

KNOWLEDGE OF CERVICAL CANCER AMONG WOMEN WITH CERVICAL CANCER

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ABSTRACT

Cervical cancer is second most cancer in women worldwide and Indian women. Most common cause is infected with human papilloma virus. It is necessary to make awareness of women with cervical cancer. The objectives of the study were to assess the level of knowledge and to find out the association between the knowledge with their demographic variables among women with cervical cancer. It is a descriptive research, pre-experimental design with 40 samples, who were selected through convenient sampling method. The questionnaire was distributed to the participants to assess the level of knowledge. The study results showed that the participants had the inadequate and moderate level of knowledge. So the Investigator distributed the pamphlets regarding cervical cancer and requested the people to spread the knowledge gained about cervical cancer to their friends and relatives.

KEYWORDS: Cervical Cancer, Knowledge

Article History

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INTRODUCTION

Cervical Cancer is second most cancers in women worldwide and Indian women. 5, 27624 new Cervical Cancer cases diagnosed and 265, 1653 deaths annually worldwide. 80% of them diagnosed at their advanced stage and poor prognosis, the reasons for the high incidence of cancer cervix is lack of knowledge regarding Cervical Cancer and inadequate high quality of healthcare services and screening programs. A most common cause is infected with human papilloma virus. It is necessary to make awareness of women with Cervical Cancer. So investigator planned to find out their level of knowledge and import knowledge regarding Cervical Cancer.

Statement of the Problem

A study to assess the knowledge of Cervical Cancer among women with Cervical Cancer in kamatchi Hospital at Chennai.

Objectives of the Study

- To assess the level of knowledge regarding Cervical Cancer among women with cervical cancer
- To find out the association between the knowledge and demographic Variables among women with cervical cancer

Assumptions

- Women have inadequate knowledge regarding cervical cancer.
- Knowledge of women is influenced by different variables such as Age, Religion, Marital status, Age at marriage, Type of family, Education, Occupation, Income, Source of information.
- Pamphlet regarding cervical cancer will improve the awareness among women regarding cervical cancer.

RESEARCH METHODOLOGY

DESIGN: The design used in this study was pre-experimental descriptive research design. Which helps to provide factual information about the variables.

SETTING: The research study was conducted in kamatchi hospital at Chennai. Thiruvalur district, Tamilnadu. It covers 2,6790 women with the age group of 18 to 55 years. The majority of women are the homemaker.

Population: All women with cancer cervix in kamakshi hospital.

INCLUSION CRITERIA

The women at the age group 18 to 55 years, who can talk Tamil.

The woman who was diagnosed with cervical cancer stage I, II and III

EXCLUSION CRITERIA

1. Who were not willing to participate in the study.

Sample and Sampling Technique

40 women with cancer cervix aged from 18 to 55 years were selected by convenient sampling method.

Tools: The semi-structured Questionnaire was used for data collection. Pamphlet was issued after data collection.

Collection Data Procedure

The investigator collected information about the socio-demographic variables followed by the study participants were interviewed using a structured questionnaire on knowledge about the Cervical Cancer. 21 items, structured questionnaire was designed and used. Then Pamphlet on awareness about cervical cancer was issued.

RESULTS AND DISCUSSIONS

Table 1: Socio –Demographics Characteristics of the Study Participants

N=40

Socio-Demographic Variables	Frequency No	Percentage %
Age		
18-30 Years	6	15%
31-40 Years	12	30%
41-50 Years	16	40%
51-55 Years	6	15%
Education		
Primary education	15	37.5
Secondary education	19	47.5

Higher education	5	12.5
Graduation	1	2.5
Occupation		
coolie	10	25%
Home Maker	17	42.5%
Self Employment	11	27.5%
Family Income		
< 5000/-	14	35%
5001 – 10000/-	21	52.5%
10001 – 20000/-	4	10%
> 20000/-	1	2.5%
Type of family		
Nuclear family	20	50%
Joint family	20	50%
No of children		
No children	10	25%
One	15	37.5%
Two	11	27.5%
Three and above	4	10%
Marital Status		
Married	19	47.5%
Unmarried	13	32.5%
Widow / Divorced	8	20%
Source of information		
Media	11	27.5%
Healthcare	17	42.5%
professional	12	30%
Family members		

Out of 40 women with Cervical Cancer, majority 16 (40%) Of them belongs to age-group 41 – 50 years, regarding education majority 19(47.5%) of them had secondary education, In related to occupation majority, 17 (42.5%) of them home maker, In related to family income, a majority, 21(52.5%) of them Rs.5001-10000/-, In related to the marital status majority,19 (47.5%) of them married, regarding religion 20 (50%) of them Hindu. In related to a source of information gained 17 (42.5%) through healthcare Professionals.

Table 2: Frequency and Percentage Distribution of Level of Knowledge on Cervical Cancer

N=40

Level of Knowledge	Frequency	Percentage
Inadequate	31.5	78.75%
Moderate	8.5	21.25%
Adequate	0	0%

Table 2 shows majority 31.5 (78.75%) of women had inadequate knowledge, 8.4(21%) of the women had moderate knowledge. No women had adequate knowledge on cervical cancer.

Table 2: The Association between Knowledge with Their Demographic Variables

N = 40

Demographic Characters	Inadequate	Moderate	Chi square	P Value
AGE				
18-30 Years	6(15%)	0(0%)		
31-40 Years	10(25%)	2(5.0%)		
41-50 Years	10(25%)	6(15.0%)	6.146	0.105
51-55 Years	6(15%)	0(0%)		NS
EDUCATION				
Primary education	13(32.5%)	2(5.0%)		
Secondary education	16(40.0%)	3(7.5%)	5.877	0.118
Higher education	3(7.5%)	2(5.0%)		NS
Graduation	0(0%)	1(2.5%)		
OCCUPATION				
Coolie	9(22.5%)	1(2.5%)		
Home maker	14(35.0%)	3(7.5%)	8.707	0.033
Farmer	9(22.5%)	4(10%)		P<0.01
FAMILY INCOME				
Rs<5000/	12(30.0%)	2(5.0%)		
RS5001-10000/	17(42.5%)	4(10.0%)	23.973	0.424
RS10001-20000/	2(5.0%)	2(5.0%)		NS
RS>20000/	1(2.5%)	0(0%)		
RELIGION				
Hindu	18(45.0%)	2(5.0%)		
Christian	9(22.5%)	3(7.5%)	0.798	0.264
Muslim	4(10.0%)	3(7.5%)		NS
TYPE OF FAMILY				
Nuclear family	16(40.0%)	4(10.0%)		
Joint family	16(40.0%)	4(10.0%)	0.000	1.000
MARITAL STATUS				
Married	13(32.5%)	6(15.0%)		
Unmarried	13(32.5%)	0(0%)	4.967	0.174
Widow/Divorce	6(15.0%)	2(5.0%)		NS
NO OF CHILDREN				
No children	8(20%)	2(5%)		
One	11(27.5%)	4(10%)		
Two	9(22.5%)	2(5%)	1.439	0.696
Three	4(10%)	0(0%)		NS
SOURCE OF INFORMATION				
Media	8(20.0%)	3(7.5%)		
Health care professional	13(32.%)	4(10.0%)	1.517	0.468
Family members	11(27.5%)	1(2.5%)		NS

The association between the knowledge and demographic Variables among women withcervical cancer showed that there is a significant association between Occupation andthe level of knowledge.

CONCLUSIONS

The study concluded that women are suffering from the cervical cancer but, they are unaware of information about cervical cancer. The researcher, distributed the pamphlets regarding cervical cancer for them to increase their knowledge. The study was very interesting, the participants were very cooperative and eagerly asked many questions and the researcher clarified all their doubts. The researcher, encouraged the participants to spread the knowledge gained about the cervical cancer to their friends and relatives. Which may create, awareness among the people to prevent the cervical cancer in future. This study may contribute some extend to reduce the occurrence of cervical cancer.

REFERENCES

1. Abdullah F.G (1986) "Better patient care through research" 1st edition, New York, Macmillan Company.
2. Anuradhamathu (2005) "women's health – A m majority 31.5 (78.75%) of women had inadequate knowledge, 8.4(21%) of the women had moderate knowledge. No women had adequate knowledge on cervical cancer. ajor Area of concern's social welfare", 52(1)5.
3. Adele pillitery (2002), *maternal and child health nursing (5th edition)* Philadelphia, Lippincott Williams and Wilkins publications.7.
4. Arm Maries Tommy (2006), *Nursing theories and their work (6th edition)* Missouri, Mosby Publications.
5. Beret, J.S (1996) *Novak's Gynecology (12th edition)* Philadelphia Williams and Wilkins publication.
6. Defreitas, SL, Aerates SL and SM Debarros (1998),"concur nursing " *International Journals of Gynecological cancer* 22(5)401-5
7. C. Sangeetha, *The Knowledge and Attitude on Cervical Cancer Prevention among Female School Teachers at Selected Schools at Tirupatur Town, Tamil Nadu, TJPRC: International Journal of Oncology & Cancer Theraphy (TJPRC: IJOCT), Volume 1, Issue 2, July-December 2015, pp. 1-8*
8. Jensen M.D and I.M Bobak (1985) *maternity and gynecologic care of the Nurse and Family (3rd edition)* Toronto C.V Mosby Company.
9. Miaskowshi.C sand Buchse .p (1999) *Oncology Nursing, assessment and clinical care (1st edition)* Missouri Mosby publications.
10. Robbins., Cotran., Kumar, (1989) *Pathologic basis of disease, 4th edition, Tokyo, W.B.Saunders Company, 1147-1167.*
11. Dr. Rengaswamy Sankaranayanan, M.D., (2009) *HPV Screening for Cancer Cervix in rural India, The New England Journal of Medicine, 360:1385-1394.*
12. Sinha R, (2003) *Cancer risk & diet in India, Journal of Post graduate medicine, vol.49, Issue 3, pg. 222-228.*
13. WHO, (2006) *Comprehensive cervical cancer control: A guide to essential practice, WHO Publication.*

