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## A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON PREVENTION OF CERVICAL CANCER AMONG ADULT WOMEN IN POONJERI VILLAGE

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### ABSTRACT

Cervical cancer is the most common cause of death among women in developing countries despite the fact that cervical cancer is preventable. Cervical cancer ranks as the 1st most frequent cancer among women in India and the 1st most frequent cancer among women between 21 and 44 years of age. About 7.9% of women in the general population are estimated to harbor cervical HPV infection at a given time and 82.5% of invasive cervical cancers are attributed to HPVs. Hence researcher introduced self-instructional module to evaluate its effectiveness by using both urban and rural women, who followed different life style practices. To assess the pre and post intervention of knowledge, considered an evaluative approach by using quasi – experimental study one group pre and post test design. The study was conducted in Poonjeri is a rural area, which belongs to Thiruporur Block, Kanchipuram District. Sample size was 50 in the age group of 20 - 55years. In pre test the mean score of knowledge level is 10.6 and the standard deviation is 11.46. In the post test the mean score of knowledge level is 15.92 and the standard deviation is 2.95 which shows education is highly significant in improving knowledge.

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### INTRODUCTION

Cervical cancer is the fifth most common cancer in humans, the second most common cancer in women worldwide and the most common cancer cause of death in the developing countries. Sexually transmitted human papilloma virus (HPV) infection is the most important risk factor for cervical intraepithelial neoplasia and invasive cervical cancer. The worldwide incidence of cervical cancer is approximately 510,000 new cases annually, with approximately 288,000 deaths worldwide. Estimates suggest that more than 80% of the sexually active women acquire genital HPV by 50 years of age. Hence, the advent of a vaccine against HPV has stirred much excitement as well as debate. Cancer cervix represents approximately 40 % of all cancer cases in women, stated by

(Rajeswari 2013) in her study in TATA Memorial Hospital, Mumbai. Cancer cervix is easily accessible for physical examination & amenable to early diagnosis. The cure rate is also high if they all treated at early stages of I & II. But unfortunately, the patients present themselves to medical facilities when the disease is far advanced & not amenable to treatment. This is the crux of the problem. Indian government has introduced a variety of a national health programs and screening camps in various states in order to fight against the rising numbers of incidence and mortality among women due to cervical cancer. In spite of all these measures the no of incidences are not coming down rather increasing hence the researcher felt that there is an eminent need to find out, the women, in selected community possess what level of understanding about this dreadful disease and how necessary it

is to provide information regarding cancer of cervix and its prevention to women. Hence researcher introduced self-instructional module to evaluate its effectiveness in improving the existing knowledge and bringing up the positive attitude towards it. The investigator has come across both urban and rural women, who followed different life style practices.

**Objectives**

- To assess and associate the pre and post intervention of knowledge on prevention of cervical cancer among the women with the selected demographic variables.

**Hypothesis**

- H1: There will be significant difference and association in the pre and post test knowledge and scores and their selected demographic variables.

Research approach is evaluative with quasi – experimental study one group pre and post test design. Setting for the study is Poonjeri a rural area, which belongs to Thiruporur Block, Kanchipuram District. The sample comprised of adult women in the age group of 20– 55 years who have met the inclusion criteria. Sampling technique was purposive sampling.

**DESCRIPTION OF THE INSTRUMENT**

**Section A:** It consists of demographic data which includes age, number of children, occupation, religion, family income and education. **SECTION B:** It consisted of multiple choice questions which were prepared to assess the effectiveness on prevention of cervical cancer among adult women.

**METHOD OF SCORING AND INTERPRETATION**

Each correct answer carries one mark and wrong answer carries ‘0’ mark. The maximum score is ‘50’ and the minimum score is ‘0’. According to the scores obtained by the samples, it was categorized as follows by the investigators.

| Sl.No | Type of knowledge             | Score         |
|-------|-------------------------------|---------------|
| 1.    | Adequate knowledge            | 76% and above |
| 2.    | Moderately adequate knowledge | 51% to 75%    |
| 3.    | Inadequate knowledge          | Less than 50% |

Content validity is obtained from experts in the field of medical and nursing. Test retest was carried out with 15 days interval on the same subject to check the reliability of the tool which shows cronbach’s alpha is more 0.6 which depict the tools with high reliability. Data collection is by each adult women was interviewed separately. It took 30 to 50 minutes to collect data for each sample.

The research proposal was approved by the Institutional Human Ethics Committee of the Chettinad Academy of research and Education prior to the study. The data were analyzed using descriptive statistics like frequency, percentage mean at standard deviation and inferential statistics like Chi-square test and student ‘t’ test. The significant findings were expressed in the form of tables and figures. Data analyzed, classified and tabulated on the basis of the objectives of the study.

**RESULTS**

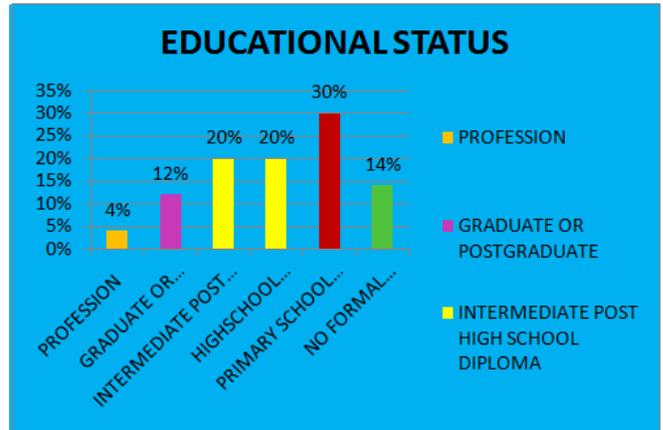


Figure 4.1. Distribution of adult women according to educational status

Figure 4.1: Represent of adult women is educated to primary school certificate.

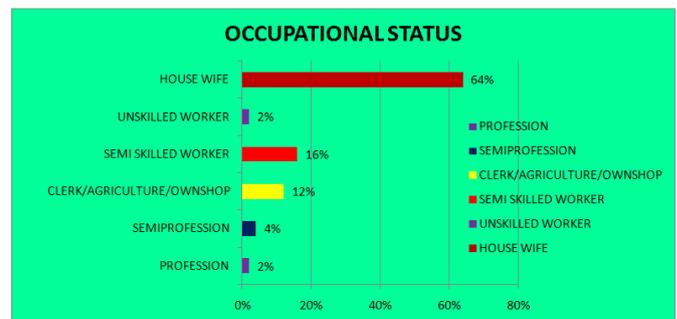


Figure 2. Distribution of adult women according to occupational status

Figure-4.2: Represent the adult women are house wife.

- Majority (62%) of adult women are in the age group of 20-30 years, Higher proportions (86%) of adult women are married in the age group of 21 - 25 years, Majority (54%) of adult women are first child birth of 21-25 years, Majority (30%) of adult women or educated up to primary school certificate, Majority (64%) of adult women are house wife, Majority (92%) of adult women are belongs to nuclear family, Majority (84%) of adult women are heard about cancer cervix, Majority (70%) of adult women are not having previous knowledge regarding risk factors of cervical cancer, Higher proportion (50%) of the women having inadequate knowledge and 10% women having adequate knowledge.

Table 1. Distribution of adult women according to age in years

| S.No | Demographic variables | Frequency | Percentage (%) |
|------|-----------------------|-----------|----------------|
| I    | Age in Years          |           |                |
| A]   | 20-30 Years           | 31        | 62%            |
| B]   | 31-40 Years           | 18        | 36%            |
| C]   | 41-50 Years           | 1         | 2%             |
| D]   | 51-55 Years           | 0         | 0%             |

Table-4.1: Represent of adult women is in the age group of 20-30 years.

**Table 2. Distribution of adult women according to cervical cancer knowledge**

| S.No | Knowledge           | Frequency | Percentage (%) |
|------|---------------------|-----------|----------------|
| 1    | Inadequate          | 6         | 12%            |
| 2    | Moderately adequate | 13        | 26%            |
| 3    | Adequate            | 31        | 62%            |

Table-4.6: In post test shows that majority (62%) of adult women having adequate knowledge.

**Table 3. Mean and Standard deviation on prevention of pre test knowledge level of among cervical cancer**

| S.No | Level of knowledge | Frequency | Mean | Standard Deviation |
|------|--------------------|-----------|------|--------------------|
| 1    | Adequate           | 10        |      |                    |
| 2    | Moderately dequate | 15        | 10.6 | 11.46              |
| 3    | Inadequate         | 25        |      |                    |

Table-4.8: In pre test that the mean score of knowledge level of adult women in the age group of 20-55yrs is 10.6 and the standard deviation is 11.46.

**Table IV. Mean and Standard deviation on prevention of post test knowledge level of among cervical cancer**

| S.No | Level of knowledge  | Frequency | Mean  | Standard Deviation |
|------|---------------------|-----------|-------|--------------------|
| 1    | Adequate            | 31        |       |                    |
| 2    | Moderately adequate | 13        |       |                    |
| 3    | Inadequate          | 6         | 15.92 | 2.95               |

Table 4.9: In post test that the mean score of knowledge level of adult women in the age group of 20-55yrs is 15.92 and the standard deviation is 2.95.

**Section III: To assess the effectiveness of planned teaching programme on prevention of cervical cancer.**

| S.no | Level of knowledge | Mean  | Standard Deviation | df | T-test | X2   |
|------|--------------------|-------|--------------------|----|--------|------|
| 1.   | Pre test           | 10.6  | 11.46              | 49 | 13.054 | 0.05 |
| 2.   | Post test          | 15.92 | 2.95               |    |        |      |

Calculated' value is 13.054 in the 49 degree of freedom. 0.05 level of significance the table value of t' is 2.000. So that the research reject the null hypothesis and accepted the research hypothesis. The planned teaching programme was effective.

**Conclusion**

The study aimed to assess the effectiveness on prevention of cervical cancer among adult women. The results show that there is no significant association between prevention of cervical cancer among adult women between the age group of 20-55 years with selected demographic variables. Therefore, investigators concluded that the assessment of effectiveness regarding prevention of cervical cancer among adult women in Poonjeri village is inadequate.

**“One aspect of freedom is for people to be free from disease”**

The nurses should take up key role in educating the people regarding the prevention of cervical cancer which could be

decrease the morbidity and mortality rate and cost for their disease management.

N=50

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