KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) ON CERVICAL CANCER SCREENING AND RELATED CHALLENGES: A PRIMARY STUDY USING A SEMI-STRUCTURED QUESTIONNAIRE (CROSS-SECTIONAL COMPARATIVE KAP STUDY)

Internship Report

Submitted to

The IIHMR University, Jaipur

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in

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by

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Internship Report

Introduction

This report outlines and presents the objectives of the internship, provides an organizational profile of IIHMR University, Jaipur, provides the details of the services provided by the organization (University) and also describes the timeline of activities I had done during this tenure. Finally, the key learnings are listed based on 3 broad areas (Research Process and Methodology, Public Health Systems and Policy Learnings, and Topic-Focused Learnings on Cervical Cancer Screening).

Objectives

The primary objective of this internship (dissertation) was to systematically study and evaluate the **Knowledge, Attitude, and Practice (KAP) related to cervical cancer and its screening among women**, using a structured, quantitative research approach. This was undertaken with the aim of generating insights that could inform policy recommendations, improve health communication strategies, and strengthen cervical cancer screening programs in alignment with public health goals.

From a **health and hospital management perspective**, the objective also extended to developing a deeper understanding of the real-world challenges and gaps in the implementation of preventive healthcare services, particularly in resource-constrained settings. This study sought to highlight how socio-demographic variables, access issues, behavioral perceptions, and system-level barriers influence service utilization — all of which are central to effective hospital and program management.

In **general terms**, the work aimed to:

- Apply evidence-based research methodology to assess a public health issue of national importance.
- Gain hands-on experience in data collection, statistical analysis (using SPSS), and interpretation of results in a structured research framework.

- Understand the role of operational research in planning, monitoring, and evaluating healthcare programs.
- Strengthen skills in survey design, sample size estimation, data visualization, and research reporting — essential competencies for future healthcare administrators.

In **topic-specific terms**, the work aimed to:

- Measure the current levels of awareness and perceptions about cervical cancer among women aged 18 and above.
- Explore barriers to cervical cancer screening uptake despite high awareness or positive attitudes.
- Identify socio-demographic and behavioral predictors of screening practices using statistical tests.
- Recommend actionable interventions to improve cervical cancer awareness, reduce attitudinal and cultural barriers, and promote screening and HPV vaccination in the community.

Ultimately, the study served as a practical application of academic learning to a real public health concern, enabling the integration of **research, healthcare planning, and population-based insights** — all essential for effective management in hospitals and health systems.

Organizational Profile

The genesis of the IIHMR University, Jaipur dates back to October 05, 1984, when its sponsoring body, the Indian Institute of Health Management Research (IIHMR) was established and registered as a non-profit Society under the Rajasthan Societies Registration Act, 1958. IIHMR University, Jaipur, has been established and incorporated as a postgraduate research University by the Government of Rajasthan vide the IIHMR University Ordinance, 2013 (Ordinance No. 30 of 2013) promulgated on September 27, 2013, by the Governor, which was replaced by the IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) passed by the State Legislature on February 07, 2014. The IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) received the assent of the Governor on February 25, 2014, and was notified in the Rajasthan Gazette Extraordinary on February 26, 2014. It has been deemed to have come into force on and from September 27, 2013.

Vision

To become a world-class higher education institution by promoting education and research for the betterment of society.

Mission

IIHMR University is dedicated to the improvement in standards of health through better management of health care and related Programs. It seeks to accomplish this through management education, research, training, consultation, and institutional networking in a national and global perspective.

As defined in Section 4 of the IIHMR University, Jaipur Act, 2014, the objects of the University shall be to undertake only postgraduate education and research in the disciplines specified in Schedule II and such other disciplines as the University may with prior approval of the State Government, determine from time to time and to achieve excellence and impart and disseminate knowledge in the said disciplines.

The disciplines in which the University shall undertake post-graduate study and research are: Objectives of the University 1. Public Health 2. Health and Hospital Management 3. Population and Reproductive Health 4. Nursing Management 5. Pharmaceutical Management 6. Rural Management 7. Health Economics and Finance 8. Urban Health 9. Nutrition and Health 10. Health Communication 11. Social and Behavioral Sciences 12. Environmental Health 13. Information Technology in Health Sector 14. NGO Management and Entrepreneurship 15. General and Human Resource Management 16. Health Research Ethics

Services Provided by Organization

The University has five Schools:

- Institute of Health Management Research
- School of Pharmaceutical Management
- School of Development Studies
- SD Gupta School of Public Health
- School of Digital Health

IIHMR University has a multi-disciplinary faculty team that is extensively engaged in academics, research, training, consultancy, partnerships, and collaborations. IIHMR University offers the following postgraduate programs: MBA (Hospital and Health Management), MBA (Pharmaceutical Management), MBA (Healthcare Analytics) and MBA (Development Management). The Johns Hopkins Bloomberg School of Public Health, USA, offers an MPH program in cooperation with IIHMR University, Jaipur.

IIHMR University offers an MPH (Implementation Science) program under the WHO-TDR postgraduate training scheme. IIHMR University offers Ph.D. programs in public health, health management, hospital management, digital health, and development studies. IIHMR University has significantly contributed to the Executive Development and Management Development Programs by consistently engaging in EDPs/MDPs for national and international participants. Participants from more than 40 countries benefitted from the EDPs/MDPs. IIHMR University offers the following executive programs: MPH (Executive), MHA (Executive), MBA (CSR & ESG Management) (Executive), MBA Sustainable Business Management (Executive), MBA Pharmaceutical Management (Executive).

Student diversity at IIHMR University reflects the institution's commitment to providing a holistic and inclusive learning environment. This diversity, spanning geography, culture, academic backgrounds, gender, career aspirations, age, and experience, is a testament to the University's dedication to preparing future healthcare leaders who are well-rounded, culturally sensitive, and equipped to address the complex challenges of the healthcare sector on a global scale. It contributes to a vibrant, intellectually stimulating campus life that prepares students for successful healthcare management and research careers.

Activities done during this time

Started the study by initially preparing a Synopsis related to my dissertation in 1st week. The title being “Knowledge, Attitude and Practice (KAP) on Cervical Cancer Screening and Related Challenges: A Primary Study Using a Semi-Structured Questionnaire (Cross-sectional comparative KAP Study)”. The synopsis was developed by consulting my faculty mentor and after thorough literature review regarding the research problem.

The synopsis included the proposed Title of dissertation along with the sub-topics as was mentioned in the guidelines. It included the title, introduction, research question, objectives,

methodology, data analysis plan, ethical considerations, and implication of the research, along with the appropriate references. A tentative chapter plan was also developed along with the initial synopsis.

The topic was finalized based on the suggestion from the faculty mentor and then revised synopsis was prepared with further details in 2nd week. Along with this a work plan was developed and progress was frequently communicated with the mentor.

In the third week (3rd), questionnaire was developed after going through the available literature. The questions were adopted from the previous studies (5 studies). It was also approved by the faculty mentor.

All the major modifications and changes related to the study was done in the next week (4th) so that the data collection phase went smoothly. Suggestions and help were taken from other faculties too in this period. The Google form was also prepared during this week.

In the following 2 weeks (5th and 6th week), data collection was done from female participants. Precise data was collected keeping in mind the ethical considerations and usage of data for further analysis. Informed consent was taken and transparent communication was done with all the participants.

The next 2 weeks (7th and 8th) was utilized for data analysis part of the study. This part involved encoding the data to SPSS, reading about various analytical aspects and concepts and also doing the analysis. Frequency tables were prepared, reliability analysis, correlation analysis was done, among others.

Interpretation related to the obtained results and also comparison with the previous studies was done in the 9th week of the dissertation. This was followed by the drafting of the discussion and conclusion related to the study in the 10th week. All along these weeks, literature review was done to stay relevant to the study.

The final phase of the dissertation (11th and 12th) week was utilized to complete the drafting of the dissertation report along with the preparation for defending the dissertation.

Key Learnings from Internship

A. Research Process and Methodology

1. **Designing a Cross-sectional Study**: Learned how to plan and execute a cross-sectional survey using a structured questionnaire for assessing Knowledge, Attitude, and Practice (KAP) in a population.
2. **Sample Size Estimation**: Understood the use of prevalence-based sample size formulas and adjustment for non-response rates, which is essential in public health research.
3. **Online Data Collection Techniques**: Gained experience using Google Forms and digital dissemination methods (e.g., snowball sampling via social media) to reach diverse respondents efficiently.
4. **Application of Statistical Tools**: Learned to apply statistical analyses using SPSS such as Chi-square, t-tests, logistic regression, and correlation.
5. **Importance of Reliability Testing**: Understood the role of Cronbach's Alpha in validating internal consistency of Likert-scale instruments, which strengthens the quality of attitude measurement.
6. **Data Cleaning and Variable Coding**: Developed practical skills in preparing datasets for analysis, including cleaning, recoding variables, and computing scores (e.g., knowledge and attitude scores).
7. **Limitations of Self-reported Data**: Recognized the limitations of relying on self-reported information, including recall bias and social desirability bias, especially in sensitive topics like cancer screening.
8. **Ethical Conduct in Research**: Gained appreciation for ethical practices such as informed consent, confidentiality, voluntary participation, and IRB compliance.

B. Public Health Systems and Policy Learnings

10. **Gap between Guidelines and Implementation**: Despite national screening guidelines, the actual uptake of screening remains critically low, indicating the implementation gap in public health systems.

11. **Health System Barriers**: Identified how lack of service availability, insufficient health worker training, and limited outreach contribute to poor cervical cancer screening rates.
12. **Importance of Community Health Workers**: Understood the potential role of ASHAs, ANMs, and other community-level workers in mobilizing women for awareness and screening services.
13. **Need for Targeted IEC Campaigns**: Realized that customized Information, Education and Communication (IEC) campaigns tailored to literacy levels and cultural sensitivities are essential.
14. **Use of Alternative Screening Tools**: VIA (Visual Inspection with Acetic Acid) and other low-cost, simple methods are highly suitable for mass screening in low-resource settings.
15. **Vaccine Awareness Gaps**: Found that HPV vaccination awareness and coverage are extremely low, even when attitudes towards vaccination are favorable—highlighting missed opportunities for prevention.

C. Topic-Focused Learnings on Cervical Cancer Screening

16. **Knowledge–Practice Gap**: One of the most striking learnings was that having knowledge or a positive attitude does not always translate into actual screening behavior.
17. **Sociocultural Barriers to Screening**: Cultural notions of modesty, fear, stigma, and lack of family/spousal support emerged as major barriers to screening uptake.
18. **Influence of Education**: Literacy and educational attainment showed strong correlations with knowledge and attitude, reinforcing the need to integrate health education with formal education.
19. **Misconceptions about Symptoms**: Many women believed screening is only necessary when symptoms appear, underlining the need to reframe cervical cancer as a preventable disease through early detection.
20. **Role of Media and Informal Sources**: Friends, relatives, and media are primary sources of information for most women—highlighting a gap in formal health education dissemination.

21. **Urban–Rural Disparities**: The study and literature review together highlighted the consistent disparities in awareness and access to screening services between urban and rural populations.
22. **Research Contribution to Local Context**: The project added valuable insights to the limited data on cervical cancer awareness and screening among general female populations using digital tools.
23. **Potential for Digital Health Tools**: Observed the potential of online surveys and digital outreach in gathering health data and disseminating awareness in resource-constrained settings.
24. **Need for Policy-Program Synchrony**: There is a mismatch between existing government programs and their actual awareness or visibility among women, suggesting the need for better integration and monitoring.