



KNOWLEDGE, ATTITUDE, AND PRACTICE ON CERVICAL CANCER AND SCREENING AMONG WOMEN: A CROSS SECTIONAL STUDY IN URBAN AREA OF ANDHRA PRADESH, INDIA.

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ABSTRACT

Background: One of the most prevalent cancers in the world is cervical cancer. Screening for cervical cancer in Indian women can help identify the disease early on, lowering mortality and morbidity. Multiple factors influence screening which include Women's awareness of cervical cancer and screening for it. Therefore, this study was conducted to determine the level of awareness regarding cervical cancer among women. **Materials And Methods:** The current study is a cross sectional study done in urban areas of Andhra Pradesh, with sample size of 80. **Results:** In the current study majority of the women belonged to 36-40 years of age, majority of the women were married and most of the married women were married at 18 years of age. majority of the women had poor knowledge about cervical cancer (75%) and it's screening (81.2%). employed women had better mean scores of knowledge when compared to house wives, the mean score being 1.55 ± 0.47 and 1.27 ± 0.42 respectively, this was statistically significant. majority of the women got information from mass media, i.e. television 15% and news paper 12.5%. **Conclusion:** The majority of the women lacked awareness and had not had cervical cancer screenings. Since the media was a common source of information, it is possible to use it to increase women's awareness and encourage early detection. Larger, pan India community-based research is required to understand physician practices and evaluate if the women are being taught about cervical cancer.

KEYWORDS : Cervical cancer, Knowledge, Screening

INTRODUCTION

One of the most prevalent cancers in the world is cervical cancer. It accounts for 23.3% of all cancer-related deaths in India, making it one of the main causes of death for women. [1] India is responsible for 20% or so of all cervical cancer cases reported worldwide.[2].Over three-fourths of these patients receive their diagnosis at an advanced stage, which reduces their chances of long-term survival and recovery.[2] Pap smear tests can be used to detect cervical cancer early. In developed nations 68% to 84% of the women get Pap smear testing. However in India it ranges from 2.6% to 6.9%.[3-6]. Implementation of population-based screening, has reduced the incidence and prevalence of cervical cancer by 50% to 70% in many developed nations.[2]. Therefore, screening for cervical cancer in Indian women can help identify the disease early on, lowering mortality and morbidity. Multiple factors influence screening which include Women's awareness of cervical cancer and screening for it, health care providers who come in contact with women in hospitals and the sources of information and facilities available. Studies on women's awareness of cervical cancer and screening for it have recently been published from India.[6-13]. Research examining women's awareness of cervical cancer has mostly concentrated on women working as "nursing staff" employed in hospitals.[6-10] Although the percentage of people who have ever had a Pap smear ranges from 7% to 8%, three of these studies, which concentrated on "nursing staff," have reported good awareness of cervical cancer and its screening.[7-9]. According to few studies 72% of them were aware of Pap smears, but only 2.9%-69% had ever had one.[6,12]. Low awareness levels (20%) were reported in a study on college girls that solely examined knowledge.[13]. Therefore, this study was conducted to determine the level of awareness regarding cervical cancer among women and to learn about these women's awareness of cervical cancer screening and the resources available for it.

METHODOLOGY

The current study is a cross sectional study done in urban areas of Andhra Pradesh for a period of 6 months. Study subjects were the women in the urban community aged between 30 and 59 years of age .Women who have given consent for participation in the study were included .Women who were below 30 or above 59 years of age, Women who did not give consent for participation in the study were excluded from the study.

SAMPLE SIZE

According to study by Roy B et al ^[11] 84% of the study participants were not aware of cervical cancer. Using open epi 3.2.1, with 95% confidence interval and a precision of 10%, sample size was calculated to be 74. This was rounded off to 80.

SAMPLING

Non random sampling. Sequential inclusion of the women who met the inclusion criteria.

Study Tool

A pre tested and validated questionnaire [14] was used to collect following components of information from the subjects. The questionnaire assessed basic socio demographic profile like age, occupation income, etc. Questions to assessed knowledge about cervical cancer, cervical cancer screening, Sources of knowledge and problems in undergoing screening.

Scoring Of Questions

Awareness of the cervical cancer was assessed, symptoms of cervical cancer, Risk factors for cervical cancer. Each response was given 1 mark. So, the maximum was nine and minimum was zero. The knowledge was graded as: <4 being poor knowledge; 5-6 being satisfactory knowledge and ≥ 7 being good knowledge. For screening for cervical cancer:

The knowledge was graded as: <4 being poor knowledge; 5-6 being satisfactory knowledge and ≥ 7 being good knowledge. The instrument is validated and pretested [14]

Statistical Analysis

The data that was collected was coded, organized, tabulated and statistically analyzed using SPSS (Statistical Package for Social Studies) version 20. For categorical variable the number and percentage were calculated. Chi square test was used to assess the differences between subcategories. Student's t test was used to compare means and standard deviation. The p value of less than 0.05 was considered as statistically significant.

RESULTS

Table No 1 Showing The Sociodemographic Variables Of Study Subjects

Age (years)	n	%
25-30	3	3.8
30-35	4	5.0
36-40	31	38.8
41-45	15	18.8
46-50	14	17.5
51-55	8	10.0
56-60	5	6.3
Married		
Yes	75	93.8
No	5	6.3
Age at marriage (years)		
<16	10	12.5
17-18	22	27.5
19-20	10	12.5

21-24	11	13.8
25-26	12	15.0
>27	10	12.5
Have children		
Yes	73	91.3
No	7	8.7
Number of children		
0	6	7.5
1	11	13.8
2	34	42.5
3	22	27.5
4	7	8.8
Income grouping (rupees)		
<1000	10	12.5
1001-5000	12	15.0
5001-10,000	22	27.5
10001-15,000	2	2.5
>15,001	3	3.8
Occupation		
Professional	20	25.0
Business	4	5.0
Housewife	44	55.0
Others	12	15.0
Education		
No formal schooling	10	12.5
Secondary	15	18.8
Primary	22	27.5
College	33	41.3

Table 2: Grading Of Knowledge About Cervical Cancer And Its Screening (n=80)

Grouping according to knowledge cervical cancer	n	%
Poor knowledge (<4)	60	75
Satisfactory (5-6)	12	15
Good (>7)	8	10
Knowledge about screening of cervical cancer	n	%
Poor knowledge (<4)	65	81.2
Satisfactory (5-6)	9	11.2
Good (>7)	6	7.6

Table 3 Showing The Knowledge About Risk Factors And Symptoms And Source Of Information And Testing.

Knowledge About Risk Factors And Symptoms	n	%
Irregular menstrual bleeding	18	22.5
Blood stained discharge from vagina	17	21.3
Weight loss	10	12.5
Difficulty in passing urine	8	10
Bleeding after sexual activity	11	13.5
Early start of sexual activity	7	8.9
Multiple sexual partners	3	3.8
Multiparty	4	5
Viral infection	2	2.5
Source Of Information		
Magazine	14	17.5
Television	17	21.3
Newspaper	14	17.5
Medical practitioner	12	15
Friends	8	10
Internet	15	18.7
Others	0	0
Who should get tested for cervical cancer (n=15)*		
Only married women	7	8.7
Unmarried women	4	5
Any female	4	5
Appropriate age for getting tested (n=8)*		
Old women>50 years	6	7.5
Young women 20-50 years	5	6.3
Adolescent girls 12-19 years	2	2.5
Result of positive test means cervical cancer (n=12)*		
Yes	6	7.5
No	6	7.5
Source of information about screening of cervical cancer*		
Newspaper	10	12.5

Magazine	7	8.8
Television	12	15.0
Relatives	4	5.0
Medical practitioner	3	3.8
Friend	3	3.8
Internet	4	5.0

*Only women who answered the questions were considered, multiple responses were allowed

Table 4 Comparing Mean Scores Of Knowledge On Cervical Cancer With Occupation Age At Marriage And Level Of Schooling

	MEAN ± SD	MEAN ± SD	T value	P value
Occupation	Employed	Housewives	2.80	0.006
	1.55 ± 0.47	1.27± 0.42		
Age at marriage	Below 21	Above 21	2.87	0.005
	1.39± 0.41	1.68± 0.49		
Level of schooling	High school	College	7.89	<0.001
	1.21 ± 0.37	1.82 ± 0.31		

Unpaired students t test was used to compare the means and std deviation, p value <0.05 was considered as statistically significant

In the current study the mean score was more in employed women, 1.55 ± 0.47, where as women who were home makers scored 1.27± 0.42, this difference in score was statistically significant with t value of 2.80 and p value <0.05. Women who were married earlier scored less than women who were married late with score of 1.39± 0.41 and 1.68± 0.49 respectively, this difference in score was statistically significant with t value of 2.87 and p value <0.05. Women with lower levels of schooling scored less than women who were college educated with score of 1.21± 0.37 and 1.82± 0.31 respectively, this difference in score was statistically significant with t value of 7.89 and p value <0.05

DISCUSSION

In the current study majority of the women belonged to 36-40 years of age, majority of the women were married and most of the married women were married at 18 years of age.

Similar findings were seen in study by Aswathy S et al⁶, Basu P et al¹² and Astana S¹⁰

In our study majority of the women had poor knowledge about cervical cancer (75%) and its screening (81.2%). Similar findings were seen in study by Roy B et al in Kolkata, where poor knowledge (84%) about cervical cancer and its screening has been reported from a study conducted on women who attended the hospitals.^[11] Studies done on health care workers showed contrasting results, good knowledge has been reported from studies conducted by Shekhar S et al, V Shah et al, and Goyal et al, these studies were done to assess the knowledge on cervical cancer in nurses.^[7-9] Here, the role of health education and awareness can be noted, as health care providers had better knowledge. In our study, employed women had better mean scores of knowledge when compared to house wives, the mean score being 1.55 ± 0.47 and 1.27± 0.42 respectively, this was statistically significant also, in a study by Aswathy S et al⁶, done in Kerala, similar findings were seen. Astana S¹⁰ showed similar results. Basu P et al¹² also had similar results. Majority of the study population belong to middle income class (27.5%) followed by upper middle class (15%). Community based studies from India have found that educated and working women had better knowledge than the women with lower educational levels and housewives.^[6,10,12]

In our study only 18% of women answered about testing for cervical cancer, in which 8.7% answered that only married women should be tested, 5% of women said that unmarried and any women should be tested for cervical cancer. Few of the studies done in community indicate that only 2%-6.9% of women had got tested^[6,10]. Few studied done on the health care workers i.e. nurses showed similar results, of 7%-8%^[7-10] this shows the gap between health awareness and practice. The absence of disease symptoms was the reason for not getting screened, women who were asymptomatic perceived themselves as healthy. This reason is common for most of the other studies from India^[6-11]. In our study 13% of the women answered questions about the tests of cervical cancer, out of which 7.5% said that positive pap smear means cervical cancer.

In the current study, majority of the women got information from mass

media, i.e. television 15% and news paper 12.5%. This was also seen in other studies where Mass media seemed to be important source of information, even in rural areas as reported by studies conducted in rural parts of India.^[6,10] Only 3.85% of women had got information from doctors, this perhaps implies that doctors were not the common source of information when compared to mass media, which has been reported to be the source from studies conducted in different settings like "Rural communities" and "hospitals"^[6-10]. Few studies in Rural Rajasthan and Gujarat found that, 12.5% to 10% of the nurses would actually recommend the test to others.^[7,9] Similar findings have been reported from Uganda.^[14] Most of the women in our study were parous, and had utilized health services, however this opportunity wasn't utilized optimally by the health care providers to educate them about cervical cancer. This opportunity can be utilized for the education of women.

Limitations

The current study is a questionnaire based study due to which there may be response bias. There may have been recall bias, but it's also possible that some women received information and advice regarding cervical cancer and screening.

CONCLUSION

The majority of the women lacked awareness and had not had cervical cancer screenings. Since the media was a common source of information, it is possible to use it to increase women's awareness and encourage early detection. Larger, pan India community-based research is required to understand physician practices and evaluate if the women are being taught about cervical cancer.

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