

A STUDY TO ASSESS THE KNOWLEDGE REGARDING ORAL CANCER AMONG CLASS IV WORKERS IN AARUPADAI VEEDU MEDICAL COLLEGE AND HOSPITAL, PUDUCHERRY.

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Abstract: Oral cancer will remain a major health problem and the incidence will increase by 2020 and 2030 in both sexes, however early detection and prevention will reduce this burden. The knowledge and awareness of oral cancer influences individuals in prevention and promotes health seeking behaviour. A descriptive study was carried out to assess the knowledge regarding oral cancer among class IV workers in Aarupadai Veedu Medical College and Hospital, Puducherry. A total of 110 study participants were selected through convenient sampling technique. The data were collected by using structured knowledge questionnaire. Data were analyzed and appropriate test of significance were applied. The study findings revealed that majority (90%) of the Class IV workers had inadequate knowledge, 8.2% had moderately adequate knowledge and only 1.8% had adequate knowledge regarding oral cancer. Area of work showed a significant association with level of knowledge (p -value < 0.0006). The study concluded that knowledge on oral cancer among class IV workers was poor. Therefore, educational programs are highly needed to improve such knowledge.

Key words: Oral Cancer, Knowledge, Class IV workers

INTRODUCTION

“Be aware! Be alive!!”

“The best way to predict the future is to invent it.”

- **John Fisher**

Oral cancer is malignant neoplasm which is found on the lip, floor of the mouth, cheek lining, gingival, palate or in the tongue. Oral cancer ranks in the top three types of cancers in India, which accounts for every 30% of all cancer reported in the country and oral cancer control is quickly becoming a global health priority.

In India, 20 per 100000 population or affected by oral cancer. Over 5 peoples in India die every hour every day because of oral cancer and the same number of people die from cancer in oropharynx and hypopharynx.

Oral cancer will remain a major health problem and the incidence will increase by 2020 and 2030 in both sexes, however early detection and prevention will reduce this burden.

NEED FOR THE STUDY

In India, the incidence of oral cavity cancers, is still one of the highest in the world because tobacco products are easily available and the lack awareness in the community. Oral cancer can be prevented by action against risk factors, especially tobacco which is the key factor.

Al-Maweri SA, et al (2017) found that general lack of awareness among the public about oral cancer and a lack of knowledge about its signs and risk factors in Saudi Arabia. The result suggested that there is a clear need to inform and educate the public in matters related to the known risk factors associated with oral cancer.

VishmaB.K, et al (2015) reported that the level of awareness of oral cancer and the associated risk factors was poor among the general population in a rural community of Mandya, Karnataka.

Agrawal et al (2012) found that 89.3% and 75.4% of the subjects firmly believed that smokeless tobacco and smoking are risk factors for oral cancer but very few subjects (about 9%) were aware about the association of oral cancer with risk factors like 'family history of cancer' and 'sedentary life style'.

Oral cancer can be diagnosed earlier by self-mouth examination, increase awareness in high-risk communities. Early detection has better curing rates and it will also reduce the cost for the treatment.

OBJECTIVES

1. To assess the level of knowledge regarding oral cancer among Class IV workers in Aarupadai Veedu Medical College & Hospital, Puducherry.
2. To associate the level of knowledge with selected demographic variables.

METHODS

A descriptive non- experimental study was conducted to assess the knowledge regarding oral cancer among class IV workers in Aarupadai Veedu Medical College and Hospital, Puducherry. A total of 110 study participants who fulfill the inclusion criteria were selected through non probability.

DESCRIPTION OF TOOL

The following tools were constructed for the purpose of obtaining data for the study. The tool used for data collection was an interview schedule. It consists of three parts.

PART I: It consists of demographic variables such as age, gender, residence, religion, education; specify the area of work, work experience, income, marital status and sources of getting health information

PART II: Health profile consists of family history of oral cancer, habit of smoking, tobacco chewing, habit of betel nut chewing, and any non- healing lesions/ ulcers in mouth.

PART III: It consists of structured knowledge questionnaire on oral cancer, definition, incidence, risk factors, causes, signs and symptoms, diagnostic evaluation, treatment, complications and prevention.

VALIDITY: Content was validated by experts from various specialties like Medical Surgical Nursing, Medicine, Surgery and Dental science. Suggestions given by the experts were incorporated and then the tool was finalized.

DATA COLLECTION PROCEDURE

Formal written permission was obtained from Dean Aarupadai Veedu Medical College and Hospital for conducting the main study. The main study was conducted from (11.10.2017 to 14.10.2017). A total of 110 Class IV workers were selected by convenient sampling technique. The investigators established good rapport with the Class IV workers by an informal talk. The purpose of the study was explained to the study participant

to ensure their co-operation. Informed consent was received from study participants. The data were collected by using structured knowledge questionnaire

RESULTS

A total of 110 study participants were included in the study. Regarding demographic characteristics majorities (65.5%) of Class IV workers were males and in the age group of 51-60 years (40%) and most of them were married (78%). Almost two-third (65.5%) of them were residing in rural area and 37.3% were having Primary school education. Regarding areas of work, 18.2% of Class IV workers were in surgical and 16.4% were in medical wards. Considering work experience 39.1% and 18.2% of Class IV workers had 16-20 and 11-15 years respectively. It shows that 37.3% of Class IV workers earned between Rs. 5001-8000/month and 42.7% received health information from mass media 36% from health care personnel.

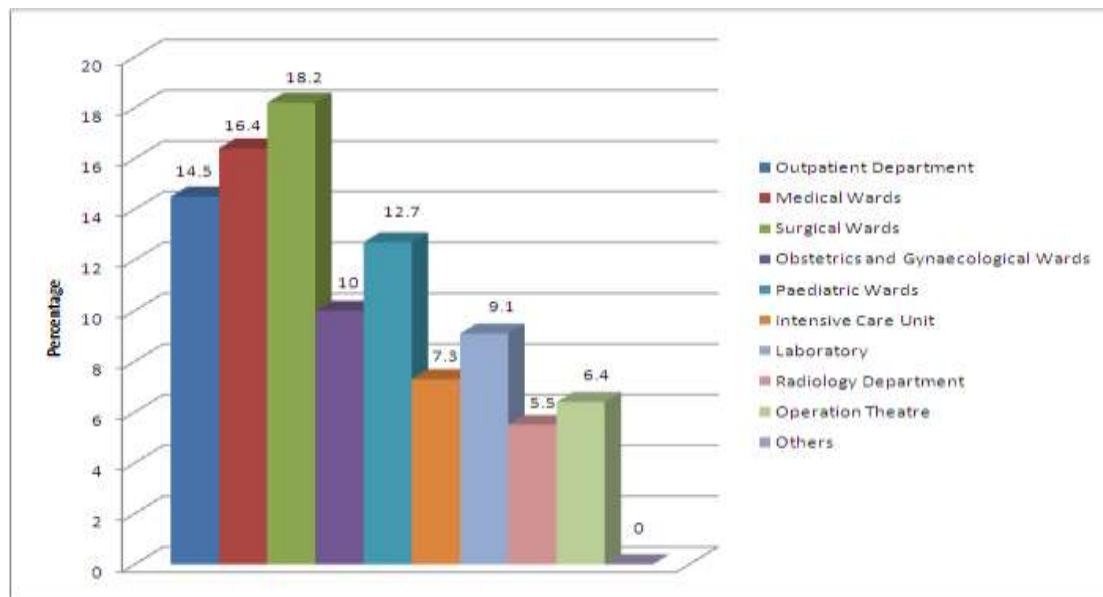


Figure: 1: Distribution of Class IV workers by their Area of Work

Figure: 1. shows that 18.2% of Class IV workers were working in surgical wards, 16.4% were working in Medical wards and 14.5% of them were in Outpatient department.

Table: 1: Distribution of Class IV workers by their health profile
n=110

Sl. No	Health Profile	Frequency	Percentage
1	Family history of Oral Cancer Yes	1	0.9%
	No	109	99.1%
2	Habit of Smoking Yes	58	52.7%
	No	52	47.3%
3	Habit of Tobacco Chewing Yes	62	56.4%
	No	48	43.6%

4	Habit of Betel nut chewing		
	Yes	60	54.5%
	No	50	45.5%
5	Non-healing lesions/ulcers in Mouth		
	Yes	2	1.8%
	No	108	98.2%

Table 1. Shows that majority of Class IV workers didn't have family history of Oral cancer (99.1%) and 52.7% had the habits of smoking. Majority 56.4% and 54.5% of them had the habits of tobacco and betel nut chewing respectively. Majority of them (98.2%) did not have ulcer in mouth.

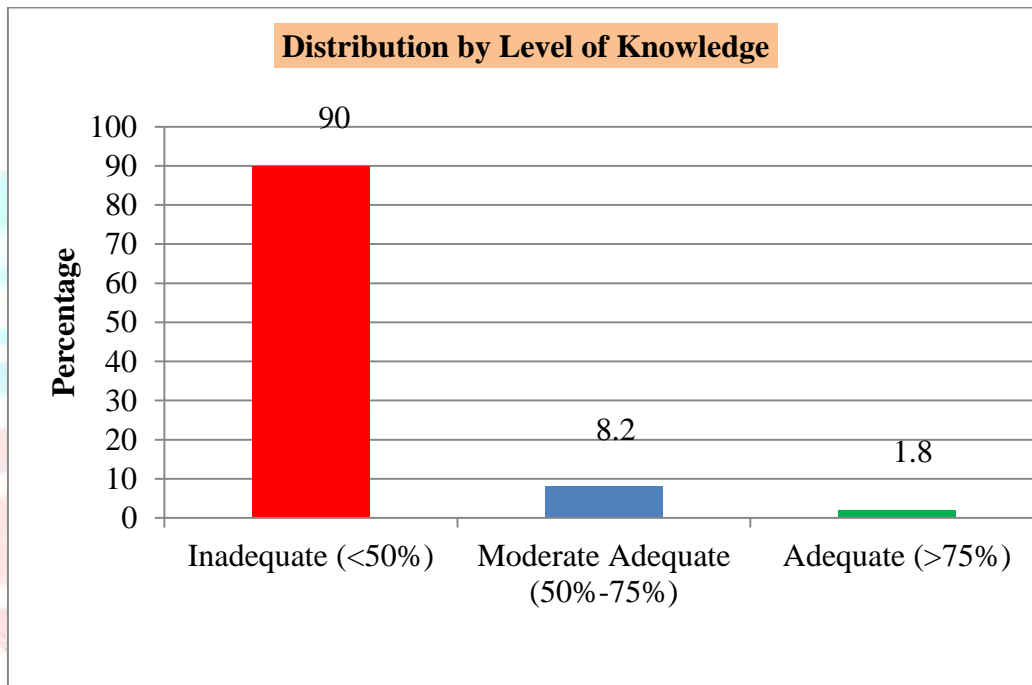


Figure 2: Distribution of Class IV workers by their level of knowledge on oral cancer

Figure 2: Shows that majority of Class IV workers had Inadequate Knowledge (90%). There are 8.2% of Class IV workers had Moderate Adequate Knowledge and only 1.8% of Class IV workers had Adequate Knowledge.

Association between levels of knowledge with selected demographic variables of Class IV workers.

Area of work had a significant relation with the level of knowledge (p -value < 0.0006) and rest of the variables had no significant relation with the demographic variables.

DISCUSSION

Objective 1: To assess the level of knowledge regarding oral cancer among Class IV workers.

The study finding shows that majority of the Class IV workers (90%) had inadequate knowledge, and (8.2%) had moderately adequate knowledge, (1.8 %) had adequate knowledge. The study findings were similar with Sudhir et al (2016) found that knowledge and awareness of the population was not satisfactory and also

lack of public knowledge found in K Saraswathy Gopal, P Duraiselvi et al (2014) study. These findings highlighted the importance of structured awareness programs on awareness of oral cancer among general population.

Objective 2: To find associate the level of knowledge with selected demographic variables.

The study finding reveals that the area of work had significant relation with the level of knowledge. Rest of the variables had no significant relation with the demographic variable since the 'p' value is greater than 0.05. The study findings were not similar with any other research studies

CONCLUSION

The results of this study suggest that knowledge on oral cancer among study population are poor and need to be improved. Area of work found a significant association with the level of knowledge among study population. The study finding concluded that there is a clear need to inform and educate the class IV workers about the knowledge and prevention of oral cancer.

RECOMMENDATION

1. A similar study can be conducted with larger sample size in different settings.
2. A structured teaching programme can be conducted to create awareness among class IV worker and general population.
3. Oral cancer education given periodically and a diary can be maintained for ensuring patients participation in health education programme related to oral cancer.

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