

Knowledge And Practice Of Preventive Control Of Cervical Cancer In Housewives

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Abstract: Objective. *To determine the relationship between knowledge and the practice of preventive control of cervical cancer. Methods.* *A correlational study was carried out with 120 housewives attending the CLAS Pillcomarca in Huánuco 2017. In the data collection a knowledge questionnaire and a practice questionnaire were used. For the inferential analysis of the results, the Chi Square Test of independence was used. Results.* *50.0% (60 housewives) presented regular knowledge about cervical cancer and 90.8% (109 housewives) had preventive cervical cancer control practices. On the other hand, a significant relationship was found between the knowledge about cervical cancer and preventive control practices (p 0,000). And, the general knowledge of the disease and knowledge about the prevention of the disease relate to the preventive control practices of cervical cancer (p 0.000). Conclusions.* *There is a significant relationship between the knowledge about cervical cancer and the preventive control practices of cervical cancer of housewives attending the CLAS Pillcomarca - Huánuco.*

Keywords: *knowledge, practices, cervical cancer, housewives.*

1. INTRODUCTION

Cervical cancer is considered a public health problem due to its frequent incidence and mortality, its high social and economic value, and its lack of intra and cross-sectional strategies, which is reflected in the lack of access to information and practices of screening (Pinillos-Ashton & Limache-García, 2013).

This disease represents approximately the 10% of the total of cancer in women. Cervical cancer is considered the fourth most frequent cancer in the world (Ferlay, y otros, 2015) (Ferlay, y otros, 2015).

In United States of America in 2016, 12990 new cases and 4120 deaths due to cervical cancer were reported (American Cancer Society, 2016).

Likewise, according to recorded information from Globocan (2012) in Latin America in 2012, 70000 cases of cervical cancer and 28000 deaths due to this were reported (International Agency for Research on Cancer, GLOBOCAN 2012, 2013).

In Mexico, 9000 women are treated of this cancer yearly and 4000 people die due to this; in 2008 19,2 % of cervical cancer occurred and the mortality was 9,7 % every 100000 women (Kably Ambe, y otros, 2011).

In Brazil, cervical cancer is considered the third most frequent cancer among women and it is the fourth women death cause in the country. There were 15590 new projected cases until 2014 (Torre, y otros, 2015)

In Perú, we have a definite increase of not transmissible and degenerative diseases (Perú, Executive Management of Non transmissible diseases, General office of epidemiology, 1999). It is estimated to have 39305 new cancer cases by year, without taking in

consideration nonmelanoma skin cancer, and according to international statistics we can project there are more than 92245 cases at the present. This problem is increasing because the most important types of cancer reported in Peru are cervical, breast, stomach, prostate and lung cancer, which affect people in reproductive age (International Agency for Research on Cancer, 2010).

There are different risk factors which lead to the beginning of this disease, among them we have, the infection as a result of the human papillomavirus (HPV), the beginning of sexual intercourse in early age, multiparity, the long-term use of oral contraceptives, the infection due to chlamydia, immunosuppression, family history of cervical cancer, smoking, a precarious economic status, that's why it is important to diagnose these cancers in due time.

Due to this and because of the increase of incidence and mortality related to cervical cancer, the implementation of effective strategies against cancer control is justified, which considers promotion of health, prevention, early detection, treatment and palliative care actions (American school of obstetricians and gynecologists, 2009).

On the other hand, it is recognized that the prevention of an early diagnosis of cervical cancer includes a cultural view as a result of suitable education (López-Castillo, Alejandro Calderón, & González de S, 2013).

In some studies, the knowledge and practice in women in relation to the cytopathologic test in cervical cancer have been analysed, revealing high rates of inadequacy in these two variables (Gamarra, Araujo Paz, & Harter Griep, 2005)

Páez, Rodríguez, Kasamatsu, et al (2016) reported that the 10% of the tested ones know the HPV and relate this with the disease, 90% heard about the PAP test, 27% knows what this is about and 56% have had favourable practices in relation to the prevention of cervical cancer. On the other hand, Valdez Castillo (2015) showed that the level of knowledge is associated directly and significantly with the preventing attitudes about the infection of the human papillomavirus in consultants who go to "Chancas de Andahuaylas" health centre in Santa Anita during the first semester in 2015.

This way, this study was conducted with the aim of determining the relation between the knowledge and the practice of preventing control of cervical cancer in housewives who attend the CLAS Pillcomarca - Huánuco 2017.

2. THEORETICAL FRAMEWORK

Cervical cancer is defined as a cellular disorder that starts in the epithelium of the cervix and which is shown, to start, through pre-cursor lesion of slow and gradual evolution which can cause stages of mild, moderate and severe dysplasia. It gets to develop into cancer in situ or invasive cancer, in which other parts besides the basement membrane are affected (Jamison, Mosely, Measham, & Bobadilla, 1993).

On the other hand, the authors Kumar, Abbas, Fausto & Mitchell (2008, p. 79), define cervical cancer as a progressive disease which starts with intraepithelial and pre malignant changes, called as Cervical intraepithelial neoplasia (CIN) that starts with mild dysplasia, called CIN I or flat condyloma, which are characterized by koilocytic changes, mainly in the superficial layer of the epithelium. The Koilocytosis is composed of hyperchromasia and nuclear angulation with perinuclear vacuolisation produced by the cytopathic effect of the HPV. In the CIN II the dysplasia is more intense, with a delay of the maturity of the keratinocytes in the third half of the epithelium which is related to the cell size, nuclear size and the heterogenicity of the chromatin. The CIN III is not very different from the former one, it has a bigger variation in relation to cell size, nuclear size and the heterogenicity of the chromatin, a disorganized orientation of the cell and normal or anomalous mitosis; these changes can affect all the layers of the epithelium and they are characterized by the lack of maturity.

Y, Schorge, Schaffer, Halvorson, et al (2009, p. 105) point out that the cervical cancer is a “malignant lump that is found in the cervix. This type of cancer is totally preventable, because the causative agent is known and the procedures to detect it are present and therefore, the access to the cure of this cancer is about to be taken”.

Elderly is the most outstanding risk factor among the occurrence of cancers. The main factor of cervical cancer risk is the infection due to the human papillomavirus (VPH) (World Health Organization & International Agency For Research on Cancer, 2012).

These are other cervical cancer risk factors (Appleby, Beral, Berrington, de González, et al, 2007; Grulich, van Leeuwen, Falster, et al, 2007; Colaboración Internacional de Estudios Epidemiológicos del Cáncer Cervical, 2006; Hoover, Hyer, Pfeiffer, et al, 2011):

- Increasing number of deliveries and infection due to VPH,
- Smoking and infection due to VPH,
- Long term consumption of oral contraceptives and infection due to VPH
- Immunodepression,
- Young age when having the first sexual intercourse,
- High number of sexual partners,
- Exposition to Diethylstilbestrol in the uterus, among others.

The prevention relates to the total number of activities aligned to protect individuals from potential or real threats to the health and the subsequent consequences. To prevent represents the impediment to develop the disease, to oppress its progress and to protect the organism of future harmful effect (Chocarro, 2006).

According to the occasional publication: Comprehensive control of cervical cancer: Essential Practices guide of the World Health Organization, there are four basic elements to fight against cervical cancer World Health Organization (2007) and they are: Primary prevention, early detection, Diagnosis and treatment, and palliative care in the advanced disease.

The constructive knowledge reflects the set of facts by an individual through the experience or education, it is also implied the understanding of the theory or practice of an issue or object of reality. It is then said that knowledge is an association between the person and the object in which the person is the known subject and the object is the one that directs the conscience, which means it perceives, imagines, conceives and thinks. The process of knowledge implies four elements: subject, object, operation and internal representation and we get it when we connect with the external world (Health Ethical principles, 2010).

On the other hand, la virtual library of the Cooperative university of Colombia (2010, p.12), points out:

The knowledge implies concrete facts which a person considers to decide on a behaviour, which means what to do or what could be done in a situation relying on theoretical and scientific principles. The term knowledge is used in concepts and pieces of information; therefore, the existing prior knowledge and its theoretical bases are examined in the study community so they can be established so they are the beginning of the improvement of them. The Real Academy of the Spanish Language defines the term knowledge as concept, science, wisdom, understanding, intelligence and natural sense.

Trejo (2010, p39) mentions that “knowledge is a set of stored information through the experience or learning (a posteriori), or through the introspection (a priori)”. In general terms, this word represents the possession of different interrelated data which, when working by themselves, have a lower qualitative value.

Laza and Sánchez (2012, p 409), declare that:

Practices and knowledge are observable actions of an individual in response to a stimulus, which means that they are concrete, they represent the action. Therefore, we can say that practices are reactions to frequent behaviours in individuals, defined as

habits which establish a response to a specific situation. Practices are parts of the everyday actions of an individual in various aspects of his life.

The Real Academy of the Spanish Language, cites in the virtual library of the Cooperative University of Colombia (2010, p. 15) the definition of the word practices as:

The pieces of knowledge which teach how to do something; which thinks or performs according to reality and pursuing a useful purpose. It also defines the term as the frequent use of habits or as the method which is particularly observed in a person with his behaviours. Therefore, the practices are reactions or frequent behaviours, defines as habits which establish a response to each specific information. Practices are part of the everyday life of an individual in different aspects of his life.

3. METHODOLOGY

According to the analysis and achievement of results the study was observable; according to the extent of the facts occurrence and register of the information it was prospective and according to the period and sequence of the study it was transversal. The design used in this investigation was correlational.

The population was made up of all housewives who attend the CLASS Pillcomarca, resulting in a total of 120 housewives. Due to the small number of population, it was considered that the total number of the population were applied a test based on general knowledge and a test of practices about preventive control of cervical cancer.

At first, the necessary organization was followed in order to get data collection. After that, the data collection was done through the application of a knowledge test and through a test of practices about preventive cervical cancer.

In the descriptive data analysis, the frequency measurements were used and in the inferential analysis the Test Chi Square of Independence was used. A significance of 0.05 was taken in consideration. In the data processing a SPSS statistics package edition 20.0 for Windows was used.

4. RESULTS

In general terms, regarding the general characteristics of the studied housewives, it was found that the predominant group was between 30 and 41 years old in a 31,7% of the total number of housewives, 57,5 % corresponds to common-law partners, 31, 7% corresponds to housewives who have finished their secondary studies, 71,7% corresponds to housewives, 48,3 % corresponds to housewives with catholic and evangelical religion beliefs each one and 56.7% corresponds to housewives with rural precedence (Chart 1).

Chart 1. General characteristics of housewives who go to CLAS Pillcomarca – Huánuco 2017

General characteristics	Frequency (n=120)	%
Age		
18 – 29	63	52,5
30 – 41	38	31,7
42 – 53	14	11,7
54 – 64	5	4,2
Marital Status		
Single	4	3,3
Married	47	39,2
Common law partners	69	57,5
Level of education		
Primary	35	29,2
Secondary	38	31,7

Technical	26	21,7
University	21	17,5
Occupation		
Housewife	86	71,7
Independent worker	24	20,0
Dependant worker	8	6,7
Eventual	2	1,7
Religion beliefs		
Catholic	58	48,3
Evangelical	58	48,3
Other	4	3,3
Residence place		
Rural	68	56,7
Urban	41	34,2
Marginal-Urban	11	9,2

Source. Cervical Cancer Preventive Control Practices Questionnaire.

Regarding the dimensions of knowledge about cervical cancer, in the dimension about general aspects of the cervical cancer, 55,0% housewives (66 housewives) had some knowledge, 30,0% (35 housewives) had satisfactory knowledge and 15,0% (18 housewives) had insufficient knowledge about cervical cancer. Regarding the knowledge about the prevention of cervical cancer, 56,7% (68 housewives) had regular knowledge, 32,5% (39 housewives) had satisfactory knowledge and 10,8% (13 housewives) had insufficient knowledge (Chart 2).

Chart 2. Dimensions of knowledge of cervical cancer who go to CLAS Pillcomarca – Huánuco 2017

Dimensions of knowledge of cervical cancer	Frequency (n=120)	%
Generalities of knowledge of cervical cancer		
Satisfactory	36	30,0
Some	66	55,0
Insufficient	18	15,0
Knowledge about the prevention of cervical cancer		
Satisfactory	39	32,5
Some	68	56,7
Insufficient	13	10,8

Source. Cervical Cancer Preventive Control Practices Questionnaire.

In general terms, regarding the knowledge about cervical cancer, it was reported that 50,0% (60 housewives) have some knowledge, 39,2% (47 housewives) had satisfactory knowledge and 10,8% (13 housewives) had insufficient knowledge (Figure 1).

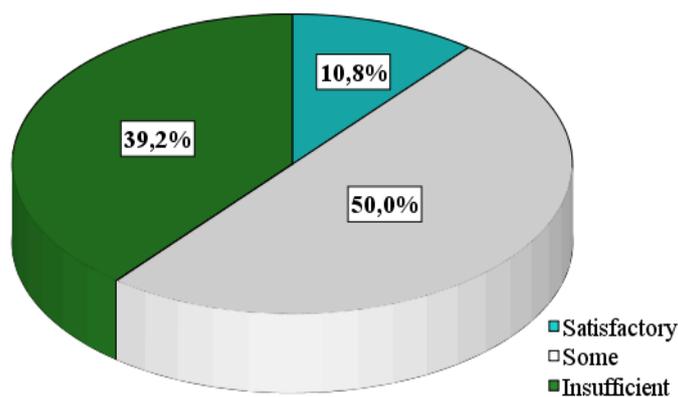


Figure 1. General knowledge of cervical cancer in housewives who go to CLAS Pillcomarca – Huánuco 2017.

Regarding the dimensions of preventive practices of cervical cancer, in the preventive primary practices, it was reported that most housewives, 90,8% (109 housewives) experienced preventive practices and 9,2% (11 housewives) did not have any primary preventive practices.

Regarding the secondary preventive practices, it was stated that most housewives, 78,3% (94 housewives) experienced preventive practices and 21,7% (26 housewives) did not have secondary preventive practices (Chart 3).

Chart 3. Dimensions of preventive cervical cancer practices at home and who attend CLAS Pillcomarca – Huánuco 2017

Dimensions of preventive cervical cancer practices	Frequency (n=120)	%
Primary preventive practices of cervical cancer		
Yes	109	90,8
No	11	9,2
Primary preventive practices of cervical cancer		
Yes	94	78,3
No	26	21,7

Source. Cervical Cancer Preventive Control Practices Questionnaire.

In general terms, regarding the practices of preventive practices of cervical cancer it was reports that, 90,8% (109 housewives) experienced those practices, and 9,2% (11 housewives) did not experience any preventive control practice of cervical cancer (Figure 2).

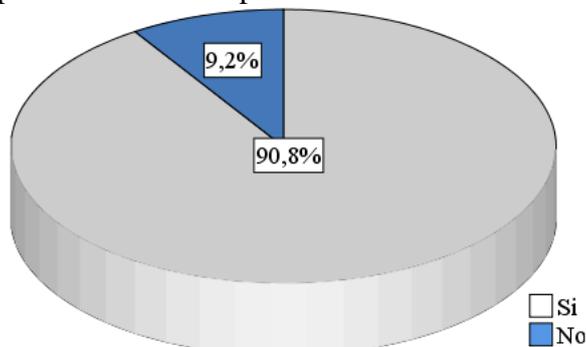


Figure 2. General practice of preventive control of cervical cancer in housewives who go to CLAS Pillcomarca – Huánuco 2017.

And in relation to the inferential analysis of the results, it was reported that the knowledge about this disease is related to the practice of preventive control of cervical cancer significantly ($p < 0,000$). On the other hand, according to the dimensions, the generalities of the knowledge of the disease are related to the practices of preventive control of cervical cancer significantly ($p < 0,000$) (Chart 4).

Chart 4. Relation between dimensions and general variable of knowledge of the disease and the practice of preventive control of cervical cancer in housewives who go to CLAS Pillcomarca – Huánuco 2017.

Knowledge generalities	of	Preventive control practice (N= 120)		Total	Friedman ranges	Df	P value
		Yes	No				
Satisfactory	N°	29	7	36	45,8	1	0,000
	%	24.2%	5.8%	30.0%			
Some	N°	46	20	66			
	%	38.3%	16.7%	55.0%			
Insufficient	N°	7	11	18			
	%	5.8%	9.2%	15.0%			
Preventive knowledge							
Satisfactory	N°	30	9	39	40,5	1	0,000
	%	25.6%	7.7%	33.3%			
Some	N°	50	15	65			
	%	42.7%	12.8%	55.6%			
Insufficient	N°	2	11	13			
	%	1.7%	9.4%	11.1%			

Source. Cervical Cancer Preventive Control Practices Questionnaire.

In relation to this, studies which confirmed the information found were found, some such as Carrasco and Valera (2011) which showed that there is a significant relation between the level satisfactory and some knowledge and the preventive control practice in women in reproductive age in the PAP test ($p < 0,05$).

On the other hand, Beltrán (2010) stated that the level of knowledge in the PAP test influences in the voluntary acceptance to have the PAP test.

Ponce (2012) states that despite having a wider knowledge about this cancer during adult age, there are still many sociocultural barriers which stop women persist in the caring processes which help to avoid the disease.

Moreira, Bezerra, Pimentel, de Queiroz and Grangeiro (2011) found that the users of the Researched Basic Health Unit showed high percentages in relation to the knowledge factor and inadequate attitude when being compared with the practice; which shows that women practice the exam considering the stablished criteria as adequate, without paying attention to the importance of it or without feeling motivated to make it. These results can be explained, due to the fact of not existing, in the Researched Basic Health Unit, educational activities about the subject matter.

On the other hand, Bazán, Posso and Gutierrez (2007) stated that regarding knowledge, attitudes and practices, more than 60% of women showed low results. They also pointed out that having an adequate knowledge was not associated to the correct practice of the PAP test.

Urdaneta, Nava, Garcia, et al (2013) stated that there isn't a significant association between the level of knowledge about cervical cancer with the cytological findings in women who have a low economic stratum.

On their side, Hernández, Bravo, Aguila, et al (2016) stated that some risk factors such as: toxic habits, smoking, vaginal infection, abortions, predominance of dyspareunia are present in women with cervical cancer; moreover, this predominance was found in people in adult age and with low knowledge about this cancer.

To sum up, in case there is a public health problem such as cervical cancer, it is vital that women in general have a culture of self-care; besides that, there should be a systematization of actions that certify the development of culture and self-care.

5. CONCLUSIONS

In conclusion, the generalities of the knowledge of the disease are related with the practices of preventive control of cervical cancer significantly ($p < 0,000$), and with the knowledge about the prevention of this disease which is related to the practices of preventive control of cervical cancer ($p < 0,000$).

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