ANNEXURES
ANNEXURE - 1
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT CERVICAL CANCER AMONG MARRIED WOMEN

I. Demographic profile of the respondents

1. Age
2. Age at Marriage
3. Age at Puberty
4. Husband’s age
5. Education of the husband
6. Education of respondent
7. No of Children
8. Gravida
9. Abortions if any
10. Type of abortions
   1. Induced
   2. Spontaneous
11. Religion
12. Occupation of the respondent
13. Occupation of the husband
14. Income of the family
15. Type of family
16. Do you have any habits of the following? (No/Yes)
17. If yes
   1. Smoking
   2. Alcoholism
   3. Betel leaves
   4. Tobacco Chewing
II. AWARE ON CERVICAL CANCER
18. Do you know about the cervical cancer? (No/yes)

19. If yes, how you came to know about it? Mention the sources
   1. Relatives/friends
   2. Gynecologist
   3. Mass media
   4. Family physician
   5. Nurse

20. If any of you family member suffers/suffered from cervical cancer? (No/Yes)

21. If yes, state the relationship?

22. If yes, what do you mean by Cervical Cancer?
   1. An abnormal growth of cells in breast
   2. An abnormal growth of cells in Cervix
   3. Abnormal growth of cells in Stomach

III. KNOWLEDGE ON ANATOMY & PHYSIOLOGY
23. Do you know about Uterus? (No/Yes)

24. If yes, what is uterus?
   1. Part of female reproductive system
   2. Part of male reproductive system
   3. Organ of male and female reproductive system

25. Please mention the parts of uterus?
   1. Fallopian tubes, Ampulla’s and ovaries
   2. Fundus, body and cervix
   3. Colon, rectum and anus
26. Do you know the location of cervix? (No/Yes)

27. If yes, can you tell where it is situated?
   1. beside the ovary and fallopian tubes
   2. behind the uterus and bladder
   3. between the uterus and vagina

28. How do you think that cervix is useful to your body?
   1. Dilates during defecation
   2. expands during urination
   3. Dilates during child birth
   4. During Menstruation

29. Do you know the severity of cervical cancer? (No/Yes)

30. If yes, Please state the below (perceived severity to cervical cancer)

<table>
<thead>
<tr>
<th>Perceived Severity</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cervical cancer makes woman’s life difficult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cervical cancer not serious us other cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cervical cancer is easily cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cervical cancer can result in infertility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Death from cervical cancer is rare</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Do you have an idea about the organism involved in the causation of Cervical Cancer? (No/Yes)

32. If yes, name the organism contributing for Cervical Cancer?
   1. Human immune deficiency virus
   2. Human papilloma virus
   3. Hepatitis Virus
33. Do you know how the spread of Human Papilloma virus? (No/Yes)

34. If yes, please state ……
   1. Sexual contact
   2. Sharing of food
   3. Sharing of Bathrooms

35. Are you aware of temporary contraceptive / family planning methods? (No/Yes)

36. If yes, please mention

37. Do you think that temporary prolonged use of birth control methods can leads to cervical cancer? (No/Yes)

38. If yes, According to you which birth control methods can lead to cervical cancer?
   1. Vaginal Jelly
   2. Copper-T
   3. Oral Pills
   4. Others (Specify)

39. Do you think that cervical cancer can be noticed at an early stage? (No/yes)

40. If no, Please state the reason
   1. Lack of education
   2. Due to negligence
   3. There are no warning symptoms
   4. All of the above
KNOWLEDGE ON SUSCEPTIBILITY TO CERVICAL CANCER

41. Do you know the susceptibility of cervical cancer? (No/Yes)

42. If yes, Please state the below

<table>
<thead>
<tr>
<th>Perceived Susceptibility</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greater risk in women with multiple sexual partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Greater risk in HIV positive women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Prolonged use of contraception (Oral Pills)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Increased susceptibility with parity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Poor genital Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Early age at first coitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Risk in older women than younger women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Risk in all women of child bearing age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Occurs only above the age of 50 years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

KNOWLEDGE ON SYMPTOMS OF CERVICAL CANCER

43. Do you know the symptoms of cervical cancer? (No/Yes)

44. If yes, Please state the below

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abnormal vaginal discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Vaginal bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Post coital bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Bleeding after menopause</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. KNOWLEDGE ON DIAGNOSES & TREATMENT

45. Do you know about the screening of Cervical Cancer? (No/yes)

46. If yes, screening tests of Cervical Cancer?

1. Hemoglobin
2. Pap smear
3. Sputum test
4. Glucose tests
47. Have you undergone cervical cancer screening test at any time? (No/Yes)

48. If yes, who referred/Motivated you?
   1. Friends
   2. Family members
   3. Health worker/ANM
   4. Media
   5. Others

49. Healthy adult women should have Pap tests every two years. (No/Yes)

50. Women who have multiple sexual partners need to have Pap tests? (No/Yes)

51. Do you know the benefits of cervical cancer screening? (No/Yes)

52. If yes, Please state the below

<table>
<thead>
<tr>
<th>Perceived Benefits</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening important to be done so a woman will know if she is healthy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening can find changes before they become cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily curable when found early</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer screening improves chances of pregnancy in infertile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer screening decreases chances of abortion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

53. In spite of willingness, if not undergone for Cervical Cancer screening, is there any barriers? (No/Yes)

54. If yes, Please state the below

<table>
<thead>
<tr>
<th>Perceived Barriers</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embarrassing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening is painful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening suggest one in having sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening makes one worry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening takes away virginity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not knowing where screening is done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only mothers needs do screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner resisting Cervical Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lack of female screeners in health facilities contributes for not doing

Attitudes of health workers discourages Cervical Cancer screening

Lack of convenient clinic time is a barrier to routine Cervical Cancer

Lack of information is also a barrier to Cervical Cancer screening

55. Do you know the modes of treatment available for Cervical Cancer other than Drugs? Yes/No?

56. If yes, modes
   1. Drugs
   2. Surgery and radiation
   3. Surgery only
   4. Radiation only

57. Is there any surgical treatment available for Cervical Cancer? (No/Yes)

58. If yes, please mention the treatments,
   1. Removal of Uterus
   2. Removal of Kidney
   3. Removal of Stomach
   4. Removal of liver

KNOWLEDGE ON PREVENTIVE PRACTICES

59. Do you know the type of sexual relationships needed to prevent Cervical Cancer? (No/Yes)

60. If yes, type of sexual relations to be avoided for prevention of cervical cancer?
   1. Safe Sex practice
   2. Be faithful to partner
   3. Be faithful to partner
   4. Avoidance of multiple partners
   5. All of the above

61. Which one of the following birth control measure is ideal to prevent Cervical Cancer?
   1. Copper T
   2. Condom
3. Loop
4. Don’t know

62. Type of vaccine to prevent cervical cancer
   1. BCG
   2. DPT
   3. GARDASIL
   4. Others

63. Do you know which are group is better to take vaccine?
   1. Don’t know
   2. 9-26
   3. 26+ to 44
   4. 45 +

**KNOWLEDGE ON PREVENTIVE PRACTICES**

64. Are you using old cloth to absorb menstrual fluid? (yes/no)

65. Frequency of change of napkin/cloth?

66. During menses, do you have the habit of cleaning the private parts? (yes/no)

67. During menses, do you wash your private parts always before/after changing pad? (yes/no)

68. During menses, do you wash your private parts always after urination? (yes/no)

69. Do you have sexual intercourse during menses? (yes/no)

70. Do you clean your private parts before sexual intercourse? (yes/no)

71. Do you clean your private parts after sexual intercourse? (yes/no)

72. Are you eating vegetable daily? (yes/no)

73. Are you eating fruits daily? (yes/no)
ANNEXURE – II
TEACHING MODULE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Structured Teaching Programme on Cervical Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Married Women (18 to 60 years of age)</td>
</tr>
<tr>
<td>Place</td>
<td>YSR District, Kadapa selected areas</td>
</tr>
<tr>
<td>Date</td>
<td>August 2011 to September 2012</td>
</tr>
<tr>
<td>Time</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Method</td>
<td>Lecture cum discussion</td>
</tr>
<tr>
<td>Medium of instruction</td>
<td>Telugu</td>
</tr>
<tr>
<td>Name</td>
<td>Investigator</td>
</tr>
<tr>
<td>Course</td>
<td>Ph.D.</td>
</tr>
<tr>
<td>Teaching Aids</td>
<td>Charts, Posters, Exhibits, Questionnaire to ensure Knowledge about cervical cancer.</td>
</tr>
</tbody>
</table>

**General Objective:**

On completion of structured teaching programme, the group (married women 25-45 years of age) develops clear concepts about causes, stages, signs and symptoms, diagnosis, treatment and prevention of cervical cancer.
**Specific Objectives:** Respondents are able to

- Develop Knowledge on Anatomy and Physiology of female reproductive system.
- Identify the causes, stages and clinical features of cervical cancer.
- Gain knowledge about various modes of diagnosis and treatment for cervical cancer
- Identify the preventive measures of cervical cancer.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Time</th>
<th>Objective</th>
<th>Content in English</th>
<th>Teaching and learning activity</th>
<th>A.V. aids</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>5 min</td>
<td>INRODUCTION</td>
<td>Mrs. Lakshmi 47 years old visits hospital to see her sister who is taking treatment for cervical cancer in SVIMS hospital. Lakshmi was advised to undergo Pap smear test to rule out cervical cancer. Since she had no problem, she did not undergo the test. After six years I met her in the hospital after removal of uterus, due to cervical cancer. Today the cancer has spread to</td>
<td>Lecture Method</td>
<td>Investigator Introduces the topic</td>
<td></td>
</tr>
</tbody>
</table>
her right breast. She is on treatment. Now, she has realized the importance of Pap smear.

Cervical cancer is the second leading female organ cancer in the world. Cervical cancer is the most common cancer among women of the developing countries like India.

Cancer occurs when cells become abnormal and divide without control and order. “The uncontrolled, purposeless proliferation of the cells in the cervix is called cervical cancer”.

2. 2 min Group develops knowledge on Anatomy & Physiology of female reproductive system.

ANATOMY & PHYSIOLOGY OF FEMALE REPRODUCTIVE SYSTEM.

The female reproductive tract consists of paired ovaries, uterine tubes, uterus and vagina. Externally, the labia, clitoris and Bartholin glands are parts of the reproductive system. Uterus is a hallow organ where foetus develops. It
probable causes for a woman getting cancer cervix

2) **Early marriage:-** Marriage in women before 20 years is an important cause. Incidence of cervical cancer shows a decline if the age of marriage increases.

3) **Early childbirth:-** Giving birth to a child before 20 years is considered as a risk, because the reproductive organs are yet to fully develop in this age. Getting pregnant and delivering a child puts an enormous strain on the cervix, which acts as a risk for a woman getting cancer.

4) **Giving birth to more children:-** With repeated childbirth, the cervix undergoes cellular changes for pregnancy and delivery. More the children, greater the risk of cervical cancer.
<table>
<thead>
<tr>
<th>3.</th>
<th>15 min</th>
<th>Group identifies causes, stages and clinical features of cervical cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Causes:</strong> Although the cause of cervical cancer remains unknown, the progression from normal cervical cells to dysplasia and then to cervical cancer appears to be related to repeated injuries to the cervix.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Human papilloma virus (HPV) is the leading cause of cervical cancer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>The probable causes for cervical cancer:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Family history of cancer: A family history of cancer in mother (or) sister is one of the</td>
</tr>
</tbody>
</table>

Cervix has 3 parts:
- Fundus
- Body
- Cervix

Cervix is the entrance to the womb. During childbirth the cervix expands to let the baby out.

Can you tell the function of cervix?

Lecture cum discussion

Can you tell the causes for cervical cancer?

Explain with help of charts and flash card

xiii
5) **Having sexually transmitted infection**: White discharge, itching and wound on the private parts, genital wart and cervical infection act as irritants for the initiation of carcinogenesis.

6) **Having multiple sex partners**: The risk of cervical cancer is influenced not only by woman’s sexual behavior but also by male behavior, which may be due to increased protein content in semen which may facilitate rapid cellular growth in the cervix.

7) **Poor menstrual hygiene**:
   - Use of unclean cloth during menstruation
   - Not washing the perineum before changing the pad
   - Not changing the perennial pads frequently.
Having sexual contact during menstruation.

8) Poor genital hygiene:-
   ➢ keeping perennial area & genitals dirty.
   ➢ Those who don't wash the genitals with soap and water.

9) Smoking:- smoking facilitates the initiation of cancer.

10) Lack of vitamin-c, beta-carotene:- Vit-C,A has protective function against cancer cervix. Intake of green vegetables and yellow fruits has protective role for cancer cervix. More intake of fat is a predisposing factor for cancer.

11) Long-term use of birth control pills:- more than 5 years.
12) **Weakened immune system:**- Eg. HIV infection.

13) **Poor economic status:**- May not be able to afford regular pap smear.

**STAGES:**

Cervical cancer is divided into four stages.

- **Stage I:** Tumour is small and localized.
- **Stage II & III:** Tumour spreads into surrounding structures.
- **Stage IV:** Tumour spreads to other parts of the body.

Eg: Bladder, Rectum etc.

**Clinical Manifestations:**

- Unusual uterine bleeding including post-coital, intermenstrual, post-menopausal.
- General weakness
- Anemia
- Pain during sexual contact

Explain with charts

Lecture cum discussion

[Images of cervical cancer stages]

**How many stages are there in cervical cancer?**

**What are the clinical manifestation of cancer cervix?**
| 4. | 5 min | **Group gains knowledge on various modes of diagnosis and treatment for cervical cancer.** |

**Diagnosis:**
- “Papanicolaou smear” test is the examination of cervical secretions which aids in diagnosing precancerous lesion and early cancer in the cervix. Health personnel will collect the secretions from the cervix, using a wooden spatula, it will be sent to the Pathology Laboratory. It can be done by paramedical personnel at home setup/in hospital. And also pap smear can be done in almost all Govt. and Private Maternity Hospitals.

|   |   | Lecture cum discussion |

Can you tell the diagnostic tests for cervical cancer?
Cervical cancer can be confirmed only by "biopsy". The two most common methods of obtaining cervical biopsy are by 'cone biopsy' and 'punch biopsy'.

Other tests are:
- Colposcopy
- CT scan
- MRI
- Chest x-ray
- IVP (intravenous pyelogram)
- Cystoscopy etc.

All the above diagnostic tests can be done in Super speciality hospitals like SVIMS, and in some Private Maternity Hospitals.

**Treatment:**
Treatment of cervical cancer depends on the stage of the cancer, the size and shape of the tumour, the age and general health of the patient, and other factors.
woman, and her desire to have children in the future.
The following treatments are available for cancer.
1) Chemotherapy (drugs)
2) Radiation therapy
3) Surgery

The following advanced treatment methods may be also used:
  ➢ Cryotherapy
  ➢ Laser therapy
  ➢ Loop electrosurgery excision procedure (LEEP)
  ➢ Brachy therapy

**Note:** Hysterectomy (removal of the uterus) is often performed for cervical cancer.
  ➢ Radiation may be used to treat cancer that has spread beyond the pelvis.
<table>
<thead>
<tr>
<th>5.</th>
<th>10 min</th>
<th>Groups identifies the preventive measures of cervical cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Prevention:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Prevention is better than cure&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>primary prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. A new vaccine to prevent cervical cancer is now available, called <strong>Gardasil</strong>. It should be used before the onset of sexual activity (9-26 years for girls and women). A three-shot series provides protection against four prominent HPV types (6,11,16 and 18), which are responsible for approximately 90% of genital warts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Modifying life style:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i. Increasing the age of marriage / first sexual contact (after 21 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explain with help of charts, posters and flash cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How you will prevent cervical cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women are able tell the preventive measures.</td>
</tr>
</tbody>
</table>
ii. Avoiding smoking

iii. Adding Vit-C, Vit-A, folate rich foods in diet like fresh vegetables, fruits, dry fruits, sprouted grains, nuts etc.

iv. Use of condom instead of birth control pills prevents sexually transmitted diseases including HPV infection.

v. Maintenance of menstrual hygiene; use of sanitary napkins, changing the pads when they get soaked (every 3 to 4 hours), washing the perineum thoroughly.
vi. Maintenance of genital and sexual hygiene. Washing the private parts before and after sexual contact.

vii. Having only one sex partner.

viii. Undergoing periodical medical checkup for sexually transmitted infections.

ix. Keeping ourselves free from tensions, worries, regular meditation, relaxation techniques may be useful.

x. Adoption of small family norm.
Secondary prevention:-
Early detection and prompt treatment has played important role in reducing the cervical cancer deaths. This is by "Screening Procedures".

Getting regular Pap smears can help to detect pre-cancerous changes. Women after 18 years (or) after onset of sexual intercourse has to undergo annual Pap test for up to 60 years of age.

Summary:-
Cervical cancer is preventable disease to some extent. If it is diagnosed in the early stage, it is completely curable. All married women have to undergo Pap test
to undergo annual Pap test for up to 60 years of age.

**Summary**

Cervical cancer is preventable disease to some extent. If it is diagnosed in the early stage, it is completely curable. All married women have to undergo Pap test from the age of 18 years. The couples need to screen them for STD infection.

A policy on PAP test and Sexually Transmitted Diseases screening has to be made compulsory during gynecological examinations. So, that no one can be deprived of early diagnosis.


**Conclusion**

I believe that all of you could understand the various aspects of cervical cancer. If you require any more information (or) clarification you are most welcome. I am here to clear your doubts and to help you. I request you come again after two weeks at the same time. So that I will able to know how much you have understand. I hope this will be useful to you in practicing and improving your knowledge. Kindly pass on this information to your neighbours / friends and make your lives happy and healthy.

Thanking you,

Namasthe


(CERVICAL CANCER)

1. **Definition**

   Cervical cancer is a type of cancer that occurs in the cervix, which is the lower part of the uterus. It is the leading cause of cancer-related deaths among women in low-resource settings, such as in developing countries. The disease is most commonly caused by certain types of the human papillomavirus (HPV), particularly HPV types 16 and 18.

2. **Risk Factors**

   Risk factors for cervical cancer include early sexual debut, multiple sexual partners, smoking, and not using condoms. Other factors that may increase the risk of cervical cancer include certain types of sexually transmitted infections and having a family history of cervical cancer.

3. **Symptoms**

   Symptoms of cervical cancer may include abnormal vaginal bleeding, unusual discharge, and pelvic pain. However, many women do not experience any symptoms until the disease is advanced.

4. **Prevention and Treatment**

   Prevention of cervical cancer can be achieved through regular cervical screening, such as Pap smears, which can detect precancerous changes in the cervix. Treatment options depend on the stage of the cancer and may include surgery, chemotherapy, radiation therapy, or a combination of these therapies.

5. **Treatment Outcomes**

   The outcomes for cervical cancer can vary depending on the stage of the cancer when it is diagnosed. Early detection and treatment can improve survival rates. Regular follow-up care and close monitoring are essential for patients with cervical cancer.
Knowledge on Cervical Cancer among Rural Women

S. Venkateswarlu, Research Scholar, Department of Population Studies & Social Work, Sri Venkateswara University, Tirupati- 517 502  
Archana V. Venkateswarlu, Associate Professor, Department of Population Studies & Social Work, Sri Venkateswara University, Tirupati – 517 502.

Abstract

Cervical cancer is among the most common cancers among women worldwide, which progress has been made in the prevention and control of cervical cancer. The data was collected from 102 women based on random sampling from rural areas of Chittoor district using a structured questionnaire. Majority (51.38 percent) of the respondents were not aware about the symptoms of cervical cancer. Majority (60.00 percent) of the respondents are aware of treatment. Majority (95.00 percent) of the respondents were not undergone for screening for Pap smear test for cervical cancer. Advocacy regarding cervical cancer screening and prevention through mass media such as TV, Radio, and News paper are needed to increase the knowledge on cervical cancer.

Keywords: Cervical Cancer, Pap Smear, Prevention, Radiation & surgery

Table -1: Respondents experience of abortions

<table>
<thead>
<tr>
<th>Type of abortion</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induced abortion</td>
<td>28</td>
<td>21</td>
<td>49</td>
</tr>
<tr>
<td>Spontaneous abortion</td>
<td>21</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>42</td>
<td>102</td>
</tr>
</tbody>
</table>

Table -2: Respondents knowledge on symptoms

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>72</td>
<td>70.58</td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>29.41</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.00</td>
</tr>
</tbody>
</table>

2. Knowledge on Symptoms of Cervical Cancer & Reasons for not knowing

The possible withdrawal factor is the fear and embarrassment that may be associated with cervical cancer screening; this does not encourage women and healthcare workers to discuss the issue (F.M. Al-Meer, 2011). Majority (70.58 percent) of the respondents were not aware about the symptoms of cervical cancer. Lack of education is the main reason (51.38 percent) for not knowing about the symptoms of cervical cancer followed by more than quarter (26.38 percent) due to shyness, 13.88 percent due to negligence and never (8.33 percent) unable to notice symptoms which are warned for cervical cancer. The present results corroborated with other studies (A. Sairafi M, Mohamed FA, 2009).

Table -3: Respondents knowledge & mode of treatment

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of education</td>
<td>37</td>
<td>51.38</td>
</tr>
<tr>
<td>Due to negligence</td>
<td>10</td>
<td>13.88</td>
</tr>
<tr>
<td>Due to shyness</td>
<td>10</td>
<td>13.88</td>
</tr>
<tr>
<td>Unable to notice warning</td>
<td>16</td>
<td>26.33</td>
</tr>
<tr>
<td>symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>100.00</td>
</tr>
</tbody>
</table>

3. Knowledge & Mode of Treatment

Among the respondents who are aware of cervical cancer interestingly majority (60.00) of the respondents aware about the treatment and remaining (40.00) were not aware. With regard to the mode of treatment, half of the respondents (50.00 percent) stated drugs are the main course of action for the cervical cancer and more than one third as surgery only (33.33 percent). Very few stated both surgery & radiation (11.11 percent).
4. Screening of Pap smear & challenges for screening

The most frequently reported obstacles to screening in Kolkata included not knowing where to obtain a Pap test; the test is painful, anxiety about results and cost. Some other determinants included being scared of the tests, feeling shy, etc. (Roy & Tricia ST, 2008).

In the present study, a major portion (96.08 percent) of the respondents had undergone screening for cervical cancer. With regard to the reasons, more than one third (38.78 percent) feared of limited family support, followed by more than one fifth (27.44 percent) due to cost, followed by pain during the screening (18.37 percent) and very fewer proportion (09.18 percent) due to anxiety of results. A minor proportion (11.22 percent) of the respondents do not know where to go.

TABLE 4: Respondents knowledge on Screening & Challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>98</td>
<td>96.08</td>
</tr>
<tr>
<td>Yes</td>
<td>04</td>
<td>03.92</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Fear of discomfort and embarrassment were most important barriers for women in Singapore having an organized screening program (Seow A, et al., 1995).

5. Awareness of Preventive health practices

Cervical cancer is a malignant neoplasm of the uterine cervix or cervi-

TABLE 3: Respondents Knowledge on Mode of Treatment

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>60.00</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>40.00</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.00</td>
</tr>
</tbody>
</table>

TABLE 5: Respondents awareness on cervical cancer prevention

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64</td>
<td>62.74</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>37.25</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100.00</td>
</tr>
</tbody>
</table>

There is compelling evidence that cervical cancer is one of the most preventable and treatable forms of cancer, as long as it is detected early and managed effectively (WHO, 2006).

CONCLUSIONS & RECOMMENDATIONS

There is a need for the health care providers to associate with the policy makers in our country make it a priority through health education at all levels and availability of the screening facilities at the door steps of the people living in rural areas. Health education combined with availability of the screening at affordable costs are major concerted and sustained efforts are not geared towards factors in reducing the scourge of the disease in this part of the world. Cervical cancer screening program such as Pap smear, VIA should be integrated into existing health facilities. Advocacy regarding cervical cancer screening and prevention through mass media such as TV, Radio, Newspaper etc are the need of the out. In addition to the above, Cervical cancer screening and treatment should be heavily subsidized in resource poor countries. There is urgency and need for uniformity of National screening programs to create awareness and screen the women.

REFERENCES


GRA - GLOBAL RESEARCH ANALYSIS • 49
Knowledge on Cervical Cancer Among Urban Women

INTRODUCTION
Cervical cancer is a real problem of public health, as it is the number one "killer" of the female population in less developed countries. Cervical cancer, the third most common cancer among women in the world, was responsible for 275,000 deaths in 2008, 88 percent of which occurred in developing countries and 159,800 in Asia (GDI, WHO, 2006). Cervical cancer has a major impact on women's lives worldwide and one in every five women suffering from cervical cancer belongs to India. Thus in India, the ominous of preventing cervical cancer is on the women themselves. Therefore, it is the women's knowledge level, motivation for screening and other psychosocial factors that determine her health seeking behavior. It is a prime importance that cervical cancer screening is effective in targeting at-risk populations, and that, once an abnormality has been identified, follow-up screening and treatment are provided with the minimum distress to women. Cervical cancer is preventable disease as long as it is detected early; although it can be a serious illness if it progresses to invasive carcinoma (Sasakaranaaryanan, 2002). Due to improved technology, treatment of cervical cancer has improved and the survival rate of women with the disease has been greatly enhanced.

Hence, this study was aimed to determine knowledge levels of urban women on cervical cancer symptoms, screening, treatment, and preventive health practices.

METHODOLOGY
The data was collected from 100 women based on random sampling from Tirupati town of Chittoor district in Andhra Pradesh using a structured questionnaire. The questionnaire consists of socio demographic profile includes age, educational status, occupation, reproductive history, experience of abortions, knowledge about cervical cancer and challenges to access the medical care.

RESULTS & DISCUSSION
1. Knowledge on Symptoms of Cervical Cancer & Reasons for not knowing
More than two fifths (42.0 percent) of the respondents were not aware about the symptoms of cervical cancer. Lack of education is the main reason (40.47 percent) for not knowing about the symptoms of cervical cancer followed by one third (33.3 percent) due to negligence, 21.42 percent due to shyness and few (04.76 percent) were unable to notice symptoms which were warned for cervical cancer. The present results corroborated with other studies. The present study's level of knowledge co related to literature (Divakar, H 2012) that revealed urban women did not know much about symptoms of cervical cancer.

<table>
<thead>
<tr>
<th>TABLE 1: Respondents knowledge on symptoms of cervical cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Reasons</td>
</tr>
<tr>
<td>Lack of education</td>
</tr>
<tr>
<td>Due to negligence</td>
</tr>
<tr>
<td>Due to shyness</td>
</tr>
<tr>
<td>Unable to notice warning symptoms</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

2. Knowledge & Mode of Treatment
Among the respondents who are aware of cervical cancer, only 36.21 percent of the respondents aware about the treatment and remaining (63.79 percent) not aware. With regard to the mode of treatment, more than two fifths of the respondents (42.85 percent) stated drugs as the main course of action for the cervical cancer and one third as surgery only (33.3 percent). A minor proportion (14.28 percent) of respondents stated both surgery & radiation. And very few stated that Radiation only (9.52 percent) as the mode of treatment.

<table>
<thead>
<tr>
<th>TABLE 2 : Respondents Knowledge on Mode of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Mode of Treatment</td>
</tr>
<tr>
<td>Drugs</td>
</tr>
<tr>
<td>Surgery &amp; Radiation</td>
</tr>
<tr>
<td>Surgery only</td>
</tr>
<tr>
<td>Radiation only</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

3. Screening of Pap smear & challenges for screening
The most frequently reported obstacles to screening according to Kirikalojani-Papourpoulo P etal in terms of the causes for not having the screening test. 60% reported negligence, 25% lack of information and 35% reported other reasons as the main causes for not having the test. In the present study, a major portion (94 percent) of the respondents had not undergone for screening of cervical cancer. With regard to the reasons, (40.42 percent) did not go for screening due to its higher cost, more than a quarter (27.6 percent) due to fear of limited family sup-

---

**Research Paper**

**Volume:** 2  **Issue:** 9  **September 2013**  **ISSN No. 2277 - 8379**
port, one fifth (20.21 percent) do not know where to go and a
minor proportion (8.51 percent) due to anxiety of results and
pain during screening (3.19 percent).

TABLE 3: Respondents knowledge on Screening & Challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not known about where to go</td>
<td>19</td>
<td>20.21</td>
</tr>
<tr>
<td>Painful</td>
<td>3</td>
<td>3.19</td>
</tr>
<tr>
<td>Anxiety of results</td>
<td>8</td>
<td>8.51</td>
</tr>
<tr>
<td>Cost</td>
<td>26</td>
<td>27.63</td>
</tr>
<tr>
<td>Fear of limited family support</td>
<td>26</td>
<td>27.63</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>100</td>
</tr>
</tbody>
</table>

In a study in Singapore few factors were categorized as psychologica! factors. These include lack of interest, pain, Fear of
discomfort and embarrassment were most important barriers
for women having an organized screening program [Seow A,
et al., 1995].

4 Awareness of Preventive health practices
Not even one third (31.0 percent) of the respondents were
aware about preventive health practices which to lead healthy
life. Among them nearly two thirds (63.29 percent) express
that early detection is the main preventive practice, followed
by prompt treatment (22.58 percent), Pap smear (6.45 percent)
and a minor proportion (9.67 percent) stated that all - early
detection, Pap smear and prompt treatment as best practices.

TABLE 4: Respondents awareness on cervical cancer prevention

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>31</td>
<td>31.0</td>
</tr>
<tr>
<td>No</td>
<td>69</td>
<td>69.0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Preventive Practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear</td>
<td>19</td>
<td>6.45</td>
</tr>
<tr>
<td>Early detection</td>
<td>12</td>
<td>63.19</td>
</tr>
<tr>
<td>Prompt treatment</td>
<td>7</td>
<td>22.58</td>
</tr>
<tr>
<td>All of the above</td>
<td>2</td>
<td>9.67</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>100</td>
</tr>
</tbody>
</table>

There is compelling evidence that cervical cancer is one of the
most preventable and treatable forms of cancer, as long as it is
detected early and managed effectively (WHO, 2006).

CONCLUSIONS & RECOMMENDATIONS
To conclude, updating information to women by the health
professionals should include the entire age spectrum, as well
as women of every socioeconomic status, especially from the
weaker economic groups. The screening test can lead to a de-
crease of the incidence of cervical cancer. However, it is noted
that on a national level, organized programs for the massive
screening test of the population using the Pap test for the entire
population checks varies depending on the country. For exam-
ple, in England, 83% of the women of age 25-64 years old are
checked in recommended interim in comparison to 53-74% of
the women in Italy age 25-64 years old. Though exact figures
were not available to India definitely it will be very less. Hence.
there is a need for the health care providers to associate with the
policy makers in our country, make it a priority through health
education at all levels and availability of the screening facilities
at the door steps of the people living in rural areas. Health edu-
cation combined with availability of the screening at affordable
costs are major concerted and sustained efforts in reducing the
scourge of the disease in this part of the world. Cervical cancer
screening program such as Pap smear, VIA should be integrated
into existing health facilities.