KNOWLEDGE REGARDING CERVICAL CANCER AMONG REPRODUCTIVE WOMEN IN TEACHING HOSPITAL BIRGUNJ, NEPAL

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Abstract

Cervical cancer is one of the commonest cancers in Nepal. Fortunately, it is preventable by detecting precancerous lesions and early invasive cancers by various screening tools. The objective of the study was to find out the level of knowledge regarding cervical cancer among the reproductive age group women. A descriptive cross-sectional study design was carried out in the Gynecological and Obstetrical Out-patient department of National Medical College Teaching Hospital Birgunj, from July 2018 to 0ct2018. 96 reproductive age group women were selected by using Non- the Random Sampling technique, i.e. Purposive Sampling Technique. Data were collected on a daily basis for one month 16 September to 17 Oct 2018 one month through a structured interview schedule. The obtained data were entered in Statistical Package for Social Sciences (SPSS) version 20 and analyzed using descriptive and inferential statistics. The study findings revealed that most of the respondents (68.8 %) were of the age group 15-35 years. The majority of the respondents (81.3%) and (96.9%) follow the Hindu religion and were married respectively. More than three fourth of the respondents (75.0% and 72.9%) were literate and homemakers respectively. More than half of the respondents (52.1%) got information about cervical cancer from mass media. Concerning the level of knowledge of cervical cancer, the study revealed that the majority (89.6%) of the respondents had adequate knowledge and only 10.4% had inadequate knowledge. The study findings revealed that there was no statistically significant association between level of knowledge and the selected variables except the level of education, (p-value= 0.039) The study concluded that three fourth of the respondents had adequate knowledge regarding cervical cancer and the remaining respondents had inadequate knowledge. Though the women had adequate knowledge, they had poor knowledge regarding screening practices for cervical cancer. Thus awareness programs regarding cervical cancer should be delivered more on television and health personnel should be mobilized for conducting screening services and health education programs in the community settings.

Keywords: Knowledge, Cervical cancer, Reproductive,Women

BACKGROUND

Cervical cancer is a disease condition that develops when cancer starts in the cervix. The cervix is the lower narrow opening of the uterus which connects the upper part of the uterus with the vagina. The uterus is also called the womb where a baby grows when a mother gets pregnant. All women are at risk for cervical cancer. It generally occurs over age 30 in women. The human papillomavirus (HPV) is the main cause and is passed from one person to another during sex (Centre of Disease Control and Prevention, 2018).

Cancer is the abnormal and uncontrolled growth and spread of cells and tissues. It can affect any part of the body and can spread to any distant sites through invasion of the surrounding tissues which is also called metastasis. Exposure to common risk factors, such as tobacco and smoke should be avoided in order to prevent many cancers. Moreover, cancer can be cured by surgery, radiotherapy, or chemotherapy if it is diagnosed at an early stage (World Health Organization, 2015).

Cancer is generally asymptomatic so people should limit their risk factors and undergo regular screening procedures The best way to fight cancers is by prevention (eliminating or decreasing risk factors) and early detection(Balentine, 2017).Cervical cancer has certain risk factors;early age at first sexual intercourse, multiple male sexual partners, male sexual partners who have had multiple sex partners, early age at first birth, multiparty, smoking, long-term use of oral contraceptive pills, immunosuppressed states(Owoeye, & Ibrahim,
2013).

Symptoms of cancer are not visible unless it becomes invasive or grows into nearby tissue. When this happens, the most common symptoms are, abnormal vaginal bleeding, such as heavy bleeding, bleeding after vaginal sex, bleeding after menopause, bleeding and spotting between periods, and menstrual period lasting for a longer period than usual, an unusual discharge from the vagina – the discharge may contain some blood and may occur between your periods or after menopause and painful sex.

These signs and symptoms may also be the effect of any other disease like an infection of the uterus or reproductive tract but the patient should never ignore the symptoms and thus seek help from the health professional right away. Ignoring symptoms may allow cancer to grow to a more advanced stage and lower the chance for effective treatment (The American Cancer Society medical and editorial content team, 2016).

Vaccinating the 9 to 13-year-old girls with two doses of HPV vaccine help to prevent infection with the Human papillomavirus (HPV). The reduced, 2-dose schedule was very effective as compared to 3 dose schedule. The change has made vaccine administration easier. In addition, it reduces the cost, which is a very big thing for the lower and middle-class people or for the low- and middle-income countries where national health budgets are less but the need for HPV vaccine is the most. Today, the routine administration of the HPV vaccination has protected girls in more than 55 countries. Therefore, with support from the GAVI Alliance, a growing number of low- and middle-income countries are introducing the HPV vaccine into the routine schedule (WHO, 2018).

RESEARCH METHODOLOGY

A descriptive cross-sectional research design was selected to find the knowledge regarding cervical cancer among reproductive age group women visiting Gynecological OPD of the National Medical College and Teaching Hospital (NMCTH) which is located in Birgunj Nepal between *July 2018 to 0ct2018* three months study period. The study population for the present study was all the reproductive age group women visiting the Gynecological OPD of NMCTH. The non-probability sampling technique (purposive method) was adopted to select the reproductive age group of women in NMCTH. The sample size was 96. Ethical clearance was obtained from National Medical College-IRC Brigunj,Nepal. The researcher obtained informed written consent from the respondents. The

research instrument had two parts in which part I included socio-demographic information and part II included Structured Interview Schedule to assess the level of Knowledge regarding cervical cancer. Part II included multiple-choice and multiple response questions to assess the level of knowledge regarding cervical cancer. The tool was prepared in English language and was further translated to Nepal to the Bhojpuri language. Content validity was done by a group of experts and certain changes were done to the tool. For structured interview schedule,Cornbrash's Alpha Reliability test was used. The value of the result was found 0.81. Data was collected from 16 september to 17 october 2018 Self-introduction and the title of Research, the purpose of study, methods of sampling and data collection, and the time frame were explained to the respondents. Written consent was taken from the respondents. Data were encoded and decoded then they were entered in epi Data in version 3.1. After entering all the data it was exported to SPSS version 20 program. For the descriptive statistics frequency, percentage, mean, range and standard deviation were calculated, for inferential statistics chi-square was checked to determine the association between dependent and independent variables.

RESULTS

TABLE 1: Socio-demographic Characteristics

n= 96

Variables	Frequency	Percentage (%)
Age in years		
≤20	20	20.8
21-30	46	47.9
31-40	24	25.0
41-50	6	6.3
Mean ±SD;27.84(±7.926), Min.15 Years, Max.49 Years		
Religion		
Hinduism	78	81.3
Muslim	18	18.8
Marital status		
Married	93	96.9
Unmarried	3	3.1
Educational status		
Illiterate	24	25.0
Literate	72	75.0
Read and write	13	18.1
Primary (class 1-5)	14	19.4
Lower secondary (class 6-8)	14	19.4
Secondary (class 9-10)	18	25.0
Higher secondary (class 11-12)and above	13	18.1
Occupation		
Homemaker	70	72.9
Private employee	7	7.3
Self-employee	18	18.8
Government employee	1	1.0

Source of information about cervical cancer		
Mass media	50	52.1
Newspaper	1	1.0
Friends and relatives	41	42.7
Health workers	4	4.2

(SD: standard deviation)

TABLE 2: Reproductive Age Group Women's level of knowledge regarding Cervical Cancer

n=96

Level of knowledge	Frequency	Percentage (%)
Suboptimal knowledge (<50%)	10	10.4
Optimal knowledge (≥50%)	86	89.6
Total	**96**	**100.0**

TABLE 3: Mean Score of Knowledge Regarding Cervical Cancer
among Reproductive Age group women

n=96

Variables	Max. Possible Score	Mean SD	Mean Percentage	Range
Total Knowledge Score	30	18.4896±3.10909	61.632	23.40-9.60

TABLE 4: Association between Level of Knowledge with Socio-Demographic Variables

n=96

Level of Knowledge				
Variables	Suboptimal Knowledge No. (%)	Optimal Knowledge No. (%)	χ2	P-value
Level of Education				
Read and write	4 (30.8%)	9 (69.2%)		
Primary(class 1-5)	1 (7.1%)	13 (92.9%)	10.116	0.039*
Lower secondary(class 6-8)	0 (0.0%)	14 (100.0%)		
Secondary(class 9-10)	2 (11.1%)	16 (88.9%)		
Higher secondary(class 11-12) and above	0 (0.0%)	13 (100.0%)		

*Chi-sqaure

DISCUSSION

The majority of the respondents 66 (68.8%) were of the age group 15-35 and the age (36-49) years was 30 (31.2%). The majority of respondents 72 (75.0 %) were literate. Most of the respondents 93(96.9 %) were married. More than two-thirds of the respondents 70 (72.9%) were homemakers.

In our study, the level of knowledge of cervical cancer revealed that the majority (89.6%) of the respondents had optimal knowledge and only 10.4% had suboptimal knowledge. The findings are in the same line as the study executed by DullaD,Daka D., Wakgari N (2017) which reported that the majority (86.9%) of the respondents had optimal knowledge and 13.3% had suboptimal knowledge. Another finding was consistent with the study of Oche, Kaoje, Gana, and Ango (2013), which shows that 98.6 % had good knowledge about cervical cancer.

This study revealed that 42.7 % answered that mass media is the source of information about cervical cancer whereas the study conducted by Begum and Shuayb (2016) showed that 23.7 % of the respondents heard from friends. The present study revealed that there is a significant association between level of knowledge regarding cervical cancer and educational level (p=0.039) whereas, there is no significant association between level of knowledge regarding cervical cancer with selected socio-demographic variables such as age, religion, marital status, occupation, source of information, monthly income of the family and number of children.

CONCLUSION

Based on the findings of the study, it can be concluded that one-tenth of the respondents had suboptimal knowledge regarding cervical cancer, and remaining all the respondents had optimal knowledge. Since the literacy rate of the respondents affects the level of knowledge regarding cervical cancer, the reproductive age group women need to be focused to increase their educational level. Therefore thorough knowledge about cervical cancer and its screening practice can be given to the reproductive age group women by broadcasting in the media. Health personnel should be mobilized for conducting screening services and health education programs in community settings.PAP screening helps in early detection and cervical cancer can be stopped from developing. Human papillomavirus (HPV) vaccines are important to significantly reduce the health care burden currently required for cervical cancer prevention before girls or women are exposed to the virus.

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