

*Research Article***Screening Knowledge and Prevention for Cervical Cancer*****Rimpa Manna**

* Faculty of Science, RKDF University Bhopal, M.P.

Article information**ABSTRACT****Volume: 1****Issue: 3 (October-December)****Page No: 74-78****Received: 30.08.2024****Accepted: 12.09.2024****Published: 16.10.2024****DOI No.:****Corresponding Author:**

Ms. Rimpa Manna
 Asst. Professor, RKDF
 University, Bhopal (M.P),
 Email: rimpa.765@gmail.com
 Mobile:- 9903446420

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Cervical cancer is the most common female cancer in developing countries like India and remains a leading cause of death among women worldwide. A woman dies of cervical cancer every two minutes globally. In India alone, around 123,907 women die from the disease annually. Despite being preventable through screening for premalignant lesions, such services are underutilized. This study aimed to assess the knowledge of cervical cancer screening among Indian women. A cross-sectional survey was conducted among 130 women at AIIMS Bhopal and nearby Arera Colony. Findings reveal low awareness of Pap smear testing and poor preventive knowledge. Public awareness campaigns are recommended to enhance screening uptake.

INTRODUCTION

Cervical cancer is primarily caused by persistent infection with high-risk human papillomavirus (HPV) types and remains a significant public health concern, particularly in low- and middle-income countries. The disease progresses slowly, allowing ample opportunity for detection and treatment of precancerous stages. Screening techniques such as Pap smear tests and HPV DNA testing can effectively reduce the incidence and mortality of cervical cancer.

However, the uptake of such screening programs in India remains inadequate due to various socio-cultural, educational, and economic barriers. Many women lack awareness of the availability, importance, and procedures of cervical cancer screening. This study aims to assess the level of knowledge and awareness about cervical cancer, its screening methods, and prevention strategies among women in Bhopal and nearby areas in Madhya Pradesh.

MATERIAL AND METHODS

A descriptive cross-sectional survey design was employed to assess the knowledge, awareness, and attitudes of women regarding cervical cancer screening. This design was chosen because it allows researchers to analyze data from a population at a specific point in time, providing a snapshot of prevailing knowledge

and practices. The study was conducted in Bhopal, the capital city of Madhya Pradesh, focusing on two main locations: All India Institute of Medical Sciences (AIIMS) Bhopal, a premier healthcare institution catering to a diverse demographic, and Arera Colony, a well-populated urban locality nearby.

Population and Setting

The target population consisted of women aged 18 years and above who either visited AIIMS Bhopal for healthcare services or were residents of Arera Colony. These settings were chosen to ensure a heterogeneous sample in terms of socio-economic status, education level, and cultural background. This diversity helped capture a comprehensive understanding of cervical cancer awareness in a typical urban Indian context.

Sampling Technique

A simple random sampling method was employed to eliminate sampling bias and ensure equal chances of selection for all eligible women in the identified settings. A list of potential participants was generated from outpatient registers and community listings, and participants were then selected randomly using a computer-generated random number table.

Sample Size

A total of 130 women participated in the study. The sample size was calculated considering the prevalence of poor cervical cancer screening awareness in similar populations, with a

confidence interval of 95% and a margin of error of 5%. This number was deemed sufficient to detect statistically significant associations between knowledge levels and socio-demographic variables.

Data Collection Instrument

Data were collected using a self-structured questionnaire developed specifically for this study. The questionnaire was constructed after reviewing relevant literature and validated by experts in public health and gynaecology. It consisted of both closed and open-ended questions and was divided into four sections:

1. Socio-demographic profile – age, education, occupation, religion, marital status, number of children.
2. Knowledge of cervical cancer – symptoms, causes, risk factors, and general understanding.
3. Awareness of screening methods – familiarity with Pap smear, HPV testing, screening intervals.
4. Preventive practices and attitudes – history of screening, vaccine awareness, and willingness to participate in future screening.

RESULTS AND DISCUSSION

The study involved 130 women, primarily aged 26–35. Socio-demographic and

awareness-related findings are detailed below:

Table 1: Socio-demographic Characteristics

Characteristic	Percentage (%)
Age Group (26–35 years)	Majority
Primary Education	40.8
Self-employed	54
Muslim	55
Hindu	51.5
Practicing Polygamy	26
1–2 Children	Majority

Table 2: Awareness and Screening Practices

Parameter	Percentage (%)
Knows cervical cancer is malignant	55.4
Awareness from clinics	48.5
Awareness from field surveys	23.1
Not aware of local screening centre	52.3
Knows Pap smear frequency (1–3 years)	38
Ever done Pap smear	20
Poor knowledge of prevention	75.4
Poor knowledge + Primary education	73.7

No significant correlation was found between source of awareness and knowledge of Pap smear ($p > 0.72$). There was also no significant relationship between educational status and prevention knowledge ($p > 0.86$).

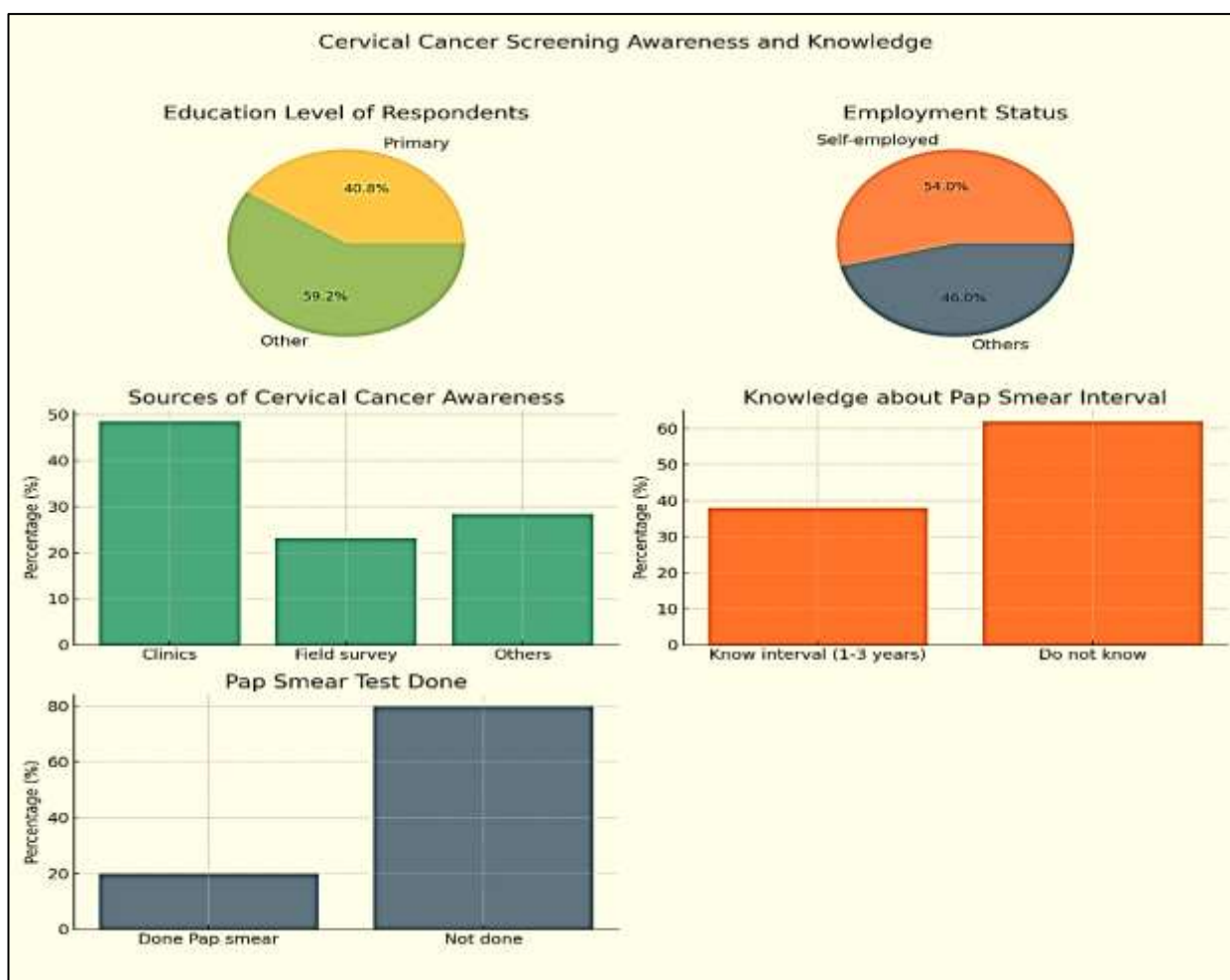


Figure 1: Summary Charts on Awareness and Screening Knowledge

CONCLUSION

Cervical cancer awareness was moderate among the study population, but knowledge about specific prevention methods and screening procedures such as the Pap smear was poor. The overall uptake of screening services was significantly low. Public health interventions, including educational campaigns in local clinics, religious places, markets, and workplaces, are essential to

enhance awareness and increase screening rates.

Furthermore, policy initiatives should focus on integrating cervical cancer education into existing health programs, encouraging regular screening, and ensuring that services are both available and accessible to women of all socioeconomic backgrounds..

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CONFLICT OF INTEREST

The authors declare no conflicts of interest

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