Online ISSN: 2581-3935
Print ISSN: 2589-7837

International Journal of Medical Science and Diagnosis Research (IJMSDR)

Available Online at www.ijmsdr.com

Volume 2, Issue 5; September-October: 2018; Page No. 110-114

Knowledge, Attitude and Practices related to cervical cancer.

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ABSTRACT:

Background: Cervical cancer is most common cancer among in Indian women. women reported barriers to screening includes lack of awareness of risk factors, symptoms & prevention and stigma n misconception about gynecological disease and lack of national cervical cancer screening guideline

Material and methods: A facility based cross sectional study was done 1000 women of reproductive age group (15-45 years) who present to out-patient department in gynecology.

Results: A total of 1000 women are approached for interview, in which 910(91.00%) had not heard about cervical cancer, only 9.00% women had knowledge about cervical cancer. About 82.00% women had positive attitude about cervical cancer screening & its vaccine.

Conclusions: Women need more information about cervical cancer risk factors, symptoms and screening program.

Keywords: Cervical cancer, awareness, screening.

Introduction

Cervical cancer is most common cancer in indian women and second most common cancer among women worldwide , with an 4,93,000 New case and 2,74,000 deaths annually . About 83% cases occur in developing countries. The most frequent cancer among women between 15-45 years of age with age specific incidence rate of 34 per 100,000[1].

Based on experience of the countries with mass screening programs , International Agency of Research on Cancer(IARC) reported 93% reduction In cervical cancer incidence were screened at 1 to 3 yearly,84% reduction when screened 5 yearly and 64 % reduction when screened 10 yearly.[2]

HPV is primary etiologic agent of cervical cancer out of over 100 types of HPV, High risk types HPV-16,18,31,45 accounts for more than 90% of cervical cancer[3].

Two viral oncoproteins E6 and E7 of HPV 16 and HPV 18 are responsible for viral oncogenesis by destabilizing two major cellular tumor suppressers P^{53} and P^{rb} respectively ; as a consequence ,host cell accumulates more and more genetic(DNA)damage that cannot be repaired leading to transformed cancerous cells[4].

Known predisposing factors for cervical cancer include early age at first sexual intercourse, multiple sexual partners, smoking and women are immunosuppressed[5].

Primary prevention of cervical cancer aims at reducing the incidence of cervical cancer by controlling the cause and risk factors. The largest gain in reducing cervical cancer incidence and mortality by PAP Smear screening as a gold standard method of cervical cancer screening. Vaccines against some HPV provide effective protection.

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Material and Methods

- Study Design: Cross sectional study-hospital based
- Study Population: Women reproductive age group (15 -45 years)
- Study Participants: The source population was all child bearing women whose age ranged from 15 to 45 years. The study population was WCBA (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 [6]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.

Operational Definitions

Knowledge: The understanding of respondents has about cervical cancer with respect to symptoms risk factors, prevention and screening method

Attitude: The belief and feeling of the respondent about screening for premalignant cervical lesions,

Practice: The action taken by individual respondent to go for screening vaccine.

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

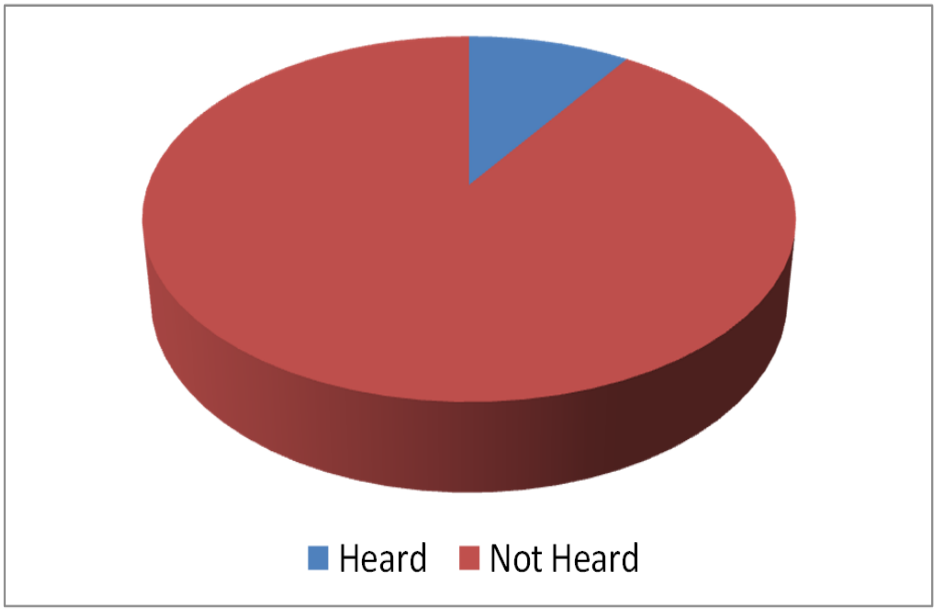

Figure 1: Knowledge about cervical cancer

Most of women 910(91%) was not heard about cervical cancer, only 90 (9%) women had knowledge about cervical cancer.

Table 1: Knowledge about Risk factors (n=90)

Risk factor	Respondent	Percentage
Family history	30	33.33%
Early stage coitus	18	20.00%
Multiple sex partner	27	27.00%
Smoking	16	17.78%
Cause by some infection	40	44.44%

Out of 90 women who had knowledge about cervical cancer 44.44% women knew that infection is risk factor.

Table 2: Knowledge about Symptoms (n=90)

Symptoms	Respondent	Percentage
Post coital bleeding	24	26.66%
Bleeding between menses	16	17.78%
Foul smelling vaginal discharge	34	37.78%

Out of 90 women who had knowledge about cervical cancer 37.78% women knew that foul smelling is risk symptoms.

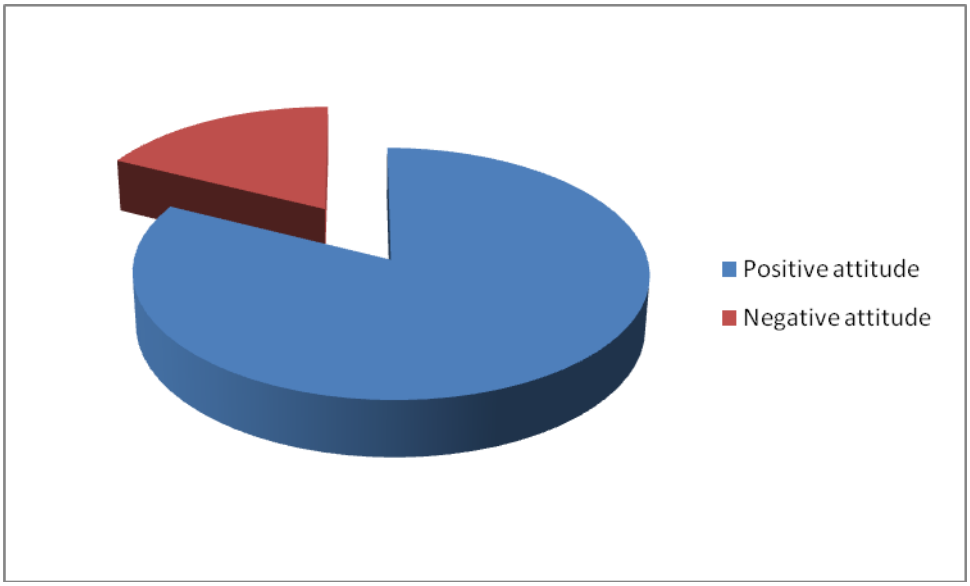

Figure 2: Attitude about Cervical Cancer

82.00% women had positive attitude and 18.00% 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 1000 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 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 90 women who had knowledge about cervical cancer 44.44% women knew that infection is risk factor in our study. 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 screening[11].

In this study 82.00% women had positive attitude and 18.00% 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.

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