Effect of Self-Instructed Booklet on Knowledge about Preventive Practices of Uterine and Cervical Cancer

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Abstract:-
Background:Cancer, an "umbrella" term for more than 200 types of neoplastic diseases, is characterized by abnormal growth and spread of cells. Health promotion strategies play an important role towards prevention of all kinds of cancer. Aim of the present study is to determine the, "Effectof self-instructed bookleton knowledge about preventive practices of uterine and cervical cancer". Objectives of the study are; to assess the existing knowledge about preventive practices of uterine and cervical cancer among female patients admitted in medical wards, to assess the effect of self-instructed bookleton knowledge about preventive practices of uterine and cervical cancer among female patients admitted in medical wards, to associate the pretest knowledge with certain demographic variables such as age, education, domicile, marital status and family history of uterine or cervical cancer.Pre-experimental one group pretest and posttest design was used.Data was collected from 50 samples admitted in female medical ward in a selected hospital,Tamilnadu. Structured interview questionnaire used to obtain data before and after intervention. Data was analyzed using descriptive and inferential statistics.It was found that the knowledge level of samples was statistically significant (p<0.001).There was a significant association exist between pretest knowledgeand demographic variables such as education and domicile (p<0.05) which was statistically confirmed with Kruskall-Wallis test / Mann-Whitney 'u' test. Hence it can be concluded that self-instructed bookletis effective in improving the knowledge level of the samples.

Keywords:- self-instructed booklet, Prevention, uterine and cervical cancer, knowledge, practice.

I. INTRODUCTION

Cancer prevention is described as the action taken to lower the chance of getting cancer anywhere in the body. The number of new cases of cancer in a population can be lowered by following preventive practices. Hopefully this will lower the number of deaths caused by cancer.

The rate of morbidity and mortality from cancer has been increasing worldwide, despite recent advances in the understanding and treatment of many cancerous diseases. This emphasizes the need to define the etiology and molecular basis of cancer and to prevent the development of cancer.

When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. Nearly 74,000 women in India succumb to cervical cancer annually. India adds 27% new cases every year to the global incidence of female reproductive cancers.

Cervical cancer is the second most prevalent cancer among women worldwide and the fifth leading cause of cancer deaths. Smoking and a sexually transmitted virus, called HPV virus, are the biggest risks for cervical cancer. Cervical cancer is detectable before it becomes cancer.Keeping a healthy weight may lower the chance of getting uterine cancer. Good health practices such as maintaining a healthy lifestyle, avoiding exposure to known cancer-causing substances, and vaccines can prevent certain types of cancer.

A. Need and significance of the study

Women residing in low-income countries do not have enough access to routine screening. Recently, several countries, including China and India, have begun campaigns to combat cervical cancer, introducing low-cost screening techniques such as visual inspection with acetic acid or iodine. In this technique, pre-cancerous cells temporarily change color, enabling practitioners to identify and treat abnormal lesions in a single visit, thus minimizing loss to follow-up. Some of the countries are also investigating a blood test for human papilloma virus to identify high-risk strains that lead to cervical cancer.

Cancer mortality will not be reduced without increasing public awareness and a multidisciplinary approach involving health care professionals, and researchers. Health care professionalsshould encourage women to follow good health practices.Provide opportunity to ask questions and clarify misinformation. If more women understood the importance of gynecologic examination and pap smear, early detection rates would likely improve, and lives would be saved. Prevention, early detection and treatment are all closely interwined.

In the modern world the lifestyle changes are very dangerous to the health, and most of the food items contain some type of carcinogens. These are directly affecting the women's health, especially reproductive health. But the public does not have awareness about this. So, the investigator felt that the health professionals, like nurses, have a prominent role to play in preventing uterine and cervical cancer. In order to fulfill this endeavour the investigator took-up this study.

B. Objectives of the study
- To assess the existing knowledge about preventive practices of uterine and cervical cancer
- To determine the effect of self-instructed bookleton knowledge about preventive practices of uterine and cervical cancer
- To find out the association between pretest knowledge and demographic variables such as age, education, domicile, marital status and family history of uterine or cervical cancer.

C. Hypotheses
- H_1: There will be a significant increased level of knowledge about preventive practices of uterine and cervical cancer after intervention.
- H_2: There will be a significant association exist between the pretest knowledge and demographic variables such as age, education, domicile, marital status and family history of uterine or cervical cancer.

D. Conceptual Framework
Rosentoch's (1974), Becker and Maiman's (1975) health belief model was used for the present study. It addresses the relationship between health belief and behavior. The first component in this model involves the individual's perception regarding uterine and cervical cancer. The second component is the individual's perception that is influenced and modified by demographic variables and threats to the illness. The third component is the preventive actions or perception of the benefits of taking preventing action. The health belief model helps the investigator to understand the patient's knowledge about healthy practices related to prevention of uterine and cervical cancer.

II. MATERIALS AND METHODS

A. Research approach
Quantitative evaluative approach was used to test the effect of the intervention.

B. Research design
Pre-experimental, one group pretest-posttest design was adopted for this study.

C. Variables
Independent variable: self-instructed booklet
Dependent variables: Knowledge about preventive practices.

D. Setting of the study
The present study was conductedin female medical ward in selected Hospital, Tamilnadu.

E. Population and sample
- Female patients admitted in medical wards.
- The total sample size was 50.
- Convenience sampling technique was adopted.

F. Sampling criteria
Inclusion criteria:
- Female patients [20 -55 years] admitted in medical wards
- Patients who know English/Tamil

Exclusion criteria:
- Patients attending medical OPD
- Patients with history of uterine or cervical cancer.
- Patients with serious illness.
- 2.7 Tools and technique:

Section I - Demographic data
It consists of age, religion, education, occupation, monthly income, domicile, marital status, family history of uterine or cervical cancer and sources of information of uterine and cervical cancer.

Section II –Structured interview questionnaire to assess the knowledge about preventive practices.
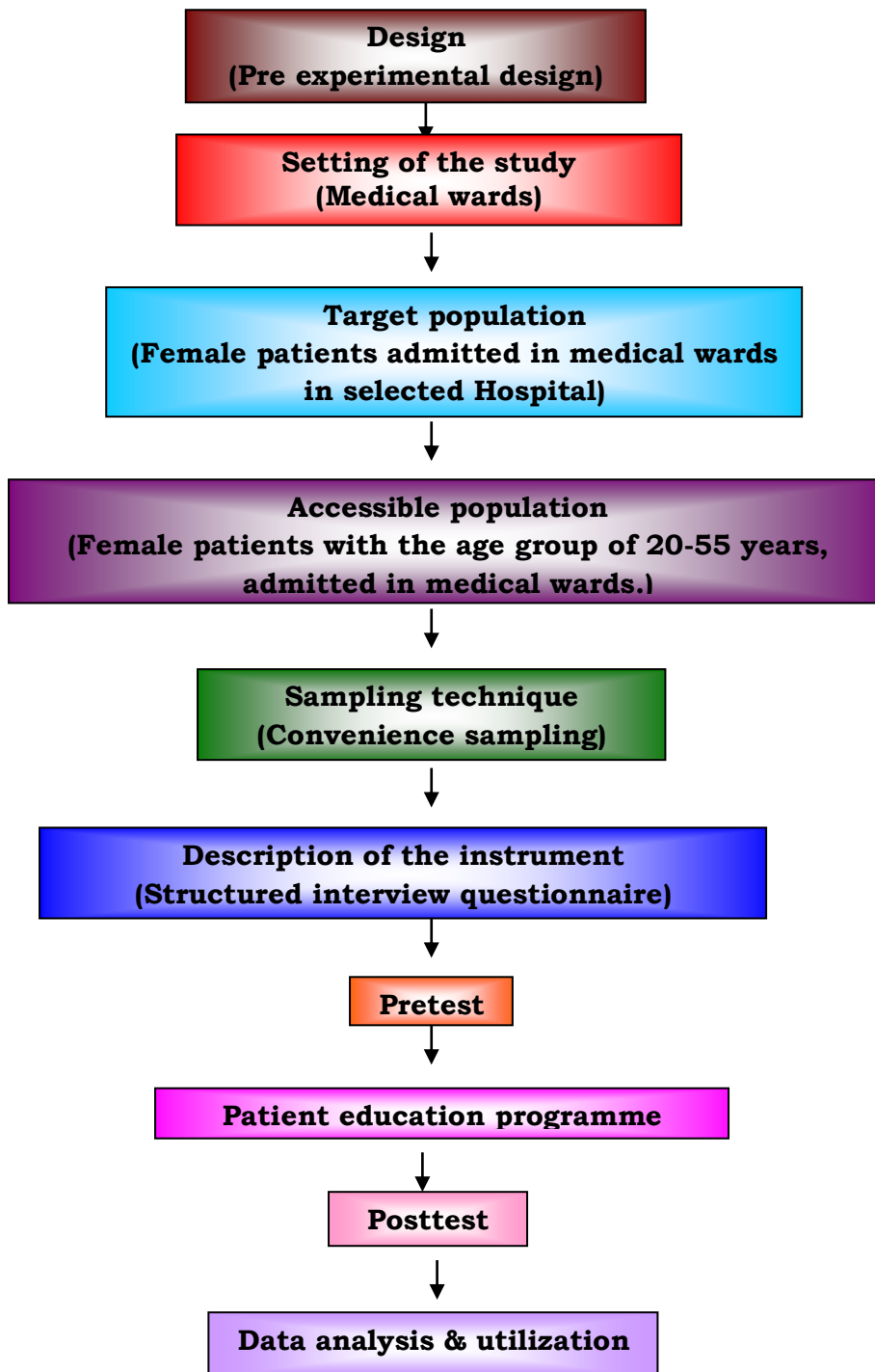
Fig. 1: Schematic Representation Of Research Design

G. Data collection procedure

Samples were selected by convenience sampling technique. Purpose of the study was explained and informed consent was obtained from each sample. Structured interview questionnaire was used to assess the level of pretest knowledge.On the same day after pretest assessment the patient education was given by investigators using posters and video. It took 25-30 minutes. After the patient education programme, a well prepared booklet was given to each sample to enrich and reinforce the teaching. After 5 days posttest was conducted using the same tool.

III. RESULTS

A. Sample distribution under the study.
- Out of 50 patients 24(48%) of them belonged to 41-50 years of age and 5 (10%) patients belonged to below 30 years of age.

- Majority of patients were Hindu 39 (78%) and 11 (22%) were others (Muslim and Christian).
- The maximum of 22 (44%) patients were non-literate. Most of the patients 30(60%) were house wife and 1(2%) patient is employed.
- About 25(50%) patients have an income of below Rs.1000, 23 (46%) with an income of Rs.1001-3000 and 2(4%) make an income of above Rs.3000 per month.

- Majority of the patients were from rural area 44(88%) and 6(12%) patients were from urban area. Most of the patients 45(90%) were married.
- About family history 3(6%) of them had family history of uterine or cervical cancer.
- Three (6%) patients got the information regarding prevention of uterine and cervical cancer from various sources such as relatives/friends, TV/radio, magazines and newspaper, and majority of the patients 47(94%) got no information at all.

n=50

Sl.No	Level of knowledge	Pretest		Post test	
		Frequency	%	Frequency	%
1	Inadequate	27	54	-	-
2	Moderately adequate	23	46	11	22
3	Adequate	-	-	39	78
	Total	50	100	50	100

Table 1: Description of effectiveness of structured teaching programme

n=50

Category	Mean	Standard deviation	't' value	'p' value
Pretest	4.5	1.31	-21.93	<0.001*
Posttest	8.1	0.88		

Table 2: Comparison of mean between pretest and posttest

* Significant.

Table 2 shows that the mean knowledge score in pretest was 4.5 with a standard deviation of 1.31. In posttest the mean score was 8.1 with a standard deviation of 0.88. Thus the difference in pre and posttestlevel was confirmed by paired 't' test value (-21.93), and the results were found to be significant (P< 0.001). This finding indicated that because of the self-instructed bookletthe posttest knowledge about practice is improved.

n=50

S.No	Group	No of subjects	Mean	SD	Kruskal-Wallis/ Mann- Whitney 'u' value	'p' value
1	Age 20-30 years	5	5.20	1.30	2.804	0.423
	31 – 40 years	7	4.85	1.67		
	41 – 50 years	24	4.41	1.28		
	Above 50 years	14	4.21	1.18		
2	Education Non-literate	22	4.09	1.01	10.567	0.005 *
	Primary school	21	4.38	1.24		
	Middle and Higher secondary	7	6.14	1.21		
3	Domicile Urban	6	6.0	1.26	219.5	0.007 *
	Rural	44	4.29	1.19		
4	Marital status Single	2	4.50	0.70	0.029	0.986
	Married	45	4.51	1.37		
	Widow / Divorced	3	4.33	0.57		
5	Family history of uterine or cervical cancer Yes	3	5.0	1.73	86.5	0.502
	No	47	4.46	1.30		

Table 3:Association of pretest knowledge with certain demographic variables

* Significant

Table 3 shows that the knowledge about practice was influenced by education and domicile of the women. Those who are having high education are following adequate practice to prevent uterine and cervical cancer. Urban women also following adequate practice to prevent uterine and cervical cancer. Practice was not influenced by age, marital status and the family history of uterine or cervical cancer.

IV. DISCUSSION

The present study has focused on effect of self-instructed bookleton knowledge about practices to prevent uterine and cervical cancer. Total of 50 samples were selected for the present study using convenience sampling technique. Pretest was conducted using structured interview questionnaire. Education was given by the investigator on preventive practices of uterine and cervical cancer. Booklet on prevention of uterine and cervical cancer was given to the samples. Five days later posttest was conducted.The findings of the study have been discussed based on the objectives of the study and findings of other similar studies.

Shiela, Shiu and Hdroyd conducted a study to assess the level of knowledge about risk factors as well as general facts about gynecological cancer. Results of the study show that the knowledge level in women is low. Only 47 % of women knew the difference between the sites of origin of cervical and endometrial cancer.Kavale,Heuch and Nilssenfound that there was associations between cervical cancer and reproductive factors at the level of 0.18 (P<0.001).

- Nursing implications

The present study has got implications in the field of nursing service, nursing administration, nursing education and nursing research.

➢ Nurses should motivate the female population for regular gynecological checkup and Pap smear to reduce the incidence of uterine and cervical cancer.

➢ This study emphasizes the need for developing skills to provide health education to the public on prevention of uterine and cervical cancer.

➢ Nurses can organize in service education and continuing nursing education programs to improve the knowledge of female health workers.

V. CONCLUSION

The posttest knowledge about preventive practices of uterine and cervical cancerwas significantly higher than the pretest knowledge of samples. The study concluded that the general public is not aware about the uterine and cervical cancer. Public education may be needed to improve the knowledge as well as practice.

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