



## ATTITUDE REGARDING PREVENTION OF CANCER CERVIX AMONG THE WOMEN AT THE SELECTED VILLAGES OF BOUDH

Kamala Behera <sup>1</sup>, DR. Jaqueline Williams <sup>2</sup>, DR. Manjubala Dash <sup>3</sup>

<sup>1</sup> Research Scholar, Himalaya University

<sup>2</sup> Professor, Himalaya University

<sup>3</sup> Prof & Head, Dept of OBG, MTPG & RIHS

### Abstract:

**Introduction:** Prevention and Screening for cancer is plays important role to reduce mortality and morbidity by early detection and treatment. However, despite availability of various screening method for cervical cancer, women are not showing interest to participate in screening in regions where programme are available. The aim of the study to assess the level of attitude among women at the selected Villages of Boudh. **Methodology:** Quantitative research approach and descriptive design was adopted in this study. Convenient sampling Technique was adopted to select the sample for the study. Total 100 Samples were selected purposefully for the study. **Result and Findings:** Regarding demographic variable the study findings are: majority 40% of women were in the age group of 25-35yrs. With regards to attitude of Screening method it was found that only 10% women shows positive attitude about screening methods for prevention of cancer cervix. **Conclusion:** This study findings highlights that participants attitude in the experimental group was better than control group women. Hence there should be more awareness programme to be conducted for prevention screening procedures and facility to be provided all health centers for all women.

**Keywords:** Prevalence, Attitude, cancer cervix, Prevention

**Cite this Article:** Kamala Behera, Jaqueline Williams, Manjubala Dash (2025). Attitude regarding prevention of cancer cervix among the women at the selected villages of boud. *International Journal of Innovative Research in Health Science*, 4(1), 11-15.

## INTRODUCTION

Cervical cancer commonly occurs in women aged 30 to 44, with the average diagnosis age around 50, rarely appearing in individuals under 20. Despite this, many older women may underestimate their risk, as over 20% of cases arise in women over 65. Nevertheless, regular cervical cancer screening before the age of 65 significantly reduces the likelihood of developing such cancers in older age. [1-4]

The human Papillomavirus, often known as HPV, is the virus that causes the most frequent infection of the reproductive system. This infection may affect both men and females and can lead to a variety of disorders, including precancerous lesions that might develop into cancer. Carcinoma of the uterine cervix is a serious health issue that affects Indian women, and around 120,000 Indian women are diagnosed with this illness each year. The number of fatalities attributed to cervical cancer in India stands for 15.2 percent of the global total. While the prevalence of cancer of the cervix has decreased in the urban population, it remains to be very common in the rural regions. [5-6] The fact that the natural history of development from moderate dysplasia to carcinoma cervix typically takes between 10 and 20 years makes this kind of cancer a reasonably early preventable illness. This is the reasoning for screening. Although national rules are in place, the screening coverage in India is shockingly inadequate. Because of this, a diagnosis for cancer cervix may only be catch by opportunistic screening or after the first manifestation of symptoms. [7-9]

Cervical cancer is predominantly prevalent in rural populations across India, with demographic variables playing a crucial role. Through the implementation of sufficient screening measures and health awareness programs, efforts are being made to identify and prevent cervical cancer effectively. [10-11] In rural regions of India, where education about cervical cancer is low and access to treatment is limited, the situation is particularly dire. Women in resource- limited settings throughout the globe often come with advanced stages of Human Papillomavirus (HPV)-caused cervical cancer owing to a lack of treatment options, leading to a poor prognosis due to late detection. Cervical cancer risk factors include HPV infection and further factors such as age at marriage, parity, genital hygiene practices, oral contraceptive use, nutritional status, and smoking habits also influence the prevalence of cervical cancer. Various screening techniques, including Pap smear, visual inspection with acetic acid, and HPV DNA testing, are employed for early detection and prevention of cervical cancer. [12]

Various screening methods for cervical cancer are employed globally, with cervical cytology having a history of 50 years of utilization. Recent advancements include HPV DNA testing and visual screening techniques. Enhancing the uptake of screening holds paramount importance in preventing cervical cancer by detecting and treating precancerous lesions before they progress to malignancy. [13] Screening and awareness initiatives are crucial in reducing mortality and morbidity from cancer, with early detection and treatment potentially decreasing rates by 41% to 92%. [32] Nevertheless, despite the availability of diverse cervical cancer screening methods, women in regions with established programs often exhibit reluctance to participate. A significant

barrier for women worldwide, spanning various cultures and countries, lies in the necessity of undergoing a speculum-based pelvic examination within existing programs, alongside limited access to care and inadequate awareness regarding the disease and preventive measures. [14-15]

### AIM OF THE STUDY:

The study aims to assess the level of attitude regarding prevention of cancer cervix among women.

### METHODOLOGY:

Quantitative research approach and descriptive non-experimental design was selected for this study. Total 100 women were selected by purposive sampling technique from the selected village of Boudh. Data was collected by interview schedule by the researcher prepared tool. The tool has two sections. First section deals with demographic variables and second section related to attitude of women regarding prevention of cancer cervix. The researcher collected data from the women individually and it was tabulated, coded for the analysis. All the women were cooperated with the researcher during the data collection.

### RESULT AND ANALYSIS:

Results indicate that largest proportion of respondents, 35 (35%) women were in the age group of 30 to 40 years. 96 (96%) were married, with the majority 59 (59%) women's marriage duration more than 16 years. 95 (95%) respondents were Hindu. 75 (75%) participants were illiterate and 96 (96%) was housewives. The majority 96 (96%) reported a monthly income below Rs.12000 and 93 (93%) belonged to nuclear family. Regarding sexual activity, half of the respondents 50 (50%) reported occasionally activity. In terms of awareness of HPV infection and screening, a noteworthy 83 (83%) of respondents lacked knowledge. Among those with awareness, 13 (76.47%) obtained information through family and friends, while 4 (23.53%) received awareness from health professionals. Concerning previous screening for HPV infection, the highest percentage, 99 (99%), had never been screened, and 94 (94%) reported no family history of cervical cancer.

**Table 1: Frequency Distribution of Item wise Pre-test Level of Attitude among experimental and control group Women N=100**

S. No	Item-wise Level of attitude	Level of Attitude			
		f		%	
		+ve	-ve	+ve	-ve
1	Likeness for Screening Technique	0	100	0	100%
2	Comfortable with Screening	0	100	0	100%
3	Relaxed with Screening	0	100	0	100%
4	Confidence with Screening	0	100	0	100%
5	Taking care of your own health with Screening	2	98	2%	98%
6	Will use Again	0	100	0	100%

Table 1 disclosed the attitude levels for individual items among women. All women 100 (100%) had negative attitude towards screening technique.

## CONCLUSION

This study findings highlights that participants attitude was negative towards screening methods. Hence there should be more awareness programme to be conducted for prevention screening procedures and facility to be provided all health centers for all women.

## REFERENCES

1. Bruni, Laia et al. The Cervical cancer screening programmes and age-specific coverage estimates for 202 countries and territories worldwide: a review and synthetic analysis *Lancet Global Health*, Volume 10, Issue 8, e1115 - e1127.
2. Nwabichie, C. C., Manaf, R. A., & Ismail, S. B. (2018). Factors Affecting Uptake of Cervical Cancer Screening Among African Women in Klang Valley, Malaysia. *Asian Pacific journal of cancer prevention : APJCP*, 19(3), 825–831. <https://doi.org/10.22034/APJCP.2018.19.3.825>
3. Siddharthar J, Rajkumar B, Deivasigamani K. Knowledge, awareness and prevention of cervical cancer among women attending a tertiary care hospital in puducherry, India. *J Clin Diagn Res* 2014;8:OC01-3.
4. Driscoll SD. Barriers and facilitators to cervical cancer screening in high incidence populations: A synthesis of qualitative evidence. *Women Health* 2016;56:448-67.
5. Institute National du Cancer. La situation du cancer en France. 2012.
6. Haute Autorité de Santé. Etat des lieux et recommandations pour le dépistage du cancer du col de l'utérus en France. 2010.
7. Patra S, Upadhyay M, Chhabra P. Awareness of cervical cancer and willingness to participate in screening program: Public health policy implications. *J Cancer Res Ther* 2017;13:318-23.
8. Bobdey S, Sathwara J, Jain A, Balasubramaniam G. Burden of cervical cancer and role of screening in India. *Indian J Med Paediatr Oncol*. 2016;37(4):278–85.
9. Sancho-Garnier H, Tamalet C, Halfon P, Leandri FX, Le Retraite L, Djoufelkit K, et al. HPV self-sampling or the Pap-smear: a randomized study among cervical screening nonattenders from lower socioeconomic groups in France. *Int J Cancer*. 2013;133(11):2681–7.
10. Sancho-Garnier H, Tamalet C, Halfon P, Leandri FX, Le Retraite L, Djoufelkit K, et al. HPV self-sampling or the Pap-smear: a randomized study among cervical screening nonattenders from lower socioeconomic groups in France. *Int J Cancer*. 2013;133(11):2681–7.
11. Arbyn M, Weiderpass E, Bruni L, de Sanjosé S, Saraiya M, Ferlay J, Bray F. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *Lancet Glob Health*. 2020 Feb;8(2):e191-e203. doi: 10.1016/S2214-109X(19)30482-6. Epub 2019 Dec 4. Erratum in: *Lancet Glob Health*. 2022 Jan;10(1):e41. PMID: 31812369; PMCID: PMC7025157.

12. World Health Organization. (2020). WHO recommendations on self-care interventions: human papillomavirus (HPV) self-sampling as part of cervical cancer screening. World Health Organization. <https://apps.who.int/iris/handle/10665/332333>. License: CC BY-NC-SA 3.0 IGO
13. Kumar MS, Shanmugapriya PC, Kaur P. Acceptance of cervical and breast cancer screening and cancer awareness among women in Villupuram, Tamil Nadu, India: A cross sectional survey. *Clin Epidemiol Glob Heal* 2015;3:S63-8. Available from: [https://www.ceghonline.com/article/S2213-3984\(15\)00075-5/fulltext](https://www.ceghonline.com/article/S2213-3984(15)00075-5/fulltext).
14. Yeh PT, Kennedy CE, de Vuyst H, et al. Self-sampling for human papillomavirus (HPV) testing: a systematic review and meta-analysis. *BMJ Global Health* 2019;4:e001351. doi:10.1136/bmjgh-2018-001351
15. Hawkes D, Keung MHT, Huang Y, McDermott TL, Romano J, Saville M, Brotherton JML. Self-Collection for Cervical Screening Programs: From Research to Reality. *Cancers (Basel)*. 2020 Apr 24;12(4):1053. doi: 10.3390/cancers12041053. PMID: 32344565; PMCID: PMC7226191.

