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Study of knowledge, attitude, and practice regarding cervical cancer and its screening among health service providers of Udaipur

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Abstract
Objective: To Assess knowledge, attitude and practice towards cervical cancer and its screening among health service providers.
Material and Methods: A cross-sectional study. Questionnaire was adapted from earlier studies related to cervical cancer and screening knowledge, attitude, and practices among female health care providers of Chennai cooperation 2013.
Result: Out of 200 heath care providers 68.5% think that cancer cervix is a public health problem in India. 59% are aware about risk factors for acquiring cervical cancer.57% are aware of cancer cervix symptoms.30% are aware of its screening procedure.49.5% and 48% are aware of recommended age of screening and its interval respectively. 46.5% didn't think themselves susceptible for cervical cancer. 99% were willing to undergo screening.100% perceive the importance of educational camps and seminars and willing to propagate knowledge regarding cancer cervix and screening to general population. only 2% have ever undergone screening for cervical cancer. 21.5% Have done cancer screening and only 7% have undergone vaccination.
Conclusion: Study identified misconceptions between Knowledge, Attitude and Practices towards cervical cancer and its screening among Health Service Providers.

Keywords: cervical cancer screening, KAP study, Health care providers, Burden of cervical cancer

Introduction
Cancer of the cervix uteri is the second most common cancer among women worldwide with an estimated 530,232 new cases and 275,008 deaths. (1). Mortality due to cancer cervix is also an indicator of health inequities as 86% of all death due to cancer cervix are in developing, low and middle income countries(3).

Cancer cervix is the only cancer that is almost completely preventable by safe, simple and inexpensive methods. Early diagnosis and prompt treatment of cancer cervix and precancerous lesion provide the best possible protection against cancer cervix. Cancer cervix has a very long precancerous period of about 10 years, which provide a considerable time and opportunity to detect and treat it completely. If regular screening is made a part of the routine checkups for all women the onset of cancer can be detected at an early stage and combated effectively (2,3). Multiple social barriers in accessing basic screening and treatment services have posed Indian women at greater risk of developing the disease.(7,8)

Epidemiology of cancer cervix in India
Cervical cancer is on the decline trend in India yet it continues to be a major public health problem for women in India.(4)Every year in India 122,844 women are diagnosed with cancer cervix and 67,477 die from disease.(5)

Role of health service providers in screening and prevention thus combating this disease
In any community HCPs constitutes a knowledgeable class regarding medical information and interventions. General population follow them. Therefore female HCPs play a big role in creating awareness and promoting cancer cervix screening among women in their field practice area. By studying the level of knowledge. attitudes and practices with regard to cervical cancer screening amongst health service providers will help to find out practical and strategic need of

cervical cancer prevention program in India. Studies in this respect seem to be limited in India which resulted in information gap among practitioners, researchers and policy makers.

Aims and Objective

To assess knowledge, attitude and practice towards cervical cancer and its screening among health service providers at Pannadhaya Rajkiya Mahila Chikitsalaya, Udaipur.

Material and Methods

A cross-sectional study design. Data was collected by means of self-administered questionnaire from 200 health service providers working/coming to Pannadhya Rajkiya Mahila Chikitshalay; Udaipur. Questionnaire was adapted from earlier studies related to cervical cancer and screening knowledge, attitude, and practices among female health care providers of Chennai Corporation, 2013. (6) The questionnaire was translated into regional linguists and pre-tested to ensure that it maintained its original meaning.

Data Collection Process

After receiving clearance from Ethical Clearance committee (REC R.N.T. MEDICAL COLLEGE), the study was conducted using a paper questionnaire. Data entry screens using SPSS version 20 software application that was used to translate the paper questionnaire into electronic data for analysis.

Knowledge, Attitude and Practice Is Evaluated Under Following Headings

Knowledge

1. Knowledge towards Burden of Cervical Cancer.
2. Knowledge towards Cervical Cancer Risk Factors.
3. Knowledge towards Cervical Cancer Symptoms.
4. Knowledge towards Cervical Cancer screening procedure.
5. Knowledge towards Cervical Cancer Screening Recommended Age of Women.
6. Knowledge towards Cervical Cancer Screening Recommended Interval.

Attitude

1. Do you Perceive susceptibility of getting cervical cancer?
2. Will undergo Screening if Opportunity Provided?
3. Will you educate general population regarding cancer cervix and its screening procedure?
4. Do you perceive that educational camps and seminars are important?

Practice

1. Have you ever had a cervical screening? If not then why?
2. Have any of your family member undergone for cervical cancer screening?
3. Have you ever done cervical cancer screening? If not then why?
4. Have you ever gone for vaccination against HPV? If not then why?

Operational definition

Operational definitions that help to guide this research includes:-

Knowledge

1. We considered knowledge about risk of cervical cancer good if a respondent mentioned at least three of the known risk factors.
2. We considered knowledge about symptoms of cervical cancer good if a respondent mentioned at least three of the known symptoms.
3. We considered knowledge about screening technique of cervical cancer good if a respondent mentioned at least two of the known technique.
4. We considered knowledge about recommended age of screening for cervical cancer good if a respondent mentioned at least> 30 years.
5. We considered knowledge about recommended interval of screening for cervical cancer good if a respondent mentioned at least every 5years.

Results

Background Characteristics

A total of 200 health service providers were study participants. Mean age 33.12years ±6.91 SD. 63.5% urban while 36.5% rural. 67.5% are married, 26% unmarried, 5% widow and 1.5% divorced. 14% doctors, 22% ASHAs, 13.5%ANMs, 17.5% M.B.B.S. internship students and 33% nursing staff.
17.5% attended training regarding cervical cancer.

Table 1: Profession percentages in service years and attended training

Profession	
ASHA	44(22%)
ANM	27(13.5%)
Nurses	66(33%)
MBBS Interns	35(17.5%)
Doctors	28(14%)
In service years	
0-4 years	84(42%)
5-9 years	72(36%)
10-14 years	40(20%)
> 15 years	4(2%)
Attended training regarding cervical cancer and its screening	
Yes	35(17.5%)
No	165(82.5%)

Results of Knowledge

Table 2: Knowledge towards Burden of Cervical Cancer

Variable	**Number**	**Percentage (N=200)**
Extent is high in India		
Yes	137	68.5%
No	15	7.5%
I don't know	48	24%

Table 3: Knowledge towards Cervical Cancer Risk Factors

Risk factors	**Percentage of HCPs**
multiple sexual partner	64%
Sexually Transmitted Infection	14.5%,
Smoking	20.5%,
family history	32%
multiple pregnancy	23%
hormonal contraceptive	20%
repeated abortions	19.5%,
Menopause	4%
Lifestyle	16%
early sexual intercourse	20%
HIV infection	10.5%
HPV	33%

One health care provider can enumerate more than one risk factor.

Table 4: Knowledge towards Cervical Cancer Symptoms

Cervical cancer symptoms	Percentage of HCPs
irregular vaginal bleeding	71.5%,
foul smelling/white vaginal discharge	58%
postcoital bleeding	29%,
Dyspareunia	22%,
abdominal pain	18.5%,
pelvic pain	36%
weight loss	17%
Menorrhagia	11%

[b]One health care provider can enumerate more than one symptom

Table 5: Knowledge towards Cervical Cancer screening procedure

Cervical Cancer screening procedure	**Percentage of HCPs**
Pap smear	45.5%
VIA/VILI	22.5%
Colposcopy	19%

[c]one health care provider can enumerate more than one procedure.

Table 6: Knowledge towards Cervical Cancer Screening Recommended Age of Women

Recommended age of screening	**Percentage of HCPs**
> 30 years	23%
15 to 49years	3%
25 to 45years	24.5%,
>18years	2.5%.

Table 7: Knowledge towards Cervical Cancer Screening Recommended Interval

Recommended Interval of screening	Percentage of HCPs
every six months	6%
every one year	29%
every three years	23%
every five years	5%

Result of Attitude

46.5% of female participants didn't think they were susceptible to cervical cancer 99% were willing to undergo screening if provided a chance.

100% of respondents perceive the importance of educational camps and seminars 100% of them are willing to propagate knowledge regarding cancer cervix and screening to general population.

Result of Practice

Only 2% have ever undergone screening for cervical cancer.

Only 24% of respondent's family members have ever gone for cervical cancer screening, Only 21.5% have done cancer screening. Only 7% have undergone vaccination.

Discussion

In general, our study identified big gaps and misconceptions between Knowledge, Attitude and Practices towards cervical cancer and its screening. There is unavailability of systematic screening program.

Overall 68.5% of study participants believed that cervical cancer a major public health problem in India. A similar descriptive study among medical workers of Mulago, Uganda revealed 93% of the respondents know that cancer of the cervix was a public health concern (9).

Regarding knowledge about risk factors overall level of knowledge is good in 59% of respondents i.e. 59% of HCPs are aware of 3 or more than three risk factors for acquiring cervical cancer. Doctors are found to have highest level of knowledge followed by internship students followed by nurses followed by rural HCPs eg. ASHAs and ANMs. Multiple sexual partners (66%) is the maximally known risk factor by health service providers of every group. HPV (33%) and HIV (10.5%) are only known to members of higher educated group i.e. doctors, internship students and by few nurses, rural HCPs i.e. ASHAs and ANMs are totally unaware of HPV infection. Most of them enumerate hormonal contraceptives and repeated abortions as the risk factors.

This show inadequate knowledge of HPV infection as a cause of cervical cancer in health professionals at our centre. The finding is not consistent with study conducted among interns and nursing staff in tertiary care hospitals in Karachi, Pakistan which showed 98% of cervical cancer in our part of the world is due to HPV infection (10).

The study finding is somewhat consistent with study conducted among nursing staff in Surat Gujarat India teaching hospital, at which majority of the respondents have mentioned multiple sexual partners (61.5%) as one of risk factor for cervical cancer. Similarly according to this study, more than a third of the respondents mentioned that Human Papilloma Virus infection (38.6%) as one of risk factor for cervical cancer followed by and heredity (31%).(11)

Regarding knowledge about symptoms of cervical cancer, overall level of knowledge is good in 57% of respondents i.e. 57% of HCPs are aware of 3 or more than three symptoms of cervical cancer. Irregular vaginal bleeding (71.5%) is the most common symptom pointed out by HCPs of every group followed by foul smelling/white discharge (58%). Again doctors, internship students and few nurses enumerated the maximum correct symptoms, while rural HCPs enumerated less specific or vague symptoms like abdominal pain, pelvic pain and that too by few of them.

Almost 57.5% of respondents believed that screening can detect cervical cancer before symptoms appear. Overall level of knowledge is good in 30% of respondents.

PAP's smear (45.5%) is the most common technique to be known by doctors, nurses and internship students followed by VIA/VILI (22.5%) and colposcopy (19%). Again Rural HCPs i.e. ASHA and ANM seem to have no idea regarding these techniques they are not at all acquainted about these techniques. This is in contrast to study conducted among female health worker in Chennai cooperation, where 95.3% of HCPs were aware of Pap smear and VIA/ VILI, however only 62.1% and 78.4% knew the exact purpose of Pap smear and VIA/ VILI respectively (6).

Around 67% of study participants attempted to identify recommended age of women for cervical cancer screening. Overall level of knowledge is good in 49.5% of respondents. Remarkably 33% of respondents didn't know recommended age of women to be screened.

Our study demonstrated that 46.5% of HCPs did not think that they are susceptible to cancer cervix but 99% were willing to undergo screening if provided a chance. while figure of similar study at Chennai cooperation India is 42.1% and 60% respectively (6).

Our study revealed that only 2% of HCPs have undergone screening procedure, while figure of similar study at Chennai cooperation India is 18.7%. Again a study conducted in Nigeria at Usmanu Danfodiyo University Teaching Hospital Sokoto, with doctors, nurses, pharmacists, laboratory scientists and medical social workers. It was assumed that the knowledge of these workers about cervical cancer would be high and they would have taken the screening tests for themselves. However,

the results of the study revealed that only 4.4% of the respondents had ever undergone the screening tests themselves (12).

Participants mentioned following reasons for not undergoing screening Not having symptom (60%), Not feeling at risk (46.5%), Not giving attention (12%), Not sexually active (26%), Not having awareness about cervical cancer (50%), Not eligible (15%), lack of access (15%), Fear of procedure(25%),Self-protection from risk factors, Not comfortable with speculum and pelvic area procedure, Had Hysterectomy (5%).

When segregation done based on profession, the study showed that the knowledge on cervical cancer and screening is the best among doctors and intern students. nurses have moderate level of knowledge while rural HCPs have poor level of knowledge. Nurses and rural HCPs who have good knowledge is due to their long work experience. This implies absence of incorporation of such course in their curriculum and also lack of traning among them.

But despite of having different level of knowledge, adoption of screening procedure is almost same in every group almost all HCPs seem to be reluctant towards getting screened themselves. they also seems to be reluctant towards recommending screening to their eligible friends and family members. They do not find it necessary to undergo vaccination for cancer cervix prevention.

Attitude on other hand seems to be very good and almost similar in every group.

Majority of respondents including rural HSPs showed high level of acceptability and willingness to undergo screening procedure. All of them are also aware of importance of educational camps and seminars and they are also willing to propagate education among general population.

Conclusion

This study concludes that despite of having adequate knowledge and good attitude Doctors and nurses are reluctant towards adoption of screening procedures. While Poor level of knowledge among rural health service providers is a major lacuna. Rural HCPs form a large proportion of workforce. They deal with illiterate or less educated population who resides in resource poor areas. So their role is not only to provide health care but also to educate them and refer or escort them to higher centre when needed. Here if rural health care providers themselves are ignorant and not having adequate and appropriate knowledge and information then what they will serve to rural population.

Recommendation

To obtain best results intervention should be group specific.

some motivation is required among doctors and nurses to do more and more screening of eligible women and also indulge themselves in screening procedure which itself act as motivation for other health service providers and general population. Special topics like cancer cervix and its screening should be in cooperated into routine nursing academic curriculum and special training programmes should be organized to polish their skills on screening section.

A lot more attention has to be given to rural HCPs. They should be educated to a level at which they can understand women at high risk of developing cancer cervix and to refer or escort them to higher centre when required. Knowledge of vaccine should also be given to them and advice them to promote this knowledge among general population.

Abbreviations

HCPs	Health Care Providers
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
HPV	Human Papilloma Virus
HIV	Human Immunodeficiency Virus
VIA	Visual Inspection With Acetic Acid
VILI	Visual Inspection Using Lugol's Iodine

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