e - ISSN – 2349-0691

AMERICAN JOURNAL OF ADVANCES IN NURSING RESEARCH

Journal homepage: www.mcmed.us/journal/ajanr

PREVENTION OF UTERINE AND CERVICAL CANCER

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Article Info

Received 04/11/2017
Revised 13/11/2017
Accepted 27/11/2017

Key word: Cervical cancer, Uterine cancer, Preventive management.

ABSTRACT

Evidence of cancer has been noted and recorded since 2500 B.C at which time descriptions of tumors and their treatment were found in the Hindu epic, the Ramayana.[4] The aim of the study was to assess the effectiveness of self instructional module on knowledge, attitude and practice on prevention of uterine and cervical cancer among female. The first objectivewas to assess the existing knowledge, attitude and practice on prevention of uterine and cervical cancer among females. The second objective was to assess the effectiveness of self instructional module on prevention of uterine and cervical cancer among females. The third objectivewas to associate the pretest knowledge, attitude and practice with certain demographic variables such as age, education, domicile, marital status and family history. The statistical value supported the research hypothesis that "the posttest knowledge, attitude and practice about prevention of uterine and cervical cancer will be significantly higher than the pretest knowledge, attitude and practice of patients who had self instructional module".

INTRODUCTION

The cervix is the lower portion of the uterus that connects the uterus to the vagina. Cervical cancer occurs when cells in the cervix grow erratically and multiply out of control.Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. Not all tumors are cancerous; benign tumor does not spread to other parts of the body [1].

10Facts at a Glance – Cervical Cancer stated that

- Worldwide, cervical cancer is the third most common cancer among women.
- Worldwide, every two minutes a woman dies from cervical cancer.
- 86% of cervical cancer cases and 88% of deaths occur in developing regions.
- In India, cervical cancer is the single most common cancer.
- For every 35 women in India, one will be diagnosed with cervical cancer
- In the United States, one in every 192 women will develop cervical cancer.
- Sexually transmitted HPV is a necessary factor in cervical cancer.
- Worldwide, 70% of cervical cancer is caused by infection of HPV.
- More than 80% of women will be infected with HPV at some time.
- Cervical cancer is one of three cancers effectively prevented with screening [2].

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STATEMENT OF THE PROBLEM

Pre Experimental study to assess the Effectiveness of self-instructional modules on knowledge, attitude and practice on prevention of uterine and cervical cancer among females"

OBJECTIVE OF THE STUDY

- Assessed the pre and post test knowledge, attitude and practice on prevention of uterine and cervical cancer among females in selected community area.
- Determined the effectiveness of self-instructional modules on knowledge, attitude and practice on prevention of uterine and cervical cancer among females in selected community area.
- Findout the association of post-test knowledge, attitude and practice with selected demographic variables

HYPOTHESIS OF THE STUDY

- H1: There will be a significant difference level of knowledge among females on prevention of uterine and cervical cancer after SIM.
- H2: There will be a significant difference level of attitude among females on prevention of uterine and cervical cancer after SIM.
- H3: There will be a significant difference level of practice among females on prevention of uterine and cervical cancer after SIM.
- H4: There will be a significant association between post test level of knowledge, attitude, and practice with selected demographic variables.

OPERATIONAL DEFINITION

Effectiveness

It refers to determining the extent to which self instructional module has achieved the desired results and is measured in terms of knowledge, attitude and practice on prevention of uterine and cervical cancer among the females.

Self instructional modules

It is a systematic and planned intervention on knowledge, attitude and practice on prevention of uterine and cervical cancer. It includes distribution of booklet on prevention of uterine and cervical caner.

Knowledge

It is the understanding of the females about prevention of uterine and cervical cancer and it is measured by using structured interview questionnaire.

Attitude

It refers to the expressed beliefs and feelings of patients regarding prevention of uterine and cervical cancer and it is measured by five point Likert scale.

Practice

Adapting health practices which reduce the incidence of uterine and cervical cancer and it is assessed by a checklist.

Prevention of uterine and cervical caner

It includes selected aspects of prevention such as health promotion activities, diet and lifestyle modification, annual pelvic examination, Pap smear examination, early treatment of cervical infection, menstrual hygiene and prevention of human papilloma virus infection [3].

ASSUMPTION

- Female client do not have adequate knowledge regarding prevention of uterine and cervical cancer.
- The SIM will help to improve the knowledge, attitude and practice on prevention of uterine and cervical cancer among the females.
- The self-instructional modules will help in early detection of uterine and cervical cancer.

Delimitation

- Study has been conducted only with selected area.
- The period of study was limited to 6 weeks.

RESERCH METHDOLOGY

Research Approach

The research approach adopted for the study was Pre-experimental approach

Research Design

A pre-experimental design, one group pretest-posttest design was adopted for this study.

- O_1 x O_2
- O_1 - Pre test
- X - Intervention
- O_2 - Post test

RESERCH VARIABLE

Independent variable

The independent variable in this study is the Self instructional modules on prevention of uterine and cervical cancer.

Dependent Variables

In this study the dependent variable are Knowledge, attitude and practice on prevention of uterine and cervical cancer.

Population

Females living in community area.

Sampling Size

Total sample size for this study is 50 females for community area.

Sampling Technique

Non probability Convenience samplingtechnique was used for this study

RELIABLTY OF THE TOOL

Reliability was tested using Cronbach Alpha method, and 'r' value was found to be reliable r = 0.676 It was statistically significant and reliable.

MAJOR FINDING OF THE STUDY

Table 1 show that Most of the females had inadequate knowledge 72% in pretest and after SIM 28% of them had moderately adequate knowledge and 72% of them had adequate knowledge about prevention of uterine and cervical cancer.

Table 2 show that Regarding the attitude level of females 32% of them had moderately unfavorable attitude & 48% of them had neither unfavorable nor favorable attitude in pretest and after SIM 84% of them had highly favorable attitude and 8% of them had moderately favorable attitude towards prevention of uterine and cervical cancer.

- Table 3 show that the level of practice on prevention of uterine and cervical cancer among females was increased up to 80% after SIM.
- The effectiveness of SIM was statistically tested by paired't' value and the results were found to be significant at p<0.005 level.
- The study showed that there was a significant association between post test level of knowledge with selected demographic variables such as education and Marital status (at p < 0.05,) respectively.
- The study showed that there was a significant association between post test attitudes with demographic variables such as such as education, monthly income (at p < 0.05,) respectively.

The study showed that there was a significant association between post test practice with demographic variables such as age, religion and occupation (at p < 0.05,) respectively which was statistically confirmed with chi square test [4].

Table 1. Frequency and percentage distribution of level of knowledge on prevention of uterine and cervical cancer among females in pretest and post test.

S. No	Level of knowledge	PRE TEST		POST TEST	
		Frequency	Percentage	Frequency	percentage
I	Inadequate (0-5)	36	72	-	-
2	Moderately adequate (6-10)	14	28	14	28
3	Adequate (11-15)	-	-	36	72
	Total	50	100	50	100

Table 2. Frequency and percentage distribution of level of attitude on prevention of uterine and cervical cancer among females in pretest and post test

S. No	Level of Attitude	PRE TEST		POST TEST	
		Frequency	Percentage	Frequency	percentage
1	Highly Unfavorable (0-10)	-	-	-	-
2	Moderatelyunfavorable (11-20)	16	32	-	-
3	Neither unfavorable nor favorable (21-30)	24	48	4	8
4	Moderately favorable (31-40)	10	20	4	8
5	Highly favorable (41-50)	-	-	42	84
	Total	**50**	**100**	**50**	**100**

Table 3. Frequency and percentage distribution of level of practice on prevention of uterine and cervical cancer among females in pretest and post test

S. No	Level of practice	PRE TEST		POST TEST	
		Frequency	Percentage	Frequency	percentage
1.	Inadequate (0-4)	26	52	-	-
2	Moderately adequate (5-7)	24	48	10	20
3	Adequate (8-10)	-	-	40	80
	Total	50	100	50	100

CONCLUSION

This study demonstrated that SIM on prevention of uterine and cervical cancer is effective in improving the knowledge, attitude and practice level of patients.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with theethical standards of the institutional research committee and with the 1964Helsinki declaration and its later amendments or comparable ethicalstandards. This article does not contain any studies with animals performed by any of the authors.

ACKNOWLEDGEMENT

Nil

CONFLICT OF INTEREST

No interest

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