

A Descriptive Study to Assess the Awareness on Cervical Cancer and its Prevention among Women in Selected Areas of Jalalabad(W), Fazilka, Punjab

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ABSTRACT

Introduction: Cervical Cancer is one of the most common cancer among women worldwide. In India, it is one of the leading cause of mortality among women accounting for 18.3% of all cancer in women. As per Indian Council of Medical Research's cancer registry data report of 2020, Punjab recorded 36,888 cases of cancer in 2018, which rose to 37,744 in 2019 and 38,636 in 2020. Cervical cancer, or cancer of the cervix, begins on the surface of your cervix. It happens when the cells on your cervix begin to change to precancerous cells. Not all precancerous cells will turn to cancer, but finding these problematic cells and treating them before they can change is critical to preventing cervical cancer.

Material and method:

A quantitative descriptive research approach and design was used to assess the awareness and prevention regarding cervical cancer among women. A total sample of 150 women was taken through non probability purposive sampling technique. Self structured questionnaire was used for collection of data. Data collected is analyzed with descriptive statistics.

Result: Findings of the study revealed that out of 150 women 8.7% of women had excellent level of knowledge, 80% had good level of knowledge and 11.3% had average level of knowledge.

Conclusion: Study concluded that women have good level of knowledge.

KEYWORDS: Assess, awareness, prevention, cervical cancer, women

INTRODUCTION AND NEED OF STUDY

Cervical Cancer is one of the most common cancer among women worldwide. In India, it is one of the leading cause of mortality among women accounting for 18.3% of all cancer in women. As per Indian Council of Medical Research's cancer registry data report of 2020, Punjab recorded 36,888 cases of cancer in 2018, which rose to 37,744 in 2019 and 38,636 in 2020¹. Cervical cancer, or cancer of the cervix, begins on the surface of cervix. It happens when the cells on cervix begin to change to precancerous cells. Not all precancerous cells will turn to cancer, but finding these problematic cells and treating them before they can change is critical to preventing cervical cancer².

According to international agency for research on cancer as estimated 604000 women were diagnosed

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with Cervical Cancer in 2020 with 342000 deaths. About 5214 Cervical Cancer occurs annually in Bangladesh³.

Globally, Cervical Cancer remains as an important cause of mortality among young women. In 2005, almost 260000 women died from cancer of Cervix globally. Nearly 95% of deaths occurs in developing countries. A women's lifetime risk of developing and dying from invasive Cancer in Nigeria is 2.1% and 1.7%, respectively. From 60-80% is seen in advance stages if diagnosed at all with a low probability of long term survival. At least 500000 new cases are identified each year, and more than 90% are in developing countries with rates highest in Central America, Sub-Saharan African, and Melanesia. This

makes Cervical Cancer one of the gravest threats to women's lives⁴.

World widely in 2008, an estimated 530000 new cases and 275000 deaths with overall incidence mortality ratio of 52%. It is estimated that 134420 new cases of cervical cancer accounted in India [Incident rate of 27 per lakh population] and about 72825 women died⁵.

In 2022 Cervical Cancer is the second most common malignancy among Indian women. Every year 122844 women are diagnosed with cervical cancer, with 67477 dying as a result of it. It primarily affects women between the ages of 15-44 who are in reproductive age. According to IARC (2020), an estimated 604000 women were diagnosed with cervical cancer worldwide and about 342000 women died from the disease. As a result, in November (2021), WHO formally launched the Global Strategy to Accelerate the Elimination of Cervical Cancer⁶.

This area also comes under Malwa belt which is also known as Cancer belt in Punjab. Jalalabad(w) is the

RESULTS:

Description of selected variables of women in selected area of Jalalabad (w), Fazilka, Punjab.

(N=150)

Sr. No.	Socio Demographic Variable	Trait	Frequency (N)	Percentage (%)
1.	Age (in years)	18-20	14	9.3
		21-25	39	26
		26-30	40	26.6
		31-35	34	22.6
		36-40	13	8.6
		40 or above	10	6.7
2.	Religion	Hindu	62	41.4
		Muslim	06	4
		Sikh	73	48.6
		Christian	09	6
3.	Residence	Urban	86	57.4
		Rural	64	42.6
4.	Marital status	Unmarried	33	22
		Married	106	70.7
		Widow	09	6
		Divorced	02	1.3
5.	Parity	0	46	30.6
		1	47	31.3
		2	47	31.3
		3 or above	10	6.7
6.	Type of family	Joint	73	48.6
		Nuclear	70	46.6
		Extended	07	4.8
7.	Educational status	Primary/Middle	26	17.3
		Secondary	27	17.4
		Senior secondary	38	25.7
		Graduation or above	59	39.6

8.	Occupational status	Government employee	27	17.7
		Private job	31	20.6
		Housewife	86	57.7
		Labourer	06	4
9.	Family history related to cervical cancer	Yes	0	0
		No	149	99.3
		If yes, justify	1	0.7
10.	Annual income (in rupees)	15000-25000	46	30.6
		25001-35000	44	29.3
		35001-45000	31	20.6
		Above 45000	29	19.5

Table 1 shows that out of 150 women in selected area of Jalalabad (w), maximum 26.6% were between 26-30 years, Out of which 41.4% were Hindu, 4% were Muslim, 48.6% were Sikh and 6% were Christian. 57.4% belongs to urban area and rest 42.6% belongs to rural area. Among them 22% were unmarried, 70.7% were married, 6% were widow and 1.3% were divorced.

As per parity, 30.6% were having a parity of zero (0), 31.3% were having a parity of one (1), 31.3% were having parity of 2 and 6.7% were having a parity of 3 or above.

According to type of family, 48.6% lives in joint family, 46.6% lives in nuclear family and 4.8% lives in extended family. As concerned with educational qualification 17.3% were primary/ middle, 17.4% were secondary, 25.7% were senior secondary and 39.6% were graduated or above. According to occupational status 17.7% were government employee, 20.6% were doing private job, 57.7% were housewives and rest 4% were labourer.

99.3% were having no family history related to cervical cancer and 0.7% were having family history of cervical cancer. As per annual income, 30.6% were having annual income between Rs. 15000-25000, 29.3% were having annual income between Rs. 25001-35000, 20.6% were having annual income between Rs. 35001-45000 and 19.5% were having annual income above Rs. 45000.

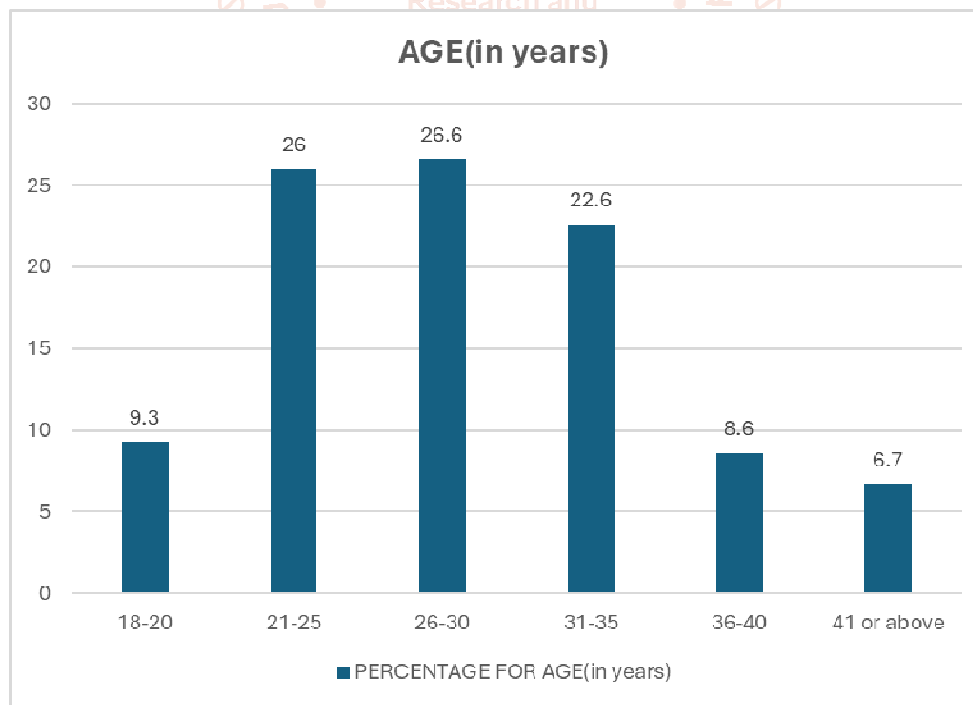


FIG. 2 BAR GRAPH REPRESENTING PERCENTAGE DISTRIBUTION OF AGE(in years) in target population

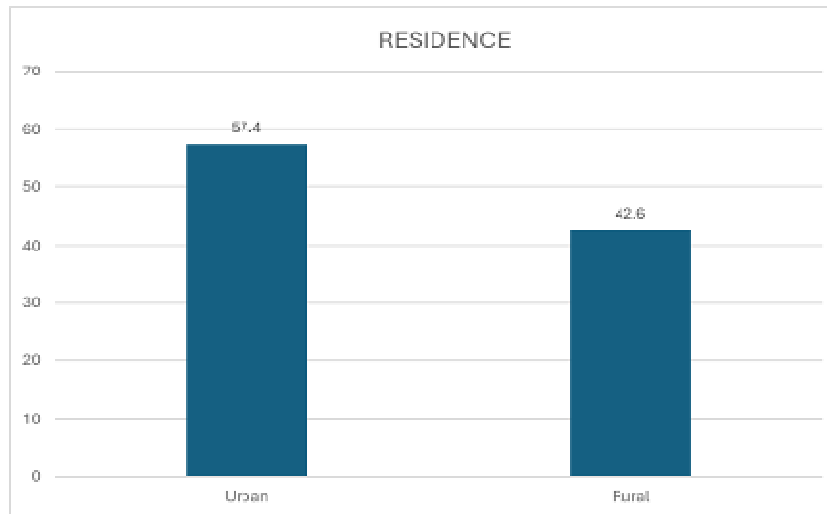


FIG 3. BAR GRAPH REPRESENTING PERCENTAGE DISTRIBUTION OF RESIDENCE IN TARGET POPULATION

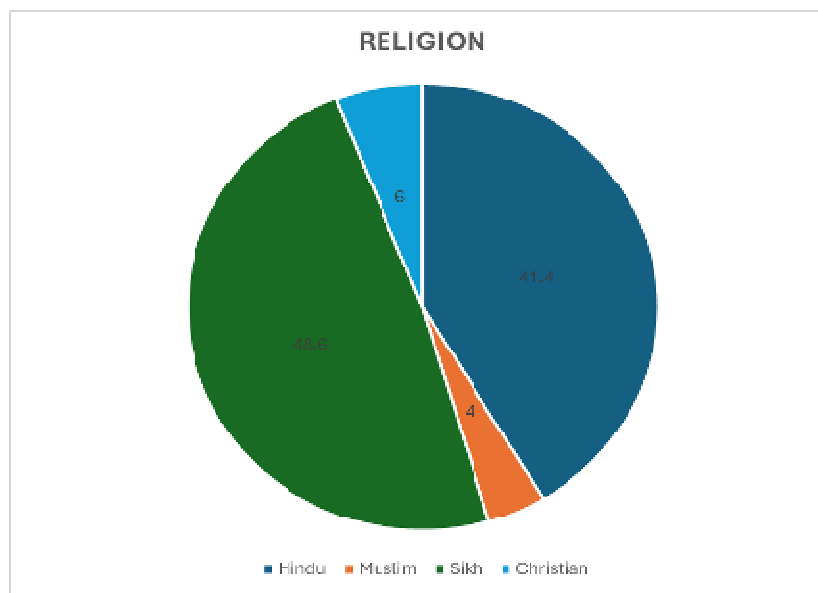


FIG. 4 PIE GRAPH REPRESENTING PERCENTAGE DISTRIBUTION OF RELIGION IN TARGET POPULATION

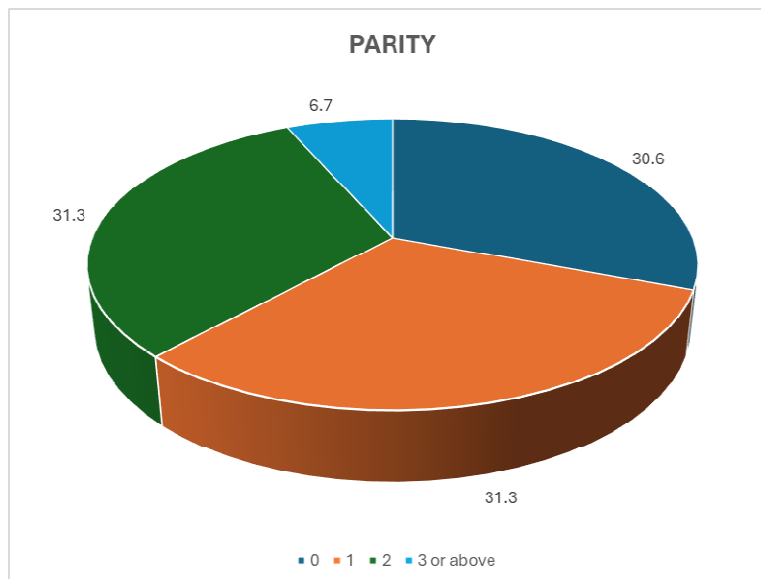


FIG 5. PIE GRAPH REPRESENTING PERCENTAGE DISTRIBUTION OF PATITY IN TARGET POPULATION

Table -2: Frequency and Percentage distribution of women in selected areas of Jalalabad(w), Fazilka, Punjab according to level of knowledge on cervical cancer and its prevention.

N=150

Level of Knowledge	Knowledge Score	Frequency (N)	Percentage (%)
Excellent	>21	13	8.7
Good	11-21	120	80
Average	<11	17	11.3

Max. score=30

Min. score=0

Table 2 and figure 6 shows that out of 150 sample 8.7% of women had excellent level of knowledge, 80% had good level of knowledge and 11.3% had average level of knowledge regarding cervical cancer among women in selected areas of Jalalabad(w), Fazilka, Punjab.

Table-2.1: Mean and standard deviation of total knowledge score of subject.

N=150

Mean	Standard Deviation
15.8	4.04

Table 2.1 shows that the total mean for knowledge score is 15.8 and standard deviation is 4.04.

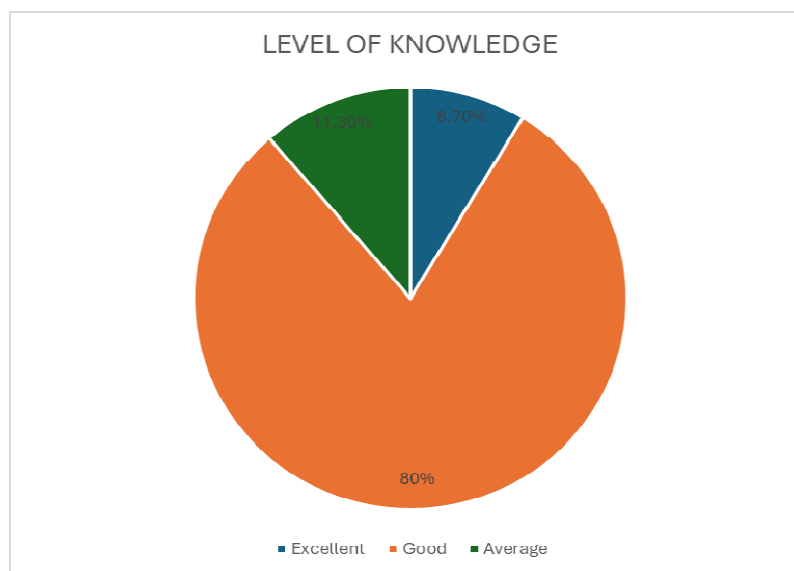


Fig-6: Pie graph representing percentage of level of knowledge

Table-3: Relation between level of awareness on cervical cancer and its prevention with selected socio demographic variables

Socio demographic variables	Below mean	Above mean	Estimated Chi Square value	Degree of freedom	P value	Level of significance
1) Age(in years)						
a) 18-20	8	10	7.238	5	0.05	Not Significant
b) 21-25	18	13				
c) 26-30	22	19				
d) 31-35	11	25				
e) 36-40	8	6				
f) 41 or above	6	4				
2) Residence			0.006	1	0.05	Not significant
a) Urban	45	48				
b) Rural	28	29				
3) Parity						
a) 0	18	28	6.694	3	0.05	Significant
b) 1	20	27				
c) 2	27	19				
d) 3	8	3				

$p=0.05$; the calculated chi-square value for age, residence and parity is 7.238, 0.006 and 6.694 respectively.

Therefore, the relationship between parity and knowledge of women is significant. It means there is association between parity and knowledge of women regarding cervical cancer. This means that the knowledge of women increases with parity.

On the other hand, At $p=0.05$; the calculated chi-square value for age is 7.238 and calculated chi-square value for residence is 0.006

i.e. calculated chi-square value < tabulated chi-square value. Therefore, relationship between age and residence and level of knowledge of women is not significant.

DISCUSSION

The first objective was to assess the level of awareness on cervical cancer and its prevention among women in selected areas of Jalalabad(w), Fazilka, Punjab.

The present study revealed, out of 150 sample 8.7% of women have excellent level of knowledge, 80% have good and 11% have average level of knowledge.

The study revealed, out of 30 maximum score the mean is 15.88 and standard deviation is 4.04.

It was supported by similar study conducted by Dr. S. Anitha to assess the level of knowledge on cervical cancer among women admitted in hospital, Tamil Nadu. The study result showed that out of 30 sample 13.3% of women had good knowledge, 70% of women had average knowledge and 16.7% women had poor knowledge. The study revealed, out of 20 maximum score mean is 8.33 and standard deviation is 3.24⁷.

The second objective was to find out association between level of awareness on cervical cancer and selected socio demographic variables.

The study revealed that there is a significant relationship of knowledge with selected socio demographic variables as Age, Residence and Parity. Thus there is association between parity and level of knowledge but there is no significant relation between level of knowledge age and residence.

It was supported by similar study conducted by Dr. S. Anitha to assess the knowledge on cervical cancer among women admitted in hospital, Tamil Nadu. Result revealed that there is a significant relation between level of knowledge and age⁷.

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

SUMMARY

The study was undertaken to assess the awareness and its prevention regarding among women in selected areas of Jalalabad(w), Fazilka, Punjab. An intensive review of literature was done to select appropriate methodology and tools for study. The study was descriptive in nature. The pilot study was conducted in month of March 2023 using self-structured

questionnaire to ensure the reliability and feasibility of study. Main study setting was selected areas of Jalalabad(w), Fazilka, Punjab. Permission was taken from the authorities of University Institute of Nursing Jalalabad(w), Fazilka. Study was conducted on 150 women by using convenient sampling technique. Final data was collected from April 12th 2023 to April 19th 2023. The self structured questionnaire was used to assess awareness and prevention regarding cervical cancer among women. Data was analyzed using descriptive and inferential statics. Frequency and percentage was calculated from socio demographic variables. The findings of the study revealed the level of awareness and prevention regarding cervical cancer among women in selected areas of Jalalabad(w), Fazilka, Punjab.

IMPLICATIONS

Implication means that utilization of findings generated from the study in nursing profession. The results and findings of study can be used to generate new programme, teaching aids and other useful material for nursing. The implication can be done in different field of nursing as under:

Nursing education:

- A. The exiting curriculum on Cervical Cancer should be strengthened where the students will be able to enhance their knowledge.
- B. The nursing students should be aware about Cervical Cancer which will help to promote knowledge about Cervical Cancer.

Nursing administration:

- A. Nurse as administrator will facilitate knowledge among public to aware them about the importance of awareness and prevention of cervical cancer.
- B. Nurse as administrator will plan and organize lectures, conferences, Seminars and discussion on awareness and prevention of Cervical Cancer among women.

Nursing practices:

The findings of present study can be used to:

- A. Conduct educational program at various centers.
- B. Educate the women regarding cervical cancer.

Nursing Research:

Findings of the study will act as a catalyst to carry out more extension research on large population and in different setting. Through the publication of research findings, the result can be improved.

RECOMMENDATIONS

1. Similar study can be replicated on large population to validate and generalize the findings.
2. Same type of study can be conducted in another setting with different methodology.
3. A booklet should be published with the sense of educating the students and women regarding prevention of cervical cancer.

CONCLUSION

On the basis of results of data analysis following conclusion was made out of 150 sample 8.7% of women had excellent level of knowledge, 80% had good level of knowledge and 11.3% had average level of knowledge regarding awareness on cervical cancer and its prevention.

LIMITATIONS

1. It is limited to only 150 women in selected areas of Jalalabad(w), Fazilka, Punjab.
2. It is limited only to certain population.

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