

Influence of Educational Intervention on Knowledge, Attitude and Practice towards Carcinoma Cervix in Nursing Undergraduate Students

Mamatha BV¹, Kanchan Mahale^{2*}, Preeval Shreya Crasta³, Bhagyajyothi M Bhat⁴, Niranjan P Khadilkar⁵

¹Professor and Head, Department of Biochemistry, Kanachur Institute of Medical Sciences, Mangalore, Karnataka, India

²Associate Professor, Department of Microbiology, Kanachur Institute of Medical Sciences, Mangalore, Karnataka, India

³Assistant Professor and Statistician, Department of Community Medicine, Kanachur Institute of Medical Sciences, Mangalore, Karnataka, India

⁴Professor, Department of Biochemistry, Srinivas Institute of Medical Sciences, Mangalore, Karnataka, India

⁵Professor, Department of Pathology, Kanachur Institute of Medical Sciences, Mangalore, Karnataka, India

*Address for Correspondence: Dr. Kanchan Mahale, Associate Professor, Department of Microbiology, Kanachur Institute of Medical Sciences, Mangalore, Karnataka, India

E-mail: dr.kanchanmahale@kanachur.edu.in

Received: 27 Jan 2026/ Revised: 18 Mar 2026/ Accepted: 12 Apr 2026

ABSTRACT

Background: Cervical cancer is one of the leading causes of cancer-related morbidity and mortality among women worldwide. Although it is largely preventable through early screening and vaccination, inadequate awareness remains a major public health challenge. Nursing students, as future healthcare providers, play an important role in spreading awareness regarding the prevention and early detection of cervical cancer. Therefore, the present study was conducted to assess the knowledge, attitude, and practices (KAP) regarding carcinoma cervix among first-year nursing undergraduates and to evaluate the impact of an educational intervention on their KAP.

Methods: This interventional study was conducted among 84 first-year nursing students. A validated self-administered questionnaire assessing knowledge, attitude, and practices regarding cervical cancer was administered before and after an educational intervention. Data were analysed using SPSS version 28. The McNemar test and paired t-test were applied. A p-value <0.05 was considered statistically significant.

Results: Following the educational intervention, there was a statistically significant improvement in knowledge regarding cervical cancer, including its risk factors, symptoms, screening methods, and vaccination ($p < 0.05$). The mean knowledge score increased significantly from 9.20 ± 2.25 before intervention to 17.23 ± 3.59 after intervention ($p = 0.0001$). Although improvement was observed in attitude-related domains, the overall change in attitude was not statistically significant ($p = 0.067$).

Conclusion: Educational interventions significantly improve nursing students' knowledge of cervical cancer. However, sustained, repeated awareness programmes are required to achieve meaningful improvements in attitudes and practices related to cervical cancer prevention and screening.

Key-words: Cervical cancer, Educational intervention, Nursing students, Knowledge, Attitude, HPV, Pap smear

INTRODUCTION

Cervical cancer is a malignant neoplasm arising from the transformation zone of the cervix uteri.

Globally, cervical cancer is the 4th most common cancer among women, with approximately 660,000 new cases being diagnosed and 350,000 deaths reported in the year 2022^[1]. Cervical cancer can be significantly prevented, and it is curable if detected and treated early, as it progresses slowly from precancerous lesions to invasive disease.

A well-established cause of cervical cancer is persistent infection with high-risk human papillomavirus (HPV)^[2]. Despite the availability of effective preventive

How to cite this article

Mamatha BV, Mahale K, Crasta PS, Bhat BM, Khadilkar NP. Influence of Educational Intervention on Knowledge, Attitude and Practice towards Carcinoma Cervix in Nursing Undergraduate Students. SSR Inst Int J Life Sci., 2026; 12(3): 9886-9893.



Access this article online
<https://ijls.com/>

approaches such as HPV vaccination and screening methods like the Pap smear, cervical cancer continues to be detected late, especially in developing countries, due to poor knowledge, attitudes, and practices [2]. The World Health Organization has launched a global initiative to abolish this public health problem of cervical cancer by 2030 [1].

Early detection and preventive measures such as regular screenings and vaccination against HPV, are crucial in reducing the incidence and mortality associated with the disease.[3-5] Nurses being important healthcare professionals, play a vital role in educating women about preventive measures. Nursing students are our future healthcare providers, and they must acquire adequate knowledge and a positive mind-set towards prevention of cervical cancer.

However, their effectiveness in this role largely depends on their knowledge, attitudes and practices (KAP) regarding cervical cancer. Assessing their (KAP) is essential to identify gaps and implement targeted interventions.

This study aimed to assess nursing students' knowledge, attitudes, and practices regarding cervical cancer. By evaluating students' understanding of risk factors, the availability of screening methods and preventive measures, attitudes towards cervical cancer, and their engagement in relevant practices, this study sought to provide insights into the preparedness of nursing students to contribute to cervical cancer prevention and control. Furthermore, the study also evaluated the effect of an educational intervention on their knowledge, attitude, and practices regarding carcinoma cervix.

MATERIALS AND METHODS

Study Design and Participants- This interventional study was conducted among first-year undergraduate nursing students at Kanachur Nursing College. A total of 84 students who provided informed consent were included in the study. Participation was voluntary.

Inclusion and Exclusion Criteria- First-year undergraduate nursing students willing to participate were included in the study. Students who were absent on the day of study or unwilling to participate were excluded.

Study Tool- Data collection was done using a structured,

self-administered questionnaire consisting of:

- Knowledge section (12 items)
- Attitude section (11 items)
- Practice section (1 item)

The questionnaire was content-validated by two subject experts.

Data Collection Procedure- Written informed consent was obtained after explaining the purpose and objectives of the study. Following ethical committee approval (KIMS/IEC/FC009/2024-EC/NEW/INST/2023/3522 dated 29/11/24), a pre-test was conducted. Participants were seated separately to avoid discussion. A structured educational session on carcinoma cervix was delivered using a validated PowerPoint presentation by the co-investigator, followed by an interactive discussion. The same questionnaire was administered immediately after the intervention and post-test scores were obtained. Confidentiality was maintained throughout the study.

Statistical Analysis- Data were entered in Microsoft Excel and analysed using SPSS version 28. Qualitative variables were expressed as frequencies and percentages, while quantitative variables were expressed as means \pm SD. McNemar test, paired t-test, and Chi-square test were used for analysis. A p-value <0.05 was considered statistically significant.

RESULTS

Table 1 compares knowledge of cervical cancer among first-year nursing undergraduate students before and after the educational intervention. It includes awareness related to cervical cancer, availability of vaccination, Pap smear screening, risk factors, symptoms, screening methods, and HPV infection. A statistically significant improvement in knowledge was observed in most parameters following the intervention.

Table 2 presents the comparison of attitudes towards cervical cancer prevention and screening among nursing students before and after the educational intervention. It includes responses regarding screening availability, vaccination, awareness programmes, willingness to seek medical consultation, and readiness to spread awareness among family and friends. Improvement in several attitude-related components was observed following the intervention.

**Table 1:** Comparison of Knowledge Scores Before and After Educational Intervention (n = 84)

Questions	Response	Pre test (n=84)	Post test (n=84)	McNemar test statistic	p-value
Cervical cancer is life threatening	Yes	65(77.4)	77(91.7)	10.286	0.0001*
	No	19(22.6)	7(8.3)		
Cervical cancer is contagious	Yes	33(39.3)	76(90.5)	39.34	0.0001*
	No	51(60.7)	8(9.5)		
Cervical cancer can be detected at an early age	Yes	41(48.8)	82(97.6)	41.0	0.0001*
	No	43(51.2)	2(2.4)		
Vaccine against cervical cancer is available	Yes	24(28.6)	76(90.5)	45.06	0.0001*
	No	60(71.4)	8(9.5)		
Heard about Pap smear	Yes	7(8.3)	84(100.0)	-	-
	No	77(91.7)	0		
Pap smear test is invasive and painful (yes, in question 5)	Yes	3(42.9)	68(81.0)	0.33	0.564
	No	4(57.1)	16(19.0)		
Risk factor for cervical cancer					
Multiple sexual partners	Yes	24(28.6)	72(85.7)	44.30	0.0001*
	No	60(71.4)	12(14.3)		
Multiple pregnancies	Yes	13(15.5)	48(57.1)	25.0	0.0001*
	No	71(84.5)	36(42.9)		
Prolonged use of contraceptive pills	Yes	31(36.9)	45(53.6)	5.44	0.020*
	No	53(63.1)	39(46.4)		
Early age of sexual activity	Yes	8(9.5)	47(56.0)	35.372	0.0001*
	No	76(90.5)	37(44.0)		
Tobacco use	Yes	10(11.9)	48(57.1)	31.39	0.0001*
	No	74(88.1)	36(42.9)		
Poor menstrual hygiene	Yes	28(33.3)	1(1.2)	27.0	0.0001*
	No	56(66.7)	83(98.8)		
Common symptom of cervical cancer					
Foul smelling vaginal discharge	Yes	22(26.2)	43(51.2)	12.6	0.0001*
	no	62(73.8)	41(48.8)		
Lack of menstruation	Yes	27(32.1)	7(8.3)	15.38	0.0001*
	no	57(67.9)	77(91.7)		
Post menstruation bleeding	Yes	17(20.2)	54(64.3)	29.12	0.0001*
	no	67(79.8)	30(35.7)		
Inter menstrual bleeding	Yes	25(29.8)	50(59.5)	14.535	0.0001*
	no	59(70.2)	34(40.5)		
Weight gain	Yes	12(14.3)	1(1.2)	9.308	0.002*
	no	72(85.7)	83(98.8)		
Painful sexual intercourse	Yes	25(29.8)	41(48.8)	8.00	0.005*
	no	59(70.2)	43(51.2)		
Screening for cervical cancer in women above 40 years is done	Right answer	14(16.7)	69(82.1)	53.07	0.0001*
	Wrong answer	70(83.3)	15(17.9)		



Organism is associated with cervical cancer	Right answer	27(32.1)	78(92.9)	47.29	0.0001*
	Wrong answer	57(67.9)	6(7.1)		
The ideal screening test method for diagnosis of cervical cancer	Right answer	61(72.6)	74(88.1)	6.259	0.012*
	Wrong answer	23(27.4)	10(11.9)		
Age the vaccine for cervical cancer typically recommended	Right answer	4(4.8)	79(94.0)	73.05	0.0001*
	Wrong answer	80(95.2)	5(6.0)		

Note: n(%) is reported; Statistical test used: McNemar test; *p value <0.05 is considered statistically significant

Table 2: Comparison of Attitude towards Cervical Cancer Pre- and Post-Intervention (n = 84)

Attitude		Agree	Neutral	Disagree
Screening for cervical cancer should be available in rural areas	Pre test	45(53.6)	12(14.3)	27(32.1)
	Post test	67(79.8)	1(1.2)	16(19.0)
Screening test for cervical cancer is very expensive	Pre test	33(39.3)	29(34.5)	22(26.2)
	Post test	12(14.3)	9(10.7)	63(75.0)
Awareness programs about cervical cancer is useful	Pre test	80(95.2)	4(4.8)	0
	Post test	32(38.1)	11(13.1)	41(48.8)
Antibiotic can cure cervical cancer	Pre test	82(97.6)	2(2.4)	0
	Post test	18(21.4)	31(36.9)	35(41.7)
Use of barrier method of contraceptives can prevent cervical	Pre test	29(34.5)	25(29.8)	30(35.7)
	Post test	71(84.5)	5(6.0)	8(9.5)
I am willing to learn more about cancer cervix	Pre test	80(95.2)	2(2.4)	2(2.4)
	Post test	81(96.4)	1(1.2)	2(2.4)
I am ready to consult a doctor in case of bleeding between periods	Pre test	61(72.6)	8(9.5)	15(17.9)
	Post test	78(92.9)	3(3.6)	3(3.6)
I am ready to get evaluated if I come across any symptom	Pre test	17(20.5)	7(8.4)	59(71.1)
	Post test	71(84.5)	4(4.8)	9(10.7)
I am ready to be vaccinated in future	Pre test	66(78.6)	6(7.1)	12(14.3)
	Post test	78(92.9)	1(1.2)	5(6.0)

I am ready to spread awareness about cervical cancer among family members and friends	Pre test	72(85.7)	5(6.0)	7(8.3)
	Post test	82(98.8)	0	1(1.2)
Will convince your family members / friends for vaccination against cervical cancer?	Pre test	69(82.1)	7(8.3)	8(9.5)
	Post test	81(97.6)	0	2(2.4)

Table 3 presents the practice regarding cervical cancer vaccination among the study participants. It shows the distribution of students who had received vaccination against cervical cancer, those who had not been

vaccinated, and participants who were unaware of their vaccination status. The findings indicate low vaccination practice among the participants.

Table 3: Practice towards Cervical Cancer vaccination (n = 84)

Have you been vaccinated against cervical Cancer?	Yes	No	Don't know
	2(2.3)	70(83.4)	12(14.3)

Note: n(%) is reported;

Table 4 compares the mean knowledge and attitude scores of participants before and after the educational intervention. A significant increase in mean knowledge scores was observed following the intervention,

indicating improved awareness regarding cervical cancer. Although attitude scores showed slight improvement after the intervention, the overall change was not statistically significant.

Table 4: Comparison of Mean Knowledge and Attitude Scores

	Pre test (n=84)	Post test (n=84)	Mean difference	Paired test statistic	p-value
Knowledge score	9.202 ± 2.254	17.226 ± 3.588	8.00	-19.488	0.0001*
Attitude score	16.48 ± 2.91	16.69 ± 4.03	0.202	1278.5	0.067

Statistical test used: paired t test; *p-value <0.05 is considered statistically significant

DISCUSSION

The present study was designed to assess the influence of an educational intervention on knowledge, attitude, and awareness regarding carcinoma cervix among undergraduate nursing students. The findings reveal that the educational intervention had a significant positive impact on participants' knowledge, while changes in attitude were comparatively modest.

Findings are consistent with studies by several other authors, who also reported low baseline awareness and significant post-education improvement.^[6-9] Although attitude scores showed progress, statistical improvement was not achieved, suggesting that attitudinal change requires sustained reinforcement and repeated exposure.

At baseline, 77.4% of the students were conscious that cervical cancer is a life-threatening disease, which increased significantly to 91.7% following the intervention. Similarly, awareness that cervical cancer is non-contagious improved markedly from 39.3% to 90.5%. This improvement may be attributed to the fact that the participants were nursing students at a tertiary care teaching hospital, where they were exposed to patient care and medical information. These findings highlight the effectiveness of targeted educational sessions in improving awareness. Comparable observations were reported by a study, where only 38.7% of rural women were initially conscious of cervical cancer and fewer than 10% had knowledge of screening methods.^[6]



Knowledge regarding advanced detection of cervical cancer increased considerably from 48.8% to 97.6% following the intervention. Similarly, awareness of HPV vaccination availability increased from 28.6% to 90.5%. Baseline information about Pap smear screening was notably low (8.3%), but increased dramatically to 100% after the educational session. This low baseline awareness may be credited to the participants being first-year nursing students who had freshly commenced their training and had not yet received in-depth theoretical or clinical exposure.

The results of the present study are in harmony with those reported in an Ethiopian study, where 60.6% of participants had heard of cervical cancer [7], and in another study in Uttar Pradesh, where 62.8% of participants knew about the disease. [8] In contrast, a study in Tirupati reported much lower awareness levels in a rural population in Andhra Pradesh, where only 38.7% had heard of cervical cancer and just 9.4% knew of Pap smear screening. [6] These differences emphasize the role of education and healthcare exposure in determining awareness levels.

Knowledge regarding risk factors was inadequate at baseline, with fewer than 50% of participants correctly identifying important risk factors such as multiple sexual partners (28.6%), multiple pregnancies (15.5%), long-standing use of oral contraceptive pills (36.9%), and early age of sexual activity (9.5%). Although 88.1% correctly identified that tobacco use is not directly related to cervical cancer, overall understanding of risk factors was limited. Post-intervention, familiarity regarding these risk factors improved significantly ($p < 0.05$), underscoring the importance of early educational interventions in young women.

Awareness of standard symptoms of cervical cancer was also low before intervention. Only 26.2% identified malodorous vaginal discharge, 20.2% post-menstrual bleeding, 29.8% inter-menstrual bleeding, and 29.8% painful sexual intercourse as symptoms. Following the educational session, symptom recognition improved significantly. Many participants perfectly identified that lack of menstruation (67.9%) and weight gain (85.7%) are not symptoms of cervical cancer, reflecting partial baseline knowledge.

Before the intervention, there was limited knowledge regarding Pap smear screening and HPV vaccination. Similar results were reported in two studies, in which

52% and 99.2% of women, respectively, lacked information about Pap smear testing or HPV vaccination. [8,9] Post-intervention improvements in the current study align with the findings of a cross-sectional prospective study, which observed that only 32.7% of women had adequate knowledge of Pap smear testing before counseling. [10]

Knowledge regarding screening guidelines and vaccination schedules was particularly poor at baseline. Only 16.7% of students knew the recommended interval for screening women above 40 years, 32.1% were conscious of HPV as the causative organism, and merely 4.8% knew the recommended age for HPV vaccination. Following the intervention, these values increased to 82.1%, 92.9%, and 94.0%, respectively, with all changes being statistically significant ($p < 0.05$). These findings indicate that while students had some basic awareness, detailed knowledge of prevention and vaccination was lacking and could be effectively addressed through education.

Overall, the post-intervention improvement in knowledge scores highlights the effectiveness of planned educational sessions in bridging knowledge gaps. Similar observations were reported in a study, who noted that although 78.8% of women knew about the mortality associated with cancer cervix, only 48% were aware of screening facilities, demonstrating a gap between awareness and access to preventive services. [8]

Regarding attitudes, participants generally demonstrated positive insight into cervical cancer prevention. The agreement that screening should be available in rural areas increased from 53.6% to 79.8%. The belief that cervical cancer screening is expensive declined, indicating improved perceptions regarding affordability. A major misconception—that antibiotics can cure cervical cancer—was held by 97.6% of participants at baseline, which decreased to 21.4% after the intervention, reflecting improved understanding.

Positive behavioural intentions also increased significantly. Willingness to use barrier contraceptive methods, consult a doctor for abnormal bleeding, receive HPV vaccination, and encourage family and friends to undergo vaccination all improved post-intervention. However, an unexpected decline was observed in the perceived usefulness of awareness programs, with agreement decreasing from 95.2% to



38.1%. This may be credited to sociocultural perceptions regarding public receptiveness to awareness campaigns. Notably, willingness to seek medical evaluation when symptoms occur increased markedly from 20.5% to 84.5%, indicating a substantial shift toward proactive health-seeking conduct. Although most participants (83.4%) had not been vaccinated against HPV, their willingness to receive vaccination and promote awareness increased after the intervention.

Despite significant improvements in knowledge scores (from 9.20 ± 2.25 to 17.23 ± 3.59 ; $p = 0.0001$), the overall attitude score failed to show a statistically significant change ($p = 0.067$). This particular finding is in accordance with some studies, which suggest that while didactic interventions rapidly enhance knowledge, attitudinal changes require sustained and repeated reinforcement^[11-13]

Misconceptions—such as the conviction that antibiotics can cure cervical cancer—were substantially corrected after intervention. Willingness to undergo vaccination, consult healthcare providers, and promote awareness increased significantly, indicating positive behavioural intent.

Overall, the study demonstrates that controlled educational interventions are highly effective in improving knowledge related to cervical cancer among nursing students and moderately effective in influencing attitudes. Integrating repeated and reinforced educational strategies into undergraduate nursing curricula may help translate improved knowledge into sustained positive attitudes and preventive practices. Attitudes are shaped by emotional, cultural, and belief-based factors and may evolve gradually over time.

Incidentally, a study conducted by Asha workers of the Department of Health and Family Welfare, Government of Karnataka, under the Home Health Scheme, revealed some startling results. Out of 16.7 lakh women tested for cancer cervix over a period of 6 months, 11,998 women had shown probable signs of cancer cervix which was confirmed in 1658 women. As per WHO, Dakshina Kannada district has the highest number of cancer cervix cases as compared to the neighbouring districts. This makes it imperative for the health professionals to spread awareness of cancer cervix and advise the general population to take preventive measures such as HPV vaccination, which will help to lower the incidence of cancer cervix.^[14]

LIMITATIONS

Sample size was small, and only first-year nursing students were considered. We could not gauge the practice as the study participants were very young.

CONCLUSIONS

The present study demonstrated that an educational intervention had a significant positive impact on knowledge of carcinoma cervix among first-year undergraduate nursing students. Awareness related to risk factors, symptoms, Pap smear screening, HPV infection, and vaccination improved considerably following the intervention. Although favourable changes were observed in several attitude-related domains, the overall improvement in attitude scores was not statistically significant. The findings indicate that while short-term educational sessions are effective in improving knowledge, sustained and repeated reinforcement may be necessary to achieve meaningful attitudinal and behavioural changes. As nursing students are future healthcare providers, improving their awareness regarding cervical cancer prevention is essential for promoting community education and early detection practices. Incorporating structured educational programmes into the nursing curriculum may strengthen preventive healthcare practices and help reduce the burden of cervical cancer in the community.

CONTRIBUTION OF AUTHORS

Research concept- Kanchan Mahale, Preeval Shreya Crasta

Research design- Kanchan Mahale, Preeval Shreya Crasta

Supervision- Mamatha BV, Bhagyajyothi M Bhat, Niranjana P Khadilkar

Materials- Kanchan Mahale, Preeval Shreya Crasta

Data collection- Kanchan Mahale, Preeval Shreya Crasta

Data analysis and interpretation- Mamatha BV, Niranjana P Khadilkar

Literature search- Kanchan Mahale, Preeval Shreya Crasta

Writing article- Kanchan Mahale, Preeval Shreya Crasta

Critical review- Bhagyajyothi M Bhat, Niranjana P Khadilkar

Article editing- Kanchan Mahale, Preeval Shreya Crasta

Final approval- Mamatha BV, Bhagyajyothi M Bhat

REFERENCES

- [1] Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.*, 2024; 74(3): 229-63.
- [2] Narayana G, JyothiSuchitra M, Sunanda G, DasarathaRamaiah J, Kumar BK, et al. Knowledge, attitude, and practice toward cervical cancer among women attending Obstetrics and Gynecology Department: A cross-sectional hospital-based survey in South India. *Indian J Cancer*, 2017; 54(2): 481-87.
- [3] Lintao RCV, Cando LFT, Perias GAS, Tantengco OAG, Tabios IKB, et al. Current status of human papillomavirus infection and cervical cancer in the Philippines. *Front Med.*, 2022; 9: 929062.
- [4] 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 Family Med Prim Care*, 2019; 8: 1715-19.
- [5] Gupta RK, Singh P, Langer B, Kumari R, Sharma P, et al. Cervical cancer: A hospital-based KAP study among women aged 18 years and above in Northern India. *Int J Community Med Public Health*, 2019; 6: 1628-33.
- [6] Prathyusha TVD, Chandrasekhar V, Kondagunta N. Knowledge on risk factors and screening methods of cervical cancer among women in Chittoor district. *J Cardiovasc Dis Res.*, 2023; 14: 1-6.
- [7] Tadesse A, Segni MT, Demissie HF. Knowledge, attitude, and practice toward cervical cancer screening among Adama Science and Technology University female students, Ethiopia. *Int J Breast Cancer*, 2022; 2022: 2490327.
- [8] Singh D. Community awareness and knowledge of cervical cancer screening and human papilloma virus vaccination among women at tertiary care centre. *Int J Reprod Contracept Obstet Gynecol.*, 2023; 12(1): 1-6.
- [9] Banik S, Sahu DP, Bhattacharjya H. Knowledge and practice regarding cervical cancer prevention among women in a rural area of Tripura, India. *Int J Community Med Public Health*, 2022; 9(2): 763-66.
- [10] Singh M, Ranjan R, Das B, Gupta K. Knowledge, attitude and practice of cervical cancer screening in women visiting a tertiary care hospital of Delhi. *Indian J Cancer*, 2014; 51(3): 319-23.
- [11] Bansal AB, Pakhare AP, Kapoor N, Mehrotra R, Kokane AM. Knowledge, attitude, and practices related to cervical cancer among adult women: A hospital-based cross-sectional study. *J Nat Sci Biol Med.*, 2015; 6(2): 324-28.
- [12] Dani A, Pusdekar Y, Deshmukh V. Cervical cancer awareness and its correlates among young females at a tertiary care center: A cross-sectional study. *NeuroQuantol.*, 2023; 20: 1849-56.
- [13] 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 Family Med Prim Care*, 2019; 8(5): 1715-19.
- [14] Team Udayavani. Cancer cases rise in Dakshina Kannada; 13,322 cases detected in one year. Udayavani. 2026 Mar 28. Available from: <https://udayavani.com/karnataka/cancer-cases-rise-in-dakshina-kannada-13322-cases-detected-in-one-year-670420?lang=en>.

Open Access Policy:

Authors/Contributors are responsible for originality, contents, correct references, and ethical issues. SSR-IJLS publishes all articles under Creative Commons Attribution- Non-Commercial 4.0 International License (CC BY-NC). <https://creativecommons.org/licenses/by-nc/4.0/legalcode>

