"A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge And Self Reported Practice Regarding Cervical Cancer And Its Prevention Among Reproductive Age Group Women In Selected Rural Area Of Vijayapura, District."

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ABSTRACT

   Background of the study Cancer is an uncontrolled division of cells, can originate in almost in any tissue of the body. According to cancer Research UK, there are about 60 different organ tissues in the body where cancer can originate. Among all the Cancers the leading cause for cancer death in women is cervical cancer next to breast cancer. As per the WHO statistics, cervical cancer kills over 33,000 women in India annually and about one fourth of the world's cervical cancer patients reside in India.[1]

   Cervical cancer is malignancy of the cervix, it is one of the most common cancer affecting women of all ages. The cervix is the narrow portion of the uterus where it joins the top of the vagina. Most cervical cancers are squamous cell carcinomas, arising in the squamous (flattened) epithelial cells that line the cervix. Adenocarcinoma, arising in glandular epithelial cells is second most common type, cancer can arise very rarely in other types of cells in the cervix.[2]

Aim of the study: To assess the effectiveness of structured teaching programme on knowledge and self reported practice regarding cervical cancer and its prevention among reproductive age group women.

Methodology: A "Pre-experimental one group pre-test post-test research" research design was used. The present study was conducted in selected rural area of vijayapur, district. The sample size for the present study is 120 selected through Quota sampling technique.

Results: Majority 43.3% of respondents are in the age group of 15 – 25 years, and 66.7% of the respondents are Hindus, majority 32.5% of the respondents had non formal education, majority 43.3% of the respondents are in private job,42.5% of the respondents are having >20000 income per month, 45.8% of the respondents are married, 43.3% of the respondents were unmarried and no children, 58.7% of the respondents are belongs to nuclear family, 54.2% of the respondents were not using any contraceptive methods, Majority 50.8% of the respondents were never heard about cervical cancer.In the pre-test prior to the administration of structured teaching programme data reflects that out of 120 reproductive age group women, in pre test score 100% had inadequate knowledge score and no one had moderately adequate knowledge score and in post test score 47.5% had adequate knowledge score, 52.5% had moderately adequate knowledge score and there were no respondents with inadequate post test knowledge scores. In pre test self reported practice score, 95% had low self reported practice and very few 5% had high self reported practice and post test score 79.2% had high self reported practice and 20.8% had low self reported practice score regarding cervical cancer and its prevention.There is a significant association found between pre tests knowledge scores of respondents with the selected demographic variables such as age (χ^2 =23.85(P=0.0001), Religion(χ^2=8.477(P=0.037), Education (χ^2 =95.20(P=0.0001), Occupation (χ^2 = 44.42 (P=0.0001), Income (χ^2 =50.07(P=0.0001), Marital status (χ^2 =51.76(P=0.0001), No of children (χ^2 = 59.18(P=0.0001), Contraceptive used (χ^2 =15.52(P=0.0001), Heard about cervical cancer (χ^2 =91.70(P=0.0001), Sources of information (χ^2 =8.359(P=0.015). There is a significant association between self reported practice scores with Education (χ^2 =8.409(P=0.03), No of children (χ^2 = 11.87(P=0.018), Contraceptive used (χ^2 =1.107(P=0.575), Heard about cervical cancer (χ^2 =2.188(P=0.138), Sources of information (χ^2 =8.359(P=0.015).

Key Words:Structured teaching programme, knowledge, self reported practice, cervical cancer, reproductive age group women.

INTRODUCTION Cancer is an uncontrolled division of cells, can originate in almost in any tissue of the body. According to cancer Research UK, there are about 60 different organ tissues in the body where cancer can originate. Till date, researches have studied over 200 different types of cancer. Among all the Cancers the leading cause for cancer death in women is cervical cancer next to breast cancer. As per the WHO statistics, cervical cancer kills over 33,000 women in India annually and about one fourth of the world's cervical cancer patients reside in India.[1]

Cervical cancer is malignancy of the cervix, it is one of the most common cancer affecting women of all ages. The cervix is the narrow portion of the uterus where it joins the top of the vagina. Most cervical cancers are squamous cell carcinomas, arising in the squamous (flattened) epithelial cells that line the cervix. Adenocarcinoma, arising in glandular epithelial cells is second most common type, cancer can arise very rarely in other types of cells in the cervix.[2]

PROBLEM STATEMENT

"A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge And Self Reported Practice Regarding Cervical Cancer And Its Prevention Among Reproductive Age Group Women In Selected Rural Area Of Vijayapur, District."

OBJECTIVES OF THE STUDY

- To assess the pretest knowledge and self reported practice regarding cervical cancer and its prevention among reproductive age group women.

- To prepare and implement the structured teaching programme on cervical cancer and its prevention among reproductive age group women.

- To evaluate the effectiveness of structured teaching programme on cervical cancer and its prevention among reproductive age group women.

- To find out the association between pretest knowledge and self reported practice scores with selected demographic variables.

To find the association between pretest knowledge score with their selected demographic variables among caregiver

ASSUMPTIONS

- Reproductive age group women may have inadequate knowledge and practices regarding cervical cancer and its prevention.

- Structured teaching programme may improve the knowledge about cervical cancer and its preventive practices among reproductive age group women which may help in decreasing the morbidity and mortality rate.

Hypotheses:

Following hypothesis will be tested at 0.05 level of significance

H1: There is a significant difference between mean pretest and posttest knowledge and practice scores of reproductive age group women about cervical cancer and its prevention.

H2: There is a significant association between the pretest knowledge and practice score with the selected the demographic variable of reproductive age group women.

MATERIALS AND METHODS

Research design

"Pre-experimental one group pre-test and post-test design"

Setting and population

The present study was conducted in selected rural area of vijayapur,district among reproductive age group women.

Sample.technique and Sample size

The sample size for the present study is 120 selected through Quota sampling technique.

Sampling Criteria: Samples were selected with the following predetermined set of criteria

Inclusion Criteria

- Reproductive age group women aged between 15-45 years.
- Reproductive age group women who are willing to participate in the study.
- Reproductive age group women of both married and unmarried, widow, divorce.
- Reproductive age group women, who can understand, read and write kannada/English. And stay at selected rural area of Vijayapur, District.

Exclusion criteria

- Reproductive age group women who are not available at the time of study

- Reproductive age group women who are suffering with cervical cancer.

- Reproductive age group women who have undergone hysterectomy.

- Reproductive age group women who have undergone health education programme regarding cervical cancer.

Variable under study are

Dependent variable : : knowledge and self reported practice of reproductive age group women.

Independent variable: Structured teaching programme.

Demographic variables: Age, Religious status, Educational status, Occupation, Socioeconomic status, Marital status, Number of children, Type of family, Method of contraception, Fmily history of cervical cancer, source of information, Bad habits, etc.

Method of data collection and tool description: The data werecollected through data questionnaires consist of 2 Section A: Socio-Demographic Data Section B: Structured knowledge questionnaire Section C: Self reported practice questionnaire

Results:

Above table revels that regarding demographic variables of the participants about Study findings revealed that 43.3% of respondents are in the age group of 15 – 25 years, and 66.7% of the respondents are Hindus, majority 32.5% of the respondents had non formal education, majority 43.3% of the respondents are in private job,42.5% of the respondents are having >20000 income per month, 45.8% of the respondents are married, 43.3% of the respondents were unmarried and no children, 58.7% of the respondents are belongs to nuclear family, 54.2% of the respondents were not using any contraceptive methods, Majority 50.8% of the respondents were never heard about cervical cancer.

Table: 5.1 Distribution of the subjects according to socio-demographic variables.

n=120

Sl No	Demographic Variables	Frequency	Percentage
1	**Age (in years)**		
	15-24	52	43.33
	25-34	27	22.5
	35-45	41	34.2
2	Religion		
	Hindu	80	66.7
	Muslim	24	20.0
	Christian	03	2.5
	Others	13	10.8
3	**Education Status**		
	Non formal	39	32.5
	Primary Education	22	18.3
	Secondary Education	33	27.5
	Graduate and above	26	21.7
4	**Type of family**		
	Nulear family	20	50
	Joint family	20	50
5	**Occupation**		
	Coolie	36	30.0

	Government Job	32	26.7
	Private Job	52	43.3
6	**Socioeconomic Status**		
	>20000	51	42.5
	15000-20000	11	9.2
	10000-15000	12	10
	5000 to 10000	22	18.3
	<5000	24	20
7	**Marrietal Status**		
	Divorce/Seperated	7	5.9
	Widow	6	5
	Unmarried	52	43.3
	Married	55	45.8
8	**No.of children**		
	Unmarried and no children	52	43.3
	Married but no children	06	5.0
	One child	24	20.0
	Two children	19	15.8
	Three or more than three	19	15.8
9	**Type of family**		
	Nuclear	68	58.7
	Joint	22	18.3
	Extended	30	25
10	**Contraceptive Used**		
	Temporary method	32	26.7
	Permanent method	23	19.2
	No contraceptives	65	54.2
11	**Heard about cervical cancer**		
	Yes	59	49.2
	No	61	50.8
11	**Sources of knowledge**		
	Television/Radio	20	33.9
	News paper	31	52.5
	Friends	8	13.6

Table no 7: distribution of self reported practice score level of study subjects regarding cervical cancer and its prevention.

N=120

Level of practice	Pre test		Post	
	Frequency	Percentage	Frequency	Percentage
High	06	5.0	95	79.2
Low	114	95.0	25	20.8

From above table, out of 120 study subjects 114(95%) of them had low self reported practice score and very few 6(5.0%) had high self reported practice score regarding cervical cancer and its prevention before structured teaching programme. After structured teaching programme maximum 95(79.2%) had high self reported practice score and remaining 25(20.8%) had low self reported practice score regarding cervical cancer and its prevention

DISCUSSION

Section 1:Description of demographic characteristics of study subjects.

Study findings revealed that 43.3% of respondents are in the age group of 15 – 25 years, and 66.7% of the respondents are Hindus, majority 32.5% of the respondents had non formal education, majority 43.3% of the respondents are in private job,42.5% of the respondents are having >20000 income per month, 45.8% of the respondents are married, 43.3% of the respondents were unmarried and no children, 58.7% of the respondents are belongs to nuclear family, 54.2% of the respondents were not using any contraceptive methods, Majority 50.8% of the respondents were never heard about cervical cancer.

The finding of the study is consistent with the study conducted on a awareness of cervical cancer among women of reproductive age group in urban slums of old Hubli, Karnataka, India, which reveals that majority of the subjects 25-34 years age group at 43%, about 57% were muslims, 30% of the women were illiterate and 19% of them had up to high school level of education. Around 65.5% of the respondents were house wives by occupation, majority of them belonged to the lower socio-economic status.

Section II: **Description of pre-test and post test knowledge score.**

In this study the result revealed that out of 120 reproductive age group women, in pre test score 100% had inadequate knowledge score and no one had moderately adequate knowledge score and in post test score 47.5% had adequate knowledge score,52.5% had moderately adequate knowledge score and there were no respondents with inadequate post test knowledge scores.

The finding of the study is consistent with descriptive survey was conducted on a awareness regarding cervical cancer among married women residing at selected rural area of Ahmadabad district, which reveals that major findings of the study was 115(57.5%) samples had poor level of knowledge.

Section III:Assessment of self reported practice of respondents

In this study the result revealed that out of 120 reproductive age group women, in pre test self reported practice score, 95% had low self reported practice and very few 5% had high self reported practice and post test score 79.2% had high self reported practice and 20.8% had low self reported practice score regarding cervical cancer and its prevention.

The above findings are supported by a study conducted on Knowledge, attitude and practice toward cervical cancer among women attending Obstetrics and Gynaecology Department: A cross-sectional, hospital-based survey in South India. The study revealed more than three-fourth of women (349; 86.6%) are not having practice toward cervical cancer screening.

Section IV: Determine the effectiveness of structured teaching programme on knowledge and self reported practice

The paired mean pre-test post-test knowledge score difference was -14.73 with standard deviation of the difference was 4.1802 which was highly significant as its p-value was less than 0.00001 indicates that structured teaching programme was effective in increasing knowledge of Reproductive age group women regarding cervical cancer and its prevention and the paired mean pre-test post-test practice score difference was -4.8333 with standard deviation of the difference was 1.4513 which was highly significant as its p-value was less than 0.00001(t-values is -36.48) indicates that Structured teaching programme was effective in increasing self reported practice level of Reproductive age group women regarding cervical cancer and its prevention.

The above findings are supported by a study conducted on the effectiveness of structured teaching programme on knowledge regarding cervical cancer among woman in Sanganer, district Jaipur. The results showed that mean pretest knowledge score about cervical cancer is 9.65% and posttest mean knowledge score is 17.87. STP was found to be effective in increasing the knowledge regarding cervical cancer.

5. Association of knowledge with selected demographic variables

The association between pretest level of knowledge scores of respondents with selected demographic variables. There is a significant association between knowledge scores with age (χ^2 =23.85(P=0.0001), Religion (χ^2 = 8.477(P=0.037), Education (χ^2 =95.20(P=0.0001), Occupation (χ^2 = 44.42 (P=0.0001), Income (χ^2 =50.07(P=0.0001), Marital status (χ^2 =51.76(P=0.0001), No of children (χ^2 = 59.18(P=0.0001), Contraceptive used (χ^2 =15.52(P=0.0001), Heard about cervical cancer (χ^2 =91.70(P=0.0001), Sources of information (χ^2 =8.359(P=0.015). However the association with type of family (χ^2 =0.553(P=0.759) was not having significant association

The above findings are supported by a study conducted on effectiveness of structured teaching programme on knowledge attitude regarding early detection and prevention of cervical cancer among women. There was no significant association between pre test knowledge level with demographic variables like education and religion. There was significant association between pre test knowledge level with family income.

6. Association of self reported practice with selected demographic variables

The association between pretest level of self reported practice scores of respondents with selected demographic variables. There is a significant association between self reported practice scores with Education (χ^2 =8.409(P=0.03), No of children (χ^2 = 11.87(P=0.018), Contraceptive used (χ^2 =1.107(P=0.575), Heard about cervical cancer (χ^2 =2.188(P=0.138), Sources of information (χ^2 =8.359(P=0.015). However the association with occupation, income, marital status, type of family was not having significant association

CONCLUSION

This chapter deals with the conclusions, nursing implications such as nursing practice, nursing education, nursing research, nursing administration, limitation of the study and recommendations.

The following conclusions were drawn based on data analysis:

The findings of the study revealed that

❖ The knowledge and self reported practice of reproductive age group women regarding cervical cancer and its prevention was inadequate when assessed in pre test, where as the knowledge and self reported practice level had improved during the post test.

❖ Effectiveness of structured teaching programme regarding cervical cancer and its prevention among reproductive age group women was effective. The analysis of mean of the knowledge scores in pre test

and post test revealed that the mean pre test knowledge score was 4.2667 where as post test knowledge score was 19,the mean difference (14.73). The mean of the self reported practice scores in pre test and post test revealed that the mean pre test self reported practice score was 2.56 where as post test self reported practice score was 7.4. The mean difference (4.84) and showed that structured teaching programme was effective. These score were demonstrated by using paired 't' test.

❖ This study showed that there was significant association between the pre test knowledge score with selected demographic variables such as age, religion, educational status, occupation, socioeconomic status per month, marrietal status, number of children, method of contraception used, sources of information regarding cervical cancer and there is no significant association with type of family and knowledge score.

❖ This study showed that there was significant association between the pre test self reported practice score with selected demographic variables such as educational status, number of children, method of contraception used, Sources of information regarding cervical cancer and remaining variables such as age, religion, occupation, socioeconomic status per month, marrietal status, type of family are not having association with self reported practice score.

RECOMMENDATIONS

Based on the study findings, the following recommendations were made for further study.

- A similar study can be conducted among the adult and menopause women.
- Comparative study may be conducted to find out the similarities and differences in knowledge and self reported practice between urban and rural areas.
- A similar study can be conducted by using experimental and control groups.
- A study may be conducted to find out the prevalence of cervical cancer among high risk women.
- Women education should be improved by self help group and could be motivated by nursing personnel as part of the health care services.
- Community health nurse must involve in providing training programmes for personal working in the primary health and welfare agencies in order to equip them with skills required for identification and prevention of cervical cancer in rural women.
- Mass and individual health education in regional languages to enlighten the workers can be organized at all the level of health facilities.

REFERENCES

1. http://www.thehealthsite.com/news/cancer-in-india-the-10-most-common-types-you-should-be-aware-of/

2. http;//www.dailymail.co.uk/health/article2423611/Grandmother-55-died-cervical cancer- GP-dismissed-symptoms-MENOPAUSE.htmi#xzz2fXxvjX45

3. Gattoc L, Akila N, Vishwanthan, Carlos A, Pere Z, Tew P W, Makhija S. Cervical cancer. Journal of cancer. 1 Nov 2015; Vol 33: 2-8

4. http;/heritagehealthcare.blogspot.com/2016/04/treatmentsymptoms-and-causes-of.html?m=1

5. http;//www.ncbi.nlm.nih.gov/pmc/articles/PMC5494247

6. http;//www.healthed.govt.nz/resource/prevention-cervical-cancer-guide-women-new-zealand

7. Dr.Shazia Rashid. Knowledge,awareness and attitude towards HPV, HPV vaccine and cervical cancer among the college students in India.2016 Nov18;11(11).Doi; 10,1371/journal,pone.0166713; http;//www.ncbi.nim.nih.gov/pubmed/27861611

8. http;//www.who.int/cancer/prevention/diagnosis-screening/cervical-cancer/en/

9. Singh N, Bannur H.A crossectional study of p53 expression in patients with squamous cell carcinoma cervix. A hospital based study.Indian Journal of Health Science Biomedical Research. 2017; 10:203-7http:///www.ijournalhs.org/text.asp?2017/10/2/203/207265

10. Dey Sushm. Cancer cases among women on the rise in India, cervical and breast cancer Top list.Sep24, 2017. http:///www,indiatimes.com

11. URL; http:///www.medindia.net

12. Sharma Adhya, Kulkarni Vaman, B Unnikrishnan. Journal of national science bio medical.2017 Jan-Jun;8(1):125-9.https://www.ncbi.nlm.nih.gov/pubmed/28250688

13. https://www.thenewsminute.com/article/cervical-cancer-big-threat-very-few-women-india-get-screened-heers-why-75615

14. Vinodini K,Shanmughapriya S, Sanmugham S,Senthikumar G , Das BC, Natarajaseenivasan K. Prevalence of high-risk HPV and associated risk factors in cases of cervical carcinoma in Tamil Nadu, India. International journal of gynecology and obstetrics. 2012 Dec; 119(3):pp253-6. Doi: 10.1016/j.ijgo.2012.06.019. https://www.ncbi.nlm.nih.gov/pubmed/22986098

15. Momenimovahed Z, Salehinya H. Incidence, mortality and risk factors of cervical cancer in the world.Biomedical Research and Therapy. 2017-2018; 4(12): 1795-1811.