

AWARENESS ON CERVICAL CANCER IN WOMEN VISITING TERTIARY CARE HOSPITAL IN RAYALASEEMA - A SURVEY

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ABSTRACT

Cervical cancer is the third most common malignancy in women worldwide. It remains a leading cause of cancer-related death in women from developing countries like India. The main objective of this survey was to determine the extent of awareness in women about the causes, symptoms, and prevention methods of cervical cancer. In this regard, a questionnaire was prepared and given to the patients to answer. The data obtained was analysed by using the student t-test and chi-square tests. The study site for this survey was, Sri Venkateshwara Institute of Medical Sciences (SVIMS), Tirupati, for over a period of 6 months. Our study concluded that the first and foremost reason for the prevalence of cervical cancer in Andhra Pradesh was the lack of awareness of cervical cancer and its screening techniques. However, the findings also suggest that, even if women are aware of cervical cancer, and have a positive attitude towards screening, they are likely to face socio-economic and socio-cultural barriers which can prevent them from getting cervical cancer screening.

INTRODUCTION

Cervical cancer is a cancer arising from the cervix. It affects mostly middle-aged women and rarely seen in females below 15 years of age. Cervix is a neck tissue that connects the vagina and uterus. Cervical cancer develops in the thin layer of cells called the epithelium. These cancer cells can invade or spread to other body parts. Causes of this cancer are not always clearly understood. But several factors can be considered causatives. Those causatives can be Human Papilloma Virus (HPV), smoking, age, oral contraceptives, multiple pregnancies, promiscuity, and a history of STD's (Sexually Transmitted Diseases). Symptoms of cervical cancer may not always be obvious. Sometimes, it can manifest without any symptoms until it reaches an advanced stage.^[1,2] Different screening practices available for cervical cancer in India are HPV-DNA tests, Visual Inspection with Acetic acid (VIA), and Cytology.^[3]

Screening of cervical cancer is known to reduce mortality by early detection and treatment. The knowledge about these screening techniques is available and easily accessible to women living in urban areas. These women are the ones most likely to get screened for early detection and diagnosis of cervical cancer. But the women living in rural areas are mostly illiterate and ignorant about the factors that cause cervical cancer. Most of them can be more prone to the disease because

of the conditions like poor hygiene, early age marriages, multiple pregnancies, promiscuous spouses, unavailability of proper medical facilities, or awareness programs.^[4,5,6,7] Even though the government is introducing many awareness programs and cost-effective screening techniques, they rarely reach to all women.^[8]

A survey was conducted using a bilingual questionnaire to find out the awareness of women about cervical cancer. The two languages were English and Telugu - a local language, to provide a thorough understanding of the participants. The questionnaire consisted of direct and multiple-choice questions, used to calculate the awareness levels of participants.

MATERIALS AND METHODS

Materials: A bilingual questionnaire was prepared. The questionnaire was reviewed and approved by the onsite oncologists.

Methodology

- Study site: Sri Venkateshwara Institute of Medical Sciences (SVIMS), Tirupati.
- Study duration: 6 months
- Study design: A prospective study
- Inclusion criteria: A brief introduction was given to the patient about the study. The patients who are willing to participate are included.

- Method of collection of data: Data was collected from the patient and occasionally from the patient case sheets.
- Data documentation: All the necessary and relevant data collected was documented in designated forms and these forms are digitalised using MS Excel Spreadsheet.
- Analysis of data: The collected data was analysed using the Student t-test and Chi-square test. Chi-square test was used to determine the 'P' value using graph pad prism version 6.01 software. Null and Alternate hypothesis were considered for statistical purposes.

RESULTS AND DISCUSSION

Study population: The study was conducted at a medical institute which is famous for its Oncology division. Hence many patients from different districts of Rayalaseema are visiting. The total number of participants was twenty four. The distribution of the study population among the districts of Rayalaseema explained in figure 1. It was found that 58.3% patients were from Chittoor followed by Kadapa at 20.8% and remaining were from Anantapur and Nellore districts.^[9]

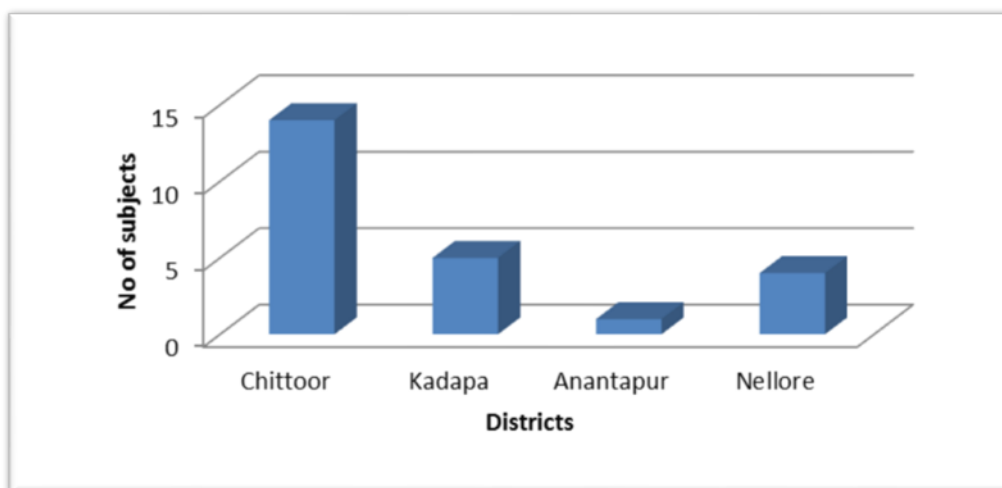


Figure 1: Distribution of study population among the districts of Rayalaseema.

Sociodemographic factors: The distribution of participants among the demographic factors like age, marital status, age of marriage, education, and occupation are explained in figure 2. From the data it was observed that 41 – 50 years of age (37.5%) patients were more prone to cervical cancer whereas, the people of age group of 20-30 years (0.0%) were less prone to

the disease. 83.3% of the patients who participated in the study were married at less than 20 years of age and a few were widowers. 79.2% of women are illiterate. However few of them had a primary education. Most of the participants (83.3%) were farming labour and remaining were either homemakers or self-employed.^[1]

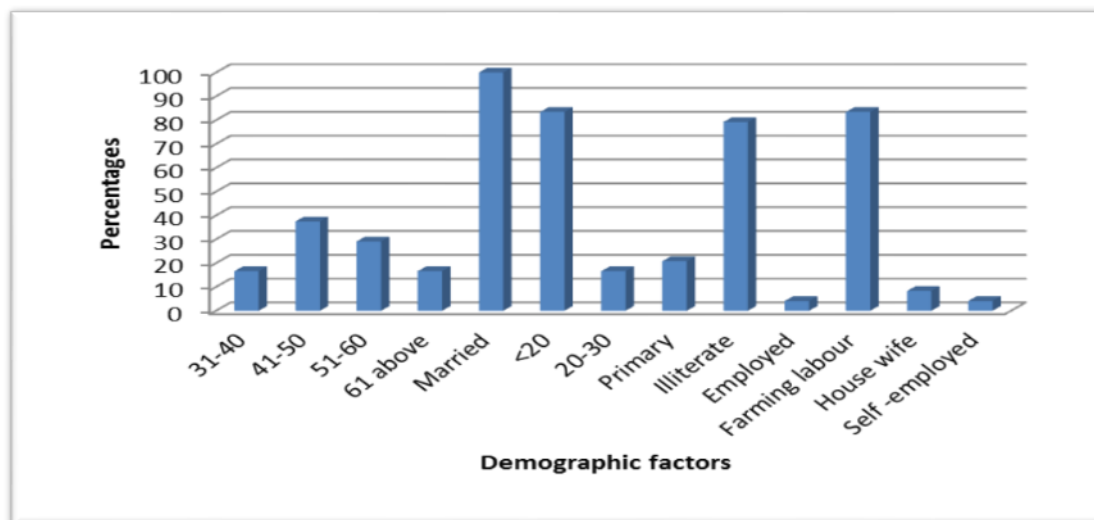


Figure 2: Distribution of study population by socio-demographic factors.

Cervical cancer screening history: The participants were never screened for cervical cancer (Figure 3) before, and most of them didn't even know about the disease until they were diagnosed. Lower reported rates of cervical cancer screening participation among our

study (0.0%) are reflective of overall population estimates for India (2.6%)^[1] The WHO's estimate of screening rate among urban-dwellers in India was slightly higher (4.9%).^[9,10,11]

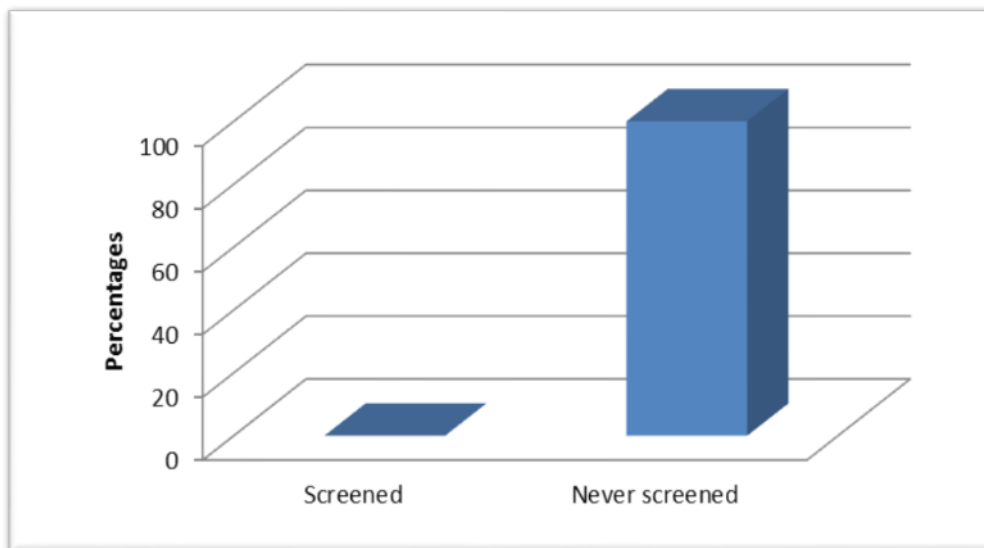


Figure 3: Cervical cancer screening history of participants.

Cancer awareness: Among the participants, about 20.8% (Figure 4) were not aware of cancer in general or any type of cancer in specific. Remaining patients knew at least one type of cancer or knew someone who diagnosed with a specific type of cancer. Two most

frequently mentioned types of cancer among study participants were breast and hematologic. Cervical cancer was the third most commonly identified cancer type. Women recognised cervical cancer less than half as often as either breast or hematologic cancers.^[12,13,14]

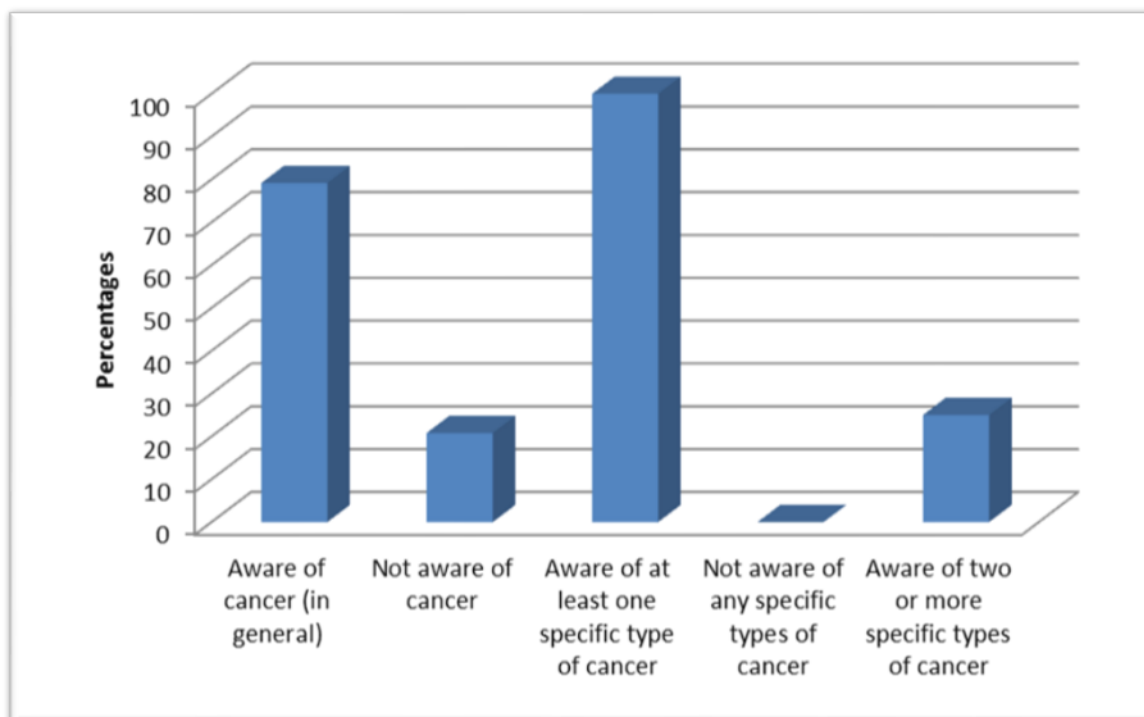


Figure 4: Awareness of cancer among participants.

Knowledge and awareness of cervical cancer: Among all participants, only 20.8% were aware that such kind of

cancer existed (figure 5). But, including these 20.8%, nobody knew anything about vaccination, or screening techniques, or causatives of cervical cancer.

In addition to the reasons mentioned in the previous sections, increased stigma to talk or express about

gynaecological cancers, especially those associated with reproductive behaviours or sexually transmitted diseases, and frequent misclassification of cervical cancer as 'Uterus cancer' may contribute to decreased awareness of cervical cancer.^[15,16]

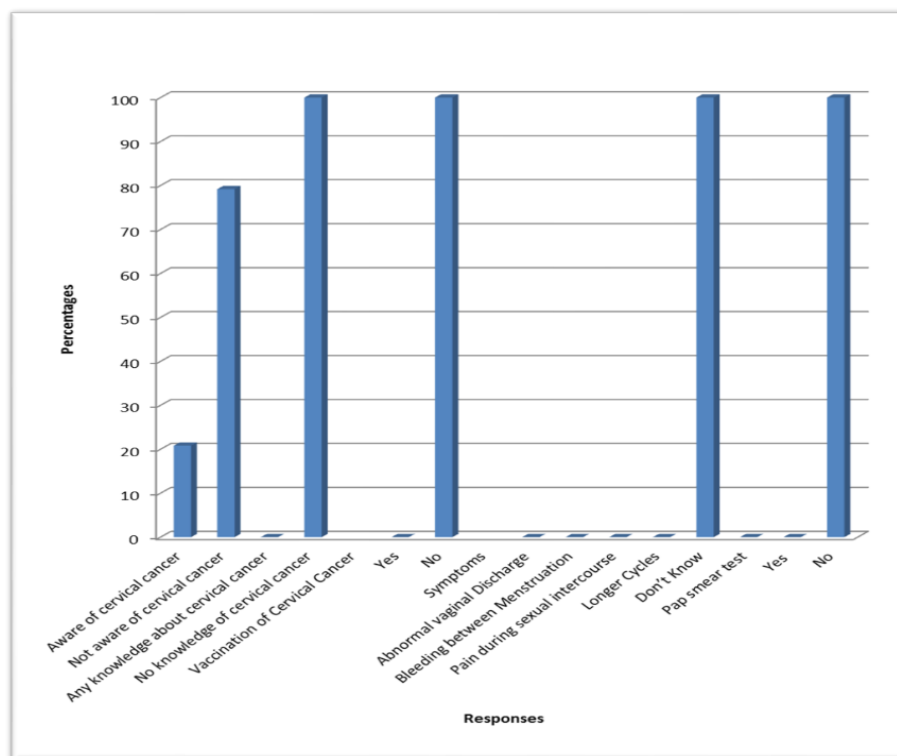


Figure 5: Knowledge and awareness of cervical cancer.

CONCLUSION

Cervical cancer remains a leading cause of cancer-related deaths for women in developing countries. Many such deaths can be avoided by early detection and treatment of cervical dysplasia. Despite the implementation of cost-effective screening techniques and awareness programs, participation in routine screening remains low among women in India. If something is not done to improve population-level rates of cervical cancer screening and compliance with treatment, millions of women will suffer in the coming future.

This study aimed to understand why existing cervical cancer screening programs in Andhra Pradesh remain largely underutilized using a mixed methodology approach. First and foremost reason being the lack of awareness on cervical cancer and screening. However, the findings also suggest that even if women are aware of cervical cancer and have a positive attitude toward screening, they are likely to face socio-economic and cultural barriers to participate in cervical cancer screening. Therefore, it is not only important to account for multiple levels of barriers to cervical cancer screening, but also to consider the relative importance of each of these barriers among different populations of women in Andhra Pradesh. The findings of this study suggest that lack of awareness

of cervical cancer and screening is a barrier to screening participation among all sociodemographic populations of women in Andhra Pradesh.

The study suggests that there is a need to educate, especially the rural population of Andhra Pradesh about cervical cancer.

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