

A Study to Assess the Attitude towards Cervical Cancer Screening among the Working Women in Tertiary Care Hospital in Karad

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Abstract: *Introduction:* The cervical screening programme already prevents thousands of cancers each year and as it continues to improve, by testing all samples for the human papilloma virus, even more women are likely to avoid this disease.” *Objective:* To assess the attitude towards cervical cancer screening among the working women . *Methodology:* Cross-sectional study was adopted to explore the attitude towards cervical cancer screening and the sample consisted of 103 working women of tertiary care hospital and samples were selected using convenient sampling technique. *Result:* the study findings revealed that around 80 (77.6%) participants were aware that a vaccine is available against HPV, whereas only 35 (33.9%) were willing for taking vaccine and majority 70 (67.9 %) were willing for screening and prevention and significant association was found with attitude and Profession ($p < 0.05$). *Conclusion:* However the attitude of women towards screening was positive. The uptake of screening services has however remained low.

Keywords: cervical cancer, Screening, working women, HPV Vaccine

1. Introduction

“Cancer does not have a face until it’s yours or someone you know”

-Anthony Del Monte

A working woman has more responsibilities to handle other than domestic chores, for them every day is like a new challenge. Managing time for working women becomes imperative. A structured time management technique with enough efforts solves every challenge that is faced in a day by them⁽¹⁾. Women are especially accustomed to pushing their self care further and further down the to –do-list. They have been socialized to care for others and taught that self –sacrifice is inextricably linked with motherhood and wifedom. Ignoring our own needs while constantly meeting the needs of others can have serious physical, emotional and even spiritual ramifications. And women more often suffer from immune illnesses like chronic fatigue syndrome and thyroid disorders, ailments that experts believe are often caused at least in part by a frenzied and health compromising lifestyle.⁽²⁾

Cervical cancer, mainly caused by Human Papillomavirus infection and begins when healthy cells on the surface of the cervix change and grow out of control, forming a mass called a tumor. A tumor can be cancerous or benign . At first, the changes in a cell are abnormal, not cancerous. Researchers

believe, however, that some of these abnormal changes are the first step in a series of slow changes that can lead to cancer. Some of the abnormal cells go away without treatment, but others can become cancerous. This phase of

the disease is called dysplasia, which is an abnormal growth of cells. The abnormal cells, sometimes called precancerous tissue, need to be removed to keep cancer from developing. Often, the precancerous tissue can be removed or destroyed without harming healthy tissue, but in some cases, a hysterectomy is needed to prevent cervical cancer.⁽³⁾

Cervical cancer is the fifth most common cancer in humans, the second most common cancer in women worldwide and the most common cancer cause of death in the developing countries. Cervical cancer is ranked as the most frequent cancer in women in India. India has a population of approximately 365.71 million women above 15 years of age, who are at risk of developing cervical cancer. The current estimates indicate approximately 132,000 new cases diagnosed and 74,000 deaths annually in India, accounting to nearly 1/3rd of the global cervical cancer deaths. Indian women face a 2.5% cumulative lifetime risk and 1.4% cumulative death risk from cervical cancer. At any given time, about 6.6% of women in the general population are estimated to harbor cervical HPV infection. HPV serotypes 16 and 18 account for nearly 76.7% of cervical cancer in India⁽⁴⁾

More than 12,000 women get cervical cancer every year. Up to 93% of cervical cancers are preventable. Human papillomavirus (HPV) vaccination helps prevent infection with the HPV types that cause most cervical cancers. The Papanicolaou (Pap) test screens for abnormal cells that may develop into cancer and the HPV test screens for the HPV virus that causes these cell changes. Every visit to doctors and nurses is an opportunity to discuss cervical cancer prevention. No woman should die of cervical cancer⁽⁵⁾

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In India, the prevalence of HPV in cervical intraepithelial lesion and cancer is > 80% and the high risk HPV 16/ 18 compiles in about > 90% of the cervical cancer cases. A population-based, cross-sectional survey in married women aged 16–59 years was conducted in rural Dindigul district, Tamil Nadu⁴. Recently, it has been shown that a single round of HPV screening can cause a significant reduction in the severity and mortality of the disease⁶. In India, approximately 90% of invasive cervical cancer cases are squamous cell carcinoma, while 10–12% is adenocarcinomas. In a national HPV mapping study in India, prevalence of HPV16 was found to be highest in Chennai (88%), and lowest in Jammu and Kashmir (14.2%) 12,13.

The most effective secondary preventive strategy for cervical cancer is systematic screening of women through an organized program along with treatment and follow-up of the screen detected precursor lesions. Cervical screening should be advocated for all ever sexually active women within a certain age group irrespective of whether they have any complaints, because there are often no signs and symptoms of cervical precancers. The national guideline for cervical cancer screening in India advocates screening of women between 30 years to 59 years of age. The focus on detection and prevention of cervical cancer must be emphasized in a highly populated country like India⁽⁷⁾

Sunita Tata et al conducted study on acceptability of cervical screening among Community Women in Rural area and found that 1800 women were motivated for awareness program. 1037 Women actually came for awareness program. Most of the women 89% were willing for screening after the awareness programme. Fear, anxiety, no time for self due to household responsibilities were the major deterrents in acceptance of screening found in study⁽⁸⁾ Studies conducted elsewhere have reported the lack of awareness and negative attitudes towards cervical cancer as barriers to early screening. For the cervical cancer screening methods to be utilized in full, women need to be aware of the availability of such methods and to have knowledge of the disease. This will maximize uptake of the screening and therefore reduce morbidities and mortalities resulting from cervical cancer⁽⁹⁾. Thus present study was undertaken to assess the attitude towards cervical cancer screening among the working women in tertiary care hospital in Karad.”

2. Objectives

- To identify Attitude towards cervical cancer screening among the working women in tertiary care hospital in Karad.”
- To determine the association of Attitude with selected socio- demographic selected variables.

3. Review of Literature

1) **T . Liu, S . Li, * J Ratcliffe, G Chen (2017):** ; his study aimed to assess knowledge and attitudes about cervical cancer and its screening among rural women aged 30 to 65 years in eastern China. A cross-sectional study was conducted in four counties of Jining Prefecture in Shandong Province during August 2015. In total, 420 rural women were randomly recruited. Each woman

participated in a face-to-face interview in which a questionnaire was administered by a trained interviewer. A total of 405 rural women (mean age 49 years old) were included in the final study. Among them, 210 (51.9%) participants had high knowledge levels. An overwhelming majority, 389 (96.0%) expressed positive attitudes, whilst only 258 (63.7%) had undergone screening for cervical cancer. Related knowledge was higher amongst the screened group relative to the unscreened group. Age, education and income were significantly associated with a higher knowledge level. Education was the only significant factor associated with a positive attitude

- 2) **B. Pegu, N. Dhiman, J. Chaturvedi, S. K. Sharma (2017)** .Cross sectional, questionnaire based study was conducted on 34 female nursing staff in a tertiary care hospital of Uttarakhand, India in the month of January 2015. With the help of predesigned questionnaire, information was collected regarding demographic profile, knowledge about cervical cancer and attitude towards screening techniques. Results shows that In this study, 79% of the respondents had knowledge about screening methods for cervical cancer and 91% had knowledge about HPV vaccine. Though 82% of them were aware of pap smear and 89% had good attitude towards it, 85.29% respondent knew about colposcopy as one of the screening technique for cervical cancer. None of the respondent had undergone a pap smear themselves.
- 3) **M Singh, R Ranjan, B Das, K Gupta (2014)** : The aim of this study is to assess the knowledge, attitude and practices of women regarding the basic screening test for detection of cancer cervix in women visiting a tertiary care hospital of Delhi Population based Cross-sectional prospective study was conducted. Information from consenting participants (450) was collected using structured questionnaire. Answers were described in terms of knowledge, attitude and practice and their respective adequacy with respect to Papanicolaou (Pap) test, the most common test used for early detection of cervical cancer. Adequacy was compared between the categories of socio demographic and clinical variables. Results show that Knowledge, attitude and practices regarding Pap test were adequate in 32.7%, 18.2% and 7.3% of women respectively. Major impediment to adequate practice was lack of request by physician. Knowledge, attitudes and practices were found to increase significantly with increasing age and education.

4. Research Methodology

Research approach and design

A cross sectional Observational study with convenient sampling design was found to be appropriate and selected for the study to explore the attitude towards cervical cancer screening among the working women in tertiary care hospital in Karad .

Target population

Target population comprises of all working women in tertiary care hospital in Karad.

Sample and sampling technique

The sample consisted of 103 working women in tertiary care hospital in Karad. The subjects were selected using convenient sampling technique

Inclusion Criteria:

Working Women:

- Who are willing to participate in the study
- Who are in between the age group of 35-years
- Who are having two (or) more than two children

Exclusion criteria

- Who have already detected cancer cervix and under treatment.

Description of Tool

A pretested Marathi structured self administered questionnaire were given for collecting the necessary information .it comprises of two sections.

Section A: Demographic data

It has 7 items pertaining to demographic information of working women’s including age, religion, education, profession, year of experiences, type of family and monthly income .

Section B: Questionnaires on attitude towards cervical cancer screening

It has 10 structured questionnaire items about various aspects of cervical cancer screening mainly such whether they had ever had a Papanicolaou smear test , risk of getting cervical cancer , vaccination , whether they recommended others for Pap smear test if they were told that the smear test was a simple, painless procedure and could lead to early detection and treatment of cervical cancer, would they like to have one were included . For the positive attitude was given score ‘1’and negative attitude with score ‘0’. So the total score of attitude regarding cervical cancer screening ranged between 0-10.

Method of Data Collection

In the total 103 Working women in tertiary care hospital, Karad were randomly selected . After taking ethical committees permission, the methods and aims of the study were explained to them and ensure them that the individual information will be kept private and after they signed consent forms. Questionnaires on attitude were adopt from modified attitude tool from Sunita Tata (2018) et al conducted study on effectiveness of planned health education on knowledge of nurses working at tertiary care hospital regarding early detection of cancer cervix Karad, Western Maharashtra, India modified questionnaires were validated and modified as per expert’s gynecological suggestion. Data were analyzed by SPSS software. Chi Square test was used to compare categorical variables

5. Results

Section – I

This section deals with demographic details of subjects under study. A total of 100 eligible subjects returned the questionnaire.

Table 1: Socio-demographic characteristics of the Subjects

Demographic Variables	Frequency	Percentage
AGE		
<35-40	35	33.9 %
41-45	35	33.9 %
>46	33	32 %
Religion		
Hindu	89	86.4%
Muslim	7	6.7%
Other	7	6.7%
Education		
Primary	16	15.5%
Secondary	19	18.4%
Higher Secondary	27	26.2%
Graduate	41	39.8%
Year of Experience		
<1Y-5Y	25	24.2%
6 Y- 10Y	22	21.3%
>10Y	56	54.3%
Types of Family		
Nuclear	65	63.1%
Joint	38	36.8%
Profession		
Nursing Staff	32	31 %
Paramedical & Medical Staff	14	13.5%
Non-Paramedical	57	55.3%
Monthly Income		
<5000-10000	36	34.9%
10001-15000	17	16.5%
>15001	50	48.5%

Table 1 shows that Among 103, Maximum subjects 35 (33.9%) are equally distributed in the age group <35-40 and 41-45 years, 89 (86.4%) of them are Hindu in religion and most of them 65 (63.15) belongs to nuclear family . Most 41 (39.8%) having educational qualification of graduation, maximum subjects 56 (54.3%) having > 10 years of experience while 57 (55.3%) were working as non – paramedical by profession and majority 50(48.5%) having monthly income >15001 Rs.

Section –II

Table 2: Attitude towards cervical cancer screening

Questions	Positive attitude	Percentage
1. Do you think you are at risk of getting Cervical Cancer?	21	20.3%
2. Do you think that you should undergo screening for Cervical Cancer?	49	47.5%
3. Do you think all women should undergo screening for Ca Cervix	82	79.6%
4. Have you ever recommended any women without symptoms to undergo Ca Cervix screening?	56	54.3%
5. Do you think cervical cancer can be prevented by Vaccination?	80	77.6%
6. Are you willing for taking vaccine for prevention of Ca Cervix?	35	33.9%
7. After hysterectomy is there any need of pre-vaginal examination?	74	71.8%
8. Are you willing for screening and prevention?	70	67.9%
9. Do you suggest other to do screening test?	71	68.9%
10. Are you willing to undergo training on VIA Method?	74	71.8%

Table 2 displayed attitude towards cervical cancer screening among working women. Among 103 participants, only 21 (20.3%) were thinking that they are at risk of getting cervical cancer. Though 82 (79.6%) of participants were think all women should undergo screening for Ca Cervix, only 49 (47.5%) were think that they should undergo screening and only 56 (54.3%) have ever recommended any women without symptoms to undergo ca cervix. Around 80 (77.6%) participants were aware that a vaccine is available against HPV, whereas only 35 (33.9%) were willing for taking vaccine for prevention of Ca Cervix. About 74 (71.8%) of the participants believed that there is no need of pre-vaginal examination after hysterectomy Majority 70 (67.9 %) were willing for screening and prevention, 71 (68.9%) suggest other to do screening test and around 74 (71.8%) were willing to undergo training on VIA Method.

Section III: Association of demographic variables with attitude regarding cervical cancer screening among working women in tertiary care hospital

Demographic Variables	N	chi-square test				chi-square	p value
		Good	Average	Poor			
Age							
<35-40	35	1	24	10	6.72	0.15	
41-45	35	5	14	16			
>46	33	3	17	13			
Gender							
F	103	16	47	40			
Religion							
Hindu	89	9	46	34	2012	0.71	
Muslim	7	0	4	3			
Other	7	0	5	2			
Education							
Primary	16	0	7	9	6.85	0.33	
Secondary	19	2	13	4			
Higher Secondary	27	2	16	9			
Graduate	41	5	19	17			
Year of Experience							
<1Y-5Y	25	2	14	9	0.15	0.99	
6 Y- 10Y	22	2	12	8			
>10Y	56	5	29	22			
Types Of Family							
Nuclear	65	7	32	26	1.38	0.5	
Joint	38	2	22	13			
Profession							
Nursing Staff	32	2	20	10	10.01	0.4	
Paramedical & Medical Staff	14	2	11	1			
Non-Paramedical	57	5	24	28			
Monthly Income							
<5000-10000	36	2	20	16	2.48	0.65	
10001-15000	17	2	11	4			
>15001	50	5	25	20			

Chi Square test was used to compare categorical variables. The analysis revealed that there is no significant association was found between attitude score and demographic variables.

6. Discussion

In today's era, in spite of the availability of HPV vaccines and affordable and effective methods for early detection and treatment of cervical cancer precursor lesions, cervical

cancer still continues to be a public health problem in India.⁽¹³⁾ The fact that cervical cancer rarely presents any symptoms in its early stages highlights the importance of regular screening for the disease. The updated guidelines recommend against cervical cancer screening for women under the age of 21, women over the age of 65 who have had adequate prior screening and who are not at high risk for the disease, and women who have had a hysterectomy with removal of the cervix and have no history of a precancerous lesion or cervical cancer⁽¹⁴⁾

In the present study, Around 80 (77.6%) participants were aware that a vaccine is available against HPV, whereas 70 (67.9%) were willing for taking vaccine for prevention of Ca Cervix. Similar finding was also reported by Sunite A. G (2017) More than 80% of the participants were aware that a vaccine is available against HPV but only 5.5% were vaccinated⁽¹⁵⁾. A study by Massey et al found low awareness of HPV; among those who had heard of HPV, just 28% were willing to receive the HPV vaccine⁽¹⁶⁾. Catherine M et al reported only 44% of respondents believed vaccination helps prevent cervical cancer⁽¹⁷⁾. Overall, this study indicated low awareness of HPV; among those who had heard of HPV, just over one quarter was willing to receive the HPV vaccine.

In the current study, among 103 participants, only 21 (20.3%) were thinking that they are at risk of getting cervical cancer and only 49 (47.5%) were think that they should undergo screening But in contrast, few studies reported that high T. Mukama et al (2017) found the majority (684; 76.0%) believed that they were at risk of developing it and majority (850; 94.4%) of respondents believed that cervical cancer screening was important⁽¹⁸⁾. Catherine M et al reported Screening uptake was surprisingly poor among healthcare workers more closely involved in women's health (59% of women had not had a pap smear in the last 5 years)⁽¹⁷⁾. Al-Meer FM et al found that out of 500 women who participated in this study, 197 (39.4%) had had a Pap smear at least once in their life⁽¹⁹⁾

In a study conducted by Godson U.E Et al (2018) in South Nigeria reported that Having 'good knowledge and positive attitude' of cervical screening was significantly associated with working in a clinical department; over half (51.2%) of all respondents from the clinical departments had 'good knowledge,' while two-thirds of those in the non-clinical departments had a 'poor knowledge' of cervical screening⁽²⁰⁾. present study also revealed that there is significant association was found with Profession and attitude about cervical screening (p < 0.05). participants such as Nursing staff, paramedical and medical staff having more positive attitude about cervical screening than non paramedical participants. The uptake of screening services has however remained low with the women's education, attitude and knowledge contributing significantly to the level of uptake.

In the present study majority 70 (67.9 %) were willing for screening and prevention, 71 (68.9%) suggest other to do screening test and around 74 (71.8%) were willing to undergo training on VIA Method. Comparing these result with Sunita Tata et al conducted study on acceptability of Community Women in rural area for ca cervix found that

1800 women were motivated for awareness program. 1037 Women actually came for awareness program. Most of the women 89% were willing for screening after the awareness programme. Although a greater proportion of women (89%) were aware of the presence of the screening services in the study center, only 430 (46%) of the respondents underwent the screening for cervical cancer and 68 undertook treatment⁽⁸⁾ Another study by Sunita Tata et al on knowledge of nurses working at tertiary care hospital regarding early detection of cancer cervix found that majority of nurses are not adequately equipped with knowledge concerning cervical cancer and study prove that effectiveness of a planned education in terms of gain in knowledge on the early detection and awareness of cervical cancer⁽²¹⁾. All these studies suggesting there is need for more education, awareness programme on cervical cancer, HPV infection and HPV vaccination for the women, students and nurses via school teaching and other media

7. Conclusion

The Main objective of this study is to identify attitude towards cervical cancer screening among the working women in tertiary care hospital in Karad. The study findings revealed that around 80 (77.6%) participants were aware that a vaccine is available against HPV, whereas only 35 (33.9%) were willing for taking vaccine and majority 70 (67.9 %) were willing for screening and prevention. However the attitude of women towards screening was positive there is therefore need for more education campaigns to bridge identified knowledge gaps, and scale up of cervical cancer screening services to all women to increase service uptake⁽¹⁴⁾

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