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"A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING CERVICAL CANCER AMONG FEMALE (15-45 YEARS) AGE AT VILLAGE FARATHIYA, GARHWA, (J.H.)"

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CHAPTER-I

INTRODUCTION

Human papillomavirus (HPV) is a common sexually transmitted infection which can affect the skin, genital area and throat. Almost all sexually active people will be infected at some point in their lives, usually without symptoms. In most cases the immune system clears HPV from the body. Persistent infection with high-risk HPV can cause abnormal cells to develop, which go on to become cancer.

Persistent HPV infection of the cervix (the lower part of the uterus or womb, which opens into the vagina – also called the birth canal) if left untreated, causes 95% of cervical cancers. Typically, it takes 15–20 years for abnormal cells to become cancer, but in women with weakened immune systems, such as untreated HIV, this process can be faster and take 5–10 years. Risk factors for cancer progression include the grade of oncogenicity of the HPV type, immune status, the presence of other sexually transmitted infections, number of births, young age at first pregnancy, hormonal contraceptive use, and smoking.

Cervical cancer is a growth of abnormal cell that start in the cervix. The cervix is the lower part of the uterus that connects to the vagina. Globally, cervical cancer is the fourth most common cancer in women, with around **660,000** new cases in 2022. In the same year, about **94%** of the **350 000** deaths caused by cervical cancer occurred in low- and middle-income countries. The highest rates of cervical cancer incidence and mortality are in sub-Saharan Africa (SSA), Central America and South-East Asia. Regional differences in the cervical cancer burden are related to inequalities in access to vaccination, screening and treatment services, risk factors including HIV prevalence, and social and economic determinants such as sex, gender biases and poverty. Women living with HIV are 6 times more likely to develop cervical cancer compared to the general population, and an estimated **5%** of all cervical cancer cases are attributable to HIV. Cervical cancer disproportionately affects younger women, and as a result, **20%** of children who lose their mother to cancer do so due to cervical cancer.

BACKGROUND OF THE STUDY

Cervical cancer is a largely preventable disease, but worldwide it is one of the leading causes of cancer death in women. Most deaths occur in low- to middle-income countries. The primary cause of cervical pre-cancer and cancer is persistent or chronic infection with one or more of the "high-risk" (or oncogenic) types of human papillomavirus (HPV). HPV is the most common infection acquired during sexual relations, usually early in sexual life. A minority of HPV infections persist; in women this may lead to cervical pre-cancer, which, if not treated, may progress to cancer 10 to 20 years later. Women living with HIV are more likely to develop persistent HPV infections at an earlier age and to develop cancer sooner.

Almost all cervical cancers are caused by HPV and, therefore, are largely preventable. Over the past several decades, the incidence of cervical cancer has decreased in developed countries. This is mainly attributed to increased awareness and more effective screening and prevention strategies employed in these countries. In addition, the HPV vaccine has contributed to a decline in the incidence rate of cervical cancer. Three types of tests are currently available and are widely used for the screening of cervical cancer. These include tests for HPV, cytology-based Papanicolaou test (Pap test), and unaided visual inspection with acetic acid (VIA). However, public awareness of these tests especially in developing countries is limited. HPV 16 and 18 are the most common subtypes of HPV causing cervical cancer and are responsible for most of the cervical cancers worldwide. The association of cervical cancer and HPV infection implies that cervical cancer can be prevented by HPV vaccination. Consequently, HPV vaccines have been developed. In Saudi Arabia, two vaccinations against HPV, bivalent vaccine (Cervarix) and quadrivalent vaccine (Gardasil) were approved in the year 2010 for females between the ages of 11 and 26 years.

NEED OF THE STUDY

Worldwide, 266000 women die of cervical cancer each year. The majority of these deaths can be prevented through universal access to comprehensive cervical cancer prevention and control programmes, which have the potential to reach all girls with human papillomavirus (HPV) vaccination and all women who are at risk with screening and treatment for pre-cancer.

We know what causes cervical cancer: almost all cases are caused by a persistent (very long-lasting) infection with one or more of the "high-risk" (or oncogenic) types of HPV.

We understand the natural history of HPV infection and the very slow progression of the disease in immunocompetent women, from normal (healthy) to pre-cancer, to invasive cancer, which is potentially fatal.

The 10- to 20-year lag between pre-cancer and cancer offers ample opportunity to screen, detect and treat pre-cancer and avoid its progression to cancer. However, immunocompromised women (e.g. those living with HIV) progress more frequently and more quickly to pre-cancer and cancer.

HPV vaccines are now available; if given to all girls before they are sexually active, they can prevent a large portion of cervical cancer.

Women living with HIV are 6 times more likely to develop cervical cancer compared to the general population.

PROBLEM STATEMENT

"A descriptive study to assess the knowledge regarding cervical cancer among female

(15-45 years) age at village Farthiya, Garhwa, (Jharkhand)."

OBJECTIVE OF THE STUDY

- To assess the knowledge and awareness of cervical cancer among women in the village.
- To determine the prevalence of cervical cancer risk factors among the study population.
- To identify the barriers to cervical cancer screening and early detection among the women.

- To evaluate the effectiveness of existing cervical cancer prevention and control programme in the area.
- To educate women about the importance of regular pap-smear screening and HPV Vaccination.
- To encourage women to seek medical care for abnormal pap smear results or suspicious symptoms.

HYPOTHESIS

H_0: There will be no significant association between knowledge regarding cervical cancer and sociodemographic variables.

H_1: There will be significant association between knowledge regarding cervical cancer and sociodemographic variables.

OPERATIONAL DEFINITION

1. **Assess**-Refers to find out the knowledge and practice level of female (15-45) regarding cervical cancer.
2. **Knowledge**-Refers to correct response of female (15-45) to the items listed in the questionnaire regarding cervical cancer.
3. **Cervical cancer-** It is the uncontrollable growth and spread of abnormal cells in the cervix
4. **Descriptive**-Describe characteristics of a population or phenomenon being studied.
5. **Reproductive age-** Reproductive age commonly referred to as the child-bearing years. It's the ages when females are most fertile and most likely to bear children. Age between 15-45 years.

CONCEPTUAL FRAMEWORK

Conceptual frame work is taken by modified health belief model it is a psychological model that attempts to explain and predict health behaviour. This is done by focusing on the attitude and beliefs of individuals. The heath belief was first developed in the 1950s by social psychologist **Hochbaum, rose tock and Kegels** working in the U.S. public health services. The health belief model is a social psychological health behaviour change model developed to explain and predict health related behaviours, particularly in regard to the uptake of health services. Remains one of the best known and most widely used theories in health research. The health belief model suggests the people's belief about health problems, perceived benefits of action and self-efficiency, explain in health- promoting behaviour, a stimulus, or cut to action, must also be present in order to trigger the health-promoting behaviour.

MODIFYING VARIABLE

Individual characteristics, including demographic, psychological, and structural variables, can affect perception (i.e., perceived seriousness, susceptibility, benefits, and barriers) ofhealth-related behaviours. Demographic variables include age, religion, educational status, occupation, residence, family income, Source of knowledge among any specification sources regarding cervical cancer. The health belief modal suggests that modifying variables affect health - related behaviours indirectly by affecting perceived seriousness, susceptibility, benefits, and barriers. In this study the modifiable factors are Age, Religion, Educational status, Occupation, Residence, Family income, source of knowledge. Any specification sources regarding cervical cancer among female (15-45 years) age group.

PERCEIVED SUSCEPTIBILITY

Perceived susceptibility refers to subjective assessment of risk of developing a health problem. The health belief modal predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviours to reduce their risk of developing the health problem Individual with low perceived susceptibility may deny that they are at risk for contracting a particular illness. The health belief modal predicts that higher perceived threat leads to a higher likelihood in health-promoting behaviours in

this study the individual perceived are cervical cancer among female (15-45 years) age group at Farathiya, Garhwa, Jharkhand.

PERCIEVED BENEFIT

Health related behaviours are also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual's assessment of the value or efficiency if engaging in a particular action will reduce susceptibility to a health problem or disease its seriousness, then she is likely to those behaviours regardless of objectives facts regarding the effectiveness of the action.

PERCIEVED BARRIER

Health-related behaviours are also a function of perceived barriers to taking action. Perceived barriers refits to an individual assessment of the obstacles to behaviours change. Even if an individual perceives a health condition as treating and belief that a particular action will effectively reduce the threat, barriers may prevent engagement of the health promoting behaviours. In this study perceived barrier involve lack of interest in participation of research study

CUES TO ACTION

The health belief modal points that a cue, or triggers, is necessary for promoting engagement in health promoting behaviour, Cues to action can be internal or external. Physiology cues (e.g. pain, symptoms) are an example of internal cues to action. In this study the cues of action are verbal communication to clear the objective of study regarding cervical cancer among female 15 to 48 age group.

DELIMITATION

1. The study is limited to village Farthiya, Garhwa and does not represent other areas or populations.
2. The study only includes females aged (15-45) years, excluding's males and female outside this age range.
3. The study is limited to specific sample size of (60), which may not be representative of the entire population.
4. The study relies on self-reported data collected through questionnaires.
5. The study focuses on cervical cancer knowledge, awareness and does not explore other health related topics.
6. The study is limited to participants understand and speak the local language.
7. the study assumes a basic level of literacy among participants, which may not be representative of the entire population.

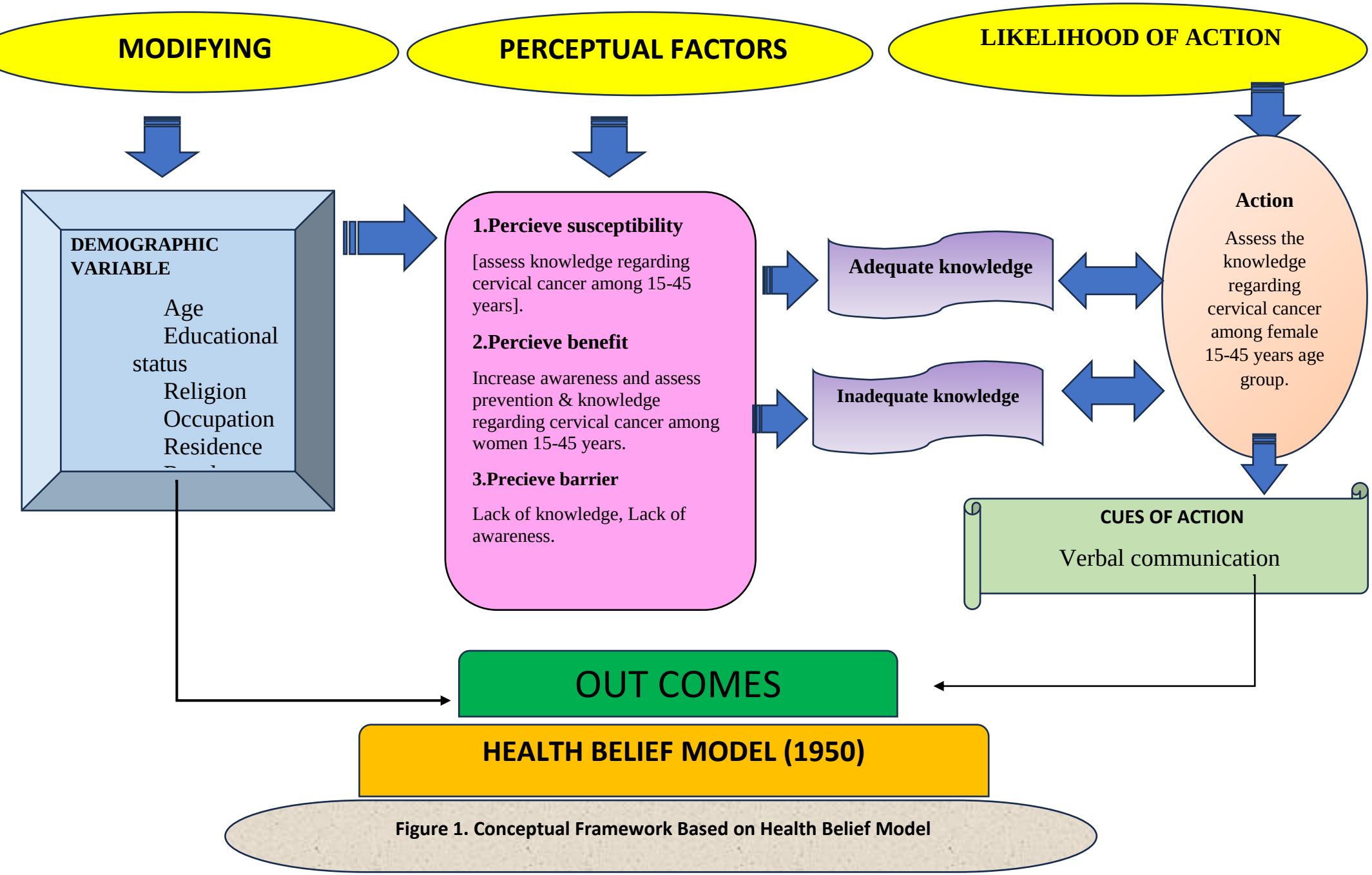


Figure 1. Conceptual Framework Based on Health Belief Model

CHAPTER II

REVIEW OF LITERATURE

Review of literature is one of the most important steps in the research process. It is an account of what is already known about a particular phenomenon. The main purpose of literature is to convey to the readers about the work already done and the knowledge and idea that have been already established on a particular topic of research. Literature review is a laborious task, but it is essential if the research process is to be successful.

H.M COOPER, 1988

Literature review uses as its database reports of primary or original scholarships and does not report new primary scholarship itself. The primary reports used in the literature may be verbal, but in the vast majority of cases, report are written documents. The types of scholarship may be empirical, theoretical, critical or analytic or methodological in nature. Second a literature review seeks to describe, summarize, evaluate, clarify and or integrate the content of primary reports.

UNIVERSITY OF TORONTO, 2001

A literature review is an account of what has been already established or published on a particular research topic by accredited scholars and researchers.

The literature reviewed for a present study is organized and presented under the following heading.

SECTION I- Literature related to knowledge regarding cervical cancer.

SECTION II- Literature related to knowledge regarding prevention and screening of cervical cancer.

SECTION III- Literature related to knowledge regarding risk factor of cervical cancer

SECTION I- Literature related to knowledge regarding cervical cancer.

A SAHA, A NAG CHAUDHURY, 2009- This study revealed a low level of knowledge of the graduate student of some leading women's College of Kolkata. The second largest city in India. About cervical cancer the most prevalent type of female cancer in the country. Most of the Risk factor for cervical cancer were recognised by much less than 50% of our study participants. One fifth **20%** of them were ignorant about it as revealed by knowledge level of almost all of them 98% being far below the average score of **9**.

VENUSHAH, 2012- Across sectional interview-based survey regarding knowledge level about cervical carcinoma carried out among the nursing staff of a tertiary health institute in Ahmedabad India. A total **620** nursing staff were enrolled under the institute at the time of study. Total hundred nurses were selected for the study out of **100%**staff nurses **52%** belong to the age group of **41 to 50 years**. The majority responded **89**here married **69%** responded had some knowledge of cervical carcinoma. Our data suggested that level of knowledge and understanding of cervical cancer as well as preventable nature should be improved.

FREHIWOT GETAHUN, 2013- Cervical cancer is the first most common cancer in Sub-Saharan Africa. In Ethiopia the incidence of cervical cancer is high that is **35.9** per **100,000** women. Low level of awareness data on knowledge of Ethiopian women regarding cervical cancer is lacking thing aim of this study was to assess the knowledge of women about cervical cancer. A community based cross sectional survey was conducted in Gonday town, Ethiopia. A total of **633** women aged 15 year and above were interview using Semi- structure questionnaire by 8traineddata collector and two supervisor spss window version 15.0 was employed for data entry and analysis of all the respondent **495 (78.7%**) of them had here about cervical cancer and only **195 (31%)** of them where knowledgeable about the disease.

KATARZYAN JAGLARZ, 2014- The aim of this study was to develop and validate a questionnaire used to assess the level of general knowledge about cervical cancer. The questionnaire development process was divided into four phases: Generation of issues, construction of a provisional questionnaire, testing of a provisional questionnaire for acceptability and relevance, field testing which aimed at ensuring reliability

and validity of the questionnaire. Field testing included **305** respondents of high school female student, to field out the final version of the questionnaire. After phase one, a least of **65** issue concerning knowledge about cervical cancer. Of **305, 155** where school girl and **150**where female student. The Croan bacha alpha coefficient for the whole questionnaire was **0.71**test retest reliability range from**0.89 to 0.94**. The cervical cancer knowledge prevention 64 has been successfully developed to measure the level of cervical cancer. The result conforms the validity reliability and applicability of the create questionnaire.

AGAM BANSAL, ABHIJIT PAKHARE, 2015-Across sectional study was done on **400** females of reproductive age who presented to outpatient department of all India institute of medical science Bhopal. Structured questionnaire consisting 20 knowledge items and 7 items for attitude and history of pap smear for practices were administered by one of the investigators after informed consent. Data were entered and analysed using Epi-Info version 7. A total of **442** women were approached for interview of which **400** responded of which **two third (65.5%)** had heard of cervical cancer. At least one symptom and one risk factor were known to **(35.25%)** and **(39.75%)** participants. Only **34.5%** participants had heard, and **9.5%** actually underwent a screening test. However.**76.25%** of the participants expressed a favourable attitude for screening. Educational level influences attitude toward screening and actual practice depends on age, income and marital status. This study shows that despite the fact that women had sub optimal level of knowledge regarding cervical cancer, there attitude is favourable for screening.

DR.S. ANITHA 2017-A Quantitative approach and Descriptive Research design was used for this study. Total 30 adults between the age group of above 30 years of age who were selected by using Simple random sampling technique. Data collection was done by door-to-door survey method Puducherry. The tool contained demographic profile of participants and structured questionnaire was developed to assess the knowledge on cervical cancer among women. This study revealed that**, 5 (16.7%)** of them had poor knowledge.**21 (70.0%)** of them had average knowledge**. 4 (13.3%)** of them had good knowledge. The findings of the study concludes that only **13.3%** of samples had adequate knowledge about cervical cancer, which in turn indicates that there is a strong need for health awareness program to reduce the occurrence of cervical cancer in future. This study finding serves as a reference material to the Government of India to formulate health awareness programmes with regard to prevention, control and management of cervical cancer.

DR.A.M VEERA KUMAR, 2017- Community based cross sectional study was conducted in the month of February and March 2016 in the rural area of vellanur and pullambadi with a sample size of **300.** Only reproductive is group **(15 to 45)** years where included. Convenient sampling method was used. Out of **300** women studied**, 89%** had heard about cervical cancer of which only **12.73%** has good knowledge on cervical cancer. Knowledge regarding symptoms risk factor cause **11.61%** preventability, availability of a screening test and vaccine where, **19.48**1**%, 30.7, 41.95%, 60.30%** and **9.36%** respectively. Knowledge among women in the study area was found to be low. To reduce the incidence of cervical cancer, awareness regarding the disease has to be created among the public.

LOKESHKADIYAN GULSHANAND RITU YADAV 2020- Lack of awareness of screening method risk factor and symptoms may lead to late diagnosis and poor prognosis of cervical cancer. The plan of this study was to assess the level of awareness about cervical cancer **HPV** vaccine among female of rural area of Haryana, India. This cross-sectional study was performed using a comprehensive self-designed questionnaire on **1500** women of urban **700** and ruler **800** background age **(18 to 65)** years evaluating their knowledge for cervical cancer and screening HPV infections and its preventive measures and symptoms and this factor. Majority of the women from rural area had poor knowledge about cervical cancer **55%** of its screening **75%**HPV infection **87.5%** and HPV vaccine **95%** compared with urban area knowledge about symptoms and its factor was very low in both ruler and urban area. The survey pointed to critical need to educate women about cervical cancer which can be achieved by launching extensive awareness programs for educating females about cervical cancer in India.

AYELIGN MENESHA 2020- A descriptive community based cross-sectional study was carried out. An interviewer-administered questionnaire was employed for data collection. A multistage sampling technique was employed to select the study participants.

770 participated with a response rate of 100%. More than half**, (65.1%)** of the participants claim hearing of cervical cancer. However, majority **(> 80%)** of them lack knowledge that HPV is a causative agent of cervical cancer which is extremely worrying as the most important way to prevent cervical cancer is blocking HPV infection. Of those who had heard of it, only **107 (21.4%)** said they have heard about Pap smear test. From them, less than half, **47 (43.9%)** said that an apparently healthy woman should undergo the test at least three times in her life. This means in addition to the lack of information about the test, majority of those who had heard about it didn't know how many times they should have the test in their life. Overall, only **153 (19.87%)** of the participants were found having a good knowledge of cervical cancer and its prevention.

NEHA TANEJA, 2021- This study included total of **7688** women aged between **12 to 65** years across **19 independent** studies. Majority studies were conducted in urban cities such as Delhi, Noida, Punjab, Kerala, Bengal, Lucknow and Tamil Nadu. Majority women wear married and the illiteracy rate range from **5% to 66%** studies included in review concluded that in India women still lake in appropriate knowledge and attitude towards cervical cancer and screening technique due to low literacy rate.

DR. MEENAKSHI SINGH 2024-This cross-sectional study was performed in the department of obstetrics and gynaecology of a tertiary care hospital of Delhi. A total of **450** women between **15 years and 64 years of age** selected randomly from those who visited the outpatient department. Women are interview with semi structured confidential interview schedule for duration of 3 months applied by trained interviewers. As regarding the level of knowledge of PAP test, although **40%** of women had heard about it only **32.7%** had adequate knowledge the main source of information was from the health care professionals **40%** a very small percentage only **10%** of rule was played by electronic and print media as source of information for cervical cancer. The level of adequacy of knowledge, attitude and practice in our subject were found to be very low as compared with similar studies in Argentina and Kuwait.

SECTION II- Literature related to knowledge regarding prevention and screening of cervical cancer.

MARGARET E. CRUICKSHANA 2001-The cervical screening programme in the United Kingdom has evolved 'ad hoc' with systematic call/recall of women aged **20-64** years (60 years in Scotland) only phased in from 1988. This strategy has exceeded its target of at least **80%** population coverage with 5-yearly smears and hand-in-hand with quality assurance in cytology, has reduced both incidence and mortality from cervical cancer. A continuing audit programme of cervical screening aims to ensure effectiveness. One issue attracting mounting attention is the age limit for screening. The upper age for cervical screening in the UK was determined by evidence of significant risk for cervical intraepithelial neoplasia (CIN). Our current understanding of the natural history of cervical cancer describes a prolonged pre-malignant phase lasting several years during which HPV infection is acquired during teens and twenties. This usually clears spontaneously and human papillomavirus (HPV) positivity declines with age. The prevalence of CIN peaks in women in their late twenties and thirties.

Mahboobeh Safaeian 2009 -The study to conducted about cervical cancer prevention & screening in term of science in evolution. The anatomical accessibility of the cervix to direct examination, with a long preclinical stage during which precursor lesions can be treated conservatively and successfully **(95%)** 8, make cervical neoplasia ideal for secondary prevention efforts such as screening. The Pap smear test is probably the most widely used cancer screening test, even though it has never been evaluated in a randomized controlled trial, and will not be because it is been accepted as an effective screening tool of cervical cancer is the greatest has remained a challenge. There are many obstacles to cervical cancer screening in resource poor countries, generally attributed to a lack of infrastructure and resources – technical, medical, and financial - and a lack of awareness and education about cervical cancer among women and health-care providers. Moreover, in Africa and South America which bear the biggest cervical cancer burden, there are competing health care needs such as HIV/AIDS, infectious diseases such as malaria, tuberculosis, and high infant and maternal mortality rates. Furthermore, there are considerable cultural barriers to routine pelvic screening, especially in the absence of any symptoms, underscoring the profound need for an acceptable and reliable screening method that focuses on timely detection of early

lesions, and treatment of the lesions so as to reduce cervical cancer burden. Although cytology has proven to be extremely effective in detection of abnormal cervical cells in developed countries, it is still under-utilized by many even in regions with successful screening programs. An important aspect of the success of cytology screening in developed countries is attributed to repeated screening of women during the long natural history of cervical cancer development.

Dr. Brototi Roy 2018 - The study conducted about to assess the awareness about cervical cancer and the acceptability of cytological screening and vaccine against human papilloma virus (HPV) among women in Delhi, the national capital of India. cross-sectional survey of women was conducted in Delhi to assess the awareness of cervical cancer and acceptability of Papanicolaou (Pap) test and HPV vaccine. The sample size of the population was **450**, and a pre-tested questionnaire was administered to them. Indian women face a **2.5%** cumulative lifetime risk and **1.4%** cumulative death risk from cervical cancer. Alarmingly, about **6.6%** of women in the general population are estimated to harbour cervical HPV infection. The HPV serotypes 16 and 18 account for nearly **76.7%** of cervical cancer in India. According to recent ICMR findings, deaths due to cervical cancer in India have increased rapidly during the last 2 years. Human papilloma virus (HPV) is the causative agent of cervical cancer. They are small deoxy-ribonucleic acid (DNA) viruses and are classified according to the DNA sequence. More than 100 HPV serotypes have been reported, of which 18 are categorized as the high-risk type. There are various screening tests available for detection of cervical cancer. In 2013 and 2014, WHO published guidelines on the screening of precursor lesions for women. This includes cytological screening by Papanicolaou or Pap test, simple visual inspection with acetic acid (VIA), and DNA testing for HPV.

VEENA G RAHATGAONKAR 2020 – The study conducted about screening for cervical cancer in HIV infected women, Screening for cervical cancer in HIV-positive women is extremely important due to the high burden of HIV disease in women, India, the disease burden among females in the age group 15–49 years is as high as in males. HIV prevalence estimated as per the National AIDS Control Organization (NACO) report of 2015 was **0.3%** among males and **0.22%** among females. In India, efforts of the NAC Program have been successful in reducing overall HIV incidence in the different states of the country by **32 to 50%** during 2007 to 2015.Although HIV prevalence was estimated at **0.31%** in the general population, the proportion of HIV-positive women among the total reported HIV cases in India increased from **25%** in 2001 to **39%** in 2009.The incidence of HPV infection and cervical cancerous and precancerous lesions among HIV-infected women is high. Hence, prevention, early detection, and treatment of cervical neoplasia are integral components of the management of HIV-infected women. Immune -suppression is the main factor predisposing HIV-positive women to HPV infections. The weakened immune system due to HIV infection reduces the body's ability to fight infection with HPV leading to a high infection rate of HPV that can cause cervical cancer. Such immune-compromised women are less likely to clear cervical HPV than HIV-uninfected women. In women treated with highly active antiretroviral therapy (HAART), there is a persistently high-risk of acquiring HPV infection because of impaired immune system function. Thus, AIDS-defining cancers like cervical cancer arise through loss of immunity against oncogenic viral infections. This fact has been proven by epidemiologic evidence. Recent cohort data show a direct relationship between low CD4, T-lymphocyte cell count, and cervical cancer risk.

Budukh, Atul 2020 - The aim of this work was to study the factors that influence women to participate in cervical cancer screening by providing menstrual pads for human papillomavirus (HPV) testing. Menstrual clothes were collected from two different populations from the rural areas of Maharashtra state for HPV testing to screen for cervical cancer. For this study, out of **945** participated women, **557 (58.9%)** provided their menstrual pads. Multivariate logistic regression was applied to calculate the odds ratio (OR) **and 95%** confidence interval **(95%CI**). Factor including health worker availability, using mobile phones for communication and high education level facilitate women's participation. To improve the participation, there is need to apply special strategies for older age group, less educated women and women having tobacco habit. The study was conducted in two different populations of two districts of Maharashtra state. Two villages from Jamkhed tehsil of Ahmednagar district (Population A) and 16 villages from Mulshi tehsil of Pune district (Population B) were covered. In population A, the study was carried out between January 2013 and July 2013 while it was conducted during November 2014 to February 2016 in population B. Population A was selected for the reason that the villagers were aware of the cancer prevention activities

carried out by our hospital in collaboration with local hospital in the neighbouring district. Population B was unaware of the cancer control activities carried out by our hospital. In such circumstances, the neighbouring village health worker collected the menstrual pad samples from the participating women. The collected menstrual pad samples were kept in the −20°C freezer at the local primary health centre. The collection of the menstrual pad and follow-up were similar in both the populations. Population A women underwent Hybrid Capture 2 (HC2) test and they provided menstrual pad for HPV testing by Polymerase Chain Reaction (PCR); on the other side, population B women provided menstrual pad and not every participant underwent for HC2 testing. Only those positive on PCR and **10%** randomly selected negative underwent for HC2 testing. The details about the testing of the sample in both populations have been published. In population A, there were **258** eligible women, out of which **192** provided menstrual pad and in population B there were **687** eligible women, out of which **365** provided menstrual pad. The compliance was **74%** in population A and **53%** in population B. Of the total **945** women who participated in the study, **557 (58.9%**) gave menstrual pads as a cervical cancer screening tool despite several obstacle faced by women.

VORA, KRANTI SURESH 2020- 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.

BHAVIKA CHAWALA, NEHA TANEJA 2021-This study to summarize the knowledge, attitude, and practice toward screening of cervical cancer among health professionals in India. A total **of 22** articles were included in the review based on the eligibility criteria. Statistical software SPSS-V.23 was used for the statistical application. A total of 22 studies met the inclusion criteria with total of **6811** health professionals. The age of the study participants ranged from 18 to 60 years. The overall knowledge of cervical cancer among health professionals was **75.15%.** The knowledge toward signs and symptoms and risk factors was adequate among health professionals. The knowledge, attitude, and practice toward screening was **86.20%, 85.47%, and 12.70%,** respectively. The health professionals have optimum level of knowledge of cervical cancer and knowledge of screening of cervical cancer with appropriate attitude toward screening with low uptake of practice toward screening.

Indian journal of Cancer 2023 (PALLED SIDDANNA) A study to conducted about cervical cancer, clinical profile and outcome of cervical cancer Carcinoma cervix contributes to a major proportion of cancer treatment in tertiary oncology enters. The outcomes are dependent on multiple factors. We conducted an audit to establish the pattern of treatment practiced for carcinoma cervix at the institute and suggest changes thereof to improve the quality-of-care Institutional Review Board clearance was obtained for the study. All cervical cancer patients registered between the ages of **25–85** years at the centre from 1st January 2010 to 31st December 2010 were included in the study. Case files of patients with a diagnosis of carcinoma cervix, which were registered directly or were referred to the department of radiation oncology, were collected from the medical records department. The criteria used for diagnosis included clinical examination, histopathology report, chest X-ray, ultrasound of abdomen and pelvis, cystoscopy, and proctoscopy were indicated and staged according to the International Federation of Gynaecology and Obstetrics (FIGO).

The total number of carcinoma cervix cases in the department were **695**. The medical records analysed were **306**. Out of **306** cases, **102 (33.33%)** patients received only radiation therapy and **204(66.66%)** patients received concurrent chemotherapy. The most common chemotherapy used was **weekly cisplatin 99 (48.52%),** followed by weekly carboplatin **60 (29.41%)** and three weekly cisplatin **45 (22.05%).** Disease-free survival (DFS) at 5 years was **36.6%** with patients of overall treatment time (OTT) of <8 weeks and >8 weeks showing DFS of **41.8%** and **34%** (P = 0.149), respectively. Overall survival (OS) was **34%**. Concurrent chemoradiation improved overall survival by a median of 8 months (P = 0.035).

SECTION-III- - Literature related to knowledge regarding risk factor of cervical cancer.

Naha Biswas, B 1997-The association between sexual behaviour and cervical cancer is well established. Despite a high incidence of cervical cancer in India. A case-control design **Manna** was used in which a total of **268** subjects, comprising **134** women with invasive cervical cancer as cases and **134** control women were studied. A multiple logistic regression model was used to analyse the data. The risk factors found to be associated with cervical cancer were early age at first coitus, extramarital sex partners of women and the time interval since first exposure. In a multiple logistic regression model, independent effects were observed for early age at first coitus, showing maximum risk in women who reported their first intercourse at < 12 years of age, compared to that of women at > or = 18 years (odds ratio [OR] = **3.5. 95%** confidence interval **[CI]: 1.1-10.9).** Increased risk was also seen for women who had extramarital sex relationships (OR **= 5.5, 95% CI: 1.5-19.5).** The significant effect of early age at first coitus persisted after adjustment for latency period which also showed its independent risk association with cervical cancer in the multivariate analysis. These findings confirm the association between early age at first coitus and cervical cancer in women with a low rate of sexual promiscuity and define the role of these risk factors in cervical carcinogenesis among rural Indian women.

S. BAYO F. BOSCH 2002- Cervical cancer is the most common cancer in women in Mali and the second commonest cause of cancer mortality. As part of an international effort to evaluate the role of human papillomavirus (HPV) in the aetiology of cervical cancer, we conducted a hospital-based case-control study in three medical centres in Bamako during 1994-1995. A total of **82 cases** (invasive cervical cancer patients) and **97 controls** matched to the cases for age were included. Information on risk factors was collected through personal interview. Serum antibodies **to HPV 16, 18 and 31** virus like particles (VLP) were detected using ELISA assays. Polymerase chain reaction was used to detect HPV DNA in frozen biopsies of cases. Human papillomavirus 6, 18, 31 VLP were detected in **60.4%** of cases and **45.4%** of controls. Overall, HPV DNA was identified in **96.9%** of the cervical cancer cases. Risk factors for cervical cancer were parity >10 versus <5 children, never having practised vaginal douching, re-used home-made feminine napkins and had a husband with more than two wives. These data provide further evidence on the role of HPV in cervical cancer and show that high parity and poor genital hygiene conditions were the main co-factors for cervical cancer in this population with prevalent HPV infection.

T. RAJKUMAR 2003- Non-viral factors contribute to human papillomavirus (HPV)-related cervical carcinogenesis. We investigated the role of paan chewing and dietary habits among **205** women with invasive cervical cancer (ICC) and **213** age-matched control women in Chennai, India. Odds ratios (OR) and **95%** confidence intervals (CI) were computed by means of unconditional multiple regression, taking into account major correlates of ICC risk. Paan chewing showed a dose-dependent direct association with ICC. Among dietary habits, the highest vs lowest intake tertile for vegetables and fruit was associated with an OR of **0.5. Low education level and low body weight** were also risk factors for ICC, but they did not account for the associations of paan chewing and low vegetable and fruit intake. In the analyses restricted to HPV-positive cases and controls, the inverse association with vegetable and fruit intake was confirmed. Conversely, the adverse influence of paan chewing on ICC risk seemed to be attributable to a higher prevalence of cervical HPV infection in women who chewed.

JISSA V THULASEEDHARAN 2012- The aim of this study was to quantify the effect of risk factors related to cervical cancer in a rural setting in south India. Sociodemographic and reproductive potential risk factors for cervical cancer were studied using the data from a cohort of 30,958 women who constituted the unscreened control group in a randomised screening trial in Indigo district, Tamil Nadu, India. The analysis was accomplished with the Cox proportional hazard regression model. Women of increasing age, having many pregnancies and no education were found to be at significantly increased risk of cervical cancer. This cohort study gives very strong evidence to say that education is the fundamental factor among the sociodemographic and reproductive determinants of cervical cancer in low resource setting. Public awareness through education and improvements in living standers can play an important role in reducing the high incidence of cervical cancer in India. This finding further stress importance of formulating public health policies aimed at increasing awareness and implementation of cervical cancer screening programmes.

SREEJATA RAYCHAUDHURI, SUKANTA MANDAL 2012-A multitude of risk factors aggravate the disease. This study was conducted to determine the prevalence and make a comparative analysis of the socio-demographic and behavioural risk factors of cervical cancer and knowledge, attitudes and practice b/w rural and urban women of North-Bengal India. A survey (first in North Bengal) was conducted among **133** women in a rural area (Kawakhali) and **88** women in an urban slum (Shaktigarh) using predesigned semi-structured questionnaires. The respondents were informed of the causes (including HPV), signs and symptoms, prevention of cervical cancer and treatment, and the procedure of the PAP test and HPV vaccination. The prevalence of risk factors like multiparity, early age of marriage, use of cloth during menstruation, use of condom and OCP, early age of first intercourse was **37.2%, 82%, 83.3%, 5.4%, 15.8%** and **65.6%** respectively. Awareness about the cause, signs and symptoms, prevention of cervical cancer, PAP test and HPV vaccination was **3.6%, 6.3%, 3.6%,9.5% and 14.5%** respectively. Chi-square testing revealed that in the study population, significant differential at **5%** exists between rural and urban residents with respect to number of children, use of cloth/sanitary napkins, family history of cancer and awareness regarding causes of cervical cancer. Regarding KAP, again using chi-square tests, surprisingly, level of education is found to be significant for each element of KAP in urban areas in contrast to complete absence of association between education and elements of KAP in rural areas. A large number of risk factors were present in both areas, the prevalence being higher in the rural areas. The level of awareness and role of education appears to be insignificant determinants in rural compared to urban areas.

P. MOHNAN S. SHETTY 2015-To study the profile of cervical cancer patients and to estimate the strength of association of the most contributing risk factors to cervical cancer. A case control study was carried out and random sampling was done to select cases and controls. A total number of **51 subjects**, which comprises of **26 cases** and **25 controls** was included in the study. The study was conducted in 3 hospitals in Mangalore namely Government Wenlock Hospital, Lady Goshen Hospital and KMC Attavar Hospital. Data was collected by means of semi-structured questionnaires, and analysed using SPSS version 11. The following parameters were identified as risk factors of cervical carcinoma with accordance of strength of association are **personal hygiene (washing vagina after coitus, daily bath), multiparity, menopausal status, addiction to tobacco and low socioeconomic status** has been found. Being one of the preventable leading causes of deaths among women, it is important to identify the risk factors associated with cervical carcinoma in hope that preventive measures can be taken earlier to reduce morbidity and mortality among women due to the malignancy.

J. MISRA A. SRIVASTAVA 2020 -Age and parity of the participating women have been normally considered as major risk factors of carcinoma cervix in a screening program. **Comparative assessment** has been made of these two factors in **2949** rural women. to see which of these two-play effective role in cervical carcinogenesis or cumulative effect of both has greater impact. The **2949** women were derived from the ongoing Rural cervical cancer screening program carried out in the villages of west Lucknow by organizing camps. The **squamous intraepithelial lesions of cervix (SIL**) incidence have been analysed in different age groups with increasing parity and vice-versa. The findings revealed no relation between SIL incidence and increasing age but a correlation with increasing parity. The SIL incidence in the different age groups with increasing parity revealed two trends- adolescents and postmenopausal women showing high SIL rate with nulliparity which declined with increasing parity while the adult girls and women **(21-40 years**) showed SIL incidence rising with increasing parity. When the SIL incidence was analysed in different parity groups with increasing age, the rise in SIL incidence was seen with increasing parity in adult women between **21-40** years. Though the comparative study showed increasing parity playing dominant role in the SIL development but the SIL rate was also found higher with nulliparity in adolescents and postmenopausal women. Hence all rural women showing primary infertility have to be cytologically examined and treated. Further cytology is mandatory in all multiparous women between **21-40** years of age.

BHAVIKA CHAWALA, NEHA TANEJA 2021- The present study aims to assess the risk factors for cervical in women aged **25-80 years**. The current study was a case-control study. In total, **75** age matched cases and **75** controls were enrolled. In case group sampling technique was total enumeration. Sampling for control group is done by purposive sampling. Women who satisfied the inclusion criteria were included in the study. A questionnaire was developed to assess the risk factors of cervical cancer among the participants.

Face to Face interview were conducted with the participants. There was a significant association of cervical cancer with education, place of residence, using an old cloth sanitary napkin, young age at marriage, number of husband's partners, washing the genitalia after sexual intercourse, and availability of health services. Bathing daily and during menstruations was found to be preventive factors for cervical cancer. In logistic regression, the utilization of health services and the presence of sexually transmitted infections showed a significant association with the development of cervical cancer. The present study aimed to assess the risk factors of cervical cancer. With prior knowledge of risk factors, cervical cancer can be identified. Identification of high-risk populations and starting early screening is found to be effective in early recognition of cervical cancer.

SILVIA FRANCESCHI, THANGARAJAN RAJKUMAR 2023-A Research is associated with case control study to evaluate the role of human papillomavirus (HPV) and other risk factors in the aetiology of invasive cervical carcinoma (ICC),we conducted a hospital -based case-control study Chennai, Southern India. On account of the high burden of ICC cases at the Cancer Institute, the first woman to be newly diagnosed with ICC each working day was asked to participate in our study and was administered an informed consent. Inclusion criteria for case subjects were: histologic confirmation of ICC diagnosis; no previous cancer treatment; and lack of physical or mental impairments that would have made the interview impossible. Seventeen women were excluded based on the revision of histologic reports**: 2** had no neoplastic lesions, **14** women had cervical intra-epithelial neoplasia (CIN) I or II and 1 had carcinoma *in situ*. Among **205** eligible ICC cases, the distribution by FIGO stage was the following: stage 1, **10.2%**; stage 2, **44.9%;** stage 3, **38.5%;** stage 4, **6.3%.** A squamous cell carcinoma was diagnosed in 193 cases and an adeno/adeno-squamous carcinoma in **12**. Twelve cancer cases refused to provide cervical samples for our study, although they were willing to be interviewed, leaving a total of **193** cervical cancer patients with cervical exfoliated cells available for HPV testing HPV infection was detected in all but one ICC cases (**99.4%** of squamous cell carcinomas and **100%** of adenocarcinomas) and in **27.7%** of control women. A total of **224** HPV infections were found among **191** ICC cases and **60** among **184** control women. Twenty-three different HPV types were identified in either single or multiple infections. HPV 16 was by far the most common type among cases as well as control women, followed by HPV 18 and 33. Only HPV 16 and 18 infections were found among the **12** adenocarcinoma cases. No ICC cases and **11** control women were infected with low-risk HPV types only.

CHAPTER-III

METHODOLOGY

Research methodology is a structured and scientific approach used to collect, analyse, and interpret quantitative or qualitative data to answer research questions or test hypotheses. A research methodology is like a plan for carrying out research and helps keep researchers on track by limiting the scope of the research. Several aspects must be considered before selecting an appropriate re+6search methodology, such as research limitations and ethical concerns that may affect your research.

The research methodology section in a scientific paper describes the different methodological choices made, such as the data collection and analysis methods, and why these choices were selected. The reasons should explain why the methods chosen are the most appropriate to answer the research question. A good research methodology also helps ensure the reliability and validity of the research findings. There are three types of research methodology—quantitative, qualitative, and mixed-method, which can be chosen based on the research objectives.

A research methodology describes the techniques and procedures used to identify and analyse information regarding a specific research topic. It is a process by which researchers design their study so that they can achieve their objectives using the selected research instruments. It includes all the important aspects of research, including research design, data collection methods, data analysis methods, and the overall framework within which the research is conducted. While these points can help you understand what is research methodology, you also need to know why it is important to pick the right methodology.

This chapter deal with the descriptive methodology and different steps which were under there for gathering and organizing data for "A descriptive study to assess the knowledge regarding cervical cancer among female (15-45) years of age at selected village Farthiya, Garhwa (Jharkhand)".

This chapter deals with research design, population, study setting, sample size, and pilot study data collection method and statistical method to analyse data.

RESEARCH APPROCH

A research approach is a general framework which guide the research study.

According to Suresh k. Sharma "Research approach involves the description of the plan to investigate the phenomenon under study in a structured (Quantitative), unstructured (Qualitative), or a combination of the two methods (quantitative & qualitative integrated approach)."

In the present study, A descriptive quantitative approach is adopted "A descriptive study to assess the knowledge regarding cervical cancer among female (15-45) years of age at selected village Farathiya, Garhwa (Jharkhand)".

RESEARCH DESIGN

According to WILLIAM ZIKMUND "Research design is defined as master plan specifying the method and procedures for collection and analysing the needed information."

According to LAURA "Indicates that research design provides backbone structure for study. It determines to how the study will be organized when the data will be implemented. A non-experimental descriptive research design is used for the present study.

In the present study research design used in descriptive research design. Design to measures knowledge "A descriptive study to assess the knowledge regarding cervical cancer among female (15-45yr) age at village Farthiya Garhwa (JHARKHAND).

It is a planned structure and strategy of investigation done for answering the research question is the overall plan or blueprint the research selected to carry out their study.

POPULATION

According to POLIT AND HUNGLER (1999) Population as the totality of all subjects that conform to a set of specifications, compromising the entire group of persons that is of interest to the researcher and to whom the researcher and to whom the researcher results can be generalized.

TARGET POPULATION

According to BORG, W.R, GALL, M.D (1989) Target population is all the members of a real or hypothetical set of people, events, or objects to which educational researches wish to generalize the results of the research.

ACCESSIBLE POPULATION

According to SURESH.K. SHARMA It is the aggregate of cases that conform to designated criteria and are accessible as subjects for a study.

SETTING OF THE STUDY

It is a physical location and condition in which data collection take place the selection of the Farathiya GARHWA area was done on the basis of geographical proximity, availability of subject feasibility, economic, time and money access. The present study will be conducted in selected area Farathiya, Garhwa.

SAMPLE

According to SURESH.K. SHARMA Sample may be defined as representative unit of a target population, which is to be worked upon by researchers during their study.

SAMPLING

According to SURESH. K. SHARMA Sampling is the process of selecting a representative segment of the population under study.

SAMPLING CRITERIA

According to Merion Webster: "A complete set of elements (object) that process same common characteristic define by the sampling criteria established by research."

The sample were selected with the following predetermined selection criteria.

Inclusion criteria: -

- Females aged 15-45 years.
- Residents of village Farathiya, Garhwa.
- Willingness to participate in the study.
- Ability to understand and respond to the questionnaire.
- Ability to provide informed consent.

Exclusion criteria: -

- Males
- Females outside the age range of 15-45 years.
- Non-residents of village Farathiya, Garhwa.
- Unwillingness to participate in the study.
- Inability to understand or respond to the questionnaire.
- Inability to provide informed consent.

SAMPLE TECHNIQUE

According to BT Basavanthappa "Describes sampling as the process of selecting representative units of a population for study in research"

A purposive sample was selected by using non probability purposive sampling from the population of the female age group [15-45 years] who are selected area Farthiya Garhwa (JH).

SAMPLE SIZE

According to Williston: "Sample size determination is the act of choosing the number of observation or replicate to include in a statistical sample. The sample size is an important feature of any study."

The present study, a total of 60 female [15-45 years] of age were selected.

VARIABLES

According to Pilot Denise F (2004) "A variables can be defined in term of measurable factors through process of operationalization."

Variables are properties or characteristics of person, think or situation that change or vary.

INDEPENDENT VARIABLE

According to Nancy Burn (2007) Independent variable is the antecedent while the dependent variable is the consequent.

In the study independent variable is knowledge regarding cervical cancer among female [15-45year] of age.

DEPENDENT VARIABLE

According to Nancy Burn (2007) "Dependent variable is the variable that is affected by the independent variable."

In present study dependent variable is socio demographical variable.

DESCRIPTION OF TOOLS

The instrument selected in the research should be as possible the method that would he best for obtaining data for drawing consultation which were pertinent to the study. The tools developed on the basis of following:

- Review the related literature.
- Discussion held with experience person.
- The opinion of the subject experts.

After reviewing the research and non-research material and seeking the opinion of expert objective questionnaire prepared for assessing the knowledge in demographic area regarding asthma. The tools consist of three sections.s

Section A - Interview for socio demographic variable.

Section B-Structure questionnaire for knowledge assessment.

Section A: - Demographic variable include age, religion, educational qualification, Occupation, Residence, Source of knowledge, Income, Previous knowledge about cervical cancer.

➤Question related to knowledge regarding cervical cancer.

➤Question related prevention and screening of cervical cancer.

➤Question related to risk factor of cervical cancer.

Section B-This section consists of knowledge questionnaire in present study there is 30 Questionnaire about knowledge of female (15-45) years of age. Scoring in present study there is 30 Questionnaire.

Maximum score-30

Minimum score-00

For correct answer-01

For wrong answer-00

This scoring is categorized as: -

Score of Poor-00-10

Score of Average-11-20

Score of Good-21-30

PILOT STUDY

Pilot study is a smaller version of a study carried out before the actual investigation is done. Researchers use information gathered in pilot studies to refine or modify the research methodology for a study and to develop large-scale studies.

KumarR2018: - Pilot study is a small-scale rehearsal of main study to test the feasibility of proposed research process / protocol**.**

Treece (2006): - "Pilot study is the miniature trial run of the methodology & plan for the major project. The purpose of the pilot study is twofold & to make improvement in the research project to detect problems that must be eradication before the major study is attempted."

A pilot study is a small scale or trail run of the major study. The function for improving the project for assessing its feasibility.

A study was conducted on 26/04/24 at Farthiya, GARHWA (Jharkhand) after taking permission from the Gram panchayat Pradhan of this area. The pilot study was conducted on 6 females (15 - 45years) of age at village Farathiya, Garhwa (Jharkhand).

Samples were selected by the purposive sampling technique data was collected through self-structured questionnaire.

FINDING OF PILOT STUDY

Finding of the study reliable that the tools was feasible to conduct find study. The invigilator has no problem during pilot study.

RELIABILITY

A/c to Polit and Hungler "Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure."

In this study the reliability was determined after obtaining permission from head of the institute & tool i.e. the structured questionnaire was administered to 6 female (15-45 years) of age. The obtained data subjected for the calculation of the Karl Pearson co-relation coefficient formula.

The reliability score r- 0.83

It indicates the tool is reliable.

Data collection process

A formula permission was obtained from the sarpanch of Farathia, Garhwa (Jharkhand).

The study was conducted on 08/05/2024.

Data was collected by the investigator himself by using structured knowledge questionnaire consist of multiple-choice question of knowledge regarding of cervical cancer. Based on objective the data are collected.

The data was collected during the time period 08/05/2024 to 11/05/2024

Section A- Distribution of responder according to demographic variable.

Section B-Distribution of responder according to knowledge subject.

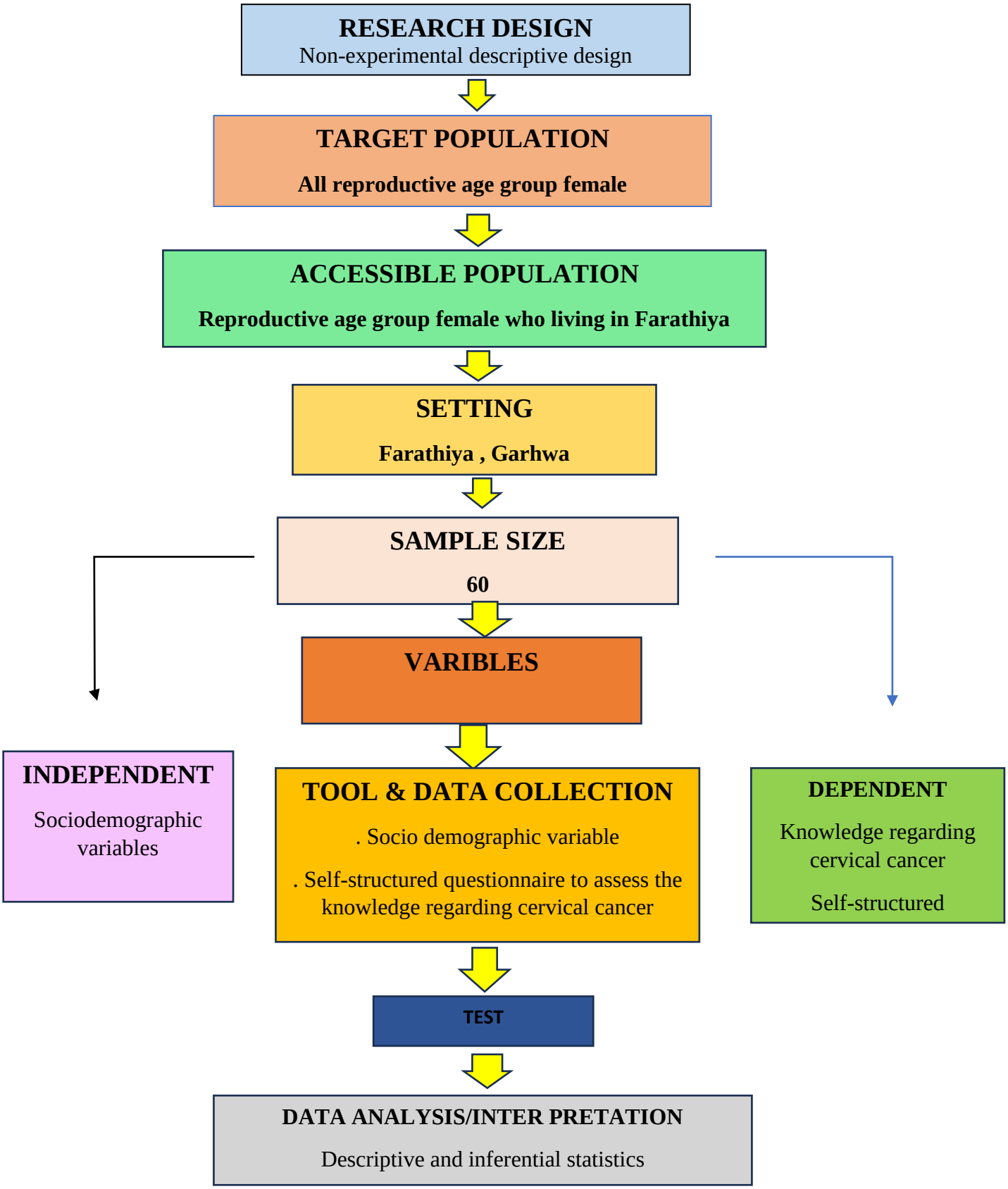
Section C-The association between the knowledge and demographic variable regarding cervical cancer at village Farthiya, Garhwa.

ETHICAL CONSIDERATION

- ✓ Confidently data will be maintained.
- ✓ Respect diverse backgrounds, values, & beliefs.
- ✓ Freedom will give to withdraw from the study.
- ✓ The research problem and objective will be approved by research community.
- ✓ Due permission from authorities will be sought out obtained**.**
- ✓ Avoid causing hams or injury to others.
- ✓ Be truthful and open in your words and action.

PLAN FOR THE DATA ANALYSIS

Data collection is the process of the gathering and measuring information of variable, interest in a stable in systematic function that unable one two answer state research question and evaluation outcome data collection in our study is rather expenses and they for need to be proceed and analysis the ordinary manner structure and cover a broad range of techniques, from some simple procedure to complex and sophisticated method. Data will be organised we prepare on a master ship & inferential statics will be used to analysis and interpreted collection data will be analysis under variable section.



CHAPTER – IV

DATA ANLYSIS AND INTERPRETATION

Data analysis is the process of applying systematic statistical or logical techniques to describe, illustrate, recap, and test the data. It excludes the purification analysis process that transforms and presents useful information to conclusions and supports research findings. Data interpretation is the process of reviewing data and arriving at relevant conclusions using various analytical research methods. Data analysis assists researchers in categorizing, manipulating data, and summarizing data to answer critical questions.

This chapter deals with the analysis and interpretation of data collected from 60 female (15-45) years age to determine the regarding cervical cancer. The data collected from 60 female (15-45) years age to assess the knowledge of cervical cancer were analysed according to the plan for data analysis and interpretation by using descriptive and inferential statistics.

OBJECTIVES

- To assess the knowledge and awareness of cervical cancer among women in the village.
- To determine the prevalence of cervical cancer risk factors among the study population.
- To identify the barriers to cervical cancer screening and early detection among the women.
- To evaluate the effectiveness of existing cervical cancer prevention and control programme in the area.
- To educate women about the importance of regular pap-smear screening and HPV Vaccination.
- To encourage women to seek medical care for abnormal pap smear results or suspicious symptoms.

HYPOTHESIS

H_0: There will be no significant association between knowledge regarding cervical cancer and sociodemographic variables.

H_1: There will be significant association between knowledge regarding cervical cancer and sociodemographic variables.

PRESENTATION OF DATA

The data collected from the female were organized, analysed and presented under the following sections.

Section A- Distribution of subjects according to socio-demographic variables by using frequency and percentage.

Section B- Determine the knowledge score of the respondents.

Section C- Analysis of chi-square test to find out association between knowledge score with their socio-demographic variables.

TABLE 4.1

FREQUENCY AND PERCENTE DISTRIBUTION OF SUBJECT

SOCIO DEMOGRAPHIC VARRIABLE

S.NO.	DEMOGRAPHIC VARIABLE	FREQUENCY (F)	PERCENTAGE(%)
1.	**AGE**		
	15-22	22	36.67%
	23-30	15	25%
	31-37	12	20%
	38-45	11	18.33%
2.	**RELIGION**		
	HINDU	21	35%
	MUSLIM	26	43.33%
	SIKH	0	0%
	CHRISTIAN	3	21.67%
3	**QUALIFICATION**		
	ILLITRATE	5	8.34%
	MIDDLE SCHOOL	10	16.67%
	HIGH SCHOOL	24	40%
	GRADUATE	21	35%
4	**OCCUPATION**		
	GOVT. EMPLOYEE	4	6.6 7%
	HOUSE WIFE	15	25%
	PRIVATE JOB	9	15%
	STUDENT	32	53.33%
5	**FAMILY INCOME**		
	5,000-10,000	8	13.33%
	10,000-15,000	17	28.33%
	15,000-20,000	25	41.67%
	20,000-30,000	10	16.67%
6	**RESIDANCE**		
	URBAN	0	0%
	RURAL	60	100%
7	**SOURCE OF KNOWLADGE**		
	HEALTH PERSONNEL	20	33.34%
	TELEVISION	8	13.34%
	NEWS PAPER	3	5%
	SOCIAL MEDIA	29	48.34%

TABLE 4.1: Shows the socio demographic information of female (15-45) years age who are participated in the present study.

SECTION – A

PERCENTAGE DISTRIBUTION OF SUBJECT ACCORDING TO SOCIO DEMOGRAPHIC VARIABLES

TABLE 4.2: DISTRIBUTION OF SUBJECT ACCORDING TO AGE

N = 60

S.NO.	AGE	FREQUENCY	PERCENTAGE
1.	15-22	22	36.67%
2.	23-30	15	25%
3.	31-37	12	20%
4.	38-45	11	18.33%
	TOTAL	**60**	**100%**

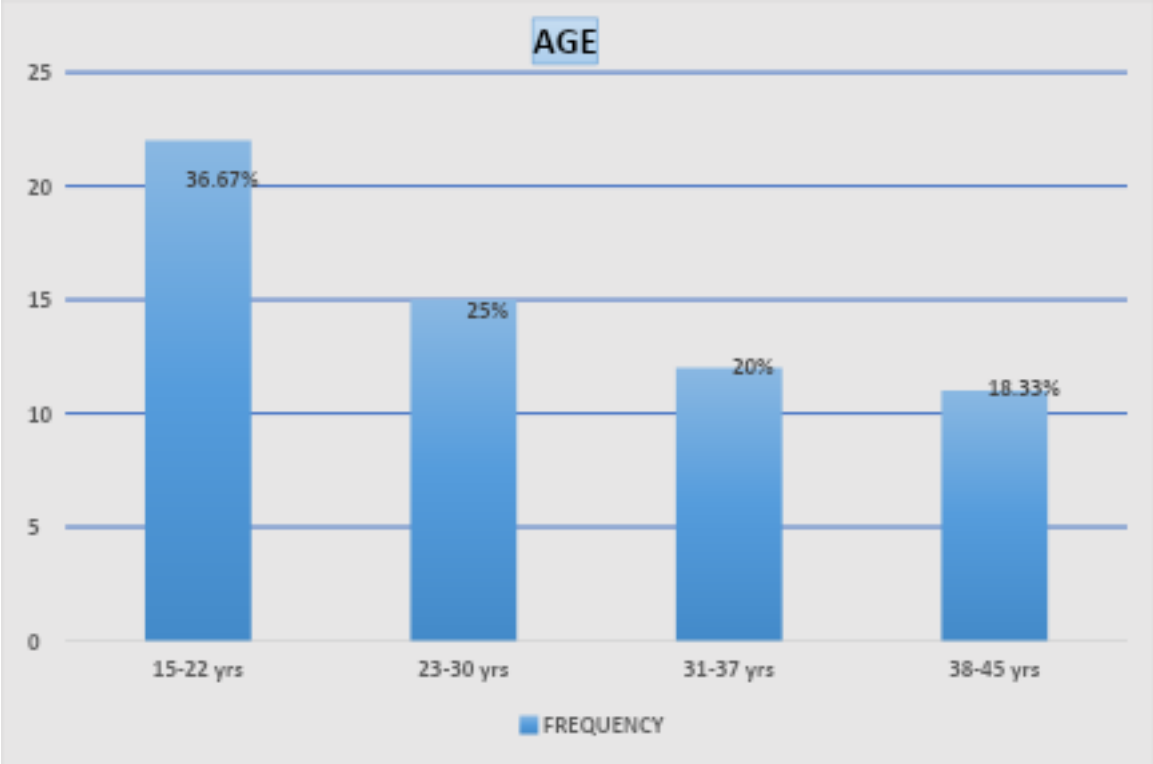


Fig: 4.1 Column diagram shows the percentage distribution of subject according to age.

The percentage distribution of female (15-45) years age about 36.67% belong to age 15-22 years. 25% belong to age 23-30 years. 20% belong to age 31-37 years. 18.33% belong to age 38-45 years

TABLE NO. 4.3

DISTRIBUTION OF SUBJECT ACCORDING TO RELIGION

N=60

S.NO.	RELIGION	FREQUENCY	PERCENTAGE
1.	HINDU	21	35%
2.	MUSLIM	26	43.33%
3.	SIKH	0	0%
4.	CHRISTIAN	13	21.67%
	TOTAL	**60**	**100%**

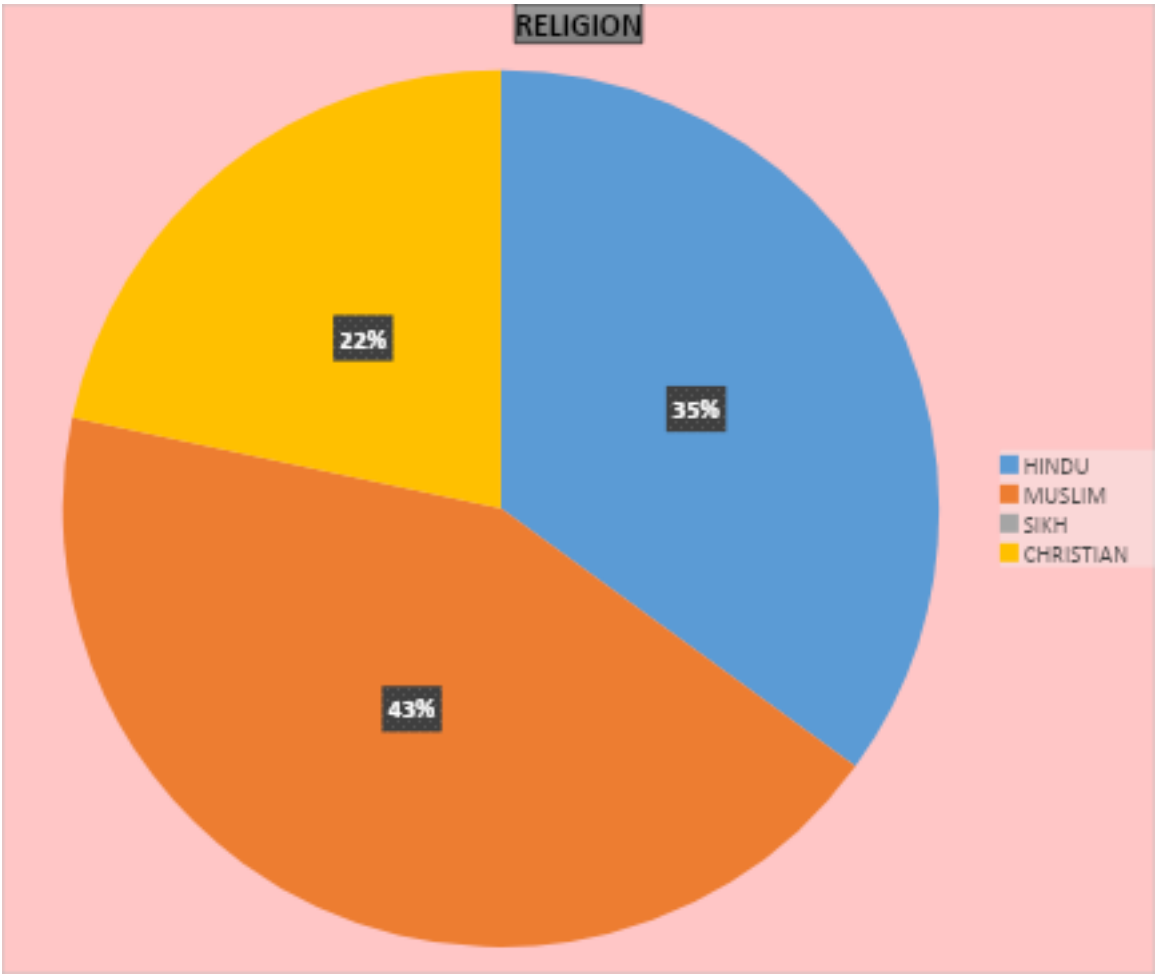


Fig 4.2: Pie diagram represent the percentage distribution of subject according to the religion.

Shows that according to religious of female (15-45) years age is 35% belong to Muslim, 43.33% belong to Hindu, 0% belong to Sikh and 21.67% belong to Christian.

TABLE 4.4

DISTRIBUTION OF SUBJECT ACCORDING TO QUALIFICATION

N=60

S. NO.	QUALIFICATION	FREQUENCY	PERCENTAGE
1	ILLITRATE	5	8.34%
2	MIDDLE SCHOOL	10	16.67%
3	HIGH SCHOOL	24	40%
4	GRADUATE	21	35%
	TOTAL	**60**	**100%**

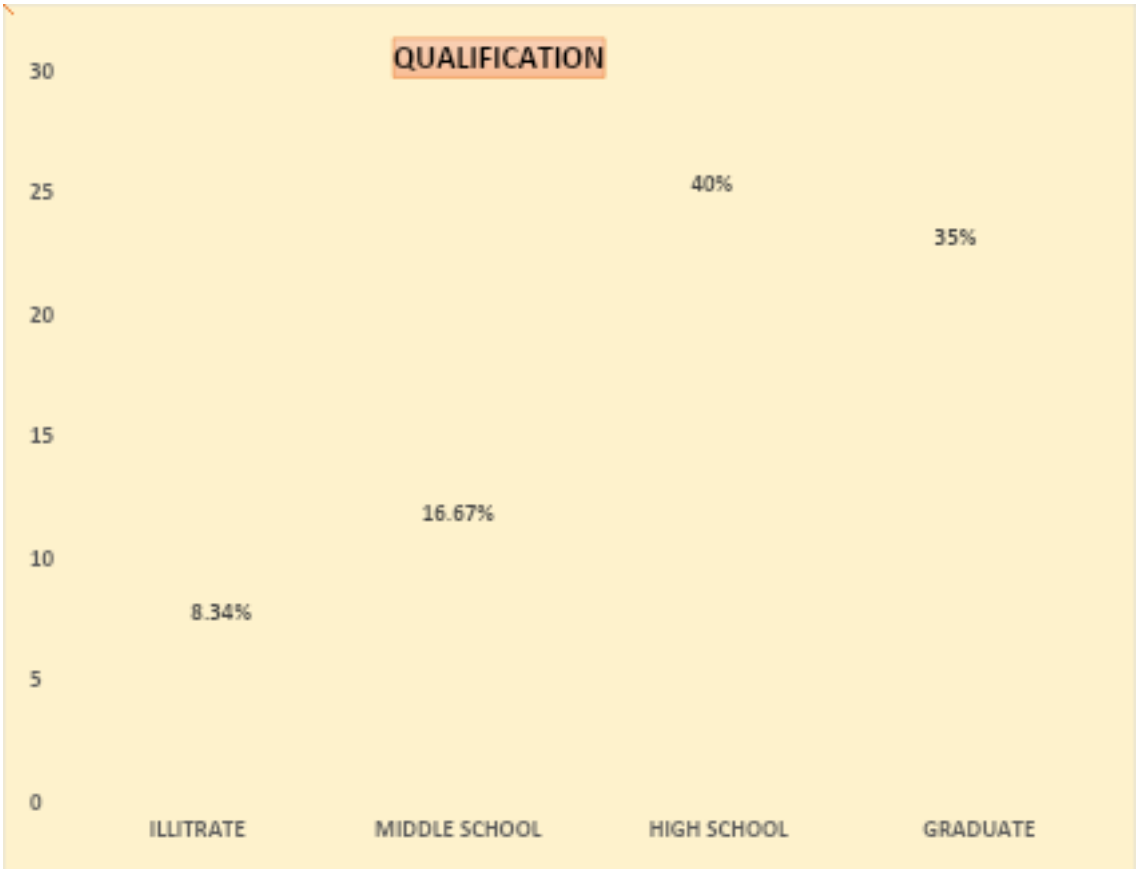


FIG 4.3: Bar diagram representing the percentage distribution of subject according to qualification of female.

Shows that according to qualification of the female (15-45) years age % belongs to illiterate, 28.33% belongs to middle school, 36.67% belongs to high school and 20% belongs to graduation.

TABLE 4.5

DISTRIBUTION OF SUBJECT ACCORDING TO OCCUPATION N=60

S.NO.	OCCUPATION	FREQUENCY	PERCENTAGE
1	GOVT.EMPLOYEE	4	6.67%
2	HOUSE WIFE	15	25%
3	PRIVATE JOB	9	15%
4	STUDENT	32	53.33%
	TOTAL	**60**	**100**

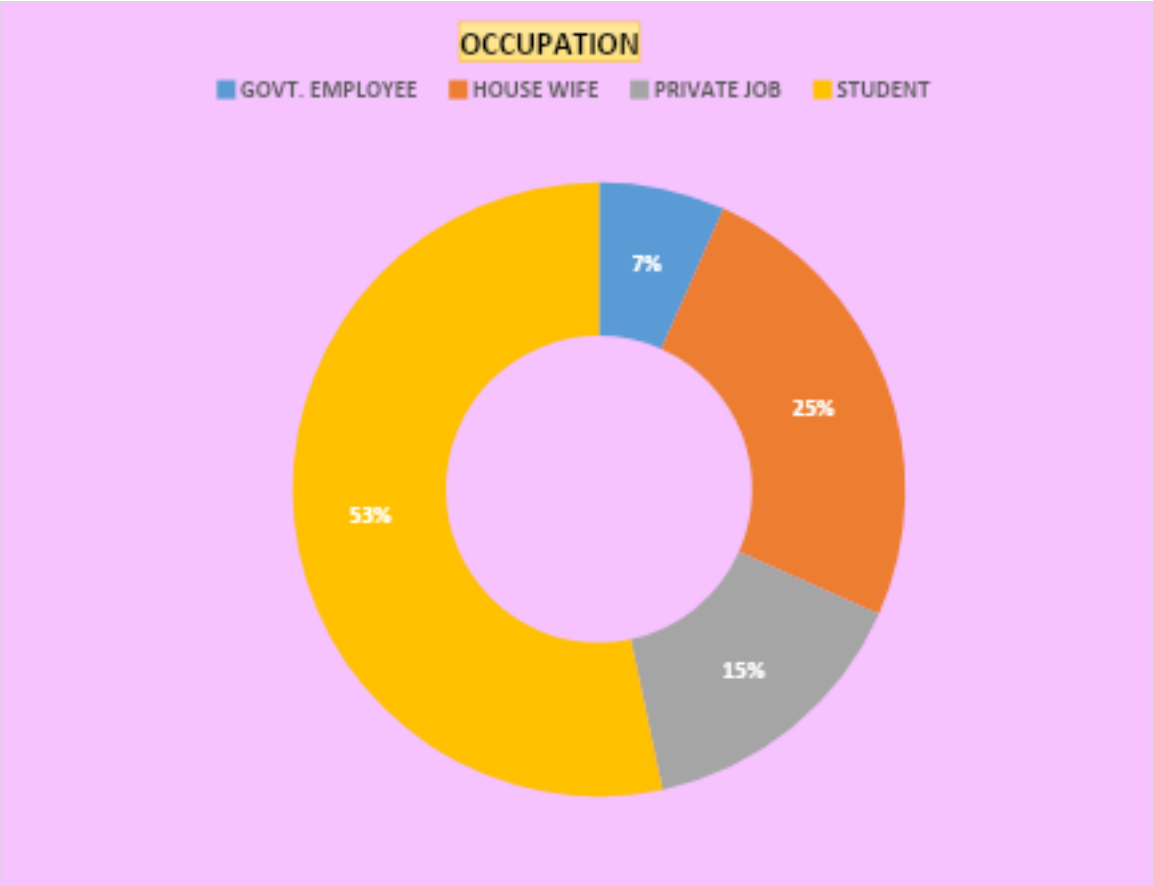


Fig 4.4: pie chart representing the percentage distribution of subject according to occupation of female.

Shows that according to occupation of the female (15-45) years age 6.67% belongs to govt. employee,25% belong to house wife,15% belongs to private job, and 5.33% belongs to student.

TABLE 4.6

DISTRIBUTION OF SUBJECT ACCORDING TO FAMILY INCOME

N=60

S.NO.	FAMILY INCOME	FREQUENCY	PERCENTAGE
1	5,000-10,000	8	13.33%
2	11,000-15,000	17	28.33%
3	16,000-20,000	25	41.67%
4	21,000-30,000	10	16.67%
	TOTAL	**60**	**100**

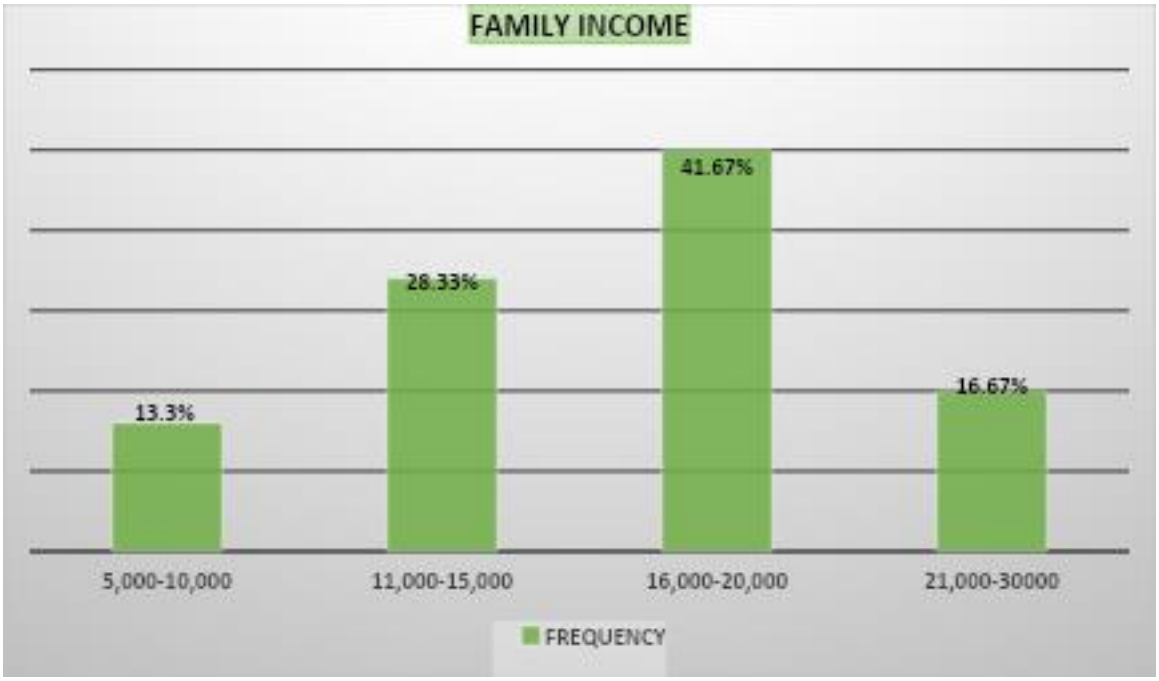


Fig. 4.5: Column diagram shows the percentage distribution of subject according to family income of female.

Shows that according to family income of the female (15-45) years age 13.33% belongs to 5,000-10,000, 28.33% belongs to 11,000-15,000, 41.67% belongs to 16,000-20,000, and 16.67% belongs to 21,000-30,000.

TABLE 4.7

DISTRIBUTION OF SUBJECT ACCORDING TO RESIDENT

S.NO.	RESIDENCE	FREQUENCY	PERCENTAGE
1.	URBAN	0	0%
2.	RURAL	60	100%
	TOTAL	**60**	**100%**

N=60

Fig. 4.6: Column diagram shows the percentage distribution of subject according to residence of female.

Shows that according to residence of the female 0% belong to urban and 100% belongs to rural.

TABLE 4.8

DISTRIBUTION OF SUBJECT ACCORDING TO SOURCE OF KNOWLEDGE

N=60

S.NO.	SOURCE OF KNOWLEDGE	FREQUENCY	PERCENTAGE
1	HEALTH PERSONNEL	20	33.34%
2	TELEVISION	8	13.34%
3	NEWS PAPER	3	5%
4	SOCIAL MEDIA	29	48.34%
	TOTAL	**60**	**100**

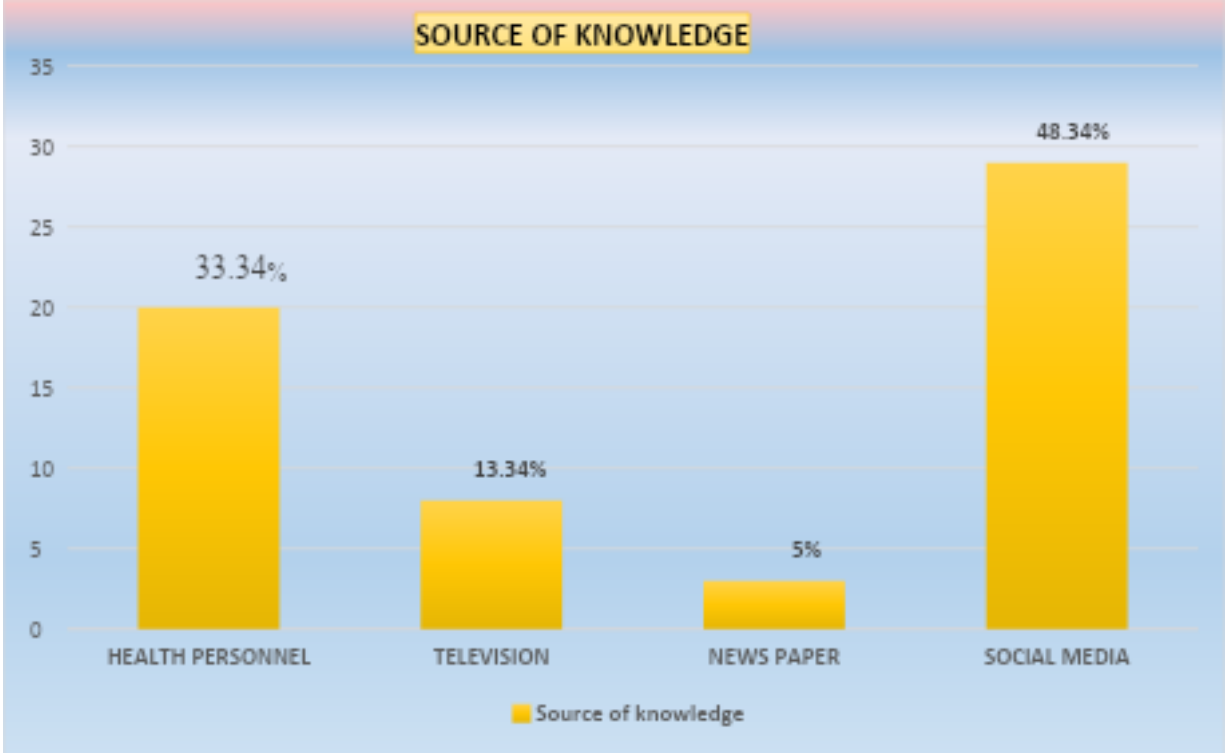


Fig 4.7: columns diagram shows that percentage distribution of subject according to source of knowledge of female.

Shows that according to source of knowledge 33.33% belongs to health personnel,16.67% belongs to television,11.67% belongs to newspaper and 38.33% belong to social media.

SECTION-B

PERCENTAGE DISTRIBUTION OF SUBJECT ACCORDING TO OVERALL KNOWLEDGE.

TABLE 4.9: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECT ACCORDING TO LEVEL OF KNOWLEDGE.

LEVEL OF KNOWLEDGE	RANGE	FREQUENCY	PERCENTAGE
GOOD	21-30	17	28.34%
AVERAGE	11-20	31	51.67%
POOR	00-10	12	20%
TOTAL		**60**	**100%**

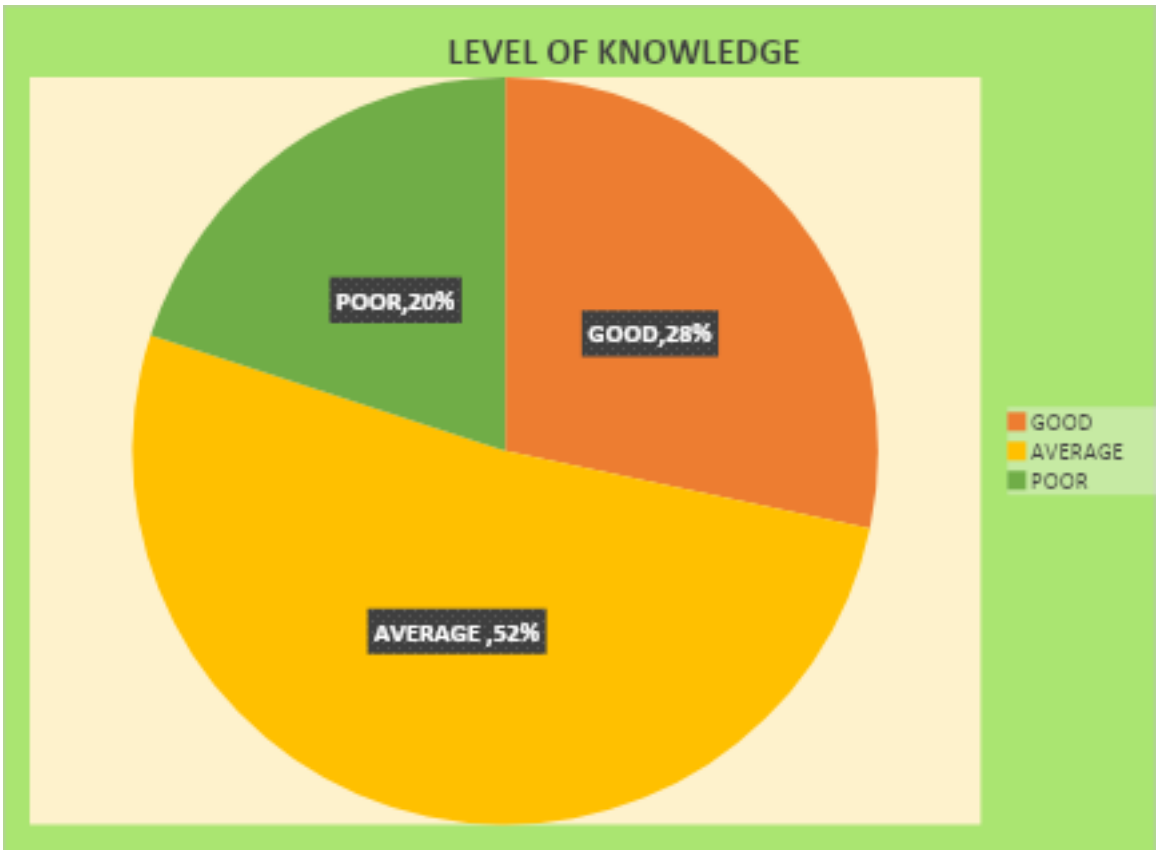


FIG 4.8: Pie diagram shows the percentage distribution of subject according to level of knowledge of female (15-45) years age.

The above table denotes the distribution of level of knowledge among females. Out of 60 females,36.67% females had good knoeledge,43.33% females had average knowledge and 20% females had poor knowledge.

Sl. NO.	Socio Demographic Variable	LEVEL OF KNOWLEDGE				Chi Square Test	Df	Table Value (0.05)	Inference
		Good	Average	Poor	Total				
1.	**AGE**								
	15-22	09	11	02	22	5.99	06	12.59	**NS**
	23-30	07	05	03	15				
	31-37	04	06	02	12				
	38-45	02	04	05	11				
2.	**RELIGION**								
	Hindu	06	12	03	21	0.66	06	12.59	**NS**
	Muslim	10	12	04	26				
	Sikh	00	00	00	00				
	Christian	04	07	02	13				
3.	**QUALIFICATION**								
	Illiterate	00	01	04	05	22.95	06	12.59	**S**
	Middle school	02	06	02	10				
	High school	08	15	01	24				
	Graduate	06	14	01	21				
4.	**OCCUPATION**								
	Gov. employee	01	02	01	04	1.24	06	12.59	**NS**
	House wife	02	08	05	15				
	Private job	02	05	02	09				
	Student	08	17	07	32				
5.	**FAMILY INCOME**								
	5000-10000	01	03	04	08	3.70	06	12.59	**NS**
	10000-15000	03	08	06	17				
	15000-20000	05	13	07	25				
	20000-30000	04	04	02	10				
6.	**RESIDENCE**								
	Urban	22	26	12	60	5.80	02	5.99	**NS**
	Rural	00	00	00	00				
7.	**Source of knowledge**								
	Health personnel	07	12	01	20	32.81	06	12.59	**S**
	Television	00	04	04	8				
	News paper	00	00	03	3				
	Social media	06	22	01	29				

SECTION-C

CHI-SQUARE ANALYSIS FOR KNOWLEDGE OF FEMALE (15-45) YEARS OF AGE REGARDING CERVICAL CANCER WITH SELECTED DEMOGRAPHIC VARRIABLES.

ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND AGE.

To analysis depicts the effect of age with the level of knowledge among female (15-45) years ages.

Chi-value was calculated for the age to see the association between the level of knowledge and age.

Showing association of age with the level of knowledge.

AGE	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
15-22	9	11	2	22	X^2=5.99 P =0.05 Is not significant at 6 degree of freedom
23-30	7	5	3	15	
31-37	4	6	2	12	
38-45	2	4	5	11	

The chi value of association between knowledge and age is x^2=5.99, p=0.05 is not significant at 6 degree of freedom. It was found age had no effect on level of knowledge.

ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND RELIGION

The analysis depicts the effect of religion with the level of knowledge among female

(15-45) years age.

Chi-value was calculated for the religion to see the association between level of knowledge of religion.

RELIGION	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
Hindu	6	12	3	21	X^2=0.66, P=0.05 nonsignificant at 6 degrees of freedom
Muslim	10	12	4	26	
Sikh	0	0	0	0	
Chirstian	4	7	2	13	

Showing association of religion with the level of knowledge.

The Chi value of association between knowledge and religion is X^2=0.66,P=0.05 and not significant at 6 degree of freedom. It was found religion has no effect on level of knowledge.

ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AND QUALIFICATION

The analysis depicts the effect of qualification with the level of knowledge among female (15-45) years age.

Chi-value was calculated for the qualification to see the association between the level of knowledge and qualification.

Showing association of qualification with the level of knowledge.

QUALIFICATION	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
Illiterate	00	01	04	05	X^2=22.95, P=0.05
Middle School	02	06	02	10	Significant at 6 degrees of freedom
High School	08	15	01	24	
Graduate	06	14	01	21	

The chi value of association between knowledge and qualification is X^2=22.95, P=0.05

Significant at 6 degree of freedom. It was found qualification had effect on level of knowledge.

ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND OCCUPATION

The analysis depicts the effect of occupation with the level of knowledge among female

(15-45) years age.

Chi value was calculated for the occupation to see the association between the level of knowledge and occupation.

Showing association of occupation with the level of knowledge.

OCCUPATION	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
Gov. Employee	01	02	01	04	X^2=1.24, P=0.05
House Wife	02	08	05	15	Not Significant at 6 degrees of freedom
Private Job	02	05	02	09	
Student	08	17	07	32	

The chi value of association between knowledge and occupation is X^2=1.24, P=0.05

Not Significant at 6 degree of freedom. It was found occupation had effect on level of knowledge.

ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND FAMILY INCOME

The analysis depicts the effect of family income with the level of knowledge among female

(15-45) years age.

Chi value was calculate for the family income to see the association between the level of knowledge and family income.

Showing association of family income with the level of knowledge.

FAMILY INCOME	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
5,000-10,000	01	03	04	08	X^2=3.70, P=0.05
10,000-15,000	03	08	06	17	Not Significant at 6 degrees of freedom
15,000-20,000	05	13	07	25	
20,000-30,000	04	04	02	10	

The chi value of association between knowledge and family income is X^2=3.70, P=0.05

Not Significant at 6 degree of freedom. It was found family income had effect on level of knowledge.

ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND RESIDENCE

The analysis depicts the effect of residence with the level of knowledge among female

(15-45) years age.

Chi value was calculated for the residence to see the association between the level of knowledge and residence.

Showing association of occupation with the level of knowledge.

RESIDENCE	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
Urban	00	00	00	00	X^2=5.80, P=0.05
Rural	22	26	12	60	Not Significant at 6 degrees of freedom

The chi value of association between knowledge and residence is X^2=1.24, P=0.05

Not Significant at 6 degree of freedom. It was found residence had effect on level of knowledge.

ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE AND SOURCE OF KNOWLEDGE

The analysis depicts the effect of source of knowledge with the level of knowledge among female

(15-45) years age.

Chi value was calculated for the source of knowledge to see the association between the level of knowledge and source of knowledge.

Showing association of source of knowledge with the level of knowledge.

SOURCE OF KNOWLEDGE	GOOD	AVERAGE	POOR	TOTAL	SIGNIFICANCE
Health Personnel	07	12	01	20	X^2=32.81, P=0.05
Television	00	04	04	08	Significant at 6 degrees of freedom
News Paper	00	00	03	03	
Social Media	06	22	01	29	

The chi value of association between knowledge and source of knowledge is X^2=1.24, P=0.05

Not Significant at 6 degree of freedom. It was found source of knowledge had effect on level of knowledge.

CHAPTER-V

DISCUSSION

The chapter deals with the discussion and finding of the study in accordance with the objective of the research. The present study aims ‘‘A descriptive study to assess the knowledge regarding cervical cancer among female 15-45 years of age at village farthiya, Garhwa (Jharkhand)’’.

The subchapter discusses the finding ‘‘A descriptive study to assess the knowledge regarding cervical cancer among female 15-45 years”.

OBJECTIVE

- To assess the knowledge and awareness of cervical cancer among women in the village.
- To determine the prevalence of cervical cancer risk factors among the study population.
- To identify the barriers to cervical cancer screening and early detection among the women.
- To evaluate the effectiveness of existing cervical cancer prevention and control programme in the area.
- To educate women about the importance of regular pap-smear screening and HPV Vaccination.
- To encourage women to seek medical care for abnormal pap smear results or suspicious symptoms.

The data was organized under following section.

SECTION I- Description of socio demographical variables in frequency and percentage distribution of women 15-45 yearsregarding cervical cancer.

SECTTON II- Description of level of knowledge infrequency and percentage distribution women 15-45 years regarding cervical cancer.

SECTION III-Chi-square analysis for association between knowledge of women 15-45 years regarding cervical cancer with selected demographic variable.

SECTION I- FINDING RELATED TO SOCIO DEMOGRAHICAL VARIABLE.

- According to age of the female **36.67%** are belong to age group 15-22 year. **25%** subject are group of 23-30 year. **20%** subject are belonging to age group 31-37 year. **18.33%** subject are belonging to age group 38-45 year.
- According to religion of the female, **35%** are belong to Hindu. **43.33%** are belong to Muslim.**0%** are belong to Sikh.**21.67%** are belong to Christian.
- According qualification of the female, **8.34%**are belong to illiterate. **16.67%** are belong to Middle school**. 40%** are belong to High school. **35%** are belong to Graduate.
- According to occupation of the female, **6.67%** are belong to Government employee, **25%** are belong to House wife, **15%** are belong to Private job, Student are belonging to **53.33%.**
- According to Family Income of the female, **13.33%** are belong to 5,000-10,000, **28.33%** are belong to 10,000-15,000, **41.67%** are belong to 15,000-20,000, **16.67%** are belong to 20,000-30,000.
- According to residence of the female, **0%** are belong to Urban, **100%** are belong to Rural.
- According to source of knowledge of the female, **33.34%** are belong to Health Personnel, **13.34%** are belong to Television, **5%** are belong News Paper, **48.34%** are belong to social media.

SECTION II - Finding related to level of knowledge distribution in frequency and percentage: -

- The first objective of the present study was to assess knowledge level of female regarding cervical cancer.
- The finding of the knowledge of the female itsknowledge depicts that **28.34%** female have good knowledge, **51.67%** female have Average knowledge and **20%** have Poor knowledge about cervical cancer.

SECTION III - Finding related to Chi-square analysis for association between knowledge of female regarding cervical cancer.

The third objective of the present study to find out association between the socio demographic variables.
Table3.1: - Association between knowledge with demographic variables.

- There is not significant association between knowledge and age of female (15-45 years) as the calculate chi-square value is 5.99 **not significant** at 0.05 level.
- There is not significant association between knowledge and religion of the female (15-45 years) as the calculate chi-square value is 0.66 **not significant** at 0.05 level.

- There is significant association between knowledge and qualification of the female (15-45 years) as the chi-square value is 22.95 **significant** at 0.05 level**.**

- There is not significant association between knowledge and occupation of female (15-45 years) as the chi-square value 1.24 **not significant** at 0.05 level.

- There is not significant association between knowledge and family income of female (15-45 years) as the calculate chi-square value is 3.70 **not significant** at 0.05 level.

- There is not significant association between knowledge and residence of female (15-45 years) the as the chi-square value is 5.80 **not significant** at 0.05 level.

- There is significant association between knowledge and source of knowledge of the female (15-45 years) as the chi-square value is 32.81 **significant** at 0.05 level.

CHAPTER-VI

SUMMARY, FINDINGS, IMPLICATION, CONCLUSION, LIMITATION AND RECOMMENDATION

This chapter is divided into two sections in the first section summary of the study finding and conclusions are presented. In the second section the implication in several of nursing education, nursing administration, nursing research and recommendation further study present.

SUMMARY OF THE STUDY

"A descriptive study to assess the knowledge regarding cervical cancer among women 15-45 years of age at village Farthiya, Garhwa (Jharkhand).

Purposive sampling technique was used to select the sample. The study was undertaken based on the following:

OBJECTIVE:

- To assess the knowledge and awareness of cervical cancer among women in the village.
- To determine the prevalence of cervical cancer risk factors among the study population.
- To identify the barriers to cervical cancer screening and early detection among the women.
- To evaluate the effectiveness of existing cervical cancer prevention and control programme in the area.
- To educate women about the importance of regular pap-smear screening and HPV Vaccination.
- To encourage women to seek medical care for abnormal pap smear results or suspicious symptoms.

HYPOTHESIS

H_0: There will be no significant association between knowledge regarding cervical cancer and sociodemographic variables.

H_1: There will be significant association between knowledge regarding cervical cancer and sociodemographic variables.

REVIEW OF LITERATURE

- Literature related to knowledge regarding cervical cancer.
- Literature related to knowledge regarding prevention and screening of cervical cancer.
- Literature related to knowledge regarding risk factor of cervical cancer.

The conceptual framework model selected for this study is (Rose stock health belief model - 1974) which address the relationship between the person belief and behaviour.

According to the health belief model 6 main constructs influence people decision about whether to take action including perceived susceptibility, perceived severity, perceived benefits, perceived barrier, cues to action a self-efficacy.

This section consists of knowledge questionnaire in present study there is 30 questionnaires.

Maximum score - 30

Minimum score-00

For correct answer – 01

For wrong answer - 00

This scoring is categorized as:

Score of poor-0-10

Score of average-11-20

Score of good-21-30

Major finding of study:

- There is not significant association between knowledge and age of female (15-45 years) as the calculate chi-square value is 5.99 **not significant** at 0.05 level.
- There is not significant association between knowledge and religion of the female (15-45 years) as the calculate chi-square value is 0.66 **not significant** at 0.05 level.
- There is significant association between knowledge and qualification of the female (15-45 years) as the chi-square value is 22.95 **significant** at 0.05 level.
- There is not significant association between knowledge and occupation of female (15-45 years) as the chi-square value 1.24 **not significant** at 0.05 level.
- There is not significant association between knowledge and family income of female (15-45 years) as the calculate chi-square value is 3.70 **not significant** at 0.05 level.
- There is not significant association between knowledge and residence of female (15-45 years) the as the chi-square value is 5.80 **not significant** at 0.05 level.
- There is significant association between knowledge and source of knowledge of the female (15-45 years) as the chi-square value is 32.81 **significant** at 0.05 level.

IMPLICATION

The finding of the study of implication are related the nursing administration, nursing education and nursing research regarding increase in knowledge of female (15-45 years) age at village Farthiya, Garhwa (Jharkhand).

Nursing education:

- **Workshops and Training Sessions:** Organize workshops and training sessions for nurses on cervical cancer prevention, early detection, and management.
- **Continuing Education Programs:** Develop continuing education programs for nurses to enhance their knowledge and skills in cervical cancer care.
- **Community Health Nursing Courses:** Incorporate cervical cancer education into community health nursing courses to prepare nurses for rural healthcare settings.
- **Clinical Placements:** Provide clinical placements for nursing students in healthcare settings that offer cervical cancer screening and treatment services.
- **Mentorship Programs:** Establish mentorship programs that pair experienced nurses with novice nurses to promote knowledge sharing and skill development in cervical cancer care.
- **Evidence-Based Practice:** Encourage nurses to use evidence-based practice guidelines for cervical cancer prevention, detection, and treatment.
- **Cultural Competence Training:** Provide cultural competence training for nurses to address the unique needs and beliefs of the community.
- **Refresher Courses:** Offer refresher courses for nurses to update their knowledge and skills in cervical cancer care.

Nursing administration:

- **Policy Development:** Develop and implement policies that support cervical cancer screening, early detection, and treatment.
- **Resource Allocation:** Allocate resources (e.g., funding, personnel, equipment) to support cervical cancer prevention and control programs.
- **Staffing and Training:** Ensure adequate staffing and training for nurses and other healthcare professionals to provide high-quality cervical cancer care.
- **Quality Improvement:** Establish quality improvement initiatives to enhance cervical cancer care outcomes.
- **Community Partnerships:** Foster partnerships with community organizations to promote cervical cancer awareness and education.
- **Healthcare System Development:** Develop and improve healthcare systems to ensure access to cervical cancer screening and treatment services.
- **Leadership Support:** Provide leadership support to nurses and other healthcare professionals to promote cervical cancer prevention and control efforts.
- **Data Collection and Analysis:** Establish systems for data collection and analysis to track cervical cancer incidence, prevalence, and treatment outcomes.

Nursing research:

- **Knowledge and Awareness:** Investigate the level of knowledge and awareness about cervical cancer among women in the village.
- **Screening and Early Detection:** Explore the feasibility and effectiveness of cervical cancer screening programs in rural settings.
- **Cultural Beliefs and Practices:** Examine the cultural beliefs and practices that influence health-seeking behaviours and cervical cancer prevention.
- **Healthcare Access and Utilization:** Investigate barriers to healthcare access and utilization among women in the village.
- **HPV Vaccination:** Evaluate the effectiveness of HPV vaccination programs in preventing cervical cancer in rural areas.
- **Alternative Screening Methods:** Investigate alternative screening methods (e.g., self-collection kits) for cervical cancer in resource-poor settings.
- **Nursing Interventions:** Develop and test nursing interventions aimed at improving cervical cancer prevention and early detection.
- **Quality of Life:** Examine the quality of life among women diagnosed with cervical cancer in rural areas.

DELIMITATION

8. The study is limited to village Farthiya, Garhwa and does not represent other areas or populations.
9. The study only includes females aged (15-45) years, excluding's males and female outside this age range.
10. The study is limited to specific sample size of (60), which may not be representative of the entire population.
11. The study relies on self-reported data collected through questionnaires.
12. The study focuses on cervical cancer knowledge, awareness and does not explore other health related topics.
13. The study is limited to participants understand and speak the local language.
14. the study assumes a basic level of literacy among participants, which may not be representative of the entire population.

RECOMMENDATION:

In this study, the investigator purposes the following recommendation for future research.

A similar study be replicated on a large sample.

A similar study can be undertaken with large sample size to create awareness among female (15-45 year) regarding cervical cancer.

The study finding has shown clearly that the responsibility of health administers.

BIBLIOGRAPHY

BOOK REFERENCE

- **B.T. basavanthappa**"Text book of essential in Community Health Nursing Published by Jitender P VijJaypee brother medical pvt. Ltd. New Delhi" page no. 565
- **B.T. basavanthappa** "Nursing Research Second edition published by Jaypee brothers publication" Page no 145-150.
- **B.T. basavanthappa** "text book of Community Health Nursing second edition published by Jaypee brother medical publisher" Page no 532.
- **Emmess,Dr.Ellakkuvana,Bhaskara Raj** "Nursing Research and Biostatistics Published by Manjunath S. Hedge." Page no 532.
- **K. Park** "Text Book of Prevention and Social Medicine 24 Edition Publish by Bhanot" Page No.245.
- **Prof. R.P. Saxena "**Text Book of Community Health Nursing 3rd Edition Published by Rajendra Kapoor" Page No 69.
- **Prof. Dr. A. Mustafa** "Text book of Nursing Research and Statistics Published by Virender KumarArya for AITBS publishers, India" 787-790.
- **S. kamalam** text book of Community Health Nursing Practice second edition published by Jaypee brother medical publisher" Page no 109.
- **Sunita patney** "Introduction to Community Health Nursing Published by Satish Kumar Jain India Private Limited" Page no. 272
- **Suresh K. Sharma** "Text Book of Nursing Research And Statistics Second Edition Published By Reed Elsevier India Pvt. Ltd." Page No. 442.

REFERENCES

- Kulasingam SL, Havrilesky L, Ghebre R, Myers ER. Screening for Cervical Cancer: A Decision Analysis for the US Preventive Services Task Force. AHRQ Publication No 11-05157-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2011. [PubMed]
- American Cancer Society. Cervical Cancer. Atlanta, GA: American Cancer Society; 2006. [19 April 2011]. Accessed at http://www.cancer.org/cancer/cervicalcancer/index.
- Saraiya M, Ahmed F, Krishnan S, et al. Cervical cancer incidence in a pre-vaccine era in the United States, 1998–2002. Obstetric Gynecol. 2007; 109:360–370. [PubMed]
- Abel off MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG, editors. Clinical Oncology. 3. Philadelphia, PA: Elsevier Churchill Livingstone; 2004.
- Richart RM. Cervical intraepithelial neoplasia. Pathol Annu. 1973; 8:301–328. [PubMed]

- McCredie M, Sharples K, Paul C, et al. Natural history of cervical neoplasia and risk of invasive cancer in women with cervical intraepithelial neoplasia 3: a retrospective cohort study. Lancet. 2008; 9:425–434. [PubMed]

- Chang AR. Carcinoma in situ of the cervix and its malignant potential: a lesson from New Zealand. Cytopathology. 1990; 1:321–328. [PubMed]

- Kinlen LJ, Spriggs AI. Women with positive cervical smears but without surgical intervention: a follow-up study. Lancet. 1978; 2:463–465. [PubMed]

- Smith HO, Tiffany MF, Qualls CR, et al. The rising incidence of adenocarcinoma relative to squamous cell carcinoma of the uterine cervix in the United States—a 24-year population-based study. Gynecol Oncol. 2000;78:97–105. [PubMed]

- Solomon D, Davey D, Kurman R, et al. The 2001 Bethesda System: terminology for reporting results of cervical cytology. JAMA. 2002; 287:2114–2119. [PubMed]

- Canfell K, Saville M, Caruana M, et al. Protocol for Compass: a randomised controlled trial of primary HPV testing versus cytology screening for cervical cancer in HPV-unvaccinated and vaccinated women aged 25-69 years living in Australia. BMJ open 2018; 8(1): e016700.

- World Health Organization. Global strategy to accelerate the elimination of cervical cancer as a public health problem. 2020. Available at: https://www.who.int/ publications/i/item/9789240014107.

- Australian Institute of Health and Welfare. National Cervical Screening Program monitoring report 2021. Cancer Series 134. Cat. no: CAN 141 Canberra: AIHW; 2021.

- Hall MT, Simms KT, Lew JB, et al. The projected timeframe until cervical cancer elimination in Australia: a modelling study. Lancet Public Health 2019; 4(1): e19-e27.

- Australian Bureau of Statistics. Socio-Economic Indexes for Areas (SEIFA). ABS Catalogue no.

- Australian Bureau of Statistics. Socio-Economic Indexes for Areas (SEIFA). ABS Catalogue no. 2033.0.55.001. Canberra, 2013. Available https://www.abs.gov.au/AUSSTATS/abs@.nsf/ Details Page/2033.0.55.0012016? OpenDocument.

- Australian Bureau of Statistics. 1270.0.55.006 - Australian Statistical Geography Standard (ASGS): Correspondences, July 2011 2012 2013. Statistical Area Level 2 2011 to Remoteness Area 2011, Postcode 2012 to Remoteness Area 2011]. Available at: https://www.abs.gov.au/ AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.006July%20 2011? OpenDocument.

- Australian Bureau of Statistics. 1270.0.55.001 - Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2016 2016. Correspondence, 2011 Statistical Area Level 2 to 2016 Statistical Area Leve2].Availablefrom:https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.001July %202016?OpenDocument

- Hall MT, Simms KT, Lew JB, et al. Projected future impact of HPV vaccination and primary HPV screening on cervical cancer rates from 2017-2035: Example from Australia. Plops One 2018; 13(2): e0185332.

- Lei J, Ploner A, Elfstrom KM, et al. HPV Vaccination and the Risk of Invasive Cervical Cancer. New England Journal of Medicine 2020; 383(14): 1340-8.

- Brisson M, Benard E, Drolet M, et al. Population-level impact, herd immunity, and elimination after human papillomavirus vaccination: a systematic review and meta-analysis of predictions from transmission-dynamic models. Lancet Public Health 2016; 1(1): e8-e17.

WEBSITES

- http://www.ncbi.nlm.nih.gov/pubmedhealth
- www.clinicalkey.com.
- https://online.epocrates.com/
- https://www.scielo.br/scielo.php
- https://pubmed.ncbi.nlm.nih.gov/16614720/
- Google scholar http://scholar.google.com
- Citeseerxhttp://citeseerx.ist.psu.edu
- GetCITEDhttp://www.getcited.org
- Microsoft Academic Research http://academic.research.microsoft.com
- Bioline international http://www.bioline.org.br
- Directory of open access journals http://www.doaj.org
- BioOne international http:// www.bioone.org
- Directory of Open Access Journals http://www.doaj.org
- PLOS ONE http://www.plosone.org
- http://education.iseek.com/iseek/home.page
- http://www.refseek.com
- http://m.wolframalpha.com
- http://academic.research.microsoft.com

ANNEXURE III

CERTIFICATION FOR CONTENT VALIDATION

CERTIFICATE OF TOOL VALIDATY

This is to certify that the content and tool prepared by students (Tanya raj , Gautam kumar, Chandramani Paswan, Binod das, Preeti Kumari,Priti Kumari, RishikaKumari, Nutan Kumari, Kanhaiyalal Gupta) B.Sc. Nursing final year students, of Vananchal college of nursing,Farathiya, Garhwa, J.H. (Recognized by Jharkhand Nurses Registration Council, Ranchi & Affiliated By Nilamber Pitamber University Medininagar, Palamu (Jharkhand), is verified by the undersigned and can proceed with this tool and conduct the study for the dissertation entitled **"A descriptive study to assess the knowledge regarding cervical cancer among female (15-45) years ageat selected village farthiya, Garhwa,(Jharkhand)"** Is found to be valid by me.

Hence, they can proceed with this tool for the completion of this research study.

NAME OF THE VALIDATOR..... Mrs. Samyukta Gupta

DESIGNATION..... MSc. Nursing in OBG & Gynae

NAME OF THE COLLEGE/INSTITUTE-..... Lakshya College of Nursing Sitapur (C.G.)

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SIGNATURE AND SEAL OF VALIDATOR.....

DATE -..... 25/04/2024

PLACE..... Sitapur (C.G.)

ANNEXURE IV

CERTIFICATION FOR CONTENT VALIDATION

CERTIFICATE OF TOOL VALIDATY

This is to certify that the content and tool prepared by students (Tanya raj , Gautam kumar, Chandramani Paswan, Binod das, Preeti Kumari, Priti Kumari, Rishika Kumari, Nutan Kumari, Kanhaiyalal Gupta) B.Sc. Nursing final year students, of Vananchal college of nursing, Farathiya, Garhwa, J.H. (Recognized by Jharkhand Nurses Registration Council, Ranchi & Affiliated By Nilamber Pitamber University Medininagar, Palamu (Jharkhand), is verified by the undersigned and can proceed with this tool and conduct the study for the dissertation entitled **"A descriptive study to assess the knowledge regarding cervical cancer among female (15-45) years age at selected village farthiya, Garhwa,(Jharkhand)"** Is found to be valid by me.

Hence, they can proceed with this tool for the completion of this research study.

NAME OF THE VALIDATOR ..... JYOTI SURYAVANSHI .....

DESIGNATION..... ASSISTANT PROFESSOR .....

NAME OF THE COLLEGE/INSTITUTE-..SHRI SAI COLLEGE OF NURSING AND PARAMEDICAL PATNA .....

Principal
Shri Sai College of Nursing
and Paramedical, Patna

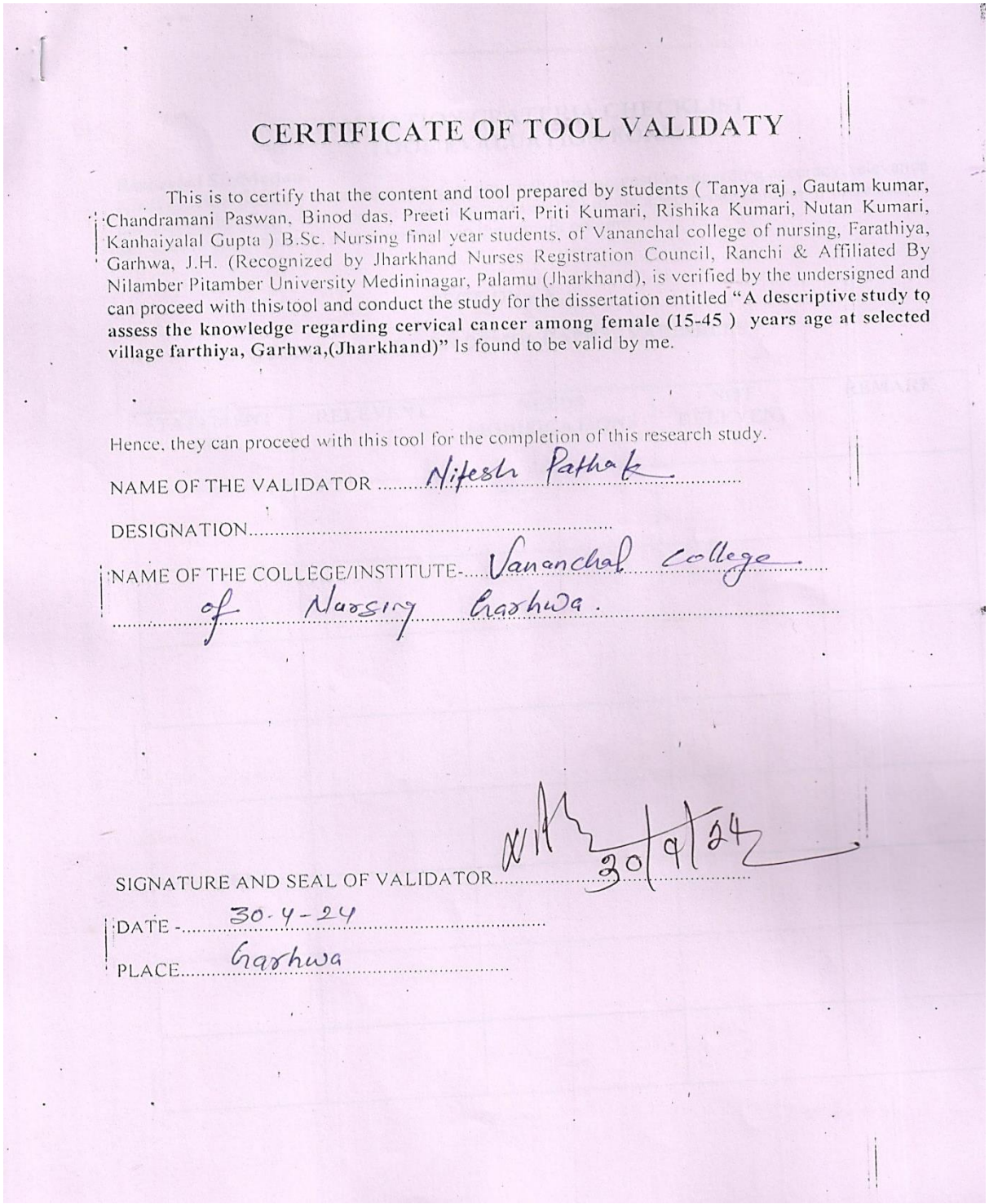
SIGNATURE AND SEAL OF VALIDATOR.....

DATE -..... 25/04/2024 .....

PLACE..... PATNA .....

ANNEXURE V

CERTIFICATION FOR CONTENT VALIDATION



CERTIFICATE OF TOOL VALIDATY

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Hence, they can proceed with this tool for the completion of this research study.

NAME OF THE VALIDATOR ..... Nitesh Pathak

DESIGNATION.....

NAME OF THE COLLEGE/INSTITUTE-..... Vananchal college of Nursing Garhwa.

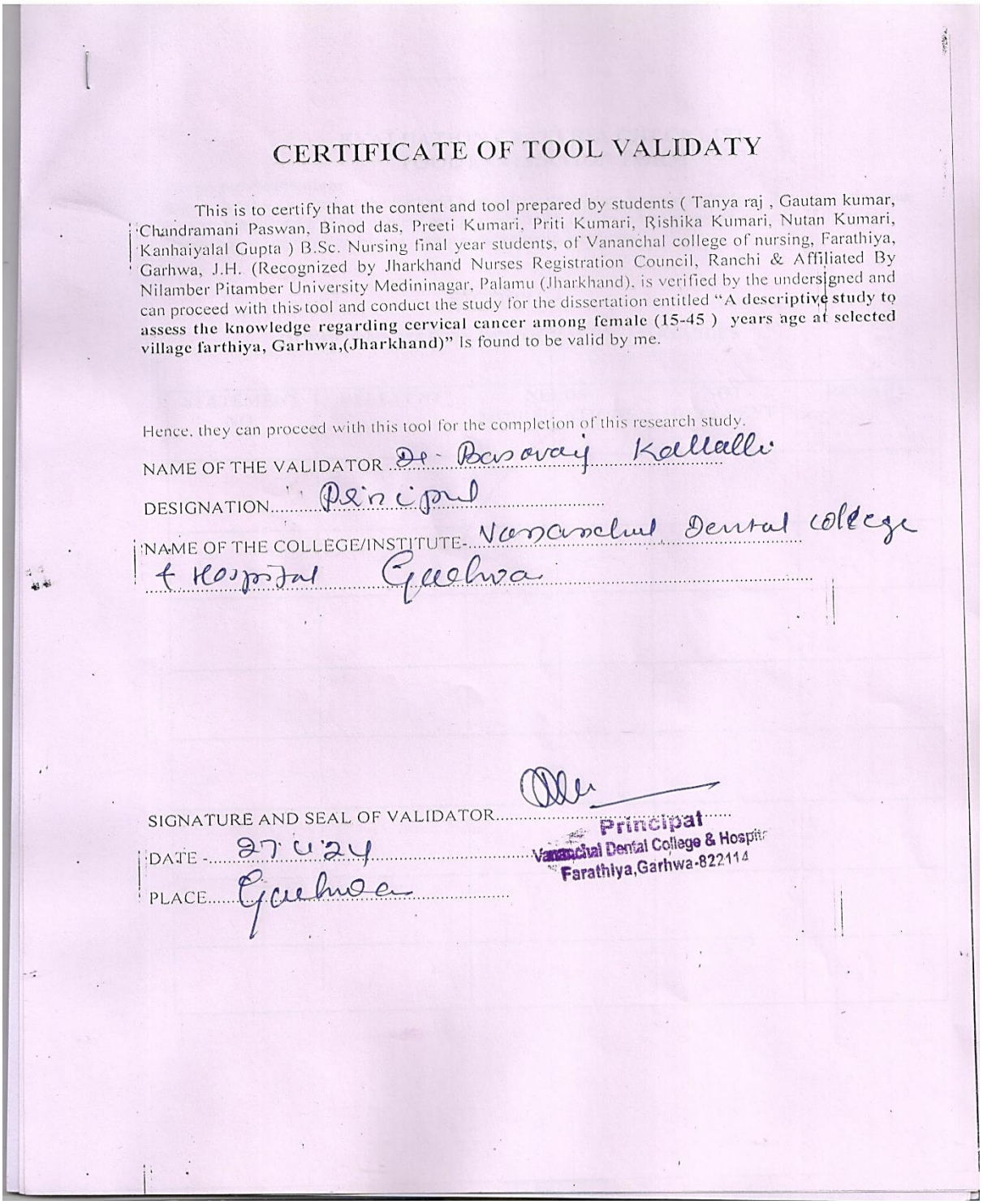
SIGNATURE AND SEAL OF VALIDATOR..... 30/9/24

DATE -..... 30-4-24

PLACE..... Garhwa

ANNEXURE VI

CERTIFICATION FOR CONTENT VALIDATION



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Hence, they can proceed with this tool for the completion of this research study.

NAME OF THE VALIDATOR Dr. Basavaraj Kallalli

DESIGNATION Principal

NAME OF THE COLLEGE/INSTITUTE- Vananchal Dental College & Hospital Garhwa

SIGNATURE AND SEAL OF VALIDATOR

DATE - 27.4.24

PLACE Garhwa

Principal
Vananchal Dental College & Hospital
Farathiya, Garhwa-822114

ANNEXURE VII

CERTIFICATION FOR CONTENT VALIDATION

CERTIFICATE OF TOOL VALIDATY

This is to certify that the content and tool prepared by students (Tanya raj , Gautam kumar, Chandramani Paswan, Binod das, Preeti Kumari, Priti Kumari, Rishika Kumari, Nutan Kumari, Kanhaiyalal Gupta) B.Sc. Nursing final year students, of Vananchal college of nursing, Farathiya, Garhwa, J.H. (Recognized by Jharkhand Nurses Registration Council, Ranchi & Affiliated By Nilamber Pitamber University Medininagar, Palamu (Jharkhand), is verified by the undersigned and can proceed with this tool and conduct the study for the dissertation entitled "**A descriptive study to assess the knowledge regarding cervical cancer among female (15-45) years age at selected village farthiya, Garhwa,(Jharkhand)**" Is found to be valid by me.

Hence, they can proceed with this tool for the completion of this research study.

NAME OF THE VALIDATOR Dr. Amit Kumar Mishra

DESIGNATION Associate Professor

NAME OF THE COLLEGE/INSTITUTE- Vananchal dental college & hospital

SIGNATURE AND SEAL OF VALIDATOR

DEPARTMENT OF PROSTHODONTICS
VANANCHAL DENTAL COLLEGE & HOSPITAL
GARHWA

DATE - 25/4/24

PLACE Garhwa

ANNEXURE VIII

EDITOR'S REPORT ENGLISH

EDITOR'S REPORT

ENGLISH

It is matter of great pleasure for me to go through the research work entitled **"A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING CERVICAL CANCER AMONG FEMALE (15-45) YEARS OF AGE AT VILLAGE FARATHIYA GARHWA, JHARKHAND."** By students (Binod Das, Chandramani Paswan, Gautam Kumar, Kanhaiya Lal Gupta, Nutan Kumari, Preeti Kumari, Priti Kumari,Rishika, Tanya Raj) B.Sc. nursing final year students of Vananchal College Of Nursing, Farathiya, Garhwa, Jharkhand. From the grammatical point of view. The work is absolutely correct and up to the mark. All sincere effects have been made to bring out a very good and useful study material for candidates appearing in research.

Place: Garhwa

Date:

Aash kran Gupta
Editor signature

Name
Aash kran Gupta
Designation
Assit. proff

VANANCHAL COLLEGE OF SCIENCE
FARATHIYA,GARHWA

ANNEXURE IX

EDITOR'S REPORT HINDI

EDITOR'S REPORT

HINDI

It is matter of great pleasure for me to go through the research work entitled **"A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING CERVICAL CANCER AMONG FEMALE (15-45) YEARS OF AGE AT VILLAGE FARATHIYA GARHWA, JHARKHAND."** By students (Binod Das, Chandramani Paswan, Gautam Kumar, Kanhaiya Lal Gupta, Nutan Kumari, Preeti Kumari, Priti Kumari,Rishika, Tanya Raj) B.Sc. nursing final year students of Vananchal College Of Nursing, Farathiya, Garhwa, Jharkhand. From the grammatical point of view. The work is absolutely correct and up to the mark and is edited for Hindi language appropriately.

All sincere effects have been made to bring out a very good and useful study material for candidates appearing in research.

Place: Garhwa

Date: 01/07/2024

Editor Signature

Name Janardan

Designation

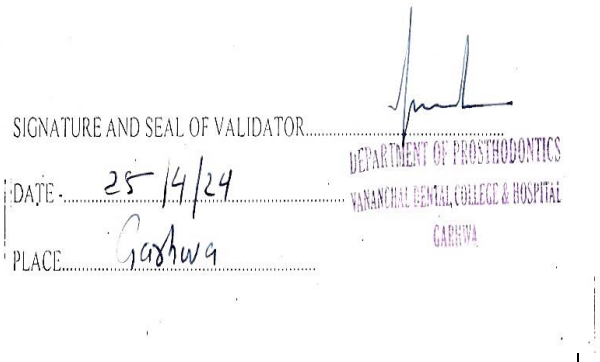
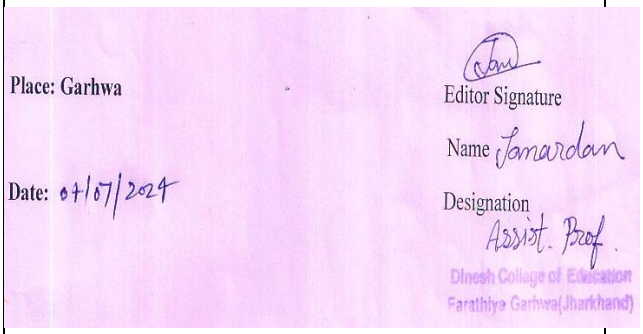
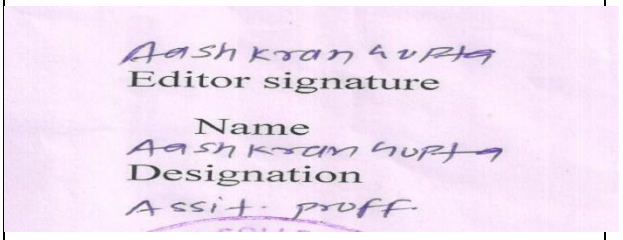
Assist. Prof.

Dinesh College of Education
Farathiya Garhwa(Jharkhand)

ANNEXURE X

STAMP OF CONTENT APPROVAL

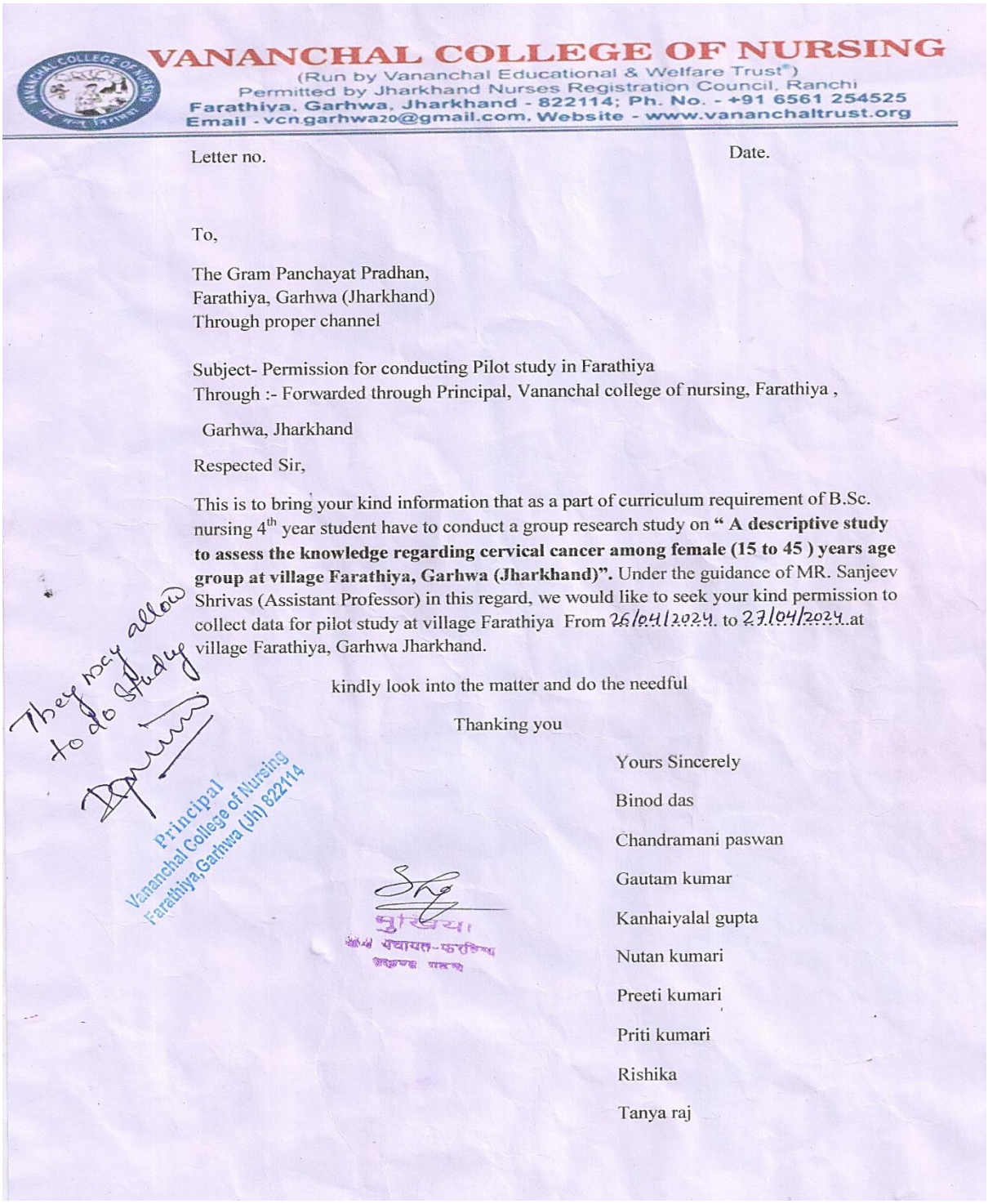
S.No.	NAME	SIGNATURE
1.	**Dr. MARIAMMA ZACHARIA** Ph.D. Department Of Child health Nursing **(PRINCIPAL)** VANANCHAL COLLEGE OF GARHWA NURSING(JH.).	Principal Vananchal College of Nursing Farathiya,Garhwa (Jh) 822114
2.	**Mrs. SANYUKTA GUPTA** M.Sc. Nursing in OBG & GYNAC **(PRINCIPAL)** LAKSHYA COLLEGE OF NURSING,Sitapur (C.G.)	PRINCIPAL LAKSHYA COLLEGE OF NURSING SITAPUR,SURGUJA (C.G.) SIGNATURE AND SEAL OF VALIDATOR..... DATE - 25/04/2024 PLACE Sitapur (C.G.)
3.	**MS. JYOTI SURYAVANSHI** M.Sc. Nursing in Medical Surgical Nursing **(PRINCIPAL)** SHRI SAI COLLEGE OF NURSING AND PARAMEDICAL PATNA	Principal Shri Sai College of Nursing and Paramedical, Patna SIGNATURE AND SEAL OF VALIDATOR..... DATE - 25/04/2024 PLACE PATNA
4.	**Mr. NITESH PATHAK** M.Sc. NURSING IN Mental Health Nursing VANANCHAL COLLEGE OF NURSING(Jh.).	SIGNATURE AND SEAL OF VALIDATOR 30/4/24 DATE - 30-4-24 PLACE Garhwa
5.	**Dr. BASAVARAJ N. Kallalli** **(PRINCIPAL)** VANANCHAL DENTALCOLLEGE & HOSPITAL GARHWA (JH.).	Principal Vananchal Dental College & Hospital Farathiya,Garhwa-822114 SIGNATURE AND SEAL OF VALIDATOR..... DATE - 27.4.24 PLACE Garhwa

6.	**Dr. AMIT KUMSR MISHRA** **(Associate Professor)** Department Of Prosthodontics VANANCHAL DENTAL COLLEGE & HOSPITAL GARHWA (JH.).	
9	**Mr. JANARDAN** **(Assistant Professor)** Dinesh College Of Education Farthiya, Garhwa, (JH)	
10	**Mr. Aashkran gupta** **(Assistant Professor)** VANACHAL COLLEGE OF SCIENCE FARATHIYA GARHWA,(JH).	

ANNEXURE I

PERMISSION LETTER FOR CONDUCTING

PILOT STUDY



VANANCHAL COLLEGE OF NURSING
(Run by Vananchal Educational & Welfare Trust®)
Permitted by Jharkhand Nurses Registration Council, Ranchi
Farathiya, Garhwa, Jharkhand - 822114; Ph. No. - +91 6561 254525
Email - vcn.garhwa20@gmail.com, Website - www.vananchaltrust.org

Letter no. Date.

To,

The Gram Panchayat Pradhan,
Farathiya, Garhwa (Jharkhand)
Through proper channel

Subject- Permission for conducting Pilot study in Farathiya
Through :- Forwarded through Principal, Vananchal college of nursing, Farathiya ,

Garhwa, Jharkhand

Respected Sir,

This is to bring your kind information that as a part of curriculum requirement of B.Sc. nursing 4th year student have to conduct a group research study on **" A descriptive study to assess the knowledge regarding cervical cancer among female (15 to 45) years age group at village Farathiya, Garhwa (Jharkhand)".** Under the guidance of MR. Sanjeev Shrivas (Assistant Professor) in this regard, we would like to seek your kind permission to collect data for pilot study at village Farathiya From 26/04/2024 to 27/04/2024 at village Farathiya, Garhwa Jharkhand.

They may allow to do study

kindly look into the matter and do the needful

Thanking you

Principal
Vananchal College of Nursing
Farathiya, Garhwa (Jh) 822114

Yours Sincerely

Binod das

Chandramani paswan

Gautam kumar

Kanhaiyalal gupta

Nutan kumari

Preeti kumari

Priti kumari

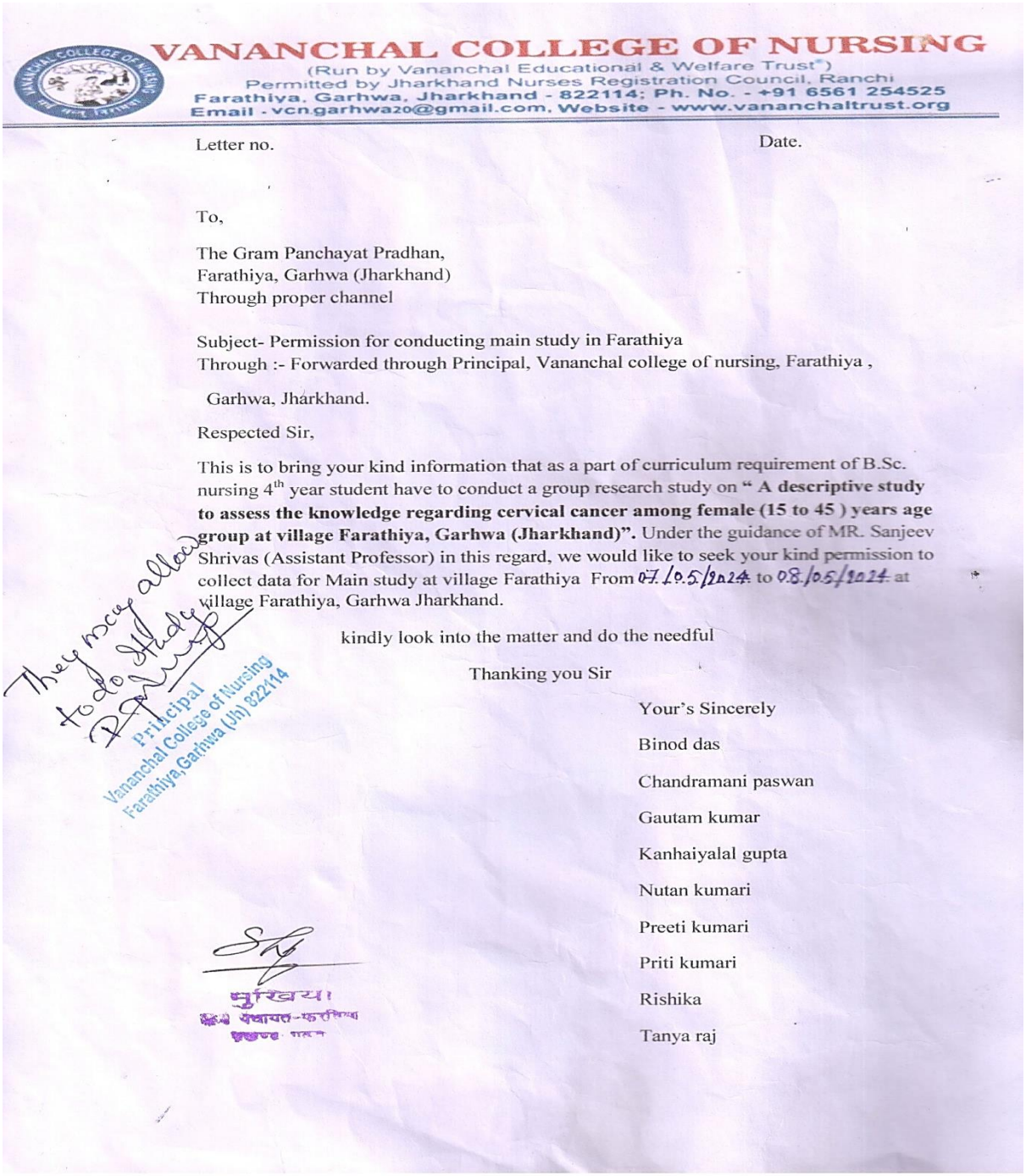
Rishika

Tanya raj

ANNEXURE II

PERMISSION LETTER FOR CONDUCTING

MAIN STUDY



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Farathiya, Garhwa, Jharkhand - 822114; Ph. No. - +91 6561 254525
Email - vcn.garhwa20@gmail.com, Website - www.vananchaltrust.org

Letter no. Date.

To,

The Gram Panchayat Pradhan,
Farathiya, Garhwa (Jharkhand)
Through proper channel

Subject- Permission for conducting main study in Farathiya
Through :- Forwarded through Principal, Vananchal college of nursing, Farathiya ,
Garhwa, Jharkhand.

Respected Sir,

This is to bring your kind information that as a part of curriculum requirement of B.Sc. nursing 4th year student have to conduct a group research study on **" A descriptive study to assess the knowledge regarding cervical cancer among female (15 to 45) years age group at village Farathiya, Garhwa (Jharkhand)".** Under the guidance of MR. Sanjeev Shrivas (Assistant Professor) in this regard, we would like to seek your kind permission to collect data for Main study at village Farathiya From 07/05/2024 to 08/05/2024 at village Farathiya, Garhwa Jharkhand.

They may allow to do study
Principal
Vananchal College of Nursing
Farathiya Garhwa (Jh) 822114

kindly look into the matter and do the needful

Thanking you Sir

Your's Sincerely

Binod das
Chandramani paswan
Gautam kumar
Kanhaiyalal gupta
Nutan kumari
Preeti kumari
Priti kumari
Rishika
Tanya raj

सूचनार्थ।
ग्राम पंचायत-फरतिया
प्रधान