



INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact factor: 6.078

(Volume 6, Issue 3)

Available online at: www.ijariit.com

A descriptive study to assess the knowledge and attitude of cervical cancer and its prevention among the married women residing in selected Bhattakuffer area, Shimla, Himachal Pradesh

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ABSTRACT

Cervical cancer remains a major cause of morbidity and mortality among women worldwide and an issue of significance public health concern. HPV is a necessary cause of cervical cancer, but it is not a sufficient cause. The burden of cervical cancer in India is enormous accounting for about 20 percent of all cancer related deaths in women and is the number one cause of death in the middle age Indian women. Objectives of the study were to (1) To assess the knowledge of married women regarding the cervical cancer. (2) To assess the attitude of married women regarding the cervical cancer. (3) To find out the association between attitude and knowledge score related to cervical cancer with their socio-demographic variables. Methods: The descriptive research design was adopted to collect the data from 100 married women residing in selected community area of Shimla, Himachal Pradesh via using random sampling technique. The data was collected by self-structured questionnaire and by using 5-Point Likert scale. Result: The findings of the study shows that about 79% of women were having moderate knowledge who scored (21-31marks) and 11 % were inadequate who scored (11-20marks) and 10% (0-10 marks) of the married women were having adequate knowledge regarding cervical cancer and its prevention. Majority of the married women were having neutral attitude (71%), and (29%) of the women were having positive attitude towards cervical cancer and its prevention.

Keywords— Cervical cancer, Human Papilloma Virus, Married women

1. INTRODUCTION AND BACKGROUND

Cancer of the cervix is the abnormal growth of cells in the entrance of uterus caused by Human Papilloma Virus. According to 5 year relative survival for the cervical cancer stages, 45.0% are diagnosed at the local stage, 36% cases regional stage, 15% for the distant stage and 4% are unknown. New global cancer data suggests that the global cancer burden has risen to 18.1 million cases and 9.6 million cancer deaths. Cervical cancer is a major public health problem since it ranks as a number one female cancer as per annual reports of Regional Cancer centre, Himachal Pradesh. Ninety percent women who died of cervical cancer across the globe in 2017 lived in low- and middle-income countries. Cervical cancer can be fully prevented, and treated if diagnosed on time. It is important that there should be larger campaigns and education imparted to increase knowledge and awareness about Human Papilloma Virus -associated cancers nationwide.

1.1 Need for the study

Cervical cancer is a main problem of the developing countries and the burden of the disease is borne by the poor women in these countries. Inadequate resources in the developing world result in the inequitable burden of cervical cancer in the developing countries. The health gap is thought to be primarily due to limited access to effective screening and treatment programs for cervical pre-cancer and cancer in such settings. It is important that there should be larger campaigns and education to increase knowledge and awareness about HPV. This will help in reducing the HPV infection and cervical cancer-related stigma, and enabling successful implementation of screening and vaccination programmes which can help to reduce the burden and mortality rate

1.2 Conceptual framework

The health belief model is one of the conceptual frameworks that helps health care providers to understand and influence behavioural factors that impact individual willingness to engage in specific health behaviour. It is used to explain and predict individual changes in health behaviours. According to researcher the component of the model is based on the Individual perception, Demographic factors and Likely hood of actions.

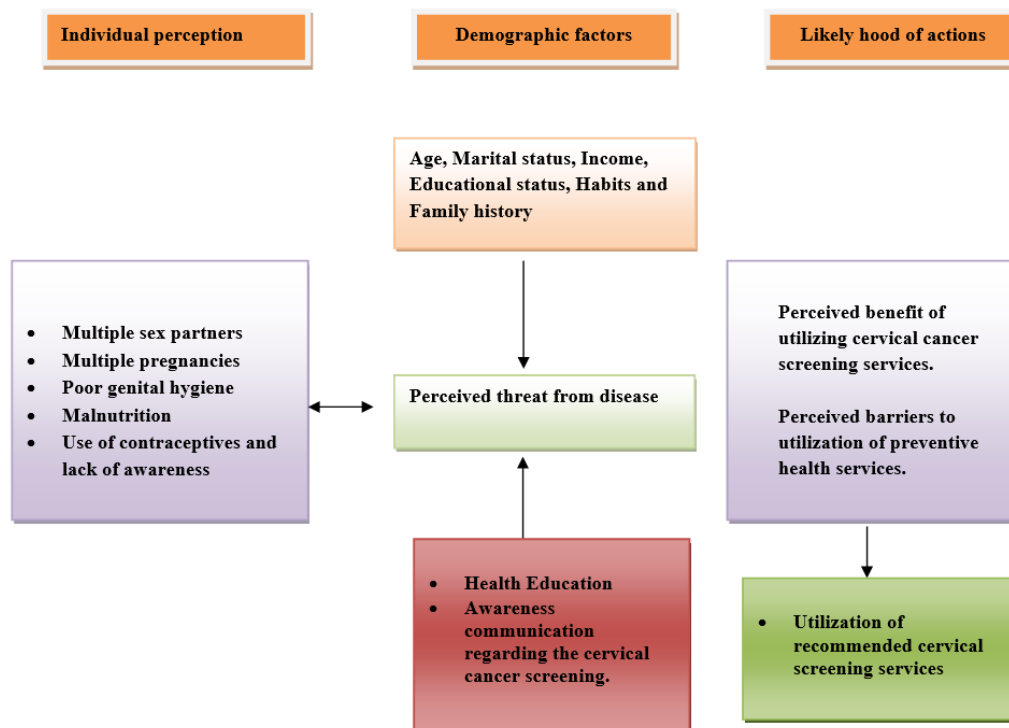


Fig. 1: Cervical Cancer Conceptual Framework by using Health Belief Model (1950)

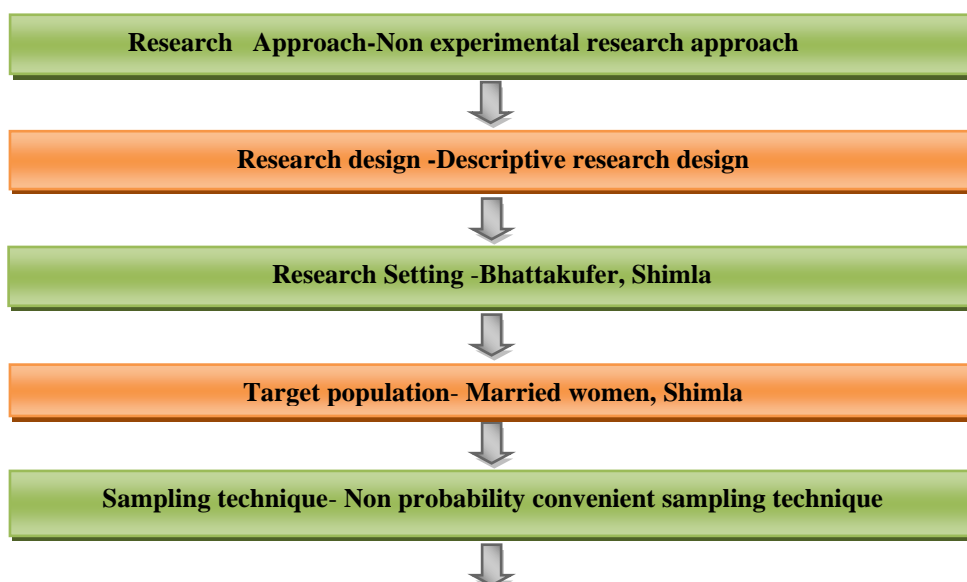
2. REVIEW OF LITERATURE

Dahiya., Aggarwal., Singh., et al. (2018) conducted a study to assess the knowledge, attitude, and practice regarding the screening of cervical cancer among women in New Delhi, India. Data were obtained from 220 women who visited international trade fair using a pretested self-administered questionnaire. Result revealed that only 75 study women (50.0%) had ever heard of cervical cancer. The knowledge regarding cervical cancer and its various domains was significantly higher in students and unmarried women. The foul-smelling vaginal discharge was the most common early symptom of cervical cancer according to most of the study women (26, 17.3%). Most of the study women (19, 12.7%) reported tobacco and smoking as the most common risk factor associated with cervical cancer. Only 39 women (26%) had ever heard of cervical cancer screening. Only 27 women (18.0%) ever had Pap smear done in the past and 87 women (58.0%) were willing to undergo cervical cancer screening is offered free of cost.

Fotedar, Fotedar., Thakur., et al. (2017) conducted a cross sectional study to assess the Awareness about cervical cancers among health workers in Shimla district, Himachal Pradesh, India. A cross sectional study was conducted among multipurpose health care workers (both males and females) in Shimla district, Himachal Pradesh. Result revealed that out of 122 subjects, there were 45 (36.9%) males and 77 (63.1%) females. The mean knowledge percent of the population was 55.9+16.4. Among the age groups it was highest for the age group of 21-30 years (62.5+23.6) and lowest for the age group of 51-60 years (53.6+16.4). Knowledge about risk factors was correctly reported by 44.3% of population. Who should be screened for cervical cancers was reported correctly by 29.5% and at what interval screening should be done was reported by 14.8%.

3. RESEARCH METHODOLOGY

The research methodology enables the team to organize their effort into one cohesive and conceptual product idea generation task for us.



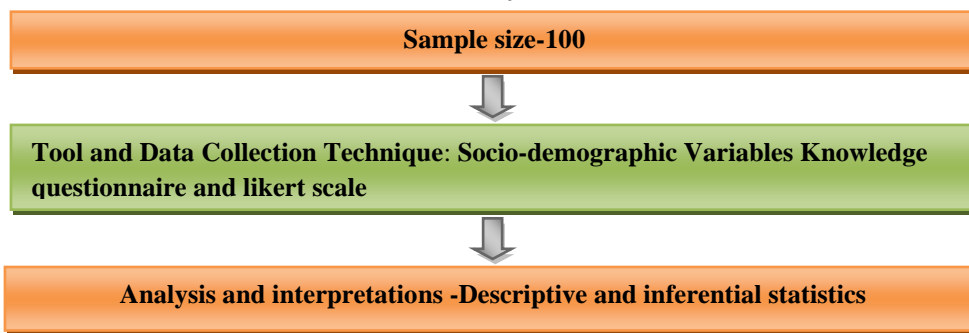


Fig. 2: Schematic presentation of research methodology

4. DATA ANALYSIS AND INTERPRETATION

4.1 SECTION-I

Findings related to sample characteristics: This section deals with the analysis and interpretation of data related to frequency and percentage distribution of married women by sample characteristics. The sample consisted of 100 married women present at the selected community area during the time of data collection.

Table 1: Frequency and Percentage distribution of sample characteristics N=100

S.no	Demographic variables	Frequency (n)	Percentage (%)
1	AGE IN YEARS		
	21yrs-30yrs	20	20%
	31yrs-40yrs	40	40%
	41yrs-50yrs	30	30%
	>50	40	40%
2	MARITAL STATUS		
	Married	93	93%
	Divorced	1	1%
	Widow	6	6%
3	EDUCATION		
	Illiterate	7	7%
	Primary education	27	27%
	Higher secondary education	42	42%
	Graduated	12	12%
	Post graduated	12	12%
4	MONTHLY FAMILY INCOME IN RUPEES		
	Below Rs.15,000	69	69%
	Rs. 15001-20000	17	17%
	Rs. 21001 -30000	5	5%
	Rs.30,000 above	9	9%
5	ANY PREVIOUS HISTORY		
	Yes	0	0%
	No	100	100%
6	NUMBER OF CHILDRENS		
	0	6	6%
	1	22	22%
	2	52	52%
	3 or above	20	20%
7	OCCUPATION		
	Housewife	68	68%
	Self-employed	6	6%
	Private sector	7	7%
	Government job	19	19%

Table 1 depicts that distribution of the subjects according to demographic variable. The table revealed that majority of the sample were in the age group of 31-40 years (40%), in which majority of the sample had completed their education up to higher secondary (42%), And maximum of the sample were having monthly family income <Rs.15000 (69%), 100% sample does not have any cervical cancer history in the family. Table further depicts that majority of the sample (99%) and 52% of the sample are having 2 children’s and maximum of the sample are (68%) housewife as their occupation.

4.2 SECTION II (PART-A)

Findings related to the knowledge score of married women regarding the cervical cancer and its prevention: This section deals with the analysis and interpretation of data related to the knowledge scores of married women obtained through structured knowledge questionnaire, in order to evaluate the knowledge on cervical cancer and its prevention.

The mean, median and standard deviation of knowledge and attitude scores of the married women and “chi square” value to find association between knowledge and attitude score with socio demographic variables of the married women were calculated:

Table 2: Knowledge score of married women regarding cervical cancer

Criteria measure of knowledge score		
Knowledge Score	Frequency	Percentage
INADEQUATE (0-10)	11	11%
MODERATE (11-20)	79	79%
ADEQUATE (21-30)	10	10%

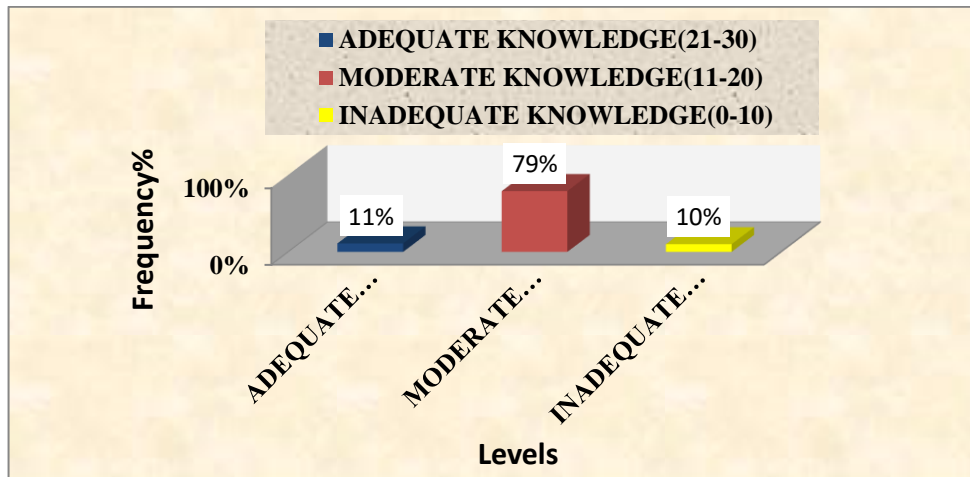


Fig. 3: Percentage distribution of knowledge score of married women regarding cervical cancer

Figure 3 depicts that 79% married women had moderate knowledge and 10 % had in adequate knowledge.

Table 3: Mean, Median, Standard deviation and Mean percentage of knowledge score of married women regarding cervical cancer

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
Knowledge Score	15.52	3.83	15.50	25	6	19	51.7

The table 3 depicts that the mean knowledge score was 15.52 with standard deviation 3.83, median 15.50 and mean percentage knowledge score was 51.7.

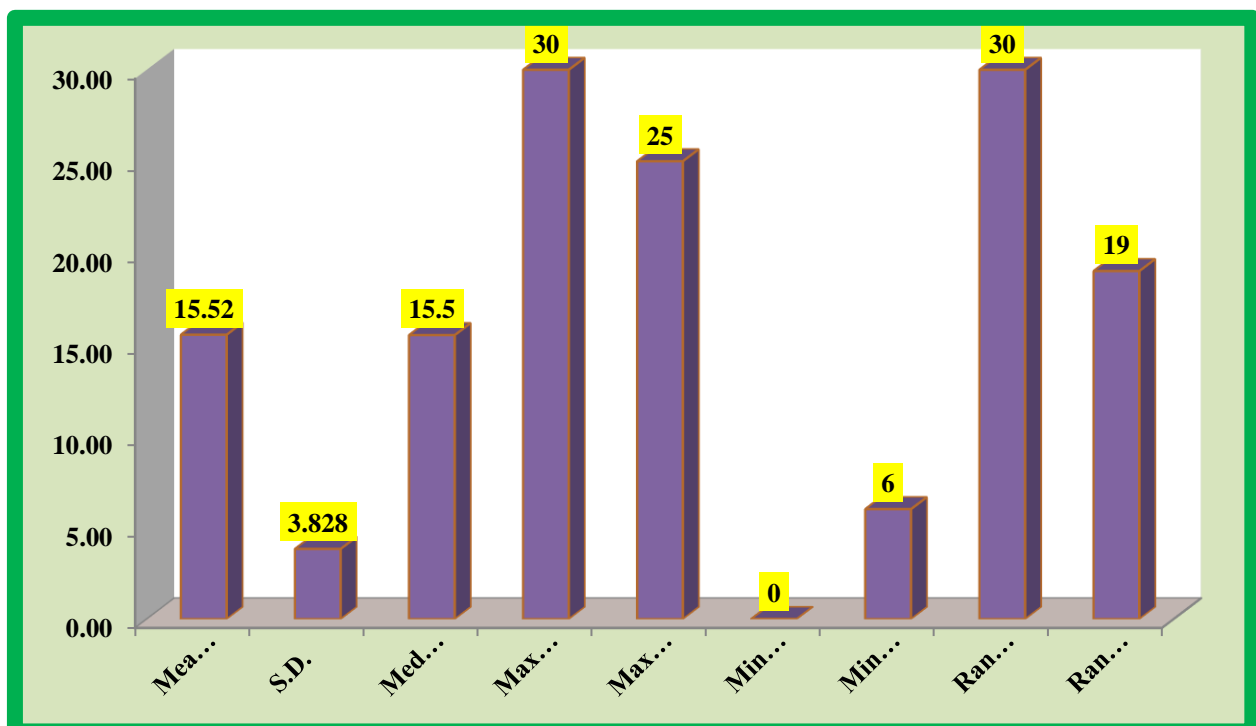


Fig. 4: Mean, Median, Standard deviation and Mean percentage of knowledge score of married women regarding cervical cancer

The Figure 4 depicts that the mean knowledge score was 15.52 with standard deviation 3.83, median 15.50 and range of obtained score was 19%.

SECTION II (PART -B)

Findings related to the attitude score of married women cervical cancer and its prevention.

This section deals with the analysis and interpretation of data related to the attitude scores of married women obtained through structured likert scale questionnaire, in order to measure the attitude on cervical cancer and its prevention. The mean, median and standard deviation of knowledge and attitude scores of the married women and “chi square” value to find association between knowledge and attitude score with socio demographic variables of the married women were calculated

Table 4: Attitude score of married women regarding cervical cancer

Criteria measure of attitude scale		
Category Score	Frequency	Percentage
NEGATIVE (30-70)	0	0%
NEUTRAL (71-110)	71	71%
POSITIVE (111-150)	29	29%

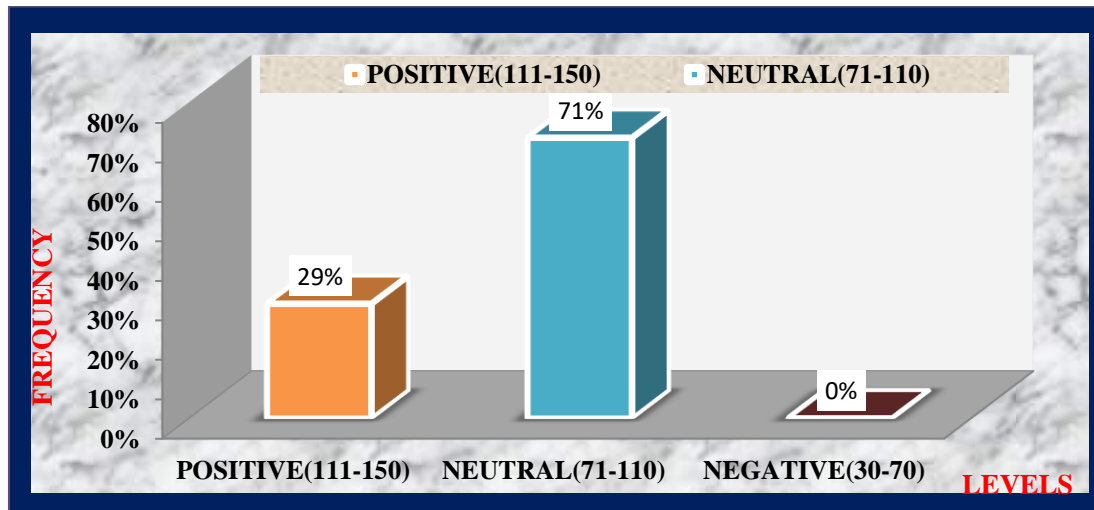


Fig. 5: Percentage distribution of Attitude score of married women regarding cervical cancer

Figure 5 depicts that 71% of the married women have neutral attitude whereas 29% of the women had positive attitude regarding cervical cancer.

Table 5: Mean, Median, Standard deviation and Mean percentage of Attitude score of married women regarding cervical cancer

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
Attitude score	103.79	10.16	104.00	126	80	46	69.2

The table:5 depicts that the mean attitude score was 103.79 with standard deviation 10.16, median 104.00 and mean percentage knowledge score was 69.2%.

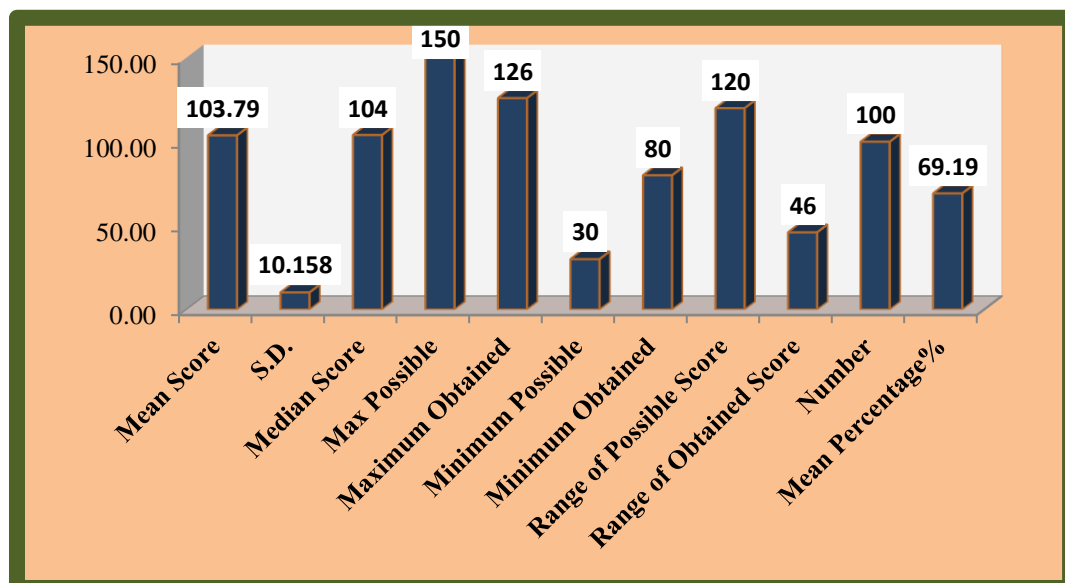


Fig. 6: Mean, Median, Standard deviation and Mean percentage of Attitude score of married women regarding cervical cancer

The Figure 6 depicts that the mean attitude score was 103.79 with standard deviation 10.158, median 104.00 with 46 %range of obtained score and mean percentage knowledge score was 69.2%.

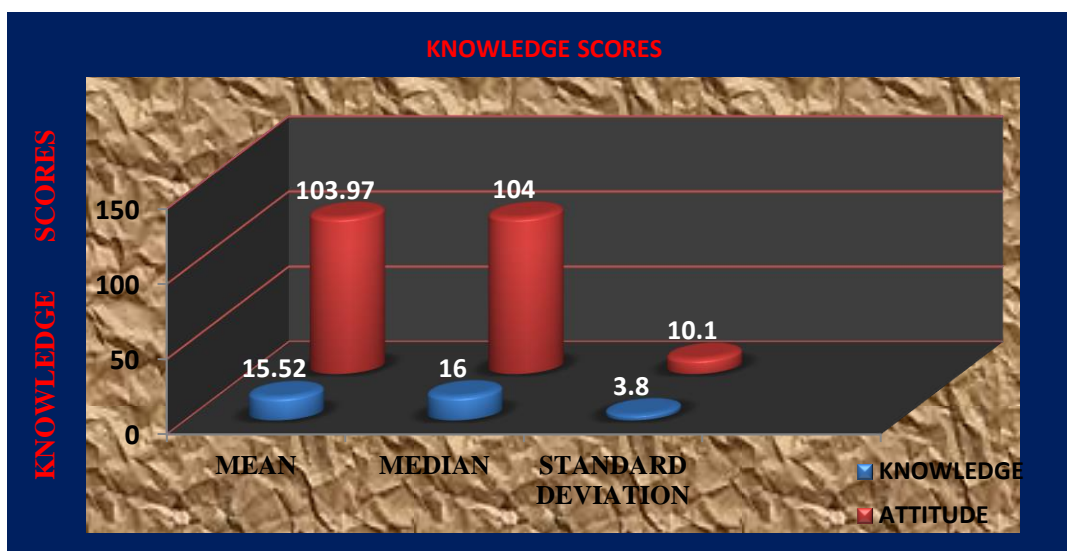


Fig. 7: Knowledge and Attitude level of scores

The data presented in the figure 7 shows knowledge and attitude scores obtained by the married women residing in Bhattakuffer, Shimla, H.P. The mean attitude scores were 103.79 which was lower than the knowledge score was 15.52. The findings also show that the standard deviation of the attitude scores was 10.1, whereas the standard deviation of the knowledge scores was 3.8. The data further shows that the median for the attitude score was 104, whereas the median of knowledge score was 16.

4.3 SECTION III: Findings related to association between knowledge scores and socio demographic variables

Table 6: Association between knowledge score and demographic variable of married women on cervical cancer, N=100

S.no	Sample characteristics	Below median	Above median	df	χ^2	P value
1	Age					
	21-30 years	12	8	3	324.41*	0.227
	31-40 years	23	17			
	41-50 years	19	11			
>50 years	6	4				
2	Marital Status					
	Married	54	39	2	0.87 ^{NS}	0.031
	Widow	1	0			
	Divorced	4	2			
3	Qualification					
	Illiterate	7	0	4	19.19*	0.000
	Primary	21	6			
	secondary	24	18			
	Graduation	5	7			
Post-Graduation	2	10				
4	Habits:					
	Alcoholic	0	0	1	1.403 ^{NS}	0.874
	Smoking	0	1			
	Substance Abuse	0	0			
None of above	59	49				
5	Monthly Income Status (In Rupees):					
	15001-20000 per month	42	27	3	3.16 ^{NS}	0.153
	21001 -30000 per month	9	8			
	Below 15000 per month	4	1			
>30000 per month	3	6				
6	Any history of cervical cancer in family:					
	No	60	40	NA	NA	NA
	Yes	0	0			
7	Number of children					
	Nulliparous	2	4	3	2.69 ^{NS}	0.006
	1	11	11			
	2	33	19			
	More than 3	12	8			

8	Occupational status of women					
	Housewife	41	27			
	Self employed	2	4	3	7.59 ^{NS}	0.147
	Private sector	7	0			
	Government	9	10			

*Significant at 0.005% level of significance, NS- Not Significant, NA-Not Applicable

Table 6 depicts that the chi-square value shows that there is significance association between the knowledge score level (age and education) with socio- demographic variables. There is no significance association between the level of knowledge scores of (marital status, previous history, income, habits, number of children and occupation) with socio-demographic variables.

Table 7: Association between Attitude score and demographic variable of married women on cervical cancer, N=100

S. No	Sample characteristics	Below median	Above median	Df	χ ²	P value
1	Age					
	21-30 years	8	12	3	6.046 ^{NS}	0.048
	31-40 years	20	20			
	41-50 years	19	11			
>50 years	4	6				
2	Marital Status					
	Married	47	46	2	1.01 ^{NS}	0.635
	Widow	0	1			
Divorced	3	3				
3	Qualification					
	Illiterate	5	2	4	27.91*	0.631
	Primary	10	17			
	secondary	25	17			
Graduation	7	5				
	Post Graduation	4	8			
4	Habits:					
	Alcoholic	0	0	1	1.04 ^{NS}	0.116
	Smoking	0	1			
	Substance Abuse	0	0			
None of above	51	48				
5	Monthly Income Status (In Rupees):					
	15001-20000 per month	35	34	3	0.354 ^{NS}	0.891
	21001 -30000 per month	9	8			
	Below 15000 per month	2	3			
>30000 per month	4	5				
6	Any history of cervical cancer in family:					
	No	0	0	NA	NA	NA
Yes	51	49				
7	Number of children					
	Nulliparous	2	4	3	1.406 ^{NS}	0.175
	1	11	11			
	2	26	26			
More than 3	12	8				
8	Occupational status of women					
	Housewife	37	31	3	5.01 ^{NS}	0.363
	Self employed	2	4			
	Private sector	1	6			
Government	8	11				

Chi square value at 0.005% level of significance, NS- Not significant, NA-Not applicable, *-Significant

Table 7 depicts that the chi-square value shows that there is significance association between the attitude score level (education) with socio- demographic variables. There is no significance association between the level of attitude scores of (age, marital status, previous history, income, habits, number of children and occupation) with socio-demographic variables.

5. DISCUSSION

The present study was conducted to assess the knowledge and attitude of married women regarding cervical cancer and its prevention. In order to achieve the objectives of the study, a non-experimental study descriptive design was adopted. Simple random sampling technique was used to select the sample. The data was selected from 100 married women with the selected tool of structured questionnaire and likert scale. The findings of the study have been discussed with reference to the objectives, and with the findings of other studies.

The finding of the study was supported by Krishnaveni., Roy., and Sambathkumar., (2017). A study to assess the knowledge, attitude and practice related to cervical cancer and screening among women. A cross-sectional study was conducted in rural areas of Komarapalayam from August 2016 to January 2017 by using pre-tested modified questionnaire. The purpose of the questionnaire was to assess the demographic data, exposure to risk factors, knowledge, attitude, and practice of the participants toward cervical cancer. The result revealed that the total of 500 married women have participated in this study. Majority 26.6% had the secondary education; most common 34% age group being 31 - 40 years. 39% had first childbirth and 34.6% were married between 19 to 22 years; 27.8% had abnormal uterine bleeding were the most common prevalence of risk factors. Mostly 98.4% and 96.6% were heard about cervical cancer and its screening. Many women 82.2% had never undergone cervical cancer screening and 98.9% of the women had never been vaccinated. The main sources of information were friends and relatives (42.8%) and fear of procedure (30.4%) was the main barrier for not undergoing cervical screening.

6. ASSUMPTIONS

- Married women will be having some knowledge regarding cervical cancer and its prevention.
- Married women will be less aware regarding the cervical cancer and its prevention.
- Married women will be having positive attitude regarding cervical cancer and its prevention.
- Health education can be effective one for married women to improve their knowledge about cervical cancer and its prevention.

7. NURSING IMPLICATION

The scientific and technological development always presents a challenge for the field of nursing it is necessary to keep abreast with new developments and continuing education. Educational program is major factor in shaping the future of the nursing profession and improving the nursing services. The findings of the study have several implications for nursing services, nursing education and nursing research.

7.1 Nursing Practice

Present study would help married women to know about the cervical cancer and how to prevent from cervical cancer. Women after every 6 months should also be motivated for regular screening and health checkups for prevent from various diseases. Health assessment programs and campaigns can also be conducted by the community health nurse for the early detection. The nursing professionals, especially those who work in the rural community areas can motivate the community peoples to update their knowledge. They can also encourage the community peoples to share this knowledge with their family members, relatives, friends, so that these disease condition and complications of disease conditions can be prevented or managed by their own participation.

7.2 Nursing Education

Nurse educator should give more attention on educating community peoples regarding cervical cancer and its prevention. The community health nurse should be introduced as a part of curriculum in both undergraduate and post graduate nursing programmes for both theoretical as well as clinical experience. By conducting a series of educational programme involving village health officer, community health nurse and community peoples themselves, most of these high risk diseases like cervical cancer can be controlled.

7.3 Nursing Administration

Administration plays a major role in regulating and co-coordinating the laws. A nursing administrator has a significant role in encouraging and motivating the nurses to improve their knowledge in order to keep in pace with the changing needs of society. Nurse administrator has to develop standard protocols for appropriate action and should provide appropriate nursing services in terms of guidance and counselling for the community peoples in order to enhance their knowledge level and to improve their practices through physical and creative activities and should organize various educational and awareness programme..

7.4 Nursing Research

Research enables nurses to build on existing knowledge. This is a great need of nursing research in the area of high risk diseases like cervical cancer among community peoples. With the increasing awareness among people and increasing the health issues concerns among them make it necessary to nurses for updating their knowledge. Nurses should be motivated to conduct studies and incorporate recent research findings in health care system to promote standard of nursing.

8. RECOMMENDATIONS

On the basis of findings of the study the following recommendations were:

- (a) A similar study can be replicated on a large sample with different demographic variable.
- (b) In depth study can also be conducted on knowledge, attitude and practices on cervical cancer and its prevention.
- (c) An experimental can be undertaken with the control group.
- (d) A similar study can be conducted using other strategy like structured teaching program, health educational package.

9. CONCLUSION

The result of the study revealed that total of 100 subject were enrolled random sampling technique was used to gather the data from the married women regarding the cervical cancer. The findings of the study shows that about 79% of women were having moderate knowledge who scored (21-31marks) and 11 % were inadequate who scored (11-20marks) and 10% (0-10 marks) of the married women were having adequate knowledge regarding cervical cancer and its prevention. Majority of the married women were having neutral attitude (71%), and (29%) of the women were having positive attitude towards cervical cancer and its prevention.

10. REFERENCES

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