29	5	5	5	5	4	5	4	5	5	4	5	4	3	4	68
30	5	5	5	5	4	4	5	5	5	5	5	5	5	5	73
31	5	4	5	5	5	1	5	5	4	5	4	5	4	5	67
32	4	4	2	2	4	2	4	4	4	4	1	4	4	4	51

33	5	5	5	5	5	4	5	4	5	5	5	5	5	5	5	73
34	5	4	4	3	4	3	3	4	4	3	3	1	4	2	5	52
35	5	5	5	4	4	5	4	4	4	5	5	3	1	3	5	62
36	2	2	2	3	3	3	2	2	3	2	3	5	3	1	4	40
37	3	2	2	2	3	2	3	2	3	2	3	4	3	4	5	43
38	5	5	5	5	4	5	5	4	5	5	5	5	5	4	5	72
39	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	74
40	5	5	5	5	3	5	5	4	5	5	5	5	5	5	5	72
41	5	5	5	5	5	3	5	5	5	5	5	5	5	5	5	73
42	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	75
43	5	5	5	4	5	1	5	5	5	5	5	5	5	5	5	70
44	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	75
45	5	5	5	5	5	5	5	5	4	1	4	2	1	4	1	57
46	5	4	4	4	5	3	4	5	5	4	5	4	3	3	3	61
47	5	5	4	4	5	4	5	5	4	4	5	5	3	3	3	64
48	5	3	4	4	5	2	4	5	5	5	4	5	5	4	4	64
49	5	5	5	4	5	3	5	5	4	4	5	5	5	4	3	67
50	5	5	5	4	5	3	5	5	5	4	5	4	5	5	4	69
51	5	5	5	4	5	3	5	5	5	4	5	4	5	5	4	69
52	5	5	5	5	5	4	5	5	5	5	5	5	5	3	3	70
53	5	5	5	4	4	5	5	4	4	4	5	4	4	3	3	64
54	5	5	5	3	4	5	5	4	4	4	5	5	4	4	4	66
55	5	5	5	3	4	5	5	4	4	4	5	4	5	3	3	64
56	3	3	4	3	4	3	5	5	4	3	5	3	3	3	3	54
57	3	4	5	5	5	5	4	5	4	4	5	5	5	5	5	69
58	5	4	5	2	4	4	5	5	4	5	5	5	4	5	5	67
59	4	4	5	4	2	5	4	5	4	4	5	5	5	4	5	65
60	5	5	5	5	5	4	4	4	4	5	4	5	4	4	4	67

MASTERSHEET -PRACTICE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL
1	0	1	0	0	0	0	0	1	0	1	0	1	0	1	1	6
2	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
3	0	0	0	0	0	0	1	1	0	0	0	1	0	1	0	4
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

5	0	1	0	0	0	1	0	0	0	1	0	1	0	1	1	6
6	0	1	0	0	0	1	0	0	0	0	0	1	0	1	1	5
7	0	1	0	0	1	1	1	1	0	1	0	1	1	1	1	10
8	1	1	1	1	1	0	0	0	0	1	1	1	0	0	1	9
9	0	1	0	0	1	1	1	1	0	1	1	1	0	0	1	9
10	0	1	0	1	1	1	1	1	0	1	1	1	0	1	1	11
11	0	1	0	0	0	0	1	1	0	0	0	0	0	1	1	5
12	0	1	0	0	0	1	0	0	0	1	1	0	0	0	0	4
13	1	0	0	0	1	1	1	1	0	0	0	0	0	1	1	7
14	0	1	0	0	1	1	0	1	0	0	0	0	0	0	0	4
15	0	1	0	0	1	1	1	1	0	1	1	0	0	1	1	9
16	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
17	0	1	0	0	1	1	1	1	0	1	0	1	1	1	1	10
18	0	1	0	0	0	0	1	0	0	0	0	0	0	1	1	4
19	0	1	0	0	1	1	1	1	0	1	0	1	0	1	1	9
20	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
21	0	1	0	0	0	0	0	1	0	0	0	0	0	1	1	4
22	0	0	0	0	0	1	1	0	0	0	0	1	0	1	1	5
23	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	2
24	0	1	0	0	1	0	0	1	0	0	0	0	0	0	1	4
25	1	1	0	0	0	1	0	1	1	1	1	1	1	1	0	10
26	0	1	0	0	1	0	1	1	0	0	0	0	0	0	0	4
27	1	0	0	0	1	0	1	1	1	1	1	0	1	0	1	9
28	1	0	1	1	1	1	1	1	0	0	1	0	1	1	1	11
29	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
30	0	1	0	0	1	1	0	1	0	1	0	0	1	1	1	8
31	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
32	0	0	0	0	0	0	1	1	0	1	0	1	0	1	0	5
33	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
35	0	0	1	0	0	1	0	0	0	0	0	0	0	1	1	4

36	0	1	0	0	1	1	0	0	0	1	1	0	1	1	0	7	
37		0	1	0	0	0	0	0	1	0	0	0	0	0	1	1	4
38		0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	13
39		0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2
40		1	0	1	0	1	0	1	0	1	1	0	0	1	0	0	7
41		0	1	0	0	0	0	0	1	0	0	0	1	0	1	0	4
42		0	1	0	1	1	1	1	1	1	1	0	0	0	0	1	9
43		0	1	0	0	1	0	0	1	0	0	1	0	0	0	1	5
44		0	0	1	0	1	0	0	0	0	0	1	1	0	0	1	5
45		0	1	0	0	0	0	1	1	0	1	0	0	0	1	0	5
46		0	0	0	0	0	0	1	1	0	0	0	1	1	1	1	6
47		0	1	0	1	0	0	1	0	0	0	0	1	1	1	0	6
48		0	1	1	0	1	1	1	0	0	1	1	1	0	0	1	9
49		0	1	0	0	0	1	1	0	0	1	1	0	1	1	1	8
50		0	1	0	0	0	0	0	1	0	1	0	1	1	1	1	7
51		0	1	0	0		1	1	1	0	1	0	0	0	1	1	7
52		1	1	1	1	0	1	1	0	0	1	1	0	1	1	1	11
53		1	1	1	1	1	1	1	1	0	1	1	1	1	0	0	12
54		1	1	0	0	1	1	1	0	1	0	0	1	1	1	1	10
55		1	1	0	1	1	1	1	0	1	1	0	0	0	1	1	10
56		1	1	0	1	1	1	1	0	1	0	0	1	1	1	1	11
57		0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
58		1	0	0	0	1	0	0	1	1	1	1	1	0	0	0	7
59		0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	3
60		0	0	0	0	0	0	0	1	0	1	0	0	0	1	1	4