EFFEVTIVENESS OF STRUCTUED TEACHING PROGRAMME ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING CERVICAL CANCER AND ITS PREVENTION

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ABSTRACT : A study was undertaken to assess the effectiveness of structured teaching programme on knowledge, attitude and practice regarding cervical cancer and its prevention among married women at selected urban area, Khammam, Telangana . The objectives of the study were to describe the socio demographic variables, To assess the pre-test levels of knowledge, attitude and practice scores regarding cervical cancer and its prevention among married women , to assess the effectiveness of structured teaching programme on levels of knowledge, attitude and practice scores regarding cervical cancer and its prevention among married women and to find out the association between the post-test levels of knowledge, attitude and practice scores of married women with their selected socio demographic variables. A quantitative evaluative approach was used for this study with pre experimental research design one group pre- test, post-test design was used. The sample for present study was married women who are residing at cheruvu bazar Khammam. The sample size was 100 and the sample was selected by non probability convenience sampling technique was used. Data was collected by structured interview schedule. In the present study findings revealed that regarding distribution of post test knowledge levels of 100 married women among cervical cancer and its prevention majority of them 93 (93%) had adequate knowledge, 07 (07%) had moderately adequate knowledge and none of them had inadequate knowledge, related to distribution of post test attitude scores majority of them 100 (100%) had favourable attitude and none of them had moderately favourable attitude , unfavourable attitude and with regard distribution of post test practice scores majority of them 57 (57%) had fair practice , 43 (43%) had good practice and none of them had poor practice . Paired t – test was used to find out the effectiveness of structured teaching programme on knowledge, attitude and practice regarding cervical cancer and its prevention and it was found very effective at P value <0.001.The findings of this study shows that structured teaching programme on cervical cancer was effective in enhancing levels of knowledge, attitude and practice among married women.
Key words: Attitude, cervical cancer, married women, knowledge, practice, structured teaching programme.

I.INTRODUCTION

"Happiness is not something you postpone for the future; it is something you design for the present".

Jim Rohn

Women are getting increasingly more privy to their fitness reputation because of present day education, electronic, print media and fitness agencies. While ladies have made development in maximum of the sector however nonetheless she has a tendency to inexplicably forget her very own fitness. Though withinside the gift age ladies are privy to their troubles, the readiness to are seeking for assist from fitness employees is hindered via way of means of financial constraints, social stigma and inflexible superstitious ideals concerning fitness troubles. Hence it's far vital to offer statistics to ladies concerning their fitness troubles via the to be had network resources.1

The uterus, or womb is a hole organ positioned centrally withinside the pelvis. It homes the growing foetus at some point of pregnancy. The decrease part of the uterus is referred to as cervix and opens into the vagina, or start canal. An establishing withinside the cervix lets in for the passage of sperm into the uterus and the go out of menstrual blood. The womb it's far feasible to conceive and gestate an entire new human being. Every unmarried one people is right here alive in the world these days due to the fact we began out existence developing with

withinside the womb of our mother, and we come from an extended line of ancestors born from the wombs in their mothers.2

World Health Organisation estimates almost 61% of deaths in India at the moment are attributed to non-communicable illnesses, such as coronary heart disorders, most cancers and diabetes. Almost 23% are susceptible to untimely loss of life because of such illnesses. According to the facts non- communique illnesses are the main reason of loss of life globally and liable for 70% of deaths worldwide. In India a complete of 58,17,000 deaths had been anticipated from illnesses like most cancers, diabetes and coronary heart troubles in 2016. Cardiovascular illnesses make a contribution to 45% of all non-communicable disorder deaths, accompanied with the aid of using persistent respiration disorder 22 %, most cancers 12 % and diabetes 3%.3

Cancer may be described as a disorder wherein organization of ordinary cells develop uncontrollably with the aid of using dismissing the everyday policies of mobileular division. Cancer mobileular increase a diploma of autonomy from those signals, ensuing in out of control increase and proliferation. Infact 90percentof most cancers-associated deaths are because of tumor spreading- a manner known as metastasis.4

Cervical most cancers happens whilst the cells of the cervix develop abnormally and invade different tissues and organs of the frame. When it's miles invasive, this most cancers influences the deeper tissues of the cervix and might have unfold to different components of the frame (metastasis).5

Cervical most cancers is a severe disorder that may be life-threatening. This disorder is resulting from positive excessive-threat Human Papilloma Virus sorts that may reason the cells withinside the lining of the cervix to extrade from everyday to precancerous lesions. If those precancerous lesions aren't recognized early and treated, they will flip cancerous after some years.5

The threat elements for cervical most cancers are smoking and sexual behaviour that may result in Human Papilloma Virus contamination. The elements encompass- Human Papilloma Virus, smoking, Human Immunodeficiency Virus, Chlamydial contamination, weight-reduction plan, oral contraceptives, more than one pregnancies, low socioeconomic status, diethylstilboestrol and own circle of relatives records of cervical most cancers. 6 The symptoms and symptoms and signs of cervical most cancers generally tend to encompass irregular, intermenstrual (among periods) or ordinary vaginal bleeding after sexual intercourse , back, leg or pelvic ache and ache all through sex, fatigue, weight loss, lack of appetite vaginal soreness or odorous discharge, and a unmarried swollen leg.6

A well-validated manner to save you cervix most cancers is to have testing (screening) to locate pre-cancers earlier than they could change into invasive most cancers. The Pap take a look at and the HPV take a look at are used for this. If a pre-most cancers is discovered it could be treated, preventing cervical most cancers earlier than it simply starts. Most invasive cervical cancers are discovered in girls who've now no longer had everyday Pap exams and colposcopy.7

Cervical most cancers remedies encompass Chemotherapy, Radiation, Surgery and centered therapy, Surgery is the principle remedy for cervical cancers. Sometimes it will get cured thru chemotherapy or radiation to reduce the tumor earlier than surgery, or to kill most cancers cells that stay afterward.8

A healthful life-style that may assist lessen your probabilities of growing cervical most cancers need to additionally encompass: getting annual Pap smears to display for early mobileular changes, getting vaccinated towards HPV and being monogamous.9 Eating a number of end result and veggies may also assist to defend from the growing cervical most cancers. Experts trust that a weight-reduction plan excessive withinside the antioxidants, carotenoids, flavonoids, and folate discovered in end result and veggies can assist the frame combat HPV contamination and save you HPV contamination from turning cells of the cervix into cancerous lesions.9

Use of Condoms offer a few safety towards HPV however they don't absolutely save you contamination. Avoidance of smoking is any other essential manner to lessen the threat of cervical pre-most cancers and most cancers. Vaccines are to be had that may defend younger human beings towards positive HPV infections.10

The American Cancer Society tips for HPV vaccine use in June, 2006 the primary vaccine towards human papilloma virus contamination become accepted and marked Merck's Gardasil. Now-a-days cervical vaccination is to be had to save you cervical most cancers. Gardasil and "cervarix" is the primary vaccine to save you cervical most cancers.11

This indicates that despite lot's of efforts positioned with the aid of using fitness care quarter nonetheless there may be lack of awareness and attention concerning cervical most cancers amongst girls in our country. This outlook provoked me to take a look in our society married lady attention and mind-set concerning cervical most cancers and what all measures may be carried out to shake the arms with the specialists who're continuously lending their aid and encouragement to have a girls global with out cervical most cancers .

II. NEED FOR THE STUDY
"One of the most important keys to good health is good information"
Dr Danny Welch

The cervical cancer shows changes in the epidemiological pattern with a shift of incidence toward the younger age group. Due to this reason, cervical cancer ranks foremost among the health problems of women in the socially reproductive age group. [11]

WHO report in 2018 according to cancer statistics estimates cervical cancer is the fourth most common cancer in women. It estimates that total cancer rates was 1,80,78,957, in that cervical cancer rates was 5,69,847(3.2%), total number of deaths due to cancer was 95,55,027, in that cervical cancer death was 3,11,365. The vast majority, around 85% of cervical cancer cases and 87% of cervical cancer deaths occur in the less developed regions. In these regions, cervical cancer accounts for almost 12% of all female cancers and 10% of all female cancer deaths , because of poor access to screening and treatment services . [12]
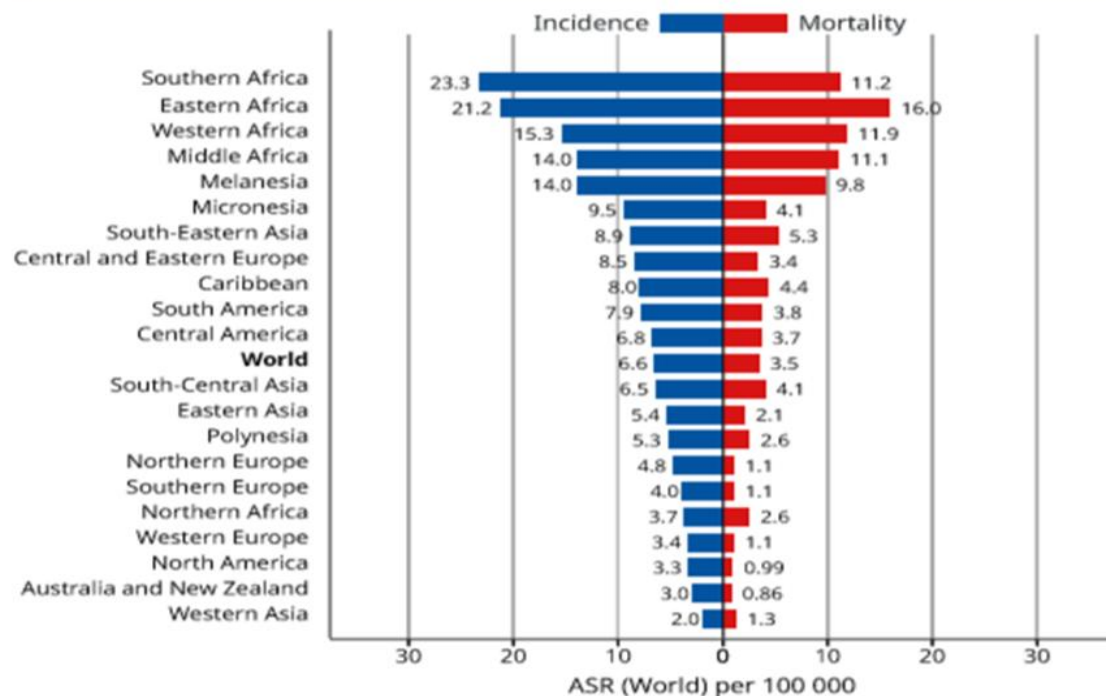
Fig.1: According to WHO age standardized (world) incidence and mortality rates, cervix uteri 2018

National Family Health Survey report in 2015–2016 estimates cervical cancer rates in India as Himachal Pradesh 30.8%, Jammu and Kashmir 50.7%, Punjab 51.3%, Madhya Pradesh 30.1%, Uttar Pradesh 19.2%, Bihar 18.1%, Jharkhand 15.3%, West Bengal 5.2%, Arunachal Pradesh 10.5%, Assam 6.3%, Manipur 25.5%, Meghalaya 27.0%, Goa 64.6%, Gujarat 33.2%, Maharashtra 51.0%, Andhra Pradesh 42.6%, Karnataka 18.4%, Tamil Nadu 31.0%, Telangana 41.2%, Delhi 40.7%, and Puducherry 28.9%. [14]

Indian Council of Medical Research (ICMR) in 2015 estimates that number of cancer cases is increasing with every passing year in the two Telugu states. Mortality rates are also high with about 50 per cent cancer patients succumbing to the disease as 48,000 in two Telegu states. Patients 20,235 in Telangana and 28,082 in Andhra Pradesh died from various types of cancer. Steven Ross 2010 in stated that In Andhra Pradesh also the extent and severity of cervical cancer was more it is nearly 60% of women are suffering with cervical cancer .Around 30,000 women died from cervical cancer all over Andhra Pradesh. Highest deaths are recorded in Warangal district. [15]

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 high mortality rate among women due to cervical cancer. This incidence could be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening and treatment programme. Inspite of all these measures the number of incidences are not coming down rather than increasing. Therefore from the evidence of some studies regarding the cervical cancer where there is a lack of knowledge, poor practice and also lack of awareness among married women. so, there is a need for bringing awareness among married women. Hence, the researcher has undertaken this study to assess the effectiveness of structured teaching programme on knowledge, attitude and practice

regarding cervical cancer with a view to develop an information booklet.

III. METHODOLOGY

Quantitative evaluative approach was used with Pre experimental research design.(one group pre- test, post-test design). The study was conducted in cheruvu bazar at Khammam, Telangana. The sample used for the study was Married women age group between 21-45 years and who fulfills inclusion criteria . The sample size was 100 and the sample was selected by Non- probability Convenience sampling technique . The Method of data collection by Interview schedule and tool used for the data was structured interview technique. Independent variable: Structured Teaching Programme regarding cervical cancer and its prevention. Dependent variables: Knowledge, attitude and practice and socio-demographic data includes Age, Religion, educational status of women, occupational status of women, family income per month, number of deliveries, number of abortions, number of years living with husband, history of cervical cancer in your family, Sources of information regarding cervical cancer and its prevention. The split half method will be used to find out the reliability of the tool. The research tool was organized into 4 sections. SECTION A: socio demographic, SECTION B: questions on knowledge SECTION C: attitude rating scale ,SECTION D: practice checklist .

IV.RESULTS

The data themselves do not provide the answers to research questions. Ordinarily the amount of data collected in a study is extensive to be reliably described in a study by mere perusal. In order to obtain meaningful answers to the research questions, the data was presented and analyzed in order, so that relationship can be described. The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics.
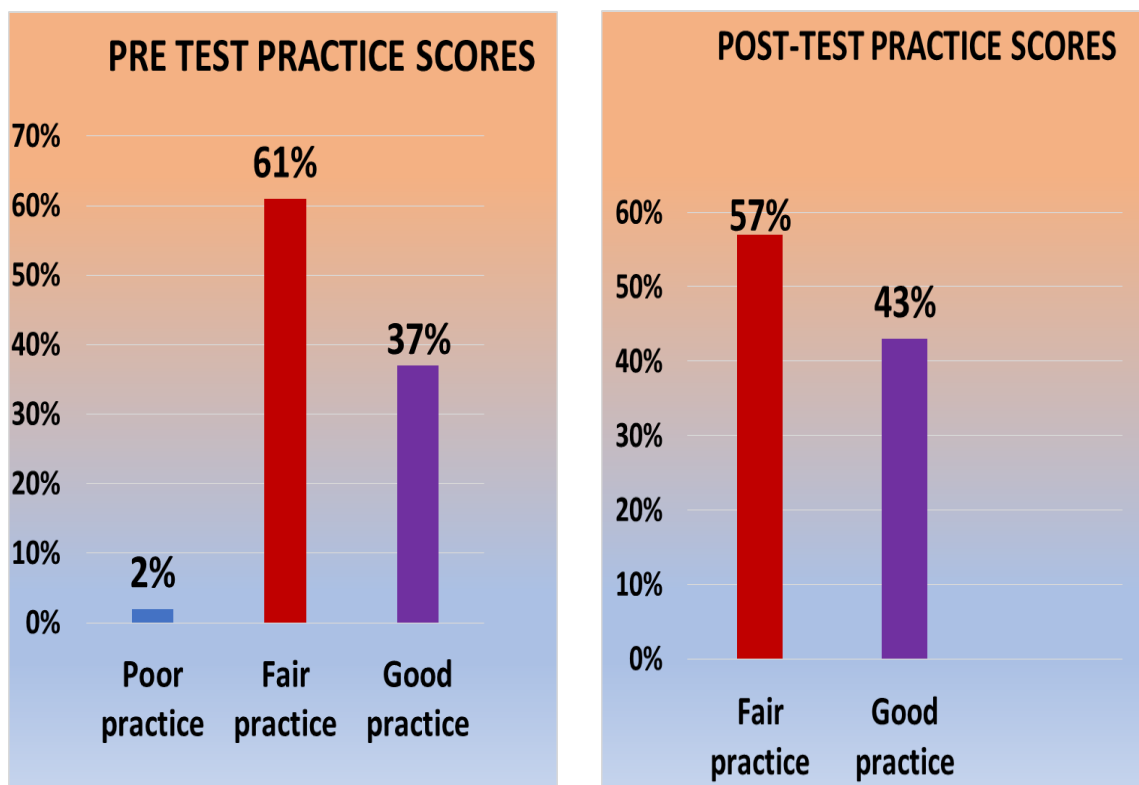
THIS SECTION   DEALS WITH THE   KNOWLEDGE LEVELS OF   MARRIED WOMEN REGARDING CERVICAL CANER AND ITS PREVENTION
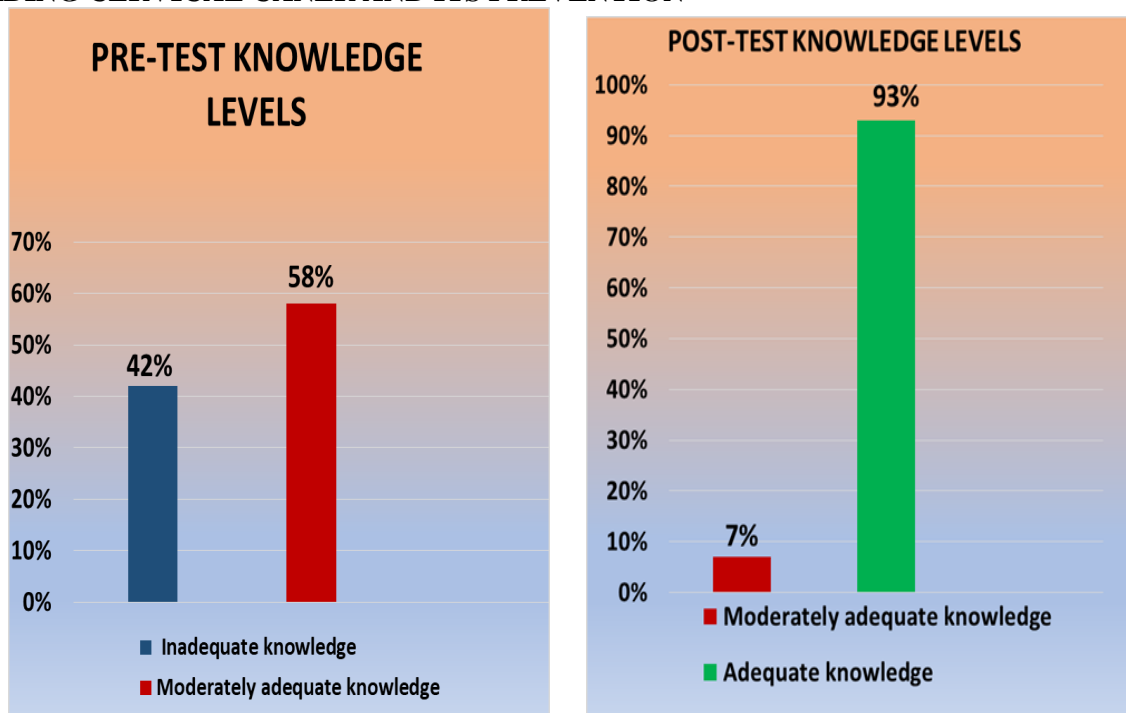
The above figure 1 shows that distribution of pre test knowledge levels of 100 married women regarding cervical cancer and its prevention, majority of them 58 (58%) had moderately adequate knowledge, 42 (42%) had inadequate knowledge and none of them had adequate knowledge. Where as post test knowledge levels of 100 married women regarding cervical cancer and its prevention, majority of them 93 (93%) had adequate knowledge, 07 (07%) had moderately adequate knowledge and none of them had inadequate knowledge.
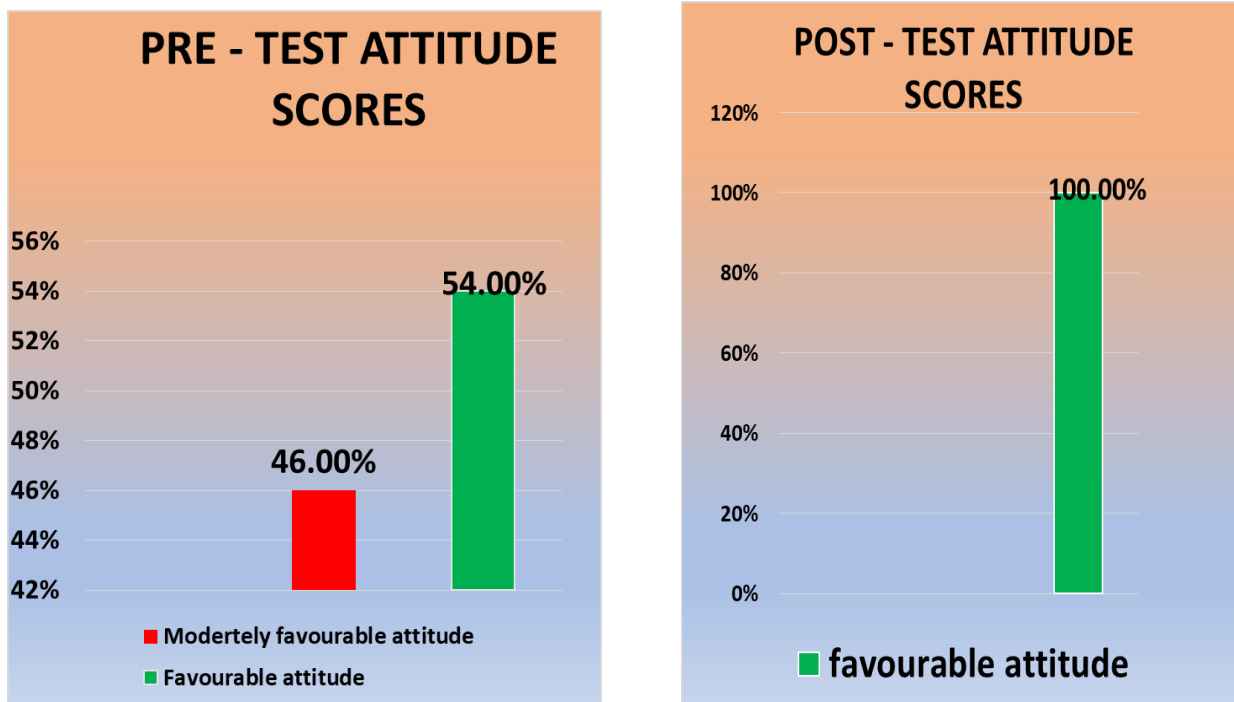
The above figure 2 reveals the distribution of pre test attitude scores of 100 married women regarding cervical cancer and its prevention, majority of them 54 (54%) had favourable attitude, 46 (46%) had moderately favourable attitude and none of them had unfavourable attitude . Where as post test attitude scores of 100 married women regarding cervical cancer and its prevention, majority of them 100 (100%) had favourable attitude and none of them had moderately favourable attitude , unfavourable attitude .

The above figure 3 shows that distribution of pre test practice scores of 100 married women regarding cervical cancer and its prevention, majority of them 61 (61%) had fair practice , 37(37%) had good practice and 02 (02%) of them had poor practice. Where as the post test practice scores of 100 married women regarding cervical cancer and its prevention, majority of them 57 (57%) had fair practice , 43 (43%) had good practice and none of them had poor practice.

Table 01:EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE LEVELS.   (n = 100)

Knowledge	Mean	Standard deviation	Mean difference	't' calculated value	't' Table value	Significance
Pre – test	12.35	3.41	13.89	31.50	3.37	S***
Post - test	26.24	2.49				

df: (n-1)   S***: Significant at p<0.001

Table 01 : Reveals the effectiveness of structured teaching programme on levels of knowledge among married women. It shows that pre-test mean knowledge score is 12.35 and standard deviation ($\pm$3.41) whereas post-test mean score is 26.24 and standard deviation ($\pm$2.49) and the mean difference is 13.89, the paired 't' calculated value is 31.50, which is greater than table value (3.37) at p<0.001 level. It proves that there is a very highly significant difference between pre test and post test knowledge levels at p<0.001. It indicates that structured teaching programme was very effective.

Table 02 : EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON ATTITUDE SCORES.   (n = 100)

Attitude	Mean	Standard deviation	Mean difference	't' calculated value	't' Table value	Significance
Pre - test	37.61	3.65	8.71	19.14	3.37	S***
Post - test	46.32	2.44				

df: (n-1)   S***: Significant at p<0.001

Table 02 : Reveals the effectiveness of structured teaching programme on attitude among married women. It shows that pre-test mean attitude score is 37.61 and standard deviation ($\pm$3.65) whereas post-test mean score is 46.32 and standard deviation ($\pm$2.44) and the mean difference is 8.71, the paired 't' calculated value is 19.14, which is greater than table value (3.37) at p<0.001 level. It proves that there is a very highly significant difference between pre test and post test attitude score at p<0.001. It indicates that structured teaching programme was very effective

Table 03 : EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON PRACTICE SCORES.   (n = 100)

Practice	Mean	Standard deviation	Mean difference	't' calculated value	't' Table value	Significance
Pre - test	6.05	1.18	0.34	3.63	3.37	S*
Post - test	6.39	1.02				

df: (n-1)   S*: Significant at p<0.001

Table 03 : Reveals the effectiveness of structured teaching programme on practice among married women. It shows that pre-test mean practice score is 6.05 and standard deviation ($\pm$1.18) whereas post-test mean score is 6.39 and standard deviation ($\pm$1.02) and the mean difference is 0.34, the paired 't' calculated value is 3.63, which is greater than table value (3.37) at p<0.001 level. It proves that there is a   significant difference between pre test and post test practice score at p<0.001. It indicates that structured teaching programme was effective.

V. DISCUSSION

OBJECTIVE 1: To describe the socio demographic variables of married women.

Regarding distribution of 100 married women according to age majority of them 41% were in the age group between 33 to 38 years, 25% were between 27 to 32 years, 23% were between 39 to 45 years, 11% were between 21 to 26 years. In relation to religion majority of them 56% were Hindus, 26% were Christians, 16% were Muslims and others were 02 %. Related to educational status majority of them 49% had non-literate, 33% had primary education,15% had secondary education, 3% had higher secondary education and none of them were graduation and above. With regard to occupational status of married women majority of them 69%were home

makers, 17% were doing business,8%, were private employees, 05% were government employees and 01% are daily wager. Regarding distribution of 100 married women according to family income per month majority of them 39% were earning Rs above 10,000/, 34% were earning Rs 8001- 10,000/- 15% were earning Rs 3000-5000/- and 12% were earning Rs 5001-8000/-.In relation to number of deliveries of married women , majority of them 62% had two deliveries, 29% had more than had deliveries and 9% had only one delivery. Related to number of abortions of married women, majority of them 35% had no abortions, 33% had one abortion, 28% had two abortions and 04% had more than two abortions. With regard to number of years living with husband of married women, majority of them 81% lived with husband above four years, 17% lived with husband three years and 02% lived with husband two years. Related to source of information regarding cervical cancer and its prevention of married women, majority of them 47% were getting information from mass media,41% were getting information from relative, friends and family members,   and 12% were getting information from health care personnel. Regarding distribution of 100 married women regarding who had history of cervical cancer and its prevention, majority of them 98% did not have family history of cervical cancer and 02% had history of cervical cancer on family.

OBJECTIVE 2: To assess the pre test levels of knowledge, attitude and practice scores regarding cervical cancer and its prevention among married women.

- Regarding distribution of pre test levels of knowledge among 100 married women regarding cervical cancer and its prevention majority of them 58% had moderately adequate knowledge, 42 42% had inadequate knowledge and none of them had adequate knowledge. With regard pre-test attitude scores of 100 married women regarding cervical cancer and its prevention majority of them 54% had favourable attitude, 46% had moderately favourable attitude and none of them had unfavorable attitude. Related to pre-test practice scores of 100 married women among cervical cancer and its prevention majority of them 61% had fair practice ,37%had good practice and 02% of them had poor practice .

OBJECTIVE – 3 : To assess the effectiveness of structured teaching programme on levels of knowledge, attitude and practice scores regarding cervical cancer and its prevention among married women.

- Regarding distribution of post-test knowledge levels of 100 married women among cervical cancer and its prevention majority of them 93 (93%) had adequate knowledge, 07 (07%) had moderately adequate knowledge and none of them had inadequate knowledge.
- The pre-test mean knowledge score is 12.35 and standard deviation ($\pm$3.41) whereas post-test mean score is 26.24 and standard deviation ($\pm$2.49) and the mean difference is 13.89, the paired 't' calculated value is 31.50, which is greater than table value (3.37) at $p<0.001$ level. In Hypothesis- 1 researchers said that there is a significant difference between pre-test and post- test levels of knowledge. The paired t-test has statistically proved that is accepted. There is highly significant improvement in the levels of knowledge after structured teaching programme.
- Related to distribution of post-test attitude scores of 100 married women regarding cervical cancer and its prevention majority of them 100 (100%) had favourable attitude and none of them had moderately favorable attitude, unfavorable attitude .
- The pre-test mean attitude score is 37.61 and standard deviation ($\pm$3.65) whereas post-test mean score is 46.32 and standard deviation ($\pm$2.44) and the mean difference is 8.71, the paired 't' calculated value is 19.14, which is greater than table value (3.37) at $p<0.001$ level. In Hypothesis- 1 researchers said that there is a significant difference between pre-test and post- test attitude score. The paired t-test has statistically proved that is accepted. There is highly significant improvement in the levels of attitude after structured teaching programme.
- With regard distribution post test of practice scores of 100 married women among cervical cancer and its prevention majority of them 57 (57%) had fair practice, 43 (43%) had good practice and none of them had poor practice.
- The pre-test mean practice score is 6.05 and standard deviation ($\pm$1.18) whereas post-test mean score is 6.39 and standard deviation ($\pm$1.02) and the mean difference is 0.34, the paired 't' calculated value is 3.63, which is greater than table value (3.37) at $p<0.001$ level. In Hypothesis- 1 researchers said that there is a significant difference between pre-test and post- test practice score. The paired t-test has statistically proved that is accepted. There is significant improvement in the levels of practice after structured teaching programme.

OBJECTIVE – 4: To find out the association between levels of knowledge, attitude and practice scores of married women with their selected socio demographic variables.

- There is a significant association between post test knowledge levels with their selected socio-demographic variable such as family history cervical cancer at $p<0.05$ and there is no significant association between post test knowledge levels with their selected socio-demographic variables such as age, religion, educational status, occupational status, family income per month, number of abortions, number of delivers, number of years living with husband, source of information booklet regarding cervical cancer and its prevention as the obtained chi-square value is less than the table value at $p< 0.05$.Hence hypothesis- 2 is rejected.

- Regarding association of attitude and selected socio- demographic variables the chi- square test was not done as the excepted values are <5. Hence only proportions are given. Hence hypothesis- 2 is rejected.

- There is no significant association between post test practice scores with their selected socio-demographic variables such as age ,religion, educational status, occupational status, family income per month, number of abortions, number of delivers, number of years living with husband, source of information booklet regarding cervical cancer and its prevention and family history of cervical cancer as the obtained chi-square value is less than the table value at $p< 0.05$. Hence hypothesis- 2 is rejected.

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