

Awareness on Factors Contributing for Cervical Cancer and Its Screening Techniques among Health Workers Working at Peripheral Rural Area Vijayapur

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ABSTRACT

Introduction- Even though cervical cancer is a preventable disease which has become most common cause among women and standing second leading cause for mortality in world wide. Were health worker takes an major role in early identification of risk case by performing effective screening technique can reduce incidence and prevalence of cervical cancer in women by providing prompt treatment at early stage. This study was taken with the objective of assess the level of knowledge on factors contributing for cervical cancer and its screening techniques among health workers

Method- A descriptive exploratory research study was conducted in rural area of Bijapur, total 50 health worker were chosen by convenient sampling technique, the data was collected through self structured questionnaires. The frequency and percentage was used to assess the knowledge of health worker.

Results-60% of the health workers were belong to the age group of 19-24 yrs,64% were females and 64% were not had any information about screening techniques. and 64% of them have not had any information about screening techniques of cervical cancer. Over all 32 health worker were had average knowledge on factors contributing for cervical cancer and its screening techniques. It concludes that there is a need of training on advance screening techniques specially used at peripheral area for early diagnosis of precancerous lesions of cervix among women.

Key words-cervical cancer, screening, health worker

Objectives

1-To assess the level of knowledge on factors contributing for cervical cancer and its screening techniques among health workers

INTRODUCTION

At presently health care systems of developing and underdeveloped countries' are facing bundle of challenges in treating or providing satisfactory services to the public. Day by day the incidences of non communicable diseases are increasing

specially the cancer among the women. Now cervical cancer has become most common cause among women and standing second leading cause for mortality in world wide¹.

Every year around 5,00,000 new cases are diagnosed and 2,00,00 women die with history of cervical cancer in world wide. In India alone, cancer shares one fifth of the global burden of cervical cancer. Were as cervical cancer has a long premalignant period which provides an opportunity to screen, diagnose and treat

before it becomes into invasive cancer. The many reviews explains that there is a presence of cervical cancer since from many 15 years long as compare with developed country and the reason behind in late identification is lack of data, mean age for diagnosis and late screening². Even though 80% of cases can be detected in advance stage and treated which has not succeeded because many of the cases were undiagnosed. As per WHO report 35% of death contribution towards cervical cancer is by adult female⁴.

The factors related to increase cancer burden in the population are due to growth of population, ageing, and changes in prevalence of certain causes, poverty, low education status, frequent infection, lack of hygienic practices, late diagnosis, inadequate preventive and curative services, and lack of policies in screening of cancer programme when compared with developed countries³.

There are many preventable and effective interventions like periodical screening programmes, awareness programmes and palliative services will contribute in declining incidence and prevalence's and also mortality related of cervical cancer⁷.

The spectrum of the cervical cancer is such that at primary level only disease can be cured with early diagnosis and prompt treatment. Presently several advance techniques have introduced for early detection of cervical cancer which are cost effective, easy to perform, more suitable at low resource setting and even at tertiary care setting⁵.

Even though the nursing personal are aware of cervical cancer many of them are reluctant to come forward to carry measures for screening of cervical cancer at peripheral area.

REVIEW OF LITERATURE

A cross sectional study by Najdi A et.al on awareness of cervical cancer risk factors, screening practices and attitudes among nurses in a primary health care

setting of Morocco explains that many of the nurses of urban perform screening for cervical cancer occasionally not for an eligible patient and the nurses of rural area explains that they are performing because of target achievements. Where there is lack of adherence to the service of health sector.

A cross sectional study by Vikas Potedhar et al on awareness about cervical cancers among health workers in Shimla district reveals that even though the cervical cancer is preventable it has become most common in women. Only 43.6% of the study population were able to give correct answer on risk factors, 29.5% were answered for eligible for screening and 18.6% reported regarding interval screening. It concludes that health workers knowledge on screening is inadequate, it should be updated with frequent training programmes.

METHODOLOGY

It includes the systematic process by the researcher start from the identification of problem to its conclusion.

Research approach-with view of achievement of the objective a descriptive exploratory approach was used to assess the awareness on factors contributing for cervical cancer and its screening technique

Research design-in this study a descriptive research design is used to assess the awareness on factors contributing for cervical cancer and its screening techniques.

Research setting-It refers to the physical setting and conditions where data will be collected for the study. The study is conducted in the Bijapur rural area.

Population-Total 50 health workers were included in the study.

Sample and sampling technique- Subject that comprises the population. The sample for the study is 50 health worker selected from Bijapur rural area who meets inclusive criteria. Non probability sampling in which convenient sampling technique is used that researcher can easily access the sample for the study.

Sampling criteria-Which expresses Inclusive criteria-

- Health worker who belongs to Bijapur rural area
 - Who are willing to participate in study
- Exclusive criteria-
- Health worker belongs to Bijapur urban area
 - Health worker involving in administrative work
 - Health worker who is on leave at the time of study

Data collection instrument or description of tool-Tool had the following parts

Part I-Demographic data of the sample includes age, gender, educational status, occupation, year of experience, information about new screening techniques

Part II-Self Structured knowledge questionnaires

Data Collection Method-

Prior permission was taken from concerned PHC medical officer and individual consent was obtained from the samples and self administered structured knowledge questionnaires were administered.

RESULTS AND DISCUSSION

Table 1-Distribution Of Sample According To Socio Demographic Variable

Age In Years	Frequency	Percentage[%]
19-24	30	60
25-30	06	12
35 & Above	14	28
Gender	Frequency	Percentage[%]
Male	18	36
Female	32	64
Educational Status	Frequency	Percentage[%]
ANM/HW	28	56
LHV	13	26
GNM	06	12
BSC[N]/PBBSC[N]	03	06
Occupation	Frequency	Percentage[%]
Health Worker male/Female	28	56
LHV	13	26
Staff Nurse	09	18
Year Of Experience	Frequency	Percentage[%]
Less Than 3 Yrs	12	24
3 To 5 Yrs	15	30
More Than 5 Years	23	40
Information About New Screening Technique	Frequency	Percentage[%]
Yes	18	36
No	32	64

The table no 1 -Reveals that 60% of the health workers were belongs to the age group of 19-24 yrs, 64% were female worker, 54% of them had ANM/HW training, 56% were working as a health worker male or female, 40% of them are having more than five year of experience and 64% of them have not had any information about screening techniques of cervical cancer.

its screening techniques. A study by Goudson U et al explains that workers at tertiary level may have good knowledge and practices of screening but result reveals that majority of the female respondents are aware about cervical cancer compare with male and none of female had practice of cervical screening because of fear of pain during procedure

Table 2- Level of knowledge of health worker

Knowledge Level	Score	Frequency	%
Poor	0-8	19	38
Average	9-16	31	62
Good	17-23	0	00

Table no 2- Expresses that only 62 % of health worker had average knowledge on factors contributing for cervical cancer and

Table no 3-Level of knowledge on cervical cancer and its incidence and prevalence

Knowledge Level	Score	Frequency	%
Poor	0-3	15	
Average	4-5	20	
Good	6-7	15	

The above table explains that only 15% of the respondents had good knowledge on incidence and prevalence of cervical cancer.

The study by Singh B and Nalini N in their article notes that even many advance screening procedures are available for cervical cancer still the incidence is very high in developing countries. There is a need of awareness programme for general population and vaccination against human papilloma to be considered for girls to protect form cervical cancer.

Table no 4-Level of knowledge on causes and factors contributing for cervical cancer

Knowledge Level	Score	Frequency	%
Poor	0-3	13	
Average	4-7	20	
Good	8-9	17	

The above table no 4 revels that only 17% of respondents had good knowledge on causes and factors contributing for cervical cancer. A study by Vikas Potedar et al views that the mean knowledge percentage was 55.9+16.4 and it was highest in the age group of 21-30 years. Only 44.3 % were given correct answer on risk factors, 29% of them expressed who can undergo screening and only 14.8% of them told regarding interval screening. It needs interval education training programme for the health worker for updating of their knowledge.

Table no 5-Level of knowledge on screening techniques for cervical cancer

Knowledge Level	Score	Frequency	%
Poor	0-3	32	64
Average	4-5	13	26
Good	6-7	05	10

The above table no 5 clarify that only 10% of the respondents had good knowledge on screening techniques for cervical cancer. A study by Najdi A et al reveals that 90% have admitted that they perform screening techniques occasional not regularly, compare with senior, juniors are interested in performing the procedure that is also because in order to meet the targets which made to remain low screening practices in rural area.

The another study by Zahedi L et al reveals that because of unavailability of sustainable and affordable of cervical screening programme lead into highest incidence and prevalence. Related to the

awareness of it among health worker is fair and only few of them have performed PAP smear screening technique. They expressed that screening and training can cover major population in their area.

The study by Jean p reveals that nursing personal working at community setup had better knowledge [$p < 0.001$] than working in district hospital. and same result found in the study Cote d'Ivoire explains that staff nurse working at oncology center had better knowledge than staff of general hospital.

The study by Shashank S et al highlights that only 26.7% of the subjects had adequate knowledge, 17% had undergone self screening, 88% have not performed PAP smear. The knowledge of cervical cancer and its screening measure, higher parity and age below 30 yr was significantly associated with self screening of nursing personal. Overall it express that even though nursing personals had good knowledge on cervical cancer but there is a negative towards practice related to screening methods.

A study by Owoeye et al⁶ explains that there is significant difference between the source of information between the staffs and students and it revealed that there is highest source of information was found with students. The similar Kenya study has been explained was principal source of information was health care providers. There was an association between knowledge and advance screening method among the subjects. Especially the subjects of tertiary care center needs an up gradation of knowledge and specific policy to carry out the screening procedure in their respective area.

CONCLUSION

In the present scenario the cervical cancer has become most challengeable disease for the health care system. Because even though it is preventable disease which is not rolling out at early stage due to lack of awareness among both health workers and women, and simple screening techniques at

peripheral areas. The result reveals that only 31 subjects had average knowledge on factors contributing for cervical cancer and its screening techniques. 20 subjects were aware about incidence and prevalence of cancer, 17 were know about contributing risk factors for cancer and only 5 had good knowledge on screening techniques about cancer. The researcher concludes that lot of motivation and up gradation of knowledge on screening techniques which can be used in the peripheral area by health worker in reduction of incidence and prevalence of cervical cancer.

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