

Cervical Cancer & Screening: A Kap Study Among Health Care Staff in Private Health Facilities of Maharashtra



Medical Science

KEYWORDS : Knowledge, Cervical cancer, Screening

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ABSTRACT

Background & Objective: Cervical cancer is most preventable and treatable cancer. Due to lack of awareness the preventability of the disease is limited. To improve the awareness health care staff has an important role. Thus present study was conducted to assess the knowledge of cervical cancer and its screening among the health care staff of private health facilities. **Methodology:** A cross sectional study was conducted among all female health care staff of private health institutions in Jalna city, Maharashtra. With the help of a self-administered, semi-structured, pretested questionnaire, data regarding the risk factor, screening tests, symptoms, attitude and practices of participants towards the cervical cancer and screening were collected. **Results:** 40.9% of respondents overall knowledge about cervical cancer was found to be poor. Despite of Government's initiative of cervical cancer screening by VIA, only 16.9% of respondents know about the VIA. Reflection of available knowledge is also not seen in routine practices of respondents as only 4.2% of respondents underwent the self screening for cervical cancer. **Conclusion:** for cervical cancer prevention and control program, health care staff should be targeted initially by cancer awareness and sensitize them about their important role in community awareness and screening.

INTRODUCTION

Cervical cancer is the second most common cancer among women not only in world but also in India. As per GLOBOCAN 2012, India reports 67,477 deaths out of total 2,65,672 deaths in world due to cervical cancer in 2012 [1]. Cervical cancer is one of the most preventable cancers among women. Because of its unique characteristics its prevention through early screening and prompt treatment at precancerous state is possible [2], which will in turn save many lives. Cytology based screening is a method of choice for cervical cancer screening in developed countries; but now Visual Inspection of cervix after application of Acetic Acid (VIA) has been established as an alternative to cytology based screening[3,4].

Various factors affect the uptake of cervical cancer screening by the women in developing country like India. Female health care staff plays an important role in awareness of community regarding availability and need for cervical cancer screening services. In India percentage of population who avail private health facilities is more than that of government health facilities. Hence this study was planned to assess the knowledge of cervical cancer and its screening among the health care staff of private health facilities, and also their attitude and practices towards the cervical cancer and its screening.

MATERIAL & METHOD

A cross sectional study was conducted among all female health care staff of private health institutions in Jalna city, Maharashtra, from the month of June to July 2015. All the private health institutes where more than 10 female health care staff is working were included in the study. After in person counseling, management from 12 private health care institutes permitted us and allowed their female staff to participate in the study. Out of 263 female staff 177 staff was participated in to the study. Responses from 11 staff was incomplete, hence rest of the responses i.e. 166 were analyzed. Informed consent was taken orally from all the participants. Institutional clearance and approval from all the concern health facilities were obtained prior to the initiation of study.

A self-administered, semi-structured, pretested questionnaire was used for the data collection. Questionnaire was composed of twenty one questions; initially the questions were framed to retrieve the socio-demographic information of participants. After that the questions were frame to assess the knowledge of participants regarding risk factor, symptoms of cervical cancer,

and its various screening modalities and also about the HPV vaccine. Last part of questionnaire was framed to gather the information regarding the attitude & practices of participants about cervical cancer & its screening.

Table no. 1

Sociodemographic characteristics of respondents

Sociodemographic characters	No. (%)
Age in years	
Less than 20	18 (10.8)
20-30	72 (43.4)
30-40	55 (33.1)
More than 40	21 (12.7)
Marital status	
Married	130 (78.3)
Unmarried	36 (21.7)
Parity	
Nullipara	49 (29.5)
Para 1-3	117 (70.5)

RESULT

Total 166 responses were recorded and analyzed. The mean age of respondent was 30.87±8.7 years and 78% of them were married (Table 1). 40.9% respondents were found to have poor knowledge of risk factors, symptoms and screening of cervical cancer. Only 32.5% respondents know that the Human Papilloma Virus (HPV) infection is a risk factor for cervical cancer. Poor genital hygiene was the most known risk factor among the respondent (71.7%). About 50% respondents know that, post-menopausal bleeding; excessive vaginal discharge is the symptoms of cervical cancer. The most known cervical cancer screening test was found to be PAP test (41.6%). Though respondents had information regarding HPV DNA test (28.3%) and Colposcopy (33.1%), but their knowledge regarding the VIA (visual inspection by acetic acid) as a cervical cancer screening modality is very poor (16.9%). Some of the respondents 33.1% thought that cervical cancer is preventable. (Table 2)

Most of the respondents (67.5%) thought that screening is a doctor's duty only. Majority (89.8%) of the respondents were think that all women of age more than 30 years should undergo cervical cancer screening, some of them counsel the patients about screening (36.1%) and some (25.9%) refers the patient for screening also. Only few (4.2%) respondents were screened for cervical cancer, most of the respondents (74.7%) reported that, they were unaware about screening and its importance. Some respondents (19.9%) feel that they are not at risk so no need to be screen.

Very few were not screened themselves due to embracement (5.4%) and fear of positive result (6%) (Table 3).

Table no. 2
Knowledge about Cervical cancer and screening among respondents

Risk factors	No. (%)
HPV infection	54 (32.5)
Multiple sexual partners	55 (33.1)
Sex at early age	77 (46.4)
Multiparity	46 (27.7)
Poor genital hygiene	119 (71.7)
Smoking	72 (43.4)
Use of Oral contraceptive	61 (36.7)
Signs of cancer	
Post-menopausal bleeding	84 (50.6)
Excessive vaginal discharge	92 (55.4)
Post-coital bleeding	55 (33.1)
Menorrhagia	77 (46.4)
Intermenstrual bleeding	64 (38.6)
Screening modalities	
PAP test	69 (41.6)
VIA (visual inspection by acetic acid)	28 (16.9)
HPV DNA	47 (28.3)
Colposcopy	38 (22.9)
Cervical Cancer is Preventable	55 (33.1)
Knowledge grading on % of correct responses	
Poor (<25% correct response)	68 (40.9)
Average (26-50% correct response)	34 (20.5)
Good (52-75% correct response)	49 (29.5)
Very good (76-100% correct response)	15 (9.1)

Table no. 3
Attitude & Practices of respondents towards cervical cancer and screening

Attitude/Practices	No. (%)
Screening is a doctor's duty	112 (67.5)
All women* should undergo screening	149 (89.8)
Underwent PAP	7 (4.2)
Counsel patient about cancer screening	60 (36.1)
Refer patients for cancer screening	43 (25.9)
Never been self-screened (n=159)	
a. Unaware about screening	124 (74.7)
b. Not feeling at risk	33 (19.9)
c. Screening is embracing	9 (5.4)
d. Afraid of positive outcome	10 (6.0)

*women more than 30 years of age

DISCUSSION

To aware individual on any health aspect, means to impart information on those particular health aspects, which might change the thinking process and a behavioural change, can be expected.

We found that 20.5% respondents were had average knowledge regarding the Cervical cancer and screening which coincides with the results of Urasa et al [5], Shekhar et al [6] and Swapna-jaswanath M et al [7]. Tran et al [8], Aswathy et al [9] and Shekhar et al [6] found that inspite of average knowledge of cervical cancer symptomatology; proportion of self- screened was very low.

It was proven that in low resource settings like India, visual inspection of cervix after the application of acetic acid (VIA) can lead to significant reduction in disease, Sankaranarayanan R [10], but the knowledge among the population about VIA test is low, AlokGoyal et al [11], Ekta Singh et al [12] Shekhar et al [6].

Most of the study shows that even health care providers had only average knowledge of symptomatology of cervical cancer and very few of them know about a simple screening method i.e. VIA. This means still today we are focusing on curative modalities of cancer treatment not on its prevention

When you come to etiology more than 50% of health care providers don't know about Human Papilloma Virus (HPV) infection as a risk factor for cervical cancer; and those who knows it very few among them know about its vaccine and cancer preventability, Alok Goyal et al [11], Ekta Singh et al [12] and Thanapparas D et al [13]

Knowledge is the first step in the development of behaviour, the average level of awareness and marginal self- screening behavior is mostly due to the poor and inconsistent cancer awareness activities. Health care staff needs to be sensitized for undergoing self- screening and their important role in cervical cancer prevention.

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