A Study to Assess the Knowledge Regarding Cervical Cancer among Women in Limda Village- A Descriptive Study

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Abstract

Background: Worldwide Cervical cancer is a leading cause of deaths among women and it also the second commonest cancer among women in the female genital tract in our environment. WHO study finds cancer cervix is also associated with early marriage, early coitus, child bearing and repeated child birth duration of oral pills uses with use of oral contraceptives high in oestrogen with increasing risk factors. Cancer cervix is more common in the lower socio group's probably with poor genital hygiene.

Objectives: The objective of the study were to assess the knowledge regarding cervical cancer among women residing at Limda village and to find out the association between the knowledge regarding cervical cancer and selected demographic variables of women residing at Limda village.

Material and Methods: This study utilized a quantitative research approach to assess the knowledge regarding cervical cancer among women. Convenience sampling technique was employed to selected 100 women from Limda village. Socio-Demographic data and knowledge regarding cervical cancer were assessed using a self-structured questionnaire.

Result: Result revealed that level of knowledge about cervical cancer in women of Limda village.78 (78.0%) women having poor knowledge were 21(21.0%) women having Average knowledge, 1(1.0%) woman having good knowledge.

Additionally, no significant association was observed between demographic variables.

Conclusion: The findings of the study revealed that there was majority of women have poor knowledge regarding cervical cancer among women of reproductive age group. Hence the community health nurse should create awareness, motivation and proper participation in education campaigns and screening measures like pap smear test and VIA method can

improve the knowledge regarding cancer cervix among women reproductive of age group.

INTRODUCTION:

Globally In our surroundings, cervical cancer is the second most prevalent malignancy among women in the female genital tract and one of the main causes of mortality for women.[1]The International Agency for Research on Cancer (IARC) reports that cervical cancer cases are most common in India.[2]Cervical and ovarian cancers continue to be the most common gynaecologic cancers worldwide. At the moment, it ranks fourth among cancers in women globally and fourteenth overall. About 96,922 new cases of cervical cancer are discovered in India each year.[3]Roughly 85% of cases of cervical cancer worldwide are attributed to developing nations, with India alone accounting for one-fourth of cases. The World Health Organization (WHO) states that screening for cervical cancer should begin at age 30 and up.[4]Worldwide, 99.7% of cases of cervical cancer are linked to chronic, persistent, high-risk genotype human papillomavirus (HPV) infection. In addition, smoking, poor genital cleanliness, high parity, early age of sexual activity and pregnancy, poor sexual practices, and STIs are risk factors that contribute to the development of cervical carcinogenesis.[5]A malignant tumour of the cervix uteri or cervical area is known as cancer cervix. It may cause vaginal bleeding, but symptoms may not appear until the disease has progressed.[6]Knowledge regarding screening processes, risk factors, and symptoms can result to a delayed diagnosis and a poor prognosis for cervical cancer.[3]Indian government has introduced a variety of a national health programs and screening camps in various states in order to fight against the rising numbers of incidence and mortality among women due to cervical cancer.[7]

MATERIAL AND METHOD:

This study used a Quantitative research Approach. Having a research design which is descriptive design. The setting consists of Limda village, Waghodiya, Vadodara. The target population of the study is women who residing at Limda village. The inclusion criteria is women who have reproductive age group between 15-60 years, willing to participate in study, can understand Gujarati and Hindi, whereas the exclusion criteria is women who already undergone the educational programme regarding cervical cancer. The sample size for the study was 100. And the sampling technique is convenient sampling technique. The tool and techniques consist of Section A: Socio-Demographic variable, Section B: Self Structured questionnaires to assess the knowledge of women, Data collection has been done by using validated and reliable tools. Data was analyzed by using both descriptive and SPSS software, wherever required the data has been show in graphical representation. Ethical permission has been taken from the institutional ethical committee and the approval number is PUICHR/PIMSR/00/081734/5907.

RESULT:

Table 1: frequancy and percentage of sociodemographic data of women who have a Reproductive age between 15 to 60 years residing at limda village.

SR.NO	DEMOGRAPHICAL VARIABLE	FREQUENCY	PERCENTAGE
1.	**AGE** 15-30 31-40 41-50 51-60	53 13 20 14	53 13 20 14
2.	**MARITALSTATUS** MARRIED UNMARRIED DIVORSE WIDOW	88 10 0 2	88 10 0 2
3.	**EDUCATION** ILLITRATED PRIMARY EXTRA HIGHER OTHER	23 56 11 8 2	23 56 11 8 2
4.	**OCCUPATION** HOUSEWIFE LABOR WORKER OTHER	84 10 6	84 10 6

5.	**MONTHLY FAMILY INCOME** LESS THAN 15000 15001-25000 26001-50000 MORE THAN 50000	16 42 39 3	16 42 39 3
6.	**FAMILY TYPE** NUCLEAR JOINT	49 51	49 51
7.	**RELIGION** HINDU MUSLIM CHRISTIAN JAIN	98 2 0 0	98 2 0 0

Table 1: Depicts that frequency and the percentage distribution of demographic variable of women. Majority of the women belongs from the age group of 15-30 years that are 53 (53%), were 13 (13%) from age group of 31-40 years, 20 (20%) from age group of 41-50 years and only 14 (14%) from age group of 51-60 years. Majority of women are married 88 (88%), unmarried are 10 (10%), Divorced are 0 and widows are 2 (2%). Majority of women are illiterate 23 (23%), primary 56 (56%), secondary 11 (11%), higher 8 (8%) and others 2 (2%). Majority of women are housewife 84 (84%), labor worker 10 (10%) and others 6 (6%). Majority monthly family income of women is from 5001-10000 Rs 42 (42%). Majority type of family of women are joint 51 (51%). Majority religion of women are Hindus 98 (98%).

TABLE 2: FREQUENCY AND PERCENTAGE OF KNOWLEDGE IN LIMDA VILLAGE WOMEN ABOUT CERVICAL CANCER   n=100

	FREQUENCY	PERCENTAGE
POOR KNOWLEDGE	78	78
AVAERAGE KNOWLEDGE	21	21
GOOD KNOWLEDGE	1	1

Table 2: Depicts that the frequency and the percentage distribution of level of knowledge about cervical cancer in women of limda village.78 (78.0%) women having poor knowledge were 21(21.0%) women having Average knowledge, 1(1.0%) women having Good knowledge.

TABLE 3: ASSOSIATION BETWEEN SOCIO-DEMOGRAPHIC VARIABLES AND OF KNOWLEDGE IN LIMDA VILLAGE WOMEN ABOUT CERVICAL CANCER
 N=100

SR. NO.	DEMOGRAPHIC VARIABLE	POOR	AVERAGE	GOOD	CHI VALUE	df	p-value
1.	AGE 15-30 31-40 41-50 51-60	30 20 18 7	4 10 3 7	1 0 0 0	9.38	9	0.40NS
2.	MARITALSTATUS MARRIED UNMARRIED DIVORCE WIDOW	86 5 1 0	2 5 1 0	1 0 0 0	6.65	6	0.35NS
3.	EDUCATION ILLITRATED PRIMARY EXTRA HIGHER OTHER	20 54 7 6 1	3 2 4 1 1	0 0 0 1 0	9.55	12	0.65NS
4.	OCCUPATION HOUSEWIFE LABOR WORKER	80 6	4 4	0 0	4.08	6	0.66NS
	OTHER	5	0	1			

#	Variable				χ²	df	p-value
5.	**MONTHLY FAMILY INCOME**				8.21	9	0.51**NS**
	LESS THAN 15000	9	7	0			
	15001-25000	38	4	0			
	26001-50000	33	6	1			
	MORE THAN 50000	1	2	0			
6.		47	1	1	6.69	3	
	FAMILY TYPE NUCLER JOINT	47	4	0			0.08**NS**
7.	**RELIGION** HINDU	87		1	2.06	3	0.56**NS**
	MUSLIM	1	11	0			
	CHRISTIAN	0	1	0			
	JAIN	0	0	0			
			0	0			

S = Significant   **NS = non-significant**

Table 3: Depicts the association between demographic variables and knowledge in Limda village women about cervical cancer results shows that age, marital status, education, occupation, monthly family income, type of family and religion was found statistically non-significant at p>0.05 level.

DISCUSSION:
THE FIRST OBJECTIVE WAS ASSESS THE KNOWLEDGE REGARDING CERVICAL CANCER AMONG WOMEN

RESIDING AT LIMDA VILLAGE.
in this study the level of knowledge about cervical cancer in women of Limda village.78 (78.0%) women having Poor knowledge were 21(21.0%) women having Average knowledge, 1(1.0%) women having Good knowledge.

The similar study was done by **Amos P. Talsandekar, 2020** has conducted non experimental descriptive study to assess the knowledge regarding cervical cancer among women in selected area of Kadamwadi, Kolhapur. Result shows that the knowledge scores of the 50 women's that, among the 50 women's, 24 women's had poor knowledge regarding cervical cancer (48 %) and 20 women's had very poor knowledge on cervical cancer (40%). 5 women's had average knowledge on cervical cancer (10%). 1 woman had good knowledge on cervical cancer (2%).[7]

THE SECOND OBJECTIVE WAS TO ASSOCIATE THE KNOWLEDGE REGARDING CERVICAL CANCER AND SELECTED DEMOGRAPHIC VARIABLES OF WOMEN

RESIDING AT LIMDA VILLAGE.

Depicts the association between demographic variables and knowledge in Limda village women about cervical cancer results shows that age, marital status, education, occupation, monthly family income, type of family and religion was found statistically non-significant at p>0.05 level. The association between level of knowledge and age of women was found statistically non-significant p-value is 0.40NS.

The association between level of knowledge and marital status of women was found statistically non-significant p-value is 0.35 NS. The association between level of knowledge and education of women was found statistically non-significant p-value is 0.65 NS. The association between level of knowledge and occupation of women was found statistically non-significant p-value is 0.66 NS. The association between level of knowledge and monthly family income of women was found statistically non-significant p-value is 0.51 NS. The association between level of knowledge and family type of women was found statistically non-significant p-value is 0.08 NS.

The association between level of knowledge and religion of women was found statistically non-significant p-value is 0.56 NS.

In the similar study that was conducted by the **Aisha N. Al-Saadi Aisha H Al-Muqbali, Eihab Dwai, November 2018 and February 2019** has cross-sectional study to assess knowledge of cervical cancer and its prevention among Omani women aged 20–65 years. Result shows the knowledge scores were combined, and according to their mean values, they were categorised as poor knowledge or good knowledge. The bivariate analysis using the chi-squared and Fischer's exact tests revealed that sociodemographic factors were significantly associated with the knowledge of cervical cancer prevention. The participants' age is significantly associated with the knowledge of cervical cancer prevention ($\chi^2 = 10.78$, df = 3, $P<0.05$). The Omani women between 20 and 30 years of age were more likely to have poor knowledge.

Furthermore, a significant statistical association was found between their marital status and knowledge of cervical cancer prevention ($\chi^2 = 6.41$, df = 2, $P<0.05$) and single women were more likely to have poor knowledge.[8]

CONCLUSION:

The present study was conducted to fulfil the aim of the study thatwas to assess the knowledge regarding cervical cancer among womens at limda village, waghodiya, Vadodara the following conclusion was drawn on the basis of the findings of the study were 78 (78.0%) women having poor knowledge were 21(21.0%) women having Average knowledge, 1(1.0%) woman having good knowledge.

DECLERATION:
Conflict of Interest:
The authors have confirmed that there are no conflicts of interest between any of the authors.

Author's Contribution
Ethical permission, data collection, data analysed done by corresponding author and Supervision, guidance, validation done by secondary author.

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Ethics Statement:
Ethical permission has been taken from the institutional ethical committee and the approval number is PUICHR/PIMSR/00/081734/5907.

Informed Consent:
All samples had voluntarily taken part in the research. Before gathering data, permission was taken from the participants.

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