



Effectiveness of information booklet regarding cervical cancer on knowledge and attitude among women in rural community.

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ABSTRACT

Cervical cancer is a public health problem in developing countries like India, so much so that India alone accounts for one-quarter of the worldwide burden of cervical cancers. It is the one of the leading causes of cancer mortality. Study is performed to Improve knowledge and change in attitude regarding cervical cancer. Cervical cancer is usually asymptomatic in its pre invasive and early stages, although women may notice a watery or mucoid vaginal discharge. In the majority of cases, the disease is discovered by Pap test during routine examination. Cervical cancer is the third largest cause of cancer mortality in India **Aim of the study**-Aim of the study was to assess the effectiveness of information booklet regarding cervical cancer on knowledge and attitude among women in rural community.**Methodology**-The situation is more alarming in the rural areas where the majority of women are illiterate and ignorant about the hazards of cervical cancer thus by giving information booklet on cervical cancer along with modified Likert attitude scale and questionnaire administered by using one group pre test post test design increase in knowledge and change in attitude of women achieved.Cervical cancer is the second most common cancer in women worldwide. Persistent infection with oncogenic human papilloma virus (HPV), most frequently contracted through genital skin to skin contact/vaginal intercourse, is necessary for the development of cervical cancer and high-grade precursor lesions. **Result**- Data shows overall mean score of pre and post study based on modified attitude scale regarding cervical cancer with application of Wilcoxon Signed rank Test. Over all mean score of pre-test is 6.45 with standard deviation of 3.24. Over all mean score of post-test is 15.43 with standard deviation of 3.83.Wilcoxon Signed rank Test value is 7.631 which is statistically significant at 0.01% level of significance. The difference in mean score is 8.98 which show improvement in attitude score thus null hypothesis (H₀) was stated. A comparison of pre test and post test attitude regarding cervical cancer before and after distribution of information booklet. Data about compare pretest and posttest knowledge score of women .in that pretest mean score was 8.4250±6.0332 which was increased in post test mean knowledge score 19.45±3.82. As the calculated t-value is 21.44 and p-value= <0.00001, where p<0.05, Significant at 0.05 level of significance..**conclusion**- There is effectiveness of information booklet on knowledge and attitude regarding cervical cancer among women in rural community. Hence there will be

significant difference between pre-test and post-test knowledge and attitude regarding cervical cancer among women in rural community.

Key words- Effectiveness , information booklet , cervical cancer , knowledge , attitude , women in rural community.

INTRODUCTION

Cervical cancer is the second most common cancer in women worldwide. Persistent infection with oncogenic human papillomavirus (HPV), most frequently contracted through genital skin to skin contact/vaginal intercourse, is necessary for the development of cervical cancer and high-grade precursor lesions. Virtually all cases of invasive cervical cancer harbor HPV DNA. Cervical cancer develops in a woman's cervix (the entrance to the womb from the vagina). It mainly affects sexually active women aged between 30 and 45. It occurs most often in women over age 30. Long-lasting infection with certain types of human papilloma virus (HPV) is the main cause of cervical cancer. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. Virtually all cases of invasive cervical cancer harbor HPV DNA. HPV is the most prevalent sexually transmitted virus disease; more than 100 distinct types of HPV have been identified and more than 40 types of HPVs can be sexually transmitted. HPV 18 is associated with 15% to 50% of invasive cervical cancer lesions. In 1842, Rigoni-Stern, the Italian physician noted that the cases of cervical cancer and genital warts in women were associated with sexual contacts. Children and adults ages 9 through 26 years. HPV vaccination is routinely recommended at age 11 or 12 years; vaccination can be started as early as age 9 years. In 2018, about 311,000 women died from cervical cancer worldwide, with more than 85% of these deaths occurring in less developed nations. An alarming fact is that more women die of cervical cancer in India than any other country.

NEED OF THE STUDY

In 2018 alone, close to 100,000 new cervical cancer cases were diagnosed in India and 60,000 women died from it. Today, it causes the second-highest cancer-related deaths in Indian women. The National Cancer Registry Programme Report 2020 was released on Tuesday by ICMR and National Centre for Disease Informatics and Research (NCDIR), Bengaluru. The report provides trends and information related to cancer incidence, mortality and treatment in India in 2020, based on data collected through a network of population and hospital-based cancer registries across the country. There are 28 Population Based Cancer Registries and 58 Hospital Based Cancer Registries that ICMR is running to generate cancer data. The cancer incidence (new cases) in men is estimated to be 679,421 in 2020 and 763,575 in 2025. Among women, it is estimated to be 712,758 in 2020 and 806,218 in 2025. Meena Armo et al (2019) conducted a cross-sectional questionnaire-based study, in the Department of Obstetrics and Gynecology at Government Medical College Rajnandgaon. A tertiary care hospital located in the south west Chattisgarh. A total of 506 women aged 21-65 years were included and assessed thus the results of the total 506 respondents, 15.41 % had heard of cervical cancer, while 8.1% about cervical cancer screening. Unfortunately, only 1.2% women were ever been screened by Pap test.

AIM OF THE STUDY Aim of the study was to assess the effectiveness of information booklet regarding cervical cancer on knowledge and attitude among women in rural community.

METHODS AND MATERIAL

Research type-Descriptive Evaluatory study, Research Design used for this study and one group pre -test -post- test design. Sampling technique adopted for the selection of sample was Non-Probability Convenient sampling. In this study the sample consist of 80 women age group [30yr-55yr] in rural community. The questionnaire and attitude scale developed from previously published studies and in depth literature review. Tool used was questionnaire, Likert attitude scale and information booklet on cervical cancer. Pilot study conducted. Reliability value Alpha-.0.9021 for questionnaire, Reliability value Alpha-0.8237 for attitude scale. Statistical analysis used in SPSS 20.0 software. Demographic characteristic, knowledge, attitude of cervical cancer was described using descriptive statistics including percentage, frequencies, mean, median, standard deviation.

RESULT

Present study of women showed that approximately had poor knowledge and attitude in pre-test after the administration of information booklet there was increased in knowledge and change attitude in post-test. Some of the variable showing association with the demographical variable. Data shows overall mean score of pre and post study based on modified attitude scale regarding cervical cancer with application of Wilcoxon Signed rank Test. Over all mean score of pre-test is 6.45 with standard deviation of 3.24. Over all mean score of post-test is 15.43 with standard deviation of 3.83. Wilcoxon Signed rank Test value is 7.631 which is statistically significant at 0.01% level of significance. The difference in mean score is 8.98 which show improvement in attitude score thus null hypothesis (H0) was stated. A comparison of pre test and post test attitude regarding cervical cancer before and after distribution of information booklet. Data about compare pretest and posttest knowledge score of women .in that pretest mean score was 8.4250 ± 6.0332 which was increased in post test mean knowledge score 19.45 ± 3.82 . As the calculated t-value is 21.44 and p-value= <0.00001 , where $p < 0.05$, Significant at 0.05 level of significance. There is effectiveness of information booklet on knowledge and attitude regarding cervical cancer among women in rural community. Hence there will be significant difference between pre-test and post-test knowledge and attitude regarding cervical cancer among women in rural community.

Analysis of pre and post-test knowledge regarding cervical cancer before and after distribution of information booklet

Table.1 This table deals with analysis of pre test and post test knowledge of samples

Know ledge	No. of Quest ions	Max. Score	Pre Test		Post Test		Wilcoxon Signed rank Test	P- Value	Sig. at 5% level
			Mean± SD	Media n	Mean±SD	Media n			

Over all	30	30	8.43±6.03	7.0	19.45±3.83	20.0	7.728**	<0.001	Yes
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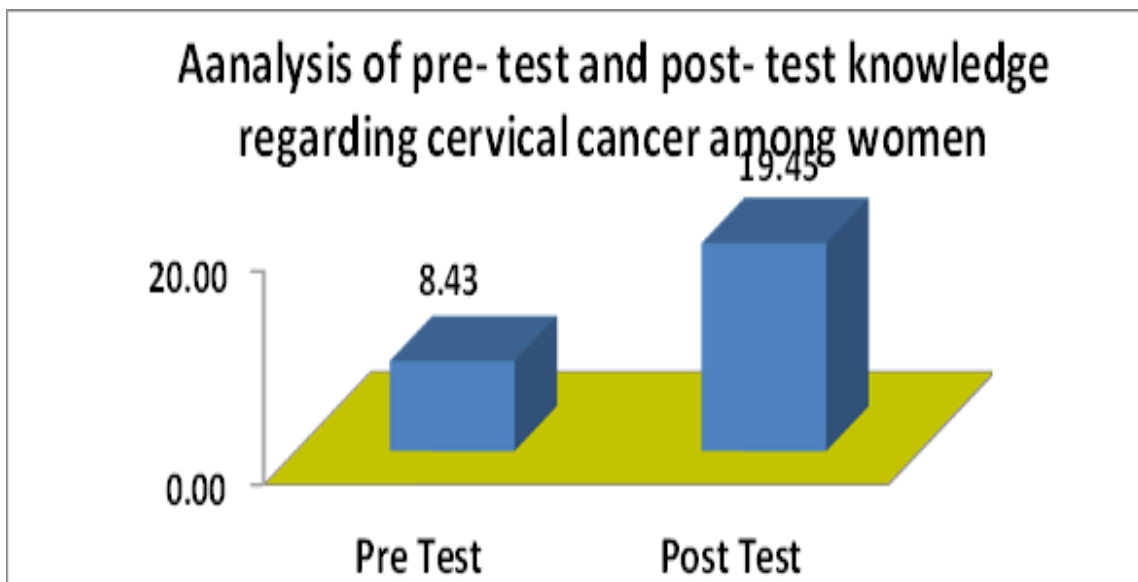


Fig. 1 This fig.deals with analysis of pre test and post test knowledge of samples

Table 2. Compare pre test and post test attitude of women regarding cervical
Compare the pre-test and post- test Attitude regarding cervical cancer among women

Attitude regarding cervical cancer	N	Max. Mean Score	Mean	Stdev	Median	Wilcoxon signed rank test	P-Value	Significant at 5% level
Pre Test	80	100	55.86	9.5583	54.0	7.674**	<0.001	Yes
Post Test	80	100	80.13	10.7496	82.5			

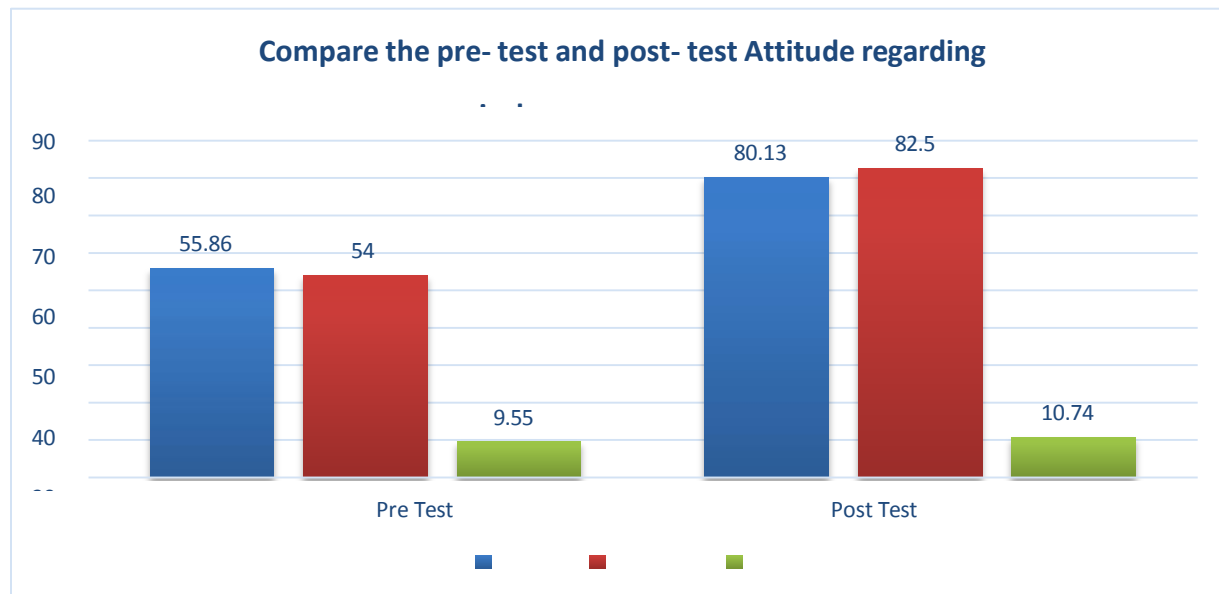


Fig 2. Compare pre test and post test attitude of women regarding cervical

DISCUSSION

Much of the literature highlighted a gap between knowledge of Cervical Cancer and actual uptake of screening among community women. While many women have heard of Cervical Cancer, fewer are aware of its symptoms, and far fewer have undergone any type of screening. Yet, many women expressed a positive attitude and willingness to undergo screening despite the low uptake. Similarly in this hospital-based, cross-sectional survey done by Narayan et al (2017), prevalence of screening for Cervical Cancer was extremely low at 5.4%; it is close with the 5-year screening prevalence estimated for developing countries by the WHO (5%).²³ In contrast in a cross-sectional study among women at a primary health center in Tamil Nadu, the majority of participants were aware of Cervical Cancer (75.42%) and many believed that they were at risk (50.58%).¹³ However, only 31% had undergone a Pap smear, but 69.96% of those unscreened were willing to undergo it. Bansal et al¹⁶ also found similar results in a study of women of reproductive age who presented to the outpatient department of a hospital in Bhopal where of the 400 respondents, 65.5% had heard of Cervical Cancer, only 9.5% had ever undergone a screening test, but 76.25% favored positively or showed positive attitude to the idea of screening. In Kerala, among 809 women interviewed, three-fourths were aware that Cervical Cancer can be detected through early screening, yet a mere 6.9% had actually undergone any sort of screening test.^{15, 36} Similarly in a study by Dhodapkar SB et al, none of the participants knew about the VIA method of screening. Those participants who knew that Cervical Cancer can be detected by Pap smear, only 5 (4%) had ever undergone Pap smear examination.³² In our review it was observed that 20.14% participants had knowledge of HPV vaccination and 35.68% practiced HPV vaccination. Similarly in a study by Narayana et al²³ (2017) participants believed that early screening and HPV vaccination could prevent Cervical Cancer; yet, the majority of the women (86.6%) had never been screened. In our review it was seen that only 8% females knew

HPV vaccination as a risk factor for Cervical Cancer. Governments in the LMICs and health development agencies need to make available population-based HPV vaccinations alongside awareness campaigns about the role of HPV in the etiology of Cervical Cancer. Otherwise prevention practices related to cervical HPV infections including vaccinations, delay of sexual activity and multiple male sexual partners may receive limited attention from the community.

CONCLUSION

The conclusion drawn from the findings of the study are, present study showed that women had poor knowledge and attitude in pre-test. Present study of women showed that approximately had poor knowledge and attitude in pre-test after the administration of information booklet there was increased in knowledge and change attitude in post-test. Some of the variable showing association with the demographical variable. Data shows overall mean score of pre and post study based on modified attitude scale regarding cervical cancer with application of Wilcoxon Signed rank Test. Over all mean score of pre-test is 6.45 with standard deviation of 3.24. Over all mean score of post-test is 15.43 with standard deviation of 3.83. Wilcoxon Signed rank Test value is 7.631 which is statistically significant at 0.01% level of significance. The difference in mean score is 8.98 which show improvement in attitude score thus null hypothesis (H₀) was stated. A comparison of pre test and post test attitude regarding cervical cancer before and after distribution of information booklet. Data about compare pretest and posttest knowledge score of women. In that pretest mean score was 8.4250±6.0332 which was increased in post test mean knowledge score 19.45±3.82. As the calculated t-value is 21.44 and p-value= <0.00001, where p<0.05, Significant at 0.05 level of significance. There is effectiveness of information booklet on knowledge and attitude regarding cervical cancer among women in rural community. Hence there will be significant difference between pre-test and post-test knowledge and attitude regarding cervical cancer among women in rural community.

Conflict of Interest : The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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