

# Knowledge and Attitude Regarding Cervical Cancer among Rural Women

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## **Abstract**

### **Background**

Cervical cancer worldwide is considered as the common malignancy among Indian women and despite the measures of prevention, most of the women remain to be unscreened. This study aimed to assess the knowledge, attitude related to cervical cancer among rural women.

### **Materials and Methods**

A descriptive study was conducted among 8 rural villages in Karnataka. Hundred rural women between the ages of (20-55) years were selected using convenience sampling technique. Demographic proforma, knowledge questionnaire, attitude scale related to cervical cancer was used to collect information from the participants. Data was analysed using descriptive and inferential statistics.

### **Results**

A total of 100 rural women's data was collected. Maximum number of subjects have poor knowledge and negative attitude related to cervical cancer.

### **Conclusion**

Cervical cancer as a major health problem in rural community in India. Hence, health awareness program is essential for those women who have never undergone screening test.

### **Key Words**

Knowledge, attitude, cervical cancer, rural women

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## **I. Introduction**

Reproductive health problems are responsible for 1/3<sup>rd</sup> of the health issues for women who are suffering from diseases such as heart disease, breast cancer, ovarian cancer, cervical cancer, pregnancy issues, autoimmune diseases, depression and anxiety. According to WHO, cervical cancer is the 4<sup>th</sup> most common cancer in women with 5,70,000 new cases in 2018 representing 6.6% female cancer approximately 90% death from cervical cancer occurred in low and middle income countries. In India, every year 1, 22,842 women are diagnosed with cancer of the cervix and 67,999 die from the disease.

Cervical cancer is the most common cancer among Indian women due to prevalence of several risk factor in our community. Women's perception of cervical cancer and cervical screening services might affect their health seeking behaviour. The morbidity and mortality rates of cervical cancer is very high, so early detection and treatment is the only solution for it. Although Pap smear is recognized as an invaluable tool, many women are not routinely screened and may go years without a pap smear. This is a particular problem for older women whatever is the cause, more than half of the women with cervical cancer have not had a pap smear in at least 3 years despite repeated contacts with the healthcare providers.

The greatest obstacle to effective cervical screening is the inadequate knowledge and negative attitude about cervical cancer. The important factor that acts as a hurdle to participation in cancer screening, detection and treatment is the belief that detection of cancer inevitably results in death. The current study aimed to assess the knowledge, attitude on cervical cancer among rural women.

## **II. Materials and Methods**

### **2.1 Research design and research approach**

A descriptive survey design was adopted.

### **2.2 Target population**

The target population comprised of 150 women in the age group ranging from 29-45 years.

**2.3 Sampling techniques and selection criteria:** The sampling technique used in selection of the samples was convenience-sampling technique.

**Inclusion criteria:**

1. Married women in the age group of 20 to 55 years residing in the study area.
2. Married women who could communicate effectively in local language.
3. Married women who were willing to participate in the study.

**Exclusion criteria:**

1. Unmarried women, pregnant and lactating women.
2. Women suffering from chronic illness.

**2.4 Data collection instruments**

The data was extracted by using validated structured socio demographic proforma, knowledge questionnaire and attitude scale.

Prior to data collection, administrative approval, informed consent from the participants was taken. Confidentiality of the information and privacy of the participants was ensured.

The socio demographic proforma included variables on age, education, occupation, marital status, number of deliveries, use of contraception, previous information about cervical cancer.

The knowledge questionnaire comprised of multiple choice question each having four response. Each correct response was scored 1 mark and wrong answer was scored 0 mark.

Attitude was assessed by using statements regarding cervical cancer and screening responses to which were categorized as poor, neutral and good attitude.

**2.5 Statistical analysis**

Data was analysed using SPSS version 20. Descriptive and inferential statistics was used to analyse the data. Univariate analysis using chi-square test was done to compare socio demographic and other factors among knowledge.  $P < 0.05$  was considered as statistically significant.

### III. Result

**3.1 Demographic Characteristics of the rural women**

Majority of the subjects (53.33%) of their age ranges from (28-31) years. Forty percent of their age was above 31 years. Highest subjects (51.33%) belonged to Hindu religion, (29.33%) of the elders belonged to Christian. Majority of the subjects (78.66%) are married. Sixteen percentage of them are widowed. 5.33% of them are divorced. None of the subjects were neither single. Maximum number of subjects (49.33%) completed 12<sup>th</sup> standard. Twenty two percent of them completed high school education. None of the subjects was illiterate. Fifty two percent of the subjects married at the age ranging from (17 – 21) years. Thirty six percent of the subjects married at the age ranging from (22-26) years. Two percent of them got married at the less than 16 years. Hundred percentage of them are having monogamous relationship. Fifty percent of the women's husband are having agriculture as their occupation; thirty percent women's husband occupation is business. With regard to their occupation, (72%) were homemaker. Fourteen percentage are having agriculture as their occupation. 9.33% of them are having other occupations. Fifty one percent of them had two or more deliveries. 91.33% percentage of them had more than four members in their family.

Hundred percent of them adopted contraception as a birth spacing method. Out of which (69.33%) underwent permanent sterilization. 18.66% adopted condom method. 12% used IUCD method. None of them adopted diaphragm, pills, jelly, calendar, injectable and implants method of contraception.

Ninety-four percentage of them didn't obtain any information about cervical cancer. Two percent of them had information from television. 1.33% of them had information from internet source.

**3.2 level of knowledge related to cervical cancer among rural women:** Majority of the rural women (52.66%) had poor knowledge score, 41.33% of them had average knowledge and only 6% of them had good knowledge regarding cervical cancer.

**3.3 level of attitude related to cervical cancer among rural women:** Majority (72%) of the rural women had negative attitude, (2%) of them had neutral attitude score, only (8%) of them had good attitude towards cervical cancer.

**3.3 Association between level of knowledge, level of attitude regarding cervical cancer of rural women and selected demographic variables:** There was a significant association between the knowledge score on cervical cancer among rural women with selected demographic variables age ( $\chi^2(2) = 7.3453$ ,  $p < 0.05$ ), religion ( $\chi^2(6) = 25.489$ ,  $p < 0.05$ ), education ( $\chi^2(4) = 25.14$ ,  $p < 0.05$ ), age of marriage ( $\chi^2(2) = 35.97$ ,  $p < 0.05$ ), contraception method adopted ( $\chi^2(4) = 30.51$ ,  $p < 0.05$ ), source of information ( $\chi^2(4) = 77.16$ ,  $p < 0.05$ ).

There was no significant association between knowledge score on cervical cancer among rural women with selected demographic variables such as marital status ( $\chi^2(4) = 1.93$ ,  $p < 0.05$ ), women's occupation ( $\chi^2(2) = 2.65$ ,  $p < 0.05$ ), number of delivery ( $\chi^2(2) = 0.136$ ,  $p < 0.05$ ).

There was a significant association between the attitude score on cervical cancer among rural women with selected demographic variables marital status ( $\chi^2(4) = 10.016$ ,  $p < 0.05$ ) age of marriage ( $\chi^2(2) = 18.88$ ,  $p < 0.05$ ), religion ( $\chi^2(6) = 13.021$ ,  $p < 0.05$ ), women's education ( $\chi^2(4) = 14.279$ ,  $p < 0.05$ ), age of marriage ( $\chi^2(2) = 18.88$ ,  $p < 0.05$ ), number of delivery ( $\chi^2(2) = 6.47$ ,  $p < 0.05$ ), contraception method adopted ( $\chi^2(4) = 99.64$ ,  $p < 0.05$ ), source of information ( $\chi^2(4) = 75.553$ ,  $p < 0.05$ ).

#### **IV. Conclusion**

This study depicts that although rural women have average level of knowledge and attitude towards cervical cancer, measures need to be taken to implement into practice by enhancing the screening strategies. There is an emergency need to develop healthcare system capacity to ensure efficient Cervical Cancer screening program and community level efforts to improve knowledge about Cervical Cancer and screening programs. These efforts would help save thousands of young women and their families.

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