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AWARENESS ON KNOWLEDGE AND ATTITUDE IN RELATION TO PREVENTION OF CERVICAL CANCER AMONG THE RURAL WOMEN

Gynecology

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ABSTRACT

Background: Cervical cancer is 3rd most common cancer among women in the world. One in every five women in the world is suffering from cervical cancer in the world.

Objectives: To assess the effect of awareness programme on knowledge and attitude in relation to prevention of cervical cancer

Methods: The one group pre test –post test design was used in this study. The data was collected by using semi structure questionnaire and Likerts attitude scale.

Result: Out of 1000 samples 100% had poor knowledge score and negative attitude in pre test. The post test score reveals that maximum 52.2% samples were average knowledge score and 100% positive attitude. There was a significant difference at 0.05 levels with regard to the knowledge score.

Conclusion: After awareness programme, there was increase in knowledge and positive attitude was found, therefore such education campaign needed in the rural area to decrease incidence and prevalence of cervix cancer.

KEYWORDS

Cervical Cancer, Awareness Program, Prevention

1. INTRODUCTION:-

Cervical cancer, the third most common cancer among women in the world, was responsible for 275,000 deaths in 2008, 88% of which occurred in developing countries and 159,800 in Asia[1].one in every five women in the world suffering from cervical cancer patient in the world.[2] Although cervical cancer is the most frequent cancer diagnosed in Indian women, age adjusted incidence rates vary from 22.3 per 100,000 women population in Trivrunthpuram to 22.5per 100.000 women population in Aizwal[3].As per national cancer registry, crude incidence and mortality rate due to cervical cancer in India is 134 per100,00 and 74 per 100,00 women respectively. Age adjusted incidence rate of cervical cancer reported for six cities are Banglore 18.1 Bhopal 18.7, Chennai 24.8 Delhi 17.6 and Mumbai 13.0 per 100,00.[4] The incidence of cervical cancer begins to rise among Indian women in their 30s and peak at ages 40 to 50 years.

Screening coverage in Asian countries is low and varies from 50 per cent in Singapore which has an existing screening programme to 2.6-5 per cent in India.[5, 6, 7] Despite existence of national guidelines the screening coverage in India is appalling and is mainly attributed to inequality between infrastructure, resources and outsized population[8].As a result, very often diagnosis of cervical cancer is based on opportunistic screening or after the onset of symptoms. Though data from the 20 population based cancer registries in India indicate a steady decline in cervical cancer incidence rates over two decades, it is still occupies number two position and the risk of disease is still high[3].

This study aim to assess the effect of awareness programme on knowledge and attitude in relation to prevention of cervical cancer

ETHICALASPECT

This study has been approved by the institutional ethical committee. Informed written consent was taken from each participant. Dignity and privacy was maintained during study. All ethical principles were fallowed.

2. RESEARCH DESIGN AND METHOD

A pre experimental approach was used for the study, one group pretest –post test design was used in the study. This study was carried out in rural area of Thane districts. The total sample consisted of 1000 women with age group of 25 to 60 years of age by Non probability purposive sampling technique. Semi structured questionnaire and Likerts attitude scale was used as research tool.

STATISTICAL DESIGN: The collected data were coded and verified prior to computerized data entry, and then all data of questionnaire were computerized, revised, categorized, tabulated, and statistically analyzed. Statistical analysis was done by using descriptive, inferential statistics. The "t" test used to assess the significance of difference between pre and post-test scores. Paired t test used to find out the association between knowledge and demographic variable. Non-parametric Wilcoxon test used for comparison.

3. RESULTS

TABLE (1): Socio-demographic characteristics of study sample (n=1000)

Sr. no	Demographic characteristic	f	%
1	**Age**		
	25-35 years	300	30.0
	36 – 46 years	398	39.8
	47 – 57 years	196	19.6
	Above 57 years	106	10.
2	**Education**		
	Primary	194	19.4
	Secondary	602	60.2
	Graduate	98	9.8
	Professional	106	10.6
3	**Occupation**		
	Housewife	398	39.8
	Employed	300	30.0
	Farm workers	196	19.6
	Industrial workers	106	10.6
4	**Monthly Income in Rs.**		
	< 5000	300	30.0
	5001 to 7000	292	29.2
	7001 to 9000	302	30.2
	>9001	106	10.6
5	**Religion**		
	Hindu	708	70.8
	Budhist	98	9.8
	Christian	194	19.4
6	**Marital status**		
	Married	796	79.6
	Remarried	106	10.6
	Widow	98	9.8
7	**Type of family**		
	Nuclear	202	20.2
	Joint	798	79.8
8	**Diet**		
	Vegetarian	202	20.2
	Mixed	798	79.8
9	**Age of menarche**		
	Before 12 years	194	19.4
	12 to 16 years	602	60.2
	16 to 19 years	98	9.8
	19 years & above	106	10.6
10	**Menstrual cycle**		
	Regular	486	48.6
	Irregular	310	31.0
	Sometimes regular	98	9.8
	Sometimes irregular	106	10.6

11	**Menstrual flow**		
	Medium	692	69.2
	Heavy	202	20.2
	very heavy	106	10.6
12	**Menstrual bleeding period**		
	Three to five days	600	60.0
	Five to seven days	294	29.4
	More than seven days	106	10.6
13	**Material used during menstrual period**		
	Sanitary napkins	194	19.4
	Cotton cloth	602	60.2
	Sometimes both	204	20.4
14	**Age at marriage**		
	Before 16 years	96	9.6
	16 to 20 years	300	30.0
	21 to 25 years	392	39.2
	More than 25 years	212	21.2
15	**Age at birth of first child**		
	Less than 18 years	204	20.4
	19 to 25 years	602	60.2
	26 to 32 years	98	9.8
	33 years and above	96	9.6
16	**Number of children**		
	No children	106	10.6
	One	496	49.6
	Two	292	29.2
	More than two	106	10.6
17	**Do you have following complaint related to private part**		
	White discharge	398	39.8
	Itching at private part	194	19.4
	Dyspareunia	204	20.4
	Post coital bleeding	204	20.4
18	**Family history of cancer**		
	Yes	96	9.6
	No	700	70.0
	Don't know	204	20.4
19	**If yes, relation with deceased**		
	Mother	96	9.6
	No history of cancer	904	90.4
20	**Information about cervical cancer**		
	Yes	98	9.8
	No	902	90.2
21	**If yes from which source**		
	TV	42	4.2
	Radio	46	4.6
	Camp	6	0.6
	Community health nurse	4	0.4
	No information of cancer	902	90.2

Table (1) shown that, 39.8% of sample were between 25-35 years, about 60.2% of the samples having secondary education, while 39.8% of them belonged to house wife. About 30.2% of the sample belongs to 7001 to 9000 income group. 70.8% were from Hindu religion. About 79.6% of the samples were married and 79.8% belongs to joint family. 79.8% were consuming mixed diet. 60.2 % belonged to 12-16 years age at menarche and 48.6% having regular menses, while 60% having blood flow for 3 to 5 days but 60.2% of women using cotton cloth during menses. 39.2% of women had their marriage at the age of 21 to 25 years while 38% had their first child at the age of below 18 years. Maximum 39.8% samples have complained of reproductive tract infection showing white discharge per vaginum. Only 9.6 % of samples had positive family history of cancer. Only 9.8 % samples have previous knowledge related to cervical cancer out of them 4.6% from radio source.

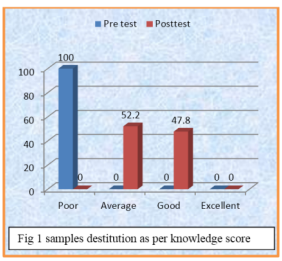


Figure no 1: knowledge level regarding prevention of cervical cancer

Fig. no.1 shown that there was 100% poor knowledge in pre-test, while and 52.2% and 47.8% average and good knowledge score respectively after intervention.

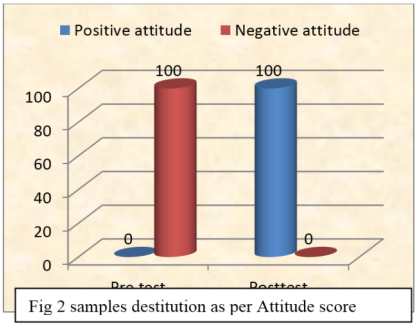


FIGURE NO 2: Attitude regarding prevention of cervical cancer

Fig. no. 2 shown that there was 100% negative attitude in pre-test while, 100% positive attitude of samples after intervention of awareness programme.

There was significant difference in the mean of pre and post test knowledge of the sample at $p > 0.05$. There was significant difference in pre-test and post scores of attitude level among women in rural area of thane district. There was no association between Information about cervical cancer with knowledge and Attitude score.

4. DISCUSSION:-

Knowledge on risk factors is an important element in the prevention of cervical carcinoma. Knowing the risk factors can make someone avoid them and hence prevent herself from acquiring the disease. Knowledge on risk factors was poor in this study and hence education on this important part with respect to prevention.

In present study, pre-test maximum 81% samples were in average category, whereas only 10% samples were in poor category. 9% samples were in good category. These results are similar to other studies showing less than satisfactory knowledge about the cause of cervical cancer in the community as well as among the health professionals.[9] Low level of awareness regarding the same was observed in study conducted by Cristina H Rama et al in Brazil.[10] These results again show insufficient knowledge of HPV infection being the cause of cervical cancer in health professionals, even though 98% of cervical cancer in our part of the world is due to HPV infection, as reported in a study done by Das B C et al in India.[11]

In a qualitative study conducted in Malaysian among women aged between 21 and 56, most women had a poor knowledge of cervical cancer. These findings indicate that a lot needs to be done to increase public awareness, knowledge and insight of women regarding the importance of early screening for cervical cancer. [12].

In this study samples were 100% negative attitude in relation to prevention of cervical cancer before implementation of awareness programme. In some studies, Latinos and women of Asian descent endorsed more misconceptions about cancer and fatalistic beliefs[13]

5. CONCLUSION

After awareness programme, there was increase in knowledge and positive attitude was found, therefore such education campaign needed in the rural area to decrease incidence and prevalence of cervix cancer.

6. Recommendation

Intensive comprehensive, obligatory educational programs are needed to improve awareness of the women about Pap smear test and stress, the importance of regular smears as a preventative measure.

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