



**A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND
ATTITUDE REGARDING CERVICAL CANCER AMONG WOMEN AT
PRIMARY HEALTH CENTER AT INDORE (M.P.)**

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Abstract

In This Quasi Experimental Design, Sample Consisted Of 100 woman Selected By Non Probability Purposive Sampling Technique. Self Structure Questionnaire Tools Was Used For Assessing The Knowledge Of woman Pre Test Was Conducted By Using The Same Structured Questionnaire And After 30 days post test was conducted using the same structured questionnaire for assessing the effectiveness of structured teaching programme on knowledge and attitude regarding cervical cancer among women Mean Percentage Of The Knowledge Score Of Post Test Mean 22.58 Was Higher Than Mean Pre Test 5.73 The 'T' Value For Total Pre Test And Post Test Was 27.53 The Data Was Analyzed In Terms Of Descriptive And Inferential Statistics.

INTRODUCTION

At the beginning of the nineties when the changes in the global health care system took place, India was facing the highest number of deaths due to infectious diseases. However after independence, the Government of India took many steps to improve the life expectancy of the people of India, these measures gave good results by showing greater control of death due to infectious diseases. The World Health Report (1999) identifies major causes of death in India such as non-communicable diseases (48 percent), communicable diseases (42 percent) and injuries (10 percent). This has

resulted in lower mortality and better development of quality India and higher quality health services. A report from a nation united in the hopes of a global community showed a change in population figures from 45 years in 1971 to 64 years in 2005-2010. It is estimated that the life expectancy of the Indian population will increase to 70 years by 2021-25. In today's world where urbanization, industrial development, lifestyle changes and population growth etc. are influencing the pattern of diseases, we can see a shift from infectious diseases to non-communicable diseases such as cancer, diabetes and high blood pressure. In recent times there has been an increase in the incidence of cancer.

The prevalence of cancer in India is estimated at 2.5 million, with more than 8,00,000 new cases and 5,50,000 deaths each year as a result of this disease.³ The past 50 years have tested our understanding of this very important disease, and new discoveries occur in about weeks all. Analysis of the trend of data on cancer cases during the period 1975-2008 showed that the incidence of cancer increased among women. The greatest increase in women was cervical and breast cancer.

Cervical cancer is the most serious disease in women around the world. About 500,000 women are infected and more than 270,000 die each year. Globally, cervical cancer is the second most common cancer in women. It is the leading cause of cancer in women in developing countries, where 80% of cases of cervical cancer and death occur. Sadly, the disease affects young women. Many who suffer from cervical cancer die in their early 40's, while still contributing to the work and development of children. Over the past 50 years, many developed countries have achieved success in reducing cervical cancer by testing women in general through Pap tests. Despite these developments, even in countries with well-established screening programs, many women continue to suffer and die from cervical cancer. The situation is worse in developing countries, many of which do not have the infrastructure to diagnose and treat cervical cancer. In these countries, many cases of cervical cancer go undiagnosed, resulting in thousands of deaths each year. As the age of people around the world - as more women reach adulthood when they are at greater risk of cervical cancer - rates of cervical cancer, if left unchecked, will continue to rise. In addition to the widespread and sustainable commitment to promoting change, estimates are that 700,000 cases of cervical cancer will occur worldwide by 2020, a 40% increase from the number of cases in 2002. For

the past ten years, dedicated scientists, researchers, physicians, advanced health. staff, community leaders and attorneys have worked hard to bring about the scourge of cervical cancer globally and to develop and apply the necessary knowledge and technology to reduce the first female cancer killer in many developing countries. From Mumbai to Mexico City, Kampala to Kathmandu, new programs have learned how to effectively introduce cervical cancer prevention programs to women and girls in need.

OBJECTIVES:

- To assess the knowledge and attitude regarding the cervical cancer among women.
- To determine the effectiveness of structured teaching programme on cervical cancer among women.
- To associate the post test knowledge and attitude on cervical cancer with their selected demographic variables.
- To correlate the knowledge and attitude, Pre test and Post test score on cervical cancer among women.

HYPOTHESIS:

H₁: There will be a significant difference between pre and post test knowledge and attitude score after structured teaching programme on cervical cancer among women.

H₂: There will be a significant correlation between Knowledge and attitude on cervical cancer among women.

H₃: There will be a significant association between the knowledge on cervical cancer and background features among women.

H₄: There will be a significant association between the attitude on cervical cancer and background features among women.

Methods and Material

An extensive review of literature was undertaken. The conceptual framework based on Betralanff's theory (1968) the general system theory An experimental research approach was used to assess the knowledge and attitude regarding structured teaching programme regarding cervical cancer among woman.

A pre experimental research design was Considered Appropriate for the Study “Evaluate the Effectiveness of structured teaching programme on the Level of Knowledge and attitude regarding prevention of cervical cancer among woman” One group pre test and post test design was used. In order to measure the content validity of the tool, the questionnaire schedule was given to the 12 experts from the field of child health Nursing and community health nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area. The tool was found reliability of tool was calculated with split half method and found 0.87 for knowledge and 0.91 for attitude which is statically reliable for the present study.

RESULT

The obtained chi-square value regarding knowledge, attitude and selected factors such as age, marital status, Age at menarche, Age at marriage, Family history of cancer, Religion, Educational status, Income, Occupation, No of Children, Source of information, residence ($P > 0.05$) were not significant.

The obtained chi-square =0 .985 (P = 0.03) regarding marital status and knowledge post test, chi square = 0.966 (P = 0.04) regarding education and knowledge post test of women was significant.

Selected factor such as age, marital status, Age at menarche, Age at marriage, Family history of cancer, Religion, Educational status, Income, Occupation, No of Children, Source of information, residence, did make no difference in the Knowledge and attitude towards cervical cancer among women.

There was a significant increase in knowledge after the power point teaching among women between the age group of 25-50 years $t = 27.543$ ($P = 0.05$)

There was a significant increase in Attitude after the power point teaching among women between the age group of 25-50 years $t = 34.931$ ($P = 0.05$)

CONCLUSION

Structured teaching programme significantly increases the knowledge and attitude. So future nurses can incorporate structured teaching as a part of nursing intervention in training cervical cancer.

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