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A comparative study to assess the risk factors and knowledge on preventive measures on awareness of cervical cancer among married women residing in urban community at Ambala Cantt, District Ambala, Haryana and rural community at Dera, district Ambala, Haryana

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Abstract

Cervical cancer is major health problem. It remains significant public health concern worldwide particularly in low. This research is exploring risk factors and knowledge of married women regarding cervical cancer. Cervical cancer may occur due to HPV (Human Papilloma Virus), weakened immune system, reproductive factors etc. The married women should have knowledge regarding personal hygiene and awareness of cervical cancer. It emphasizes the importance of community health education and healthcare systems in reducing the burden of cervical cancer.

The study was conducted on 100 married women in which 50 married women residing in urban community at Ambala Cantt, District Ambala, Haryana and 50 married women residing in rural community Vill. Dera, District Ambala, Haryana recruited using purposive sampling technique. Data was collected by using validated socio-demographic variables and knowledge assessment questionnaire and risk assessment tool. The results showed that maximum married women in urban areas had knowledge about cervical cancer. The mean \pm standard deviation for the level of knowledge in urban areas were 8.82 ± 1.224 and in rural areas were 6.80 ± 1.229 . The percentage distribution level of urban group of knowledge score were good 22%, average 78%, poor 0% and rural group of knowledge score were good 6%, average 94%, poor 0%. The mean \pm standard deviation for the level of risk factors in urban areas were 5.48 ± 0.789 and in rural areas were 4.56 ± 0.577 . The percentage distribution level of urban group of risk factor score were severe 0%, moderate 94%, mild 6% and in rural group were severe 0%, moderate 96%, mild 4.

Keywords: Cervical cancer, assess, married women's, personal hygiene, knowledge

Introduction

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have capability to reproduce and the freedom to decide if, when and how often to do so.

Cervix is the vital part of the female reproductive system, located at the base of uterus and playing a significant role in reproduction, menstruation and pregnancy. The Cervix acts as a barrier to protect the uterus from infection. The Cervix regulates the passage of menstrual blood.

Cervix is a muscular, tunnel-like organ. It's the lower part of your uterus, and it connects your uterus and vagina. Sometimes called the "neck of the uterus," your cervix plays an important role in allowing fluids to pass between your uterus and vagina. It enables a baby to leave your uterus as that it can travel through your vagina (birth canal) during childbirth. The cervix is also a common site for cell changes that may indicate cancer."

"Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form

new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place.” Cervical cancer is the abnormal growth of cells that starts in cervix. The cervix is the lower part of the uterus that connects to the vagina.

Cervical cancer originates in the cervix which is the narrow opening into the uterus and is connected to the vagina through the endocervical canal. The cervix is divided into the ectocervix and endocervix while the ectocervix is covered with stratified squamous epithelial cells, the endocervix consists of simple columnar epithelial cells. The area where the region meets is called ‘Transformation zone’, which consists of metaplastic epithelium that replaces the columns lined epithelium of the endocervix. The zone is most likely site for the development of cervical cancer.

Cervical cancer begins when healthy cells in the cervix develop changes in their DNA. A cell’s DNA contains the instructions that tell a cell what to do. The changes tell the cells to multiply quickly. The cells continue living when healthy cells would die as part of their natural life cycle. This causes too many cells. The cells might form a mass called tumour. The cells can invade and destroy healthy body tissue. In time, the cells can break away and spread to other parts of the body.

Need for the study

The need for the study is to assess the risk factors and knowledge on preventive measures on awareness of cervical cancer among married women residing in urban and rural community.

As married women need to know the risk factors and the preventive measures of cervical cancer in order for early detection and promote healthy lifestyle.

As Cervical cancer is a major killer of young women in India, being the commonest cancer after breast cancer affecting women. Cervical cancer is also a unique cancer as it is preventable and starts as an infectious disease, leading to a non-communicable disease cancer.

Cervical cancer incidence is one of the indicators of inequity for women living in low resource settings. Low income countries have four times higher age standardized incidence rates (ASRs) compared to more affluent countries.

In India more than 1.30.000 cases are reported every year and more than 70.000 deaths occur due to cervical cancer, which is higher than maternal deaths. India accounts for about 20% of cervical cancer cases globally. Wide ranging ASRs of 9 and 40 per 100.000 women indicates lack of data and differential access. No systematic cervical cancer screening programs are available at the national level.

A study based on secondary data analysis of National Family Health Survey (NFHS)-4 reported that only 30% of 336,777 women between 30 and 49 years of age reported ever undergoing cervical cancer screening. Cervical cancer screening prevalence varied by geographic region, between 10% in the Northeast region to 45% in the Western region of lifetime screening. This low uptake of cervical cancer

screening can be attributed to a number of factors, as demonstrated by the literature, including low level of knowledge and awareness, low level of perceived risk, stigma associated with cancer, fear of cancer, cost and familial obligations. Education of the women and their partners also matters as the probability of screening increased with years of education of women and their partners.

Research methodology

In this study Non- experimental comparative research design and research approach was used. And Non probability purposive sampling technique method was used for the study information. A Chi-square test method was found to be appropriate for collecting data to assess the risk factors and knowledge on preventive measures on awareness of cervical cancer among married women residing in urban community at Ambala Cantt, District Ambala, Haryana and rural community at Dera, District Ambala, Haryana. The research is a study in which the data has been collected, recorded and analyzed.

The sample for the present study consisted of 100 married women’s, 50 married women’s residing in urban community at Ambala Cantt, District Ambala, Haryana and 50 married women’s residing in rural community at Dera, District Ambala, Haryana.

To test the tools, it was administered to 10 married women’s, 5 married women’s residing in urban community at Naraingarh, District Ambala, Haryana and 5 married women’s residing in Kala-amb, District Ambala, Haryana, who met the inclusion criteria. The reliability coefficient of the tools was obtained by the split half (odd- even) correlation method. The reliability of the tools was found to be $r=0.8$, indicating that the tools was reliable.

Results

Section-A

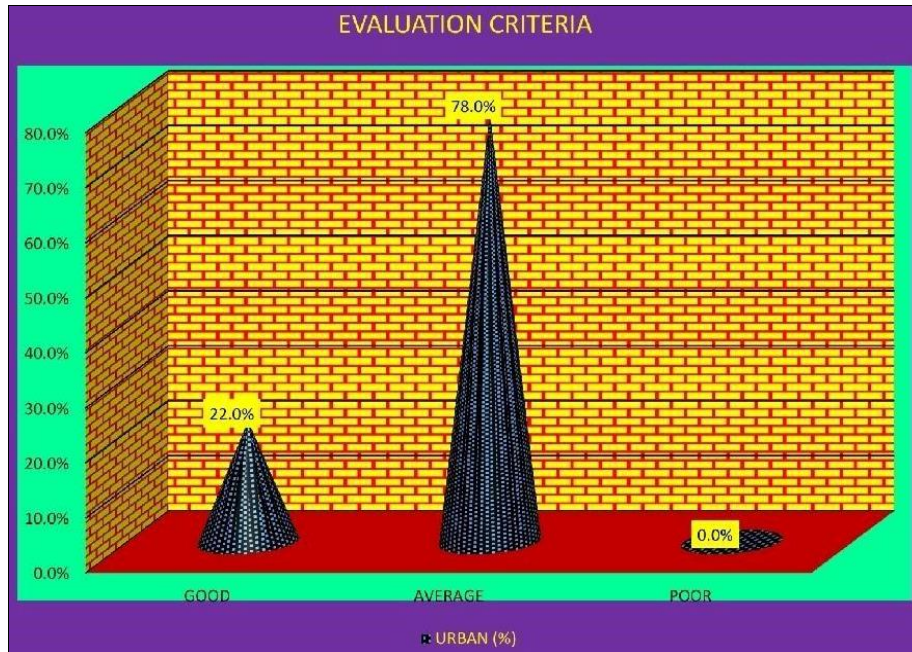
Analysis of level of knowledge on preventive measures on awareness of cervical cancer among married women residing in urban community at Ambala Cantt, district Ambala, Haryana

Table 1: Showing level of knowledge scores in urban community

Criteria Measure of Knowledge Scores N=50	
Category Score	Urban f (%)
GOOD (11-16)	11(22%)
AVERAGE (6-10)	39(78%)
POOR (0-5)	0(0%)

Maximum=16 Minimum=0

The table above shows that in urban area, 22% of individuals have good knowledge (scoring between 11-16), while the majority, 78%, have average knowledge (scoring between 6-10). No individuals fall into the poor knowledge category (scoring between 0-5).



Graph 1: Showing level of knowledge scores in urban community

The graph above shows that in urban area, 22% of individuals have good knowledge (scoring between 11-16), while the majority, 78%, have average knowledge (scoring between 6-10). No individuals fall into the poor knowledge category (scoring between 0-5).

Analysis of level of knowledge on preventive measures on awareness of cervical cancer among married women residing in rural community at Dera, district Ambala, Haryana

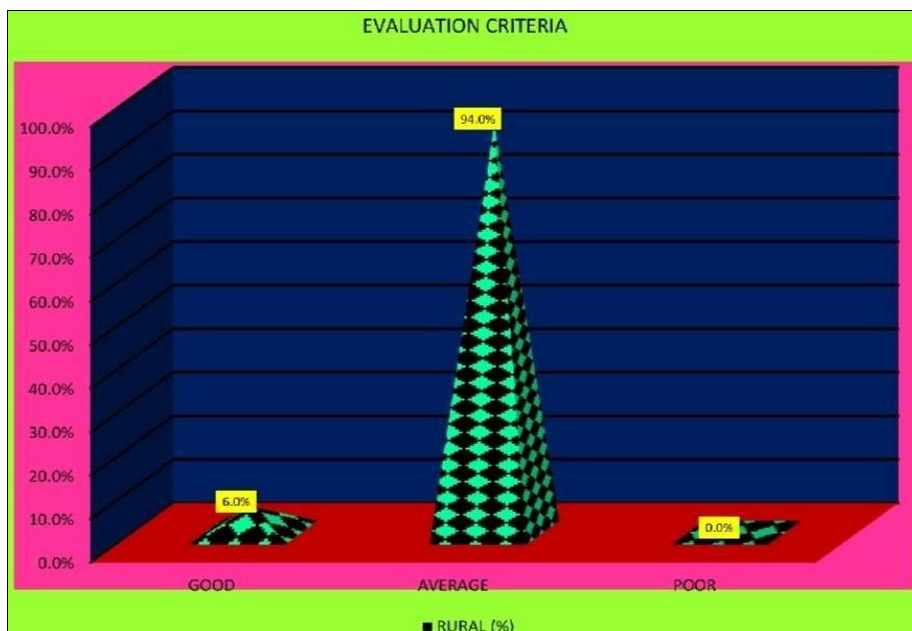
Table 2: Showing level of knowledge scores in rural community

Criteria Measure of Knowledge Scores N=50	
Category Score	Rural f (%)
Good (11-16)	3 (6%)
Average (6-10)	47 (94%)
Poor (0-5)	0 (0%)

Maximum = 16 Minimum = 0

The table above shows that in rural area, 6% of individuals have good knowledge (scoring between 11-16), while the majority, 94% have average knowledge (scoring between 6-

10). No individuals fall into the poor category (scoring between 0-5).



Graph 2: Showing level of knowledge scores in rural community

The graph above shows that in rural area, 6% of individuals have good knowledge (scoring between 11-16), while the majority, 94% have average knowledge (scoring between 6-10). No individuals fall into the poor category (scoring between 0-5).

Section-B
Analysis of level of risk factors on preventive measures on awareness of cervical cancer among married women residing in urban community at Ambala Cantt, DISTRICT Ambala, Haryana

Table 3: Showing level of risk scores in urban community

Criteria measure of risk scores N=50	
Category Score	Urban f (%)
Severe (7-10)	0 (0%)
Moderate (4-6)	47 (94%)
Mild (0-3)	3 (6%)

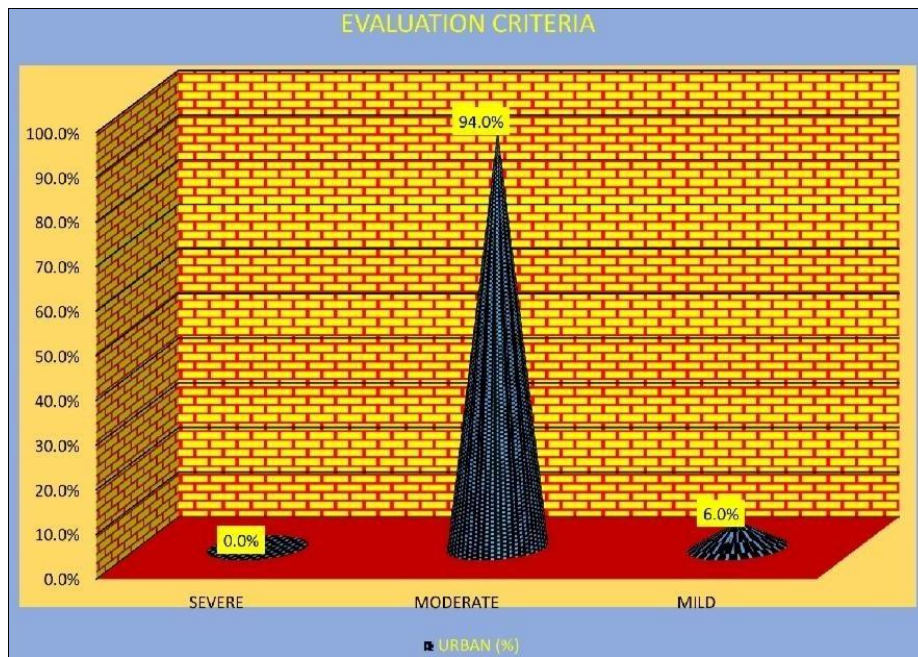
Maximum = 10 Minimum = 0

The table above shows that frequency and percentage distribution level of urban group of risk scores.

- **Severe Risk (7-10):** No urban participants fall into the severe risk category (0%).
- **Moderate Risk (4-6):** The majority of urban participants (94%) fall under moderate risk, indicating a

significant prevalence of moderate risk scores among this group.

- **Mild Risk (0-3):** A small proportion of urban participants (6%) are categorized as having mild risk, reflecting relatively low risk levels.



Graph 3: Showing level of risk scores in urban community

The graph above shows that frequency and percentage distribution level of urban group of risk scores.

- **Severe Risk (7-10):** No urban participants fall into the severe risk category (0%).
- **Moderate Risk (4-6):** The majority of urban participants (94%) fall under moderate risk, indicating a significant prevalence of moderate risk scores among this group.

- **Mild Risk (0-3):** A small proportion of urban participants (6%) are categorized as having mild risk, reflecting relatively low risk levels.

Analysis of level of risk factors on preventive measures on awareness of cervical cancer among married women residing in rural community at Dera, district Ambala, Haryana

Table 4: Showing level of risk scores in rural community

Criteria measure of risk scores N=50	
Category Score	Rural f (%)
Severe (7-10)	0 (0%)
Moderate (4-6)	48 (96%)
Mild (0-3)	2 (4%)

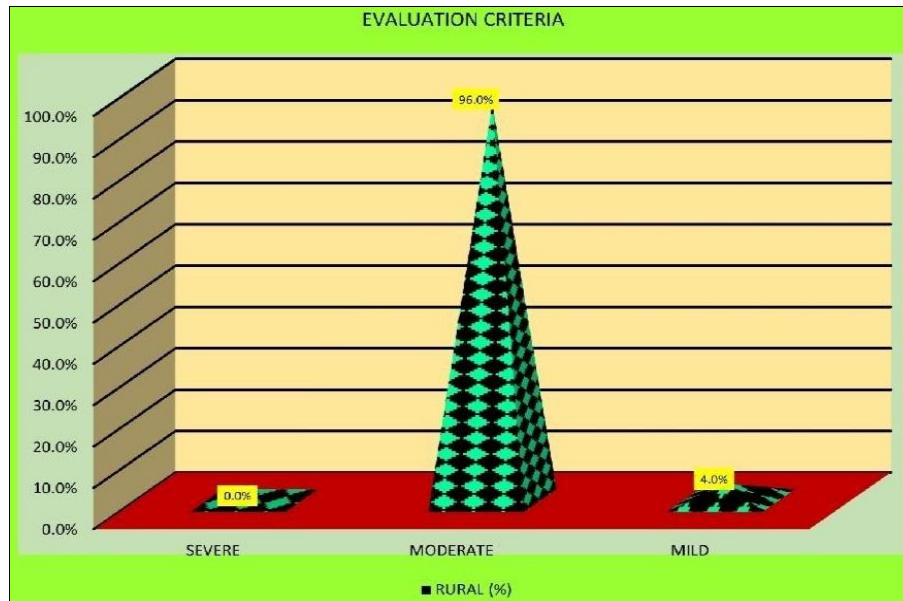
Maximum = 10 Minimum = 0

The table above shows that frequency and percentage distribution level of rural group of risk scores.

- **Severe Risk (7-10):** No participants (0%) fall into the severe risk category, indicating that high-risk levels are absent in the rural group.
- **Moderate Risk (4-6):** A significant majority, 48

participants (96%), are in the moderate risk category, suggesting a consistent pattern of moderate risk in the rural population.

- **Mild Risk (0-3):** Only 2 participants (4%) fall into the mild risk category, indicating that very few individuals exhibit low-risk levels.



Graph 4: Showing level of risk scores in rural community

The graph above shows that frequency and percentage distribution level of rural group of risk scores.

- **Severe Risk (7-10):** No participants (0%) fall into the severe risk category, indicating that high-risk levels are absent in the rural group.
- **Moderate Risk (4-6):** A significant majority, 48 participants (96%), are in the moderate risk category, suggesting a consistent pattern of moderate risk in the rural population.
- **Mild Risk (0-3):** Only 2 participants (4%) fall into the mild risk category, indicating that very few individuals exhibit low-risk levels.

Discussion

The present study was conducted to assess the risk factors and knowledge on preventive measures on awareness of cervical cancer among married women residing in urban community at Ambala Cantt, District Ambala, Haryana and rural community at Dera, District Ambala, Haryana. The findings of the study have been discussed with reference to the objectives and with the findings of the other study under the following: -

Objective 1: To assess the knowledge on preventive measures on awareness of cervical cancer among married women residing in urban community at Ambala cantt, District Ambala, Haryana and rural community at Dera, District Ambala, Haryana.

Objective 2: To assess the risk factors of cervical cancer among married women residing in urban community at Ambala cantt, District Ambala, Haryana and rural community at Dera, District Ambala, Haryana.

Objective 3: To find out the association between level of

knowledge and risk factors with socio-demographic variables among married women residing in urban community at Ambala cantt, District Ambala, Haryana and rural community at Dera, District Ambala, Haryana.

Conclusion

The present study concluded that out of 100 women, in urban 78% had adequate Knowledge, 22% had good knowledge, no one had poor knowledge. And in rural 94% had adequate knowledge, 6% had good knowledge, no one had poor knowledge.

- The study depicted that the age of respondent, religion, education, occupation, type of family, family income, no. of children, source of information are the key associated factors.
- The study concluded that HPV play a vital role in the cause of cancer of cervix and recent researches have continued to make its management possible. Therefore, personal lifestyle modification, effective screening facilities coupled with prompt and appropriate management with favorable government policies will help to curb the menace of the disease and thereby reduced its mortality and morbidity

Conflict of Interest

Not available

Financial Support

Not available

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