



STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICE OF CERVICAL CANCER AMONG HEALTHCARE PROVIDERS AT JK HOSPITAL, BHOPAL

Obstetrics & Gynaecology

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ABSTRACT

Background: Cervical cancer originates in the cells of the cervix. As per operational framework of cancer screening in India, female Health care providers will be key mobilizers for women to undergo cervical cancer screening. Hence; the present study was conducted for assessing knowledge, attitude and practice (KAP) of cervical cancer among healthcare providers at JK hospital, Bhopal. **Materials & Methods:** Descriptive, cross-sectional study was done to assess KAP for cervical cancer amongst doctors and paramedical staff at JK Hospital, Bhopal. A total of 90 community health care workers were included in the present study. A semi-structured, pre-validated questionnaire was employed to collect data on sociodemographic characteristics, as well as KAP related to cervical cancer and its screening. Participants were queried about their awareness of the potential for cervical cancer development. All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software. **Results:** Most of people participated in the study were among 26-40 year of age (89 %). 70 % knew that Pap smear is used to detect cervical cancer. 80 % of them have heard about HPV vaccine. Only 7.1 % female from the survey are HPV vaccinated. Only 7.4 % of the survey population have been screened for cervical cancer. 81.6 percent are not screened because they have Not decided (31%), Believe that they are healthy (21%) and Others /NA. 70 % of doctors are managing female patients and are doing speculum vaginal examination. 75 % of healthcare provider knew when to screen and whom to screen and are referring patients for screening. Their main source of information is medical journal. **Conclusion:** It is of utmost importance that we need to narrow the existing gap between the perception and practice of cervical cancer.

KEYWORDS

Cervical, Cancer, Health care workers

INTRODUCTION

Cervical cancer originates in the cells of the cervix, which is the narrow, lower portion of the uterus. This structure serves as a conduit between the uterus and the vagina, also referred to as the birth canal. The progression of cervical cancer is typically gradual. Prior to the manifestation of cancer, the cervical cells undergo alterations termed dysplasia, characterized by the emergence of abnormal cells within the cervical tissue. If these atypical cells are not eliminated or excised, they may eventually transform into cancerous cells, leading to deeper infiltration into the cervix and potential spread to adjacent regions.¹

Cervical cancer, primarily attributed to human papillomavirus (HPV) infection, ranks as the third most prevalent cancer among women globally, following breast and colorectal cancers. In 2012, there were approximately 527,624 new diagnoses and 265,653 fatalities associated with this disease (Ferlay et al., 2013). Over the past three decades, both incidence and mortality rates have shown a downward trend in many regions, averaging a global reduction of about 1.6 percent annually (Forouzanfar et al., 2011). This positive shift can be largely credited to enhanced access to healthcare services, a decrease in certain risk factors such as fertility rates, advancements in treatment modalities, and the implementation of effective cytology-based screening initiatives. Nevertheless, over 80 percent of cervical cancer cases and 88 percent of related deaths occur in low- and middle-income countries (LMICs). In fact, cervical cancer remains the most common cancer among women in numerous LMICs, with some regions experiencing recent increases in incidence rates, particularly in various economies across Europe and Central Asia (Arbyn et al., 2011).²⁻⁴ As per operational framework of cancer screening in India, female Health care providers will be key mobilizers for women to undergo cervical cancer screening. Hence, their knowledge, attitude and practice is important to make the society aware about cervical cancer screening and vaccination.⁵⁻⁸ Hence; the present study was conducted for assessing knowledge, attitude and practice of cervical cancer among healthcare providers at JK hospital, Bhopal.

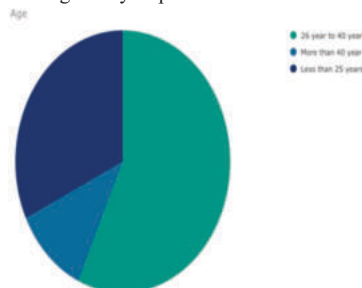
MATERIALS & METHODS

Descriptive, cross-sectional study was done to assess KAP for cervical cancer amongst doctors and paramedical staff at JK Hospital, Bhopal. A total of 90 community health care workers were included in the present study. A semi-structured, pre-validated questionnaire was employed to collect data on sociodemographic characteristics, as well as knowledge, attitudes, and practices (KAP) related to cervical cancer

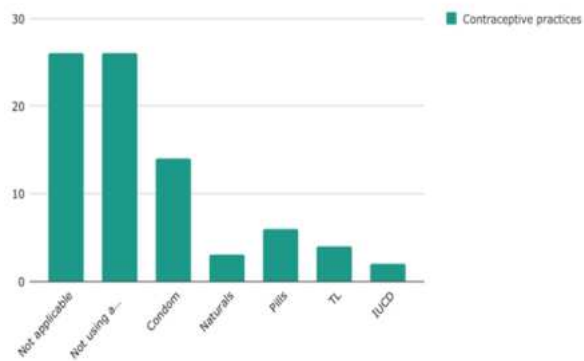
and its screening. Participants were queried about their awareness of the potential for cervical cancer development. Only those individuals who acknowledged the possibility of cervical cancer were evaluated for their KAP to mitigate information bias. Knowledge regarding cervical cancer and its screening was measured using a 12-point scale, consisting of 20 knowledge-related questions that included 14 correct answers. Each correct answer was assigned a score of 1 point, while incorrect answers received 0 points. The scoring range allowed for a maximum of 14 points and a minimum of 0 points. Bloom's cut-off points were utilized to classify knowledge levels: scores of 11–14 indicated good knowledge (80%–100% correct responses), scores of 8–10 indicated moderate knowledge (60%–79% correct responses), and scores of 7 or below indicated poor knowledge (<60% correct responses). Attitudes were evaluated through eight statements concerning cervical cancer screening, rated on a 5-point Likert scale, with responses ranging from strongly agree to strongly disagree. Participants who expressed a positive attitude toward any of the four positive statements were classified as having a favorable attitude toward screening. Practice was determined by whether participants had ever undergone cervical screening. Lastly, all individuals who had not participated in screening were prompted to identify the primary reason for their decision not to undergo the procedure. All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software.

RESULTS

Most of people participated in the study were among 26-40 year of age (89 %). 82.4 % of all people participated were female. 60 % of them are unmarried. Out of all 32.1% of all do not use any Contraception. 32.1 percent chose not to give any response.



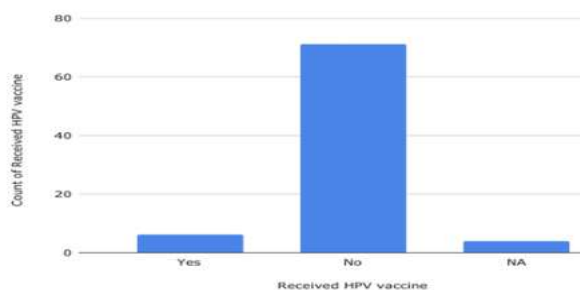
Graph 1: Age-wise distribution of patients



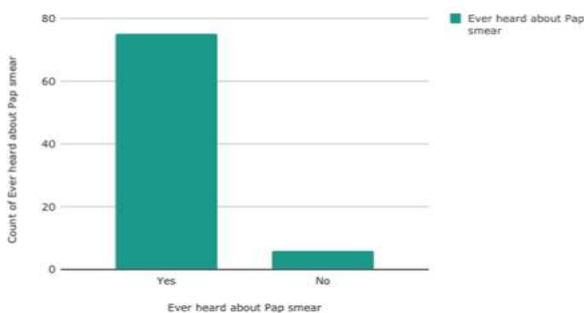
Graph 2: Contraceptive Devices

KNOWLEDGE

100% of people heard about cervical cancer. 90 % of them know it can be prevented. 80 % have awareness about Pap smear. 70 % knows that it is used to detect cervical cancer. 80 % of them have heard about HPV vaccine. Only 7.1 % female from the survey are HPV vaccinated.



Graph 3: Knowledge of HPV vaccine



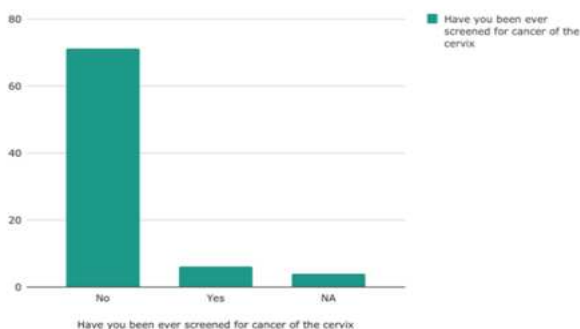
Graph 4: Knowledge of PAP smear

Attitude

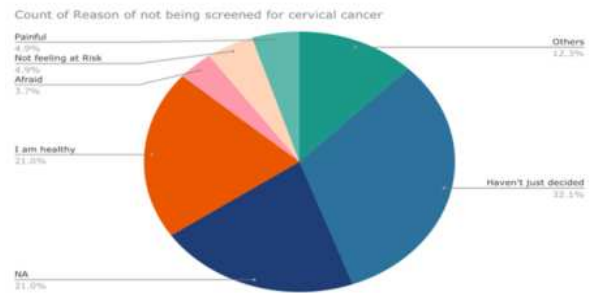
Only 7.4 % of the survey population have been screened for cervical cancer. 11 percent of population is male. 81.6 percent are not screened because they believe that:

- I. Not decided (31%)
- II. They are healthy (21%)
- III. Others /NA

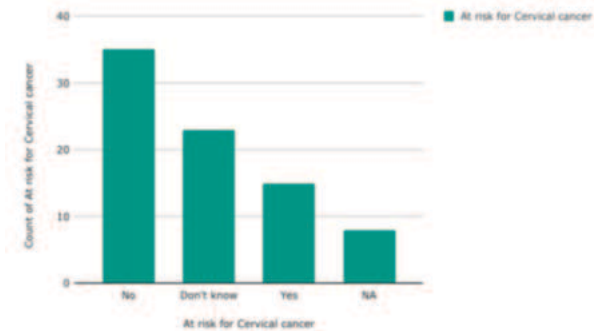
35 % people think that they are at risk but have not gotten screened or vaccinated.



Graph 5: Screening of cervical cancer



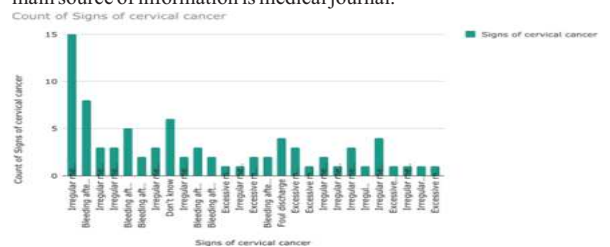
Graph 6: Reasons for not being screened for cervical cancer



Graph 7: At risk for cervical cancer

PRACTICE

70 % of doctors are managing female patients and are doing speculum vaginal examination. 75 % of healthcare provider know when to screen and whom to screen and are referring patients for screening. Their main source of information is medical journal.



Graph 8: Signs of cervical cancer



Graph 9: Who should be screened for cervical cancer

DISCUSSION

Cervical cancer ranks among the foremost causes of cancer-related mortality in women globally, exhibiting epidemiological characteristics akin to a low-infectious venereal disease. Research indicates that early initiation of sexual activity and having multiple sexual partners significantly elevate the risk of developing this malignancy. The variation in incidence rates across different nations is also affected by the implementation of screening programs. While the overall trend shows a decline in both incidence and mortality rates, there are emerging indications of an increased risk for cervical cancer, likely linked to shifts in sexual practices. Key factors in the multifactorial and stepwise carcinogenesis of cervical cancer include smoking and the presence of human papillomavirus (HPV) types 16 and 18. Consequently, it is advisable to promote community-based

preventive strategies, screening initiatives, and HPV vaccination. The methodologies for cervical cancer screening have progressed from traditional cytological assessments to advanced molecular diagnostics. High-risk HPV genotyping and liquid-based cytology are prevalent techniques that have gained widespread endorsement and application internationally. Looking ahead, there is a growing demand for screening methods that are accurate, cost-effective, rapid, and user-friendly.⁶⁻¹⁰

Most of people participated in the study were among 26-40 year of age (89 %). 82.4 % of all people participated were female. 60 % of them are unmarried. Out of all 32.1 % of all do not use any Contraception. 32.1 percent chose not to give any response. 100% of people heard about cervical cancer. 90 % of them know it can be prevented. 80 % have awareness about Pap smear. 70 % knows that it is used to detect cervical cancer. 80 % of them have heard about HPV vaccine. Only 7.1 % female from the survey are HPV vaccinated. Only 7.4 % of the survey population have been screened for cervical cancer. 11 percent of population is male. Delie AM et al determined the level of knowledge, attitudes, and practices regarding cervical cancer screening among healthcare providers in Sub-Saharan African countries. The analysis encompassed 30 studies with a total of 7,542 healthcare professionals. The aggregated percentage of those demonstrating adequate knowledge regarding cervical cancer was found to be 67.93%, while the proportion exhibiting a positive attitude towards the disease stood at 55.26%. Furthermore, the findings indicated that approximately 49.68% of healthcare providers possessed a solid understanding of cervical cancer screening, 66.63% maintained a favorable attitude towards it, and merely 17.23% had participated in cervical cancer screening. Overall, the levels of knowledge and attitudes among healthcare providers in Sub-Saharan Africa concerning cervical cancer and its screening practices were deemed inadequate.¹¹

81.6 percent are not screened because they believe that: Not decided (31%), They are healthy (21%) and Others /NA. 35 % people think that they are at risk but have not gotten screened or vaccinated. 70 % of doctors are managing female patients and are doing speculum vaginal examination. 75 % of healthcare provider know when to screen and whom to screen and are referring patients for screening. Their main source of information is medical journal. Khanna D et al assessed the knowledge, attitude and practice (KAP) of cervical cancer and its screening amongst community health workers of Varanasi district, Uttar Pradesh. Descriptive, cross-sectional study was done to assess the socio demographic profile and KAP for cervical cancer and its screening of community health workers. Scoring for awareness and attitude for cervical cancer screening was done. Descriptive statistics such as mean, frequency and proportion were used for socio-demographic data and KAP of study population. They observed that despite of good knowledge and perception less than 10 percent of workers have undergone screening. Significant association was seen between level of knowledge and practice of screening.¹² Mittal et al assessed healthcare workers' knowledge, attitudes, and practices regarding cervical cancer and explore the influence of demographic variables on their understanding and behaviours. The research is grounded in a cross-sectional analysis that included female healthcare professionals possessing a minimum of one year of clinical experience. A total of 173 participants were involved, predominantly nurses, with a notable percentage being over the age of 30 and married. The respondents demonstrated considerable knowledge, with most identifying multiple sexual partners and smoking as risk factors for cervical cancer. While there was a widespread positive attitude towards screening and vaccination, the actual rates of screening were comparatively low, recorded at 30.1%. In summary, the study underscored the essential role of healthcare professionals in the prevention of cervical cancer and highlighted the necessity for focused awareness initiatives.¹³

CONCLUSION

Majority of population participated are female and have great knowledge about the cervical cancer. Male doctors are significantly deficient about screening procedures (25%). Female healthcare workers are motivating and referring patients for screening and vaccination but actual practice of getting themselves screened and vaccinated is deficient. It is of utmost importance that we need to narrow the existing gap between the perception and practice of cervical cancer.

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