

Original Research Article

ASSESSMENT OF AWARENESS OF CERVICAL CANCER AMONG WOMEN IN AND AROUND KURNOOL

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ABSTRACT

Background: Cervical cancer is the second most common cancer in Indian women. In India, cervical cancer contributes to 6-29% of all cancers in women.^[1] Late diagnosis results in poor outcomes in the majority of instances of cervical cancer. Cervical carcinoma is the leading cause of mortality (17%) in 30-69 years old women.^[1] The aim of this study is to assess the knowledge in Indian women attending oncology Outpatient Department (OPD) at Kurnool medical college and Government General hospital, Kurnool regarding cervical cancer screening and Human Papilloma Virus (HPV) vaccination. The secondary goal of the study was to create awareness among patients attending OPD regarding carcinoma cervix.

Materials and Methods: This is a cross sectional study, conducted in 423 women who attended OPD, Department of Oncology, Kurnool Medical college, Kurnool after taking prior permission from hospital ethics committee. After taking informed consent, the questionnaire was provided to the subjects who met inclusion criteria, in the language understandable to them. In case if subject was illiterate, the questionnaire was read aloud by doctor and the responses were recorded. After completion of questionnaire, the doctor shared knowledge regarding etiological factors, screening tests, awareness on vaccination and treatment options available for carcinoma cervix with the patients.

Results: Majority of the women have poor knowledge about cervical cancer (75.82% [321/423]) and it's screening (77.7% [329/423]).

Conclusion: Many women lacked knowledge regarding cervical cancer and its screening, which is the reason behind late diagnosis and high mortality. It is the high time to create awareness of cancer cervix, its screening and adoption of prevention measures like vaccination to decrease the burden of disease in India. **Keywords:** Cervical cancer, HPV, Vaccine, Etiological Factors.

INTRODUCTION

Cervical Carcinoma is the second leading cause of cancer among middle aged women in India.^[1] Cervical cancer incidence in females in India is 18.3% and the mortality associated with this cancer is 11.4%, according to GLOBACON 2022 statistics.^[2] Cervical cancer incidence in females in world is 3.1% and the mortality associated with this cancer is 3.3% according to GLOBACON 2022 statistics.^[2] Cervical cancer is the major cause of cancer deaths among women, with increased proportion in younger women past 30 years.^[3]

On comparison with developed countries, cervical cancer is a public health problem in India, such that India accounts for one fourth of worldwide burden.^[4] The risk of cancer cervix is 35% greater compared to developed countries. Illiteracy, ignorance towards the disease, poor health care facilities make the situation of cancer cervix awareness more concerning in rural areas.^[5]

The knowledge on etiological factors, screening tests, preventive and treatment options available for cancer cervix is limited in Indian scenario. Due to limited knowledge, most of the patients present with delayed diagnosis and in advanced stages. About 75-80% cases are diagnosed in advanced stages.^[6] Awareness

of cancer cervix is potent tool for health seeking behavior of the people. A step ahead drives the public towards prevention adaptation.^[7] Role of medical personnel in creating awareness is very crucial.

Cervical carcinoma is treatable if detected early. Detecting Human Papilloma Virus aids in early detection and also intervention.^[8] According to various reports, in developed countries 68%-84% of women are being screening by Pap smear, but in India this proportion is 2.6%-5%. ^[9-12] Social stigma is associated with less awareness about the disease among the female population.^[7]

The less prevalence of cancer cervix in developed countries is due to early detection and screening. Prevalence of this disease can be reduced by increasing awareness in society both by the Government and the doctors.

Aims and Objectives

To assess the knowledge in women attending oncology OPD at Kurnool medical college and Government General hospital regarding cancer cervix, its screening and its prevention.

To create awareness among women attending OPD regarding cancer cervix, its screening and its prevention.

MATERIAL AND METHODS

This was a cross sectional study, conducted after taking permission from Institute ethics committee among 423 women who attended Government General Hospital, Kurnool Medical college oncology OPD, Kurnool which is a tertiary care center where patients come here from surrounding regions. After taking informed consent, the questionnaire was provided to the subjects who met inclusion criteria, in the language understandable to them. In case the subject was illiterate, the questionnaire was read aloud by doctor and the responses were recorded. After completion of questionnaire, the doctor shared knowledge regarding etiological factors, screening tests, awareness on vaccination, treatment options available for carcinoma cervix with the patients. The Study was done during the period from August 2023 to November 2023 and data was collected and analyzed.

Inclusion Criteria

- Women attending oncology OPD between the age 18- 60 years.
- Patients who signed the informed consent.
- Both illiterate & literate women are included.

Exclusion Criteria

- Children under 18 years of age, adults ≥ 60 years.
- Patients attending OPD after receiving treatment from other hospitals.
- Patients who have not given informed consent

• Patients with psychiatric illness.

Methodology

The questionnaire consisted of the following data.

- Basic information about age, education, marital status, parity etc. were collected to assess the socio-demographic composition.
- Questions to assess knowledge about cancer cervix.
- Questions to assess the knowledge about cervical cancer screening.
- Questions were included about its prevention like HPV vaccination.

Questionnaire Scoring System

The participants were asked if they knew about cancer cervix and if they answered yes then they were further asked about the symptoms and risk factors for cervical carcinoma and each point was awarded a positive score of 1 and if they scored less than 6, they were categorized as poor knowledge, if they scored 6-12 they were categorized as satisfactory knowledge and if they scored more than 12 they were categorized as good knowledge.

The participants were next asked about its screening methods and their knowledge was assessed and points were given. If the participant scored less than 3, they had poor knowledge regarding screening. If they scored between 3-5 then had satisfactory knowledge and if they scored more than 5 then they had good knowledge about screening.

Preventive measure as service component:

After the participants handed over the questionnaire, they were informed about the disease, its symptoms, the screening methods and when and where to avail them. They were also informed about HPV vaccine as its primary prevention.

Statistical Analysis

The data was analyzed using the SPSS system version 23. Basic subject characteristics were expressed as proportions in proper tabular forms. Students independent t test was used to know the difference in knowledge scores across different categories like education, age at marriage. P value less than 0.05 was significant.

RESULTS

Most of women in the study $\{50.11\% [212/423]\}$ belong to age group of 18-30 years. Age at marriage in most women [75.7%] was between 17 – 20 years. Around 75 % of women's parity was 1,2 and 3. Out of 423 women 199[47%] were illiterates and 121[28.6%] were of high school education as shown in Table 1.

Sociodemographic information is presented in Table 1.

Table 1: Socio-demographic characteristics of the participants n=423

Table 1. Socio demographic characteristics of the participants n=425				
Age group	count	Percentage		
18-30	212	50.11%		
30-55	141	33.30%		

>55	70	16.50%

Age at marriage	count	Percentage
Unmarried	27	6.40%
<16	17	4.00%
17-20	320	75.70%
21-24	54	12.80%
>24	5	1.20%

Parity	Count	Percentage
0	35	8.30%
1	87	20.60%
2	159	37.60%
3	73	17.30%
4	41	9.70%
5	16	3.80%
6	12	2.80%

Education	Count	Percentage
Illiterate	199	47.00%
Can just read	40	9.50%
High school	121	28.60%
Graduate	63	14.90%

Most women 75.8% [321/423] women had poor knowledge about cancer cervix as shown in Table 2. Most women had poor knowledge about screening of cancer cervix 77.7% [329/423] followed by satisfactory knowledge 17.95% [84/423] as shown in Table 3.

Table 2: Knowledge about Cancer Cervix			
POOR (<6)	321(75.88%)		
SATISFACTORY (6-12)	92(21.74%)		
GOOD (>12)	10(2.36%)		

Table 3: knowledge about Screening of cancer cervix				
POOR	329(77.77%)			
SATISFACTORY	84(17.95%)			
GOOD	10(2.36%)			

The reasons for not getting screened were, around 41.8% of women were not aware that they should be screened, 34.2% did not undergo screening as they did not have any symptoms, 26% were not comfortable to get genital examination by male doctor, 10.8% did not think that they were too old to worry about cancer, 3.5% could not afford the price, 2.36% were afraid to know if they had cancer, 2.1% thought that it might be painful procedure and 1.6% thought that it was time consuming procedure.

Table 4: Knowledge on cervical cancer cross tabulation with demographic characteristics

Demographic characteristics	Poor knowledge (<6) (n (%)	Mean score SD)	Student's independent t-test (p)
Education			
Illiterate	199(47.0)	3.08(0.27)	0.05(0.002)
graduate	63(14.8)	3.19(0.64)	0.19(0.56)
Age at marriage			
<21	337(79.6)	3.19	0.57(0.15)
>21	59(13.9)	3.15	0.55(0.15)

Most of the women 199[47%] with poor knowledge on cervical cancer were illiterates as shown by significant P value of 0.05. Age at marriage had no correlation with knowledge about cancer cervix as shown in Table 8.

Fable 5: Knowledge on screening of cervical cancer comparison with demographic characteristics			
Demographic characteristics	Poor knowledge (<3) (n (%)	Mean scores (SD)	Student's independent t-test(P)
Education			
Illiterate	199(47.0)	3.14(0.34)	0.30(0.17)
graduate	63(14.8)	3.08(0.57)	0.21(0.21)
Age at marriage			

<21	337(79.6)	3.17(0.42)	0.99(0.11)
>21	59(13.9)	3.17(0.46)	0.99(0.12)

The majority [199/423] women in the research were uneducated and had inadequate information about cervical cancer screening. 212 out of 423[50.11%] were willing for HPV vaccination. 2.36% of participants were already vaccinated.99.05% [413/423] women had poor knowledge regarding HPV vaccination.47.1% [201/423] were not willing for vaccination due to various reasons as follows.

1] Afraid of side effects [80.09%]

2] Did not know that it is effective [1.49%]

3] Thought it would be costly [6.96%]

4] I do not know which age group is ideal for vaccination [3.42%]

5] I do not know that vaccines were available [7.96%].

DISCUSSION

In our study majority of women (75.88%) had inadequate information regarding cancer of the cervix. This finding is consistent with another study that found 81.9% of women had inadequate awareness about cervical cancer.^[17] In a study conducted at a tertiary care institution in Puducherry, less than half of the study population (178, 44.5%) had inadequate information of cervical cancer.^[22]

The current study revealed that 77.7% of participants had little understanding of cervical cancer screening. According to a study on women attending the OPD in Puducherry tertiary care centre, 25% of them had inadequate understanding of screening techniques for preventing cervical cancer.^[22] Merely 6.9% of the population had been screened.

According to our study, most of the women had not had pap smear testing or screening. Studies conducted in the community found that 2–6.9% of women got tested.^[12,18] The percentage of nurses receiving pap smear tests did not differ, according to research conducted on them.^[14–16] According to the survey, women most frequently avoided screening because they were unaware that they should [41.8%], which is followed by the fact that they had no symptoms [34.2%].

Three previous investigations on healthcare providers, specifically nurses, revealed that nurses had an excellent understanding of cervical cancer and how to screen for it.^[14–16] A research conducted on Varanasi health care providers revealed a moderate degree of awareness [37.6%] regarding cervical cancer.

In this study, most women had comparatively little awareness about cervical cancer (75.8%) and cervical cancer screening (77.7%). Most of the women in the study came from low-income families and were of lower social class. They also had lower levels of education and possessed less awareness about the disease and screening techniques. In India, investigations conducted in communities have revealed that women with higher levels of education had good knowledge. ^[12,18,19]

Of the 423, 212 people (50.11%) agreed to get HPV vaccination. Participants with prior vaccinations made up 2.36%. 201[47.1%] refused vaccinations for a variety of reasons. The European Union 2020 provide pertinent data on the incidence and mortality

rate of cervical cancer through the European Cancer Information System. A portion of the European Union,Romania, demonstrated a decrease in cervical cancer-related mortality between 2015 and 2020, primarily attributable to HPV vaccination.^[20] Following a nationwide HPV vaccination campaign, young women's incidence of cervical cancer and carcinoma in situ significantly decreased in England.^[21]

CONCLUSION

Many women lacked knowledge regarding cervical cancer and its screening, which is the reason behind late diagnosis and high mortality. It is the high time to create awareness of cancer cervix, its screening, adoption of prevention measures like vaccination to decrease the disease burden in India. Creating awareness about cervical cancer helps in early detection and helps in decreasing mortality due to cervical carcinoma.

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