



## A STUDY TO ASSESS THE AWARENESS OF WOMEN ABOUT CERVICAL CANCER IN SELECTED COMMUNITY OF DELHI.

### Nursing

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### ABSTRACT

Cervical cancer is said to be the world's second deadly cancer with an estimate of about 493,243 women diagnosed with it and 273,505 dying from it per year. Cervical cancer is also the world's second most frequent occurring disease among women between 15 to 44 years of age. The aim of this study to assess the awareness of women about cervical cancer in selected community of Delhi. The research approach was quantitative and Descriptive research design was used. Sample selected was community women of selected school community of New Delhi. The sample for the study comprised of 120 women of urban community and were selected by using convenient random sampling technique. Structured Questionnaire was developed to collect the data, which showed 41.66% women had below average knowledge and 50% had average knowledge and 8% had below average knowledge about cervical cancer.

### KEYWORDS

Awareness of women, Awareness about cervical cancer, Cervical cancer

### I. INTRODUCTION

*"Strength Grows in The Moments When You Think You Can't Go On but You Keep Going Anyway."*  
– Crystal

Cervical cancer begins when healthy cells on the surface of the cervix change and grow out of control, forming a mass called a tumor. A tumor can be cancerous or benign. A cancerous tumor is malignant, meaning it can spread to other parts of the body. A benign tumor means the tumor will not spread.<sup>1</sup>

According to the world health organization (WHO 2002): - Cervical cancer is said to be the world's second deadly cancer with an estimate of about 493,243 women diagnosed with it and 273,505 dying from it per year. Cervical cancer is also the world's second most frequent among women between 15 and 44 years of age. The known risk factors of developing cervical cancer are human papilloma virus (HPV), low socio-economic status, smoking, marrying before age 18 years, young age at the first coitus, multiple sexual partners, multiple sexual partners of spouse, and multiple childbirths.<sup>2</sup>

In India; it is one of the leading causes of mortality among women accounting for 23.3% of all cancer deaths. More than their fourth of these patients are diagnosed in advanced stages leading to poor prospects of long term survival and cure. It is possible to detect the cervical cancer in early stages if women undergo screening thereby reducing mortality and morbidity. The prospective screening method that can be used in low resource settings are the visual inspection method "see and treat" approach.<sup>3</sup>

Cervical cancer is as a result of Human Papilloma Virus which is transmitted through sexual intercourse, in most cases the male is a carrier of the Papilloma virus that infects and generates in women. Despite the risks of the HPV virus both males and women are hardly aware of the virus and its risk.<sup>4</sup>

Cervical cancer cases were enrolled in between January 2010 to Dec 2012. One sample was collected from non-cancerous area of cervix for DNA extraction and two samples were collected from cancerous area of cervix from same patient, one for DNA extraction, and other one of histopathological examination to confirm the clinical diagnosis.<sup>5</sup>

Cancer fatalism has continued to increase among especially young women, this is the belief that women have had that diagnosis of cancer directly translates to inevitable death therefore they find it better to avoid going for screening and are with no knowledge whatsoever on their health status. Education and Knowledge on cervical cancer has continued to decrease as the cancer fatalism increases not because there is no available information but because the women have been ignorant to enlighten themselves.

The objectives of this study are to assess the awareness of women regarding cervical cancer and to find out the association between knowledge score regarding cervical cancer with selected demographic variables like age, educational qualification, occupation etc. of women

and to develop pamphlet on cervical cancer in a view to raise the awareness among women regarding cervical cancer in Selected Community of Delhi".

### MATERIAL AND METHODS

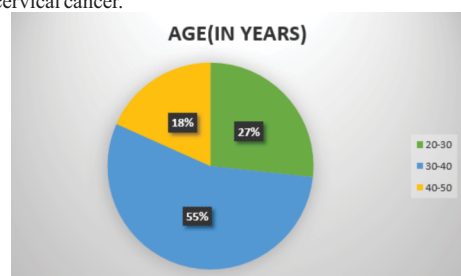
The data was collected in June 2021. A quantitative research approach with descriptive research design was used to assess the awareness of women about cervical cancer in selected community of Delhi. Permission from Principal and ethical clearance from Organizational Review Board was taken before collection of data. Total of 120 community women was taken. Convenient sampling technique was used for data collection. The subjects were given structured questionnaires to fill and give the responses. Before the questionnaire was given to the participants, consent was taken, aims and objectives were explained to them. The Structured Questionnaire to assess the awareness of women about cervical cancer comprised of two sections. Section 1 consists of Demography Performa including 10 items to collect information on subject's demography characteristics (age, education, occupation, income, regularity of menstrual cycle, family history of cervical cancer, use of birth control pills, no. of children, complaint of bleeding after sexual activity and history of reproductive tract infections.) Section 2 consist of structured knowledge questionnaire including 15 multiple choice items to assess the knowledge about cervical cancer. The maximum score was 1 for each correct answer and no score was awarded for incorrect answer or question not attempted. The knowledge level grading criteria considered appropriate as follows:

KNOWLEDGE LEVEL	KNOWLEDGE SCORE
ABOVE AVERAGE	11-15 (73.33%-100%)
AVERAGE	6-10 (40%-66%)
BELOW AVERAGE	0-5 (0%-33.33%)

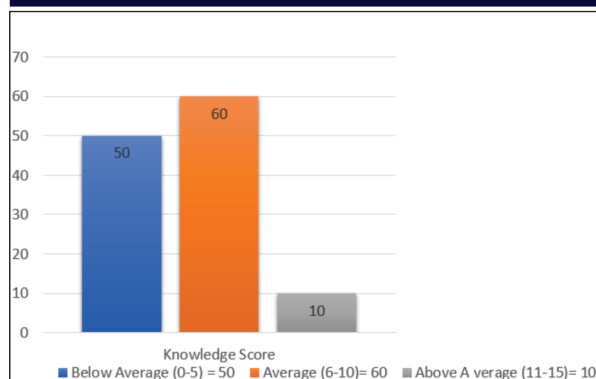
### II. RESULTS

Figure 1 depicted the Percentage distribution of community women according to age (in years).

Figure 2 depicts the frequency distribution of the knowledge score of community women about cervical cancer. Table 1 depicts that some [41.66%] were having below average knowledge and some [50%] are having average and some [8%] are having above average knowledge about cervical cancer.



**Figure 1: Percentage Distribution Of Community Women According To Age (in Years)**



**Figure 2: Column Graph Showing Frequency Distribution Of Knowledge Score Of Community Women Regarding Cervical Cancer.**

**Table 1: Showing the Frequency and Percentage distribution of the knowledge score of community women.**

KNOWLEDGE LEVEL	KNOWLEDGE SCORE	FREQUENCY (F)	PERCENTAGE (%)
BELOW AVERAGE	0-5	50	41.66
AVERAGE	6-10	60	50
ABOVE AVERAGE	11-15	10	8

### I. DISCUSSION AND CONCLUSION

The present study findings were revealed in terms of the objectives for the study. Most of the women [66 ; 55%] were in age group of 30-40 years, [32; 26.7%] were in the age group of 20-30 years and few [22 ; 18.33%] were in the age group of 40-50 years. With regard to the education qualification of the community women [37 ; 30.8 %] were educated up to 12<sup>th</sup> class and very few [1 ; 0.9%] done their post-graduation. Out of the total community women, maximum [77 ; 64.16%] worked as homemaker and very few [5 ; 4.14%] worked in private sector. More [72 ; 60%] community women belong to medium income group and very few [2 ; 1.6%] belongs to low income group. Most of the community women [95 ; 79.17%] were having regular Menses and few [25 ; 20.83%] were not having regular Menses. Mostly community women [115 ; 95.8%] were not having history of cancer and [5 ; 4.2%] were having history of cancer. Most of the community women [98 ; 81.7%] were not using contraceptive and few 22 (18.3%) were using contraceptive. Mostly community women [68 ; 56.66%] were having 2 children and very few [7 ; 5.83%] were not having children. More [112 ; 93.3%] community women were not having complaint of bleeding after sexual intercourse while 8 (6.7%) were having complaint of bleeding after sexual intercourse. Out of the total community women, maximum [114 ; 95%] had history of RTI and very minimum 6 (5%) had not history of RTI. The knowledge study reveals that some [41.66%] were having below average knowledge and few [50%] were having average knowledge and very few [8%] were having below average knowledge about cervical cancer. The pamphlet was developed on cervical cancer to disseminate knowledge on HPV vaccination and regular screening through Pap smear (at least once in 3 years).

The study findings depicted that majority of the community women were having average knowledge about cervical cancer and this finding was in agreement with the findings of the study conducted by Pramila Devkota, August 2020, a study was conducted to assess the awareness on cervical cancer among reproductive aged Women of Kathmandu, Nepal. The study result showed that majority of the women were having average knowledge about cervical cancer. The mean cervical cancer knowledge score was 7.73 (SD= 3.9), indicating average level of knowledge.<sup>6</sup>

Another study which supports the findings of current study was done by Divya Khanna, Jan 2019, a study was conducted to assess the knowledge, attitude and practice (KAP) of cervical cancer and its screening amongst community health workers of Varanasi district, Uttar Pradesh. The results showed that Based on Bloom's cut-off scoring, more than one-third had poor knowledge (106, 36.6%), followed by moderate level (109, 37.6%) and less than one-fourth had good knowledge (62, 21.4%) for cervical cancer screening. Based on the criteria of positive attitude, the majority had positive attitude toward cervical screening (260, 93.9%). Less than 10% of participants

had undergone screening in the past (24, 8.3%). According to observation, there was significantly higher proportion of workers with good knowledge undergoing screening ( $P = 0.003$ ). Awareness about cervical cancer among women will encourage them to go for early screening (pap smear test every 3 yrs) and HPV vaccination (Two doses under 14yrs or three doses after 14yrs and 2<sup>nd</sup> dose on 2 months after 1<sup>st</sup> dose, 3<sup>rd</sup> dose on 4 months after 2<sup>nd</sup> dose).<sup>7</sup>

### Recommendations

- 1) Ensuring a positive learning environment by giving a learning situation where student are sheltered from harm, harassment, ridicule and negative feelings.
- 2) Developing the policies of attendance that incorporate accepted procedures, conveying attendance approaches, assuring strategies are reliably authorized, and leading attendance strategy assessment.
- 3) Keeping exact records of attendance and computing absenteeism rates at frequent interval to recognize every individual's example of attendance.
- 4) Study of the relationship between teacher attendance, student attendance, accomplishment, and behavior.
- 5) Study of the relationship between academic building conditions and educational achievement.

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