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KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS CERVICAL CANCER AMONG WOMEN ATTENDING DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY, LALLA DED HOSPITAL, GOVERNMENT MEDICAL COLLEGE, SRINAGAR. - A CROSS-SECTIONAL, HOSPITAL BASED SURVEY IN KASHMIR

Obstetrics & Gynaecology

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ABSTRACT

Introduction Cervical cancer is a major public health problem.Knowledge about disease and early screening is the most effective measure for cervical cancer prevention. Lack of awareness, negative attitude, and poor practice about cervical cancer and screening are the major causes to increase the incidence of disease. **Aims And Objectives** The study is designed to assess knowledge, attitude, and practice (KAP) towards cervical cancer, screening, and prevention. **Study Design** A cross-sectional, hospital-based survey was conducted in women attending Obstetrics and Gynecology Department, Lalla ded hospital, Government Medical College Srinagar. **Materials And Methods** A total of 350 subjects were enrolled and subjected for interview using prevalidated KAP(knowledge, attitude and practice) questionnaire on cervical cancer. **Results** Most of the respondents (71.71%) never heard about cervical cancer.Majority of the participants (94.28%) had inadequate knowledge and almost 93.14% women had never done cervical cancer screening practice, but interestingly 60% of the women had a favorable attitude towards cervical cancer screening. **Conclusion** A majority of the women surveyed, had a poor knowledge regarding symptoms, risk factors, and preventive measures of cervical cancer, but it was encouraging to find, that most of them had a positive attitude towards prevention of cervical cancer. It was also concluded, that introduction of a nationwide sensitization campaign, educating target population and introduction of HPV vaccination in national immunization program,will help to alleviate the morbidity and mortality of this dreaded, but completely preventable disease.

KEYWORDS

Cervical cancer, Early detection of cancer, HPV vaccination,Awareness and KAP

INTRODUCTION

Carcinoma cervix is the major health care problem all over the world but more so in developing countries.Worldwide cancer cervix affects about 16/100,000 women per year and kills about 9/100,000 per year globally. Developing countries account for 85% of the estimated burden.[1] The current estimates indicate approximately 132,000 new cases diagnosed and 74,000 deaths annually in India, accounting to nearly 1/3rd of the global cervical cancer deaths.[2]According to National Institute of Cancer Prevention and Research, one woman dies of cervical cancer every 8 minutes in India[3].Cervical cancer is a slow growing disease and women generally manifest in later stages of the disease when chances of survival are lower.[4]The survival rate of a person becomes better if the cervical cancer is diagnosed and treated at earlier stage.

Carcinoma cervix is a preventable cancer.Cervical cancer screening is an effective method for reducing the incidence and mortality of cervical cancer,as it has reduced mortality of cervical cancer by 70% in developed countries.In India about 70% cases are being diagnosed at later stage as the screening attendance rate in India is far away from satisfactory level because of unawareness among people and lack of proper screening program by the government for all women as in developed countries like UK and USA, all women have to go undergo pap smear testing.Screening for cervical cancer is essential as the women often do not experience symptoms until the disease has advanced.[5]

The prevention and control of cervical cancer depend on awareness about disease, screening procedures, and preventive measures.[6] There is a lack of information regarding knowledge, attitude, and practice (KAP) toward cervical cancer and its screening, hence this study was conducted.

This study aims to assess the level of KAP (knowledge, attitude and practice) towards cervical cancer and its screening among women attending Obstetrics and Gynaecology Department, Lalla Ded Hospital,Government Medical College Srinagar,a tertiary care hospital . The outcome of this study provides information regarding current awareness about cervical cancer, which is helpful for designing population-based educational program and to overcome barriers associated for knowledge enhancement about cervical cancer and its screening.

AIMS AND OBJECTIVES

Aim of the study was to evaluate the KAP (knowledge, attitude and practice) towards cervical cancer, screening and prevention among women attending the outpatient department (OPD) of Obstetrics and Gynaecology, Lalla Ded Hospital, Government Medical College, Srinagar.

MATERIALS AND METHODS

1.Study Design

This is a hospital-based cross-sectional study which was conducted in Outpatient Department of Obstetrics and Gynaecology.This study was approved by the ethical review board.Informed consent was taken from each participant.

2.Inclusion and Exclusion Criteria

Women from aged 18 or more and agreed to participate in the survey were included. Women with significant morbidity, psychiatric disorder and suffering from cancer were excluded.

4.Data Collection

The sample size was calculated based on 35% of prevalence of adequate knowledge using Cochrane formula ($n=z^2pq/d^2$)[7]. The sample size of 350 was obtained after calculation with 5% allowable error at 95% confidence interval (CI).All women who met study criteria are included and interviewed using prevalidated questionnaire about cervical cancer, screening, and prevention.The questionnaire consisted of 4 parts: socio-demographic information, knowledge, attitude and practice (KAP).The questionnaire comprises four parts to gather information regarding sociodemographic characteristics of study population, KAP toward cervical cancer and screening. The sociodemographic details included are age,residence, religion, marital status, parity, educational status and socioeconomic status.The second part included 11 questions about knowledge on cervical cancer; it's risk factors, symptoms, preventive measures, and it's screening.Some items had multiple answers, so the scoring was '1' for each correct response and '0' for the wrong answer with a total score of 30. The analysis of knowledge score was ranked as adequate knowledge if the total score equals to or higher than 15 (≥50%) and inadequate knowledge if the total score is less than 14 (<50%).[8]Attitude was assessed by putting eight statements regarding risk factors and screening of cervical cancer on Likert's scale; the statement on Likert's scale has positive and negative responses that ranged from strongly

agree 5, agree 4, neither agree or nor disagree 3, disagree 2, and strongly disagree 1. The maximum score expected from all statements is 40 and minimum of 8. If the persons scored above or equal to 20 will be considered as positive attitude and <20 considered as negative attitude toward cervical cancer screening.[9]

Practice was assessed by response towards screening for cervical cancer in the past 3 years. If the respondents were screened within the past 3 years are considered as regular practice, those who are screened more than past 3 years are considered as irregular practice, and those who never screened were considered as no practice.

5.Statistical Analysis

SPSS version 21 was used for statistical analysis.

RESULTS

A total of 350 women responded to questionnaire, in these most were between 30 and 39 years of age. The mean age of women was 34.53±9.79 and majority (161; 46%) are belonging to rural area. Majority of the women are belonging to Islam religion (326; 93.14%),middle class (117;33.42%) ,were married (277; 79.14%), given birth to one or two children (142;40.57%) with mean of 2.04±1.63 births and were literate (253; 72.28%) as shown in Table 1.

Table 1: Sociodemograhic profile of study participants

Characteristics	Category	Frequency n(%)
Age	Mean±sd	34.53±9.79
	≤30	109(31.14%)
	30-39	136(38.85%)
	40-49	67(19.14%)
	≥50	38(10.85%)
Residence	Rural	161(46%)
	Semi-urban	115(32.85%)
	Urban	74(21.14%)
Religion	Islam	326(93.14%)
	Sikhism	15(4.28%)
	Hinduism	9(2.57%)
Marital status	Unmarried	56(16%)
	Married	277(79.14%)
	Widowed	10(2.85%)
	Divorced	7(2%)
Parity	Mean±sd	2.04±1.63
	None	74(21.14%)
	1-2	142(40.57%)
	3-4	93(26.57%)
	>4	41(11.71%)
Educational status	Illiterate	97(27.71%)
	Primary school	128(36.57%)
	Secondary school	81(23.14%)
	College/university level	44(12.57%)
Socioeconomic status	Upper class	11(3.14%)
	Upper middle class	87(24.85%)
	Middle class	117(33.42%)
	Lower middle class	103(29.42%)
	Lower class	32(9.14%)

Among 350 women only 99 (28.28%) had heard about cervical cancer.Regarding knowledge about signs and symptoms of cervical cancer,bleeding in between periods (58;16.57%), postmenopausal bleeding (47;13.42%),foul smelled vaginal discharge (29; 8.28%) and bleeding after intercourse in women of any age (35; 10%).Majority of the respondents (284; 81.14%) are not aware of signs and symptoms of cervical cancer. Knowledge about risk factors for cervical cancer , most respondents are stating that multiple sexual partners (70; 20%),tobacco smoking (71; 20.28%),early sexual intercourse (52; 14.85%), long-term oral contraceptive pill use (51,14.57%) ,HPV infection (32;9.14%) increases the risk of getting cervical cancer in women. The most known preventive measures for cervical cancer among women avoid multiple sexual partners (73; 20.85%), maintaining good menstrual hygiene (89; 25.42%), avoid early sexual intercourse (54; 15.42%) and HPV vaccination (22;6.28%).

Knowledge about cervical cancer among respondents; is treatable if detected early (64;18.28%),screening methods (31; 8.85 %), screening interval (7;2%)and ideal time to start and stop cervical cancer screening (5;1.42%)as shown in table 2.

Table 2:Knowledge about cervical cancer and it's screening among respondents

Variable	Frequency n(%)
Aware about cervical cancer	99(28.28%)
Signs and symptoms	
Foul smelled vaginal discharge	29(8.28%)
Post-coital bleeding	35(10%)
Post-menopausal bleeding	47(13.42%)
Bleeding in between periods	58(16.57%)
Don't know or others	284(81.14%)
Risk factors	
Multiple sexual partners	70(20%)
Multiple pregnancies	27(7.71%)
Early sexual intercourse	52(14.85%)
Tobacco smoking	71(20.28%)
Low socioeconomic status	43(12.28%)
Long-term oral contraceptive pill use	51(14.57%)
HPV infection	32(9.14%)
Prevention of cervical cancer	
Avoid multiple sexual partners	73(20.85%)
Avoiding multiple pregnancies	35(10%)
Use of condom instead of long-term oral contraceptive pills	42(12%)
Avoiding early marriage/early sexual debut	54(15.42%)
HPV immunization	22(6.28%)
Maintaining good menstrual hygiene	89(25.42%)
Regular cervical screening	16(4.57%)
Proper treatment of sexually transmitted infections	35(10%)
Cervical cancer is treatable if detected early	64(18.28%)
Ideal time to start cervical cancer screening	5(1.42%)
Screening interval	7(2%)
When to stop cervical cancer screening	5(1.42%)
Available screening tests	31(8.85%)
Pap smear	15(4.28%)
Human papillomavirus test	6(1.71%)
Visual Inspection with Acetic Acid	10(2.85%)

Among all respondents, 45 (12.85%) strongly agreed, 84 (24%) agreed, and 120 (34.28%) neither agreed nor disagreed that cervical cancer is highly prevalent and leading cause of death among all cancers in India. About 147 (42%) of the respondents not agreed that they may be susceptible for cervical cancer. Among all respondents, 112 (32%) believed early screening, 140 (40%) agreed HPV vaccination can prevent cervical cancer as shown in Table 3.

Table 3:Attitude about cervical cancer and its screening among respondents

Questions	Strongly agree	Agree	Can't say	Disagree	Strongly Disagree
Cervical cancer is highly prevalent and leading cause of death among all cancers in india	45(12.85%)	84(24%)	120(34.28%)	67(19.14%)	34 (9.71%)
An adult women including you can acquire cervical cancer	38(10.85%)	88(25.14%)	77(22%)	116(33.14%)	31(8.85%)
Cervical cancer is not transmitted from one person to another	56(16%)	66(18.85%)	130(37.14%)	49(14%)	49(14%)
It is important to consult doctor if there will be bleeding between periods	108(30.85%)	130(37.14%)	63(18%)	32(9.14%)	17(4.85%)
Screening helps in prevention of cervical cancer	52(14.85%)	60(17.14%)	137(39.14%)	46(13.14%)	55(15.71%)
Screening causes no harm to client	115(32.85%)	60(17.14%)	39(11.14%)	70(20%)	66(18.85%)
Screening for premalignant cervical lesion is not expensive	66(18.85%)	50(14.28%)	130(37.14%)	59(16.85%)	45(12.85%)
HPV vaccination can prevent cervical cancer	66(18.85%)	74(21.14%)	84(24%)	77(22%)	49(14%)

Most of the participants (326; 93.14%) were never screened for cervical cancer as shown in Table 4

Table 4: Practice towards cervical cancer screening

Subjects screened for cervical cancer	
Screened for cervical cancer within past 3 years	8(2.28%)
Screened for cervical cancer more than past 3 years	16(4.57%)
Never screened before for cervical cancer	326(93.14%)

Among all respondents, 20 (5.71%) have adequate knowledge,and 330 (94.28%) have inadequate knowledge. More than half of the respondents (210; 60%) have positive attitude toward cervical cancer screening and majority of the respondents (326;93.14%) have never been screened for cervical cancer as shown in Table 5.

Table 5:Adequacy of knowledge, attitude and practice regarding cervical cancer and it's screening among respondents

Variable	Frequency n (%)
Knowledge	
Adequate knowledge	20(5.71%)
Inadequate knowledge	330(94.28%)
Attitude	
Positive attitude	210(60%)
Negative attitude	140(40%)
Practice	
Regular practice	8(2.28%)
Irregular practice	16(4.57%)
No practice	326(93.14%)

DISCUSSION:

The present study explored the KAP (knowledge, attitude, and practice) among women who are attending Department of Obstetrics and Gynaecology, Lalla Ded Hospital, Government Medical College,Srinagar.

Of the total 350 women studied, majority were in 30 to 39 years age group. The mean age of the sample population was 34.53±9.79 years.

The study found that majority of the population (71.71%) never heard about cervical cancer which is similar with results of studies conducted in developing and underdeveloped countries by Anorlu and Yifru and Asheber.[10,11] We found that majority of the participants (94.28%) had inadequate knowledge and almost 93.14% women had never done cervical cancer screening practice, but interestingly 60 % of the women had a favorable attitude towards cervical cancer screening. These findings of knowledge and practice are almost consistent with the other studies as well.[12,13]

There is a lack of awareness about cervical cancer in women where there is a need to conduct campaigns to improve their knowledge regarding symptoms, risk factors, and preventive measures. Early screening and HPV vaccination will helpful in prevention of cervical cancer. Continuous conducting of cervical cancer awareness program will bring change in the attitude and perception of women toward cervical cancer screening.

CONCLUSION

A majority of the women surveyed, had a poor knowledge regarding symptoms, risk factors, and preventive measures of cervical cancer, but it was encouraging to find, that most of them had a positive attitude towards prevention of cervical cancer.The study concludes that effective information, education and communication strategies are required to bridge the gap of knowledge and the actual screening practice.This shows that introduction of a nationwide sensitization campaign, educating target population and induction of HPV vaccination in national immunization program, would facilitate awareness and acceptance of HPV vaccination in our country.

It is necessary that health care providers should have adequate knowledge and a positive attitude towards screening so that they can motivate the general population for the same.Unless, cost constraint is dealt with, the poor masses of our country would not be protected from this dreaded, but completely preventable disease.

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REFERENCES:

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021;71(3):209-249.https://doi.org/10.3322/caac.21660
2. Ferlay J, Shin HR, Bray F, Forman D, Mathers C and Parkin DM. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. Int J Cancer. 2010;127(12):2893-2917.https://doi/10.1002/ijc.25516
3. Sathiyalatha S, Hemavathy V, Vijayalakshmi R. Cervical cancer kills one Indian woman every 7 minutes Int J Innov Res Dev. 2015;4:132–4
4. Roy B and Tang TS. Cervical cancer screening in Kolkata, India: Beliefs and predictors of cervical cancer screening among women attending a women's health clinic in Kolkata, India. J Cancer Educ. 2008;23(4):253-259.https://doi.org/10.1080/08858190802189105
5. Mishra GA, Pimple SA, Shastri SS. An overview of prevention and early detection of cervical cancers Indian J Med Paediatr Oncol. 2011;32:125–32
6. Bansal AB, Pakhare AP, Kapoor N, Mehrotra R, Kokane AM. Knowledge, attitude, and practices related to cervical cancer among adult women: A hospital-based cross-sectional study J Nat Sci Biol Med. 2015;6:324–8
7. Shrestha S, Dhakal P. Knowledge, attitude and practice regarding cervical cancer screening among women attending a teaching hospital, Bharatpur, Chitwan. J Family Reprod Health 2017;11:18-23.
8. Oche MO, Kaoje AU, Gana G, Ango JT. Cancer of the cervix and cervical screening: current knowledge, attitude and practices of female health workers in Sokoto, Nigeria. Int J Med Med Sci 2013;5:184-90.
9. Leyva M, Byrd T, Tarwater P. Attitude towards cervical cancer screening: A study of beliefs among women in Mexico Calif J Health Promot. 2006;4:13–24
10. Anorlu RI. Cervical cancer: The sub-Saharan African perspective Reprod Health Matters. 2008;16:41–9
11. Yifru T, Asheber G. Knowledge, attitude and practice of screening for carcinoma of the cervix among reproductive health clients at three teaching hospitals, Addis Ababa, Ethiopia Ethiop J Reprod Health. 2008;2:1–6
12. Dhendup T, Tshering P. Cervical cancer knowledge and screening behaviors among female university graduates of year 2012 attending national graduate orientation program, Bhutan. BMC Womens Health 2014;14:44.
13. Aweke YH, Ayanto SY, Ersado TL. Knowledge, attitude and practice for cervical cancer prevention and control among women of childbearing age in Hossana Town, Hadiya zone, Southern Ethiopia: community-based cross-sectional study. PLoS One 2017;12:e0181415.