

Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Cervical Cancer among Women of Reproductive Age Group at Selected Rural Community

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Abstract

A Quasi Experimental Design was used for the present study & 50 women of reproductive age group were selected using purposive sampling technique. A structured questionnaire was used to assess the knowledge. The analysis and the data were based on the objective and hypothesis. Both descriptive and inferential statistics were used for data analysis. The Assessment of post- test knowledge score of the women of reproductive age group on prevention of cervical cancer shows that, Majority of women 34(68%) had good knowledge (13.59 ± 1.189), 12(24%) had excellent knowledge (16.50 ± 0.6742) and followed by 4(8%) having the average knowledge (10 ± 0). It implies that, Majority of women having good, average and excellent knowledge in post test score after implementation of STP on knowledge of the women of reproductive age group on prevention of cervical cancer as compare to pre-test it shows that STP was effective educational strategies to create awareness.

Keywords: Effectiveness, Structured teaching programme, women, reproductive age group, cervical cancer.

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INTRODUCTION

Cervical Cancer is arising from the cervix. It is due to the abnormal growth of cells that have the ability to invade or spread to the other part of the body. Early on typically no symptoms are seen. Later symptoms may include abnormal vaginal bleeding, pelvic pain during sexual intercourse. About 70% of cervical cancer occurs in developing countries. In low income countries it is the most common cause of cancer death. Cervical cancer is the second most common cancer among women and is the primary cause of cancer related death in developing countries. There has been a regular campaign against cervical cancer for 30 years in India but this had a little impact on the morbidity and mortality from the disease. Early detection of cervical cancer remains a dream in India even after ten years the introduction of vaccine available to prevent cervical cancer. Over 62,000 women died of cervical cancer in 2015, accounting for 24% of total cancer related death of women in India [1].

Cervical cancer is cancer of the cervix i.e. the opening of the uterus, extending into the upper end of the vagina. Cancer of the uterine cervix is still the most

common cancer among women in India. The most significant risk factor for cervical cancer is infection with the human papillomavirus (HPV) which can be transmitted during sex. Other risk factors include the changing sexual behavior in young adults might lead to another wave of cervical cancers. Early age at first intercourse, multiple sexual partners, poor sexual hygiene, repeated child birth smoking, immunodeficiency, having a history of cancer etc., are some of the reproductive risk factors for cervical cancer. Cervical cancer usually grows slowly over many years it may present with vaginal bleeding but symptoms may be absent until the cancer is in its advanced stages [2, 3].

Cancer of the cervix is the second most common cancer in women worldwide and is a leading cause of cancer-related death in women in underdeveloped countries. Worldwide, approximately 500,000 cases of cervical cancer are diagnosed each year. Routine screening has decreased the incidence of invasive cervical cancer in the United States, where approximately 13,000 cases of invasive cervical cancer and 50,000 cases of cervical carcinoma in situ (i.e., localized cancer) are diagnosed yearly. Cervical

cancer claims almost half a million women worldwide. In 99.7% of all affected women, it results from a history of persistent infection by a family of more than 100-related viruses called human papillomavirus (HPV). As many as 80% of all sexually-active women have a risk of infection [4].

Cervical cancer is a preventable disease as the different screening, diagnostic and therapeutic procedures are effective. At present throughout the globe there are nearly one million women each year having cervical cancer. Cervical cancer is the most common cancer in women of the developing countries where screening facilities are inadequate [5, 6].

Cervical cancer is one of the leading causes of morbidity and mortality amongst the gynecological cancers worldwide. In today's world, cervical cancer is primarily a disease found in low income countries. Of the nearly 5, 00,000 new cases that occur annually, 83% are in the developing world, as are 85% of the 2,74,000 deaths associated with cervical cancer. In India alone there are an estimated 1, 32,000 new cases and 74,000 deaths each year. Most women with cervical cancer in these countries present with advanced disease, resulting in low cure rates. Several factors contribute to the high burden of disease and advanced stage at presentation including poor knowledge about the disease furthermore there is a lack of screening among the general population. The incidence and mortality of cervical cancer can be reduced by screening women for precancerous lesion and by administration of human papilloma virus vaccine to adolescent girls. Knowledge of the women about cervical cancer and awareness about its prevention are the key factors that determine their utilization of screening services. The epidemic of cervical cancer can be reduced with the proper awareness and practice of cervical cancer prevention measures. Awareness regarding cervical cancer is quite low amongst Indian women, despite the evidence of the methods for prevention most women remaining unscreened. Hence the purpose of this study is to assess the knowledge regarding cervical cancer among women of reproductive age group residing in the rural area [7].

Cervical cancer can have serious adverse effects on the women. It is the most common type of cancer among women which can be prevented and treated. There is lack of awareness among women on cervical cancer, its early detection, prevention. If knowledge is given about cervical cancer prevention to different groups, it will help in promoting health. Thus the investigator felt to conduct a study on prevention of cervical cancer [8].

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding prevention of cervical cancer among women of reproductive age group.

2. To evaluate the effectiveness of structured teaching programme regarding prevention of cervical cancer among women of reproductive age group.
3. To find out the association between knowledge score of women of reproductive age group regarding prevention of cervical cancer and selected demographic variables.

OPERATIONAL DEFINITIONS

Effectiveness: It refers to the extent to which the structured teaching programme has achieved the desired effect in improving the knowledge of women regarding Prevention of cervical cancer.

Structured Teaching Programme: It refers to a systematically organized teaching programme prepared by the investigator on cervical cancer, etiology, clinical manifestation, risk factors, diagnostic tests and its prevention with the use of A.V. Aids to enhance women awareness about cervical cancer and its prevention.

Knowledge: In this study, knowledge to awareness of women in reproductive age group regarding prevention of cervical cancer.

Cervical cancer: Refers to Cancer of cervix, which is a part of female reproductive system.

Women of reproductive age group: It refers that, females in the age group of 15- 45 yrs.

Prevention of cervical cancer: It is a measure taken to reduce the incidence and to limit the progression of cervical cancer and provide intervention regarding cervical cancer.

ASSUMPTION

1. It is assumed that women may have inadequate information on cervical cancer.
2. Women would be co-operative and willing to express their knowledge regarding cervical cancer.
3. The response given by the women to the questionnaire will represent their true measures of knowledge regarding cervical cancer.
4. The knowledge of women is influenced by demographic factors like education, religion, age, etc.

HYPOTHESIS

H₀– There will be no significant difference between pre test and post test knowledge scores of women of reproductive age group regarding prevention of cervical cancer.

H₁ – There will be significant difference between pre test and post test knowledge scores of women of reproductive age group regarding prevention of cervical cancer.

H₂ – There will be significant association between pre test mean knowledge scores with selected demographic variables among women of reproductive age group regarding prevention of cervical cancer.

DELIMITATIONS OF STUDY:

1. The study was limited to women of selected rural community.
2. Who are not co-operative and willing.
3. Sample size is limited to 50 women in reproductive age group.

METHODOLOGY

Research Approach: An evaluative research approach was adopted in this study.

Research design: Quasi experimental with one group pre-test and post-test design.

Research Setting: Selected rural areas in Ahmednagar District.

Population: The populations of the study were women of reproductive age group between 15 to 45 years.

Sample: Women of reproductive age group of rural areas in Ahmednagar District.

Sample size: 50 women of reproductive age group who are in the age group (15-45 years).

Sampling Technique: Purposive sampling technique was used in this study.

Variables

- **Independent Variable:** Structured teaching programme
- **Dependent Variables:** Knowledge questionnaire on prevention of cervical cancer.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

1. All the women in reproductive age group between 15 – 45years.
2. Women who are willing to participate in the study.
3. Women who can read ,write Marathi or English
4. Those women who are available during the time of study.

Exclusion Criteria

1. Females below 15 years and more than 45 years.
2. Women who are illiterate.
3. Women who had undergone hysterectomy surgery.
4. Women who are health care professional.

5. Women who are not willing to participate in the study.

MAJOR FINDINGS OF THE STUDY

The analysis of the demographic data of the study samples gave an idea about the general characteristics of the women of reproductive age group at selected rural community.

The following are the major findings of the study.

SECTION 1: Deals with Analysis of Demographic Data of the Women of Reproductive Age Group at Selected Rural Community in Terms of Frequency and Percentage

1. **Age of Women:** Majority 18 (36%) of women of reproductive age group were in the age group of 15-25 years, 16 (32%) of them were in the age group of 26-35years and 16 (32%) of them in the age group of 36-45years.
2. **Religion :** Majority of women 42 (84%) belongs to Hindu religion, 6(12%) of them belongs to Muslim religion and 2(4%) of them were belongs to Christian religion
3. **Educational Status:** Majority of 15 (30%) women were the Higher school education, 11(22%) women were the HSC, 10(20%) women were the Primary school education, 9 (15%) women were the Higher Primary school education and 05(10%) women were the degree and above.
4. **Marital Status:** Majority of 45 (90%) women were from the married women, 4(08%) women were from the unmarried, and 1(2%) women were the widow women.
5. **Monthly Income:** Majority of 25(50%) of the women had a family income of 6001-9000 per month, 18(36) of the women had a family income of 3001-6000, 4(08) of the women had a family income of 9001 and above and 3(6%) were having income of 1000-3000.
6. **Type of Family :** Majority of 43(86%) women were from the joint family and 7(14%) women were from the nuclear family
7. **Parity:** Majority of 25(50%) women were multipara, 16 (32%) women were had unipara, 09 (18%) women were nulliparous.
8. **Family History of Cancer:** Majority of 50 (100%) women were not having any family history of cancer.
9. **Source of Health Information:** Majority of women source of information about prevention of cervical cancer were friends /neighbors, television was 11 (22%) 11 (22%), and relatives / family members was 09(18%), radio, any specify 06(12%) 06(12%), Newspaper/magazines/journals/books 05(10%) and health personal 02(04%).

SECTION 2: Deals with Analysis of Data Related To Assessment of the Knowledge Regarding Prevention of Cervical Cancer among Women of Reproductive Age Group

- **Pre test level of Knowledge of women of reproductive age group on prevention of cervical cancer**

Majority of women 34 (68%) having average knowledge with the mean (7.68±1.28) followed by 12 (24%) having poor knowledge with the mean (4.5±0.64) and 04(08%) having good knowledge with the mean (11.25±0.50). Overall pre test knowledge score of women of reproductive age group on prevention of cervical cancer was 7.1 ±2.01. It implies that, majority of women having average knowledge about prevention of cervical cancer.

- **Aspect wise pre-test level of knowledge of women on prevention of cervical cancer**

Aspect wise pre test knowledge level of women of reproductive age group about prevention of cervical cancer as per Meaning Of Cancer & Cervical Cancer, Causes And Risk Factors Of Cervical Cancer, Symptoms & Complication, Diagnostic Evaluation and Treatment and prevention of cervical cancer were (1.18±0.437), (2.28±1.05), (0.76±0.517), (1.96±0.781) & 0.92±0.72 respectively.

SECTION 3: Deals With Analysis of Data Related to The Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Cervical Cancer among Women of Reproductive Age Group At Selected Rural Community.

- **Knowledge of women of reproductive age group on prevention of cervical cancer in pre and post test**

The assessment of overall pre-test knowledge level of the women of reproductive age group on prevention of cervical cancer shows that, Majority of women 34 (68%) having average knowledge with the mean (7.68±1.28) followed by 12 (24%) having poor knowledge with the mean (4.5±0.64) and 04(08%) having good knowledge with the mean (11.25±0.50).

Whereas overall post- test knowledge score of the women of reproductive age group on prevention of cervical cancer shows that, Majority of women 34(68%) had good knowledge (13.59±1.189), 12(24%) had excellent knowledge (16.50±0.6742) and followed by 4(08%) having the average knowledge (10±00).

It implies that, Majority of women having good, average and excellent knowledge in post test score after implementation of STP on knowledge of the women of reproductive age group on prevention of cervical cancer as compare to pre-test it shows that STP was effective educational strategies to create awareness.

Aspect wise knowledge of women on prevention of cervical cancer in pre-test and post-test

Aspect wise pre test level of knowledge level of women of reproductive age group about prevention of cervical cancer as per Meaning Of Cancer & Cervical Cancer, Causes And Risk Factors Of Cervical

Cancer, Symptoms & Complication, Diagnostic Evaluation and Treatment and prevention were (1.18±0.437), (2.28±1.05) (0.76±0.517), (1.96±0.781) & 0.92±0.72 respectively .

Whereas overall post- test knowledge scores of women of reproductive age group about prevention of cervical cancer as per Meaning Of Cancer & Cervical Cancer, Causes And Risk Factors Of Cervical Cancer, Symptoms & Complication, Diagnostic Evaluation and Treatment and prevention were (2.22±0.61), (4.14±0.98), (1.46±0.49), (3.46±0.70), (±0.70).

It implies that, after implementation of STP on knowledge of the women of reproductive age group on prevention of cervical cancer as compare to pre-test it shows that STP was effective educational strategies to create awareness.

Effectiveness of STP on knowledge of women of reproductive age group about prevention of cervical cancer

Paired t- test calculated value 8.856 was more than Probability 2.95 value at 49 degree of freedom. So accept the research hypothesis (H₁) and reject the null hypothesis (H₀). It shows that structured teaching programme was effective women of reproductive age group about prevention of cervical cancer.

SECTION 4: Deals With Analysis of Data Related to The Association Between Knowledge Score of Women of Reproductive Age Group Regarding Prevention of Cervical Cancer and Selected Demographic Variables.

The chi square test was used to see the association between the demographic variables with the pre-test knowledge. For all the demographic variables the p value of the association test with knowledge was more than 0.05. That means, the knowledge regarding prevention of cervical cancer among women of reproductive age group is independent of these demographic variables. Concludes that, there was only one significant association of these demographic variables with the knowledge. The chi square test was used to see the association between the demographic variables with the pre-test knowledge.

CONCLUSION

Finding of the study showed that, Majority of women 34(68%) had good knowledge, 12(24%) had excellent knowledge and 4(08%) having the average knowledge regarding prevention of cervical cancer. The study concluded that there is significant increase in the knowledge level among women of reproductive age group after structured teaching programme.

RECOMMENDATIONS

On the basis of the finding of the study following recommendations have been made:

1. Similar study can be done on a larger sample

2. A similar study can be done on urban population.
3. A study can be done to find out the effectiveness of planned teaching program on the rural and urban people to improve the knowledge regarding cervical cancer and its prevention.
4. A similar study can be done in larger depth.
5. A similar study can be replicated in different setting to strengthen the findings.
6. A study can be done on knowledge of practice related to the prevention of cervical cancer.
7. A study can be done on association between various demographic variables which were significant on larger samples.
8. A similar study can be conducted among women of different community.
9. A study can be conducted to assess the knowledge of the community health workers regarding knowledge of cervical cancer.
10. Various other intervention modalities, which may vary in content and method, can be used to assess the effectiveness of STP among women in community.

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