RESEARCH ARTICLE:

## Assessment of knowledge, attitude, practice regarding cervical cancer and its screening among women living in peri-urban area of South-East Delhi

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### ABSTRACT

**Background:** Carcinoma of the uterine cervix stands as a significant health issue affecting women worldwide.[1] In 2020 alone, there were approximately 604,000 new cases reported globally, making cervical cancer the fourth most common malignancy among women, however information on the behavior regarding cervical cancer in peri-urban area of South East Delhi is sparse. **Methodology:** A cross-section survey was conducted in peri-urban area of South East Delhi during Feb to May 2023. The 260 women aged 21 years and above were selected by simple random sampling. All participants completed predesigned questionnaire with 3 parts: socio-demographic, knowledge, attitude and practice descriptive statistics were used for analysis in this study. **Result:** The majority (86.9%) falling into the age group of 40 years and above, religion-wise, 70% identified as Hindu, while 30% were affiliated with Muslim and other religious groups. In terms of education, 68% were literate. Only 15% had good knowledge and 71.6% had poor knowledge of cervical cancer however the attitude of the study participants was 55.4% positive and regarding practice 5.4% had an adequate practice among 92 study participants. **Conclusion:** Cervical cancer is still a health problem in the rural community. Therefore, health education is required, particularly for those who have never undergone screening.

**Keywords:** LMIC: Low and middle-income countries**,** High-income countries**,** Human papilloma virus**,** National Family Health Survey, National Programme for Preventive and Control of Non-Communicable Disease**,** Rural Health Training Centre.

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## Introduction

Carcinoma of the uterine cervix stands as a significant health issue affecting women worldwide[1]. In 2020 alone, there were approximately 604,000 new cases reported globally, making cervical cancer the fourth most common malignancy among women, following breast cancer, lung cancer, and colorectal cancer[2]. Notably, there exists a stark disparity in the incidence and mortality rates of cervical cancer between low and middle-income countries (LMICs) and high-income countries (HICs). LMICs account for more than 90 percent of cervical cancer fatalities worldwide. The situation in India is particularly alarming, with 453.02 million women aged 15 and older at risk of developing cervical cancer[3]. Current estimates suggest that 96,922 women are diagnosed with cervical cancer each year in India, leading to 60,078 deaths from the disease, equating to one woman succumbing to cervical cancer every 8 minutes[4].

Most of the cervical cancer cases are found to be associated with carcinogenic human papilloma virus (HPV) infection[4]. The other factors involved in the occurrence of cervical cancer include promiscuous sexual habits, reproductive factors such as genital hygiene, early age at marriage, high parity, other sexually-transmitted infection, and smoking[5] .There are around 200 genotypes of HPV among those the most carcinogenic are  HPV16, HPV18, HPV6 and HPV31.[6] Furthermore, there are some symptoms of cervical cancer that a woman should be aware of for timely diagnosis of cervical cancer such as unusual vaginal bleeding and persistent blood-stained or odorous vaginal discharge. Awareness of the symptoms, risk factors and timely medical car4 can lead to early stage of cervical cancer diagnosis and management which will further improve quality of life of the person[3]. For the prevention of HPV infection, the World Health Organization (WHO) recommends various methods, including the use of condoms, hygiene maintain, dissemination of health information, and promoting awareness about tobacco use and the importance of having a single sexual partner. To effectively prevent and control cervical cancer, it is crucial to promote disease awareness, employ screening procedures, and implement preventive measures. Studies in different regions highlighted that only 36% of participants have good level of knowledge regarding cervical cancer. Whereas, a majority of participants (80% to 94%) exhibited positive attitudes towards cervical cancer prevention, and regained severity of disease, indicating a favorable perception of screening and preventive measures. However, despite positive attitudes, actual practice of cervical cancer screening remained low. Only a small proportion (8% to 10%) of participants had ever undergone screening for cervical cancer[7].

## Methodology

**Study Setting**: The study was conducted in the field practice area of RHTC, located in Madanpur Khadar, South East Delhi, covering several blocks in the region.

**Study Population:** The study included women aged 21 years and above residing in the RHTC field practice area of south-east Delhi.

**Inclusion Criteria:** All women aged 21 years and above who were willing to participate and provided written informed consent were included.

**Exclusion Criteria:** Women who had already been diagnosed with cervical cancer, were not present at their residence during two consecutive study visits, or were unable to provide written informed consent were excluded.

**Sample Size:** A sample size of 260 women was determined based on prevalence data from a similar study in Uttar Pradesh.

**Sampling Technique:** A list of eligible women was compiled from RHTC and Anganwadi registers, and a random number list was generated for participant selection. House-to-house visits were conducted, and eligible women were interviewed. In cases of multiple eligible women in a household, all were approached.

**Study Duration:** The study was conducted from February to May 2023.

**Study Tools:** Data were collected using a semi-structured questionnaire consisting of three parts: socio-demographic variables, knowledge about cervical cancer and screening, and attitudes and practices related to cervical cancer screening.

**Ethical Considerations:** Ethical approval was obtained, and written informed consent was obtained from all participants. Participation was voluntary, and participants were informed of their right to withdraw at any time. Participant information sheets were provided. Participants with symptoms were referred to the Obstetrics and Gynecology Department of Hakeem Abdul Hameed Centenary Hospital, New Delhi.

**Statistical Analysis:** Data were compiled and cleaned using MS Excel and analyzed using SPSS software (version 26.0). Descriptive statistics and the Chi-square test were employed to analyze the data, assessing associations between socio-demographic status and knowledge, attitudes, and practices regarding cervical cancer and its screening.

## Result

A community based cross sectional study was conducted to assess the Knowledge, Attitude, Practice regarding cervical cancer and its screening among women living in the peri-urban area of South-East Delhi.

This study included all women residing in the Madanpur *Khadar area* with the age of 21 years and above who gave written informed consent to participate in the study and a total 260 women were enrolled in this study.

The study participants exhibited diverse socio-demographic characteristics, with the majority (86.9%) falling into the age group of 40 years and above, and a smaller proportion (13.1%) aged 41 and above, yielding an average age of 30.9 years with a standard deviation of 9.5 years. Religion-wise, 70% identified as Hindu, while 30% were affiliated with Muslim and other religious groups. In terms of education, 68% were literate, and 32% were illiterate, with 14% having attained primary education, 18% completing senior secondary, and only 11% achieving graduate-level education. Marital status showed that 96% were married, 1.9% were unmarried, and 2.1% were widowed or separated, with 61% marrying before the age of 20. Employment-wise, 95% were unemployed, with a notable 5% being employed. On the socio-economic scale, 52% were categorized as upper-lower class, 4% as lower class, while none fell into the upper class (**Table-1**).

Table -1: Socio-demographic factors of the study participants

| Socio-demographic | | No. | % |
|---|---|---|---|
| **Age** | ≥40 years | 226 | 86.9 |
| | 41 and above | 34 | 13.1 |
| **Religion** | Hindu | 182 | 70.0 |
| | Islam and other | 78 | 30.0 |
| **Education status** | Literate | 82 | 31.5 |
| | Illiterate | 178 | 68.5 |
| **Marital status** | Married | 249 | 96.0 |
| | Unmarried | 5 | 1.9 |
| | Widow & separated | 6 | 2.1 |
| **Age at marriage (n=255)** | <20 years | 155 | 60.7 |
| | 20 and above | 100 | 39.3 |
| **Working Status** | Employed | 13 | 5.0 |
| | Unemployed | 247 | 95 |
| **Socio-demo-graphic Status** | Upper middle | 13 | 5.0 |
| | Lower middle | 102 | 39.1 |
| | Upper lower | 135 | 51.9 |
| | Lower | 10 | 4.0 |

The assessment of knowledge regarding cervical cancer among the participants revealed that a significant proportion, accounting for 15%, possessed good knowledge, while 13.4% exhibited moderate knowledge, and the majority, constituting 71.6%, had poor knowledge about cervical cancer **(Table-2).** The determination of knowledge levels was based on a compilation and summation of responses to questions 1 to 6 from the study tool, with the final scores classified as good (10-13), moderate (7-9), or poor (6-1).

As shown in the **table- 3** only 5% of the study participants exhibited knowledge about cervical cancer screening, highlighting a significant lack of awareness as the remaining 95% were found to have no knowledge of this crucial screening. Furthermore, our findings revealed an interesting dynamic in participants' attitudes, with a notable 55% displaying a positive outlook towards cervical cancer screening, while 45% held a negative attitude. However, when it came to the practical aspect, the majority fell short, as only 5.4% of participants' demonstrated adequate practice, leaving a substantial 94.6% with inadequate practice in the realm of cervical cancer screening.

**Table-2: Knowledge about cervical cancer among the study participants (N=260)**

| Knowledge | No. | % |
|-----------|-----|------|
| Good | 39 | 15.0 |
| Moderate | 35 | 13.4 |
| Poor | 186 | 71.6 |

**Table-3: Knowledge, attitude and practice about cervical cancer screening among the study participants (N=260)**

| Socio-demographic | | No. | % |
|-----------|--------|-----|------|
| Knowledge | Yes | 246 | 94.6 |
| | No | 14 | 5.4 |
| Attitude | Positive | 144 | 55.4 |
| | Negative | 116 | 44.6 |
| Practice (n=92) | Adequate | 5 | 5.4 |
| | Inadequate | 87 | 94.6 |

**Table-4: Knowledge about symptoms of cervical cancer among the study participants (n=92).**

| Knowledge of Symptoms* | No. | % |
|------------------------|-----|------|
| Foul smell discharge | 44 | 47 |
| Periods heavier and of longer duration than usual | 22 | 23.9 |
| Bleeding after intercourse | 17 | 18.4 |
| Severe swelling in one or both legs and feet | 12 | 13 |
| Postmenopausal bleeding | 5 | 5.4 |
| Bleeding in between periods | 9 | 9.7 |
| Don't know and others | 35 | 38 |
| *Multiple response table | | |

As shown in the **table-4** approximately half (47.0%) of the study participants stated that foul smell discharge was the symptom of cervical cancer, while 23.9% stated that heavy bleeding and longer duration of bleeding were symptoms of cervical cancer. Whereas 38.0% of participants were not aware about the any symptoms of cervical cancer.

As shown in the **tables - 5** very few (1.1%) had some knowledge about HPV infection, 11.9% of the participants stated that having multiple sexual partners is one of the risk factor for cervical cancer, whereas 16.3 stated that early sexual intercourse is also one of the risk factor however majority (67.3%) participants didn't know about any risk factor of cervical cancer.

**Table-5: Knowledge about risk factor of cervical cancer among the study participants (n=92)**

| Knowledge about risk factor* | No. | % |
|---|---|---|
| HPV infection | 1 | 1.1 |
| Having multiple sexual partners | 11 | 11.9 |
| Early sexual intercourse | 15 | 16.3 |
| Multiple pregnancies | 5 | 5.4 |
| Poor menstrual hygiene | 12 | 13 |
| Prolonged use of birth control pills | 12 | 13 |
| Tobacco consumption | 5 | 5.4 |
| Don't know or other | 62 | 67.3 |

*Multiple response table

**Table - 6: Association of socio-demographic factors with the knowledge of cervical cancer screening**

| Socio-demographic | | Knowledge | | | | Total | Test value |
|---|---|---|---|---|---|---|---|
| | | Adequate | | Inadequate | | | |
| | | No. | % | No. | % | | |
| **Educational level** | Illiterate | 79 | 44.3 | 99 | 55.7 | 178 | $\chi^2 = 0.01$; df =1; p= 0.91 |
| | Literate | 37 | 45 | 45 | 54.0 | 82 | |
| | Total | 116 | | 144 | | 260 | |
| **Religion** | Hindu | 76 | 41.7 | 106 | 58.3 | 182 | $\chi^2 = 2.0$; df =1; p= 0.15 |
| | Islam & others | 40 | 51.3 | 38 | 48.7 | 78 | |
| | Total | 14 | | 206 | | 260 | |
| **Marital status** | Married | 110 | 44.1 | 139 | 55.8 | 249 | $\chi^2 4.8$; df =2; p= 0.87 |
| | Unmarried | 1 | 20 | 4 | 80 | 5 | |
| | Widow and separated | 5 | 83.3 | 1 | 16.7 | 6 | |
| | Total | 116 | | 144 | | 260 | |
| **Working status** | Homemaker | 109 | 44.6 | 135 | 55.4 | 244 | $\chi^2 = 9.7$; df =2; p= 0.86 |
| | Employed and others | 7 | 43.7 | 9 | 56.2 | 16 | |
| | Total | 116 | | 144 | | 260 | |
| **Socio-economic Status** | Upper middle | 0 | 0.0 | 13 | 100 | 13 | $\chi^2 4.8$; df =2; p= 0.87 |
| | Lower middle | 6 | 5.9 | 96 | 94.1 | 102 | |
| | Upper lower | 8 | 5.9 | 127 | 94.1 | 135 | |
| | Lower | 0 | 0.0 | 10 | 100 | 10 | |
| | Total | 14 | | 246 | | 260 | |
| **Age at marriage** | <20 | 6 | 3.9 | 149 | 96.1 | 155 | $\chi^2 = 6.2$f =2; p= 0.04 |
| | 20-24 | 5 | 6 | 79 | 94 | 84 | |
| | ≥25 | 3 | 18.8 | 13 | 81.2 | 16 | |
| | Total | 14 | | 241 | | 255 | |

*Fisher exact test

As shown in the table-9  very few (3.9%) study participants had adequate knowledge about cervical cancer screening among the age group of <20 years and 18.8% among the age group of 25 years and above. In religion 6.6% Hindu and 2.7% Muslims had adequate knowledge. While considering marital status 44.1% married participants had adequate knowledge and 20% among unmarried, 45% of the literate and 44.3% illiterate study participants had adequate knowledge. There was 43.7% cervical cancer screening knowledge in employed participants and 44.3% in homemakers among the total population. 5.9% of Participants belonging to both lower middle and upper lower socioeconomic classes showed of adequate knowledge of cervical cancer screening.

## Discussion

This study aimed to assess the knowledge, attitude and practice regarding cervical cancer among women living in the peri-urban area of Delhi. A total of 260 participants were included in the study.

## Socio-demographic of the study participants

The mean age of the study participants was found to be 30+9.5 years, with the majority (66.5%) belonging to the 21-30 age group. This aligns with a study conducted by Garg et al., which focused on two urban localities in New Delhi.[3]

In our study 32% of the participants were illiterate and majority (96%) of the study participants were married, which is similar to the findings of a survey conducted by Narayana G et al., in an Obstetrics and Gynecology Department of a secondary care referral hospital where they reported 51.8% study participants were illiterate and 89.1 were married in their study. In terms of employment, 93.8% of the study participants in our study were homemakers, while 5% were employed (12). These findings correlate with a facility-based cross-sectional study conducted by Bansal et al among 400 females of reproductive age in Bhopal. In terms of religion, most participants in this study were Hindus (70%), which is synchronizing with the religion followed by population of Delhi  where 80.21% of the population follows Hinduism (29).

## Knowledge about cervical cancer

In our study, we found adequate knowledge about cervical cancer among the participants was less than half (35.4%). This finding aligns with the results of a study by Garg et al., in which 40.1% of the study participants demonstrated good knowledge about cervical cancer.[3]. Similarly, a study conducted among women working in market areas in southern Ethiopia reported a knowledge rate of 43.1%. A study in Nigeria also revealed a similar finding, with an awareness rate of 35.4% (15).

The absence of population-based screening programmes, ineffective media campaigns, cultural barriers and taboos associated with sexual health are the main causes of the lack of awareness among population. These cultural barriers lead to women in India feeling hesitant to discuss diseases that affect their sexual organs.

When it comes to the participant's knowledge about the risk factors associated with cervical cancer, only a small percentage had awareness. A notable 67.3% had no knowledge about these risk factors. Specifically, 16.3% of the participants acknowledged that early age of sexual intercourse is a risk factor for cervical cancer, while 11.9% stated that having multiple sexual partners increases the risk. Moreover, 13% of the participants identified poor menstrual hygiene as a risk factor, and 5.4% acknowledged tobacco consumption as risk factor. Interestingly, only 1.1% of the participants recognized HPV infection as a risk factor.

These findings were similar with the study conducted by A. B. Bansal et al. at AIIMS Bhopal. In that study, 1.0% of respondents mentioned HPV infection, 16.5% recognized early age of intercourse, and 15% identified poor menstrual hygiene as risk factors for cervical cancer. Another study conducted by Tope Olubodun et al. among 305 women of reproductive age in Nigeria found that early age at first sex (3.6%), multiple sexual partners (2.0%), HPV infection (2.0%), and tobacco use (0.7%) were identified as risk factors of cervical cancer by the participants (29).

A significant portion of respondents showed lack of knowledge about the symptoms of cervical cancer. Among the symptoms of cervical cancer mentioned by the respondents, foul-smelling vaginal discharge was reported by 47%, vaginal bleeding after intercourse by 18.4%, and severe swelling in one or both legs and feet by 13%. Bleeding in between periods was identified by 9.6% of participants, while postmenopausal bleeding was mentioned by 5.4% participants as potential symptoms of cervical cancer.

Similar findings were noted in a study by Narayana et al., where bleeding after intercourse (20.6%) and severe swelling in one or both legs and feet (8.4%) were perceived as symptoms of cervical cancer. Comparable results were reported by Bansal et al. in their study conducted in Bhopal, were bleeding after intercourse (20.6%), severe swelling in one or both legs and feet (8.4%), and postmenopausal bleeding (4.7%) were recognized as symptoms of cervical cancer. Notably, a significant proportion (35.7%) remained unaware of these symptoms (25).

Conversely, a study conducted by Garg et al. in two urban localities of New Delhi found better knowledge among their participants. In their study, 65.48% were aware of inter menstrual bleeding, 63.19% knew about abnormal vaginal discharge, 62.09% recognized foul-smelling vaginal discharge, and 60.02% were aware of bleeding per vagina as common symptoms of cervical cancer [3].

The disparities observed in the outcomes of the studies concerning participants' knowledge about the risk factors and symptoms of cervical cancer can be attributed to a variety of factors. Firstly, many regions lack comprehensive education and awareness campaigns regarding cervical cancer. The participants' lack of awareness can be linked to restricted access to health-related information and low levels of health literacy. Additionally, cultural and societal elements influence the limited awareness of cervical cancer. Social taboos and stigmas surrounding discussions about sexual and reproductive health create barriers to open conversations, which in turn result in an inadequate understanding of risk factors such as early age of sexual intercourse, having multiple sexual partners, and HPV infection.

Moreover, inadequate sexual education programs and limited healthcare resources, particularly in economically disadvantaged settings, hinder individuals from receiving accurate information about cervical cancer. Socioeconomic disparities further exacerbate this situation, as individuals with lower socioeconomic status face obstacles in accessing both healthcare and educational opportunities, consequently affecting their knowledge about the disease. The variations in study populations and geographical locations contribute to the observed discrepancies in knowledge levels.

In essence, addressing these factors requires comprehensive educational initiatives and awareness campaigns, improved healthcare accessibility, and targeted interventions. It is imperative to enhance knowledge and comprehension of cervical cancer, its risk factors, and symptoms among the population.

**Knowledge, attitude and practice regarding cervical cancer screening:**

Turning to the domains of knowledge, attitude, and practice concerning cervical cancer screening, the findings underscore a glaring lack of awareness among the study participants. Merely 5.4% of the participants demonstrated knowledge about cervical cancer screening. In terms of attitude, 55.4% of the study participants held a positive perspective, while only 3.8% exhibited satisfactory practices with regards to cervical cancer screening.

Similarly, a study by Khanna et al. in the Varanasi district of Uttar Pradesh indicated that less than one-fourth of the study participants possessed sound knowledge (21.4%) regarding cervical cancer screening, and a meager 8.3% had undergone cervical cancer screening (23). A study conducted in Bhopal yielded similar outcomes concerning knowledge and practices related to cervical cancer screening (25).

According to a study by Heena et al., a majority of the participants lacked awareness about various methods of cervical cancer screening. With regard to attitudes and practices, only 3.8% of respondents agreed that they would undergo screening if it were free and harmless, and a mere 26.2% of participants had undergone pap smear testing (16).

In contrast, a study conducted by Aswathy et al. in a rural area of Kerala State revealed that only 5.8% of participants were able to specifically name the Pap test as the screening method. Additionally, a mere 6.9% of participants had adequate practices related to cervical cancer, and around 30% of women expressed a desire to undergo screening tests but had not done so due to various reasons (26).

**Association between socio-demographic with knowledge, attitude and practice regarding cervical cancer and its screening**

In our study, we discovered significant associations between socio-demographic characteristics and knowledge of cervical cancer. Notably, the age of marriage among study participants exhibited a significant association. Specifically, women who got married at an age older than 25 years displayed a noteworthy link with having adequate knowledge about cervical cancer. This suggests that women who marry at a later age might have increased exposure to healthcare centers, contributing to heightened awareness and knowledge concerning cervical cancer screening.

Moreover, socio-demographic characteristics exhibited significance in relation to attitudes and practices related to cervical cancer screening. Particularly, individuals from higher socioeconomic backgrounds demonstrated significant associations with positive attitudes and appropriate practices regarding cervical cancer screening. This association could be attributed to improved access to healthcare resources and education among those with higher socioeconomic status.

In terms of religion, the study identified that out of 12 Hindu participants only 7 had adequate knowledge whereas out of 2 Muslim all of them had adequate knowledge about cervical cancer screening (54.5%) as they have undergone it on advised by healthcare provider. However, the study did not elaborate on the underlying reasons for this finding. Concerning age and education, participants within the age group of 20-24 years and literate women were more likely to exhibit adequate attitudes and practices related to cervical cancer screening. These findings align with previous research conducted by Bansal et al., which reported similar results. The younger age group and higher education levels may indicate improved access to information and healthcare resources, consequently leading to heightened knowledge and positive attitudes towards cervical cancer screening (25).

These findings underscore the importance of considering socio-demographic factors when developing healthcare interventions and educational programs for cervical cancer screening. By tailoring interventions to target specific groups based on their socio-demographic characteristics, healthcare providers can effectively address knowledge gaps, improve attitudes, and promote appropriate practices related to cervical cancer screening. This approach can play a pivotal role in reducing disparities in cervical cancer prevention and enhancing overall health outcome.

**Declaration**

*Ethical approval:* *Ethical approval was obtained from the Institutional Ethics Committee of Hamdard Institute of Medical Sciences and Research before the start of the study.*

# References

1. Vyas PH, Dhadwe K, Shah HA, Dave HM, Shah AA. A community based study to determine incidence of cervical cancer and willingness of women to participate in cervical cancer screening program in Navsari, Gujarat, India. Int J Reprod Contracept Obstet Gynecol. 2019 Sep 26;8 (10): 3954.

2. Mehrotra R, Yadav K. Cervical Cancer: Formulation and Implementation of Govt of India Guidelines for Screening and Management. Indian J Gynecol Oncol. 2022 Mar; 20(1):4.

3. Garg P, Srivastava S, Shumayla S, Kurian K, Rehman A, Garg R, et al. Women's Knowledge on Cervical Cancer Risk Factors and Symptoms: A Cross Sectional Study from Urban India. Asian Pac J Cancer Prev. 2022 Mar 1; 23(3): 1083–90.

4. IARC Handbooks of Cancer Prevention [Internet]. Available from: https://publications.iarc.fr/604

5. Khanna D, Khargekar N, Budukh A. Knowledge, attitude, and practice about cervical cancer and its screening among community healthcare workers of Varanasi district, Uttar Pradesh, India. J Fam Med Prim Care. 2019; 8(5):1715.

6. Burd EM. Human Papilloma virus and Cervical Cancer. CLIN MICROBIOL REV. 2003;16.

7. Cervical cancer [Internet]. Available from: https://www.who.int/news-room/fact-sheets/detail/cervical-cancer\

> **Citation:** Saifi G, Gautam R, Moh. R, Arzu S., Bharti, H. Assessment of knowledge, attitude, practice regarding cervical cancer and its screening among women living in peri-urban area of South-East Delhi. Indian J Prev Soc Med, 2023; 54 (4): **175-183.**