



STUDY TO ASSESS THE RISK FACTORS FOR CERVICAL CANCER AMONG WOMEN AGED ABOVE 20 YEARS IN A SELECTED COMMUNITY

Obstetrics & Gynaecology

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ABSTRACT

A study was conducted to assess the risk factors for cervical cancer among women aged above 20 years in a selected community. Non Experimental Design was used and 200 women were selected using non-random purposive sampling technique. A Structured Questionnaire was used to assess the risk factors for cervical cancer. The result revealed that majority of the women falls under high risk status for cervical cancer.

KEYWORDS

INTRODUCTION

Cancer is one of the leading causes of adult deaths worldwide. Every year about 14 million new cancer cases are detected and 8 million people die of cancer. However, there is a marked difference in the distribution of cancer sites across different regions of the world.

Cervical cancer is a public health problem in developing countries like India, so much so that India alone accounts for one-quarter of the worldwide burden of cervical cancers. It is the one of the leading cause of cancer mortality, accounting for 17% of all cancer deaths among women aged between 30 and 69 years. It is estimated that cervical cancer will occur in approximately 1 in 53 Indian women during their lifetime compared with 1 in 100 women in more developed regions of the world.

Screening for cancer is known to reduce mortality by early detection and treatment. However, there are two prerequisites for screening to reduce the rate of death from cancer. First, screening must advance the time of diagnosis of cancers that are destined to cause death. Second, early treatment of these cancers must confer some advantage over treatment at clinical presentation. Unlike other cancer sites, cervix can be subjected to screening for early diagnosis and treatment.

A recent qualitative study reported a low level of knowledge on HPV and cervical cancer among children, parents, teachers, community leaders and even health service providers of four developing countries (India, Peru, Uganda and Vietnam). Very similar results, i.e. lack of proper knowledge regarding cervical cancer, were found in several studies conducted in other countries in the world.

Various studies in different countries show differences in women's knowledge and attitude regarding cervical cancer and its prevention. Unlike developed nations, in developing countries, women had a poor level of knowledge towards cervical cancer and its prevention. A significant direct relationship was also found between women's knowledge and attitude towards cervical cancer and its prevention, and subsequent utilization of Pap smear test in some studies.

Early detection greatly improves the chances of successful treatment of pre-cancers and cancer. Being aware of any signs and symptoms of cervical cancer can also help avoid delays in diagnosis. For women at high risk for developing cervical cancer, screening is recommended at an earlier age and more often than for women who have an average risk of cervical cancer.

Knowledge regarding screening and their level of risk status is very important for all women to prevent morbidity and mortality due to cervical cancer since lack of knowledge itself is a high risk factor. Hence the current study is carried out to assess the risk factors for cervical cancer.

STATEMENT OF THE PROBLEM:

An Exploratory study to assess the risk factors for cervical cancer among women in a selected community at Virudhunagar district.

OBJECTIVES:

- To assess the risk status for cervical cancer among women.
- To associate the risk status with selected demographic variables

METHODOLOGY:

The study adopted Non-Experimental Design. 200 women were selected from a community as samples through non-random purposive sampling technique.

The data were collected by using following tools:

- Demographic data which includes age of the women, education, occupation, marital status, religion.
- A checklist contains risk factors for cervical cancer.

RESULTS AND DISCUSSION

Table 1- Distribution of samples according to the demographic variables

| n = 200 | | | |
|---------|---------------------------|------------------------|--------------|
| S. No | Demographic variables | Frequency distribution | Percentage % |
| 1 | Age in Years | | |
| | a) 20-29 | 54 | 27 |
| | b) 30-39 | 46 | 23 |
| | c) 40-49 | 43 | 21.5 |
| | d) 50-59 | 33 | 16.5 |
| | e) 60-69 | 17 | 8.5 |
| 2 | 70 & Above | 7 | 3.5 |
| | Marital Status | | |
| | a) Married | 164 | 82 |
| | b) Single | 14 | 7 |
| 3 | c) Divorced | 8 | 4 |
| | d) Widow | 14 | - |
| 4 | Occupation | | |
| | a) House wife | 110 | 55 |
| | b) Employed/Self employed | 53 | 26.5 |
| | c) Unemployed | 24 | 12 |
| 5 | d) Student | 13 | 6.5 |
| | Education | | |
| | a) Illiterate | 61 | 30.5 |
| | b) Primary education | 68 | 34 |
| 6 | c) High school | 45 | 22.5 |
| | d) Degree and above | 26 | 13 |
| 7 | Religion | | |
| | a) Hindu | 160 | 80 |
| | b) Christian | 30 | 15 |
| | c) Muslim | 10 | 5 |
| | d) others | - | - |

Table 2 – Frequency and percentage distribution of samples according to the level of risk status for cervical cancer

| n = 200 | | |
|----------------------|-----------|-------|
| Level of Risk status | Frequency | (%) |
| No Risk (0) | 10 | 5% |
| Low Risk(1-5) | 35 | 17.5% |
| Moderate Risk(6-10) | 55 | 27.5% |
| High Risk(11-15) | 100 | 50% |

Table 2- shows the frequency and percentage of sample according to the level of risk status regarding Cervical Cancer.

Half of the samples 100(50%) had high risk, 55 (27.5%) had moderate risk,35(17.5%) had low risk and very few samples 10 (5%) had no risk for cervical cancer.

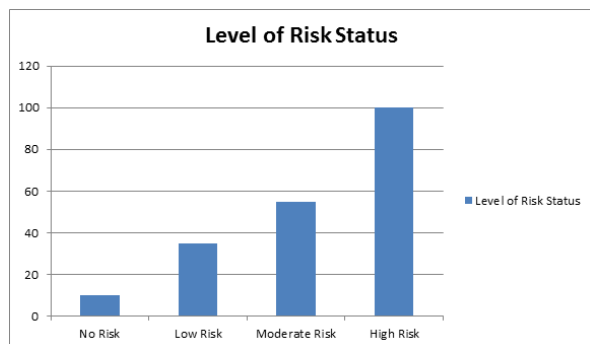


Figure 1- shows the level of risk status for cervical cancer

Table -3 – Shows the Common risk factors for cervical cancer

| S. No | RISK FACTOR | FREQUENCY | PERCENTAGE % |
|-------|--|-----------|--------------|
| 1 | Uncircumcised male partner | 190 | 95% |
| 2 | No knowledge about cervical cancer | 180 | 90% |
| 3 | Use of Contraceptive pills for a long time | 40 | 20% |
| 4 | Early marriage | 30 | 15% |
| 5 | Early onset of sexual activity | 30 | 15% |
| 6 | High Parity | 20 | 10% |

Table -3 concluded that the risk factor which contributes highest percentage for cervical cancer(95%) is Uncircumcised male partner, the second risk factor contributes (90%) is No knowledge about cervical cancer and the least risk factor(10%) is High Parity.

Table-4 - Association of selected demographic variables with risk status for cervical cancer

| S.no | Demographic variables | No risk | Low risk | Moderate risk | High risk | X ² (significant at 0.05) |
|---------------------|--------------------------|---------|----------|---------------|-----------|--------------------------------------|
| 1. | Age : | | | | | |
| | a) 20-29 | 1 | 19 | 4 | 2 | 12.97 |
| | b) 30-39 | 2 | 15 | 15 | 10 | NS |
| | c) 40-49 | 2 | 26 | 12 | 12 | |
| | d) 50-59 | 5 | 12 | 5 | 3 | |
| | e) 60-69 | 4 | 22 | 3 | 3 | |
| f) 70 and above | 1 | 20 | 2 | 0 | | |
| 2. | Marital status | | | | | 9.72 |
| | a) Married | 1 | 21 | 35 | 15 | NS |
| | b) Single | 7 | 10 | 18 | 10 | |
| | c) Divorced | 4 | 21 | 17 | 3 | |
| d) Widow | 4 | 17 | 15 | 2 | | |
| 3. | Occupation | | | | | 9.72 |
| | a) House wife | 4 | 17 | 15 | 2 | NS |
| | b)Employed/self employed | 5 | 20 | 17 | 3 | |
| | c)Unemployed | 6 | 11 | 18 | 10 | |
| d) student | 0 | 22 | 35 | 15 | | |
| 4 | Education | | | | | 19.82* |
| | a) Illiterate | 5 | 10 | 18 | 12 | S |
| | b) Primary education | 4 | 22 | 17 | 5 | |
| | c) High school | 0 | 20 | 15 | 3 | |
| d) Degree and above | 7 | 17 | 35 | 10 | | |
| 5 | Religion | | | | | 9.44 |
| | a) Hindu | 25 | 16 | 16 | 6 | NS |
| | b) Christian | 20 | 15 | 12 | 7 | |
| | c) Muslim | 15 | 22 | 35 | 2 | |
| d) Others | 1 | 7 | 9 | 1 | | |

Table -4 shows that there is a significant association between Education and risk status for cervical cancer.

CONCLUSION

The study concluded that the half of the samples(100) 50% falls under high risk status ,27.5% (55) of the samples falls under moderate risk status ,17.5% (35) of the samples falls under low risk status and 5% (10) of the samples falls under no risk status for cervical cancer. Related to the demographic variables majority of the women's (27%) belonged to 20-29 years, (82%), of the women's were married, (55%) of the women were housewife, (34%) were received primary education and (80%) of the samples belonged to Hindu religion.

It was also found that there is a significant association between education and risk status for cervical cancer. The study has an implication on nursing practice and Nursing research. Nurses can play a major role in increasing the knowledge by developing an accurate and appropriate programme to promote the health status of women. Recommendation of the study, it can be replicated on larger sample for generalization and in various setting using different sampling techniques for different population.

REFERENCES

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5234166/>
2. Laikangbam P, Sengupta S, Bhattacharya P, Duttagupta C, Dhabali Singh T et al (2007) A comparative profile of the prevalence and age distribution of human papillomavirus type 16/18 infections among three states of India with focus on northeast India Int J Gynecol Cancer 17 107–117
3. International Agency for Research on Cancer (2007) IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Human Papillomavirus, vol 90 (Lyon: International Agency for Research on Cancer)
4. Bharadwaj M, Hussain S, Nasare V and Das BC (2009) HPV&HPV vaccination: issues in developing countries Indian J Med Res 130 327–33
5. PATH and National AIDS Research Institute (2009) Shaping a Strategy to Introduce HPV Vaccines in India: Results from the HPV Vaccines. Evidence for Impact Project (Seattle, WA: PATH) 25 pp
6. Mattheij I, Pollock AM and Brhlikova P (2012) Do cervical cancer data justify HPV vaccination in India? Epidemiological data sources and comprehensiveness J R Soc Med 105 250–262 DOI: 10.1258/jrsm.2012.11034
7. Bingham A, Drake JK and LaMontagne DS (2009) Sociocultural issues in the introduction of human papillomavirus vaccine in low-resource settings Arch Pediatr Adolesc Med 163 455–61
8. Nganwai P, Trudpon P, Inpa C, Sangpetngam B, Mekjarasnapa M et al (2008) Knowledge, attitudes and practices vis-a-vis cervical cancer among registered nurses at the Faculty of Medicine, Khon Kaen University, Thailand Asian Pac J Cancer Prev 9 15–18
9. Anya SE, Oshi DC, Nwosu SO et al (2005) Knowledge, attitude and practice of female health professionals regarding cervical cancer and Pap smear Niger J Med 14 283–6
10. Ali SF, Ayub S, Manzoor NF, Azim S, Afif M et al (2010) Knowledge and awareness about cervical cancer and its prevention amongst interns and nursing staff in tertiary care hospitals in Karachi, Pakistan PLoS ONE 5(6) e11059. DOI: 10.1371/journal.pone.0011059
11. McCarey C et al (2011) Awareness of HPV and cervical cancer prevention among Cameroonian healthcare workers. BMC Women's Health 11 45. <http://www.biomedcentral.com/1472-6874/11/45>
12. Mutyaba TF, Mmimo A et al (2006) Knowledge, attitudes and practices on cervical cancer screening among the medical workers of Mulago Hospital, Uganda BMC Med Educ 6 13
13. Udigwe GO (2006) Knowledge, attitude and practice of cervical cancer screening (pap smear) among female nurses in Nnewi, South Eastern Nigeria Niger J Clin Practice 9(1) 40–43
14. <https://ecancer.org/en/journal/article/270-awareness-and-knowledge-of-cervical-cancer-and-its-prevention-among-the-nursing-staff-of-a-tertiary-health-institute-in-ahmedabad-gujarat-india>