

Assess the Effectiveness of Planned Teaching on Knowledge Regarding Cervical Cancer with Human Papiloma Virus (HPV) Vaccination Among Women in Urban Area

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ABSTRACT

Cervical cancer is second only to breast cancer on the most common type of cancer found in women worldwide. It affects an estimated 500,000 women each year. In United States and other developing countries, the rates of cervical cancer are much lower, in fact, according to National Cervical Cancer Coalition, more than 80% of all cases of cervical cancer occur in developing countries. Objectives: 1. To assess the knowledge regarding cervical cancer with HPV vaccination. 2. To assess effectiveness of planned teaching on knowledge regarding cervical cancerwith HPV vaccination.3.To associate the findings with selected demographic variables. Materials and Methods: 80 samples were selected from women in urban areas by Purposive sampling technique. Pre Experimental research design one group Pre test and post test without control group design was used. Findings revealed that in pre test32 women (40%) had poor level of knowledge and 48(60%) of women had average level of knowledge score, no women (0%) had good level of knowledge and 0(0%) of them had excellent level of knowledge score. The minimum score was 0 and the maximum score was 10, the mean score was 5.85 ± 2.571 with a mean percentage score of 29.25 ± 12.855. In post test only 1 woman (1.25%) had poor level of knowledge score, 12 women (15%) had average level of knowledge score, 33 women had good level of knowledge score and 34 women had excellent level of knowledge score. The minimum score was 05 and the maximum score was 19, the mean score was 13.95 ± 3.438 with a mean percentage score of 69.75 ± 17.19 The main aim of the study was assess the effectiveness of planned teaching on knowledge regarding cervical cancer with Human papiloma Virus (HPV) vaccination among women in urban area of wardha city. Information is given to the women through a planned teaching which includes various aspects like general knowledge regarding cervical cancer, epidemiology, risk factors, causes, stages, HPV vaccination, complications, prevention and treatment of cervical cancer with HPV vaccination.

KEY WORDS: CERVICAL CANCER, HUMANPAPILOMA VIRUS (HPV).

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INTRODUCTION

Cervical cancer is a major and devastating cause of mortality worldwide with an estimated global incidence of 5 lakhs new cases and 2.7 lakhs deaths annually among women. It is the second most common cancer in women between 15 and 45 years of age and the third most common cause of cancer related mortality in women. According to WHO/ICO information centre on



HPV and cervical cancer (2009) in India ,women at risk of cervical cancer is 366.58 millions.1.3 lakhs of annual cases and 74 thousand annual deaths. Statistical data reveals that the prevalence rate was highest in Mum bai(3121), Chennai (2550), Poona (1138), Trivandrum and Karunagappally 284 and 93 respectively. Unless there is a dramatic improvement in prevention of cervical cancer and the incidence of the disease falls by 2050.one million new cases of the disease will be diagnosed each year. Worldwide, cervical cancer is both the fourth- most common causes of cancer and the fourth- most common causes of death from cancer in women.In 2012, an estimated 528,000 cases of cervical cancer occurred, with 266,000 deaths. About 70% of cervical cancer occurs in developing countries. Also cervical cancer is a cancer arising from cervix.

It is due to the abnormal growth of cell that have the ability to invade or spread to other parts of the body. Early on, typically no symptoms are seen. Later symptoms may include abnormal vaginal bleeding, pelvic pain or pain during sexual intercourse. Long term infection with certain type of the HPV is now known to be the causes of almost all cervical cancer. Almost all abnormal Pap test result is caused by HPV. In 2006, "Professor Ian Frazer" and his team at the "University of Queensland" discovered a vaccine to prevent HPV, and protecting women against most types of cervical cancer. HPV is commonly spread by sexual contact as many people may not be aware of signs and/ or symptoms. HPV does not always leads to cervical cancer. However if the virus persists and is left undetected, the viral cell can become cancerous.

MATERIAL AND METHODS

Source of Data: Data collected from women in the urban area. Inclusion Criteria: Inclusion criteria:-1. Available at the time of data collection.2.Able to understand the language Marathi or Hindi.3.Age group of women 18 years to 55 years.4. Willing to participate in study. Exclusion criteria:-1.Those who are suffering from chronic illness like any type of cancer. 2. Those who are Health professionals.3. Those who have attended health educational programme regarding cervical Cancer. Research Approach: Quantitative approach Research Design: Evaluative research design Setting:Research conducted in urban area. Sampling Technique: Purposive sampling technique. Sample size: The total samples of the study consist of 80 womenTools of Research: Data collection tool is self-administered structured knowledge questionnaire which consists of following aspects. Section-I: Deals with demographic variables. Section-II: Deals with self-administered structured knowledge questionnaire on cervical cancer and HPV vaccine.Section-III:knowledge regarding cervical cancer and HPV vaccine.Independent variable: knowledge of cervical cancer with HPV vaccinationDependent variable: women.

The above table shows that in pre test32 women (40%) had poor level of knowledge and 48(60%) of women had

average level of knowledge score, no women (0%) had good level of knowledge and 0(0%) of them had excellent level of knowledge score. The minimum score was 0 and the maximum score was 10, the mean score was $5.85 \pm$ 2.571 with a mean percentage score of 29.25 ± 12.855 . In post test only 1 woman (1.25%) had poor level of knowledge score, 12 women (15%) had average level of knowledge score, 33 women had good level of knowledge score and 34 women had excellent level of knowledge score. The minimum score was 05 and the maximum score was 19, the mean score was 13.95 \pm 3.438 with a mean percentage score of 69.75 \pm 17.19.



Graph : Significance of difference between knowledge

This table shows the comparison of pre test and post test knowledge scores of women regarding cervical cancer with HPV vaccination. Mean, standard deviation and mean percentage score values are compared and student's paired test is applied at 5% level of significance. The tabulated value for n=80-1 i.e 79 degrees of freedom was 2.68 . The calculated value was 27.778 for overall knowledge score. The calculated 't' value are much higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance. Hence it is statistically interpreted that that planned teaching on knowledge regarding cervical cancer with HPV vaccinationwas effective. Thus the H1 is accepted.

DISCUSSION

Assess the effectiveness of planned teaching on knowledge regarding cervical cancer with Human papiloma Virus (HPV) vaccination among women in urban area was undertaken with the objectives to assess the knowledge regarding cervical cancer with HPV vaccination, to ascertain the relationship with selected sociodemographic variable and to find out the deficit areas. The study accessible population was women of selected urban area of wardha city. 80 women were selected by purposive sampling technique. Data was collected from women by questionnaire. Data was analyzed by descriptive and inferential statistics and presented through tables and figures. As per objectives it was found that the existing knowledge before teaching was satisfactory in pre test mean percent was 29.25 % and knowledge of women in post test mean percent was 69.75 %. Education variable was found to be associated with knowledge of women none of the others variable were found significantly related with the knowledge of women. This study is supported to my study and education variable found to be significant with knowledge of women and others variable are not being found significantly.

Table 1. Effectiveness of planned teaching on the knowledge regarding cervical cancer with HPV vaccination among women. n=80				
Level of knowledge	Score range	Percentage	Knowledge Score	
score		score	Pre Test	Post Test
Poor	0-5	1-25%	32(40%)	1(1.25%)
Average	6-10	26-50%	48(60%)	12(15%)
Good	11-15	51-75%	0(0%)	33(41.25%)
Excellent	16-20	>76%	0(0%)	34(42.5%)
Minimum score			0	5
Maximum score			10	19
Mean score			5.85 ± 2.571	13.95 <u>+</u> 3.438
Mean %			29.25 ± 12.855	69.75 ± 17.19
t-value			17.743	

An evaluative approach with one group Pre testPost test design was used for the study. 80 samples were selected using simple random sampling method. The present study was conducted in Arvi-naka, wardha city. The collected data were analyzed using descriptive and inferential statistics. A significant difference between Pre test and Post test knowledge was found (t=17.743, S,p<0.05). In pre test mean percent was 29.25 % and in post test mean percent was 69.75 %. There was no significant association between the level of knowledge and demographic variables such as age, educational status, family type, marital status occupational status. This study supported to my study and in my study planned teaching was effective in improving the knowledge of women regarding prevention of cervical cancer with HPV vaccination.

p-value

CONCLUSION

The main aim of the study was assess the effectiveness of planned teaching on knowledge regarding cervical cancer with Human papiloma Virus (HPV) vaccination among women in urban area of wardha city. Information is given to the women through a planned teaching which includes various aspects like general knowledge regarding cervical cancer, epidemiology, risk factors, causes, stages, HPV vaccination, complications, prevention and treatment of cervical cancer with HPV vaccination.

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0.00 S,p<0.05

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