A pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding risk- factors and warning signs of cervical cancer among women of age group 35-55 years old in selected rural community areas of Shimla (H.P)

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Abstract: **Worldwide, cervical cancer is the fourth most frequent cancer in women with an estimated 604000 new cases in 2020. Of the estimated 342,000 deaths from cervical cancer in 2020, about 90% of these occur in low- and middle income countries. Women living with HIV are 6 times more likely to develop cervical cancer compared to women without HIV, and an estimated 5% of all cervical cancer cases are attributable to HIV. Moreover, in all world regions the contribution of HIV to cervical cancer falls disproportionately on younger women. [1] Self administered questionnaire was used. The study finding showed that the mean post–test knowledge score (79.60%) was higher than the pre-test knowledge score (44.90%) which were statistically significant. The p value <0.001 shows that there was a significant difference in the mean pre-test and post-test knowledge scores. Post-test result reveals that the structured teaching programme was effectivee i.e. pre-test knowledge 49(80.3%) were having moderate knowledge whereas in post-test 58 (95.1%) were having adequate knowledge..Thus structured teaching programme was effective to increase knowledge.**

INTRODUCTION

All human life in planet is born by women. Women are considered as the strongest gender from time immemorial. Woman can live more than 80 years as well. On one hand this is true. But on the other hand we cannot deny the fact that women suffer from various types of health issues and problems in their lifespan. Some are quite common problems while others are specific in nature. In 2019, total female population was 656,300,000, total number of deaths in female was 4,191,000 and total number of deaths due to cervical cancer was 45300. In 2020, crude cervical cancer incidence per 1,00,000 women was 18.7, age- standardized cervical cancer incidence per 1,00,000 women was 18, cumulative risk of cervical cancer (ages: 0-74) was 2.0%, cervical cancer mortality-to-incidence ratio was 0.62Among these health issues and problems cancer paves the top priority.[2]The American Cancer Society state that cervical cancer used to be the leading cause of cancer death for women in the US. But because more women are undergoing screening for the disease, the number of deaths from the cervical cancer has decreased significantly over the past 40 years. However, it is estimated that 12,900 new cases of cervical cancer were diagnosed in the US last year, and 4,100 deaths occurred as a result of the disease, suggesting that there is still more that can be done to combat the cancer. In line with Cervical Health Awareness Month, we highlight the signs and symptoms women need to look out for when it comes to cervical cancer, the importance of screening and what more can be done to increase awareness of the disease.[2]

Need of the study: Cancer is the second highest cancer reported in India with incidence of 22.9% and mortality rate of 20.7%. Essentially, it is a cancer that is caused at the neck of the uterus and infects the cervix. The virus alters the behaviour of the cells and over the years, can turn them malignant. Cervical cancer is a sexually transmitted disease 80 per cent of all cases are caused due to the Human Papilloma virus (HPV) which transmits through sexual contact (normal, oral and anal), and is prevalent in both heterosexual and homosexual relationships. While males are asymptomatic cancers, they can transmit it to women. 90 per cent of all HPV infections are virtually preventable. The gestation period can range from 10-15 years, wherein the cells lie dormant(pre-cancer stage). Catching the virus at this stage is by far the most

effective and simplest preventive mechanism. [2]
Incident of cervical cancer is more prone in under developed areas. But thereis a slight increase in the incidence in the coastal region especially among the married fisher women. The reasons being most of them are illiterate and they follow poor life style practices which make them more prone for risk of developing the cervical cancer.[2]

Review of literature: Tagharid Al Yahyai et al. Asian Pac J Cancer Prev. (2021), a study to assess knowledge, attitudes, and practices regarding cervical cancer screening among Omani women attending primary healthcare centers in Oman. The study was conducted on 805 women, out of 67.5% and 50.9% had heard of cervical cancer and Papsmear testing, respectively; however, and only 13.4% and 10.9% demonstrated high levels of knowledge concerning these topics. The study finding indicates knowledge regarding cervical cancer and Pap smear testing was suboptimal among a cohort of Omani women attending primary health care centers in Oman. This maybe a factor behind the increased number of cervical cancer cases in Oman; as such, a well-structured awareness and educational program is needed to address this issue.[3]

Faustini C Kimondo et al. Cancer Rep (2021), a cross-sectional study to determine the knowledge, attitude, and practice of cervical cancer screening among WLHIV in the Kilimanjaro region, northern Tanzania. A study was conducted on 297 WLHIV attending care and treatment centres in Hai district and Mawenzi regional hospitals in northern Tanzania. About half (50.2%) of 297 WLHIV in this study had ever screened for cervical cancer, and 64% screened within the past 12 months preceding the survey. Although 90% ever heard of cervical cancer screening, only 20.5% knew when WLHIV should start screening. Over half (52.5%) had adequate knowledge of prevention, 38.4% on risk-factors, and 27.9% of cervical cancer signs and symptoms. Two-thirds (66.7%) had positive attitudes towards cervical cancer screening. A major source of cervical cancer screening information was the health care providers (80.1%)and the mass media (66%) particularly radio. The result finding indicates that WLHIV had inadequate knowledge but favourable attitudes towards cervical cancer screening, while half had screened for cervical cancer.[4]

Neha Taneja et al. Cancer Control (2021), a study to assess the knowledge, attitude and practice on cervical cancer and screening among women in India. A study was conducted on 7688 women. Overall knowledge on cervical cancer among women was 40.22%. Knowledge of risk-factors and signs and symptoms was fairly adequate among the women. 32.68% of women knew the early age of marriage was a risk-factor for cervical cancer followed by 23.01% women who mentioned that early age of initiation of sexual activity was a common risk-factor for cervical cancer. Inter menstrual bleeding and foul smelling discharge was the most common sign and symptom reported in 30.75% and 28.86% women respectively. Knowledge, attitude and practice regarding cervical cancer screening were seen in 20.31%, 43.64% and 13.22% of women respectively. The result finding indicates that effective information, education and communication strategies are required to improve the level of awareness of women on cervical cancer. [5]

STATEMENTOFTHEPROBLEM

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OBJECTIVES

1. To assess the pre-test knowledge score regarding risk-factors and warning signs of cervical cancer among women of age group 35-55 years old in selected rural community areas of Shimla (H.P)
2. To assess the post-test knowledge score regarding risk-factors and warning signs of cervical cancer among women of age group 35-55 years old in selected rural community areas of Shimla (H.P)
3. To assess the effectiveness of structured teaching programme on knowledge regarding risk-factors and warning signs of cervical cancer among women of age group 35-55 years old in selected rural community areas of Shimla (H.P)
4. To find out the association of knowledge regarding risk-factors and warning signs of cervical cancer among women of age group 35-55 years old with selected demographic variables in selected rural community areas of Shimla (H.P).

RESEARCH METHODOLOGY

The research design selected for this study is pre-experimental research design with one group pre-test post-test design The demographic variables in the present study are age, qualification, nature of job, monthly income, marital status, number of children, menstruation status, family history of cancer, previous knowledge and source of information. Convenient sampling techniques of selecting samples. Tool will be prepared by an extensive review of books, journal and articles, consultation and discussion with the experts. The tool consists of two sections A and B.

- Section A: It deals with demographic variables such as age, qualification, nature of job, monthly income, marital status, number of children, menstruation status, family history of cancer, previous knowledge and source of information.
- Section B: It consists of self-structured knowledge questionnaire regarding risk-factors and warning signs of cervical cancer.

DATA ANALYSIS

Descriptive statistics: Collected data will be analysed using descriptive statistic such as mean, standard deviation, frequencies and percentage.
Inferential statistics: Paired t-test will be used to comparepre-test and post-test knowledge Chi square test analysing the association between demographic variables and knowledge regarding risk-factors and warning signs of cervical cancer among women of age group 35-55 years old in selected community areas of Shimla (H.P).

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