A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING CERVICAL CANCER AMONG NURSING STUDENTS OF DESH BHAGAT INSTITUTE OF NURSING, MANDI GOBINDGARH PUNJAB

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ABSTRACT

Introduction: Carcinoma of the cervix is the second most common cancer in women worldwide, while it is the commonest cancer among Indian women. Awareness regarding cervical cancer and its prevention is quite low amongst Indian women. Use of screening tests for cervical cancer and treatment for pre invasive disease of the cervix has been found to be highly successful in preventing progression to cervical cancer

Materials and Methods: Descriptive design used in this study. Purposive sampling technique was used to select the samples. 100 final year nursing students were included in this study B. Sc (N) and Post B. Sc (N). The data was collected and organized for data analysis.

Results: The results of the study showed that 51% of nursing students had average knowledge followed by 39% had poor knowledge and 10% had good knowledge regarding cervical cancer and 60% had positive attitude and 40% had negative attitude towards cervical cancer. The correlation between knowledge and attitude of nursing students regarding cervical cancer was ($r=0.470$) indicates moderate positive with p value 0.641 indicates non significant at $p<0.05$.

Conclusion: The findings of the study showed that 51% of nursing students had average knowledge and 60% had positive attitude towards cervical cancer. The study findings suggest that there is a need for awareness and importance of screening in prevention of cervical cancer among nursing students.

Keywords: Knowledge, Attitude, Nursing students, Cervical Cancer

INTRODUCTION:

Cervical cancer is a cancer arising from the cervix. It is due to the abnormal

growth of cells that have the ability to invade or spread to other parts of the body. Early on, typically no symptoms are seen

Later symptoms may include abnormal vaginal bleeding, pelvic pain or pain during sexual intercourse. While bleeding after sex may not be serious, it may also indicate the presence of cervical cancer. Several common risk factors recognized to be associated with cervical cancer worldwide include sexually transmitted diseases (mainly HPV and others human immunodeficiency virus, herpes simplex virus), reproductive and sexual factors (multiple sexual partners, early age at the first sexual intercourse, early age at first delivery, parity, and oral contraceptive pills), behavioral factors (smoking and obesity), and host factors (genetic sensitivity). Abnormal vaginal bleeding, foul-smelling vaginal discharge, and contact bleeding are recognized as the major signs of cervical cancer. Human papillomavirus infection (HPV) causes more than 90% of cases; most people who have had HPV infections, however, do not develop cervical cancer. Other risk factors include smoking, a weak immune system, birth control pills, starting sex at a young age, and having many sexual partners, but these are less important. Cervical cancer typically develops from precancerous

changes over 10 to 20 years. About 90% of cervical cancer cases are squamous cell carcinomas, 10% are adenocarcinoma, and a small number are other types. Diagnosis is typically by cervical screening followed by a biopsy. Medical imaging is then done to determine whether or not the cancer has spread. Cancer of the uterine cervix is one of the leading causes of cancer death among women worldwide. The estimated new cancer cervix cases per year is 500,000 of which 79% occur in the developing countries. Cancer cervix occupies either the top rank or second among cancers in women in the developing countries, whereas in the affluent countries cancer cervix does not even find a place in the top 5 leading cancers in women. The truncated rate (TR) in the age group 35-64 years in Chennai, India, is even higher (99.1/100,000; 2002-15) than rate reported from Cali, Colombia (77.4/100,000, 2007-16). The differential pattern of cervical cancer and the wide variation in incidence are possibly related to environmental differences. A etiologic association and possible risk factors for cervical carcinoma have been extensively studied. The factors are: Sexual and reproductive factors, socio-economic factors

(education and income), viruses e.g., herpes simplex virus (HSV), human papillomavirus (HPV), human immunodeficiency virus (HIV) in cervical carcinogenesis and other factors like smoking, diet, oral contraceptives, hormones, etc. The accumulated evidence suggests that cervical cancer is preventable and is highly suitable for primary prevention. Sexual hygiene, use of barrier contraceptives and ritual circumcision can undoubtedly reduce cervical cancer incidence. Education, cervical cancer screening of high risk groups and improvement in socio-economic status can reduce cervical cancer morbidity and mortality significantly. Screening with Papanicolaou (PAP) test led to significant reduction in mortality in developed countries. Studies have shown that screening with visual inspection with acetic acid reduces mortality due to cervical cancer in developing countries. Utilization of screening in Asian countries varies from 50% in Singapore to just 2.6%–5% in India. In India, diagnosis of cervical cancer is commonly based on opportunistic screening or post symptom development. Screening for cervical cancer is essential as women often do not experience symptoms until the

disease has advanced. Prevention and control of cervical cancer depend on awareness about disease, screening procedures, and preventive measures. In India, screening of cervical cancer can be easily conducted at a primary health center by primary care physicians. The role of primary care physician is important in screening as the community trust their local physician more than any other healthcare provider and thereby more likely to visit local primary care physician for undergoing screening even when not symptomatic. For this, we need to mobilize the community to make them feel the need for cervical cancer screening.

NEED OF THE OBJECTIVES

1. To assess the knowledge regarding cervical cancer among nursing students
2. To assess the attitude regarding cervical cancer among nursing students
3. To correlate the knowledge and attitude regarding cervical cancer among nursing students
4. To find out the association between knowledge regarding cervical cancer among nursing students with their demographic variables.

5. To find out the association between attitude regarding cervical cancer among nursing students with their demographic variables.

MATERIALS AND METHODS:

The present study aims to assess the knowledge and attitude regarding cervical cancer among nursing students at Desh Bhagat institute of Nursing, Gobindgarh, Punjab. Purposive sampling technique was used to select the samples. 100 final year nursing students were included in this study B. Sc (N) and Post B. Sc (N). They were assured that their responses will be kept confidential and the information will be used only for the research purpose. Informed consent was obtained from all the participants before data collection. The tool consists of demographic variables, structured knowledge questionnaire and attitude scale on cervical cancer was administered to collect the data. The data was collected and organized for data analysis.

RESULT

SECTION – II

Table 2: Level of knowledge regarding cervical cancer among nursing students

Level of Knowledge	Scoring	frequency f	percentage %	Mean	SD
Poor Knowledge	0-10	39	39	11.30	3.057
Average Knowledge	11-15	51	51		
Good Knowledge	16-20	10	10		

Minimum score - 4

Maximum score - 17

Table 2 and Fig 10 shows the level of knowledge regarding cervical cancer among nursing students 51% had average knowledge followed by 39% had poor knowledge and 10% had good knowledge regarding cervical cancer with mean value of 11.30 and SD value is 3.057.

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