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## *International Journal of Applied Research*

# **Knowledge regarding prevention of cervical cancer among women of reproductive age group residing in rural area**

**Prof. (Mrs.) Vaishali Jadhav and Dhanraj Munuswamy Babu**

### **Abstract**

Cervical cancer is one of the most common cancers worldwide. In India, it is one the leading causes of mortality among women accounting for 23.3% of all cancer deaths. India accounts for about 20% of cervical cancer cases reported from the world. It has been found that in many developed countries the annual incidence and prevalence of cervical cancer has decreased by 50%-70% after introduction of population based screening. So if women in India undergo screening for cervical cancer, it is possible to detect the cancer in early stages thereby reducing mortality and morbidity. Screening would be broadly influenced by: i) Knowledge about cervical cancer, its screening among women. ii) Role of health care providers who come in contact with women in hospitals and the sources of information. iii) Facilities available and the awareness of facilities. A descriptive study was conducted to assess the knowledge regarding prevention of cervical cancer among women of reproductive age group residing in rural area of Wavanje community, Panvel.”

**Keywords:** Cervical cancer, knowledge, prevention, reproductive age group women's

### **Introduction**

Cervical cancer is one of the leading causes of morbidity and mortality amongst the gynecological cancers worldwide. In today's world, cervical cancer is primarily a disease found in low income countries. Of the nearly 5, 00,000 new cases that occur annually, 83% are in the developing world, as are 85% of the 2,74,000 deaths associated with cervical cancer. In India alone there are an estimated 1, 32,000 new cases and 74,000 deaths each year. Most women with cervical cancer in these countries present with advanced disease, resulting in low cure rates. Several factors contribute to the high burden of disease and advanced stage at presentation including poor knowledge about the disease furthermore there is a lack of screening among the general population. The incidence and mortality of cervical cancer can be reduced by screening women for precancerous lesion and by administration of human papilloma virus vaccine to adolescent girls. Knowledge of the women about cervical cancer and awareness about its prevention are the key factors that determine their utilization of screening services. The epidemic of cervical cancer can be reduced with the proper awareness and practice of cervical cancer prevention measures. Awareness regarding cervical cancer is quite low amongst Indian women, despite the evidence of the methods for prevention most women remaining unscreened. Hence the purpose of this study is to assess the knowledge regarding cervical cancer among women of reproductive age group residing in the rural area of Wavanje community, Panvel.

“Knowledge and Screening for Cervical Cancer among Women in Mangalore City”. Most of the cervical cancer cases are diagnosed late leading to poor outcomes. Very few studies have explored the role of doctor and source of information for awareness of women about cervical cancer in India. Hence, this study was conducted with the objective of knowing the knowledge of women about cervical cancer, its screening, role of doctor, source of information, and reasons for not undergoing screening if the women had not undergone testing for cervical cancer.

This was a questionnaire based cross-sectional study conducted among the women attending the outpatient departments of teaching hospitals attached to Kasturba Medical College. A sample size of 83 was calculated. A semi-structured questionnaire was developed.

After Women were educated after the data collection and a hand-out was provided. Majority of the women have poor knowledge about cervical cancer and it's screening only 6 out of 83 women had undergone screening. Though women had come into contact with doctors earlier, they were neither educated about cervical cancer nor were they told about the screening. Whatever little knowledge the women had was obtained from mass media. This concludes that majority of women had poor knowledge. Mass media could be used to educate the women. There is a need to conduct community based study to know the practices of doctors and assess if they are educating and offering suggestions for screening. Determinants of women's participation in cervical cancer screening trial, Maharashtra, India. Tata Memorial Centre Rural Cancer Extension Project, Nargis Dutt Memorial Hospital, Barshi, India had determine the factors associated with participation in cervical cancer screening and follow-up treatment in the context of a randomized controlled trial. The trial was initiated to evaluate the efficacy and cost effectiveness of visual inspection with acetic acid, cytological screening and testing for human papillomavirus in reducing the incidence of and mortality from cervical cancer in Maharashtra, India.

## Methods

Between October 1999 and November 2003 women aged 30–59 years were randomized to receive one of the three tests or to a control group. Participation was analysed for all three intervention arms. The differences between those who were screened versus those who were not was analysed according to the - characteristics of the 100 800 eligible women invited for screening. Those who were treated versus those who were not were analysed according to the socio-demographic characteristics of the 932 women diagnosed with high-grade lesions. Participation in screening and compliance with treatment were also analysed according to the type of test used.

**Findings:** Compared with women who were not tested, screened women were younger (aged 30–39), better educated and had ever used contraception. A higher proportion of screened women were married and a lower proportion had never been pregnant. Of the 932 women diagnosed with high-grade lesions or invasive cancer, 85.3% (795) received treatment. Women with higher levels of education, who had had fewer pregnancies and those who were married were more likely to comply with treatment. There were no differences in rates of screening or compliance with treatment when results were analysed by the test received.

## Conclusions

Irrespective of the test being used, good participation levels for cervical cancer screening can be achieved in rural areas of developing countries by using appropriate strategies to deliver services. Communication methods and delivery strategies aimed at encouraging older, less-educated women, who have less contact with reproductive services, are needed to further increase screening uptake.

Prevalence of human papillomavirus types in cervical lesions from women in rural Western India, Deodhar K *et al.* Cervical cancer is the most common cancer among women in many areas of India which contributes for a fifth of the global burden of disease. Persistent infection with one of the

high-risk human papillomaviruses (HPV) has been established as the cause for cervical cancer and the documentation of the prevalence of HPV types in cervical cancer in different regions of India is useful for a prevention program combining both screening and vaccination. In this study, the HPV type distribution and the frequency of p16(INK4a) immunoexpression have been determined in 125 cases of inflammatory lesions or grade 1 cervical intraepithelial neoplasia, 74 cases of grade 2, 72 cases of grade 3, and 113 cervical cancer cases diagnosed among women from rural Solapur and Osmanabad districts, Maharashtra. The overall prevalence of high-risk HPV was 37.6% in inflammatory lesions or grade 1 cervical intraepithelial neoplasia, 63.5% in grade 2, 97.2% in grade 3 and 92% in cervical cancer cases. HPV 16 and HPV 18 were detected in 80.6% of grade 3 cervical intraepithelial neoplasia and 86.5% of cervical cancer cases. 94.7% of the cervical cancer and 84.4% of the high grade lesions with a strong and full thickness staining for p16 (INK4a) were positive for HPV infection; p16 (INK4a) immunoexpression increased with worsening grade of cervical intraepithelial neoplasia. The HPV genotyping data showing a high HPV 16 and 18 prevalence in cancer specimens indicate that prophylactic HPV 16/18 vaccination would have a significant impact on the prevention of cervical cancer in India.

The present study composed of following

## Objective

1. To assess the knowledge regarding cervical cancer among women of reproductive age group.
2. To assess the knowledge regarding prevention of cervical cancer among women of reproductive age group.
3. To find out the association between the knowledge regarding cervical cancer and prevention and selected demographical variable.

## Methodology

The research design was non-experimental research design and non-probability sampling technique was used. The samples of the study consist of 100 samples of women belonging to the reproductive age group residing in the rural area of Wavanje village, Panvel.

## Data collection technique and Tool

The tools of this technique consist of Section I - it deals with analysis of the demographic data of the samples. Section II- It consists of the analysis of the data regarding the knowledge of cervical cancer. Section III-It consists of the analysis

Section IV- It consists of the association between the demographic variables and the knowledge regarding cervical cancer and its prevention.

## Scoring System of the Tool

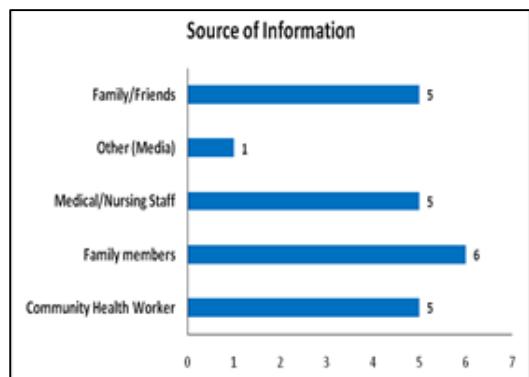
Table 01

Interpretation	Scoring
Less than 3	Poor
4 to 6	Average
More than 7	Good

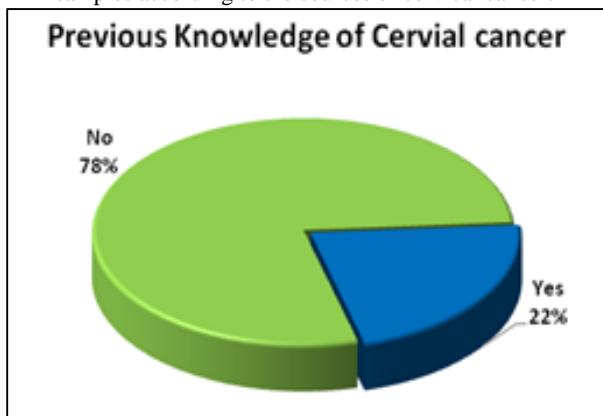
## Results

In the present study, the findings are as follows

Section I represent demographic variables which states that majority of the women belong to the age group of 15-25 years of age, i.e., 36%. And 81% were married women. The education statuses of these women were 46% have completed secondary level of education, whereas very few were graduate and post-graduate. It was also found that majority of the women were housewives that is 62% and 31% were house-maids. The women residing in pakka houses were 75%. Majority 91% of the women were Hindus. Majority of the women has family income between Rs.5001-Rs.10, 000 i.e, 41%. Majority of the women are living in joint families, that is, 54%. Majority of the women i.e, 78% has no previous knowledge regarding cervical cancer and its prevention and 22% of women are having previous knowledge regarding cervical cancer and its prevention. 6% of women having previous knowledge regarding cervical cancer and its prevention have their sources from family members.



**Fig 1:** Bar diagram depicting the frequency distribution of the samples according to the sources of cervical cancer.



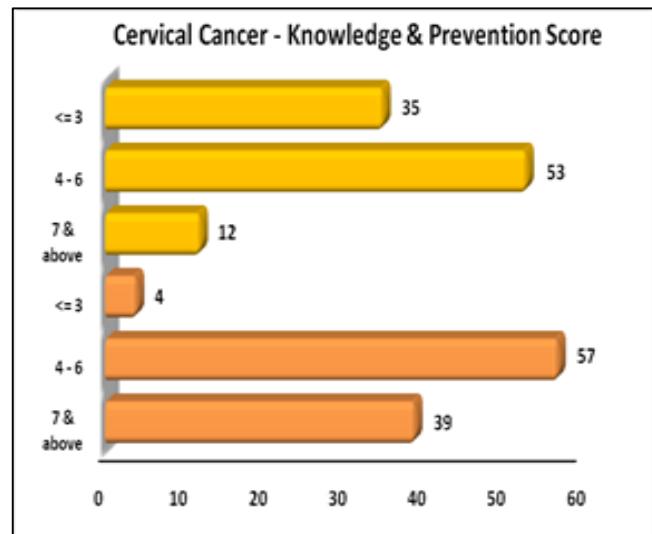
**Fig 2:** Bar diagram depicting the frequency distribution of the samples according to the previous knowledge of cervical cancer

In section II, the study reveals that majority of the women had (35%) poor knowledge score about cervical cancer and 53% samples has level of average knowledge score and 12% of the women were having good knowledge score.

In section III, the study reveals that majority of the women had (04%) poor knowledge score about Prevention of cervical cancer and 57% samples has level of average knowledge score and 39% of the women were having good knowledge score.

In section IV consists of association between Knowledge score with demographic variables. It was found that, no demographic data was statistically significantly associated

with the knowledge category. But it was found there is statistically association of religion demographic variable with compare to prevention knowledge category scores  $p=0.002$  by applying Chi-Square test



**Fig 3:** Graph depicting knowledge of cervical cancer versus prevention.

## Implications

### Nursing Education

Nursing education is developing rapidly in India and nurses from our country can be found all over the world providing best care and education. The education curriculum must be including imparting knowledge about the cervical cancer and its prevention such as by providing health education, providing pamphlets booklets and CD-ROMS. Nowadays more importance is given to awareness and promotion of health than the curative aspect. As the need of society is continuously changing newer components must be incorporated in the Nursing curriculum. Nursing education must be emphasized on preventive aspects. The Nursing teacher can use the teaching of the study as the informative illustration for the students. Nursing education should help in inculcating value and sense of responsibility in the student to educate the rural people regarding cervical cancer and its prevention.

### Nursing Administration

As a part of administration the nurse administrator play a vital role in educating the workers and the nursing staff. The nurse administrator can enhance the knowledge of students and staff nurses. Nursing administration can depute nurses for various workshops and conferences and special courses and always in-service education program can be arranged for nursing staff. This will enable the nurses in updating their knowledge acquiring special skills and providing quality nursing administrative support should be provided for the development of such educational materials nursing personnel should be devoted their time for planned teaching program and quality assurance in their practice. The findings of this study should be used for making health policies and awareness program and serve as a basis for in-service education program.

### Nursing Research

Nursing research is an essential aspect of nursing as it uplifts the profession and it develops new nursing norms

and the body of knowledge. Another research has been added to the nursing literature. A lot of studies have been done on a similar basis but still we have very less knowledge regarding cervical cancer and its prevention. The research design, findings and their tools can be used as avenues for further research. There is a need for extended and intensive nursing research in the area of health education for hospital employee to improve their knowledge for better compliance.

### **Recommendations**

Keeping in view the finding of the study the following recommendations are made:-

1. Similar study can be done on a larger sample
2. A similar study can be done on urban population.
3. A study can be done to find out the effectiveness of planned teaching program on the rural and urban people to improve the knowledge regarding cervical cancer and its prevention.
4. A similar study can be done in larger depth.
5. A similar study can be replicated in different setting to strengthen the findings.
6. A study can be done on knowledge of practice related to the prevention of cervical cancer.
7. A study can be done on association between various demographic variables which were significant on larger samples.

### **Conclusion**

This study concludes that the women in the Wavane village have less knowledge regarding cervical cancer and its prevention and there is no significant association between demographic variables and knowledge regarding cervical cancer and its prevention. Cancer is a group of diseases involving abnormal cell growth with potential to invade or spread to other parts of the body. Not all tumors are cancerous; benign tumors do not spread to other parts of the body. Possible signs and symptoms include a lump, abnormal bleeding, prolonged cough, unexplained weight loss and changes in bowel movement. While these symptoms may indicate cancer, they may have other causes also. As cancer can affect any body parts there are different types of carcinoma. Cervical cancer is also one among these. It is apparent that a lot of studies have been done, regarding the knowledge and attitude of community women toward cervical cancer. Researchers prove that poor knowledge and less awareness of cervical cancer plays a major role in the occurrence of cervical cancer.

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