Knowledge on Prevention of Carcinoma Cervix among Women in the Reproductive Age Group at Kokilamedu Village, Kanchipuram District, Tamil Nadu

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Abstract

The knowledge on prevention of Carcinoma Cervix among the reproductive age group women in Kokilamedu village at Kanchipuram District, Tamil Nadu, India. The objectives were to assess the knowledge on prevention of Carcinoma Cervix among women in Kokilamedu village at Kanchipuram District, Tamil Nadu and to find out the association between the level of knowledge with demographic variables. The convenience sampling was used to select 104 samples of reproductive age group women. The data collection tools were validated and reliability was established. The data were collected by self administered questionnaire. The collected data was tabulated and analyzed. Descriptive and inferential statistics method were used. The study shows that 45% of the women had poor knowledge, 59% of the mothers had moderate knowledge and non of the women had adequate knowledge regarding prevention of Carcinoma Cervix. There was no significant association between the knowledge and the selected Demographic Variables.

Keywords: *Knowledge, prevention, carcinoma cervix, Reproductive age group women.*

Introduction

Prevention is better than cure.

–Desiderius Erasmus

Cancer is a disease in which abnormal cells divide uncontrollably and destroy body tissue. It is caused by various factors such as tobacco, obesity, diet, lack of exercise, family history, and alcohol. Its possible symptoms include a lump, abnormal bleeding, prolonged cough, unexplained weight loss and a change in bowel movements. Tobacco is the main cause of about 22% of cancer deaths. Another 10% are due to obesity, poor diet, lack of physical activity or excessive drinking of alcohol **(WHO-1995).**[1]

Other infections include certain infections, exposure to ionizing radiation and environmental pollutants. In the developing world, 15% of cancers are due to infections such as helicobacter pylori, hepatitis B, hepatitis C, human papilloma virus, Epstein-barr virus and human immunodeficiency virus. Mostly 5-10% of cancers may be due to inherited genes from parents.

In 2015, about 90.5 million people had cancer. About 14.1 million new cases occur in a year. It caused about 8.8 million deaths. The most common type of cancer in males are lung cancer, prostate cancer, colorectal cancer and stomach cancer. In females, the most common types are breast cancer, colorectal cancer, lung cancer and cervical cancer (**Alafifi R, kindratt TB).**[2]

Carcinoma Cervix is a cancer arising from the cervix. It is the abnormal growth of cells that have the ability to invade or spread to other parts of the body. Early on,

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typically no symptoms are seen. Later symptoms include abnormal vaginal bleeding, pelvic pain, or pain during sexual intercourse. Human papilloma virus infection causes more than 90% of cases .most people who have HPV infections, however do not develop Carcinoma Cervix. Other risk factors include smoking, a weak immune response, birth control pills, starting sex at a young age, and having many sexual partners.

Carcinoma Cervix typically develops from precancerous changes over 10-20 years. About 90% of cervical cancer cases are squamous cell carcinomas, 10% are Adeno carcinoma, and a small number are other types. Diagnosis is typically by Cervical screening followed by a biopsy, medical imaging is then done to determine whether or not the cancer has spread.

HPV vaccines are the only vaccines which protect against between two and seven high risk strains of this family of viruses and may prevent up to 90% of cervical cancers. Treatment of Carcinoma Cervix may consist of some combination of surgery, chemotherapy, and radiation therapy.

Worldwide, Carcinoma Cervix is both the fourth most common cancer cause of cancer and the fourth most common cause of death from cancer in women. In 2012, an estimated 528,000 cases of Carcinoma Cervix occurred, with 266,000 deaths. There is about 8% of the total cases and total deaths from cancer. About 70% of cervical cancers occur in developing countries and among them 90% of the deaths. In low income countries, it is one of the most common cause of cancer death(**Bjan Rivera J, Klug SJ)**[3]

The early stage of Carcinoma Cervix may be completely free of symptoms. Vaginal bleeding, contact bleeding, or a vaginal mass may indicate the presence of malignancy, moderate pain during sexual intercourse and vaginal discharge are symptoms of Carcinoma Cervix. In advanced stage of disease, metastases may be present in the abdomen, lungs and other organs. Symptoms of advanced cervical cancer may include loss of appetite, weight loss, fatigue, pelvic pain, back pain, leg pain, swollen legs, heavy vaginal bleeding, bone fractures, and leakage of urine or feces from the vagina.

The high disease burden of a preventable cancer of the uterine cervix is totally unwarranted. The magnitude of cases can be directly reduced by concentrated prevention and control effects in less developed regions of the world, including India. Some of the measures of primary prevention of Carcinoma Cervix include quitting tobacco, delaying the age at initiation of sexual activity to above 18 years, restricting the number of sexual partners and the use of condoms.

Need for the Study: Carcinoma Cervix is the fourth most commonly occurring cancer in women and the eighth most commonly occurring cancer overall. There were over 500,000 new cases in 2018**(WHO)**[5]

Swaziland had the highest rate of cervical cancer in 2018. As per standardized rate per 100,000 is (75.3%) (WHO)[6]

Carcinoma Cervix is the commonest cancer cause of death among women in developing countries. Every year in India, 1,22,844 women are diagnosed with Carcinoma Cervix and 67,744 die from the disease(Indian journal of community medicine)[7]

India has the highest age standardized incidence of Carcinoma Cervix in south Asia at 22 compared to 19.2 in Bangladesh, 13 in Srilanka, and 2.8 in Iran. Hence it is vital to understand the epidemiology of Carcinoma Cervix.

In Tamil Nadu the leading cancer among women are the Carcinoma Cervix (21.2%) accounting for over 47% of all cancers in the state. The age standardized Carcinoma Cervix mortality rate in Tamil Nadu is 35.7 per 100,000 compared to 16.0 per 100,000 nationally in 2010(state council of medicine)[8]

In Kanchipuram, among 250 women, about six (2.4%) of them presented with pre-cancerous lesions such as atypical squamous cell of undifferentiated significance-five(2%) and mild dysplasia one(0.4%). Majority of women, about 178(71.2%) women had abnormal cervical findings(Study on prevention of cervical cancer)[9]

Hence the prevalence of Carcinoma Cervix is more common among the populations and their level of knowledge is very low. So the researchers proposed to conduct a study in the preventive measure of Carcinoma Cervix.

Statement of the Problem: Knowledge on prevention of carcinoma cervix among women in the reproductive age group at Kokilamedu village, Kanchipuram District, Tamil Nadu, India.

Objectives of the Study: Assess the knowledge on

prevention of carcinoma cervix among women in the reproductive age group.

Associate the level of knowledge with selected demographic variables on prevention of carcinoma cervix.

Research Methodology: This chapter deals with the description of research methodology adopted by investigator to study and analyze the outcome of structured questionnaire methodology is the most important part of any research which enables the researcher to form a blue print of the study.

Sampling Criteria:

A. Inclusion Criteria:

Women who are in the reproductive age group.

Women who are willing to participate in the study.

Women who can read and understand both English and Tamil.

B. Exclusion Criteria:

Women who have undergone Hysterectomy.

Women who are mentally challenged

Plan for Data Collection Procedure: The main study is going to be conducted in Kokilamedu village Kanchipuram District in the month of April 2019. The data collection period was for one week. The investigators obtained written permission from the dean. Chettinad Hospital and Research Institute and the principal of Chettiinad College of Nursing and the written consent from the each student prior to the study. The investigators introduced them to the respondents to ascertain their cooperation for the study. Later, the investigators collect data from the samples after obtaining their consent. Data were collected from 104 women in the Reproductive age group who fulfilled the criteria. Demographic data was collected and the structured questionnaire was given to assess the knowledge on Carcinoma Cervix among the women.. They took 10-15 minutes to answer the questionnaire. After analyzing, the investigators provided a knowledge teaching about the prevention of carcinoma cervix for about 15 minutes. Again the questionnaires was given to them to assess the knowledge gained by the women. The investigators thanked the village people for their cooperation and support for the study.

Table 1: Score interpretation for knowledge on carcinoma cervix

Level of Knowledge	Score	Percent Age
Inadequate knowledge	0-9	<50%
Moderate knowledge	10-15	51%-75%
Adequate knowledge	16-20	76%-100%

Table 2: Association of level of knowledge of women regarding prevention of carcinoma cervix at selected demographic variables

S.No.	Characteristics	Category	No. of Samples	Knowledge			Chi Square	P Value
				Low	Moderate	High		
1.	Age	18-25 Years	32	13	19	0	1.95	0.05 NS
		26-30 Years	29	11	18	0		
		31-35 Years	24	14	10	0		
		36-40 Years	19	9	10	0		
2.	Marital Status	Married	49	22	27	0	0.159	0.05 NS
		Unmarried	55	23	32	0		
3.	Educational Qualifiaction	No Formal Education	25	14	11	0	2.37	0.05 NS
		Middle School	39	18	21	0		
		High School	40	15	25	0		
		Graduation	0	0	0	0		
4.	Occupation	Private Employee	41	20	21	0	0.64	0.05 NS
		Govern. Employee	34	14	20	0		
		Self Employed	28	12	17	0		

S.No.	Characteristics	Category	No. of Samples	Knowledge			Chi Square	P Value
				Low	Moderate	High		
5.	Income	Above 40,000	1	1	0	0	1.72	0.05 NS
		20,000 to 40,000	0	0	0	0		
		15,000 to 20,000	17	3	14	0		
		10,000 to 15,000	86	37	49	0		
6.	Family History	Yes	0	0	0	0	0	0.05 NS
		No	104	47	57	0		

Table 2 : Indicates the association of demographic variables of women with overall knowledge of women on carcinoma cervix was not significant.

Section A: Assessment of knowledge of reproductive age women on carcinoma cervix.

Table 3: frequency and percentage distribution of knowledge on carcinoma cervix among reproductive age group women.

Level of Knowledge	Frequency	Percentage
Low Knowledge	45	43.3%
Moderate Knowledge	59	56.7%
High Knowledge	0	0%

Result

The research findings reveal that.

Assess the knowledge on prevention of carcinoma cervix among reproductive age group women: The study result shows that the level of knowledge of women regarding prevention of carcinoma cervix was assessed by structured questionnaire and analyzed using descriptive statistics that indicates the mean pre test knowledge score with mean (XI = 7.7) and Standard Deviation (10).

The knowledge on prevention of carcinoma cervix among reproductive age group women.

The study result shows that there is a difference in knowledge of subjects regarding the prevention of carcinoma cervix. Data depicts that the Mean knowledge was much lower than the expected outcome.

Association of the knowledge on Prevention of Carcinoma Cervix with related demographic variables.

As there was no significance association of knowledge score with the selected demographic variables such as age, marital status, educational status, occupation, income and their family history.

In conclusion, the discussion of the study findings obtained by the researchers shows that there was a significant low level of knowledge on Prevention of carcinoma cervix after the survey among reproductive age group women.

Conclusion

The result from this study shows that the level of knowledge on prevention of carcinoma cervix among women in the reproductive age group was inadequate and moderate. This has to be taken into consideration. There may be reason for early student inadequacy, which can be improved upon.

Conflict of Interest: Nil

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