Survey of Women for Knowledge of Cancer, Antenatal Wellbeing, Attitudes and Practices in Rural, Urban and Urban Slum area of Ujjain District In Madhya Pradesh.

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OBJECTIVES – To study the awareness of cancer and pregnancy complications in urban and rural women and to find out attitudes of women to assisted delivery. **METHODS –** Two hundred and fifty women randomly chosen from city slums were subjected to questionnaires by house visits. Two hundred and twenty five women coming to gynecological out patient as patients' companions were interviewed. Two hundred and sixty four women were selected at random in five villages in Ujjain district for questionnaire in village based women's meeting conducted by the authors. A scoring system was adopted. **RESULTS –** Forty four percent of slum women and 62.6% of urban women had knowledge of cancer but only 18.1% of rural women knew about it. 69.6% of slum women and [illegible]% of urban women were aware of antenatal health and complications of pregnancy, as against only 35% of rural women. Positive attitudes towards health services and health personnel were found in 84.8% of slum dwellers, 89.3% of urban women and 81.4% of rural women. 70.4% of slum women, 80% of urban women and only 33.6% of rural women were found to opt for hospital or assisted delivery. **CONCLUSION –** Rural women are far backward in knowledge of cancer and are also unaware of concepts of antenatal health. Their attitudes towards health providers are good. Health seeking behaviours for prevention of cancer are discouraging in all study groups.

Key words : awareness of cancer, awareness of antenatal wellbeing, attitude for assisted delivery

Introduction

The health of communities is a sensitive denominator of a nation's development. Madhya Pradesh which represents eight percent of India's population[1] is a very educationally backward state. The literacy rate for population aged seven and above is 44.6 percent compared to 52.2 percent for India as a whole[2]. Social obstetrics with its concept of reproductive and child health has a wide horizon. A woman in India runs a 300 times greater risk of dying in pregnancy and child birth as compared to a woman in the developed world[3]. Among the national sociodemographic goals for the year 2010, specified by the policy of the Government of India in the year 2000, 80 percent of all deliveries should take place in institutions by the year 2010, 100 percent of deliveries should be attended by trained personnel and maternal mortality should be reduced to a level below 100 per 100,000 live births[1]. This is a prime issue in preventive obstetrics. Another issue is the cancer of genital tract, particularly cancer cervix. World wide, 8 million new cases of cancer are diagnosed and about 5 million women die yearly[4]. Deaths from cervical cancer are 450,000 per year[5]. Out of all cancers 14 percent occur in developed countries and 86 percent in developing countries[4]. As cervical cancer is considered preventable by WHO, unscreened women carry a 10 times higher risk of invasive cancer than screened women. The importance of screening lies in the fact that on 24 Sept 1999, the US Senate introduced a legislation that health insurance plans should include screening tests for cancer[6]. The objective of the present survey was to know the present status of reproductive health awareness among rural, urban and urban slum dwelling women of Ujjain District, Madhya Pradesh.

Material and Methods

Three groups of women were given standard questionnaire forms. The authors themselves interviewed the women in their local language. Two hundred and fifty women, chosen randomly in city slums by visiting from house to house, constituted group A. Two hundred and twentyfive women coming to gynecological out patient department as patients' companions and not sick women, were interviewed and constituted group B. The third group C comprised of 264 rural women in five villages questioned by inviting a women's meet between the authors and the respondents. These five villages have a population of 4724. The first group of questions was related to knowledge about cancer, its seriousness and curability. The second group of questions was about knowledge that antenatal check up is necessary, the desire of hospital delivery among the women and fear of complications of pregnancy. The third group of

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questions was about their positive attitudes towards health services and health personnel. The fourth group of questions was about whether they like to be examined by the household dai before going to a hospital and whether they go to the so called doctors like compounders and quacks, if mismanaged by the dais. A scoring system was adopted. Positive scores were given for positive replies relating to cancer awareness, for having concepts of antenatal health, for having positive attitudes towards health services and for not practicing household health care system. The data were analysed according to age groups and socioeconomic status. The maximum score was 14 as per 14 questions of the questionnaire. The scores between 12 - 14 were counted best and interpreted as "reproductive health and cancer aware". Scores between 5 – 11 were counted as having less knowledge of health and graded as "less aware". Scores between 0 – 4 were counted as worst and graded "unaware".

Results

As per the randomly chosen samples, in the study group, in slums the population of young women was more (70.4%) than that of older ones (29.6%). It was similar in the urban population, i.e. 66.6% young women and 33.3% older one. In rural areas also, 71.5% comprised of younger women and 28.4% of older ones. (Table I) 59.2% of slum dwellers were from low socio-economic groups as compared to only 9.3% of urban women and 24.2% of rural women. Poverty appears to be greater in slums than in urban and rural areas. Most of the urban women viz., 86.6%, were found in the middle income group as against 70% of rural women in that group. The total population in higher income group was almost equal in all the groups viz 4.8% in slums, 4% in urban area and 5.6% in rural areas. Table II shows the literacy rate in the three groups. Table III gives the analysis of the scores, in group A. Awareness was very low, 5% and 4.5% respectively in low and middle income groups. It was better at 33.3% in the higher income group. In all the three income groups, most of the women viz 80%, 84.0% and 66.6% in low, middle and higher income groups respectively were clustered in less aware category. The scores among the urban population were encouraging; 42% were aware in the low income group, 35.3% in the middle and 66.6% in the high income group. The less aware women were more in the middle income group. Only 14.2% of the women in the low income group were unaware while it was so in 7.6% of middle income and 0% in high income groups (Table IV). Amongst rural women, 51.5%, 57.2% and 66.6% respectively in low, middle and high income groups were less aware. The higher income group showed 33.3% of women as unaware as compared to 41% in middle and 46.8% in low income groups. Age wise distribution showed that most 58.5% of rural women in young age group were less aware, 39.6% being unaware and only 2.4% being aware. In elderly rural women awareness was zero while 53% were less aware and 48% unaware (Table V). Awareness was 40% in elderly urban women as against 36% in younger ones (36%). Fiftytwo percent of young women and 60% of elderly women were in the less aware group (Table IV). These findings suggest that urban women also need more health education. Fairly low percentage of urban women lie in the unaware category viz; 12% and 0% in young and elderly groups respectively (Table IV). In slums the less aware group comprises a chunk, 78.8% in young age group and 89.7% in elderly group.5.7% of elderly women and 14.4% of the young age group were unaware (Table III). As per income and age, most of slum women were less aware. The picture was better in urban women, almost equal numbers being in aware and less aware category irrespective of income. In rural women, equal percentage of women around (45 + 5%) were in less aware and unaware groups. Awareness in rural women is almost negligible irrespective of income and age (Table V).

Table VI shows better results, viz. 62.6% cancer awareness in urban area as compared to 44% and 18.1% in slums and rural areas respectively. The rural areas need more attention for cancer awareness. Knowledge of pregnancy and its complications was better in urban area viz 80% as compared to 69.6% and 35.9% in slums and rural areas respectively. The numbers with positive attitudes towards health personnel and family's attitudes toward women, had equal distribution., viz

Table – I : Characteristics of Respondants

Character	Group A of 250		Group B of 225		Group C of 265	
	No.	Percent	No.	Percent	No	Percent
Age						
20-40 Years	176	70.4	150	66.6	189	71.5
40-70 Years	74	29.6	75	33.3	75	28.4
Socio-economic status Monthly Income (in Rs.)						
1 – 1000	148	59.2	21	9.3	64	24.2
1000 – 5000	90	36	195	86.6	185	70.0
5000 and above	12	4.8	9	4	15	5.6

Table – II : Literacy Rate According to Completed Years of Schooling (In percent).

Character	Group A	Group B	Group C
Illiterate	48.5	44.2	83.4
Up to 5 years	26.2	17.0	12.02
6 to 10 years	13.3	15.8	3.7
Above 10 years	120.0	22.1	.76

Table – III : Income and Age wise Distribution of Awareness in Slum Women (In percent)

	Monthly Income (Rs.)			Age (Yrs.)	
	1-1000 No. 150	1000-5000 No. 88	5000 and above No. 12	20-40 No. 180	40-70 No. 70
Aware (Score 12 - 14)	5	4.5	33.3	4.4	8.5
Less Aware (Score 5 - 11)	80	84.0	66.6	78.8	89.7
Unaware (Score 0 - 4)	15	11.3	0	14.4	5.7

Table – IV : Income and Age wise Distribution of Awareness in Urban Women (In percent).

	Monthly Income (Rs.)			Age (yrs.)	
	1-1000 No. 21	1000-5000 No. 195	5000 and above No.9	20-40 No.150	40-70 No. 75.
Aware (Score 12 - 14)	42	35.3	66.6	36.	40
Less Aware (Score 5 - 11)	42	56.9	33.3	52	60
Unaware (Score 0 - 4)	14.2	7.6	0	12	0

Table – V : Income and Age Wise Distribution of Awareness in Rural Women (in percent).

	Income (Rs.)			Age (Yrs.)	
	0-1000 No. 64	1000-5000 No. 185	5000 and above No.15	20-40 No. 164	40-70 No.100
Aware (Score 12 - 14)	1.5	1.6	0	2.4	0
Less Aware (Score 5 - 11)	51.5	57.2	66.6	58/5	53
Unaware (Score 0 - 4)	46.8	41.0	33.3	39.6	48

Table – VI : Percentage of Women having Particular Knoweldge.

	A No. 250	%	B No. 225	%	C No. 264	%
Knowledge of cancer	110	44	141	62.6	48	18.1
Knowledge of pregnancy and its complications	174	69.6	180	80	95	35.9
Positive attitude towards health and family's attitude towards women	212	84.8	201	89.3	215	81.4
Fair health practices	126	50.4	156	69.3	21	7.9
Desire for hospital or assisted delivery	176	70.4	180	80	94	35.6

84.8 – 89.3% and 81.4% in slum, urban and rural areas respectively. As far as fair health practices were concerned rural women lagged much behind; only 7.9% showed fair practice. Seventy percent of urban women and 50% of slum ones had fair practices. This shows that both urban and slum women still need to be educated in these areas. Desire for hospitals or assisted delivery is present in only 35.6% of rural women as against 70% and 80% of slum and urban women respectively (Table VI).

Discussion

"India lives in its villages," still holds true as 24% of the population of Madhya Pradesh (MP), lives in urban area and 76% in rural area[2]. This study shows that 24.2% of rural women live below poverty line, which is consistent with 27.4% of rural poverty for Malwa region of M.P. shown by NIRD[7]. Health awareness is only 1.5% in rural poor women, 5% in slum poor women and 42% in urban poor women. This makes us conclude that awareness of health has no relationship with socio-economic status in urban areas. Middle income and high income groups in rural areas and in slums fall mostly in the less aware category. The percentage of health unaware women is more in rural population viz about 40%, as compared to urban ones (10.5%) and slum ones (8.7%). Majority of rural women are unaware of cancer and less aware of pregnancy related issues. Eighty percent of urban women and 69.6% of slum women have knowledge of pregnancy and its complications. 81.4% of rural women have positive attitudes to health, but have poor knowledge of antenatal well-being. To bring down our maternal mortality ratio to less than 100 per 100,000 live births, we have to get the health machinery within reach of the rural women. The Ford Foundation (1994)[3] recommended research on women's awareness, traditional beliefs and practices and their health seeking behaviour for prevention and treatment of cancer. The implementation of screening for cancer uterus needs a focus. Cancer screening, programs should be made within reach of rural women. Special cytology clinics should be established in urban public hospitals with branches in the periphery. The community based approach for cancer screening in women in cities and villages is strongly recommended to be included in the RCH project of the Government of India. Given an opportunity, 81.4% of rural women wished to have hospital deliveries.

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