

CERVICAL CANCER AWARENESS AND WILLINGNESS FOR PAP AND HPV TESTING: A CROSS-SECTIONAL STUDY

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INTRODUCTION

Cervical cancer is a significant public health concern globally, with approximately 660,000 new cases and 350,000 deaths annually. India bears a disproportionate burden, accounting for nearly 123,000 new cases and 77,000 deaths yearly. It's a largely preventable condition and yet remains the fourth most common cancer in women globally(ranking after breast cancer, colorectal cancer and lung cancer). This can be prevented by early screening test using a simple, non-invasive, cheap outpatient method like PAP Smear. HPV testing can be included due to its high diagnostic value and strong association with cervical cancer with health education playing a pivotal role.

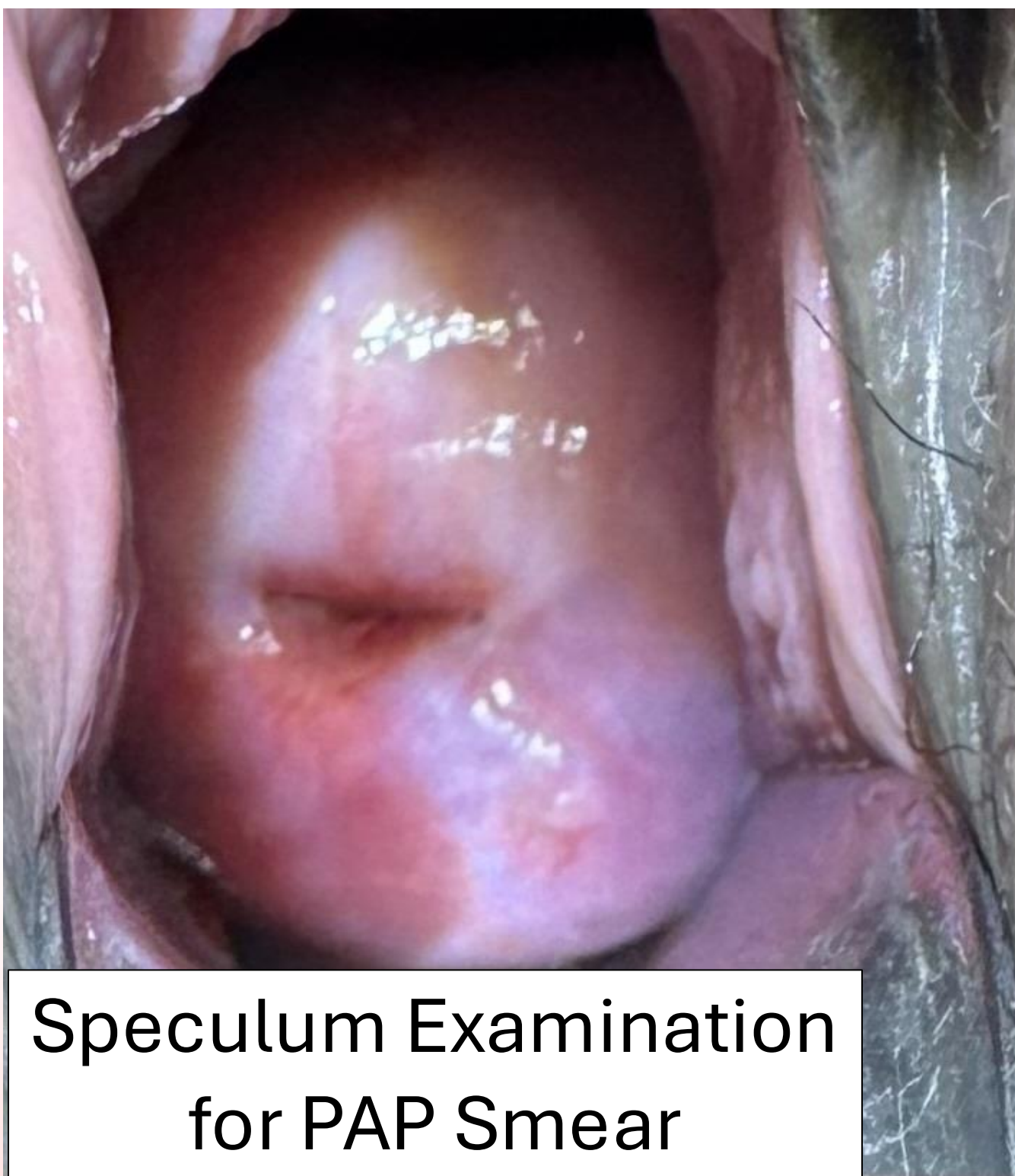
OBJECTIVE

- To evaluate knowledge, awareness and attitude regarding cervical cancer.
- To determine the willingness for screening tests.

METHODS

After approval from Institutional Ethics Committee, consent was taken. Using a structured questionnaire, 384 women, willing to participate in the study, were while confidentiality was maintained

	PAP Smear	HPV Testing
Age to start screening	21 years(or 3yrs after sexual debut)	30 years (25 in high risk cases)
Sensitivity	50–70%	90–95%
Specificity	90–98%	80–85%
Cost (Approx.)	₹500–1,500 (private labs)	₹1,500–3,500 (private labs)
Lab Requirements	Needs skilled cytotechnicians & pathologists	Can be automated (less human error)
Follow-Up	Repeat every 3 years	Repeat every 5 years
Advantages	- Low cost - Specific for lesions	- High sensitivity - Longer screening intervals
Limitations	- Low sensitivity - Subjective interpretation	- Higher cost - Over-detection of transient HPV



Speculum Examination
for PAP Smear



Taking PAP Smear

CONCLUSION

- There was concerning lack of awareness about cervical cancer, its risk factors, and preventive measures like HPV vaccination and Pap smear screening along with reluctance towards screening.
- The reluctance toward screening indicates a need to address social stigma, logistical barriers, and misinformation through culturally sensitive community outreach programs, increased accessibility to screening, and stronger advocacy for HPV vaccination, especially among younger and rural populations
- Despite poor awareness, the willingness of many participants to vaccinate themselves and their children suggests a promising opportunity for intervention, provided that proper guidance, resources, and access are made available.
- Older women showed reluctance whereas women with higher educational status showed willingness for screening and vaccination. The positive shift in willingness highlights the crucial role of effective education and communication in public health initiatives.

RESULT:

We found that most of the women were young and married. Mean age of population was **35.5** years. Average age of marriage was 21.6 years. Majority were homemakers (62%), 23% were working. Average age of menarche was 11years.Age of marriage was 18 – 20 years in 45% and 20% were unmarried and sexually active.16% women used cloth as menstrual absorbent and 13% used either vaginal cups or tampons. 72% used sanitary pads.30% women had menstrual complaints. 5% women were postmenopausal with either postcoital bleeding or spotting. 20% women had history of smoking or tobacco chewing. Health care knowledge about cervical cancer was through social and mass media in 21% of women. 48% were aware of cervical cancer. 40% women were aware of PAP smear. 27% were aware of HPV infection. 75% were willing for testing and follow-up. 89% were willing for vaccination

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