



“A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE, PRACTICES ON PAP SMEAR TEST AMONG WOMEN ATTENDING AT MCH CENTER, TIRUPATI.”

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ABSTRACT

Objectives:

- ❖ To assess the knowledge, attitude and practice on pap smear test among women attending at MCH center, Tirupati.
- ❖ To find out the association between knowledge, attitude and practice on pap smear test among women with their selected socio- demographic variables.

Material and methods:

Methodology: The research approach used for the present study was Cross-Sectional descriptive Research Design. The sample of the study chosen by Non-Probability Convenience Sampling Technique, which includes 200 samples. A self-structured questionnaire consist of knowledge on pap smear test and modified standardized questionnaires which consists of attitude and practices of pap smear test form-20 (SF-20) standardized questions was used to collect the data.

Results:

The findings of the study regarding levels of knowledge on pap smear test revealed that 120 (60%) had moderate knowledge, 43(21.5%) had inadequate knowledge, only and only 37(18.5%) had adequate knowledge. The findings of the study regarding levels of attitude on pap smear test revealed that 126 (63%) had moderately favorable attitude, 46 (23%) had favorable attitude, and only 28 (14%) had unfavorable attitude. The findings of the study regarding levels of practices on pap smear test revealed that 101 (50.5%) had satisfactory practices, 62 (31%) had good practices, and only 37 (18.5%) had poor practice on pap smear test. The overall mean and standard deviation regarding level of knowledge 1.97 ± 0.0633 , for level of attitude 2.09 ± 0.603 and the level of practices 2.13 ± 0.694 respectively.

The association with levels of knowledge shows that income was highly significant at $P<0.01$ level, age, religion, education, number of children, place of residence, had statistically significance at $p<0.05$ level and other variables such as occupation, marital status, type of family, history of cervical cancer, if yes, specify the degree of relatives, aware of pap smear test, if source of information were not having statistically significant. The association with levels of attitude shows that age, place of residence, aware of pap smear test was highly significant at $P<0.01$ level, religion, occupation, number of children had statistically significant at $p< 0.05$ level and other variables such as education, income, marital status, type of family history of cervical cancer had not statistically significant. The association with levels of practices shows that education, occupation, income was significant at $P<0.01$ level, age, religion, marital status, number of children, place of residence, history of cervical cancer had significance at $p< 0.05$ level and other variable such as aware of pap smear test had not found statistically significant.

Conclusion: The study concluded that, a majority of women had moderate level of knowledge on pap smear test, moderately favorable attitude and only satisfactory level of practices on pap smear test among women attending at MCH center, and some of the demographic variables were statistically significant. Hence it can be concluded that it is important to focus on exploring experiences with follow up and treatment associated with abnormal pap smears, as well as perspectives of health authorities and professionals about barriers in the early detection and treatment process for cervical cancer.

KEY WORDS: assess, knowledge, attitude, practice, MCH center, pap smear test.

INTRODUCTION:

Cancers are a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Cancer is caused by many external factors such as tobacco, chemicals, radiation and infectious organisms as well as some internal factors like inherited mutations, hormones, immune conditions and random mutations. The causes of cancer are diverse, complex, and only partially understood. Many things are known to increase the risk of cancer, including dietary factors, certain infections, lack of physical activity, obesity and environmental pollutants. ¹

Globally, cervical cancer is ranked the second most common female cancer in women of reproductive age and the fourth most common cancer in women. Cervical cancer develops in a woman's cervix the entrance to the uterus from the vagina. Almost all cervical cancer cases (99%) are linked to infection with high-risk human papillomaviruses HPV, an extremely common virus transmitted through sexual contact. Although most infections with HPV resolve spontaneously and cause no symptoms, persistent infection can cause cervical cancer in women. Cervical cancer is the fourth most common cancer in women. In 2018, an estimated 5,70,000 women were diagnosed with cervical cancer worldwide and about 3,11,000 women died from the disease².

Cervical cancer is the only gynaecological cancer that can be prevented. The precancerous lesions can be detected through screening, so this is the easiest cancer to prevent. Cervical cancer screening is essential because it is asymptomatic and presents itself when a woman has late symptoms such as vaginal bleeding and abnormal discharge.³

Early detection and treatment via screening can prevent up to 80% of cervical cancers in developed countries. The pap smear test is one of the cervical cancer screening tests which looks for precancerous, cell changes on the cervix that might become cervical cancer if they are not treated appropriately. It is a procedure in which cells and mucus are collected from the cervix and smeared onto the slide or a bottle of liquid and transported to the laboratory for cytological examination.⁴

The target of the screening is to discover these changes earlier, like dysplasia or metaplasia and to treat the patient as early as possible. It plays a significant role in reducing both the incidence and mortality of invasive cancer.⁵

Although pap smear test is inexpensive and easily performed but low educational status, prohibitive cost of healthcare, the expense of obtaining and retaining the infrastructure, the technical expertise that are required for cytological screening as well as for tracking women with abnormal test result reported as barrier for utilization of pap smear screening.⁶

NEED FOR STUDY

Women health is considered to be the back bone of the society. Cervical cancer is one of the most common cancers worldwide. Cervical cancer is the most common female cancer in low- and middle-income countries. There were an estimated 5,30,000 global cases of cervical cancer and 2,70,000 global deaths from the disease in 2008, with over 80% of these in low- and middle-income countries. The widespread use of screening in high-income countries has resulted in a dramatic decline in cervical cancer mortality over the last three decades. Over 95% of the cervical cancer burden is potentially avoidable by good-quality screening programmes and vaccination. IARC International agency for research on cancer concludes that there is sufficient evidence that cervical cancer screening can reduce cervical cancer mortality by 80% or more among screened women.⁷

Cancer has become one of the cause of death in India. It is estimated that there are nearly 2 to 2.5 million cancer cases at any given point of time. Over 7 lakhs new cases and 3 lakhs deaths occur annually due to cancer. Nearly 15 lakh patients require facilities for diagnosis, treatment and follow up at a given time.⁸

Cervical cancer was the second most leading cancer among the women in Andhra Pradesh and its occurrence is mainly due to the infection of human papilloma virus and then followed by bacterial and fungal infections and other risk factors respectively.⁹

The incidence of cervical cancer data was extracted from Medical colleges and its associated hospitals from 2009 to 2012. Amongst all the surveyed cases (6,971) 29.5% are cervical cancer cases with 28.1% of stage I, II and 71.8% cases are in advanced stages. Among the suspected cases, Pap smear results indicated that the 27.3% of cases are adenocarcinoma in situ and following atypical squamous cell of undifferentiated significance.¹⁰

STATEMENT OF THE PROBLEM

A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE, PRACTICES ON PAP SMEAR TEST AMONG WOMEN ATTENDING AT MCH CENTER, TIRUPATI.

OBJECTIVES

- ❖ To assess the knowledge, attitude and practice on pap smear test among women attending at MCH center, Tirupati.
- ❖ To find out the association between knowledge, attitude and practice on pap smear test among women with their selected socio- demographic variables.

OPERATIONAL DEFINITIONS

Assess:- Assess refers to determining the knowledge of cancer patients regarding pap smear test.

Knowledge:- Knowledge refers to the fact or conditions of knowing about pap smear test with familiarity gained through experience or association.

Attitude:- An attitude refers to a set of emotions, beliefs, and behaviours towards pap smear test.

Practice:- The actual application or use of an idea, belief, or method for doing pap smear test.

MCH center:- Maternal and child health center is defined as promoting, preventing, therapeutic or rehabilitation facility or care for the mother and child.

Pap smear test:- A procedure in which a small brush is used to gently remove cells from the surface of the cervix and the area around it so they can be checked under a microscopic for cervical cancer or cell changes that may lead to cervical cancer.

ASSUMPTIONS:

- Women attending MCH center may have inadequate knowledge, attitude and practice regarding PAP smear test.
- Information booklet will be provide an opportunity for acquire of knowledge, attitude and practices of pap smear test.

LIMITATIONS

- ❖ The study is limited to MCH center, Tirupati.
- ❖ This study is limited to 200 samples only.

CONCEPTUAL FRAMEWORK

The conceptual framework adopted for this study was **Rosen stock health belief model (1950)**. It is based on motivational theory, Rosen stock assumed that "**Good health is an objective, common to all people**". This model is adopted because of its aptness in developing programs for helping people change to healthier life styles and develops more positive attitudes towards positive health measures.

This health belief model has the following components:

- **Individual perceptions**
- **Modifying factors**
- **Cues to action**
- **Likelihood of action**

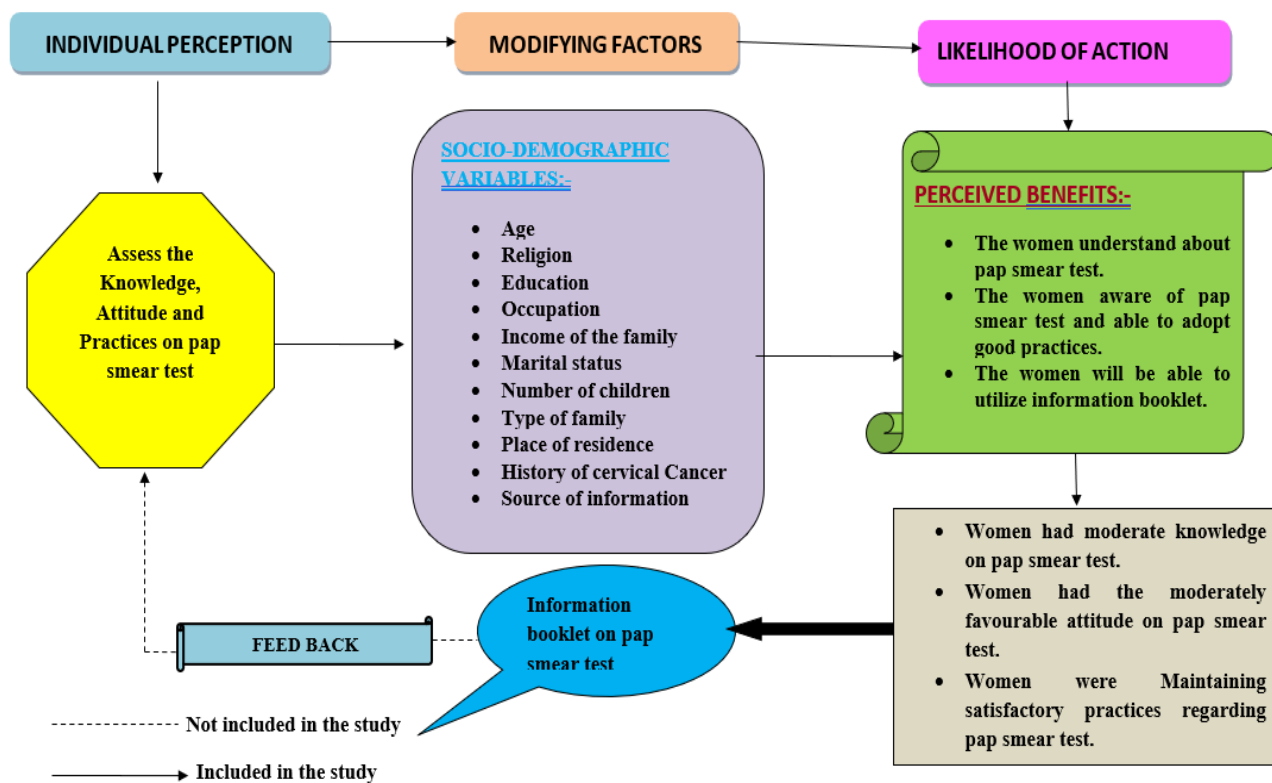


Fig-1: Conceptual Frame work

METHODOLOGY

RESEARCH APPROACH

The research approach adopted was **Descriptive research approach** to achieve the objective of the study, which is felt to be most appropriate in the field of education for its practicability in real life situations. It has the advantage of practicability, feasibility and to a certain extent for generalization

RESEARCH DESIGN

The research design selected for the present study was Cross-Sectional Descriptive Research Design.

SETTING OF THE STUDY

The setting of the study was conducted at Prakasam road-1 MCH center, Tirupati. The Prakasam road-1 is an urban area which is in Tirupati district, Andhra Pradesh. It is located opposite to the 1 town police station. The total population covering MCH center is 3126. The setting was chosen on the basis of the investigator's feasibility in terms of availability of required sample.

POPULATION

The population in this study includes all women who are attending at MCH Centre, Tirupati.

Target population:

The target population of the present study includes the women who are attending MCH center between 21-65 years of age group

Accessible population:

The accessible population for the present study was only 200 women attending MCH center between 21-65 years of age group and those who are living in Prakasam road-1, Tirupati.

SAMPLE

Sample consists of patient with end-stage renal failure, and undergoing haemodialysis and peritoneal dialysis patients at department of Nephrology, SVIMS, Tirupati.

SAMPLE SIZE

The sample includes women who were falling under inclusion criteria.

SAMPLING TECHNIQUE

Non-probability convenience sampling technique was adopted based on inclusive criteria.

CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

- ❖ Women who were married, age from 21-65 years.
- ❖ Women who are attending MCH center for any reason such as immunization, fever, injury, gynaecological conditions etc.
- ❖ Those who are willing to participate in the study.
- ❖ Those who are present at the time of study.

Exclusion criteria:

- Women who are below 21 years who are not married.
- Women who are not willing to participate in the study.
- Women who were undergone total hysterectomy.
- Those who are absent at the time of the study.

TOOL:

The tool was developed with the help of related literature from various textbooks, journals, websites, discussions and guidance from experts.

It comprises of two sections:

Section- I:

It includes Socio-demographic variables like age, religion, education, occupation, income of the family, marital status, number of children, type of family, place of residence, history of cervical cancer and source of information.

Section-II:

- A) It includes self-structured multiple-choice questionnaire to assess the knowledge regarding the pap smear test among women
- B) It includes 5-point likert scale questionnaire to assess the attitude regarding the pap smear test.
- C) It includes check list questionnaire to assess the practices regarding the pap smear test.

Scoring key:

Scoring key prepared for

Section- I: By coding the demographic variables.

Section-II:

A) Consists of self-structured multiple-choice questionnaire to assess the knowledge regarding the pap smear test among women.

Total 12 multiple choice self-structured questions each question carries '1' mark, wrong answer carries '0' mark. The total score is '12'.

The scores are categorized as follows:

Adequate knowledge > 75%

Moderate knowledge 51-75%

Inadequate knowledge < 50%

B) Consist of 5-point likert scale 10 Questionnaire to assess the attitude regarding the pap smear test among women.

Total 10 questions 5-Point likert scale ranging score from 1 – 5 total score is 50

- 1- Completely agree
- 2- Agree
- 3- No idea
- 4- Disagree
- 5-Completely disagree

C) Consists of check list to assess the practices regarding the pap smear test

Total 10 dichotomous questions, each Yes question carries "1" and No question carries "0" marks.

Practiced > 75%

Moderately practiced 51-75%

Not practiced < 50%

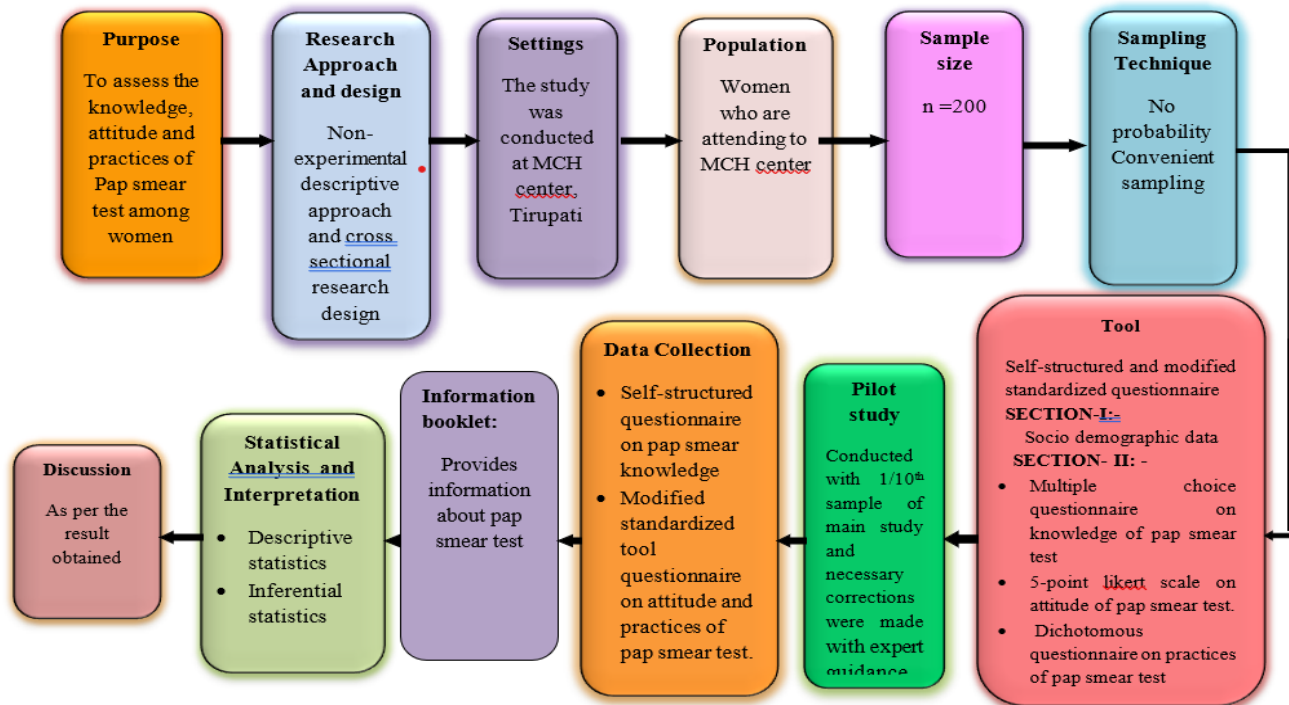


FIG.NO.2: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

RESULTS

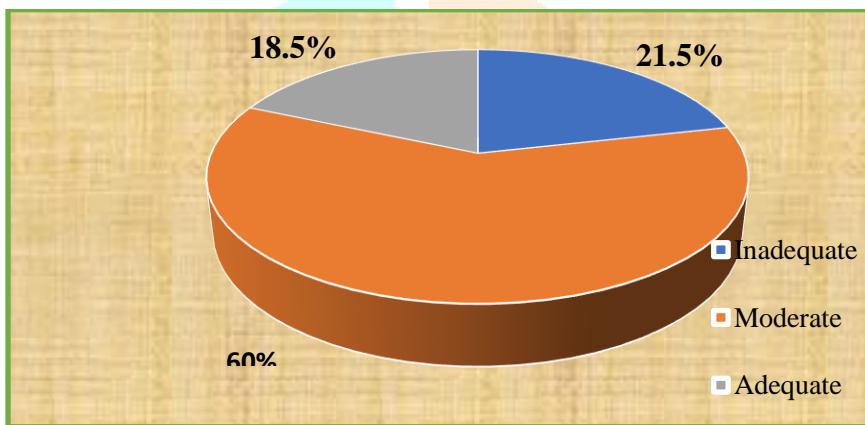
Shows that 65 (32.5 %) of women are in age group of below 35 years , 51 (25.5%) were from 46-55 years, 149 (74.5%) of caregivers were Hindus,62 (31.0%) of the women were primary school education, 147 (73.5%) of the women were home maker, 77 (38.5%) of the women family income is from Rs.5,000 /- – Rs.10,000 /-, 191 (95.5%) were married, 96 (48%) of the women having two children , 123 (61.5%) of the women are belongs to the nuclear family, 156 (78%) of the women are living in the urban area, 194 (97%) of the women were not having the history of cervical cancer, 4 (2%) of the women were had 2nd degree relatives of history of cervical cancer , 190 (95%) of the women are not aware about pap smear test, 6 (3%) of women were aware about pap smear test through health personnel.

Table 1: Distribution of levels of knowledge on pap smear test among women attending at MCH center, Tirupati.

In regards out of 200 samples of women, the data presented assess the levels of knowledge regarding pap smear test among women, the data showed that majority of women 120 (60%) were having moderate knowledge, 43 (21.5 %) were having inadequate knowledge and only 37 (18.5%) were having an adequate knowledge on pap smear test.

(n =200)

Levels of Knowledge	Frequency (f)	Percentage (%)
Inadequate	43	21.5
Moderate	120	60.0
Adequate	37	18.5

**Table 2: Distribution of levels of attitude on pap smear test among women attending MCH center, Tirupati.**

In regards out of 200 samples of women, the data presented assess the levels of attitude regarding pap smear test among women, the data showed that majority of women 93(46.5%) are disagree, 87(43.5%) of the women have no idea, 20 (10%) of the women are agree, 0(00%) of the women are completely disagree, 0(00%) and of the women are completely agree towards the pap smear test.

(n=200)

Levels of Attitude	Frequency (f)	Percentage (%)
Completely disagree	0	0.0
Disagree	93	46.5
No idea	87	43.5
Agree	20	10.0
Completely agree	0	0.0

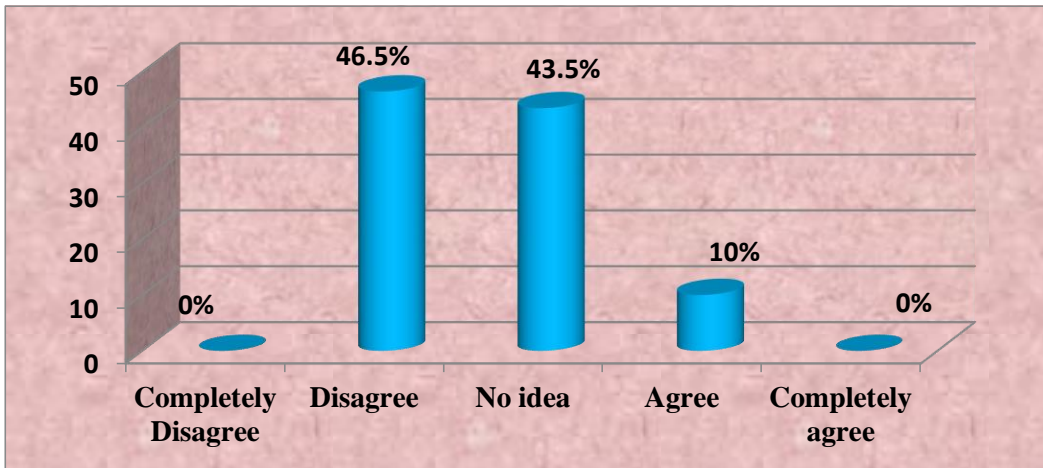


Table 3: Distribution of levels of practices on pap smear test among women attending at MCH center, Tirupati.

In regards out of 200 samples of women, the data presented assess the levels of attitude regarding pap smear test among women, the data showed that majority of women 101 (50.5%) were moderately practiced, 62 (31%) were not practiced and majority and 37 (18.5%) are not practiced pap smear test.

(n=200)

Levels of practice	Frequency (f)	Percentage (%)
Practiced	37	18.5
Moderately practiced	101	50.5
Not practiced	62	31.0

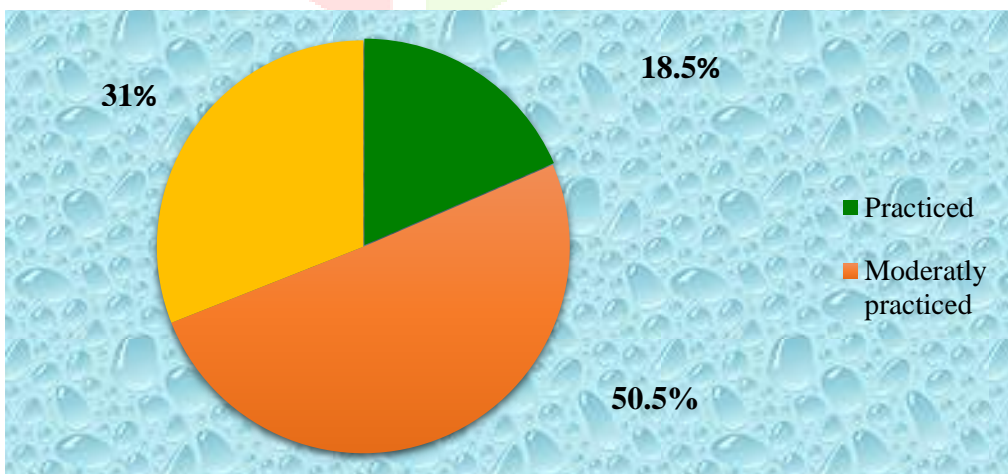


TABLE 2: Distribution of mean and standard deviation and paired t-test of women attending MCH center, Tirupati.**(n=200)**

Paired Samples Statistics					t-value	(p)-value
		(n)	Mean	S.D		
Pair 1	Attitude	200	25.59	5.020	56.764	0.000**
	Practices	200	4.71	1.344		
Pair 2	Knowledge	200	5.78	1.560	53.077	0.000 **
	Attitude	200	25.59	5.020		
Pair 3	Knowledge	200	5.78	1.560	8.684	0.000**
	Practices	200	4.71	1.344		

Table – 2: shows that total t-value for attitude and practices are 56.764 and the p value is 0.000**. The total t-value for knowledge and attitude are 53.077 and p value is 0.000**. The total t-value for knowledge and practices are 8.684 and p value is 0.000**.

The association with levels of knowledge shows that income was highly significant at $P < 0.01$ level, age, religion, education, number of children, place of residence, had statistically significance at $p < 0.05$ level and other variables such as occupation, marital status, type of family, history of cervical cancer, if yes, specify the degree of relatives, aware of pap smear test, if source of information were not having statistically significant.

The association with levels of attitude shows that age, place of residence, aware of pap smear test was highly significant at $P < 0.01$ level, religion, occupation, number of children had statistically significant at $p < 0.05$ level and other variables such as education, income, marital status, type of family history of cervical cancer had not statistically significant .

The association with levels of practices shows that education, occupation, income was significant at $P < 0.01$ level, age, religion, marital status, number of children, place of residence, history of cervical cancer had significance at $p < 0.05$ level and other variable such as aware of pap smear test had not found statistically significant.

CONCLUSION

The study findings concluded that, a majority of women had moderate level of knowledge on pap smear test, moderately favorable attitude and only satisfactory level of practices on pap smear test among women attending at MCH center. Therefore, it is important to focus on exploring experiences with follow up and treatment associated with abnormal pap smears, as well as perspectives of health authorities and professionals about barriers in the early detection and treatment process for cervical cancer.

IMPLICATIONS

The implications drawn from the present study are vital concern to health care team, including nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice:

- The present health care delivery system gives emphasis on comprehensive healthcare, which includes preventive, curative and rehabilitative care.
- Efforts to increase coverage in cervical screening programs needs to be directed towards women.
- Long term education programs should be made available to motivate the female population.
- In addition, training should be supplied to women to encourage optional screening.

Nursing education:

- The nursing curriculum can be strengthened by adding proper education on pap smear test and to prevent cervical cancer.
- Give an awareness program to promote the uptake of cervical cancer screening test.
- ❖ The student can be guided at community setups to focus on health education to public regarding pap smear test.
- ❖ Evidence based practice, nursing research and panel discussion can help students to improve their knowledge and leads to innovation in to improve pap smear test.
- ❖ There must be adequate supervision, guidance and evaluation of the health education to the people to ensure their good quality of health.

Nursing administration:

- Efforts should be directed towards establishing national community-based cervical cancer control programs which comprise educational components that focus on elevating the level of awareness among women on the risk factors of cervical cancer and for its prevention.
- Conducting vaccination programs against HPV should be implemented.

Nursing research:

- Future research should focus on exploring experiences with follow-up and treatment associated with abnormal Pap smears, as well as perspectives from health authorities and professionals about barriers in the early detection and treatment process for cervical cancer.
- Research studies can be conducted on each area of pap smear test to identify their knowledge, attitude and practices in that aspect.
- The nurses should focus on exploring experiences with follow-up and treatment associated with abnormal Pap smears, as well as perspectives from health authorities and professionals about barriers in the early detection and treatment process for cervical cancer.

Limitations:

The data collection was obtained from haemodialysis patients and peritoneal dialysis patients age between 25 – 65 years at MCH center, Tirupati.

RECOMMENDATIONS

On the basis of findings the following recommendations have been made for further study.

- Similar study can be done among nurses and nursing students.
- A structured teaching programme can be conducted on same sample on a large sample that helps to draw more definite conclusion and make generalization.
- A comparative study can be conducted to assess the knowledge, attitude and practices on pap smear test among rural and urban women.
- Conducting health educational campaigns about cervical cancer and to implement feasible and cost-effective screening programs.

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