



A Correlation Study On Knowledge And Practice In Prevention Of Cervical Cancer Among Women In Selected Community, Coimbatore, Tamilnadu

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Abstract:

The aim of the study to assess the knowledge and practice in prevention of cervical cancer among women in selected community

Objectives of the study

- 1) To assess the knowledge and practice in prevention of cervical cancer among women
- 2) Correlate the Knowledge and practice in prevention of cervical cancer among women
- 3) To find the association between knowledge and Practice in cervical cancer with their selected background variables among women

Methodology

A descriptive study was conducted in house to house survey was done .Total 50 women selected by Purposive sampling Technique. The knowledge and prevention of cervical cancer was assessed by Self structured questionnaire on cervical cancer, check list questionnaire on practice to know the knowledge and prevention of cervical cancer among women

Results

50 women were assessed regarding knowledge and Practice in Prevention of Cervical cancer among Women among 50 respondents 25 (50%) had poor knowledge score. Among 50 respondents 27 (54 %) had poor Practice Score. Karl Pearson's Co-efficient of correlation indicates that there is a positive correlation ($r = 0.61$) existing between knowledge and Practice in prevention of cervical cancer. There is an association between knowledge and Practice score of the respondents on cervical cancer with age, educational status, Occupation monthly income and Type of family, No of children at 0.01 level of significance. Correlation analysis showed that higher the scores for knowledge, better performance in Prevention of cervical cancer

Conclusion

The result of the study concluded that there is a need to create awareness about cervical cancer and its prevention among women

KEY TERMS: Knowledge, Practice, Prevention, oral cancer, Women, Selected community

INTRODUCTION

Background of the Study

Cervical cancer starts in the lining of the cervix the lower part of the uterus. Cancer starts when cells in the body begin to grow out of control. Cervical cancer is the most common type of cancer in women globally. Around 350,000 women died from cervical cancer in 2022, with an estimated 660,000 women receiving a diagnosis globally. Almost all cervical cancer is linked to infection with high-risk human papilloma virus, an extremely common virus transmitted through sexual contact.

Approximately 90% of these deaths took place in developing nations. There is a significant global burden of cervical cancer, particularly in developing nations, and it is preventable. Nearly 500,000 women receive a new diagnosis of invasive cervical cancer every year; most of them were never screened for the condition.

Cervical cancer will rank among the leading causes of cancer-related deaths in India by 2050 if current trends continue. In India, cervical cancer claims the life of one woman every eight minutes, according to the National Institute of Cancer Prevention Research. In India, cervical cancer accounts for almost 10% of all cancer-related deaths, making it the leading cause of cancer mortality in the nation.

Cervical cancer is one of the most successfully treatable forms of cancer, as it is detected early and managed effectively. It can be detected in time with appropriate treatment and palliative care. Cervical cancer can be eliminated as a public health problem with comprehensive approach

Need for the Study

Cervical cancer is cancer that begins on Surface of cervix. According to the National Institute of Cancer Prevention Research, one woman dies of cervical cancer every 8 minutes in India. Lower the risk of cervical cancer by getting regular cervical screenings and receiving Human papilloma virus vaccine. Depending on the stage of the cancer at diagnosis, the average five-year survival rate is 48.7% an individual's chances of survival improve if cervical cancer is identified and treated early. The survival rate for women with cervical cancer is lowered in India because the majority of cases are discovered at later, more advanced stages.

The common symptoms present in cervical cancer are bleeding between periods, persistent back pain and pelvic pain, after intercourse bleeding, urgency in urinary, unexplained weight loss, and severe swelling in the legs. Seventy-five% of cervical cancer cases worldwide are caused by human papillomavirus infection; additional risk factors include many sexual partners, early sexual ages, tobacco use, long-term oral contraceptive pill use, increased parity, and early childbirth. As per the report by the Indian Council of Medical Research, there are expected to be 880,000 cancer-related deaths and 1,390,000 cancer cases by 2020.

The majority of cancer cases are probably from northeast India, and tobacco use is the leading cause of cancer (27%), followed by breast cancer (14%) and cervical cancer (5%). In India, cervical cancer is the second most common cancer among women between the ages of 15 and 44. Over 60–70% of cancers are discovered in advanced stages, and the prognosis is not good.

It is crucial to screen for cervical cancer because women frequently do not exhibit symptoms until the disease has progressed. A comprehensive strategy that incorporates early diagnosis, effective screening, prevention, and treatment programs could lower the high cervical cancer mortality rate worldwide. Cervical cancer risk can be considerably decreased by these modern vaccines.

MATERIAL AND METHODOLOGY

Research design

The research design applied for the study was descriptive research design.

Setting of the study

The study was conducted in selected community Coimbatore

Population of the study

The study population includes women in the age group of 25-50 years

Sample

Women those who fulfilling the Criteria

Sampling size

The sample size for this study consists of 50 women

Sampling technique

Convenience sampling technique was adopted to select the sample for this study. There are 50 women to fulfilled the inclusion criteria

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- Women in age group of 25-50 years.
- Permanent resident of the selected community

Exclusion Criteria

- Women are not willing to participate in the study
- Women who are diagnosed to any Cancer

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool was developed by the researcher on reviewing literature

The tool consists of Three Sections:

Section I: The demographic variables.

Section II: Structured knowledge questionnaire regarding cervical cancer.

Section III: Check list on Practice regarding cervical cancer.

Section I: Demographic data

The demographic Profiles Includes Age, Marital Status, Educational status, Occupation, Monthly income, Type of Family, No of children

Section II: Structured Interview Questionnaire

It was used to assess the knowledge in prevention of cervical cancer among Tobacco Chewers and it Consist of 15 Multiple Choice Questions. Questions related to cervical cancer (Types, Signs and Symptom, risk factors, causes, Treatment) each correct response carried one mark and wrong answer given zero mark minimum score was zero and maximum score was 15.

Section III: Assessment of Practice in Prevention of Cervical cancer

It was developed by the investigator to identify the Practice of prevention of cervical cancer, it consist of 10 questions, the maximum Score was 10 and Minimum Score was 0

SCORE AND INTERPRETATION

Table 1

S.No	Score	Inference
1.	76 % to 100%	Adequate knowledge
2.	51% to 75%	Moderate knowledge
3.	< 50 %	Inadequate knowledge

Table 2

S.No	Score	Inference
1.	76 % to 100%	Good Practice
2.	51% to 75%	Moderate Practice
3.	< 50 %	Poor Practice

CONTENT VALIDITY

The content validity of the tool obtained from the three experts in the related field and modified based on their suggestions and opinions.

RELIABILITY

The reliability of the tool is characterized as the degree to which an experiment, test, or measuring procedure yield the same out come on repeated test. The Cronbach's alpha reliability method was used to establish reliability. Which indicate that tool was highly reliable.

PROCEDURE FOR DATA COLLECTION

The research study was conducted women at selected community area, Coimbatore. The investigator introduced herself to the women and brief explanation was given about the purpose of the study, each women was assured for the data collected from them will be utilized only for the purpose of the study and will be kept as confidential. Data was obtained using structured knowledge questionnaire, checklist for practice regarding prevention of oral cancer. The time duration of 20-25 minutes was taken by the researcher for each sample. The researcher maintained confidentiality and had no difficult in collecting data.

DATA ANALYSIS

Descriptive statistics (Mean and Percentage) and inferential statistics (Chi-square and correlation co-efficient) were used to analysis the data

FINDINGS OF THE STUDY**Table: 3 Distribution of the Respondents according to their Demographic variables.**

N=50

S.No	Demographic variables	Frequency	Percentage (%)
1.	Age in years a)25-30 b)31-40 c)41-50	12 20 18	24% 40% 36%
2.	Marital status: a) Unmarried b) Married c) Widowed	2 38 10	4% 76% 20%
3..	Educational status: a)Illiterate b)Primary education c)Secondary education d)Higher secondary	10 23 8 9	20% 46% 16% 18%
4..	Occupation a) Home maker b)Coolie b) Daily wages	22 14 14	44% 28% 28%
5.	Month Income A)<10000 b)Rs.10001-15000 c)Rs.15000 & above	22 11 17	44% 22% 34%
6.	Type of Family A)Nuclear family b)Joint family	32 18	64% 36%
7.	No of Children a)1 b)2 c)3 d) 4 & above	16 24 8 2	32% 48% 16% 4%

The above table depicts the distribution of demographic variables of 50 respondents, on the basis of age group 12 (24%) were up to 25-30 years, 20 (40%) Were 31-40 years, between 41-50 years 18 (36%) regarding Marital status unmarried 2(4%), Married 38(76%) widowed women 10 (20%).

On the Basis of Education 10(20%) were Illiterate, 23 (46%) Primary education, 8 (16%) were Secondary education, 6(12%), Higher secondary education 9 (36%)

Based on Occupation 14(28%) coolie worker, 14(28%) were Daily wages, Home Maker were 22 (44%), On the basis of Income Up to Rs.10000 22 (44%), Rs.10001-15000 were 11(22%), Rs.15000 & above were 17(34%)

On the basis of Type of family,32 (64%) were Nuclear family, Joint family 18(36%).Regarding No. of Children were 1 Children 16(32%),2 children 24(48%),3 children were 8(16%),4 & above 2(4%)

Table: 4 Distribution of respondents according to the knowledge of cervical cancer

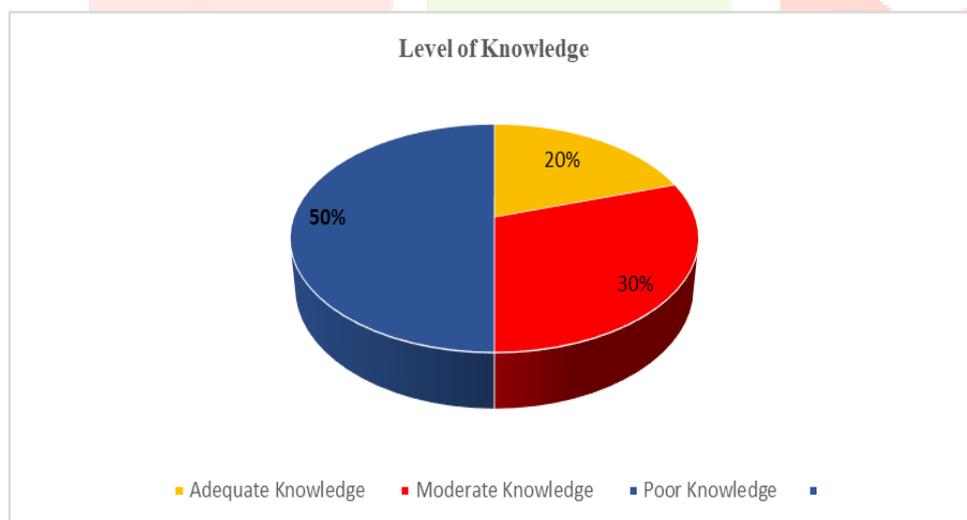
N= 50

Sl.no.	Knowledge Score	No. of respondents	Percentage (%)
1.	Adequate knowledge	10	20%
2.	Moderate knowledge	15	30%
3.	Inadequate knowledge	25	50%

The above table shows that distribution of respondents according to their mean Knowledge score 10.1 in Prevention of cervical cancer. Among 50 respondents 10(20%) were adequate knowledge; 15(30%) were moderate knowledge, 25(50%) were inadequate knowledge

Fig .1 Frequency and percentage distribution of level of knowledge on cervical cancer and practice in prevention of cervical cancer among women

N=50



The figure 1 shows that level of knowledge on cervical cancer among women Among 50 respondents 10 (20%) were adequate knowledge 15(30%) were moderate knowledge 25(50%) were inadequate knowledge.

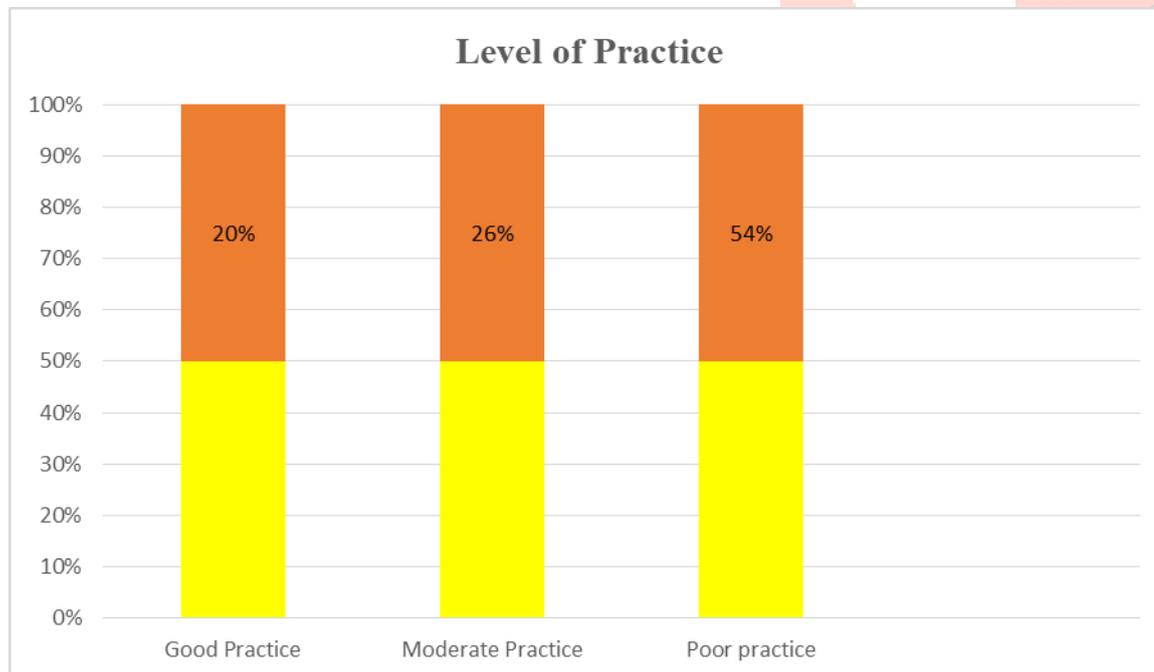
Table 5: Distribution of respondents according to the practice regarding prevention of cervical cancer

N=50

Sl.No	Practice Score	No. of respondents	Percentage (%)
1.	Good practice	10	20%
2.	Moderate practice	13	26%
3.	Poor practice	27	54%

In the above table shows that distribution of respondents according to their mean practice scores 5.72 in prevention of cervical cancer. Among 50 respondents 10(20%) were Good practice 13 (26%) were moderate Practice 27(54%) were Poor practice.

Fig 2: Frequency and percentage distribution of practice on cervical cancer and practice in prevention of cervical cancer among women
N=50



In the above figure 2 shows that distribution of respondents according to their mean practice scores 5.72 in prevention of cervical cancer. Among 50 respondents 10 (20%) were Good Practice, 13 (26%) were moderate Practice, 27(54%) were Poor Practice

Table 6: Correlation of knowledge and practice in prevention of cervical cancer

N=50

Sl.no.	Aspects	No. of respondents	Mean	' r '
1.	Knowledge	50	10.1	0.61
2.	Practice	50	5.72	

The above table shows the correlation value for knowledge and practice score is $r = 0.61$. It is evident that there is good positive relationship between knowledge and Practice score. It can be assumed that Practice of prevention of cervical cancer among women will improve as they gain knowledge.

An exploratory research design was adopted to assess the knowledge and practice regarding cervical cancer among 100 married women between the ages 20 -60 years at Indore (M.P) using purposive sampling. The investigator used a structured questionnaire of 9 items to assess the knowledge regarding early diagnosis and prevention of cervical cancer. Reliability was calculated using split half method and the 'r' value was 0.81 the findings revealed that all of the subjects 100(100%) had no knowledge regarding early diagnosis and prevention of cervical cancer, 86(86%) of the subjects were at low risk for cervical cancer, 14(14%) of them are at moderate risk for developing cervical cancer.

DISCUSSION

In the present study, there was an association between knowledge score of the respondents on cervical cancer with age, educational status, monthly income and educational status, Type of family, No.of Children at 0.01 level of not significance and significant of Age. There was an association between Practice score of the respondents on cervical cancer with educational status, monthly income and educational status, at 0.01 level of not significance and significant of Age, Type of family.

NURSING IMPLICATIONS

According to the primary health care concept, primary prevention is the important aspect to create awareness by educating Women regarding cervical cancer which improves the knowledge and make the women to be more conscious in Prevention of cervical cancer.

The findings of the study have several implications in nursing practice, nursing education, nursing research and nursing administration.

Nursing practice

The findings of the study highlight the level of knowledge and prevention of cervical cancer among women the study would help the care professional

- To practice planned health education programme to impart knowledge on prevention of cervical cancer.
- To demonstrate healthy practices for preventing cervical cancer

Nursing education

- Nurse educator can encourage the student nurses to conduct health education programme on prevention of cervical cancer among women.
- Nurse educator can teach how to create awareness among the public about cervical cancer and its preventive measures through the proper approach of influential persons in village and family.

Nursing research

- Nursing research provides evidence based clinical practice.
- This study helps the nursing personnel to keep abreast of new knowledge to sharpen their professional skill.

Nursing administration

- Nurse administrator should promote efficient team work, plan for manpower, money, material and method to conduct educational training programme.
- Nurse administrator should play a major role in early detection and prevention of cervical cancer.

LIMITATIONS

- A limited time available for data collection.
- The study is limited to women who are willing to participate in the study.
- The sample size was small and so study findings cannot be generalized.

CONCLUSION

Current state of health practice includes disease prevention and health promotion activities. Nursing practice finds that preventive education is very relevant because it applies across the span and is useful in a variety of settings. Nursing is always committed to a world, where health forms the foundation. The best way to prevent cervical cancer is to creating awareness among Women

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