

A study to Assess the Knowledge on Cervical Cancer and its Prevention among Women Residing in a Selected Slum of Noida and to Develop an Informational Pamphlet on Cervical Cancer and its Prevention

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Abstract: Background: Cancer of the uterine cervix is the commonest gynaecologic cancer in India, with most women presenting with disease extending beyond the cervix. The majority of women belong to the lower socioeconomic status, are rural, aged between 35 and 64 years and highly noncompliant for complete treatment and follow-up. Cervical cancer is the most frequent cancer in Indian women and about 7.9% of women in the general population are estimated to harbor persistent HPV infection at any given time. In most of the developing countries including India, cancer of the cervix is the most common malignancy among females. But it is easy to prevent cancer of cervix through pap smear. Thus, the present study was carried out to assess the risk factor and knowledge regarding Cervical Cancer and its prevention among women residing in a selected urban slum of Delhi and to develop and disseminate an informational pamphlet on Cervical Cancer and its prevention.

Objectives: 1) To assess the knowledge on cervical cancer and its prevention among of reproductive age group. 2) To develop and disseminate an informational pamphlet about cervical cancer and its prevention among women of reproductive age group.

Methods and materials: A community based descriptive study was conducted in Taimoor Nagar, urban slum of Delhi among 60 women of reproductive age group, selected using convenience sampling. Knowledge and risk factor assessment was done using structured knowledge questionnaire as a tool and an informational pamphlet was also disseminated.

Results: A total of 60 women in reproductive age group participated in the study. The data regarding assessment of risk factors, revealed that 38.14% gave birth to their first child before 21 years of age, 16.66% of the women got married at an early age, 7.14% of the women had a parity of three and more than three, 7.14% of the women were using oral contraceptives and 2.13% were consuming tobacco or bidi. It was also found that among the samples, 8 (13.3%) were having three risk factors, 9 (15%) were having two risk factors, 10 (16.7%) were having one risk factor and the rest i.e., 33 (55%) were not having any risk factors. The data regarding the assessment of knowledge revealed that, most of them, i.e. 28(46.7%) had an average knowledge, 24(40%) had poor knowledge and rest of them i.e., 8(13.3%) had good knowledge and none of them (0%) had excellent knowledge regarding cervical cancer and its prevention. Mean and standard deviation was calculated, it was found to be 11.35 and 3.75 respectively.

Conclusion: The study concludes that effective teaching and education is needed to improve the knowledge of women regarding cervical cancer and its prevention.

Key Words: Risk Factors, Knowledge, Cervical Cancer, Reproductive Age Group, Pamphlet.

1. INTRODUCTION:

Worldwide, cervical cancer is both the fourth-most common cause of cancer and the fourth-most common cause of death from cancer in women. In 2012, an estimated 528,000 cases of cervical cancer occurred, with 266,000 deaths. This is about 8% of the total cases and total deaths from cancer. About 70% of cervical cancers occur in developing countries and 90% of the deaths. In low-income countries, it is one of the most common causes of cancer death. In developed countries, the widespread use of cervical screening programs has dramatically reduced rates of cervical cancer. One in 5 men and one in 6 women worldwide develop cancer during their lifetime, and one in 8 men and one in 11 women die from the disease.

Worldwide, the total number of people who are alive within 5 years of a cancer diagnosis, called the 5-year prevalence, is estimated to be 43.8 million. Cervical cancer is a disease in which the cells of the cervix become abnormal and start to grow uncontrollably. Approximately 90% are squamous cell carcinomas, and the remaining 10% are adenocarcinomas. This cancer originates in the mucus-producing cells of the inner or endocervix, near the body of the uterus. According to WHO's "New Guidance for Control and Prevention of Cervical Cancer", in Human Reproductive Programme (2014), Cervical cancer is one of the world's deadliest but most easily preventable forms of cancer among women.

Cervical cancer is responsible for 5 lakh new cases occurring in developing countries. In India itself 1,32,000 new cases and 74,000 deaths are recorded each year due to cervical cancer. Most of the women with cervical cancer in developing countries are presented with advanced stage of disease resulting in poor prognosis. In a study, conducted by Supriya Balan (2014) on knowledge of cervical cancer screening among rural women, shows that the burden of cervical cancer accounts for about 20% of all cancer-related death in women and is number one cause of death in middle-aged Indian women. Vaccines against HPV (Human papilloma virus) are currently being introduced and in the near future they are being assured to prevent the deadly disease.

A study conducted by K. Karthikeyan (2012) on "Cervical cancer in India and Human Papilloma Virus vaccination" shows that, though cervical cancer is one of the leading causes of death among Indian women, its prevention is done by vaccination which is emerging as the most effective option like screening and educating the general population. Cervical cancer is considered to be preventable and curable disease as it can be diagnosed in its precancerous phase and can be controlled. Many research studies identify that there is lack of knowledge and awareness among women regarding cervical cancer and its prevention and screening methods.

A study done by K.O. Wright (2014) in Nigeria, shows that out of 317 participants 37.2% had heard of cervical cancer and 84.5% were willing to attempt an educational programme which was organized after survey. Awareness is the key to prevent cervical cancer. The tragedy, however, is that, it is the most common kind of cancer in India today and is due to lack of knowledge.

Cancer of the uterine cervix is one of the leading cancers among women worldwide, with an estimated 520,000 new cases and 274,000 deaths reported annually (WHO/ICO Information Centre on HPV and Cervical Cancer- HPV and cervical cancer statistics in India, 2010). About 86% of the cervical cancer cases occur in developing countries, which represents 13% of all female cancers (WHO/ICO Information Centre on HPV and Cervical Cancer- HPV and cervical cancer statistics in India, 2010).

Cervical cancer is sub-divided into cervical squamous cell carcinoma and adenocarcinoma. Consequently, it is not surprising that cervical cancer is also the leading cause of cancer mortality among women in India, accounting for 17 percent of all cancer deaths among women age 30 to 69 (Gupta Dikshit, et al. 2012). Notably, between 1980 and 2010, despite considerable advances in cervical cancer prevention and treatment as well as improvements in India's health care infrastructure, little progress was made in reducing cervical cancer mortality. While in 1980, 37 women were dying for every 100 new cases of cervical cancer, in 2010 the rate had marginally declined to 32, which is similar to other South Asian countries (Institute for Health Metrics and Evaluation 2011). The age-standardized cervical cancer mortality rate in the southern state of Karnataka was 16.5 per 100,000 women, compared with 35.7 per 100,000 in Tamil Nadu, 11.1 per 100,000 in Kerala, and 16.0 per 100,000 nationally in 2010 (Gupta Dikshit, et al. 2012).

2. PREVENTIVE MEASURES FOR CERVICAL CANCER:

Screening

- It is critical that women, whether vaccinated or not, continue screening according to current ACS early detection guidelines.
- Checking the cervix by the Papanicolaou test (Pap test), for cervical cancer has dramatically reduced the number of cases and mortality from cervical cancer in developed countries.
- A preventive health care visit in which vaccination is discussed or offered represents an appropriate opportunity to offer Pap screening to sexually active patients.
- HPV testing before initiating vaccination is not recommended.

Barrier protection

Barrier protection and/or spermicidal gel use during sexual intercourse decreases cancer risk. Condoms offer protection against cervical cancer. Evidence on whether condoms protect against HPV infection is mixed, but they may protect against genital warts and the precursors to cervical cancer.

Vaccine

Encourage high HPV vaccine coverage for all racial, ethnic, and socioeconomic groups, particularly for females of color, immigrants, those living in rural areas, low-income and uninsured females, and others who have limited access to health care services.

Strategies should be implemented to maximize adherence to vaccination recommendations, including co administration with other recommended adolescent vaccines, once sufficient safety data are available.

The use of non comprehensive visits (eg, minor illness visits, camp/sports physical visits) and alternative vaccination sites for adolescents unable to access comprehensive preventive care is encouraged.

Education

There is a critical need for education of providers, policy-makers, parents, adolescents, and young women about cervical cancer prevention and early detection, including the need for regular screening even after vaccination.

Nutrition

Vitamin A is associated with a lower risk as are vitamin B12, vitamin C, vitamin E, and beta-Carotene.

Research

- Ongoing research and surveillance should be conducted in diverse populations, including research on duration of protective immunity, population- and lesion-based changes in type-specific prevalence for the full spectrum of carcinogenic and non carcinogenic genital HPV types, changes in Pap test performance characteristics, changes in screening practices and behaviors, comprehensive surveillance for reproductive toxicities, increasing vaccine coverage and acceptability, and impact on safe sexual behavior.
- Research is needed regarding the design of sustainable vaccination programs in less developed countries.

3. STUDY OBJECTIVES:

- 1) To assess the knowledge on cervical cancer and its prevention among of reproductive age group.
- 2) To develop and disseminate an informational booklet about cervical cancer and its prevention among women of reproductive age group.

4. MATERIALS AND METHOD:

The primary objective of the study was to assess the knowledge among wording cervical cancer in Mamura. After taking ethical clearance from ethical: committee of Nightingale college of nursing, Noida a community based descriptive study was conducted in Mamura slum of Noida among 60 women of reproductive age group, selected using convenience sampling. Knowledge assessment was done using structured knowledge questionnaire as a tool. The tool deals with the assessment of Knowledge on Cervical Cancer among women in their reproductive age. Section A is related to demographic data and section B consist of knowledge assessment questions. Sample selection criteria was selected as per criteria. Convenience sampling technique was used to select 60 samples.

Source of data- womens of reproductive age group of community. The study was carried over two weeks and after assessment of their knowledge and risks factors, an informational booklet on cervical cancer and its prevention was distributed among the women. The data were analyzed by using descriptive statistics like frequency, percentage, mean, median and standard deviation. The study revealed that effective teaching and education is needed to improve the knowledge of women regarding cervical cancer and its prevention.

5. ANALYSIS AND RESULTS:

The data was analyzed and presented under the following sections.

Section 1: Frequency and percentage distribution of demographic data of women residing in Mamura.

Section 2: Findings related to assessment of knowledge of women regarding cervical cancer and its prevention.

Section-a

Table-1

Frequency and percentage distribution of demographic data of women residing in community of Mamura.

S.No.	Personal characteristics	Frequency(f)	Percentage (%)
1.	Age (in years)		
	a.15-20	15	25%
	b.21-26	26	43.3%
	c.27-32	10	16.7%
	d.33 & above	9	15%

2.	Educational status a. Primary b. Secondary c. Higher secondary d. Graduate & above	14 19 19 8	23.3% 31.7% 31.7% 13.3%
3.	Occupation a. Student b. House wife c. Private job d. Self employed	17 30 8 5	28.3% 50% 13.3% 8.3%
4.	Marital Status a. Unmarried b. Married	18 42	30% 70%
5.	Total family income a. <Rs 5000 b. Rs 5001-10000 c. Rs 10001-15000 d. >Rs 15001	13 23 17 7	21.7% 38.3% 28.3% 11.7%
6.	Age at menarche a. 11-13 yrs b. 14-17 yrs	28 32	46.7% 53.33%
7.	Duration of menstruation 3-4 days 5-7 days More than 7 days	43 16 1	71.7% 26.7% 1.7%
8.	Heard about cervical cancer a. yes b. no	23 37	38.33% 61.7%

- Majority of samples 26(43.33%) were in the age group of 21-26 years and majority of them i.e. 42(70%) were married.
- Majority of samples belongs to family income (5000-10,00)38.3 %
- Majority of the women age at menarche, most of them 32(53.3%) were in the age group of 14-17 years.
- Majority of women had awareness of cervical cancer revealed that, 37(66%) had never heard about cervical cancer and only, 23(38.33%) had heard of cervical cancer.

Section II:

Findings related to assessment of knowledge of women regarding cervical cancer and its prevention.

Most of them i.e., 28(46.7%), had an average knowledge. 24(40%) had poor knowledge and rest of them i.e., 8 (13.3%) had good knowledge and none of them had excellent knowledge regarding cervical cancer and its prevention. Mean and standard deviation was calculated, it was found to be 11.35 and 3.75 respectively.

knowledge	Frequency	Percentage
Poor	24	40%
Average	28	46.7%
Good	8	13.3%
Excellent	0	0

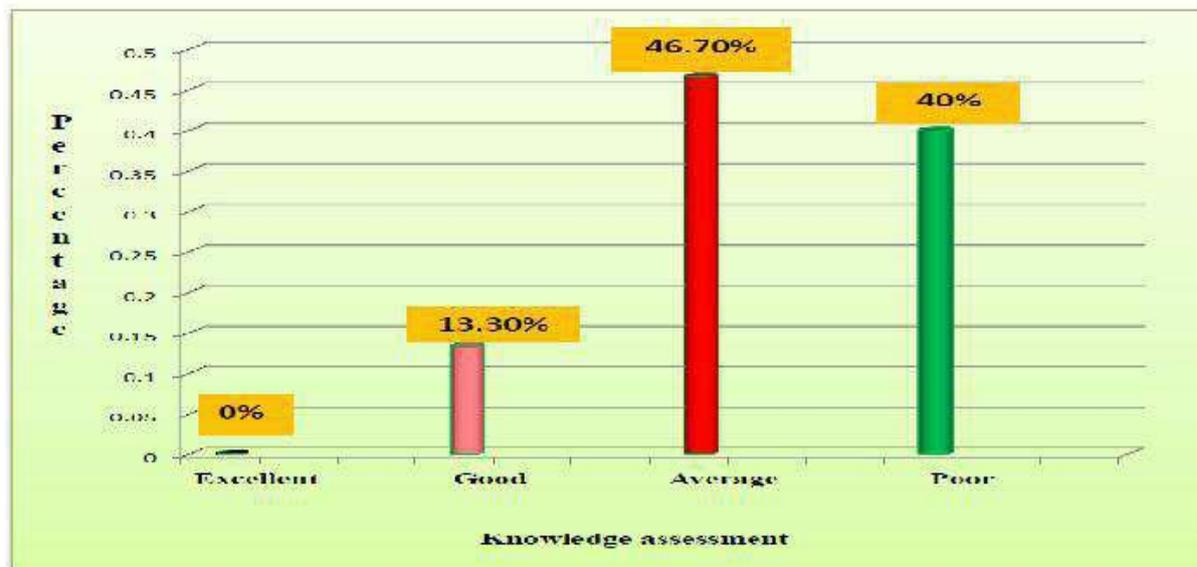


Figure 1: A bar diagram showing the percentage distribution of assessment of knowledge regarding cervical cancer and its prevention among of women.

Analysis of data has following findings

Majority of the samples were in the age group of year's i.e. 21-26(43.3%). A total of 60 women in reproductive age group participated in the study. The data regarding 16.66% of the women got married at an early age.. The data regarding the assessment of knowledge revealed that, most of them, i.e. 28(46.7%) had an average knowledge, 24(40%) had poor knowledge and rest of them i.e., 8(13.3%) had good knowledge and none of them (0%) had excellent knowledge regarding cervical cancer and its prevention. Mean and standard deviation was calculated, it was found to be 11.35 and 3.75 respectively.

6. DISCUSSION:

Cervical cancer reflects striking global health inequity, resulting in deaths of woman in their most productive years with a devastating effect on the society at large. It is the largest single cause of years of life lost to cancer in the developing world. Cervical cancer continues to be a major public health problem that kills approximately a quarter of million women every year and affects developing countries and young women in particular. New effective preventive strategies are currently available that offer the potential to reduce the morbidity and mortality from this cancer in low- and medium-, as well as high-income countries.

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