



## **To assess the knowledge, attitude regarding cancer cervix and barrier for Pap smear test among women in community area at Cuddalore**

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### **Abstract**

Cervical cancer is the second most prevalent cause of death for women worldwide, according to a WHO report, with an estimated 570,000 women receiving a diagnosis in 2018. Cervical cancer is a condition that can be prevented, but it requires early detection and primary action to stop the development of carcinogens and stop the proliferation of cancer cells.

**Objectives:** 1. To assess the level of knowledge and attitude regarding cancer cervix among women. 2. To assess the barrier of pap smear test among women. 3. To assess the co relation between knowledge and attitude. 4. To associate level of knowledge, attitudes on cervical cancer with demographic variables.

**Methods:** Quantitative research design was used. A total of 100 womens in selected community area at Cuddalore by selected non-convenience sampling technique. The investigator collected data using interview technique. The knowledge of cancer cervix was assessed using questionnaire -24 items. Attitude of cancer cervix was measured by 5 points Likert scale. Barrier for Pap smear test was assessed using check list (15 items). The data was analysed by descriptive and inferential statistics.

**Result:** Among all the samples, it was find out 76(76%) had inadequate knowledge, 23(23%) had moderately adequate knowledge and 1(1%) had adequate knowledge regarding on cancer cervix. and 71(71%) had unfavourable attitude, 26(26%) had moderately favourable, 3(3%) had favourable attitude regarding cancer cervix. The level of barrier is resulted as 82% had low level, 17% had moderate level and 1% had high level of barrier on Pap smear among women. The mean score of knowledge was  $10.47 \pm 3.24$  and the mean score of attitude was  $33.26 \pm 11.09$ . The correlation between the level of knowledge and attitude regarding cancer cervix is calculated by Karl Pearson's Correlation value of  $r=0.490$  showed a positive correlation which was found to be statistically significant at  $p<0.001$  level. This clearly infers that when the knowledge regarding cancer cervix among women increases their attitude level also increases. \*\*\* $p<0.001$ , S-Significant.

**Keywords:** Cancer cervix, barrier, pap smear test.

### **Introduction**

#### **“Prevention is better than cure”**

Cancer cervix is the most common second leading cause of death among women globally, according to a WHO report. An estimated 570,000 women were diagnosed with cancer cervix in 2018, with most of cases occurring in women aged 35 to 50. Cancer cervix is the fourth most frequent cancer among women in the world, according to global data. Although cancer cervix is a preventable disease early detection and primary care are required to combat carcinogen dissemination and cancer cell metastasis. In India, about 2.5 million individuals are estimated to be living with cancer, with over 8, 00, 000 new cases and 5, 50, 000 deaths per year. We've made enormous progress in our understanding the most fundamental of diseases over the last fifty years, with new discoveries appearing almost weekly. According to a trend study of cancer incidence data from 1975 to 2008, the total occurrence of cancer is increasing among females. Females are more likely to get cervical and breast cancer. Cancer cervix is a dreadful disease that affects women all over the world. Every year,

about 500,000 women are diagnosed with the disease, with over 270,000 dying. Cancer cervix is the second most common cancer in women. In underdeveloped countries, where 80 percent of cases and deaths occur, cancer of the cervix is the primary cause of female cancer deaths. Unfortunately, this problem occurs in young ladies. Many cancer cervix sufferers die in their early 40s, while still working and raising children. Over the last 50 years, several affluent countries had success in lowering cancer cervix rates by routinely screening women with Pap smear testing. Despite this progress, most of the women continue to be affected by cancer cervix and die as result of it, particularly in countries with well-established screening programmes.

### **Background of the study**

Cancer cervix is most of the deadliest widespread disease among women in the recent centuries, although there is an effective method available for the early detection of cancer of cervix called “pap smear”. It can be considered as the best contribution for women in early detection, but still a large group of women do not emphasize on the importance

of this screening due to various reasons and the result is panicking as there is an estimation of 19.3 million new cancer cases arising every year globally. In Finland, over the 2.23 million women are at risk of acquiring cancer cervix. Current estimates indicating that out of 164 people diagnosed with disease each year, 81 die as a result (WHO 2002). In south India women had low awareness of the Pap smear 84.60%, moderate knowledge 10.30%, and good knowledge 5.10%.

### **Need for the study**

The epidemiological trend of cervical cancer is changing, with a shift in incidence toward younger age groups. As a result, Cancer cervix is the most common cause of mortality among women of reproductive age. The most common site of cancer in Indian women is the uterine cervix, especially among multiparous women and women from low socioeconomic backgrounds. A total of 366.58 million women are at risk of cancer cervix in India. Every year, 134420 women are diagnosed with cancer cervix, with 72825 women are die. Cancer cervix is the most common disease among women in India, and most of the cancer occur in aged between 15 to 44 among women. To investigate the prevalence of perceived morbidity and its validity, a cross-sectional study was conducted among 435 women who attended cancer cervix awareness camps. Most of the ladies are reproductive age (15-44 years) and uneducated (95.7%) (64.45%). Cervical erosion (22%), cervicitis (13.1%), vaginitis (8.4%), and Cervical hypertrophy (7.9%) were all discovered in the study, implying that there is a link between high parity and cervical cancer. The study recommended that women should be screened for cancer cervix at regular intervals through a community camp technique. The Human Papilloma Virus, which is spread through sexual contact, causes cancer of the cervix. The papillomavirus, which infects and causes cancer in females, is almost always carried by the male. Despite the virus's perils, both men and women are typically unaware of the virus's existence and the threats it brings. Cancer cervix is the cancer arising in cervix caused due to Human papilloma virus, early screening is the best choice for preventing the prognosis of disease, this study is to assess the knowledge, attitude, regarding cancer cervix and barrier for pap smear test among women in selected area. Only a few studies on cervical cancer knowledge and attitudes among women have been published, according to the researchers. As a result, the investigator decided to undertake a study on cervical cancer knowledge and attitudes. Women are now the most significant role in the overall development of the family. As a result of the findings, a pamphlet will be circulated to raise awareness of the pap smear test, which will be used to prevent cancer cervix in women.

### **Research Hypothesis**

**H1:** There will be significant correlation between level of knowledge and attitude regarding cancer cervix among women at  $p < 0.05$  level.

**H2:** There will be significant association between level of knowledge and attitude regarding cancer cervix among women with their selected demographic variables at  $p < 0.05$  level.

### **Aim of the study**

To assess knowledge, attitude regarding cancer cervix and the barrier for pap smear test among women.

### **Delimitation**

The study is delimited to setting of study and data collection procedure.

### **Research approach**

A descriptive survey approach was adopted to assess the knowledge, attitude Regarding cancer cervix and barrier for Pap smear test among women community area in Cuddalore.

### **Research design**

The research design selected to assess the knowledge, attitude Regarding cancer cervix and barrier for Pap smear test this study was quantitative design.

### **Setting of the study**

The Selection of setting was done based on feasibility of conducting the study, availability of the subjects and permission from authorities. The study was conducted in the Sandror palayam village at Cuddalore. Total population was 5337 of which 2647 are males while 2690 are females as per population census in 2011.

### **Population**

#### **Target Population**

Women between 30 to 50 years.

#### **Accessible Population**

Women between 30 to 50 years in community area at cuddler.

### **Sample**

Women between 30 to 50 years who met the inclusion criteria.

### **Sample Size**

The sample size for this study was 100 women between 30 to 50 years.

### **Sampling technique**

Nonprobability convenience sample technique.

### **Development of the tool**

The following literature review and discussion with experts the investigator prepared tool. The investigator used an interview schedule for assessing the knowledge, attitude regarding cancer cervix and barrier for pap smear test among women selected aspects and to collect background factor.

### **Instrument**

#### **Description of the tool**

##### **Section A- Demographic variables of women's**

Demographic data consists of Age, Religion, Education of women, Occupation, Monthly income of the family, Type of marriage, Age at menarche, Source for information.

**Section B-Question**

The questionnaire to assess the knowledge on cancer cervix. It consists of 24 questionnaires. Causes of cervical cancer, sign and symptoms, diagnosis, treatment, lifestyle modification.

**Section C-5 points Likert's scale**

The 5points Likert's scale to assess the attitude of cervical cancer

It consists of 15 questions

**Section D -Check list**

Check list to assess the barrier for Pap smear test. Is consist of 15 questions

Yes, is scored one

No is scored zero

The Percentage of each barrier is calculated.

**Ethical clearance**

The ethical consideration was obtained from the Institutional Ethical Committee of A.C. S medical college and hospital Velappanchavadi, (No.309/2021/IEC/ACSMCH Dt.10.08.2021). Informed consent was obtained from the study participant, confidentially was maintained throughout the study.

**Pilot study report**

The pilot study was conducted with 10% of the total sample size. Participants who met the eligible criteria were selected by Nonprobability convenience sampling Technique. The purpose of the study was explained, and written consent was obtained from each participant. Pilot Study was conducted on 8.11.2021 with 10 women's at Cuddalore village. The Questionnaires consist of 24 items, and 5 points Likert's scale with 14 demographic variables check list consist of 15 questions were used to collect the data. On the basis of the pilot study tool was found feasible, and so the investigator can able to proceed to the final study using the same tool.

**Data collection procedure**

Data collection period was 12.11.2021 to 12.12.21. Each day 5 to 8 samples were selected, and data was collected regarding demographic variables, the level knowledge regarding cancer cervix by questionnaire 24 items and barrier for Pap smear test by check list with interview method among women. Total sample size was 100. The purpose of the study was explained to every sample, to get their full co-operation. Adequate privacy was provided. At the end of my study leaflet were given women to improve their knowledge.

**Results**

**Table 1:** Frequency and percentage distribution of demographic variables of women. N =100

Demographic Variables	Frequency	Percentage
<b>Age</b>		
20 – 30 years	1	1.0
31 – 40 years	40	40.0
41 – 50 years	59	59.0
<b>Marital status</b>		
Married	73	73.0
Widow	27	27.0
<b>Religion</b>		
Hindu	89	89.0
Christian	11	11.0
<b>Educational status</b>		
Primary	36	36.0
High school	26	26.0
Higher secondary	29	29.0
Degree	9	9.0
<b>Age at menarche</b>		
10-12 years	7	7.0
13-15 years	60	60.0
Above 15 years	33	33.0
<b>Age at marriage</b>		
10-12 years	6	6.0
13-18 years	12	12.0
19-23 years	25	25.0
Above 23 years	57	57.0
<b>Type of marriage</b>		
Consanguineous	49	49.0
Non-consanguineous	51	51.0
<b>Income</b>		
Below poverty line (less than 50,000/annum)	57	57.0
Above poverty line (50,000 and above/annum)	43	43.0
<b>Occupation</b>		
Moderate	65	65.0
Sedentary	6	6.0

Mode of delivery		
Vaginal delivery	69	69.0
Caesarean delivery	31	31.0
Family history of cancer, if yes who		
Yes	6	6.0
No	94	94.0
No. of children		
1	2	2.0
2	69	69.0
3 and above	29	29.0
Locality		
Rural	100	100.0
Source of information for cervical cancer and pap smear		
Media (TV / Newspaper)	40	40.0
Books	4	4.0
Doctors and health care provider	2	2.0
Family members and friends	54	54.0

The table 1 depicts that most of the women 59(59%) were aged between 41-50 years, 73(73%) were married, 89(89%) were Hindus, 36(36%) had primary education, 60(60%) were aged between 13-15 years at the time of menarche, 57(57%) were aged 23 years at the time of marriage, 51(51%) had non-consanguineous marriage, 57(57%) were below poverty line (less than 50,000/annum), 65(65%) were doing moderate occupation, 69(69%) had vaginal delivery, 94(94%) had no family history of cancer, 69(69%) had 2 children, 100(100%) were residing in rural locality and 54(54%) had family members and friends as source of information for cervical cancer and pap smear test.

**Table 2:** Frequency and percentage distribution of level of knowledge regarding cancer cervix among women. N = 100

Level of knowledge	Frequency	Percentage
Inadequate ( $\leq 50\%$ )	76	76.0
Moderately Adequate (51 – 75%)	23	23.0
Adequate ( $>75\%$ )	1	1.0

The table 2 shows that 76(76%) women had inadequate knowledge, 23(23%) had moderately adequate knowledge and 1(1%) had adequate knowledge regarding cancer cervix among women.

**Table 3:** Frequency and percentage distribution of level of attitude regarding cancer cervix among women. N = 100

Level of Attitude	Frequency	Percentage
Unfavourable ( $\leq 50\%$ )	71	71.0
Moderately Favourable (51 – 75%)	26	26.0
Favourable ( $>75\%$ )	3	3.0

**Table 6:** Association of level of knowledge regarding cancer cervix among women with their selected demographic variables. N = 100

Demographic Variables	Inadequate		Moderately Adequate		Adequate		Chi-Square Value
	f	%	F	%	f	%	
<b>Age</b>							$\chi^2=2.633$ d.f=4 p=0.621 N.S
20 – 30 years	1	1.0	0	0	0	0	
31 – 40 years	28	28.0	12	12.0	0	0	
41 – 50 years	47	47.0	11	11.0	1	1.0	
<b>Marital status</b>							$\chi^2=0.839$ d.f=2 p=0.657 N.S
Married	54	54.0	18	18.0	1	1.0	
Widow	22	22.0	5	5.0	0	0	
<b>Religion</b>							$\chi^2=8.438$ d.f=2 p=0.015
Hindu	69	69.0	20	20.0	0	0	
Christian	7	7.0	3	3.0	1	1.0	

The table 3 shows that 71(71%) had unfavourable attitude, 26(26%) had moderately favourable attitude and 3(3%) had favourable attitude regarding cancer cervix among women.

**Table 4:** Frequency and percentage distribution of level of barriers of Pap smear test among women. N = 100

Level of Barriers	Frequency	Percentage
Mild ( $\leq 50\%$ )	82	82.0
Moderate (51 – 75%)	17	17.0
High ( $>75\%$ )	1	1.0

The table 4 showed Women had Mild level of barrier ( $< 50\%$ ) 82%, Moderate (51-75%) 17%, high level barrier ( $>75\%$ ) 1% Barrier for Pap smear test among women.

**Table 5:** Correlation between level of knowledge and attitude regarding cancer cervix among women. N = 100

Variables	Mean	S. D	Karl Pearson's Correlation "r" Value
Knowledge	10.47	3.24	r=0.490 p=0.0001, S***
Attitude	33.26	11.09	

\*\*\* $p < 0.001$ , S – Significant

The table 5 shows that the mean score of knowledge was  $10.47 \pm 3.24$  and the mean score of attitude was  $33.26 \pm 11.09$ . The calculated Karl Pearson's Correlation value of  $r=0.490$  shows a positive correlation which was found to be statistically significant at  $p < 0.001$  level. This clearly infers that when the knowledge regarding cancer cervix among women increases their attitude level also increases

							S*
<b>Educational status</b>							$\chi^2=6.854$ d.f=6 p=0.335 N.S
Primary	26	26.0	10	10.0	0	0	
High school	18	18.0	7	7.0	1	1.0	
Higher secondary	26	26.0	3	3.0	0	0	
Degree	6	6.0	3	3.0	0	0	
<b>Age at menarche</b>							$\chi^2=2.432$ d.f=4 p=0.658 N.S
10 – 12 years	6	6.0	1	1.0	0	0	
13 – 15 years	46	46.0	14	14.0	0	0	
Above 15 years	24	24.0	8	8.0	1	1.0	
<b>Age at marriage</b>							$\chi^2=3.159$ d.f=6 p=0.789 N. S
10 – 12 years	4	4.0	2	2.0	0	0	
13 – 18 years	11	11.0	1	1.0	0	0	
19 – 23 years	20	20.0	5	5.0	0	0	
Above 23 years	41	41.0	15	15.0	1	1.0	
<b>Type of marriage</b>							$\chi^2=10.207$ d.f=2 p=0.006 S**
Consanguineous	44	44.0	5	5.0	0	0	
Non-consanguineous	32	32.0	18	18.0	1	1.0	
<b>Income</b>							$\chi^2=1.677$ d.f=2 p=0.432 N.S
Below poverty line (less than	41	41.0	15	15.0	1	1.0	
Above poverty line (50,000 and above/annum)	35	35.0	8	8.0	0	0	
<b>Occupation</b>							$\chi^2=2.607$ d.f=4 p=0.625 N.S
Heavy	20	20.0	9	9.0	0	0	
Moderate	52	52.0	12	12.0	1	1.0	
Sedentary	4	4.0	2	2.0	0	0	
<b>Mode of delivery</b>							$\chi^2=8.948$ d.f=2 p=0.011 S*
Vaginal delivery	58	58.0	11	11.0	0	0	
Caesarean Delivery	18	18.0	12	12.0	1	1.0	
<b>Family history of cancer, if yes who</b>							$\chi^2=2.016$ d.f=2 p=0.365 N.S
Yes	6	6.0	0	0	0	0	
No	70	70.0	23	23.0	1	1.0	
<b>No. of children</b>							$\chi^2=4.059$ d.f=4 p=0.398 N.S
1	1	1.0	1	1.0	0	0	
2	55	55.0	14	14.0	0	0	
3 and above	20	20.0	8	8.0	1	1.0	
<b>Locality</b>							-
Rural	76	76.0	23	23.0	1	1.0	
<b>Source of information for cervical cancer and papsmear</b>							$\chi^2=4.876$ d.f=6 p=0.560 N.S
Media (TV / Newspaper)	27	27.0	12	12.0	1	1.0	
Books	3	3.0	1	1.0	0	0	
Doctors and health care provider	1	1.0	1	1.0	0	0	
Family members and friends	45	45.0	9	9.0	0	0	

\*\*p<0.01, \*p<0.05, S – Significant, N.S – Not Significant

The table 7 shows that the demographic variable type of marriage ( $\chi^2=10.207$ , p=0.006) had shown statistically significant association with level of knowledge regarding cancer cervix among women at p<0.01 level.

The demographic variables religion ( $\chi^2=8.438$ , p=0.015) and mode of delivery ( $\chi^2=8.948$ , p=0.011) had shown

statistically significant association with level of knowledge regarding cancer cervix among women at p<0.05 level.

The other demographic variables had not shown statistically significant association with level of knowledge regarding cancer cervix among women.

**Table 7:** Association of level of attitude regarding cancer cervix among women with their selected demographic variables. N = 100

Demographic Variables	Unfavourable		Moderately Favourable		Favourable		Chi-Square Value
	f	%	f	%	f	%	
<b>Age</b>							$\chi^2=1.015$ d.f=4 p=0.907 N.S
20 – 30 years	1	1.0	0	0	0	0	
31 – 40 years	30	30.0	9	9.0	1	1.0	
41 – 50 years	40	40.0	17	17.0	2	2.0	
<b>Marital status</b>							$\chi^2=0.346$ d.f=2 p=0.841
Married	53	53.0	18	18.0	2	2.0	
Widow	18	18.0	8	8.0	1	1.0	



							N. S
<b>Religion</b>							$\chi^2=5.380$ d.f=2 p=0.068 N. S
Hindu	66	66.0	20	20.0	3	3.0	
Christian	6	5.0	6	6.0	0	0	
<b>Educational status</b>							$\chi^2=6.565$ d.f=6 p=0.363 N. S
Primary	27	27.0	7	7.0	2	2.0	
High school	17	17.0	9	9.0	0	0	
Higher secondary	22	22.0	7	7.0	0	0	
Degree	5	5.0	3	3.0	1	1.0	
<b>Age at menarche</b>							$\chi^2=5.451$ d.f=4 p=0.244 N. S
10 – 12 years	7	7.0	0	0	0	0	
13 – 15 years	42	42.0	15	15.0	3	3.0	
Above 15 years	22	22.0	11	11.0	0	0	
<b>Age at marriage</b>							$\chi^2=3.842$ d.f=6 p=0.698 N. S
10 – 12 years	5	5.0	1	1.0	0	0	
13 – 18 years	8	8.0	4	4.0	0	0	
19 – 23 years	16	16.0	7	7.0	2	2.0	
Above 23 years	42	42.0	14	14.0	1	1.0	
<b>Type of marriage</b>							$\chi^2=1.036$ d.f=2 p=0.596 N. S
Consanguineous	37	37.0	11	11.0	1	1.0	
Non-consanguineous	34	34.0	15	15.0	2	2.0	
<b>Income</b>							$\chi^2=0.457$ d.f=2 p=0.796 N. S
Below poverty line (less than	39	39.0	16	16.0	2	2.0	
Above poverty line (50,000 and above/annum)	32	32.0	10	10.0	1	1.0	
<b>Occupation</b>							$\chi^2=14.011$ d.f=4 p=0.007 S**
Heavy	21	21.0	6	6.0	2	2.0	
Moderate	49	49.0	16	16.0	0	0	
Sedentary	1	1.0	4	4.0	1	1.0	
<b>Mode of delivery</b>							$\chi^2=3.168$ d.f=2 p=0.075 N.S
Vaginal delivery	51	51.0	15	15.0	3	3.0	
Caesarean delivery	20	20.0	11	11.0	0	0	
<b>Family history of cancer, if yes who</b>							$\chi^2=0.340$ d.f=2 p=0.843 N.S
Yes	4	4.0	2	2.0	0	0	
No	67	67.0	24	24.0	3	3.0	
<b>No. of children</b>							$\chi^2=8.036$ d.f=4 p=0.090 N.S
1	0	0	2	2.0	0	0	
2	53	53.0	14	14.0	2	2.0	
3 and above	18	18.0	10	10.0	1	1.0	
<b>Locality</b>							-
Rural	71	71.0	26	26.0	3	3.0	
<b>Source of information for cervical cancer and papsmear</b>							$\chi^2=7.085$ d.f=6 p=0.313 N.S
Media (TV / Newspaper)	26	26.0	11	11.0	3	3.0	
Books	2	2.0	2	2.0	0	0	
Doctors and health care provider	1	1.0	1	1.0	0	0	
Family members and friends	42	42.0	12	12.0	0	0	

\*p<0.05, S – Significant, N.S – Not Significant

The table 7 shows that the demographic variable occupation ( $\chi^2=14.011$ , p=0.007) had shown statistically significant association with level of attitude regarding cancer cervix among women at p<0.05 level. The other demographic variables had not shown statistically significant association with level of attitude regarding cancer cervix among womz

## Discussion

This chapter deals with the discussion of the study findings and comparing with appropriate review of literature, statistical analysis based on the objectives of the study. The Aim of present study was to assess the barrier for Pap smear test among women in community area at Cuddler from 12.11.2021 to 12.12.2021. A total of 100 women's were selected by quantitative sampling technique and the

investigator explained the study to the women's to assess the knowledge, attitude regarding cancer cervix and barrier for pap smear test. The data was analyzed using descriptive statistics (distribution, mean, standard deviation) and inferential statistics (chi square test.) the collected data were computerized and analysed using SPSS version 25. The discussion of the study is based on the findings obtained from the statistical analysis of assessment based on objectives of the study.

Out of 100 women's most of the women 59(59%) were aged between 41 – 50 years, 73(73%) were married, 89 (89%) were Hindus, 36(36%) had primary education, 60(60%) were aged between 13 – 15 years at the time of menarche, 57(57%) were aged 23 years at the time of marriage, 51(51%) had non-consanguineous marriage, 57(57%) were below poverty line (less than 50,000/annum), 65(65%) were

doing moderate occupation, 69(69%) had vaginal delivery, 94(94%) had no family history of cancer, 69(69%) had 2 children, 100(100%) were residing in rural locality and 54(54%) had family members and friends as source of information for cervical cancer and pap smear.

### Conclusion

In the present study, the overall knowledge of cervical cancer revealed that 76(76%) had inadequate knowledge. 71(71%) women had unfavourable attitude on cervical cancer. Also 82% of women had mild level of barrier for pap smear, 17(17%) had moderate level and 1(1%) women had high level of barrier. This clearly signifies that when the knowledge regarding cancer cervix among women increases, their attitude level also increases.

### Nursing Implications

The findings of the study has implications of various areas of nursing practice, nursing education, nursing administration and nursing research.

### Nursing practice

Nursing is a health-care profession dedicated to assisting individuals, families, and communities in achieving, maintaining, or regaining maximum health and quality of life women's health and well-being can be greatly aided by health professionals who operate primarily in clinics and in community settings. The investigator realized from her own experience that community women who are not well educated have limited understanding of cervical cancer and Pap smear, so it is the nurse's responsibility to teach regarding pap smear.

### Nursing research

Research is one method of assessing people's knowledge levels. The current study focuses on the knowledge, attitude regarding cancer cervix and barrier for Pap smear test among women in community area. To ascertain their knowledge to avoid more complication.

### Limitation

The duration 4weeks for data collection was insufficient.

### Recommendations for further Study

The following recommendations have been made in light of the current research study findings:

- A Larger sample of women may be used in a comparable study.
- HIV women could be the subject of a similar study.

### Conflict of Interest

Not available

### Financial Support

Not available

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