

Original Research Article

Effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Early Detection and Prevention of Cervical Cancer among Women

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ABSTRACT

Introduction: Cervical cancer starts in the cervix, the lower part of uterus that opens at the top of the vagina. The precancerous condition called dysplasia can be detected by a pap smear and is 100% treatable. It can take years for pre-cancerous changes to turn to cervical cancer. The present study was aimed to assess the knowledge and attitude, determine the effectiveness of structured teaching program on early detection and prevention of cervical cancer and associate pre test scores with selected demographic variables.

Methodology: The research approach used was quantitative approach and research design was one group pretest post test design. A sample size of 50 was selected from the Gynaecology Out Patient Department of TMM (Tiruvalla Medical Mission) Hospital. Data collection was for a period of 6 weeks using a checklist, questionnaire and attitude scale. A pilot study was done to establish practicability, validity and reliability of tool and design. The data obtained were analysed using appropriate statistical procedures like Chi- square and Z test.

Results: The findings of the study showed that there was significant gain in knowledge and change in attitude among women regarding early detection and prevention of cervical cancer. 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. There was no significant association between pre test attitude scores with demographic variables like education, religion and family income.

Key words: effectiveness; structured teaching programme; knowledge; attitude; cervical cancer.

INTRODUCTION

Cervical cancer is unique among cancers in that it can largely be prevented through screening and removal of precursor lesions. It is the second most common cancer among women worldwide and is the most common malignancy in developing countries, particularly in India. ^[1]

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years for pre-cancerous changes to turn to cervical cancer. ^[2]

The study was aimed at assessing the effectiveness of structured teaching program on knowledge and attitude regarding early detection and prevention of cervical cancer among women attending Gynaecology Out Patient Department of Tiruvalla Medical Mission Hospital, (TMMH) Tiruvalla.

There are numerous risk factors for cervical cancer: first intercourse at young age, multiple sex partners, cigarette smoking, race, high parity and lower socio

economic status. The initiating event in cervical dysplasia and carcinogenesis acquires due to human papilloma virus (HPV). The Pap test has been successful in reducing the incidence of cervical cancer by 79% and the mortality rate by 70% since 1950. [3] The awareness about cervical cancer prevention, among educated as well as illiterate population is extremely poor. As a result there is no demand to provide cervical cancer screening service from potential beneficiaries. The public health authorities and health policy makers are not adequately sensitized to the need and are not aware of the recent development. HPV vaccination if taken before the person becomes sexually active would offer greater protection. [4]

Cervical cancer is a major and devastating cause of mortality worldwide with estimated global incidence of 5,00,000 new cases and 2,70,000 deaths of women from disease annually. [5]

In India, 16% of the total world cases of cervical cancer occur annually. [6] The prevalence rate of cervical cancer in Kerala is 11-13% in the last few years, even, while it remained the most common form of cancer among women in other states. [5] The incidence rate in Kerala is 8.8 per 1, 00,000 women. [7] The Tamil Nadu state has large incidence of cancer cervix with higher of 28.6/100,000 women (ICMR) from Thiruvallur district. [8]

Nurses need to take up the responsibility to create awareness among women to improve their knowledge and motivate them to undergo pap smear test for an early detection and educate them regarding lifestyle modifications and the vaccinations available for the prevention of cervical cancer.

PROBLEM STATEMENT

A study to assess the effectiveness of structured teaching program on knowledge and attitude regarding early detection and prevention of cervical cancer among women attending Gynaecology Out Patient department of Tiruvalla Medical Mission Hospital, Tiruvalla

OBJECTIVES

1. To assess the pre-test knowledge and attitude regarding early detection and prevention of cervical cancer
2. To determine the effectiveness of structured teaching program on early detection and prevention of cervical cancer among women in terms of gain in knowledge and attitude scores
3. To find out the association between pre-test knowledge and attitude scores with selected demographic variables.

MATERIALS AND METHODS

The research approach used in the study was quantitative approach with one group pre test post test design. The study was done at the Gynaecology out Patient Department of TMM Hospital, Tiruvalla. 50 married women between 20 -50 years of age who fulfilled the sample selection criteria, a checklist, which assessed the risk for cervical cancer. Those women who had at least two risk factors were selected as the subjects for the study. The sampling technique used was purposive sampling technique. Women who had a history of cancer and are pregnant were excluded from the study.

Tool used for the study

The tools used in the study consisted of four sections. Section A was a screening checklist that consisted of ten statements which assessed the risk for cervical cancer. Section B was a semi structured questionnaire which consisted of demographic variables such as age, marital status, type of family, education, religion, family income in rupees, occupational status, obstetrical data such as number of children, age at menarche, duration of married life, age of menopause and a general questionnaire like any family history of cervical cancer and source of information. Section C was a knowledge questionnaire that included multiple choice items which dealt with anatomy and physiology, causes and risk factors, signs

and symptoms, detection, screening and prevention, treatment and complications. Section D was attitude scale a five point scale with 10 statements to assess the attitude. The scoring for knowledge questionnaire ranged from 1-20 with higher scores co relating with good knowledge. Scoring for attitude scale ranged from 10 - 50 with higher scales correlating with positive attitude

The reliability of the tool was found to be 0.092 and 0.86 for knowledge questionnaire and likert scale respectively.

Data collection process

The data was collected through the following phases

Phase 1- Screening checklist was given to 120 women attending Gynaecology OPD after taking a verbal consent. 50 women who had at least two risk factors of cervical cancer were selected as samples and an informed consent was taken. Privacy was maintained throughout the data collection procedure. Demographic data was collected using structured questionnaire pre test knowledge and attitude was assessed by using semi structured questionnaire and attitude scale respectively.

Phase 2- Structured teaching program was administered in study setting on the same day of pre test.

Phase 3 Post test knowledge and attitude was assessed after seven days following structured teaching program in the OPD and home setting, according to convenience of participants

DATA ANALYSIS

Data was analysed by using descriptive and inferential statistics

80% of women belonged to the group 41-50 years, 90% were married and 50% belonged to nuclear family, 50% had education upto high school. 74% of women were Christians. 42% had family income between Rs 5000- 10000 and 72% of women were unemployed. 28 women were married at the age more than 20 years. The duration of married life of 28 women was between 21- 30 years. 27 women had not

attained menopause. None of them attained menopause below the age of 45 years. 45 women had no family history of cervical cancer. 20 women had heard of cervical cancer of which 8 of them had their source of information from friends and relatives who are not health professionals

Table 1 Demographic variables

Sl no	Demographic variables	Frequency	%
1	Age		
	20-30 yrs	4	8
	31-40 yrs	6	12
	41-50 yrs	40	80
2	Marital status		
	Married	45	90
	Widow	5	10
3	Type of family		
	Nuclear	25	50
	Joint family	25	50
4	Education		
	Upto high school	25	50
	Degree	20	40
	Professional	5	10
5	Family income		
	<Rs 5000	13	26
	Rs 5001- 10001	21	42
	Rs10001- Rs 15000	16	32
6	Occupational status		
	Private	9	18
	Professional	5	10
	Nil	36	72
7	Religion		
	Hindu	12	24
	Christian	37	74
	Muslim	1	2

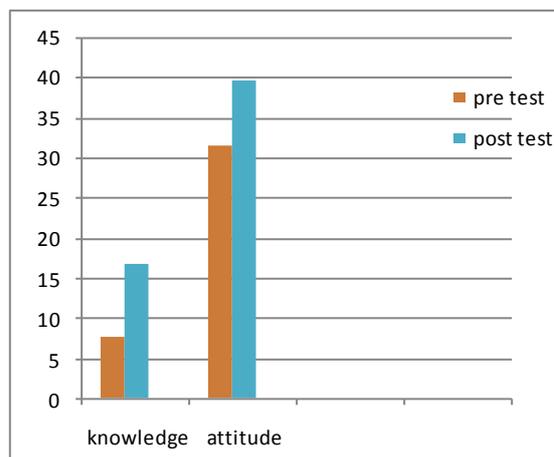


Figure 1 Pre test and post test scores of knowledge and attitude regarding early detection and prevention of cervical cancer

In pre test 70% had poor knowledge, 26% had average and 4% had good knowledge level with standard deviation of 3.52 and about 74% had positive attitude and only 26% had negative attitude with standard deviation of 3.15

In post test 94% had good knowledge, 6% had average and none had poor knowledge level with standard deviation of 1.41 and

about all had positive attitude with standard deviation of 1.69.

Table 2: Mean difference and Z value showing the difference between pre and post test knowledge and attitude scores

Area	Mean		SD		Z value
	Pre test	Post test	Pre test	Post test	
Knowledge	7.7	16.8	3.52	1.41	17.1
Attitude	31.62	39.76	3.15	1.69	16.28

There was a significant difference in the mean pre test and post knowledge and attitude scores at 0.05 level of significance

Chi-square test was done to determine the association between pre test scores and selected demographic variables. 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. There was no significant association between pre test attitude scores with demographic variables like education, religion and family income.

DISCUSSION

A similar study done at Tamil Nadu, in 2009, to determine the effectiveness of Structured Teaching Program on cervical cancer among women in reproductive age, concluded that 70% of samples had inadequate knowledge regarding cancer cervix and 76% of the samples had moderately favourable attitude. Only 6% had adequate knowledge. The overall mean post-test knowledge (17.7) and attitude score (44.68) was significantly higher than the mean pre-test (10.83) and attitude score (34.2). The study clearly indicated that structured teaching program was effective in changing the subjects' knowledge and attitude regarding cervical cancer. It also proved that there is a positive correlation ($r=0.567$) which existed between knowledge and attitude. [9]

In the present study it was inferred that there was statistically no significant association between pre test knowledge score and demographic variables like education, religion ($p>0.5$). There was statistically no significant association

between pre test attitude and demographic variables like education religion and family income. A study among American women to describe the relationship between health literacy, ethnicity and cervical cancer screening practices showed that literacy was the only factor independently associated with knowledge related to cervical cancer screening. [10]

CONCLUSION

The study proved that structured teaching program among women was effective. The findings of the study have implications not only in nursing service, but also in nursing education, administration and nursing research. Nurses should use wide variety of interventions like motivating the female patients for regular gynaecological check up and Pap smear for her early detection and prevention of cervical cancer.

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