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## A study to assess the knowledge regarding cervical cancer among working women in selected area of Greater Noida, with a view to develop information booklet

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### Abstract

**Background:** Cervical cancer is a devastating disease for women around the world. Nearly 500,000 women suffer from the disease and more than 270,000 die each year. Globally, cervical cancer is the second-most-common cancer among women. It is the leading cause of female cancer deaths in developing countries, where 80% of cervical cancer cases and deaths occur. Tragically, this disease strikes women at a relatively young age. Many victims of cervical cancer die in their early 40s, it is the most common cancer among Indian women of reproductive age. Unfortunately, despite the evidence of methods for prevention, most of the women remain unscreened. The reported barriers to screening include unawareness of risk factors, symptoms and prevention; stigma and misconceptions about gynecological diseases and lack of national cervical cancer screening guidelines and policies. The knowledge and attitude of nursing personnel towards cervical cancer screening can grossly influence the community.

**Objective:** To assess the knowledge of working women regarding cervical cancer. To find out the association between knowledge of working women and selected demographic variables. To prepare and distribute an informational booklet on cervical cancer.

**Method:** The research approach adopted for this study is descriptive in nature, Non-experimental research design is used. 50 subjects were collected by using convenient sampling techniques. The researcher introduced herself to the respondents and explained the purpose of the study to the women who were working in school. After this investigator collected the data from working women in school by using self-structured questionnaire to assess the knowledge regarding cervical cancer and distributed self-prepared an informational booklet on cervical cancer.

**Result:** The result shows that 6% (3 women out of 50) had good knowledge about cervical cancer who scored between 21-30 marks out of 30 marks, 26% (13 women out of 50) had average knowledge about cervical cancer who scored between 11-20 marks out of 30 marks, 68% (34 women out of 50) had poor knowledge about cervical cancer who scored between 0-10 marks out of 30 marks. Significant association is checked by chi square test. There is no significant association between the knowledge score and selected demographic variables (Age, gender, language, marital status, and qualification.) at 0.05 level of significance.

**Conclusion:** In this study the majority of the respondents in knowledge level was 68% (34 women out of 50) who had poor knowledge about cervical cancer who scored between 0-10 marks out of 30 marks.

**Keywords:** assessment, knowledge, cervical cancer, working women, informational booklet.

### Introduction

Cervical cancer is a devastating disease for women around the world. Nearly 500,000 women suffer from the disease and more than 270,000 die each year. Globally, cervical cancer is the second-most-common cancer among women. It is the leading cause of female cancer deaths in developing countries, where 80% of cervical cancer cases and deaths occur. Tragically, this disease strikes women at a relatively young age. Many victims of cervical cancer die in their early 40s, while they are still contributing to the workforce and raising children. Over the past 50 years, many developed nations have achieved success in reducing cervical cancer by routinely screening women with Pap tests. Despite this progress, even in countries with well-established screening programs, many women continue to suffer and die from cervical cancer. The situation is direr in developing countries, many of which lack an infrastructure for cervical cancer screening and treatment. In these countries, most cases of cervical cancer are undetected, resulting in hundreds of thousands of deaths every year <sup>[1]</sup>.

Cancer prevalence in India is estimated to be around 2.5 million, with over 8,00,000 new cases and 5,50,000 deaths occurring each year due to this disease. The last fifty years have seen an exploration in our understanding of this most fundamental of diseases, and new discoveries are occurring on an almost weekly basis. A trend analysis of the data on cancer incidence for the period 1975-2008 has demonstrated that the overall occurrence of cancer is increasing among females. The greatest increase among females was for cancer of the cervix and breast [2].

Cervical cancer is the most common cancer among Indian women of reproductive age. Unfortunately, despite the evidence of methods for prevention, most of the women remain unscreened. The reported barriers to screening include unawareness of risk factors, symptoms and prevention; stigma and misconceptions about gynecological diseases and lack of national cervical cancer screening guidelines and policies [3].

High-risk regions are Eastern and Western Africa (ASR greater than 30 per 100,000), Southern Africa (26.8 per 100,000), South-Central Asia (24.6 per 100,000), South America and Middle Africa (ASRs 23.9 and 23.0 per 100,000 respectively). Rates are lowest in Western Asia, Northern America and Australia/New Zealand (ASRs less than 6 per 100,000). Cervical cancer remains the most common cancer in women only in Eastern Africa, South-Central Asia and Melanesia. Between 1955 and 1992, cervical cancer mortality in the United States declined by nearly 70% and rates continue to drop by about 3% each year. In low- and middle-income countries, similar success has not yet been achieved. The disease continues to grow, fanned by gains in life expectancy and population growth. By 2030, cervical cancer is expected to kill over 474,000 women per year and over 95% of these deaths are expected to be in low- and middle-income countries. India has a population of 366.58 millions women ages 18 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 134420 women are diagnosed with cervical cancer and 72825 die from the disease [4].

## Methodology

### Study design

In this study, Non experimental research design was adopted.

### Study population

Study population comprises of working women in selected setting (schools)

### Study area

The researcher selected the following setting-

- MBS international school, Tugalpur, greater Noida
- Kidzee manorama school, Tugalpur, Greater Noida
- Rainbow world school, Tugalpur, Greater Noida

### Sample size

In this study the total sample size is 50 working women from all respective areas of selected setting.

### Sampling method

In this study convenient sampling technique is used. The subjects are chosen just because of fact that availability of the samples, Familiarity with the setting and Economic

feasibility for conducting the study.

### Inclusion criteria

1. Working women (who were working in school).
2. Working women who were willing to participate in the study

### Exclusion criteria

1. Working women who were not available at the time of study.
2. Working women who were not willing to participate in the study

### Data collection tool

The self-structured knowledge questionnaire was used to collect the data from working women.

### Development of tool

The study tool considered of two section-

#### *Section A: socio- demographic Performa*

Age, gender, language, marital status, and qualification.

#### *Section B: knowledge questionnaire: it consists of 7 questions and total marks 30*

- Question-1 Carries 6 marks.
- Question-2 Carries 11 marks.
- Question-3 Carries 2 marks.
- Question-4 Carries 1 mark.
- Question-5 Carries 6 marks.
- Question-6 Carries 2 marks.
- Question-7 Carries 2 marks.

### Data collection

A formal written permission was obtained from the-MBS international school, Tugalpur, Greater Noida Kidzee manorama school, Tugalpur Greater Noida

### Rainbow world school, Tugalpur, Greater Noida

The data was collected in the month of November and December 24/11/2018 to 29/12/2018. 50 subjects were collected by using convenient sampling technique. The researcher introduced herself to the respondents. And explained the purpose of study to the working women. After this investigator collected the data from working women by using self-structured questionnaire to assess the knowledge regarding cervical cancer and distributed self-prepared an informational booklet on cervical cancer. They were assured that their responses would be kept confidential and used only for the research purpose. The collected data was then organized for analysis.

### Statistical analysis

The data analysis was done in accordance with the objectives of the study. The collected data was tabulated and analyzed by calculating frequency, percentage, Mean, Median, range, standard deviation, mean percentage and Chi square test. The calculated chi square values were less than the table value at the 0.05 levels of significance. Bar graphs pie chart, column diagrams, line graph were used to depict the findings. The data collected will be analyzed by using descriptive statistics.

**Ethical clearance and informed consent**

Institution’s ethical review committee’s permission was taken. Written permission was obtained from the management committee of MBS International school, Tugalpur, Greater Noida, Kidzee Manorama school, Tugalpur, Greater Noida, Rainbow world school, Tugalpur, Greater Noida after explaining the type and purpose of study. The responses of participants were kept confidential.

**Results**

**Findings related to socio-demographic variables**

**It was founded that**

- 9(18%) women were in age group of 20-25 yrs., 20(40%) women were in age group of 26-30 yrs., 15(0%) women were in age group of 31-35yrs, 6(12 %) women were in age group of 36-40 yrs.
- 50(100%) participants were female. Means only female candidates participated in research study.
- Language spoken at home commonly- Hindi by 46(92%) women, English by 3(6%) women, Urdu by 1(2%) women and Panjabi by none (0%)
- 42(84%) women were married/living with partner, 6(12%) women were Single/ never married, 1(2%) woman was married separated, 1(2%) woman was widowed and no one was divorced (0%)
- In qualification 26(52%) women were below degree level, 19(38%) women were degree level, 4 (8%) women were still studying and 1(2%) woman had no formal qualification.

**Findings related to knowledge of working women regarding cervical cancer**

**It was founded that**

- 6% (3 women out of 50) had good knowledge about cervical cancer who scored between 21-30 marks out of 30 marks
- 26% (13 women out of 50) had average knowledge

about cervical cancer who scored between 11-20 marks out of 30 marks

- 68% (34 women out of 50) had poor knowledge about cervical cancer who scored between 0-10 marks out of 30 marks

**Findings related to significant association between knowledge score and demographic variables**

Significant association is checked by chi square test. There is no significant association between the knowledge score and selected demographic variables (Age, gender, language, marital status, and qualification) at 0.05 level of significance.

**Discussion**

In this chapter, an attempt has been made to relate the findings of the present study to the studies done earlier. The finding of the present study has been discussed in accordance with the objectives of this study. The first objective of the study was to assess the knowledge of working women regarding cervical cancer. The respondents were having, 6%(3 women out of 50) had good knowledge about cervical cancer who scored between 21-30 marks out of 30 marks, 26%(13 women out of 50) had average knowledge about cervical cancer who scored between 11-20 marks out of 30 marks, 68% (34 women out of 50) had poor knowledge about cervical cancer who scored between 0-10 marks out of 30 marks.

The second objective of the study was to find out association between knowledge and selected demographic variables of working women. In this study there was no significant association between the knowledge score and selected demographic variables such as Age, gender, language, marital status, and qualification.

The third objective of the study was fulfilled by preparing and distributing an informational booklet related to cervical cancer to working women.

**Table 1:** showing the frequency and percentage of sample characteristics (Age, gender, language, marital status, and qualification) N=50

Variables	Options	Percentage (%)	Frequency(f)
What is your Age?	20-25 yrs	18%	9
	26-30 yrs	40%	20
	31-35 yrs	30%	15
	36-40 yrs	12%	6
What is your Gender?	Male	0%	0
	Female	100%	50
What is the Main Language Spoken at home?	English	6%	3
	Urdu	2%	1
	Hindi	92%	46
	Panjabi	0%	0
What is your Marital Status?	Single/ Never Married	12%	6
	Married/ Living with Partner	84%	42
	Married separated	2%	1
	Divorced	0%	0
	Widowed	2%	1
What is the Highest Level of Qualification you have Obtained?	Degree or higher degree	38%	19
	Higher Education Qualification below Degree level	52%	26
	Still Studying	8%	4
	No Formal Qualification	2%	1

**Table 2:** showing descriptive score according to demographic variables N = 50

Variables	Options	Mean%	Mean	SD	N
What is your Age?	20-25 yrs	23.7%	7.11	3.72	9
	26-30 yrs	34.2%	10.25	6.92	20
	31-35 yrs	27.8%	8.33	5.59	15

	36-40 yrs	35.0%	10.50	8.17	6
What is your Gender?	Male	0.0%	-	-	0
	Female	30.5%	9.14	6.18	50
What is the Main Language Spoken at home?	English	32.2%	9.67	4.73	3
	Urdu	60.0%	18.00	-	1
	Hindi	29.7%	8.91	6.23	46
	Panjabi	0.0%	-	-	0
What is your Marital Status?	Single/ Never Married	21.7%	6.50	4.89	6
	Married/ Living with Partner	31.0%	9.31	6.23	42
	Married separated	23.3%	7.00	-	1
	Divorced	0.0%	-	-	0
	Widowed	66.7%	20.00	-	1
What is the Highest Level of Qualification you have Obtained?	Degree or higher degree	31.8%	9.53	7.89	19
	Higher Education Qualification below Degree level	31.2%	9.35	4.77	26
	Still Studying	25.0%	7.50	6.61	4
	No Formal Qualification	10.0%	3.00	-	1

**Table 3:** Showing level of knowledge scores N= 50

Level of Scores (obtained marks)	Percentage	Frequency
Good Knowledge. (21-30)	6%	3
Average Knowledge. (11-20)	26%	13
Poor Knowledge. (0-10)	68%	34

Maximum =30 Minimum=0

**Table 4:** showing Descriptive Statistics N=50

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
Knowledge Score	9.14	7.5	6.18	26	0	26	30.47

Maximum=30 Minimum=0

**Table 5:** Showing Association of Scores and Demographic Variables

Demographic Data		Levels (N=50)			Association with knowledge Score				
Variables	Options	Good	Average	Poor	Chi Test	P Value	df	Table Value	Result
What is your Age?	20-25 yrs.	0	1	8	4.986	0.546	6	12.592	Not Significant
	26-30 yrs.	2	6	12					
	31-35 yrs.	1	3	11					
	36-40 yrs.	0	3	3					
What is your Gender?	Male	0	0	0	NA				
	Female	3	13	34					
What is the Main Language Spoken at home?	English	0	1	2	3.203	0.524	4	9.488	Not Significant
	Urdu	0	1	0					
	Hindi	3	11	32					
	Panjabi	0	0	0					
What is your Marital Status?	Single/ Never Married	0	1	5	4.188	0.651	6	12.592	Not Significant
	Married/ Living with Partner	3	11	28					
	Married separated	0	0	1					
	Divorced	0	0	0					
	Widowed	0	1	0					
What is the Highest Level of Qualification you have Obtained?	Degree or higher degree	3	3	13	7.378	0.287	6	12.592	Not Significant
	Higher Education Qualification below Degree level	0	8	18					
	Still Studying	0	2	2					
	No Formal Qualification	0	0	1					

**Conclusion**

The present study was conducted in order to assess the knowledge of working women regarding cervical cancer. The majority of the respondents in knowledge level was 68% (34 women out of 50) who had poor knowledge about cervical cancer who scored between 0-10 marks out of 30 marks. The computed chi square test showed that there was no significant association with selected demographic variables.

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**Declarations**

**Ethical approval:** the study was carried out after obtaining approval from the institutional ethical committee of Kailash institute of nursing and paramedical sciences knowledge park-3 Greater Noida

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