International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor (2018): 7.426

Effect of Structured Teaching Programme on Knowledge Regarding Cervical Cancer of Female in-Patients in a Selected Hospital

Ritanjali Sahoo

Professor and Principal, College of Nursing Cuttack, (Under Utkal University), at-Charigharia, P.O-Daulatabad,Via-Choudwar,Dist-Cuttack,Pin-754026,Odisha,India

Abstract: ***Cervical cancer is the most prevalent cancer among women worldwide and the fourth leading cause of cancer deaths in now-a- days. Eighty percent of all cases of cervical cancer are found in developing countries, where early detection methods are often not available. In the present study, to assess the effectiveness of structured teaching programme (STP) on knowledge of patients on cervical cancer,50 patients were selected from SCB Medical College & Hospital,Cuttack,Odisha by using convenience sampling method. One group pre-test & post test design was used .After STP, patients knowledge were adequately increased to 88%. There was an improvement in the level of knowledge as tested by paired "t" test. Results were found to be statistically significant (P< 0.05).This study demonstrated that STP on cervical cancer was effective in improving the knowledge of patients.***

Keywords: Cervical cancer, Knowledge, Structured Teaching Programme & effectiveness

1. Introduction

Cervical cancer is a disease of the cervix in which cell multiplies, destroys healthy tissue and endanger the life. It is not a communicable disease but it has genetic origin. Cervical cancer is a serious disease that can be life-threatening. This disease is caused by certain high-risk HPV types that can cause the cells in the lining of the cervix to change from normal to precancerous lesions. If these precancerous lesions are not diagnosed early and treated, they may turn cancerous after a few years.

Cervical cancer is the fourth most frequent cancer in women with an estimated 570,000 new cases in 2018 representing 6.6% of all female cancers. Approximately 90% of deaths from cervical cancer occurred in low- and middle-income countries. The high mortality rate from cervical cancer globally could be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening and treatment programmes. There are currently vaccines that protect against common cancer-causing types of human papilloma virus and can significantly reduce the risk of 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 high burden of disease and advanced stage at presentation including poor knowledge about the disease furthermore there is a lack of screening among general population (Roktin ID).

2. Objectives

1) To assess the knowledge regarding cervical cancer among female In-patients in a selected hospital by pre-test & post-test knowledge score.
2) To evaluate the effectiveness of structured teaching programme on knowledge of women regarding cervical cancer.
3) To assess significance of relationship between pre-test and post-test knowledge score.

3. Methods & Materials

The investigator obtained written permission from the concerned authority prior to the study. A study was conducted among female patients in gynaecology ward at SCB, Medical College & HosCuttack. Sample that belongs to inclusion criteria were selected by using convenience sampling method. In present study, sample size was 50. The purpose of the study was explained to the respondents and confidentiality was assured. Tool was administered to 50 female patients who fulfilled criteria .The time taken to complete the questionnaire was 25-30mins. Demographic variable was collected from the patients & a pre-test was assessed .)n the 8th day A structured teaching programme was administered among them. On the same day post-test conducted with the same tool to assess the gain in knowledge scores. The demographic variable collected and the knowledge of women regarding cervical cancer were assessed by using descriptive & inferential statistics in the form of Frequency, Percentage, Mean, Standard Deviation and paired "t" test.

A Pre- experimental one group pre-test & post-test research design has been adopted for the present study.

Group	Pre-test	Intervention	Post-test
A	A1	X	A2

Group
A: Female patients in gynaec ward, SCB, MCH, Cuttack
A1: Pre-test data on knowledge level about cervical cancer.
X: Structured Teaching Programme
A2: Post-test data on knowledge level about cervical cancer.

The tools (Questionnaire and Structured Teaching Programme) were given to 5experts to establish the content

validity. Experts were, two from obstetrical and gynecology and two from pediatric and one from community. There were 100% agreement on all items but few suggestions were given to modify some points. There were two sections in the tools & they are:

Section –A consisted of demographic variables on age, religion, educational status, occupational status, menstrual cycle, marital status & source of information.

Section –B consisted Structured questionnaire on knowledge regarding Cervical Cancer

4. Results

Table 1: Frequency & percentage distribution of demographic variables among patients (N=50)

S.No	Demographic Characteristics	Frequency	Percentage
1	**Age**		
	1) < 45 years	3	6
	2) 46-50 years	9	18
	3) 51-55 years	18	36
	4) >55 years	20	40
2	**Religion**		
	1) Hindu	37	74
	2) Muslim	11	22
	3) Chrisian	2	4
3	**Education**		
	1) Illiterate	21	42
	2) Primary	12	24
	3) Secondary	10	20
	4) Graduate	7	14
4	**Occupation**		
	1) Housewives	25	50
	2) Private Job	15	30
	3) Govt.Job	10	20
5	**Habitat**		
	1) Urban	18	36
	2) Rural	22	44
6	**Type of Family**		
	1) Nuclear Family	16	32
	2) Joint Family	33	66
	3) Extended Family	2	4
7	**Onset of Menarche**		
	1) 10-12 years	17	34
	2) 13-15 years	24	48
	3) Above 15 years	9	18
8	**Family History**		
	1) Yes	3	6
	2) No	47	94

Table 2: Frequency and Percentage distribution of women according to monthly family income

Family Income	Frequency	Percentage (%)
Below Rs 5,000/-	11	22
Rs 5,000/- - Rs 10,000/-	14	28
Rs10,000-15,000/-	16	32
Above 15,000/-	09	18

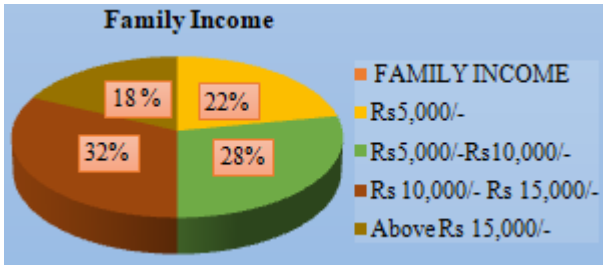


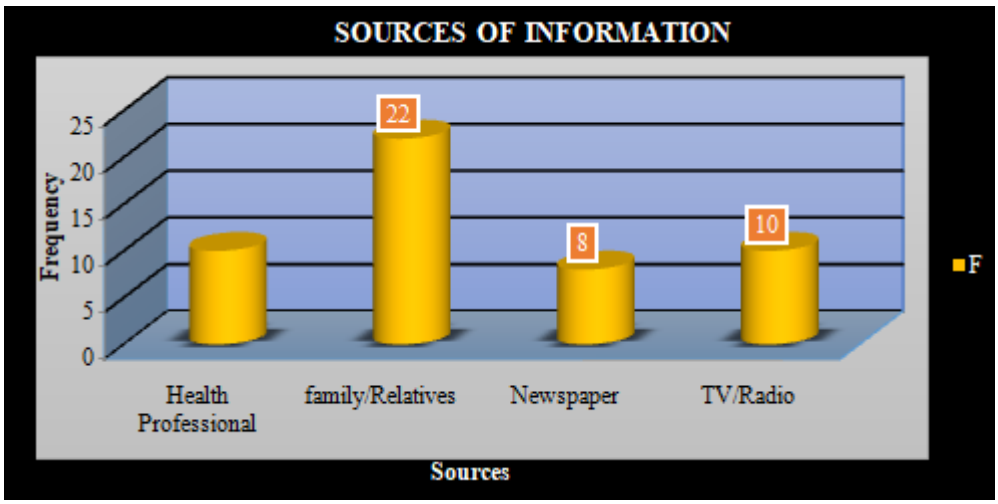
Table 3: Frequency and percentage distribution of patients according to their age at Marriage

Age at Marriage	Frequency	Percentage
Below 18 Years	08	16
18 – 25 Years	27	54
Above 25 Years	15	30

Table -3 shows that out of 50 female patients 8(16%) get married at the age of below 18 years,27(54%) get married between 18-25 years of age and 15(30%) patients get married above 25 years of age.

Table 4: Frequency and percentage distribution of patients according to the sources of knowledge (N=50)

Sources Of Information	Frequency	Percentage (%)
Health Professional	20	40
Television/Radio	10	20
Newspaper/Magazine	08	16
Neighbours	12	24



The above table describes that the frequency and percentage of female patients regarding their sources of knowledge. Out of 50 women 20(40%) were gained knowledge from the health professional.,12(24%) gained knowledge from family/friends, 8(16%) from newspaper/magazines & 10(20%) gained knowledge from TV/Radio.

Table 5: Comparison of Level of Knowledge Score in Pre and Post test (N=50)

Level of Knowledge Score	Scoring Criteria	Knowledge Score			
		Pre Test		Post Test	
		Frequency	Percentage (%)	Frequency	Percentage (%)
Inadequate	< 50 %	14	28	0	0
Moderate	50-70%	36	72	6	12
Adequate	>70 %	0	0	44	88
Minimum Score		10		18	
Maximum Score		18		28	

Table 6: Effectiveness of Planned Teaching Programme regarding prevention of Cervical Cancer

Level of Knowledge	Mean	Mean Difference	Standard Deviation	"t" Value
Pre-Test	9.9	7.1	5.32	11
Post-Test	17		3.63	

P<0.05, df(49)
N=50

5. Discussion

Majority(40%) of patients were from above 55 years of age, Maximum(74%) were Hindu, Majority(42%) were illiterate, Majority(60%) had family income between Rs.10,000/- to Rs.15,000/- per month, Maximum(66%) were from joint family, Majority 25(50%) were housewives,22(44%) were from rural community, Maximum(65%) were using Toilet, Majority (80%) had Habit of using Tobacco, Majority 24(48%) had menarche at the age of 13-15 years, Maximum 47(94%) did not have family history of cervical cancer &Majority (44%) of patients had information regarding cervical cancer through family & friends.

Before STP, maximum 36(72%) had moderate level of knowledge & after STP, 44(88%) had adequate knowledge on cervical cancer. The effectiveness of STP was statistically tested. Findings of this study brought out that there was an improvement in the level of knowledge as tested by paired "t" test. Results were found to be statistically significant (P< 0.05). The statistical value supported the research hypothesis that "Post test knowledge on cervical cancer will be significantly higher than the pre test knowledge of patients who had structured teaching programme".

The findings indicate that the difference between mean post-test and pre-test knowledge score was a true difference & not by chance. So, the Planned teaching Programme was effective in increasing the knowledge of women regarding cervical cancer. The present study findings were supported by those of Shiela,Shiu & Hydroid (2006)who concluded that the level of knowledge about risk factors as well as general facts about gynaecological cancer in women is low. Only 47% women know the difference between the sites of origin of cervical & endometrial cancer.

Soleman et al (2008) found that 58% women were not aware that obesity increased the risk of endometrial cancer. Patient education regarding risk factors may increase awareness of the relationship between obesity and endometrial cancer among women.

6. Conclusion

The health care delivery system at present gives more emphasis on prevention rather than curative aspects. Health administration should make the education department aware about the prevailing health problems and assign the staff for conducting the planned teaching programme in community. Health education is one of the most effective interventions that could be used in health care agency. Educating the women regarding the causes, sign & symptoms, diagnostic procedures& changes in life style & different preventive measures on cervical Cancer will help the women to live normal life and thus preventing the development of cervical cancer.

References

[1] Lee, Miok C .Knowledge, barriers and motivators related to cervical cancer screening. Cancer Nursing 2000;23(3):168-75.
[2] Thekkek N, Kortum RR. Optical imaging for cervical cancer detection: Solutions for a continuing global problem. Cancer 2008; 14(2).
[3] Meijer CJ. Risk factors of invasive cervical cancer in Mali. International Journal of Epidemiology, 2002 Feb, volume 31,1: 202-9.
[4] Globocan 2008: Cancer incidence, mortality and prevalence worldwide. International Agency for Research on Cancer. http://globocan.iarc.fr/.(access June 2012) 3.
[5] Sherris J, Luciani S. Advocating for cervical prevention. International Journal of Gynecology and Obstetrics, 2005, volume 89, 2: 46-54.
[6] Touze A, Bosech FX. Prevalence of anti-human papillomavirus type 16, 18, 31 and 58 virus-like in women in the general population and prostitutes. Journal of Clinical Microbiology, 2001,39: 4344-48.
[7] Bosch FX, Shah KV. Prevalence of human papillomavirus in cervical cancer: a worldwide perspective. Journal of National Cancer Institute.1995, (87): 796-802.