KAP Study On Early Diagnostic Signs Of Risk Factors For Cancer

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Abstract: Background: - Risk factors for cancer are also risk factors for other non-communicable diseases. The studies were done for knowledge, attitude & practice on risk factors of oral cancer, breast cancer and risk factors of cervical cancer and early diagnostic techniques for oral cancer, breast cancer and cervical cancer. Objectives:(1) To assess the knowledge of administrative staffs of New Sachivalaya, Gandhinagar regarding the risk factors for cancer and the awareness level among them on cancer prevention and treatment. (2)To assess their attitude towards cancer risk factors identification and early self diagnostic techniques. (3)To assess their behaviour towards practicing regarding self examination technique of oral cavity, self breast examination and cervical screening. Methods:- Detail list of all administrative staffs were obtained from General Administrative Department after the permission letter from Commissioner of Health & Secretariat of General Administrative Department of Sachivalaya. All 3429 staffs of New Sachivalaya were included in Simple random technique. Out of them 350 (10%) participants were taken for this study by their consent. Results: Study result showed knowledge were mix type of because 79.7% (n=279) had answer lump in breast or bleeding from nipple of breast were early signs for breast cancer, but 48.9% had answer on painful lump in breast is an early signs for diagnosis. 64.4% were had belief on cancer that cancer is a deadly diseases and cancer means cancel. Only 34.6% had belief as cancer can be prevented if early diagnosed. Knowledge level was different as they were on different position but the attitude and the practice to cancer risk factors identification and early diagnostic signs were almost same. They had more attitude and practice towards hospital visit rather than doing Self-Examination technique 93.7% (n=328) were willing to create awareness on cancer risk factors and its screening tests and early diagnostic signs for early identification of cancer. [Gandhi P et al NJIRM 2013; 4(1) : 16-21]

Key Words: Knowledge, Attitude, Practice, Cancer

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Introduction: KAP studies are widely focused on knowledge, attitude and practices in response to a specific intervention, usually outreach demonstration or education[1]. KAP studies have been widely used & valued around the world for at least 40 years in public health[2]. The main purpose of this KAP study is to explore changes in Knowledge, Attitude and Practices of the community, on cancer and cancer risk factors. Knowledge possessed by a community refers to their understanding on cancer and its risk factors in this case. Attitude refers to their feelings towards this subject, as well as any preconceived ideas that they may have towards it. Practice refers to the ways in which they demonstrate their knowledge and attitude through their actions[3].

In the World, Every year more than 10 million new cases of cancer are occurred and 6 millions death duo to cancer[4]. By 2020, it will be 20 million new cases are projected. 70% cases from developing countries that have only 5% resources. 12.5 % of all deaths are due to cancer only[4]. In “India”, 70--90 new cases occur per 1 lakh population every year. 8 lakh new cases of cancer occurred in India every year. In “India”, cancer prevalence is 24 lakh per year. In our India, 50% of all cancer is of mouth cancer and throat cancer in male and of breast cancer and cervical cancer in female. These types of cancer are early diagnosed by self-examination. In early stages, if we diagnose cancer, it can be cured completely[5]. As per GCRI Observation Cancer burden of “Gujarat” is estimated to have around 40,000 new cases per year. More than one third is tobacco related. Majorities (90%) are from rural areas and 80% are of in age group of 30 – 59[6].

Material and Methods: Written permission was taken from Government of Gujarat for study after Ethical clearance for the study was given by Indian Institute of Public Health-Gandhinagar. All participants were thoroughly explains about the purpose of the study.

All 3429 staffs of New Sachivalaya were included in Simple random technique, out of them 10% of them as 350 participants were taken for this study. The participants who was not ready to give written consent and do not want to participate in the

study were excluded. Participants who had received cancer therapy in the hospital or family h/o cancer were excluded. Participants were also assured for anonymity of their identity. Their personal interview were done with the structured questionnaire, all data were collected on the pre-design formats. (1) Structured questionnaire in local language were used for data collection. (2) An assessment tool comprising of four sections of questionnaires were developed. (3) Questions were reviewed, modified and adapted to suit the local realities. All the data entered in the MS-Excel sheets and analytical tests were done by Epi info software to combat study objectives.

Result: Majority of the participants had average knowledge on risk factors for oral cancer, breast cancer and cervical cancer & early diagnostic signs for oral cancer, breast cancer and cervical cancer. Study result showed knowledge were mix type of because 79.7% (n=279) had answer lump in breast or bleeding from nipple of breast were early signs for breast cancer, but 48.9% had answer on painful lump in breast is an early signs for diagnosis. 64.4% were had belief on cancer that cancer is a deadly diseases and cancer means cancel. Only 34.6% had belief as cancer can be prevented if early diagnosed.

Table 1: The knowledge on common risk factors to health

Risk Factors	Know	Not Know
High Fatty/ Oily food	23.14%	76.86%
Infection of Bacteria	19.14%	80.86%
Tobacco/ alcohol Habit	93.71%	6.29%
Repeated or Long duration of chemical contact	68%	32%
Viral Infection	29.14%	70.86%
Sunrays	27.14%	72.86%
Genetically	57.14%	42.86%
Contact of Cancer patient	18.29%	81.71%
Socially bad habit or life status(socio-culture)	33.43%	66.57%
Contact of contaminated water & Air	36.57%	63.43%

93.71 %(n=328) were know the tobacco is one of risk factors for cancer but 18.29% (n=64) were know or in their knowledge that contact of cancer patient is also risk for happening the cancer. This indicates that their knowledge is not as it can be actual or right knowledge.

Their attitude to the hospital visit was more than Self Examination. 84.3% (n=295) participants yet not ever tried before to develop skill or to take participate in any cancer awareness programme. 67.7% (n=237) were ready to take part in training programme.95.1% (n=333) were ready to encourage or gave advice to their staff members for participate in training programme on cancer awareness and developing S-E technique. 93.7% (n=328) were willing to create awareness on cancer risk factors and its screening tests and early diagnostic signs for early identification of cancer.

Table-2 shows participants' practices to complains of oral cavity, breast or cervix (n=350)

Practice of S-E of oral cavity	Never	Routinely	When ever needed
	4.9%	22.3%	72.9%
Practice to complain of oral cavity	Hospital	Self-Examination	Wait & Watch
	86.9%	11.1%	2.0%
Practice to complain of Breast	84.6%	15.1%	0.3%
Practice to participate in training	Take part	Don't take part	Nothing to get
	95.1%	2.9%	2.0%
Practice for screening of breast and cervix	Both test be done	Whenever needed	Any one of them
	69.7%	28%	2.3%
How frequently screening done	Every two years	Every five years	Whenever needed
	64.3%	8.0%	27.7%
Ready for creating awareness of cancer in our society	Yes	No	Not Know
	93.7%	1.7%	4.6%

Table-2 shows the practice level of the participants. 4.9% (n=17) were not willing to do self oral examination. 22.3% (n=78) were ready to do Self oral cavity Examination at their homes routinely. 72.9% (n=255) were ready to do self examination whenever needed. 86.9% (n=304) would be go to the hospital if they have ulcer in oral cavity. 11.1% (n=39) would do self Examination at their homes. 2.0% (n=7) were wait & watch.

95% (n=333) were ready to take part in Cancer awareness programme or any training on Self-Examination Technique. 2.9% (n=10) were not ready to take part in Cancer awareness programme or any training on Self-Examination Technique. 2.0% (n=7) fill nothing to get by participating. 15.1% (n=53) were ready to do Self-Examination if any female in their family will have lump in Breast. 84.6% (n=296) were go to hospital. 69.7% (n=244) were ready to do both screening tests for their female family members whose age is around 40 years. 28.0% (n=98) were ready to do both screening tests for their female family members whose age is around 40 years when any complain. 2.3 % (n=8) were ready to do any one of them. 64.3% (n=225) were ready to do the screening tests every two years after if first test have be done. 27.7 % (n=97) were do whenever needed. 8% (n=28) were do every five years. 93.7% (n=328) were ready to transmit their knowledge on cancer in our society. 1.7% (n=6) were not ready to create the awareness.4.6% (n=16) were not known on what to do.

Table-3; shows gender wise belief on cancer

	Belief on cancer	
Gender	Can be cured if Early Diagnosis	Deadly diseases
Male	32.89%	67.11%
Female	44.90%	55.10%
Total	34.57%	65.43%

Discussion: Gender wise Knowledge on cancer-shows perception and stigma of the participants regarding the cancer. Level of knowledge also can't change it. Only behaviour change communication can change the stigma level.[7]

Knowledge versus attitude to leave habit of tobacco was different among smokers and non smokers. This result was similar to the study result done by CA Ngelangel et al in 2002[8]. Attitude to leave the tobacco within long term is more among smoker as compare with non smokers.

Table-4 shows the relation between habit of tobacco versus attitude to leave the habit of tobacco (n=350)

	Attitude to leave habit→		
H/O Habit (yes/no)↓	long term	midterm	Shortly
no	3.43%	5.71%	75.43%
yes	2.57%	5.43%	7.43%
Grand Total	6.0%	11.14%	82.86%

Relation between Knowledge and Attitude towards the Self-Examination Technique of Oral cavity shows the less than go for hospital if any oral complain which was similar to the study done by AG Harikiran et al[9].

Table-5 shows the relation between Knowledge of oral Self-Examination Technique and Attitude to oral complain, n=350

	Attitude to Oral S-E			
Knowledge of oral	S-E	Hospital	Wait & Watch	Total
Yes(n)	18	52	2	72
Row%	25.0	72.2	2.8	100
Col%	34.0	18.2	16.7	20.6
No(n)	34	216	8	258
Row%	13.2	83.7	3.1	100
Col%	64.2	75.8	66.7	73.7
Not Know(n)	1	17	2	20
Row%	5	85	10	100
Col%	1.9	6.0	16.7	5.7
Total(n)	53	285	12	350
Row%	15.1	81.4	3.4	100
Col%	100.0	100.0	100.0	100

Female Participants' knowledge of Breast Self Examination Technique versus knowledge of early diagnostic signs was different and related with the study done by Al Khobar et al[13].Female have more

stigma on Breast Self Examination and their discarded towards that.

Table-6 presents the relation between Female Participants' knowledge of BSE Technique versus knowledge of early diagnostic signs, n=49

	Knowledge of early signs-→			
Knowledge of BSE tech.↓	good	low	medium	Grand Total
N.A.	0.00%	2.04%	4.08%	6.12%
no	12.24%	12.24%	14.29%	38.78%
yes	24.49%	4.08%	26.53%	55.10%
Total	36.73%	18.37%	44.90%	100.00%

Who had a knowledge of BSE (n=29), among them 46.94% (n=23) had attitude to go the hospital & 12.24% (n=6) had attitude towards BSE. Those who had no knowledge of BSE (n=15), among them 28.57% (n=14) had attitude to go the hospital & 2.04% (n=1) had attitude towards BSE

Table-7 shows the response of female participant who had knowledge of BSE technique towards their attitude to do BSE or go to the hospital, (n=49).

	Knowledge of BSE tech.→			
Attitude to breast complain↓	N.A.	No	Yes	Grand Total
Hospital	6.12%	28.57 %	46.94 %	81.63 %
Self-Exam	4.08%	2.04%	12.24 %	18.37 %
Grand Total	10.20 %	30.61 %	59.18 %	100.00 %

Participants had knowledge that mammography should be done at age between "35-40" (n=113), 75.2 % (n=85) were ready to do screening test for any female family member Very small percentage 1.8 %(n=2) were refuse for screening test. 47.1% (n=165) participants had knowledge of age for first screening test between"41-45".Out of them, 68.5% (n=113) participants were ready for practice to do and 31.5% (n=52) had reply for other choice. 20.6% (n=72) participants had knowledge of age for first screening should be above 45.Out of them 63.9% (n=46) participants were ready for screening test for any female in their family. In this study, participants had false knowledge on cancer risk factors. So that largely impact on their practice level. This was similar to the study of Pakseresht S et al in 2007 done at Delhi[15].

Table-8 shows relation between knowledge of screening test and practice for screening test, n=350

	Practice for screening			
Knowledge of age for first for Screening of breast cancer	Should be done	Either of	No gain	TOTAL
35-40	85	26	2	113
Row%	75.2	23.0	1.8	100.0
Col%	43.8	26.5	25.0	32.3
41-45	113	50	2	165
Row%	68.5	30.3	1.2	100.0
Col%	46.3	51.0	25.0	32.3
Above 45	46	22	4	72
Row%	63.9	30.6	5.6	100.0
Col%	18.9	22.4	50.0	20.6
Total	244	98	8	350
Row%	69.7	28.0	2.3	100.0
Col%	100.0	100.0	100.0	100.0

65.31% (n=32) female participants were knowledge of pep test but 53.06% (n=26) were ready to do screening of cervical cancer & Breast cancer. 30.61% (n=15) female participants were not to answer but out of them 20.41% (n=10) were ready to do both screening test for breast cancer & cervical cancer. Those who had no knowledge there response were 50% -50% on screening test as do routinely or whenever needed[15,16]. Knowledge on cervical cancer was less among all class of participants and knowledge on pep smear was not present but as they know by this study, they became ready for pep smear examination as that good for health. This shows the attitude towards health. The study done by Sarita Dhamija et al in 1993 was shown the similar result as it was done developing country[16].

Table-9, represent knowledge of pep test versus practice for screening of cervical cancer & Breast cancer (n=49)

	Practice for screening		
Knowledge of Pep test for cervical cancer	Both test be done	Whenever need	Grand Total
N.A.	20.41%	10.20%	30.61%
No	2.04%	2.04%	4.08%
Yes	53.06%	12.24%	65.31%
Grand Total	75.51%	24.49%	100.00%

Conclusion: This KAP study revealed a number of areas in which the knowledge, attitude and practice were good to below average and identified some areas where improvement required. In spite of good knowledge on cancer risk factors and early signs for cancer, they were not practice well. The finding for wrong practice or avoiding good practice was only because of their wrong belief on cancer as cancer is a deadly disease and not too cured. They had no knowledge about stages of cancer and prevention of cancer is possible. In this section summarizes the strengths and weaknesses of the participants regarding attitude and practices and challenges of community cancer awareness programme. There were lack of awareness on attitude and practice due to inappropriate knowledge on cancer risk factors and early signs. There is wide gap between their knowledge and their attitude & practice. Majority had no heard about community awareness programme on cancer screening facilities available at district hospital.

Recommendations:

Thefollowing recommendations are as below for promoting and improving. Training session must be held by department wise with prior inform them on training programme. Literature must be distributed prior session. Exhibition on cancer must be held routinely by one or two yearly. Behaviour Change Communication must apply to them prior to organizing any camp or training session. They were more about on tobacco as risk factors than other risk factors. Awareness in all aspect must be needed. The mean age of participants was 49.14, which shows the good maturity level of participants. This will very useful for implication of any activities for awareness. Training to be held during office hours so presentation of all staff will be convenient and full presentation achieved.

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