

Cervical Cancer Knowledge among Women in Rural India

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Abstract: According to the registry data, at least 18,600 cases of cervical cancer are reported in UP in a year which is about 15% of all such cases reported annually in India. World Health Organization (WHO) estimates suggest that death rate for cervical cancer stands at 56%.

Objectives: To assess knowledge of cervical cancer among women

Methodology: 50 married women were selected conveniently and interviewed using standardize tool on knowledge of cervical cancer from 27/01/2016 to 29/01/2016

Finding: All females belong to rural area. Among which 46% were in age group of 18 to 30 yr, 46% were married at the age of 18 to 25 yrs, 78% of females have 1 to 3 children, 74% women family monthly income was above Rs. 6000 and 94% of women were not using contraceptives (oral pill / cu T)

Majority of women don't know the sign and symptom of cervical cancer. Majority of women were in confusion when asked regarding risk factor of cervical cancer. None of the responded (100%) were aware of the immunization against HPV infection.

Conclusion: Women's knowledge about cervical cancer and preventive strategies are significant to their screening practice. There is urgent need to increase the cervical cancer awareness in the community and to develop community based health education programme.

Key word: cervical cancer, knowledge, rural women

INTRODUCTION:

The World Health Organisation (WHO) estimates suggest that death rate for cervical cancer stands at 56 per cent. Global data shows that while five lakh cervical cancer cases reported in the world every year, 2.8 lakh die annually due to the condition.

According to the registry data, at least 18,600 cases of cervical cancer are reported in UP in a year which is about 15 per cent of all such cases reported annually in India.

Although cervical cancer is preventable then also due to lack of community awareness about the disease and its prevention strategies coupled with minimal access to available screening services, which are not routine in India contribute to late patient presentation.

Cervical cancer is on the declining trend in India according to the population-based registries; yet it continues to be a major public health problem for women in India.

Multi-factorial causation, potential for prevention, and the sheer threat it poses make cervical cancer an important disease for the studies, as has been attempted by this paper.

PROBLEM STATEMENT:

A Descriptive study to assess the knowledge of married women regarding cervical cancer at Bhaupur village, Etawah district.

AIM & OBJECTIVES: To assess knowledge of cervical cancer among women

METHODOLOGY:

RESEARCH DESIGN: Research design selected for this study was cross sectional descriptive.

RESEARCH VARIABLES: Knowledge regarding cervical cancer.

ETHICAL CONSIDERATION

Formal administrative permission was obtained. To obtain free and frank response, the purpose of the study was explained and subjects were assure about the confidentiality of their response and informed consent was taken

PROCEDURE FOR DATA COLLECTION

After obtaining informed consent 50 married women of Bhaupur village were selected conveniently and interviewed using structured

knowledge questionnaire on cervical cancer from 25/01/2016 to 31/01/2016

TABLE – 1

Frequency and percentage distribution of women on sample characteristics

N=50			
S.No	Sample Characteristics	Frequency(f)	%
1.	AGE		
	a) 18-30 year	23	46
	b) 31-45 year	22	44
	c) Above 45 year	05	10
2.	ADDRESS		
	a) Rural	50	100
	b) Urban	-	-
3.	MARRIAGE AGE		
	a) Less than 18 year	19	38
	b) 18-25 year	23	46
	c) Above 25 year	8	16
4.	NO. OF CHILDREN		
	a) 0	0	0
	b) 1-3 in number	39	78
	c) Above 3 in number	11	22
5.	INCOME		
	a) Less than 5000/-	13	26
	b) Above 6000/-	37	74
6.	USE OF CONTRACEPTIVE		
	(oral pills/ cu T)		
	a) Yes	03	06
	b) No	47	94

ANALYSIS AND INTERPRETATION:

The data obtained were analyzed using descriptive statistics i.e; frequency & percentage.

Maximum no of subjects (46%) were in age group of 18 to 30 yr. All females belong to rural area. Maximum no of women (46%) were married at the age of 18 to 25 yrs Majority (78%) of females have 1 to 3 children. Majority (74%) were women family monthly income was above Rs. 6000.

Majority (94%) of women were not using contraceptives (oral pill / cu T).

Majority of women don't know that following are the sign and symptom of cervical cancer. Bleeding between two menstruation cycle(66%), Continuous lower backache(50%), Bad odor from vaginal discharge(54%), Pain and discomfort during intercourse(58%), Long menstrual cycle and excessive bleeding(62%), Continuous diarrhea(54%), Pelvic Pain(62%) Bleeding after menopause (56%), Bleeding during and after

intercourse (58%), blood in stool and urine (54%), unusual weight loss (48%).

Majority of women were in confusion when asked regarding risk factor of cervical cancer. Women who were in confusion of the knowledge of risk factor were HPV infection(48%), Smoking(32%), Low immunity(42%), Long term use of oral contraceptive(42%), Sexual transmitted infection(40%), No Circumcision(64%), Indulge in sexual activity before 17 yrs(50%), Having multiple sexual partner(28%), Multipara(44%), Sex partner having other sex partner(40%), Not having pap screening(80%).

Others finding:

Majority of women (78%) responded that they would take immediate medical advice when having sign and symptom of cervical cancer were as only 22% responded that they would take medical advice if sign and symptom of cervical cancer is increased.

Table no. 2

Frequency and percentage distribution of rural women's knowledge regarding sign and symptom of cervical cancer.

N=50

s.no	Statement	Yes		No		Not know	
		f	%	f	%	f	%
	Do you think following are sign and symptoms of cervical cancer:						
1.	Bleeding between two menstruation cycle	9	18	8	16	33	66
2.	Continuous lower backache	13	26	12	24	25	50
3.	Bad odor from vaginal discharge	15	30	8	16	27	54
4.	Pain and discomfort during intercourse	5	10	16	32	29	58
5.	Long menstrual cycle and excessive bleeding	15	30	4	8	31	62
6.	Continuous diarrhea	03	6	20	40	27	54
7.	Pelvic Pain	15	30	04	8	31	62
8.	Bleeding after menopause	13	26	9	18	28	56
9.	Bleeding during and after intercourse	9	18	12	24	29	58
10.	Blood in urine and stool	14	28	09	18	27	54

11.	Unusual weight loss	9	18	17	34	24	48
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Table no. 3

Frequency and percentage distribution of rural women’s knowledge regarding risk factor of cervical cancer

N=50

s.no	Which of the following are risk factor of cervical cancer	Full support		Support		Confusion		Unsupport		Full unsupport	
		f	%	F	%	f	%	f	%	f	%
1.	HPV infection	10	20	16	32	24	48	-	-	-	-
2.	Smoking	22	44	12	24	16	32	-	-	-	-
3.	Low immunity	13	26	15	30	21	42	1	2	-	-
4.	Long term use of oral contraceptive	14	28	15	30	21	42	-	-	-	-
5.	Sexual transmitted infection	12	24	18	36	20	40	-	-	-	-
6.	Circumcision	7	14	8	16	32	64	3	6	-	-
7.	Indulge in sexual activity before 17 yrs.	13	26	6	12	25	50	4	8	2	4
8.	Having multiple sexual partner	14	28	18	36	14	28	2	4	2	4
9.	Multipara	9	18	11	22	22	44	6	12	2	4
10.	Sex partner having other sex partner	9	18	15	30	20	40	3	6	3	6
11.	Not having pap screening	1	2	6	12	40	80	3	6	-	-

Majority of women (48%) responded that females at the age of 30 to 49 yrs have maximum chances of developing cervical cancer.

None of the responded (100%) were aware of the immunization against HPV infection.

CONCLUSION:

The most effective ways of preventing and controlling cervical cancer are regular cervical cancer screening above the age of 30 years and educational strategies to create public and social awareness about the disease.

References:

1. Basu P, Sankar S, Mukharjee S, Ghoshal M, Mittal S, Biswas S et al. women’s perceptions and social barriers determine compliance to cervical cancer screening: results from a population based study in India. Cancer Detect Prev [serial online] 2006[cited 2009 Nov 10]; 30(4): 369-74. Available from [URL:http://www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)

2. Roy B, Tang T S, Cervical cancer screening in Kolkota, India: beliefs and predictors of cervical cancer screening among women attending a women's health clinic in Kolkota, India. J Cancer Educ [serial online] 2008[cited 2009 Oct 7]; 23(4): 253-9. Available from URL:<http://www.ncbi.nlm.nih.gov/pubmed>
3. Uma Devi K. Current status of gynaecological cancer care in India. J Gynecol Oncol [serial online] 2009 Jun 29[cited 2009 Nov 10]; 20(2): [77-80]. Available from
4. Kapoor D. all about India's commonest cancer: cervical cancer [Online]. 2008 Sep 4 [cited 2009 Nov 4]; Available from URL:<http://www.timesofindia.indiatimes.com/life/health>
5. Tharu R. Cervical cancer [Online]. [2009?] [cited 2009 Oct 30]; [14 screens]. Available from URL:<http://www.medindia.net/patients>

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