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Knowledge, Attitude & Practices Regarding Cervical Cancer Awareness in Women Staff of Secondary Care Referral Hospital

Dr. S. Heena Mehaboob[1], Dr. T. Usha Nandini[2] , Dr.G.Prameela[3], Dr.M.Sireesha[4], G.Narayana[5], K. Veera Badrappa[6]

[1,2,3,4,]Students of Pharm.D, [5] Asst. Professor, M.Pharmacy, Ph.D & [6] Asst. Professor, Division of Pharma Cognocy, M.Pharmacy, Ph.D
Raghavendra Institute of Pharmaceutical Education and Research, Ananthapur, India

Abstract: **To determine the level of knowledge on screening of cervical cancer.**

- ✓ **To find out the attitude towards screening for pre – malignant lesions.**
- ✓ **To know the practice of women on screening of cervical cancer.**
- ✓ **To assess the knowledge of risk factors & preventive measures associated with carcinoma of cervix.**
- ✓ **To create the awareness of cervical cancer and screening program in hospital.**

Methodology: Our study is a prospective and cross-sectional survey. It is done over a period of 6 months in women staff of a secondary care referral hospital in south India. The questionnaire survey was done by using validated questions to evaluate the KAP on cervical cancer screening & signs, symptoms, risk factors etc of cervical cancer.

Results: Our results showed that most of the women staff was aware of the disease symptoms (33.33%), signs (46.55%), risk factors (56.33%) etc. But they does not aware of screening practices regarding cervical cancer (3.69%).

Conclusion: Several barriers have been identified to have contributed to the low uptake of the screening like low-socio economic status, poor knowledge about cervical cancer, less availability of practices etc for cervical cancer.

Keywords: **Cervical Cancer Awareness, Knowledge, Attitude & Practices.**

I. INTRODUCTION

Carcinoma of cervix is the second leading commonest cancer in India.[1-3]. A world health organization study reveals that every year 1,32,082 women are diagnosed with cervical cancer & 7,41,118 die of this disease. The growing risk of cervical cancer in women in India (aged 0-64yrs) is 2.4% compared to 1.3% for the world [5]. According to national cancer control program of government of India , it is estimated that there are 2,50,000 cervical cancer patients at any given point of time with about 1,00,000 new cases coming every year and nearly 50,000 die every year [8]. 70% of India is in rural area and suffers from illiteracy, ignorance, poverty, social cultural barriers , lack of knowledge and awareness with regard to cancer disease and its etiology thus almost 70-80% of the new cases are in advance and incurable stage at time of diagnosis with the resultant significant financial burden, morbidity& mortality[9,10]. Fatalism of cancer had increased continuously in young women; one of the convictions is that women who are undergone the diagnosis of cancer will directly experience to predictable death, because of this reason so many people avoided to go screening [11].Various methods of cervical cancer screening, diagnosis methods, different treatments are going to be strengthened in developed countries [15,8] . If any women, identified as having pre cancerous lesions those people need to prevent from disease development. Awareness of cervical cancer and prevention is low amongst Indian women [12,8] .

Therefore there is a need to strengthen the awareness programs regarding cervical cancer at national , community and individual levels through cancer screening practices among women need to be strengthened and knowledge regarding appropriate screening tests for cervical cancer should be provided[7,10,14] . Awareness on cervical cancer has decreased continuously and the cancer fatalism is being increased Day by day [15].

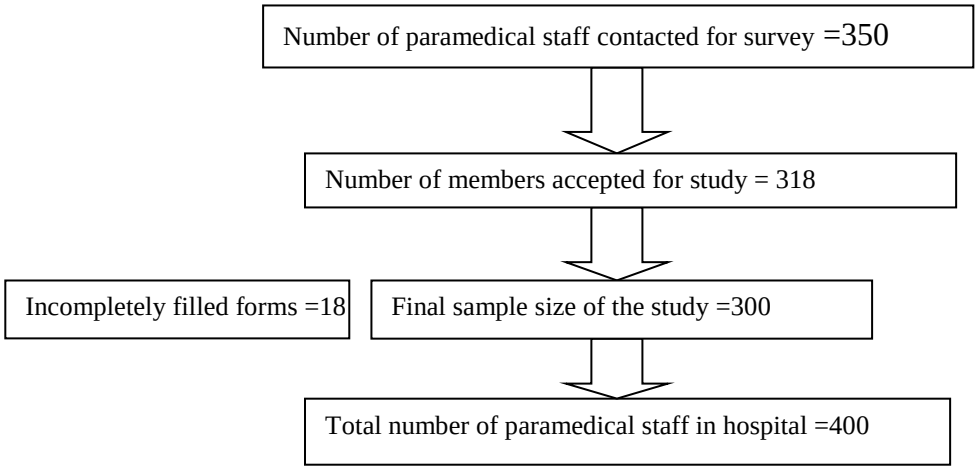
Importance of the present study:

The main importance of my study is to assess the knowledge , attitude , practices of women staff regarding risk factors , preventive measures and available screening methods for cervical cancer. By assessing the above KAP through my study may be in future prospects the awareness camps and screening program going to be implemented.

II. MATERIALS & METHODS

The present study was approved by institutional review board of RDT Hospital. Informed consent was obtained from all the study participants or from their care givers with the clear explanation of study purpose and protocol before their participation into present investigation.

Our study is A prospective cross – sectional survey. The study was carried out in Rural Development Trust (RDT) hospitals in and around Anathapur (dst) for about 6 months period (November 2014 – April 2015). Study participants were included according to the guidelines women should begin having cervical cytology tests and regular pelvic Examinations at age 21 or with in three years of the first time they have sexual intercourse which ever Happens first. A sample of first 300 female health workers who were eligible for cervical screening according to this criteria was Selected randomly out of the total 400 female health workers employed in the hospital.



A Standard, Self – administered, structured questionnaire was developed which had been used in previous studies, various articles & books related to screening of carcinoma of cervix.

The questionnaire comprises of four parts.

Part-1: (socio-demographic characteristics of the participants)

It consists of six questions such as Age , Religion , Address ,Education , marital status & age at marriage.

Part-2 : (knowledge on cervical cancer & screening)

It contain questions like signs of cervical cancer, risk factors , prevention & methods used for prevention.

Part-3: (attitude)

In this questions about causes of cervical cancer present.

Part-4: (practice)

In this we are asking about acceptance for screening.

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Data analysis was done by using Microsoft excel sheet and by the calculation of prevalence ratio.

III. RESULTS

Table no 1. Demographic characteristics

S.NO	Characteristics	N (%)
1.	Current age(in years): • 20-29 • 30-49 • 40-55 • >55	 • 46(15.33) • 70(23.33) • 103(34.33) • 51(17)
2.	Marital status • Single • Married • Widow • Divorced	 • 42(14) • 180(60) • 76 (25.3) • 2 (0.66)
3.	Age (in years) at marriage: • <20 • >20	 • 175(58.33) • 125(41.66)
4.	Religion : • Hindu • Muslim • Christian • Others	 • 158(52.66) • 89(29.66) • 53(17.66) • 0
5.	Area of living: • Rural • Urban	 • 192(64) • 108(36)

Table 2: Baseline clinical characteristics

S/NO	Characterstics	N(%)
1.	Menstrual history: Age at menarche • >15yrs • <15yrs Periods: • Regular • Irregular Age at menopause: • 40-45 • 46-50 • 51-55 • Surgical menopause	 • 186(62) • 114(38) • 279(93) • 21(7) • 221(73.66) • 56(18.66) • 23(7.66) • 0(0)
2.	**About pregnancy:** Age at first pregnancy • <21 • >21 No.of abortions • <2 • >2 No. of children • <2 • >2 Breast feeding • Yes • No	 • 279(93) • 21(7) • 198(66) • 102(34) • 222(74) • 78(26) • 290(96.66) • 10(3.33)

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Table:3 (Knowledge And Awareness About Cervical Cancer (Causes, Symptoms, Screening, Vaccination)

Knowledge about cervical cancer:

S/NO	Characteristics	N(%)
1.	Do you think cervical cancer is a health problem? • Yes • No	 • 249(83) • 51(17)
2.	What do you think is the first commonest cancer in women? • Breast • Cervix • Ovary • Oral cancer	 • 281(93.66) • 19(6.3) • 0(0) • 0(0)
3.	Are you aware of cervical cancer? • Yes • No	 • 126(42) • 174(54)
4.	If yes how: • Tv/media • Health education • Screening program • Training	 • 36(12) • 10(3.3) • 90(30) • 84(28)
5.	What are the risk factors for cervical cancer? • Low socio economic status • Multiple sex partners • Early marriage • Poor nutrition	 • 65(21.66) • 90(30) • 55(18.33) • 100(33.33)

Attitude about cervical cancer:

1.	What do you think is the cause for cervical cancer? • HPV infection • Genetic • Multiple sex partners	 • 82(27.33) • 65(21.66) • 153(51)
2.	What is the onset of age at which it can occur? • 25-45 • 45-60 • >60	 • 156(52) • 98(32.66) • 46(15.33)
3.	Does a cancer run in your family? • Yes • no	 • 91(30.33) • 209(69.66)
4.	Any member of family suffering from cancer? • Yes • No	 • 189(63) • 111(37)
5.	Which is the first symptom do you think? • Blood stained white discharge • Pain abdomen • Menorrhagia • Post coital bleeding • Mass per abdomen	 • 81(27) • 54(18) • 47(15.66) • 62(20.66) • 56(18.66)
6.	Are you aware if any screening method to detect cervical cancer? • Yes • No	 • 69(23) • 231(77)
7.	Does PAP test detect precancerous lesions? • Yes • No	 • 47(15.66) • 253(84.33)

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Practices regarding cervical cancer screening:

1.	What are the other modalities of screening methods available? • VIA(Visual Inspection with Acetic acid test) • VILI(Visual Inspection with Lugols iodine) • Colposcopy • Cervical biopsy	 • 69(23) • 81(27) • 129(43) • 21(7)
2.	Are early cervical lesions curable? • Yes • No	 • 69(23) • 231(77)
3.	Who should be screened for cervical cancer? • >30yrs of age • >21yrs age • All married women • Screen only when symptom • Don't know	 • 78(26) • 81(27) • 141(47) • 0 • 0
4.	Screening interval? • 1yr • 2yr • 3yr	 • 0(0) • 0(0) • 0(0)
5.	Do you know how to prevent cervical cancer? • Yes • No	 • 169(56.33) • 131(43.33)
6.	What do you think is the best method to prevent cervical cancer? • Awareness and health education • Vaccination • Periodic screening • Hysterectomy	 • 136(45.33) • 74(24.66) • 79(26.33) • 11(3.66)
7.	Are you willing to undergo screening? • Yes • No	 • 54(18) • 246(82)
8.	Will you visit hospital for any abnormal vaginal discharge? • Yes • No	 • 54(18) • 246(82)
9.	Reasons for not getting self pap smear? • Lack of awareness • Fear of pain • Not at risk • Afraid of outcome • Lack of symptoms • No reason	 • 51(17) • 66(22) • 74(24.66) • 29(9.66) • 80(26.66) • 0(0)
10.	Are you vaccinated for cervical cancer? • Yes • No	 • 0(0) • 300(100)
11.	Do you know that cervical cancer screening available in our hospital? • Yes • No	 • 50(16.66) • 250(83.33)
12.	Do you advice your family members to undergo screening for cervical cancer regularly? • Yes • No	 • 300(100) • 0(0)

The present study results showed that women staff nearly 62 % of people had their adequate knowledge about cervical cancer but remaining 38 % of people does not get aware of cervical cancer. Screening practice of cervical cancer was very low in our participants. 82% of participants were not willing to participate in screening because of some reasons like lack of awareness (26.66%) , fear of pain (22%) , not at risk (17%) , afraid of out-come (9.66%) and lack of symptoms (24.66%) . According to present research study, no one in our participants get vaccinated for cervical cancer (0%) because of lack of awareness (89.88%) and due to low socio-economic status (11%). Through our study, we stated that the awareness should be improved in health workers about the disease and HPV vaccination.

IV. DISCUSSION

Present study results are correlating with below studies.

Adenkanle D A concluded that screening uptake of women was low among teachers in secondary schools of Nigeria. The health education combined with availability of screening at reasonable costs are the major sources for reducing the burden of disease. This study results are correlating with our study, our participants are showing less interest on screening and having lower awareness through the disease.

Cristina H R reported that women of low-socio economic status after first delivery had low level of knowledge of cervical cancer development and prevention. Our results are correlating and showing an attempt to improve the knowledge and showing positive result in women who are undergone surgeries in past.

Wright K O revealed that awareness of cervical cancer and its prevention appear poor. Primary and secondary prevention need to be addressed in terms of health education, HPV vaccination and cervical screening services which should also be made to readily available. The results of this study correlating with my study showing that low knowledge about screening methods, prevention of cervical cancer, many women does not willing to undergo screening.

Akinlaja A said that adequate health information and counseling on cervical cancer and regular screening still need to improve in hospitals to reduce the incidence of cervical cancer. Our study also going to conclude that the implementation of screening program in our relevant hospital.

Pryma B concluded that improvement of knowledge should be addressed through education and awareness. Our study also addresses implementation of awareness camps about to improve the knowledge about preventive measures,risk factors and vaccination.

Fiona F reported that discussion about the reasons of women who are not willing to participate in cervical cancer screening and highlighted low levels of knowledge throughout disease. But our study correlates the results that the reasons like lack of awareness, fear of pain, not at risk, afraid of outcome , lack of symptoms. Due to above reasons women are not willing to participate in screening.

V. CONCLUSION

This study revealed high knowledge of cervical cancer and low uptake of screening .Several barriers have been identified to have contributed to the low uptake of the screening like low-socio economic status, poor knowledge about cervical cancer, less availability of practices etc for cervical cancer. If the fight against the disease is to be own, concerted efforts should be made to educate Female health workers who are involved in health education of the general population on the Dangers posted by the disease and reassurance to overcome all possible barriers towards Acceptance of screening test. Our study should be strengthened to increase access of the entire women folk to screening. This will go a long way in reducing the burden of cervical cancer in our country.

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