A Study to Assess the Knowledge and Associated Risk Factors of Cervical Cancer among Womens at Saveetha Medical College and Hospital

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ABSTRACT

Cancer is now major cause of mortality throughout the world and in the developed world. There is special challenge inherent in caring for people with cancer, because the word 'cancer' is often equated with pain and death in our society. There is wide range of geographical variation in the incidence of major genital malignancies. In most of the developed countries, cancer of the breast tops the list in female malignancies; whereas in the developing countries, including India, genital malignancies top the list, and also carcinoma of the cervix is the most common malignancy in female and major public health problem. The main objectives are to assess the knowledge on cancer cervix among mothers in reproductive age group and to find out the risk factors of cancer cervix. A Descriptive study was conducted in Saveetha Medical College and Hospital. 60 Samples were recruited by non probability convenient sampling technique among women (30-60) in Saveetha Medical College and Hospital. Data gathering was carried out with a Semi Structured questions. The Data was collected, optimized and analyzed in term of Descriptive Statistics. Among 60 samples, 33(55%) had inadequate knowledge, 24(40%) had moderate knowledge, 3(5%) had adequate knowledge regarding cervical cancer and out of 60 samples 9 (15%) samples had low risk, 48 (80%) samples had moderate risk, 3 (5%) had high risk regarding cervical cancer. The study level suggests, It is important to create awareness among women about the cervical cancer and its risk factors by creating awareness among women helps in improving their health. so they can prevent from cervical cancers.

Keywords: Knowledge, Risk Factors, Cervical Cancer.

INTRODUCTION

Cervical cancer is a malignant neoplasm arising from cells originating in cervix uteri. It may be completely asymptomatic in early stages[1]. Cancer is now major cause of mortality throughout the world and in the developed world. In most of the developed countries, cancer of the breast tops the list in female malignancies; whereas in the developing countries, including India, genital malignancies top the list, and also carcinoma of the cervix is the most common malignancy in female and major public health problem.

India accounted for a quarter of both the world's estimated cervical cancer burden of 529,000 cases and 275,000 deaths in 2008. Cervical cancer is the most frequent primary site of cancer among Indian women with the estimated age standardized cervical cancer incidence and mortality rates of 27 and 15 per 100,000 women, respectively in 2008.[3]

Indian national cancer registering reported that cancer is a major killer disease affecting people from all strata all over the world. The commonly accounted concerns among females are the uterine, cervix, and the breast cancer. There is evidence that the number of cancer patient are increasing day by day. Cancer can occur at any site or tissues of the body and may involve any type of cancer.[4,5]

World health organization (2016) reported that cervix cancer in women throughout the world is approximately 5,00,000 new cases each year. The incidence in Indian women population is 34 per 1,00,000 people[2]. Invasive cervical cancer affects nearly 12,800 women in the India annually and in approximately 3,000 of these women, the disease will be fatal. India accounts for about 20% of cervical cancer cases reported from the world[3]. The incidence of cervical cancer is bimodal, with two peaks occurring between thirty-five years and sixty-four years of age. Since the advent of Pap smear screening the incidence of cervical cancer has decreased in India.[6]

The age standardized cervical cancer mortality rate in Tamilnadu is 35.5 per 100,000 compared to 16.0 per 100,000 nationally in 2010. In order to tackle the art of cancer epidemic the government of Tamilnadu had launched the **Tamilnadu health system (TNHSP)** in 2005 with financing to the tune of Rs.597.15 crores from the world bank.[7]

Wright has stated that cervical cancer is an abnormal growth present in the mouth of uterus. It is a malignant disease which occurs in the uterus cervix of female. 75% of cervical cancer develops in women of above the age of 35 years. The cervix is the inferior part of the uterus. It characterized by two types of epithelium namely squamous cell and undo cervical epithelium but the squamous carcinoma is very common[4]. Cancer control became a part of a more comprehensive, larger programme on non communicable disease called National Programme for Prevention and Control of Cancer.[5]

McFadden.se has stated that cervical cancer is a preventable disease caused by certain forms of HPV.[6] Current screening protocols are based on the use of the

Pap smear. And in areas where this test is routine and available, morbidity and mortality rates have dropped dramatically. As long as women continue to die needlessly of cervical cancer, more comprehensive and accessible screening method must be explored.

STATEMENT OF THE PROBLEM

A study to assess the knowledge and associated risk factors on cervical cancer among women at the age between 30-50 in Saveetha medical college and hospital.

NEED FOR THE STUDY

UNICEF (2015) has stated globally cervical cancer is the second most common form of cancer in women with an estimated 530,000 new cases a year, resulting in 266,000 deaths. In India, with approximately 123,000 new cases of cervical cancer diagnosed in year, of which more than 67,000 die from disease[7].

The national cervical cancer condition (NCCC) 2012 is a gross root and nonprofit organization dedicated to saving women with at risk for cervical cancer. They state women in developing country account about 85 % of both, the yearly cases of cervical cancer estimated as **1, 23,000**. The death rate is **67, 500.** [8]

Gynecology cancers including breast cancer account for over 50% of all cancers in women; of these cancer cervix accounts for 80% and hence being commonest cancer in women in the developing countries including India.

Invasive cervical cancer affects nearly 12,800 women in India annually and in appropriately 3,000 of these women, the disease will be fatal. The incidence of cervical cancer is bimodal, with two peaks occurring between thirty-five years and sixty-four years of age. Since the advent of pap smear screening the incidence of cervical cancer has decreased in India. However, it continues to be a leading cause of death for women in third world.

Sema Sharma 2016 has stated that in India, it is the most common cause of death among women between age group of 40-60 years. The total cases detected among women are **2,75,000.** The death rate is **72,000.** The trends in developed countries is however, changing now and they are experiencing declining rates of incidence and mortality since introduction of population based screening, early detection and effective treatment.[20-24]

There are several barriers to cervical cancer screening uptake for women in low resource areas like India that include-low level of awareness and knowledge of risk factors[9,10]. The success and benefits of screening at a national level as a public health program to control and prevent cervical cancer depend to a great extent on the level of awareness of the potential beneficiaries[11-15].

OBJECTIVES

1. To assess the knowledge on cervical cancer among womens of reproductive age group.

2. To find out the associated risk factors of cancer cervix

3. To find out the association between level of knowledge and demographic variables

METHODOLOGY

A descriptive study was chosen to assess the knowledge and to identify associated risk factors on cervical cancer among women (30-60yrs). The setting of the study is saveetha medical college and hospital by using non probability convenient sampling technique. The data were collected from the 60 samples in the age group of 30-60 years. The samples who meet the inclusion criteria were selected for the study. The data was collected by using structured interview questionnaires was used to collected the demographic variables, self structured questionnaires to assess knowledge and risk factor of cervical cancer among women. The study period is one week from 14.11.2017 to 18.11.2017. The collected data were analyzed by using descriptive and inferential statistics.

Score interpretation

Obtained score/total score*100

<50%   -   inadequate knowledge

50-70% -   moderate knowledge

>75%   -   adequate knowledge

RESULTS

The demographic variables of women Regarding the age out of 60 samples 22(36.66%) samples were under the age group of 30-40 years, 19(31.66%) samples were under the age group of 40-50 years, 19(31.66%) samples were under the age group of 50-60 years, Regarding age of menarche out of 60 samples 0 (0%) samples were under the age group of below 12 years, 25(41.66) samples were the age group of 12-14 years, 32(53.33%) samples were the age group of 14-16 years, 3(5%) samples were under the group of above 60 years. Regarding level of education out of 60 samples 30(50%) samples were primary education, 23(38.33%) samples were secondary education, 6(10%) samples were undergraduate /postgraduate, 1(1.66%) samples were illiterate. Regarding occupation out of 60 samples 31(51.66%) samples were under housewives, 0(0%) samples were under government job, 21(35%) samples were under primary jobs, 8(13.33%) samples were under no occupation.

Table 1: Distribution to assess the knowledge about cervical cancer among women

Level of knowledge	Inadequate		Moderate adequate		Adequate	
	N	%	N	%	N	%
Knowledge on cervical cancer	33	55	24	40	3	5%

Regarding marital status out of 60 samples 52(86.6%) samples were under group of married, 2(3.33%) samples were under the group of unmarried, 6(10%) samples were under the group of widows, 0(0%) samples were under group of others. Regarding menopausal history out of 60 samples 22(36.66%) samples were under the group of yes, 38(63.33%) samples were under the group of no. Regarding family history out of 60 samples 11(18.33%) samples were had history, 49(81.66%) samples were not had history.

Figure 1: Distribution to assess knowledge about cervical cancer among women.

KNOWLEDGE ON CERVICAL CANCER

- INADEQUATE
- MODERATE ADEQUATE
- ADEQUATE
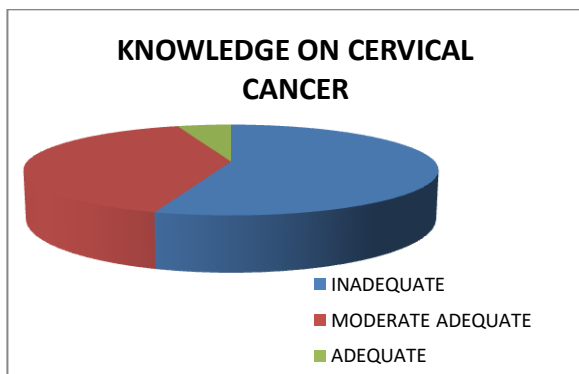
Regarding knowledge of cervical cancer Among 60 samples, 33(55%) had inadequate knowledge, 24(40%) had moderate knowledge, 3(5%) had adequate knowledge regarding cervical cancer (Table: 1 & Fig 1). **Regarding risk factors of cervical cancer** out of 60 samples 9 (15%) samples had low risk, 48 (80%) samples had moderate risk, 3 (5%) samples had high risk (table:2).

Table 2: Distribution to assess the risk of cervical cancer

Level of Risk of women	Low		Moderate		high	
	N	%	N	%	N	%
Risk of cervical cancer among women	9	15	48	80	3	5

Figure 2: Distribution to assess the risk of cervical cancer.

RISK OF CERVICAL CANCER

- LOW RISK
- MODERATE RISK
- HIGH RISK
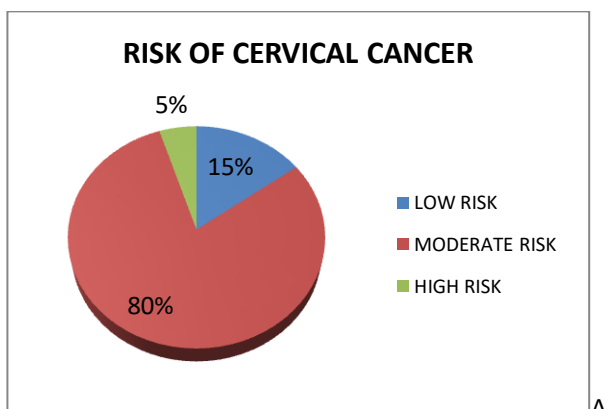
hospital based case control study among rural women of eastern India also confirmed the association of early age at first intercourse and it defines the role of the sexual risk factors in cervical carcinogenesis among rural Indian women. Even though we did not observe a significant association between age at marriage and cervical cancer, our estimated hazard ratio is consistent with those observed from these previous studies. Also it indicates that it may be suitable to consider age at marriage as a proxy measure of age at first sexual intercourse.[25,26]

CONCLUSION

The study concluded, it is important to create awareness among women about the cervical cancer and its risk factors among women it will helps to improving their health. However, formal education only does not help if one does not have money for improve hygienic conditions. Public awareness through education and improvements in living standards can play an important role in reducing the high incidence of cervical cancer in India. The same factors can also ensure good participation in early detection programs and acceptance of HPV vaccination. It is also important to consider the sociodemographic factors associated with cervical cancer while making public health policies and implementation of cervical cancer control programs.

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