



## KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT CERVICAL CANCER SCREENING AMONGST WOMEN ATTENDANTS OF CANCER PATIENTS VISITING REGIONAL CANCER CENTRE

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### ABSTRACT

**Summary Aims and Objective:** The Pap smear is a reliable, inexpensive and effective screening test for cervical cancer, one of the most common cancers among women worldwide. We aimed to determine women's knowledge, attitude and practices towards Pap smear and barriers for the screening.

**Material and Methods:** A cross-sectional questionnaire based study was conducted on 200 participants at **Regional Cancer Centre** (Gujarat Cancer and Research Institute, Ahmedabad) from November to March 2014. Structured questionnaire based on demographic profile and Knowledge, attitude and practice about cervical cancer were asked.

**Results:** Mean age of participants was 39.4 years. Only 39 % and 28 % had knowledge about cervical cancer and Pap smear respectively. The uptake of Pap smear test was only 22 %. The most common reason for not having Pap test was lack of knowledge and no recommendation by health providers. Embarrassing, fear of the test result or economic problems were other barriers.

**Conclusion:** Knowledge and practice of the screening for cervical cancer was inadequate and need to be promoted. Considering the main reasons mentioned by the participants for not having the test, all health providers should educate and encourage women to do regular Pap smear.

**KEYWORDS :** Pap smear, Screening, Cervical cancer, Practice, Knowledge, Attitude

### Introduction

Cervical cancer is the second most common cancer in women worldwide with an estimated 530,232 new cases and 275,008 deaths. The developing and underdeveloped countries bear more than 80% of the global burden of the disease.<sup>1</sup> India holds one-fourth of global burden of cancer of cervix with estimates of 134420 women developing cervical cancer every year and 72825 die from the disease.<sup>2</sup> In India it is the second most frequent cancer with an age-standardised incidence rate of 27 per lakh, while globally the ages standardised incidence rate of cervical cancer is 15.2 per lakh women.<sup>1,2</sup> The recorded decrease in the incidence and mortality rates of cervical cancer in western countries over years is largely due to widespread screening. Fortunately cervical cancer has a long premalignant period that provides an opportunity for screening and treating before it turns to be invasive cervical cancer. Early diagnosis and prompt treatment of cancer and precancerous lesions provides the best possible protection against cervical cancer. Well organised programmes to detect and treat precancerous abnormalities and the early stages of cancer prevent upto 80% of cervical cancer in developed countries.<sup>3</sup> The Pap smear introduced in 1943 for detection of precancerous and cancerous changes in the cervix is widely recognised as reliable, inexpensive and most cost effective cancer screening test yet devised and serves as a model for screening of other malignancies. Although cervical cancer is the most common cancer of women in developing countries, it is estimated that only about 5% of women have been screened for the disease with pap smears, compared to 40-50% in developed countries.<sup>4</sup> Results of several studies show wide variation in terms of participation, knowledge and attitudes about cervical cancer and Pap smear. The poor uptake of the cervical cancer screening may be attributed to the lack of communication between healthcare workers and patients regarding availability and benefits of the screening. As active participation of the target population is required for success of the screening program. Therefore, it is important to know reasons for women's non-participation in the screening programme. This study aimed to determine the knowledge, attitudes and practice of women towards Pap smear, barriers for their participation in the screening.

### Material and methods

This cross-sectional study was carried out on 200 women attendants of gynecology cancers patients admitted at Regional Cancer Centre (GCRI, Ahmedabad) from November 2013 to March 2014.

Inclusion criteria were: married, no speech and hearing problems, no history of cancer

The questionnaire included questions about socio-demographic characteristics, questions to assess the level of knowledge, attitudes

towards Pap smear, and questions focused on the behaviour and practice of the participants. The participants were given a full explanation of the methodology and purpose of the project and assurance of confidentiality. The registration numbers were used in place of names of women to maintain confidentiality. Data were collected via face to face interviews using structured questionnaire. The participants were required to mark their responses against the appropriate answers on the questionnaire sheet. The knowledge questions were completed by only those who had heard about the pap smear, while the attitude statements by all of the subjects. For those who claimed to have not heard about pap smears, before bringing up the attitude questions we explained briefly about Pap smear. The data collected were entered in the excel chart sheet. Analysis was done using simple percentage.

### Results-

The socio-demographic characteristics of the study are shown in Table 1. The study included 200 women; the mean age was 39.4 years. Over 35% had parity >4. Maximum numbers of the participants were from the low socio economic status. Though 39% of women have heard about cervical cancer, only 28 % had heard about Pap smear test. Very few had heard about other tests for screening. Main source of information about Pap smear were friends and relatives. Only 22%- have had a Pap smear atleast once in their life. More than 57% prefer the test to be done in the women clinic at the primary health centre.

### Discussion

It is well known individuals knowledge and beliefs about particular illness are interconnected with their health care seeking behaviours.<sup>5</sup> The present study is focused in determining the knowledge, attitude and practise of the women, which is one of the major factors that determines the success of any screening programme. The results showed a deficiency in knowledge about cervical cancer as well as low Pap smear uptake. In our study 39 % had heard about cervical cancer this was lower than that reported by other study.<sup>6-8</sup> In the present study, poor level of knowledge was related to illiteracy and unemployment. This relation between education and knowledge has been reported in previous studies in Arab and Hispanic women.<sup>9,10</sup> Another possible factor is the fear and embarrassment associated with screening; this does not encourage women and health care workers to discuss the issue. Therefore imparting knowledge by various awareness campaigns and also by health personnel during their visits to health centres would improve uptake for the screen test. It was seen that 36 % of the respondents have knowledge that cervical cancer could be screened and it is preventable disease. Nevertheless, when asked about a pap smear, only 28 % knew about it. Another study

conducted in India also reported poorer knowledge.11 In Kuwait 2008, study showed that about 52% of women had adequate knowledge about cervical cancer screening.<sup>12</sup> However level of knowledge is better in developed countries.<sup>6,13</sup> When asked only 4% had the correct idea about how frequently they should go for screening. Another study quoted 39% of the respondents having correct knowledge about screening interval which is much higher than in our study.<sup>14</sup> Majority women got their knowledge from social network (relatives and friends) rather than physicians or the media. This can be attributed to the absence of a well organised screening programme. In another study friends and relatives was the major source of their knowledge<sup>6</sup> (Qatar), while another study showed health personnel to be the source of knowledge in most of the respondents.<sup>13</sup> We found most of our participants preferred to have the test at the well women clinics at primary health centre rather than a gynecology clinics in a hospital. This positive attitude is the easy access to the primary health centres on being asked on why they had not undergone screening, majority reported the lack of knowledge. Other reasons were not being advised, not felt need, no time and no money. Lack of knowledge was also seen in study done in Nigeria.<sup>15</sup> Therefore, imparting knowledge by various awareness campaigns and also by the health personnel during their visits to health centre for any reasons would improve uptake of the screening tests. Uptake of Pap smear test in present study was only 22 %. In spite of knowing suffering of their close ones only 22% women get Pap smear test done atleast once in their lives. Utilization of Pap smear was better in Qatar and Kuwait. Lack of advocacy for screening and lack of screening programme at the national level is the reason behind low uptake of Pap smear. Most women in this study, however, stated that they would have the test if they have been told that it was painless. These beliefs about cervical cancer and the smear test have been documented as determinants of an individual participation in cancer screening.<sup>16</sup>

**Conclusion**

The knowledge and practice of the women was inadequate and need to be promoted Knowledge is not the only factor determining women's participation in cervical cancer screening, study shows it is related to screening. In the era of cervical cancer prevention, no matter which screening test is chosen, health providers will still have to assure women's participation in screening and should consider every contact with the women as an opportunity to educate and encourage them to do regular Pap smear. Using other suitable and inexpensive information, communication and educational methods like mass-media may also be useful to educate women in this area and their effectiveness should be studied. Improving knowledge regarding cervical cancer screening may enhance clinical care of the vulnerable population.

**Table1: Demographic characteristics of the study participants (n=200)**

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**Table 2: Reasons cited for having and not having pap smear by the participants**

Reasons for not having pap smear	No physician or other health providers advice	26
	Lack of knowledge	86
	Lack of time	4
	Fear of test results	12
	Absence of any symptoms	6
	Negligence, despite having knowledge	8
	Embarassing	8
	Painful	6

**Table 3: Knowledge and beliefs of the women about cervical cancer risk and prevention**

Know about cervical cancer	number	%
Yes	78	39
No	122	61

Have you ever heard about the pap smear	56 144	28 72
Yes		
No		
Where did you heard about the pap smear for the first time	12 08 36	6 4 18
Relatives		
Gynaecologist		
Mass media		
Relatives and friends		
Knows the interval between pap smear	15	7.5
Knowledge about risk factors which can lead to cervical cancer	50 150	25 75
Yes		
No		
Is early detection of cervical cancer good for treatment outcome ?	39	19.5
Yes		
No		
Is it possible to cure cervical cancer?	37	18.5
Yes		
No		

**Table 4: Practice of women toward cervical cancer screening**

Have ever had a pap smear done	44	22%
Yes		
No		
If you were told that a pap smear is simple, painless, would like to have one ?	156	78
Where would you prefer to have this test done	114 32 10	57 16 5
Primary health centre		
Gynecologist		
Private clinic		
No preference		

**Table5: Mean knowledge scores of the women according to demographic profile**

Characteristic	Mean	SD	Pvalue
Age (years)	1.79	2.61	0.94
20-29	1.55	2.46	
30-39	1.63	2.37	
40-49	1.68	2.40	
50-59	0.55	1.51	
60-69			
Education level	0.98	2.03	<b>0.248</b>
Illiterate	1.17	2.08	
Primary	2.41	2.56	
Secondary	4.42	2.71	
University or equivalent			
Parity	2.08	<b>2.53</b>	<b>0.231</b>
Nullipara	1.50	<b>2.60</b>	
1	2.00	<b>2.64</b>	
2	1.92	<b>2.60</b>	
3	0.96	<b>1.87</b>	
>4			
Employment status	<b>2.43</b>	<b>2.73</b>	<b>0.761</b>
Employed	<b>1.48</b>	<b>2.35</b>	
Unemployed			

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