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# A study to assess the knowledge regarding prevention of cervical cancer among reproductive age group of women in selected area at selected city

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**Abstract**
**Statement:** A Study to assess the knowledge regarding prevention of cervical cancer among reproductive age group of women in selected area at selected city.
**Objectives:** To assess the knowledge regarding prevention of cervical cancer in reproductive age group women. To find the association between knowledge regarding prevention of cervical cancer among the reproductive age group of women with their selected demographic variables.
**Methodology:** Quantitative Research Approach was used with descriptive research design, population was 50 reproductive age group of women and purposive sampling technique was used for data collection.
**Result:** In the present study the majority of 39 (0.78%) of reproductive age group women had average knowledge 3(0.06%) had poor knowledge and the 8(0.16%) had good knowledge regarding prevention of cervical cancer.

**Keywords:** assess, knowledge, prevention, cervical cancer, reproductive age group of women

## Introduction

Cancer can be defined as any malignant growth or tumor caused by abnormal and uncontrolled cell division; it may spread to other parts of the body through the lymphatic system or the blood stream. Cancer can affect any part of the body, Once a person get cervical cancer it cannot be prevented so the best way of saving the person from catching the complaint is to vaccinate against cervical cancer [1].

Cancers can occur in any part of the female reproductive system, the vulva, vagina, cervix, uterus, fallopian tubes, or ovaries. These cancers are called gynecologic cancers. Gynecologic cancers can directly invade nearby tissues and organs or spread through the lymphatic vessels and lymph nodes or bloodstream to distant parts of the body [2].

The cervix is the narrow portion of the uterus where it joins with the top of the vagina. Most cervical cancers are squamous cell carcinomas, arising in the squamous epithelial cells that line the cervix adenocarcinoma, arising in glandular epithelial cells is the second most common type. Very rarely, cancer can arise in other types of cells in the cervix [3].

Cancer of cervix is the second most common cancer in women worldwide, and is the cause of cancer related death in women in under developed countries. 80% of the new cervical cancer causes occur in developing countries, like India , which reports approximately one fourth of the worlds cases of cancer each year [4].

The early stages of cervical cancer may be completely asymptomatic. Vaginal bleeding, contact bleeding or a vaginal mass may indicate the presence of malignancy. Also moderate pain during sexual intercourse and vaginal discharge are symptoms of cervical cancer [4].

The primary preventive measures for cervical cancer are vaccination. Gardasil and Cervix are preventive vaccine and do not treat Human Papillomavirus infection or cervical cancer. They are recommended for women who have not been exposed to Human Papillomavirus. Gardasil show the prevention of cervical dysplasia for the HPV strain such as type 16, 18, 6 & 11 and the effect last for more than 6 yrs. after vaccination, Gardasil is up to 98% effective. Cervix act against type 16 & 18 and effect last for four years [5].

Since cancer mortality rates are slightly higher in the urban centers, and since the typical diets of rural and urban populations within each country are generally identical, this points towards two causative factors; the quality of nutrition, and environmental contaminants. Since the difference in the cancer rate between rural and urban populations is very small, environmental factors appear to play a only small role. This leaves the quality of the food of these populations as the chief and major cause of the huge differences in cancer mortality rates. The Indian authorities are, however, well aware that the incidence of cancer is dramatically lower in rural areas [6].

Through the personal experience of the researcher during the clinical posting, researcher found that most of the women were unaware and had inadequate knowledge regarding prevention of cervical cancer. They were seeking information from their health care providers. The target groups for Human Papillomavirus vaccination are reproductive age group of women Since the vaccination of women's depends on their knowledge. Hence the researcher felt the need to assess the knowledge of the reproductive age group women's regarding prevention of cervical cancer [7].

## Problem Statement

"A Study to assess the knowledge regarding prevention of cervical cancer among reproductive age group of women in selected area at selected city".

**Objectives**

The objectives of the study are:

1. To assess the knowledge regarding prevention of cervical cancer in reproductive age group women.
2. To find the association between knowledge regarding prevention of cervical cancer among the reproductive age group of women with their selected demographic variables.

**Criteria for the selection of the sample**

**Inclusion Criteria**

Women who are-

- Willing to participate in the study
- Able to read and write Marathi and English
- Available at the time of data collection

**Exclusion Criteria**

Women who are-

- In risk of cervical cancer.
- critically ill at the time of data collection
- have symptoms of cervical cancer

**Description of the tool**

**Section I:** Demographic data of reproductive age group of women regarding prevention of cervical cancer.

**Section II:** Structured questionnaire to assess knowledge of reproductive age group of women regarding prevention of cervical cancer.

**Result**

**Section No-I:** Frequency and Percentages of Demographic Variables of Reproductive Age Group of Womens**.**

**Table 1**

| Characteristics | Frequency | Percentage |
|---|---|---|
| **Age** | | |
| 15-22 years | 10 | 0.2% |
| 23-30 years | 28 | 0.56% |
| 31-37 years | 9 | 0.18% |
| 38-45 years | 3 | 0.06% |
| **Religion** | | |
| Hindu | 50 | 1% |
| Muslim | 0 | 0% |
| Christian | 0 | 0% |
| Others | 0 | 0% |
| **Education** | | |
| Primary | 12 | 0.24% |
| Secondary | 15 | 0.3% |
| Graduation | 16 | 0.32% |
| Post-graduation | 7 | 0.14% |
| **Occupation** | | |
| House wife | 26 | 0.52% |
| Service | 7 | 0.14% |
| Business | 2 | 0.04% |
| Any other | 15 | 0.3% |
| **Monthly income of family** | | |
| < 2000/- | 3 | 0.06% |
| 2001/- to 6000/- | 5 | 0.1% |
| 6000/- to 10,000/- | 29 | 0.58% |
| > 10,000/- | 13 | 0.26% |
| **Type of family** | | |
| Nuclear | 37 | 0.74% |
| Joint | 13 | 0.26% |
| **Domicile** | | |
| Rural | 0 | 0% |
| Urban | 50 | 1% |
| **Source of information** | | |
| Parents and family | 39 | 0.78% |
| Friends | 6 | 0.12% |
| Print media | 4 | 0.08% |
| Mass media | 1 | 0.02% |

**Section II:** Frequency and percentage distribution of knowledge level of Reproductive age group of Womens regarding prevention of cervical cancer.

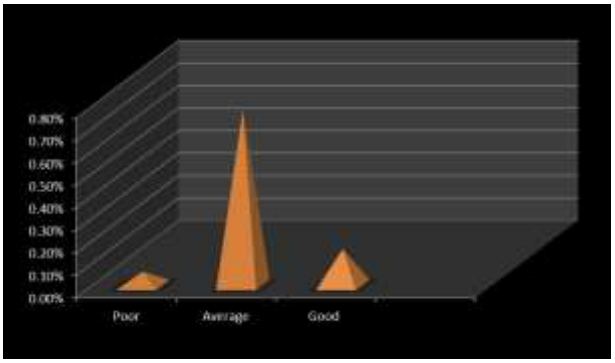


**Fig 1**

**Section III:** Mean, standard deviation of knowledge of reproductive age group of women regarding prevention of cervical cancer.

**Table 2**

| Sr.no. | Level | Maximum statement | Maximum score | Mean | Standard deviation |
|---|---|---|---|---|---|
| 1. | Knowledge | 20 | 20 | 10.96 | 2.46 |

**Section IV:** Association between knowledge score and selected demographic variables of reproductive age group women regarding prevention of cervical cancer. N=50

**Table 3**

| Sr. No. | Demographic variables | Level of knowledge | | | | | | $X^2$ | p Value |
|---|---|---|---|---|---|---|---|---|---|
| | | Poor | | Average | | Good | | | |
| | | F | % | F | % | F | % | | |
| 1. | **Age** | | | | | | | | |
| | a. 15-22 yrs | 02 | 0.04% | 8 | 0.16% | 00 | 0% | 93.33 | <0.00001 (S) |
| | b. 23-30yrs | 02 | 0.04% | 22 | o.44% | 04 | 0.8% | | |
| | c. 30-37yrs | 00 | 00% | 7 | 0.14% | 02 | 0.04% | | |
| | d. 38- 45yrs | 00 | 00% | 1 | 0.02% | 02 | 0.04% | | |
| 2. | **Religion** | | | | | | | | |
| | a. Hindu | 04 | 0.08% | 38 | 0.76% | 8 | 0.16% | 1554 | <0.00001 (S) |
| | b. Muslim | 00 | 00% | 0 | 0% | 00 | 00% | | |
| | c. Christian | 00 | 00% | 00 | 00% | 00 | 00% | | |
| | d. Others | 00 | 00% | 0 | 00% | 00 | 00% | | |
| 3. | **Education** | | | | | | | | |
| | a. Primary | 01 | 0.02% | 11 | 0.22% | 0 | 0% | 95.75 | <0.00001 (S) |
| | b. Secondary | 00 | 00% | 13 | 0.26% | 2 | 0.04% | | |
| | c. Graduation | 03 | 0.06% | 9 | 0.18% | 4 | 0.08% | | |
| | d. Post-graduation | 00 | 00% | 05 | 0.1% | 02 | 0.04% | | |
| 4. | **Occupation** | | | | | | | | |
| | a. House wife | 01 | 0.02% | 20 | 0.4% | 05 | 0.1% | 874.3 | <0.00001 (S) |
| | b. Service | 00 | 00% | 06 | 0.12% | 01 | 0.02% | | |
| | c. Business | 00 | 00% | 02 | 0.04% | 00 | 00% | | |
| | d. Any other | 03 | 0.06% | 10 | 0.2% | 02 | 0.04% | | |
| 5. | **Monthly income of family** | | | | | | | | |
| | a. < 2000/- | 00 | 00% | 01 | 0.02% | 02 | 0.04% | 49.96 | <0.00001 (S) |
| | b. 2001/- to 6000/- | 00 | 00% | 04 | 0.8% | 01 | 0.02% | | |
| | c. 6001/to10,000/- | 03 | 0.06% | 24 | 0.48% | 02 | 0.04% | | |
| | d. >10,000/- | 01 | 0.02% | 09 | 0.08% | 03 | 0.06% | | |
| 6. | **Type of family** | | | | | | | | |
| | a. Nuclear family | 01 | 0.02% | 30 | 0.6% | 06 | 0.12% | 831.116 | <0.00001 (S) |
| | b. Joint family | 03 | 0.06% | 08 | 0.16% | 02 | 0.04% | | |
| 7. | **Domicile** | | | | | | | | |
| | a. Rural | 00 | 00% | 00 | 00% | 00 | 00% | 34.42 | <0.00001 (S) |
| | b. Urban | 04 | 0.08% | 38 | 0.76% | 08 | 0.16% | | |
| 8. | **Source of information** | | | | | | | | |
| | a. Parents & family | 01 | 0.02% | 31 | 0.62% | 07 | 0.14% | 2131.69 | <0.00001 (S) |
| | b. Friends | 01 | 0.02% | 05 | 0.1% | 00 | 00% | | |
| | c. Printed aids | 02 | 0.04% | 02 | 0.04% | 00 | 00% | | |
| | d. Mass media | 00 | 00% | 00 | 00% | 01 | 0.02% | | |
| S- Significant Ns- Not Significant | | | | | | | | | |

Above table shows that in age $x^2$ value is 93.33 and table value is 0.00001, in religion $x^2$ value is 1554 and table value is 0.00001, in education $x^2$ value is 95.75 and table value is 0.00001, in occupation $x^2$ value is 874.3 and table value is 0.00001, in monthly income of family $x^2$ value is 49.96 and table value is 0.00001, in type of family $x^2$ value is 831.11 and table value is 0.00001, in domicile $x^2$ value is 34.42 and table value is 0.00001 and in source of information $x^2$ value is 2131.69 and table value is 0.00001 So, in relation with the knowledge level age, religion, education, occupation, monthly income, type of family, domicile, source of information are found as significant at 0.05 level.

## Implications

The findings of the study have implications not only related to the field of nursing but also other allied areas. In obstetrics team nurse plays a vital role in the provision of prevention of cervical cancer.

1. Nursing practice
2. Nursing education

3. Nursing administration
4. Nursing research

**1. Nursing practice**

Nurses should enhance their professional knowledge the finding of the study can be used to bring about awareness among the staff nurse regarding the importance of health education to reproductive age group women and also they can used their knowledge for there professional enhancement and can give best possible care for prevention of cervical cancer.

**2. Nursing education**

Student must be enlisted and supervised to give health education regarding prevention of cervical cancer to reproductive age group of women in the hospital and community set up. Student must conduct mass educational program in the community using different audio visual aids to create awareness regarding cervical cancer to develop a positive attitude towards prevention of cervical cancer.

**3. Nursing administration**

Nursing administration can be able to take the initiative in improving health information through different effective teaching methods regarding prevention of cervical cancer through proper nursing administration. Nurses can organize various in service educational program to upgrade the knowledge and promote the awareness regarding prevention of cervical cancer during the and community set up for caring the reproductive age of women and should develop awareness regarding prevention of cervical cancer.

**4. Nursing research**

This study finding can be effectively utilized by the emerging researchers. It can be utilize by nurse researchers in the future to conduct extensive studies to assert the knowledge regarding in community to find the opportunity to teach and improve the knowledge of prevention of cervical cancer.

**Recommendations**

1. Replication of the study could be done with a larder sample to validate and generalize the findings.[34]
2. The same study can be conducted determine the effectiveness of structured teaching program.[34]
3. A comparative study can be conducted with rural and urban areas.
4. The study can carried out in a different setting with different areas.

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