KNOWLEDGE, ATTITUDE AND PRACTICES RELATED TO CERVICAL CANCER
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ABSTRACT:
Background: Cervical cancer is the second most common cancer among women worldwide. Eighty-six percent of all cervical cancer diagnosed and 88% of death due to cervical cancer occur in developing regions of the world
Material and methods: A facility based cross sectional study was done 500 women of reproductive age group (15-45 years).
Results: A total of 500 women are approached for interview, in which 420(84.00%) had not heard about cervical cancer, only 16.00% women had knowledge about cervical cancer. About 80.00% women had positive attitude about cervical cancer screening & its vaccine.
Conclusions: Women need more information about cervical cancer risk factors, symptoms and screening program

INTRODUCTION:
Cervical cancer is the second most common cancer among women worldwide. Eighty-six percent of all cervical cancer diagnosed and 88% of death due to cervical cancer occur in developing regions of the world. In India, cervical cancer is the most frequent cancer among women between 15 and 44 years of age. Multiple social barriers in accessing basic screening and treatment services have posed Indian women at greater risk of developing the disease. 1-3

Human papilloma virus, a common sexually-transmitted infection, is the primary underlying cause of cervical cancer. Multiple sexual partners, early age of onset of sexual activity, increasing parity, use of hormonal contraceptives for 5 years or longer, current or previous sexually-transmitted infection and smoking are the risk factors for cervical cancer.4

Cervical cancer has a very long precancerous period, which provides a considerable window of opportunity to detect and treat it completely. If regular screening is made a part of the routine check-up for all women, the onset of cancer can be detected at an early stage and combated effectively. However, implementing effective screening programs for detecting carcinoma of cervix has been difficult in our country. 5-6

Known predisposing factors for cervical cancer include early age at first sexual intercourse, multiple sexual partners, smoking and women are immunosuppressed5.

MATERIAL AND METHODS:
Study design: Cross sectional survey.
Study population: Women reproductive age group (15-45 years)

Study Participants: The study population was child bearing women (15–45 years) who had the chance of being randomly selected from the source population at a hospital level.

We excluded women who had any serious illness during data collection and who are less than 18 years from the study.

Data collection: Pretested structured questionnaire was used to collect data from each study subject. The questionnaire was adapted from related literatures with slight modification in line with the objectives of this particular study and to fit to the local context. Data collection was conducted through face to face interview. The questionnaire was completed after obtaining verbal consent from the participants. The completed questionnaires were collected on a daily bases to check for its consistency and completeness.

Data Analysis: After entering data into Excel worksheet, it was analyzed with the help of frequency, proportion, mean, standard deviation and tests of significance wherever applicable.

Chi-square test was used for p-value calculation. If p-value <0.05 was significant and >0.05 was non-significant.

**Observations:**

Most of women 420 (84.00%) was not heard about cervical cancer, only 80 (16%) women had knowledge about cervical cancer.

**Table 1: Knowledge about Risk factors (n=80)**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Respondent</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history</td>
<td>26</td>
<td>32.50%</td>
</tr>
<tr>
<td>Early stage coitus</td>
<td>18</td>
<td>22.50%</td>
</tr>
<tr>
<td>Multiple sex partner</td>
<td>17</td>
<td>21.25%</td>
</tr>
<tr>
<td>Smoking</td>
<td>11</td>
<td>13.75%</td>
</tr>
<tr>
<td>Cause by some infection</td>
<td>31</td>
<td>38.75%</td>
</tr>
</tbody>
</table>

Out of 80 women who had knowledge about cervical cancer 38.75% women knew that infection is risk factor.

**Table 2: Knowledge about Symptoms (n=80)**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Respondent</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post coital bleeding</td>
<td>21</td>
<td>26.25%</td>
</tr>
<tr>
<td>Bleeding between menses</td>
<td>16</td>
<td>20.00%</td>
</tr>
<tr>
<td>Foul smelling vaginal discharge</td>
<td>26</td>
<td>32.50%</td>
</tr>
</tbody>
</table>

Out of 80 women who had knowledge about cervical cancer 32.50% women knew that foul smelling is risk symptoms.

**Figure 2: Attitude about Cervical Cancer**

80.00% women had positive attitude and 20.00% women had negative attitude about cervical cancer screening & its vaccine.

**Discussion:**

The present study explored the KAP among women who are attending obstetrics and gynecology department of tertiary care referral hospital. among 500 respondents, most of them were illiterate, farmers, homemakers, and low economic status group. It is not uncommon, even in the 21st century also; the era will continue to find young women with little formal education.
education and no training who are homemakers with children.

The study found that more than three fourth of population never heard about cervical cancer which is similar with results of studies conducted in developing and underdeveloped countries by Anorlu and Yifru and Asheber.7,8 However, these results are contrast with a study conducted by Chande HM et al.9 show more than three-quarters of population are heard about cervical cancer.

Out of 60 women who had knowledge about cervical cancer 38.75% women knew that infection is risk factor. This is consistent with findings from a similar study conducted in Northern Uganda by Mukama et al.10 Still there is a lack of awareness about cervical cancer in women residing at rural area, where there is a need to conduct campaigns to improve their knowledge regarding symptoms, risk factors, and preventive measures. Women who are aware about cervical cancer they are more likely to take up measures of prevention by seeking medical attention and early screening11.

In this study 80.00% women had positive attitude and 20.00% women had negative attitude about cervical cancer screening & it’s vaccine. Some studies report that even providing of screening opportunities to women may not be utilized well due to some barriers such as fear of positive cervical cancer diagnosis, fear of cervical screening, and vaginal examination.12 Continuous conducting of cervical cancer awareness program will bring change in the attitude and perception of women toward cervical cancer screening.

CONCLUSION:

Women need more information about cervical cancer risk factors, symptoms and screening program. The universal literacy program in the country has helped to improve the knowledge of cervical cancer prevention and reduce the exposure to various risk factors in the younger populations. It’s major needs to involve multimedia, print-media, medical persons even ASHA, Anganwadi workers, teachers for awareness about cervical cancer screening.

BIBLIOGRAPHY:

9. Chande HM, Kassim T. Assessment of women's knowledge and attitude towards

