A Quasi Experimental Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Prevention and Warning Signs of Cervical Cancer among Women in Selected Areas of Jalandhar, Punjab, 2019.

Ms. Harpreet Kaur, Ms. Jyoti, Ms. Amritpal Kaur
Obstetric and Gynaecological Nursing, S.G.L. Nursing College, Semi, Jalandhar.

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ABSTRACT:- Cervical cancer is the second most common cancer in women worldwide & is most common cancer causing death in the developing countries.[1] Sexually transmitted human papilloma virus (HPV) infection is the important cause of cervix intraepithelial neoplasia and invasive cervix cancer. Women have little awareness about cervical cancer that contribute significantly for prevalence of disease. Cervical cancer screening using Pap smear provides an appropriate way for early detection & prevention of cervical cancer.

So, Investigator planned to check the Effectiveness of Structured Teaching Programme on Knowledge regarding Prevention and Warning Signs of Cervical Cancer among Women in Selected Areas of Jalandhar, Punjab, 2019.

Aim Of The Study :- To enhance the knowledge regarding prevention and warning signs of cervical cancer among women through structured teaching programme**. Method and material:-** quasi experimental research design was used. The study was conducted on 100 women and was selected through convenient sampling technique, women of above 35 years of age in selected areas of Jalandhar. Data was collected by using socio demographic variables sheet and structured knowledge questionnaire. **Statstical analysis:-** Collected data was analyzed by descriptive and inferential statistics.

Result:- revealed that in experimental group there was significant (t_{cal} 30.012 > t_{tab} 1.96 at $p<0.05$) difference between pretest (12.48±2.150) and posttest(24.80±1.959)knowledge of women. Whereas in control group there was no significant ((t_{cal} 1.426 < t_{tab} 1.96 at $p<0.05$) difference between pretest (13.060±1.910) and posttest (13.34±1.858) knowledge of women. There was association of menstrual status of women in experimental group with post test knowledge and whereas in control group association of occupation, qualification and residential area with post test knowledge regarding prevention and warning signs of cervical cancer among women.

Conclusion:- The structured teaching programme was effective in providing knowledge regarding prevention and warning signs of cervical cancer among women in experimental group.

Key Words: Knowledge, Structured Teaching Programme, Prevention, Warning Signs, Cervical Cancer.

INTRODUCTION

"Cancer is only going to be a chapter in your life, not the whole story".

Human body is made up of cells which are the structural and functional unit of the body.[2] When abnormal proliferation and mutation occur in normal cell growth then it leads to cancer.[3]

There are different types of cancers among men and women that affect their health status. Most common cancer among men is: esophageal cancer, stomach cancer, lung cancer, prostate cancer, and urethral cancer. Common cancers among women are breast cancer, ovarian cancer, and most common cancer that is leading to death is cervical cancer.[4]

Cervical cancer begins when healthy cells on the surface of the cervix change and grow out of control, forming a mass called a tumor.[5] A tumor can be cancerous or benign. A cancerous tumor is malignant, meaning it can spread to other parts of the body. A benign tumor means the tumor will not spread.[6]

Cervical cancer is the commonest cancer cause of death among women in developing countries. Mortality due to cervical cancer is also an indicator of health inequities, as 86% of all deaths due to cervical cancer are in developing, low- and middle-income countries.[7] Cervical cancer is both preventable and treatable disease. Racial and ethnic minorities and those of low socio-economic status tend to experience the greatest morbidity and mortality due to cervical cancer. Cervical cancer is the cancer that starts in the cervix, the lower part of the uterus that opens at the top of the vagina. It usually develops very slowly. It starts as a precancerous condition called dysplasia. The precancerous condition can be detected by Pap smear and is 100% treatable. The American cancer society estimated that in 2017, approximately 12,820 American women will be diagnosed with cervical cancer and 4,210 will die from the disease. Most instances will be diagnosed in women who are between the age 20 and 50. [8]

Cervical cancer comes next only to breast cancer in terms of mortality rate which is high in Indian women. Cancer of cervix is the third most common cancer with estimated 1 lakh new cases in 2016 and about 1.04 lakh during 2020. Cancers associated with the use of tobacco account for about 30 percent of all cancers in males and females, the ICMR said.[9]

The two preventive strategies for cervical cancer include screening and vaccination. In India 3.1% get screened, leaving a large population vulnerable to death from the disease.[10] If cervical abnormalities are detected at an early stage the abnormal tissue can be excised using day care and minimally invasive surgical procedures. Regular screening and follow up care can prevent most deaths from cervical cancer. The health care reform act covers cervical cancer screenings, part of a “well-women visit.” Because it usually takes several years for normal cells in the cervix to turn into cells, it’s imperative to get regular screenings, either with a Pap smear test or HPV DNA test. And other diagnostic tests are colposcopy, chest X-ray, CT-scan, MRI and pelvic ultrasound. [10]

Almost all cervical cancers are caused by the sexually transmitted human papilloma virus. Human Papilloma Virus is associated with 50,000 new cases of cervical cancer and 250,000 associated cervical cancer deaths worldwide each year.[2] It also causes vulvar, vaginal, anal, and penile cancers as well as precancerous lesions of vulva/vagina, genital warts, and respiratory papilomatosis. HPV infections are asymptomatic, and generally, individuals are not aware of being infected, thus facilitating the spread easily and unknowingly.[11]

The human papilloma virus (HPV), which spreads through sexual contact, causes cervical cancer. Most women's bodies can fight the HPV infection before it leads to cancer. At least 50% of men and women acquire genital HPV infection during their lifetime. All sexually active women are infected with HPV at least once during their lifetime, and the highest prevalence is seen soon after the onset of sexual activities.[12]

There are two types of HPV, 16 and 18 accounting for approximately 60 to 70% of cervical cancer cases. HPV are higher among adolescents, young adults and population with low-economic status. More common risk factors for cervical cancer are having sex at an early age, multiple sexual partners,

and poor socio-economic status, smoking, weakened immune system, several pregnancies, long term use of the contraceptive pills, family history.[12]

Cervical cancer may spread within the pelvis, to the lymph nodes and elsewhere in body. Signs of cervical cancer are weight loss, fatigue, back pain, leg pain, leakage of urine or feces from the vagina, bone fractures and symptoms are: vaginal bleeding, unusual vaginal bleeding and pelvic pain. Cervical cancer is treated with radiation, chemotherapy and also with hysterectomy or partial removal of affected part of uterus and cervix. [13]

Cervical cancer is prevented by maintaining good personal hygiene, Avoiding smoking and alcohol consumption, avoidance of multiple sexual relationships, by giving knowledge on sex education and use of cervical cancer vaccination before marriage and sexual relationship. A vaccine to prevent cervical cancer is now available."The United States Food and Drug Administration" approved the vaccine for cervical cancer i.e. Gardasil and cervarix which cost around Rs.10000 for 3 shots, which is prevents infection against two types of HPV responsible for most cervical cancer cases.[14]

Most of the people were not aware about the warning signs of cervical cancer, which may not cause any symptoms at first (when they are pre-cancers or early cancers), but later on, may affect with pelvic pain or vaginal bleeding. warning signs of cervical cancer are Bleeding after intercourse ,Bleeding after menopause ,Bleeding between periods, Bleeding after douching ,Bleeding following a pelvic examination, Having heavier menstrual periods than usual or ones that last longer than usual ,Unusual vaginal discharge, Pain during sex, Pelvic pain .[15]

Singh V, Sehgal A et-al (2012) An exploratory study was conducted among public aged between 25-54 years of age to explore the knowledge, attitudes and behaviors of people regarding warning signs of cancer and prevention of cancer in midlife. A questionnaire was administered to a representative sample of population listing 17 warning signs of cancer. The objective of the study was to assess the sensitivity and specificity of visual inspection of cervix for detection of precancerous and early cancerous lesions of cervix. In this study 402 women underwent a detailed pelvic examination, visual inspection of cervix after 5% acetic acid application cytology (Pap smear), colposcopic examination and colposcopic directed biopsy when indicated. The result showed that the sensitivity of cytology (75.3%) was higher compared to that of acetic acid application (52.6%). This study recommended that screening for cervical precancerous and cancerous lesions using visual inspection aided by acetic may be a suitable low-cost and a feasible alternative modality for control of cervical cancer in a resource poor setting. For the treatment of cervical cancer, 80 to 90% of women with stage I cancer and 50 to 65% of those with stage II cancer are alive 5 years after diagnosis. Only 25 to 35% of women with stage III cancer and 15% or fewer of those with stage IV cancer are alive after 5 years. [16]

MATERIAL AND METHOD:-

Study Design and sample: A Quasi experimental research design was used for study. Sample was women from selected areas of Jalandhar, Punjab. Non probability i.e. convenient sampling technique was used .So, in present study the effectiveness of structured teaching programme was assessed on knowledge regarding prevention and warning signs of cervical cancer among women in selected areas of jalandhar, punjab, 2019.

Data collection and study tool: Prior to commencing the task of data collection formal permission was taken from the concerned authority and data was collected from 100 women in selected areas of Jalandhar. Data was collected by structured knowledge questionnaire related to prevention and warning signs of cervical cancer. Written informed consent was taken from each study sample. On the first day pre test was taken from control and experimental group and structured teaching programme was administered to experimental group and on the seventh day post test was taken from control and experimental group.

Result section:-

socio demographic characterstics of sample

There was association between post test level of knowledge of women regarding prevention and warning signs of cervical cancer and their socio demographic variables was significant between menstrual status of women in experimental group and occupation, qualification and residential area of women in control group.

Variables	Experimental group n=50		control group n=50	
	f	%	f	%
1.Age (in years)				
a) 35-40	23	46%	21	42%
b) 40-45	19	38%	16	32%
c) 45-50	07	14%	11	22%
d) ≥ 50	01	02%	02	04%
2. Occupation				
a) Homemaker	32	64%	37	74%
b) Self- Employed	09	18%	09	18%
c) Private Job	04	08%	02	04%
d) Government Job	05	10%	02	04%
3. Qualification				
a. No formal Education	14	28%	21	42%
b. Primary	19	38%	20	40%
c. Secondary	10	20%	08	16%
d. Graduate and above	07	14%	01	02%
4. Marital status				
a. Married	48	96%	48	96%
b. Unmarried	00	0%	00	00%
c. Divorce	01	2%	00	00%
d. Widow	01	2%	02	04%
5. Monthly Family income (in rupees)				
a.≤10,000	08	16%	17	34%
b.10,001-20,000	24	48%	20	40%
c. 20,001-30,000	12	24%	09	18%
d.≥30,000	06	12%	04	8%
6. Residential Area				
a. Rural	25	50%	25	50%
b. Urban	25	50%	25	50%
7. Total number of pregnancies				
a. 1	14	28%	20	40%
b. 2	30	60%	26	52%
c. 3	06	12%	03	6%
d. 4 or more	00	0%	01	2%
8. Menstrual status of women				
a. Menstruating	48	96%	45	90%
b. Menopause	02	4%	05	10%
9. Family history of cervical cancer				
a. Yes	00	0%	00	0%
b. No	50	100%	50	100%
10. Source of information related to cervical cancer				
a. Family	1	2%	02	4%
b. Friends	04	8%	06	12%
c. Mass media	10	20%	11	22%
d. Health personnel	35	70%	31	62%

frequency and percentage distribution of [pretest knowledge on prevention and warning signs of cervical cancer.

Level of knowledge	Score	Experimental group		Control Group	
		f	%	f	%
Good	21-30	00	00	00	00
Average	11-20	40	80	44	88
Poor	0-10	10	20	6	12

frequency and percentage distribution of [pretest knowledge on prevention and warning signs of cervical cancer.

Level of knowledge	Score	Experimental group		Control Group	
		f	%	f	%
Good	21-30	49	98	00	00
Average	11-20	01	02	46	92
Poor	0-10	00	00	04	08

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17. AUTHORS

1. **First Author** – Ms. Harpreet Kaur, Obstetric and gynecological Nursing, S.G.L. Nursing College, Semi, Jalandhar.
2. **Second Author** –Ms. Jyoti, Obstetric and gynecological Nursing, S.G.L. Nursing College, Semi, Jalandhar.
3. **Third Author** – Ms. Amritpal Kaur , Community Health Nursing, S.G.L. Nursing College, Semi, Jalandhar.