

“A Study to Assess the Knowledge Regarding Preventive Measures of Selected Cancers Among Women’s in Selected Areas of Pune City”

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Abstract

Title: “A study to assess the knowledge regarding preventive measures of selected cancers among women’s in selected areas of Pune city”.

Objectives: 1. To assess the knowledge regarding preventive measures of selected cancers among women’s. 2. To associate the findings with selected demographic variables.

Research methodology: A non-experimental quantitative research design is used in the study. The study was conducted in selected areas of Pune city, Maharashtra, India. Total 200 women’s was selected for data collection. A non-probability purposive sampling technique was used to collect data from samples. The tool constructed was consisting of demographic variables to identify the samples and a set of 24 self-structured knowledge questionnaires regarding the study.

Result: The findings showed that majority 38% participants were of age 26-35 years, Majority 33.5% were graduates, 32.5% were having higher secondary education, 32% were having primary education and 22% were having secondary education. Majority 41% were homemaker, 32% were daily wage earner, 19.5% were having business and 7.5% were government worker. Majority 54% were vegetarian and 46% were non-vegetarian. Majority 40% had the habit of misery, 24% had habit of tobacco, 16% had habit of alcohol, 15% were had habit of smoking and 5% were had any other habits. Majority 60% had no information and 40% had information about the early signs of cervical cancer. Majority 55% had no any information whereas 45% had information about early signs of ovarian cancer. Majority 55% had no information about early signs of breast cancer and 45% were having information about early signs of breast cancer. Majority 81.5 % had no history of cancer and 18.5 % had history of cancer. Findings related to the level of knowledge regarding preventive measures of selected cancers (cervical cancer, ovarian cancer, breast cancer) among women's. 61% had average knowledge, 30% had good knowledge whereas 9 % had poor knowledge. The overall mean was 14.18 with SD 3.6. Analysis of the women’s knowledge score and their demographic variables does not shown any significant association as the p value was larger than 0.05. The process of reliability was done from 29/01/2024 to 30/01/2024 in the area of Bibwewadi, Pune, and Maharashtra, India. The data was collected from 10% of the total sample size and reliability was established by Test- retest method. Using Karl Pearson’s method, correlation formula was computed and ‘r’ value was found to be **0.811**. Thus tool was found to be reliable. Pilot study was conducted on 20 people in order to test the present study tools for its validity, clarity, applicability, and it was found to be feasible Conclusion: A descriptive study was done to assess the knowledge regarding preventive measures of selected cancers among women’s which shown that majority 61% where having average knowledge. The statistical analysis revealed that there is no any association between women’s knowledge score and their demographic variables.

Keywords: Knowledge, Assess, Cervical cancer, Ovarian cancer, Breast cancer.

Introduction

Cancer is the result of uncontrolled cell growth that has the potential to invade and spread to other bodily parts. Of the 100 forms of cancer, women's are more likely to develop ovarian, breast, and cervical cancers. It is the condition in which excessive cell growth and malignancy is seen in the region of Breast, Ovary or Cervix. Cancer is a chronic disease which takes a long time to develop but produces some early signs also (except in some cases). Prevention and early diagnosis can increase the patient's life expectancy.

Many factors, including behavioural, genetic, and environmental ones, influence an individual's chance of acquiring cancer. The hepatitis B vaccine and the human papilloma virus (HPV) can both reduce the risk of cancer. The best defence is secondary prevention, which is the detection of a small number of malignancies early (before they spread), when therapy is most likely to be successful. When applied, these two cancer preventive and control strategies can save lives. Cervical cancer cases are declining, but breast cancer cases are rising. Metro areas like Hyderabad, Bangalore, and Chennai have the highest rates of breast cancer. With 27.7 instances per 100,000 females, the Papumpare district in West Arunachal has the highest incidence of cervical cancer. Since most cancer cases are discovered later in life, prompt treatment cannot be provided. It was discovered that a large number of patients had "loco-regional spread or cancer that had expanded outside of the original bodily site. Likewise, loco-regional spread was observed in 56.0% of patients with breast cancer and 60.0% of individuals with cervical cancer. According to the report, 1.39 million Indians will be affected by cancer in 2024, compared to 1.57 million in 2025.

Need of the Study

The reason of untimely death is cancer. Particularly in nations with medium or low incomes (India included). Cervical cancer, ovaries cancer, and breast cancer is top three cancers that kill ladies among many others. The results of the many previous studies show that 23% of the world's cases of cervical cancer are in India. It is the 2nd most frequent cancer in females. Worldwide, approximately 25% of all malignancies in women are breast cancers. Ovarian cancer ranks 5th in cancer death worldwide and in India it ranks 3rd among female genital tract malignancies.

Review by Taneja et al, the study published in Cancer Control in 2021, critically examines the disparity between knowledge and habits of Indian ladies on cervical cancer screening. It reveals that despite a generally positive knowledge regarding cancer prevention, actual practices are alarmingly low, with only 13.8% of women's participating in screenings. This highlights a significant gap in effective health communication and the need for comprehensive educational interventions to bridge this divide and enhance screening uptake, which is necessary for early identification and effective treatment results. Research underscores the importance of addressing socio cultural barriers and involving male partners in educational programmes to progress women's health and cancer prevention efforts in India.

Vaccination, screening, and early diagnosis are the preventive measures of cancer. To understand the knowledge of women regarding preventive measures of cancers, this research study is taken under some consideration.

Research Methodology

The study design was non-experimental descriptive research. Total 200 women's of age group above 18yrs was selected for data collection. A non-probability purposive sampling technique was used to collect data from the samples. Reliability for the tool was done by calculating r value (Pearson's correlation) which should be more than 0.7. The calculated r value is 0.811 that means the tool is reliable for the study. Pilot study was conducted on 20 people in order to test the present study tools for its validity, clarity, applicability, and it was found to be feasible.

Results

1. Findings related to demographic variables

- Majority 38% participants were in 26-35 years, 3.5 % 18-28 years, 27 % were 36-46 years and 2.5 % were 47 years and above respectively.
- Majority 33.5% were graduates, 32.5% were having higher secondary education, 32% were having primary education and 22% were having secondary education.
- Majority 41% were homemaker, 32% were daily wage earner, 19.5% were having business and 7.5% were government worker.
- Majority 54% were vegetarian and 46% were non-vegetarian.
- Majority 40% were having the habit of misery, 24% were having tobacco, 16% were having alcohol, 15% were having smoking and 5% were any other specify.
- Majority 60% were having no any information and 40% had information about the sign of cervical cancer.
- Majority 55% had no information about early signs of ovarian cancer and 45% were having information about early signs of ovarian cancer.
- Majority 55% had no information about early signs of breast cancer and 45% were having information about early signs of breast cancer.
- Majority 81.5 % had no past history of cancer and 18.5 % had past history of cancer.

2. Table 1. Findings related to level of knowledge regarding preventive measures of selected cancers.

n=200

Level of Knowledge	f	%	Mean	SD
Poor (0-08)	18	9	14.18	3.6
Average (09-16)	122	61		
Good (17-24)	60	30		

Table no. 1 depicts findings related to the level of knowledge regarding preventive measures of selected cancers (cervical cancer, ovarian cancer, breast cancer) among women's. Majority 61% had average knowledge, 30% had good knowledge and 9 % had poor knowledge. The overall mean is 14.18+-3.6.

n=200

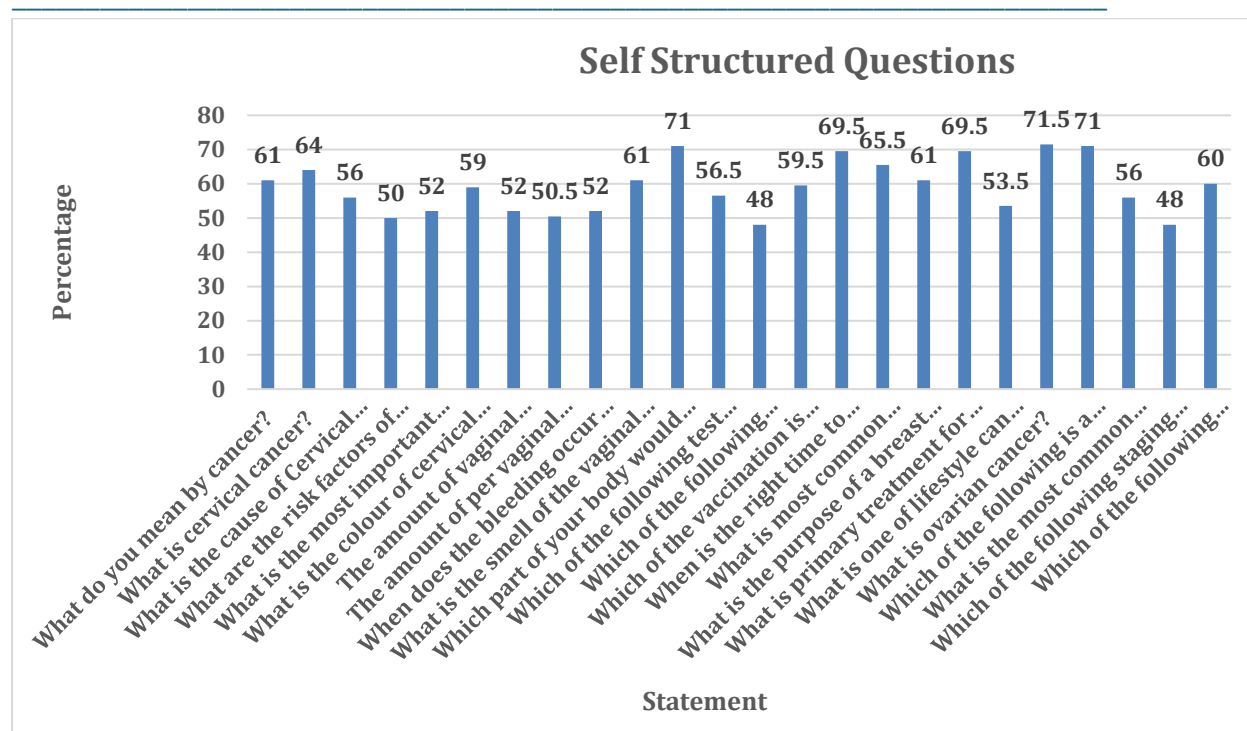


Fig No: - 1 Self Structured Questions

Graph no 1 depicts findings related to the knowledge questionnaire responses. Total 200 samples were taken for the study. The highest number of respondents received was 71.5 % from the question no.14.

3. Findings related to association between knowledge regarding prevention of cancer.

This section deals with the association between selected demographic variables & knowledge regarding preventive measures of selected cancers. Any of the demographic variables i.e.; age, education, occupation, dietary pattern, habits, information about early signs of cervical cancer, information about early signs of ovarian cancer, information about early signs of breast cancer, past history of cancer doesn't found to be associated with the knowledge as the level of significant is more than **0.05**.

Discussion

The present was to assess the knowledge regarding preventive measures of selected cancers (cervical cancer, breast cancer, ovarian cancer) among women's. Data collected through self-structured demographic questionnaires regarding preventive measures of selected cancers. The sample size was 200. The result revealed that 61% had average knowledge, 30% had good knowledge whereas 9% had poor knowledge regarding preventive measures of selected cancers. It was concluded that majority (61%) of the participants having average knowledge regarding our research topic.

The study can be discussed with a similar by Vinita M, et.al (2022) conducted A study to assess the knowledge regarding warning signs of cancer among home-maker womens in the selected areas of Pune city". In present study descriptive survey research design was used. Data collected on 500 samples. Tool was constructed to identify the demographic variables, and a set of self-structured questionnaires on knowledge regarding warning signs of cancer in home- maker women. The main results about the degree of awareness of cancer warning signals among Home-Maker women are that 497 (99.4%) of the women have average knowledge, 3 (0.6%) have poor knowledge, and 0 (0%), have high knowledge. The mean awareness of cancer warning signals among Home-Maker women is 9.37, with a standard deviation of 0.74. Conclusion: The research was carried out to see how well Home-Maker women in certain parts of Pune city were informed about cancer warning indicators. The analysis was conducted to evaluate Home-Maker women's awareness of cancer warning indicators. It demonstrates the average knowledge score of most married women. The level of understanding and their

demographics did not significantly correlate with one another.

Conclusion

Statistically, there is no any significant association found with the knowledge and any of the demographic variables. Although 61% had average knowledge, 31% had good knowledge, 9% had poor knowledge and overall mean is 5.5 $\pm$ 2.61, more emphasis should be given for health education to create awareness about the prevention of cancer.

Recommendations

- 1 An exploratory study to assess Lack of Awareness and Education among petrol pump workers regarding cancers.
- 2 An experimental study to developing strategies to promote prevention of cancer.

Data study statement: This manuscript contains all data generated and analysed during this study.

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Conflict of interest: The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

Ethical approval: Ethical approval is given by Institutional research & recommendation committee, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Pune.

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