



“A Quasi Experimental Study To Assess The Effectiveness Of Planned Teaching Programme On Knowledge & Expressed Practices Regarding Prevention And Management Of Cervical Cancer Among Women Of Reproductive Age Group (15-45years) In Village Baggi, district Mandi (H.P.)2023-2024.”

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ABSTRACT:-Cervical cancer arises in the cervix, typically due to persistent infection with high-risk HPV, a common sexually transmitted virus. Early stages usually show no symptoms, but later stages can cause abnormal bleeding, pelvic pain, and pain during sex. Regular Pap smears and HPV tests helps to catch precancerous changes early, reducing the risk. The HPV vaccine is crucial for prevention, and treatment options include surgery, radiation, and chemotherapy based on the cancer's stage.

AIM:-The main aim of the study was to assess the effectiveness of “Planned Teaching Programme” on knowledge and expressed practices regarding prevention and management of cervical cancer among women.

METHODOLOGY: -A quasi-experimental one-group pre-test post-test only design was used with a quantitative approach. Sixty women were selected through non-probability convenient sampling. Data on knowledge and practices regarding cervical cancer prevention and management were collected using socio-demographic variables , self-structured knowledge questionnaire and expressed practices related questionnaire. A planned teaching program was delivered via PowerPoint and pamphlets. A post-test was conducted seven days later to assess improvements.

RESULT:-The mean knowledge score in the **post test (87.70)** was significantly higher than in the **pre test (34.50)**. Similarly, the mean score for expressed practices in the **post test (90.00)** was higher than in the **pre-test (51.30)**. The t-value for knowledge improvement was **27.028**, and for expressed practices, it was **18.023**. The data were analysed using descriptive and inferential statistics. There was no significant association of all the Socio- Demographic Variables with knowledge and practice score.

CONCLUSION:-The study showed that the planned teaching program effectively improved the knowledge and expressed practices of women regarding the prevention and management of cervical cancer among women.

KEY WORDS:-Cervical Cancer, Women, Knowledge, Expressed Practices, Planned Teaching Programme.

INTRODUCTION

BACKGROUND OF THE STUDY

"When women take care of their health, they become their best friend"

Maya Angelou

Cervical cancer occurs when there is uncontrolled growth of abnormal cells in the lining of the cervix, which is the part of the female reproductive system connecting the womb to the vagina. The primary indication of this condition is abnormal vaginal bleeding. Early detection of cell changes through screening plays a crucial role in preventing the development of cancer.ⁱ

The American Cancer Society has projected that approximately 13,960 new cases of invasive cervical cancer will be diagnosed in the United States in 2023. The majority of cervical cancer cases are typically found in women between the ages of 35 and 44, with the average age of diagnosis being 50. It is rare for cervical cancer to develop in women under the age of 20. It is important to note that many older women may not be aware that the risk of developing cervical cancer persists as they age. In fact, over 20% of cervical cancer cases are identified in women over the age of 65. Tragically, about 4,310 women are expected to lose their lives to cervical cancer in 2023. It is worth mentioning that cervical pre-cancers are diagnosed more frequently than invasive cervical cancer.ⁱⁱ

Cervical cancer in its early stages often has no symptoms and can be difficult to detect. Regular cervical cancer screenings, such as Pap tests, are the best way to identify abnormal cells and prevent cervical cancer. Symptoms of stage 1 cervical cancer may include watery or bloody vaginal discharge, vaginal bleeding after intercourse or between periods, and heavier or longer menstrual periods. If the cancer has spread, additional symptoms may occur, such as difficult or painful urination, rectal pain or bleeding, fatigue, weight loss, abdominal pain, backache, or leg swelling. If you experience abnormal bleeding, unusual discharge, or any unexplained symptoms, it is important to undergo a comprehensive gynaecological examination, including a Pap test.ⁱⁱⁱ

Cervical cancer treatment usually includes surgery, radiation therapy, chemotherapy, or a combination of these options. The specific plan depends on the cancer's stage, type, the patient's overall health, and their personal choices. Along with medical treatment, patients may find support through various forms of care, including pain management, emotional support, and nutritional guidance. It is crucial for individuals with cervical cancer to collaborate closely with their healthcare team to create a comprehensive treatment approach that encompasses all aspects of their well-being.^{iv}

The World Health Organization recommends HPV testing where possible, but cost and infrastructure issues limit its use in low-income areas. Visual inspection with acetic acid is an alternative, but interpretation variations can lead to false positives. Cryotherapy and thermal ablation are effective treatments, especially in low-resource settings. Comprehensive clinical pathways are crucial for

advanced cases but are often hindered by infrastructure and personnel shortages. Holistic health system strengthening is needed to reduce cervical mortality globally.^v

NEED OF THE STUDY :-

In India over 130,000 cervical cancer cases and more than 70,000 deaths are reported annually, surpassing maternal deaths, with the country accounting for about 20 %of global cervical cancer cases. The age -standardized rates (ASRs) range widely from 9 to 40 per 100,000 women, indicating a lack of comprehensive data and unequal access to healthcare. Despite the absence of systematic national screening programs, a secondary data analysis from the National Family Health Survey (NFHS)-4 revealed that only 30%of 336,777 women aged 30 to 49 have ever undergone cervical cancer screening. The prevalence of lifetime screening varied significantly across regions, from 10% in the Northeast to 45% in the West. This low screening uptake is attributed to factors such as limited knowledge and awareness ,low perceived risk, stigma, fear of cancer, cost and familial obligations .Additionally ,education levels of women and their partners play a crucial role ,with higher education with increased likelihood of screening.^{vi}

Researchers are actively working on improving methods for the early detection of precancerous and cervical cancer cells, as timely detection greatly increases the chances of successful treatment. One such technique being developed is fluorescent spectroscopy, which involves utilizing fluorescent light to identify alterations in cells within the cervix that may indicate the presence of precancerous conditions.^{vii}

So above statistics indicate that it is imperative for women of 15-45 years to have adequate knowledge regarding cervical cancer and take appropriate preventive measures so that in future cervical cancer can be prevented. Therefore the present study is planned to assess the knowledge and expressed practices related to cervical cancer adopted by women for their prevention of cervical cancer in future residing in selected areas of village Baggi, District Mandi, Himachal Pradesh.

PROBLEM STATEMENT:-

“A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE & EXPRESSED PRACTICES REGARDING PREVENTION AND MANAGEMENT OF CERVICAL CANCER AMONG WOMEN OF REPRODUCTIVE AGE GROUP (15-45) YEARS IN VILLAGE BAGGI,DISTRICT MANDI (H.P.) 2023-2024.”

OBJECTIVES:-

- 1.To assess the pre test knowledge & expressed practices regarding cervical cancer among women in village Baggi ,District Mandi.
- 2.To develop and administer planned teaching programme on cervical cancer to experimental group.
- 3.To assess the post test knowledge regarding cervical cancer & expressed practices regarding cervical cancer among women in village Baggi, District Mandi.
- 4.To find out the association between knowledge & expressed practices regarding cervical cancer and among selected socio -demographic variables.

HYPOTHESIS:-

H₀₁: There will be no significant difference in the level of knowledge & expressed practices regarding prevention and management of cervical cancer after giving planned teaching programme.

H₁: There will be significant increase in level of knowledge & expressed practices regarding prevention and management of cervical cancer after giving planned teaching programme.

H₀₂: There will be no significant correlation between knowledge score & expressed practices score regarding prevention and management of cervical cancer.

H₂: There will be a significant correlation between knowledge score & expressed practices score regarding prevention and management of cervical cancer.

H₀₃: There will be no significant association between knowledge & expressed practices regarding prevention and management of cervical cancer with the selected socio-demographic variables.

H₃: There will be significant association between knowledge & expressed practices regarding prevention and management of cervical cancer with the selected socio-demographic variables.

- **OPERATIONAL DEFINITION:-**

- **Assess:-**It is a statistical measurement of knowledge score of the women of reproductive age group regarding cervical cancer as observed from structured knowledge questionnaire.
- **Effectiveness:-**It refers to the knowledge score after administration of structured teaching programme regarding cervical cancer among reproductive age group (15-45 years).
- **Planned Teaching Programme:-**It comprise of systematically teaching programme regarding cervical cancer introduction, causes, sign and symptoms, diagnostic evaluation, treatment, prevention, complication through lecture cum discussion method for duration of 45 minutes using audio-visual aids including charts, flash cards and pamphlets.
- **Knowledge:-**It refers to the response of women of reproductive age group (15-45 years) regarding cervical cancer by structured multiple choice questionnaire in terms of knowledge scores.
- **Expressed practices:-** Expressed practices typically refers to actions, behaviours ,or customs that are openly demonstrated or communicated by individuals or groups.
- These practices can include various forms of expression, such as verbal communication, body language, rituals ,traditions, or artistic creations. They are tangible manifestations of beliefs, values, or attitudes that are shared or conveyed by individuals or communities.
- **Cervical Cancer:-** Cervical cancer is cancer that starts in the cells of the cervix. The cervix is the lower, narrow end of the uterus (womb).
- **Women of Reproductive (15-45 years):-**In this study it refers to adult female above 15-45 years of age.

CONCEPTUAL FRAMEWORK:-The present study aims to assess the effectiveness of planned teaching programme on knowledge and expressed practices regarding prevention and management of cervical cancer among women in village Baggi, district Mandi. The conceptual framework for the present study was based on **Health Belief Model (1988)**. The model focuses on how individuals perceive health threats and make decisions regarding health-related behaviours.

REVIEW OF LITERATURE

The literature review of the study is organised under the following headings:-

1. Review of literature related to Knowledge regarding cervical cancer
2. Review of literature related to structured teaching programme on cervical cancer
3. Review of literature related to expressed practices, prevention and management related to cervical cancer

1.Review of literature related to Knowledge regarding cervical cancer:-

Elshami M, et.al (2021):- A cross- sectional study was conducted nationally, involved adult women from various settings across 11 governorates in Palestine. Through convenience sampling, 7223 participants were recruited, with 7058 included in the analysis. Results showed varying levels of knowledge about cervical cancer (CC) risk factors, categorized as poor, fair, and good. The most recognized risk factors were having a weakened immune system and infection with a sexually transmitted infection, while having many children was the least identified. Only 23.7% demonstrated good knowledge. Participants from the Gaza Strip tended to be younger with lower incomes and fewer chronic diseases compared to those from the West Bank and Jerusalem. Factors such as education level, employment status, and income were associated with knowledge levels, while knowing someone with cancer correlated with higher knowledge.^{viii}

2.Review of literature related to planned teaching programme on cervical cancer:-

Shiho Kawata , Phd , RN, PHN ,and Emiko Saito ,PhD ,RN,PHN (2023) A quasi experimental study to assess the effectiveness of cervical cancer prevention program to improve health literacy among Japanese undergraduate females in their 20's. This study aimed to assess the effectiveness of a program for female undergraduate students in a private university in Japan. The study involved two groups: an experimental group (15 students) and a control group (60 students). Through careful matching, the final assessment included 28 students (14 in each group). Data analysis compared the participants' scores and behaviours before and after the program using statistical tests. The results showed that the experimental group had significant improvements in health literacy, knowledge about women's health, and confidence in discussing their bodies with medical professionals. However, there was no significant change in cervical cancer screening behaviour. The control group did not show any changes in the variables. These findings suggest that the program effectively enhanced health literacy, knowledge, and confidence in female students, but further research is needed to develop more suitable health programs for women in their twenties.^{ix}

Andugula SK. (2021):- A pre-experimental study conducted on 60 staff nurses that are selected through purposive sampling approach with a one-group pretest-post-test design. Prior to the intervention, 56.7% exhibited below-average knowledge, which improved significantly post-intervention. Meanwhile, 43.3% showed average knowledge initially, with 20% achieving average knowledge afterward. None displayed above-average knowledge initially, but 80% attained it post-intervention. The observed significant difference ($p < 0.01$) between pretest and posttest scores, supported by notable t values, underscores the effectiveness of the structured teaching program in enhancing knowledge. Furthermore, significant associations were identified between nurses' knowledge levels and various demographic factors such as age, education, family type, monthly income, and marital duration. This underscores the importance of tailoring educational interventions to specific demographic profiles.^x

3.Review of literature related to expressed practices, prevention and management related to cervical cancer :-

Lubeya MK, Chibwasha CJ, Mwanahamuntu M, Mukosha M, Frank S, Kawonga M. (2023):-A qualitative study was conducted in the Lusaka district from June to November 2021, utilizing semi-structured interviews with adolescent girls aged 15-18, irrespective of their HPV vaccination status. The interviews were transcribed verbatim, and data management and analysis were performed using NVIVO 12. We employed both deductive and inductive coding based on emerging themes, with perceptions analyzed through the constructs of the Health Belief Model. Saturation was achieved after interviewing 30 adolescent girls, 17 of whom reported receiving at least one dose of the HPV vaccine. Participants demonstrated varied levels of knowledge and awareness about HPV and the HPV vaccine. Generally, they exhibited positive attitudes towards the vaccine and recognized its benefits. Nonetheless, several barriers to vaccination were identified, including the requirement for parental consent, not being in school, concerns about vaccine side effects, and belief in myths and misinformation.^{xi}

De Fouw M, et.al(2023):-A qualitative study conducted on married men and/or men with daughters, aged 25 to 60 years, in Kagadi district, Mid-Western Uganda. Eleven focus group discussions involved 67 participants. The interviews were transcribed verbatim and thematically analysed using an inductive approach. The findings indicated that men were generally supportive of their wives undergoing screening and their daughters receiving HPV vaccinations. However, there were prevalent misconceptions, including beliefs that family planning and poor personal hygiene could lead to cervical cancer, and misunderstandings regarding the preventive nature of screening and vaccination. Women diagnosed with cervical cancer often faced stigmatization and familial challenges, including loss of fertility, reduced marital sexual activity, domestic violence, and decreased economic productivity.^{xii}

MATERIALS AND METHODS :-

In this study, a **Quantitative Research Approach** was adopted to assess the effectiveness of planned teaching programme on knowledge and expressed practices related to cervical cancer among women of village Baggi, district Mandi (H.P.). In order to meet the aim and objectives of the study an appropriate research design was selected that was Quasi Experimental Research Design. Three types of Research variables were identified in the study. They are independent Variable, Dependent variable & Extraneous variables. In the present study independent was Planned Teaching Programme, Dependent variable was knowledge and expressed practices of women regarding cervical cancer and Extraneous variable were Age in Years, Education, Occupation, Annual Family income, Type of Family, Age at marriage (in years), Number of live births, Number of abortion. The research setting for the present study was village Baggi, district Mandi (H.P.). Women from the village Baggi who were available at the time of data collection were selected as the research population. A total of 60 women were selected as the sample using a non probability convenient sampling technique. To assess the knowledge and expressed practices regarding prevention and management of cervical cancer, the tool was divided into three sections :Section A, Section B & Section C. Section A included nine items to collect socio demographic information such as Age in Years, Education, Occupation, Family income (annual), Type of Family, Age at marriage (in years), Number of live births, Number of abortion, Age at menarche (in years). Section B consists of self-structured knowledge questionnaire which seeks information regarding the cervical cancer among the women of rural area Baggi, District Mandi (H.P.) Total 20 questionnaire regarding cervical cancer. Each question had 4 options and the responded were instructed to tick the one right answer from given options for each question. Each correct answer was scored 1 and each wrong answer was scored 0. Maximum marks of questionnaire are 20 and minimum marks are 0. Section C consists of questionnaire which seeks information from participants regarding practices which are not directly observed by the researcher. Information regarding practices are obtained in the form of answers made by the participant in the form of tick mark in front of "yes" or "no". Total 10 questionnaire regarding expressed practices related to cervical cancer were administered. Each correct answer was scored 1 and each wrong answer was scored 0. Maximum marks of questionnaire are 20 and minimum marks are 0. Despite of "yes" or "no" participant gets scored 1 mark for every correct response they have been made.

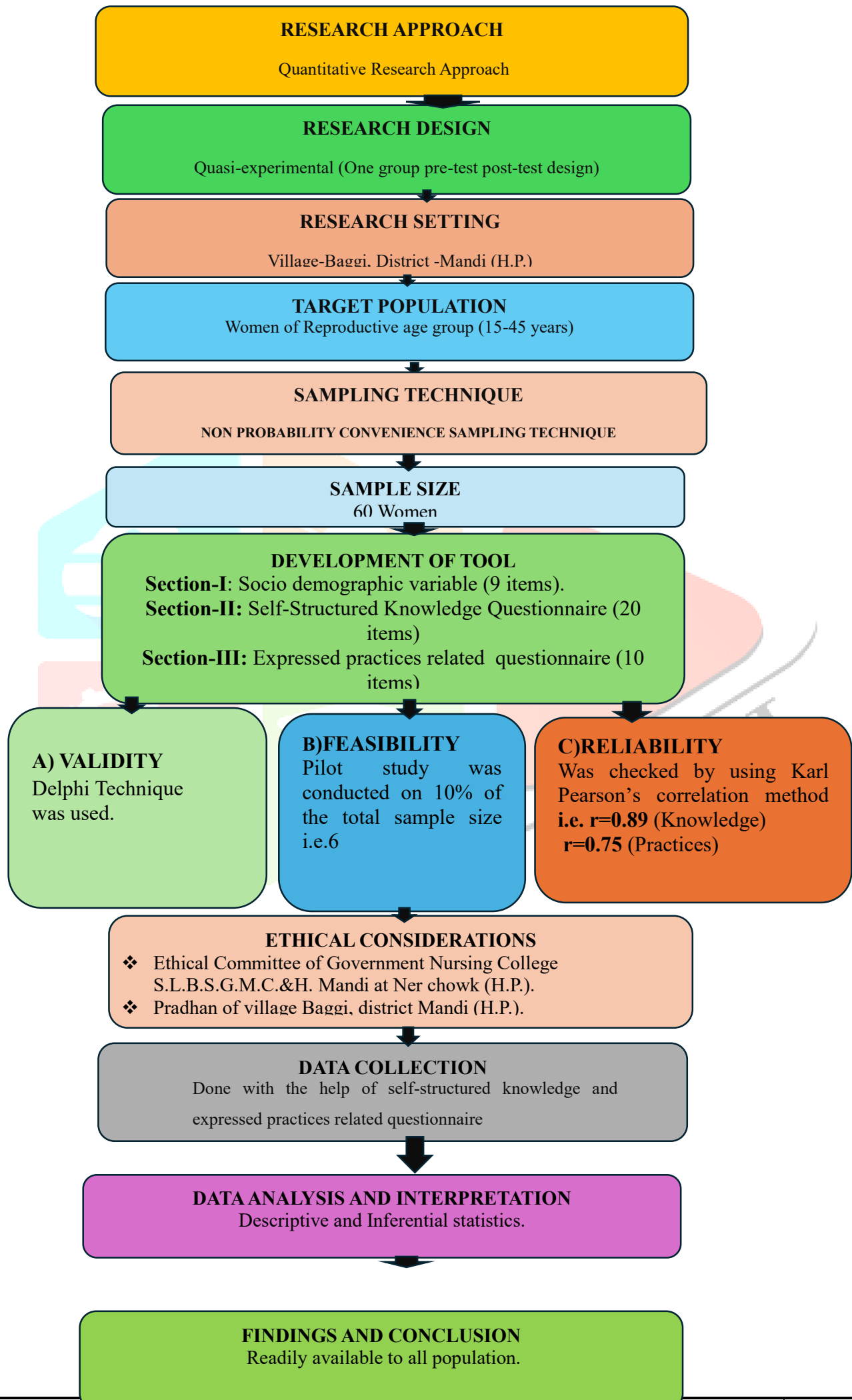


FIG.: 1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

ANALYSIS AND INTERPRETATION OF DATA:-

Analysis and interpretation of data was done according to the objectives using descriptive and inferential statistics. The level of significance chosen was at $p \leq 0.05$.

Organisation of analyzed Data:-

- **SECTION A:-** Findings related to Frequency(f) and percentage(%) distribution of women according to their socio-Demographic variables.
- **SECTION B:-** Findings related to comparison of pre-test post-test knowledge and expressed practices score & effectiveness of planned teaching programme on knowledge and expressed practices regarding cervical cancer among women .
- **SECTION C:-** Findings related to correlation between knowledge and expressed practices regarding cervical cancer among women.
- **SECTION D:-** Findings related to association between knowledge and expressed practices with their socio-demographic variables regarding cervical cancer among women.
- **Table 4.1(A):** Frequency and Percentage distribution of women according to their Socio-Demographic variables.

Variables	Options	f (%)
Age (in years)	15-25 years	10(16.7%)
	26-35 years	19(31.7%)
	36-45 years	31(51.7%)
Education	Primary	2(3.3%)
	Middle	22(36.7%)
	High School	17(28.3%)
	Graduate or above	19(31.7%)
Occupation	Homemaker	54(90.0%)
	Private job	1(1.7%)
	Government Job	3(5.0%)
	Semi-government Job	2(3.3%)
Family Income (annual)	less than 20,000	46(76.7%)
	20,001-30,000	4(6.7%)
	30,001-40,000	2(3.3%)
	40,001-50,000	5(8.3%)

	More than 50,000	3(5.0%)
Type of Family	Nuclear Family	23(38.3%)
	Joint Family	37(61.7%)
	Extended Family	0(0.0%)
Age at marriage (in years)	15-20 years	40(66.7%)
	21-25 years	18(30.0%)
	26-30 years	2(3.3%)



Table 4.1(B): Frequency and percentage distribution of women according to the Sociodemographic variables.

N=60

Variables	Options	f (%)
No. of Live Births	Zero	7(11.7%)
	One	12(20.0%)
	Two	28(46.7%)
	> Two	13(21.7%)
No. of Abortion	One	9(15.0%)
	Two	4(6.7%)
	Three	3(5.0%)
	None	44(73.3%)
Age at menarche (in years)	12 years	2(3.3%)
	13 years	10(16.7%)
	14 years	30(50.0%)
	15 years	12(20.0%)
	16 years	4(6.7%)
	17 years	2(3.3%)

SECTION C

CORRELATION BETWEEN POST-TEST LEVEL OF KNOWLEDGE AND EXPRESSED PRACTICES AMONG WOMEN REGARDING CERVICAL CANCER**Table 4.2: Post-test co-relation between knowledge and Expressed Practices regarding cervical cancer****N=60**

Variable 1	vs	Variable 2	r value	P value
PRE KNOWLEDGE	vs	POST KNOWLEDGE	-0.246	0.058
PRE KNOWLEDGE	vs	PRE-PRACTICE	.295**	0.022
PRE KNOWLEDGE	vs	POST PRACTICE	0.005	0.970
POST KNOWLEDGE	vs	PRE-PRACTICE	-0.178	0.173
POST KNOWLEDGE	vs	POST PRACTICE	.406	0.001**
PRE-PRACTICE	vs	POST PRACTICE	-0.041	0.755
Significant**				

Table 4.2 showed the results showed that the correlation between PRE KNOWLEDGE and POST KNOWLEDGE was -0.246 with a p value of 0.058, indicating a non- significant relationship. pre knowledge and pre-practice had a significant positive correlation of 0.295 with a p value of 0.022. The correlation between pre knowledge and post practice was 0.005 with a p value of 0.970, which was not significant. The relationship between post knowledge and pre practice was -0.178 with a p value of 0.173, indicating a non-significant correlation. post knowledge and post practice showed a significant positive correlation of 0.406 with a p value of 0.001. Hence, it was concluded that there is significant co-relation between post-test level of knowledge and expressed practices regarding cervical cancer among women of village Baggi, district Mandi (H.P.)

Hence, research hypothesis H₂, was accepted. Finally, the correlation between pre- practice and post practice was -0.041 with a p value of 0.755, indicating a non- significant relationship. The non-significant correlation between knowledge scores and practice scores in my research indicates that there is no strong linear relationship between these two variables. This means that a person's level of knowledge does not necessarily predict their level of practice. In other words, individuals with good practice skills may not always have high knowledge scores, and those with high knowledge scores may not always demonstrate good practice skills.

SECTION D

Table 4.3 (A): Findings related to Association of pre-test & post-test level of knowledge with the selected Socio demographic variables of women in village Baggi.

N=60

		PRE-TEST				POST-TEST			
Variables	Options	Chi Test	P Value	Df	Table Value	Chi Test	P Value	df	Table Value
Age (in years)	15-25 years	2.066	0.724	4	9.488	2.499	0.645	4	9.488
	26-35 years								
	36-45 years								
Education	Primary	2.896	0.822	6	12.592	2.099	0.910	6	12.592
	Middle								
	High School								
	Graduate or above								
Occupation	Homemaker	5.587	0.471	6	12.592	0.476	0.998	6	12.592
	Private job								
	Government Job								
	Semi-government Job								
Family Income (annual)	less than 20,000	7.729	0.460	8	15.507	1.304	0.996	8	15.507
	20,001-30,000								
	30,001-40,000								
	40,001-50,000								
	More than 50,000								
	26-30 years								
Significant**									

Table 4.3 (B): Association of pre-test & post-test level of knowledge with the selected Socio demographic variables of women in village Baggi.

N=60

Variables	Options	PRE-TEST				POST-TEST			
		Chi Test	P Value	df	Table Value	Chi Test	P Value	df	Table Value
Type of Family	Nuclear Family	4.023	0.134	2	5.991	1.380	0.502	2	5.991
	Joint Family								
	Extended Family								
Age at marriage (in years)	15-20 years	2.470	0.650	4	9.488	0.893	0.926	4	9.488
	21-25 years								
	26-30 years								
No. of Live Births	Zero	3.611	0.729	6	12.592	3.806	0.703	6	12.592
	One								
	Two								
	> Two								
No. of Abortion	One	7.787	0.254	6	12.592	1.558	0.956	6	12.592
	Two								
	Three								
	None								
Age at menarche (in years)	12 years	35.124	0.000***	10	18.307	3.554	0.965	10	18.307
Highly significant ***									

Table 4.3 (A) & (B) showed that the factors like age (in years), education , occupation, area of residence, family income (annual) ,type of family, age at marriage (in years),no. of live births, no. of abortion and age at menarche (in years) didn't significantly affect post-test knowledge scores. In other words, these aspects don't seem to impact how well someone performs on the test.

Table 4.4 (A): Association of pre-test & post-test level of expressed practices with the selected socio demographic variables of women in village Baggi.**N=60**

		PRE-TEST				POST-TEST			
Variables	Options	Chi Test	P Value	Df	Table Value	Chi Test	P Value	df	Table Value
Age (in years)	15-25 years	11.439	0.022	4	9.488	0.667	0.717	2	5.991
	26-35 years								
	36-45 years								
Education	Primary	6.975	0.323	6	12.592	2.753	0.43136	3	7.815
	Middle								
	High School								
	Graduate or above								
Occupation	Homemaker	0.741	0.994	6	12.592	0.351	0.950	3	7.815
	Private job								
	Government Job								
	Semi-government Job								
Family Income (annual)	less than 20,000	7.536	0.480	8	15.507	2.883	0.578	4	9.488
	20,001-30,000								
	30,001-40,000								
	40,001-50,000								
	More than 50,000								
	26-30 years								
Type of Family	Nuclear Family	0.423	0.809	2	5.991	1.072	0.300	1	3.841
	Joint Family								
	Extended Family								
Age at marriage (in years)	15-20 years	3.333	0.504	4	9.488	0.117	0.943	2	5.991
	21-25 years								
	26-30 years								
Significant**									

Table 4.4 (B): Association of pre-test & post-test level of knowledge with the selected Socio demographic variables of women in village Baggi.

N=60

Variables	Options	PRE-TEST				POST-TEST			
		Chi Test	P Value	Df	Table Value	Chi Test	P Value	Df	Table Value
No. of Live Births	Zero	12.354	0.055	6	12.592	4.072	0.254	3	7.815
	One								
	Two								
	> Two								
No. of Abortion	One	6.717	0.348	6	12.592	5.774	0.123	3	7.815
	Two								
	Three								
	None								
Age at menarche (in years)	12 years	6.667	0.756	10	18.307	10.175	0.070	5	11.070
Highly significant ***									

Table 4.4 (A) & (B) represents the analysis which revealed that none of the socio- demographic variables studied (age, education, occupation, family income, type of family, age at marriage, number of live births, number of abortions, and age at menarche) have a significant association with post-test practice scores. This suggests that these socio-demographic factors might not play a crucial role in influencing the participants' practice scores after the intervention.

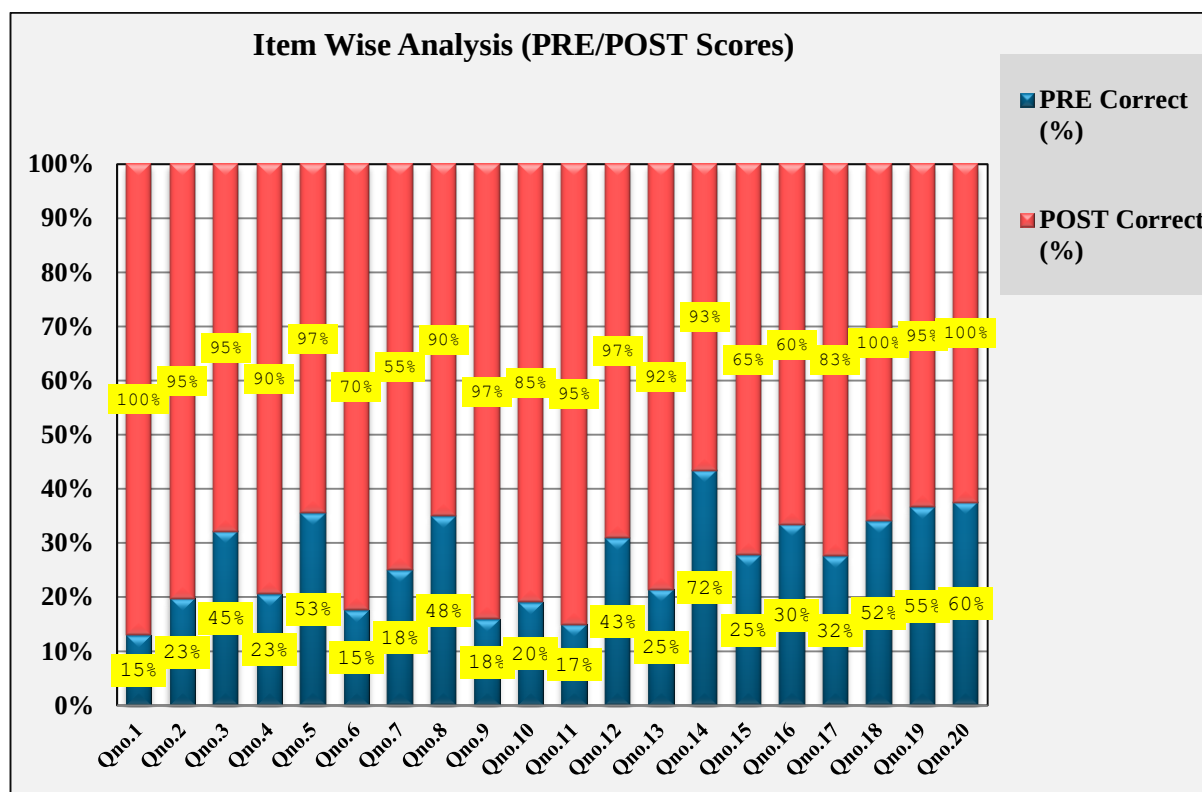


Fig.2.: Bar diagram representing Item wise analysis representing comparison of pre-test and post-test level of knowledge

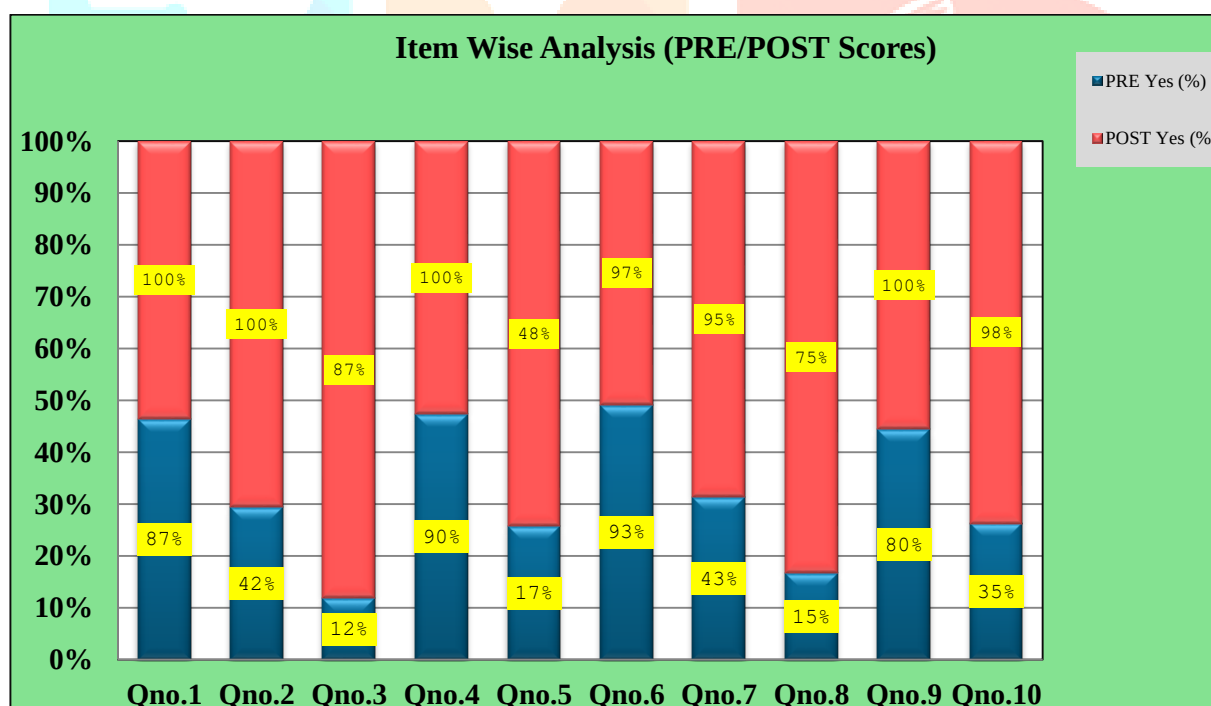


Fig.3:- Bar diagram representing Item wise analysis representing comparison of pre-test and post-test level of expressed practice.

DISCUSSION:-

- ❑ **To assess the post test knowledge & expressed practices regarding prevention and management of cervical cancer among women in village Baggi, District Mandi (H.P.).**
- The post-test results for 60 participants showed a significant improvement in knowledge after the planned teaching program. None of the participants scored in the poor knowledge range (0-5), with all achieving at least a verygood level. Specifically, 3.3% (2 participants) scored in the good range (6-10), another 3.3% in the very good range, and 93.3% (56 participants) achieved excellent scores (16-20). For expressed practices, 95% scored in the adequate range (8-10), indicating a high level of knowledge proficiency, while 5% scored in the inadequate range (4-7), yet none scored in the lowest range (0-3). **These results led to the acceptance of the research hypothesis (H1) and rejection of the null hypothesis (H0).**
 - These findings were consistent with the findings of a study conducted by Olubodun T, Odukoya OO, Balogun MR(2019) on 225 women at health facilities, an intervention consisting of a pre-test, an educational session, and a post-test was conducted to assess attitudes, knowledge, risk factors, and symptoms related to cervical cancer. Statistical analysis showed significant improvements in knowledge and the intention to undergo screening, with some areas, like knowledge of symptoms and prevention, increasing by up to 62%. Six months later, 40.7% of the 123 women followed up had been screened for cervical cancer. This theory-based educational intervention effectively increased both knowledge and the intention to screen for cervical cancer.**

CONCLUSION :-From the findings, present study concluded that the mean knowledge score in pretest and post test was 6.9 ± 2.192 and 17.53 ± 2.029 . Similarly, the mean practice score in pretest and post test was 5.13 ± 1.255 and 9 ± 0.823 respectively. There is no significant association of level of knowledge and expressed practices with their selected socio-demographic variables.

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