

International Journal of Innovative Research in Science, Engineering and Technology

(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 6, June 2015

Cervical Cancer Screening Among Women in Rural Community

Prof. Sathiyalatha Sarathi

Vice Principal & H.O.D, Obstetrics and Gynaecological nursing, Sree Balaji College of Nursing, Chromepet, Chennai,
India

ABSTRACT: Cervical Cancer Kills 1 Indian woman every 7 minutes (Pratibha Masand, The times of India, Feb 4, 2012). The prevalence of Cervical Cancer was assessed in kaniyamman Nagar Community among 67 Samples by screening procedures such as visual inspection with Acetic Acid (VIA) and Lugol's Iodine (VILI) tests using Magnavision. It magnifies the lesion 4x along with illumination which supports the accuracy of test results in assessing the early stages of cervical cancer.

KEYWORDS: Cervical cancer screening, magnavision, cervical cancer awareness package.

I. INTRODUCTION

The global burden of Cervical Cancer: Worldwide cervical cancer is the second most common cancer among women. It's sober to think that a woman dies of Cervical Cancer approximately every 2 minutes in the world. This debilitating disease is highest in the most disadvantaged sections of Indian society due to lack of access to cervical cancer screening and lack of awareness about the disease. The aim of cervical cancer screening is to detect the pre-invasive stage of disease & treat appropriately before it progress to cervical cancer.

Statement of the problem

A study to assess the prevalence and risk factors of cervical cancer and the effectiveness of cancer awareness package on knowledge regarding cervical cancer among women in Kaniyamman Nagar Community adopted by Omayal Achi community health centre, Chennai.

Objectives

1. To assess the prevalence and risk factors of cervical cancer among women in Kaniyamman Nagar community.
2. To assess and compare the pre & post-test level of knowledge regarding cervical cancer among women in Kaniyamman Nagar Community.
3. To assess the effectiveness of cervical cancer awareness package on knowledge regarding cervical cancer among women in Kaniyamman Nagar Community.

II. MATERIALS AND METHODS

- The study was conducted in Kaniyamman Nagar community adopted by Omayal Achi community Health Centre. The sample of the study was women between the age group of 20-50 years. The sample size was 88.

Sample selection criteria

Inclusion criteria

- Women with the age group of 20 – 50 years
- Married women
- Willing to participate in the study
- Subjects who understood Tamil

International Journal of Innovative Research in Science, Engineering and Technology

(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 6, June 2015

Exclusion criteria

- Pregnant mothers
- Women on treatment for cancer cervix
- Women who had undergone hysterectomy

Data collection Instrument:

Tool 1: Magnavision (r=0.84), To magnify the lesion 4X times along with illumination to enhance the accuracy of the test results.

Tool 2: Visual inspection scale (r=0.85), To assess the test result of visual inspection with acetic acid (VIA) and visual inspection with Lugol’s Iodine (VILI)

Tool 3: Criterion checklist (r=0.88), To identify the risk factors for cervical cancer.

Tool 4: Questionnaire (r=0.82) – To assess pre test and post test level of knowledge regarding cervical cancer.

Tool 5: Cervical cancer awareness, Intervention tool for the study was cervical cancer awareness package prepared by the investigator which included the following aids:

- Flash cards regarding cervical cancer
- Pamphlet about prevention of cervical cancer
- Booklet on how will you prevent cervical cancer.

ETHICAL CONSIDERATIONS:

Informed consent was obtained from the participants before undergoing cervical cancer screening. Ethical principles, anonymity & confidentiality were maintained.

MAJOR FINDINGS OF THE STUDY

Table : 1 Prevalence of cervical cancer in Kaniyamman Nagar community

N = 88

S. No	Cervix	No	%
1.	Normal Cervix	48	54.5
2.	Abnormal Cervix		
	a) Cervix with leucorrhoea	35	39.8
	b) Cervical erosion with purulent white discharge	3	3.4
	c) Pre cancerous Cervical lesion	2	2.3
	d) Suspicious for cancer	-	-

International Journal of Innovative Research in Science, Engineering and Technology

(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 6, June 2015

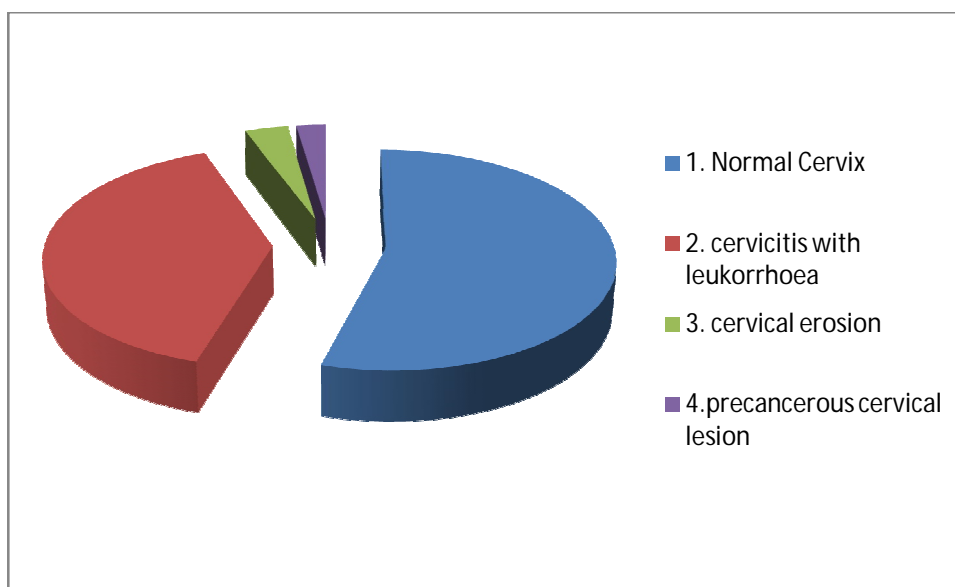


Fig1 : Cervix (Normal/Abnormal)

In relevance to the prevalence of Cervical Cancer among 88 women in Kaniyann Nagar community 48 (54.5%) had normal cervix, 40 (45.5%) had abnormal cervix such as cervicitis with leukorrhoea 35 (98.8%) and Cervical erosion with purulent white discharge 3 (3.4%) pre cancerous cervical lesion 2 (2.3%)

2: Identification of Risk factors of the cervical cancer among women in Kanniamman Nagar Community.

Table – 1 Frequency and percentage distribution of presence of risk factors for cervical cancer in Study and control group.

Sl. No	IDENTIFICATION OF RISK FACTORS	N = 88	
		No	%
1	Early Marriage (<20 years)	42	47.72
2	Age of pregnancy below 17 years	24	27.27
3	Multiparty (3 or more child birth)	18	20.45
4	Low economic status	48	54.5%
5	Long term use of oral contraceptives (>3 years)	1	1.3%
6	Tobacco chewing	4	4.5%
7	Genital warts	-	-
8	History of reproductive tract infections	44	50%
9	Family history of cervical cancer	3	3.40%
10	Multiple sex partners	-	-

Table – 2 reveals the presence of risk factors for cervical cancer among women in Kanniamman Nagar Community. Among 88 women 42 (47.72%) of them had early marriage (<20 years), 24 (27.27%) of them have pregnancy below 17 years, 18 (20.45%) of women have multiparity (3 or more child birth), 48 (54.5%) of women belongs to low socio economic status, 1 (1.3%) had the history of long term use of oral contraceptives (> years), 4 (4.5%) of women had the

International Journal of Innovative Research in Science, Engineering and Technology

(An ISO 3297: 2007 Certified Organization)

Vol. 4, Issue 6, June 2015

habit of tobacco chewing, 44 (50%) of women had the history of reproductive tract infections and 3 (3.40 %) of women had the family history of cervical cancer.

3: Effectiveness of cervical cancer awareness package among women in Kanniamman Nagar Community.

S. No	Knowledge	(N = 88)		Paired 't' test
		Mean	SD	
1	Pre test	26.25	6.73	76.12*** (S)
2	Post test	86.66	4.48	1.02 (NS)

The data analysis revealed that the obtained 't' test value was 76.12*** which was statistically significant at (P< 0.001) level. Hence cervical cancer awareness package was found to be effective among women in Kaniamman Nagar Community.

III. CONCLUSION

- Based on the analyzed data, it was felt that cervical cancer screening using (VIA & VILI) tests was most feasible & affordable mode for control of carcinoma cervix in rural areas of India.
- The study found that 37% of women had abnormal cervix and almost all women had the risk factors for cervical cancer. Hence cervical cancer awareness package is an important strategy of prevention of cervical cancer
- "Early screening is the best way of prevention of cervical cancer".

REFERENCES

1. Ambika Satija, Cervical Cancer in India, South Asia Centre for Chronic Disease (SACCD) 2009.
2. Aswathy S, Quereshi MA, Kurian B, et al. Cervical cancer screening : Current knowledge & practice among woman in a rural population of Kerala, India. Indian Journal of medical Research, 2012 Aug; 136(2): 2005-2010.
3. Ardahan M, Temel AB Visual inspection with acetic acid in cervical cancer screening. Journal of Cancer Nursing. 2011 Mar-Apr; 34(2): 158-63.
4. Bhatla N, Joseph E. Cervical Cancer prevention & the role of human papillomavirus vaccines in India. Indian Journal of Medical Research. 2009 Sep; 130 (3): 334-40.
5. Chirste DM, Mohanambal M, Ramamurthy V, et al. A Study of cervical cancer screening for prevention of carcinoma cervix. Indian Journal of Medical Association. 2008; Dec; 106 (12): 779-782.
6. Global status report on non communicable diseases. Chapter I: Burden, mortality and risk factors. World Health Organisation. 2010. http://www.who.int/nmh/publications/ncd_report_chapter1.pdf
7. Madhulika Sonkar, Changing lifestyle toughens India's cancer battle. IANS. Feb 2012.
8. Rajasree, G., Johnson, W.M.S., Kavimani, M., "Morphology and morphometric analysis of human foetal liver related with gestational age of the foetus in South India population", Research Journal of Pharmaceutical, Biological and Chemical Sciences, v-6, i-4, pp:1398-1402, 2015
9. Nagarajan, A., Masthan, M.K., Sankar, L.S., Narayanasamy, A.B., Elumalai, R., "Oral manifestations of vitiligo", Indian Journal of Dermatology, v-60, i-1, pp:103-, 2015.
10. Balachander, N., Masthan, K.M.K., Babu, N.A., Anbazhagan, V., "Myoepithelial cells in pathology", Journal of Pharmacy and Bioallied Sciences, v-7, i-, pp:190-193, 2015
11. Rajendran, D., Karthikeyan, T., Johnson, W.M.S., Kavimani, M., Manikanta Reddy, V., "Morphology and morphometry of placenta", Research Journal of Pharmaceutical, Biological and Chemical Sciences, v-6, i-3, pp:502-505, 2015.
12. Gireeshan, M.G., Vasuki, R., Krishnakumar, T., "Smart system for constant flow of electricity from jumbo urine", International Journal of Pharmacy and Technology, v-7, i-1, pp:8490-8492, 2015