



“A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PAP SMEAR AMONG WOMEN AT KONDAVALASA VILLAGE , SRIKAKULAM (DISTRICT) ”.

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ABSTRACT

Introduction Cancer is a disease in which abnormal cells divide in an uncontrolled way. Cervical cancer starts in the cells lining the cervix (the lower part of the uterus) .Cancer of the cervix is an increasing health problem and an important cause of mortality in women worldwide. Early cervical epithelial changes can be identified by a Pap smear test. Cancer is the second leading cause of death globally after cardiovascular diseases . Globally , Approximately 570 000 cases of cervical cancer and 311 000 deaths from the disease occurred in 2018. According to the World Cancer statistics, >80% of all the cervical cancer cases are found in developing (like india) and low-resource countries, because of a lack of awareness and difficulty in running cytology-based screening programs. **Objectives** To Assess the knowledge on cervical cancer and pap smear among women in Kondavalasa village by pre test .To Evaluate the effectiveness of structured teaching programme regarding knowledge on cervical cancer and pap smear among women. To Find out the association between pre test knowledge scores on cervical cancer and pap smear among women with their selected demographic variables.

Methodology One group pre-test and post-test design was used to evaluate the effectiveness of structured teaching programme on knowledge regarding pap smear among women at kondavalasa village , Srikakulam (district) ".A total of 50 rural women were selected by Non- probability convenient sampling technique .Tool used for conducting study was structured questionnaire on cervical cancer and checklist on pap smear .**Results** In pre-test out of 50 rural women 43(86%) had inadequate knowledge regarding pap smear whereas 6(12%) had moderately adequate knowledge and only 1(2%) had adequate knowledge. In post-test 9(18%) had moderately adequate knowledge, 41(82%) had adequate knowledge after structured teaching programme. **Conclusion** The present study revealed that rural women have inadequate knowledge regarding pap smear in prevention of cervical cancer and after structured teaching programme knowledge have improved among rural women .So, there is a need to educate the rural women to increase awareness about pap smear in order to prevent the cervical cancer .

Back ground :

Cervical cancer starts in the cells lining the cervix (the lower part of the uterus /womb). The cervix connects the body of the uterus (the upper part where a foetus grows) to the vagina (birth canal)¹. Approximately 90% of deaths from cervical cancer occurred in low- and middle-income countries². The early stages of cervical cancer may be completely free of symptoms. Vaginal bleeding, contact bleeding(bleeding after sexual intercourse) is one most common form, or (rarely) a vaginal mass may indicate the presence of malignancy. Also, moderate pain during sexual intercourse and vaginal discharge are symptoms of cervical cancer³. In advanced disease, metastases may be present in the abdomen, lungs, or elsewhere. Symptoms of advanced cervical cancer may include: loss of appetite, weight loss, fatigue, pelvic pain, back pain, leg pain, swollen legs, heavy vaginal bleeding, bone fractures, and (rarely) leakage of urine or feces from the vagina. Bleeding after douching or after a pelvic examination is a common symptom of cervical cancer⁴.

Human papillomavirus infection (HPV) causes more than 90% of cases. Other risk factors include smoking, a weak immune system, birth control pills, starting sex at young age, and having many sexual partners . Cervical cancer typically develops from precancerous changes over 10 to 20 years. About 90% of cervical cancer cases are squamous cell carcinomas, 10% are adenocarcinoma, and a small number are other types³.

Cervical cancer is a preventable disease due to the long preinvasive stage. Early detection and appropriate treatment are possible if robust screening is implemented⁵. Early cervical epithelial changes can be identified by a Pap smear test, which is the primary screening test for detection of precancerous cervical intraepithelial neoplasia and the early stage of invasive cervical cancer.

Particularly in countries where screening programmes are not available, diagnosing cervical cancer at an early stage and providing access to effective treatment can significantly improve the likelihood of survival. Currently, in many low resource settings, the disease is often not identified until it is further advanced or

treatment is inaccessible resulting in a higher rate of death from cervical cancer. Understanding and detecting symptoms of cervical cancer can assist with early diagnosis.

Early cervical epithelial changes can be identified by a Pap smear test. Also called the Papanicolaou test, it was first developed by G. N. Papanicolaou and his colleagues in the 1940s. Pap smear testing is a very useful, simple, economical, and safe tool for detecting precancerous cervical intraepithelial neoplasia and the early stage of invasive cervical cancer. In Pap test a small sample of cells are removed from the cervix with a brush or spatula. The image below shows the process. The procedure is not painful as only the surface of the cervix is touched. The cells are then smeared onto a slide and examined under a microscope⁶.

Women aged 21–29 years should have a Pap test every 3 years. Women aged 30–65 years should have a Pap test every 3 years, or an HPV test every 5 years, or a Pap and HPV co-test every 5 years. Women with HIV infection aged ≥ 30 years, pap test should be done every 6 or 12 months⁷. Women over age 65 who have had regular screening in the past 10 years with normal results should stop cervical cancer screening⁸. After the age of 65 years, most women will not need a Pap smear. Those who have had abnormal test results in the past and those who are sexually active with more than one partner may need more frequent testing. After a total hysterectomy, which is the surgical removal of the uterus and cervix, a Pap smear will no longer be necessary. Anyone who has a hysterectomy because they had cancerous or precancerous cells should continue to have regular tests.

To ensure that Pap smear is most effective, follow these tips prior to test: Avoid intercourse, douching, or using any vaginal medicines or spermicidal foams, creams or jellies for two days before having a Pap smear, as these may wash away or obscure abnormal cells. Should not to schedule a Pap smear during your menstrual period. Mid cycle (8-12th day of menstruation or ovulation) is correct time for pap test⁹.

The test results usually take 1–3 weeks to come back. Most test results are negative, but they can sometimes be positive¹⁰. A negative or normal test finding means that the cervix looks healthy. All the cells are of a healthy size and shape. A positive or abnormal test finding means that something unusual is in the sample. The test found abnormal cells of a different size and shape¹¹. A positive result does not confirm that a person has cancer, but it indicates that more investigation is necessary.

METHODOLOGY :

Pre experimental research approach, One group pre-test and post-test design was used to evaluate the effectiveness of structured teaching programme on knowledge regarding pap smear among women at kondavalasa village, Srikakulam (district). A total of 50 rural women were selected by Non-probability convenient sampling technique. The Tool consists section I: Demographic variables of the sample, section II: Knowledge questionnaire on cervical cancer, Section III: check list on pap smear. Tool used for conducting study was structured questionnaire on cervical cancer and checklist on pap smear. Inclusion and Exclusion criteria of the study was women who were aged between 25-50 years, who did not undergo any cervical cancer diagnostic procedures, who were willing to participate in study and who available at the time of study were

inclusion criteria .And who were below 20 years and above 50 years . and diagnosed as cervical cancer patients were excluded from study .

The data collection tool was validated and reliability was determined by **test and re test method** with $r = 0.9572$ and pilot study was conducted, following which the data collection was carried out. Data procured was interpreted by descriptive and inferential statistics. Analysis of data was executed in terms of Frequency, Percentage distribution, Mean, Standard deviation, Chi-square and Correlation for the assessment of post test knowledge of pap smear among women with their selected demographic variables.

RESULTS :

SECTION – I

Table -I : Distribution of demographic variables of rural women in frequency and percentage

S.NO	Demographic variables	Frequency	Percentage %	
1.	Age in years	20-30	39	78.00
		31-40	5	10.00
		41-50	6	12.00
		Total	50	100.00
2.	Religion	Hindu	48	96.00
		Muslim	1	2.00
		Christian	1	2.00
		Total	50	100.00
3.	Education of the mother	Formal	6	12.00
		Primary	4	8.00
		Secondary	9	18.00
		Higher secondary	13	26.00
		Degree and above	18	36.00
4.	Educational status of the spouse	Formal	10	20.00
		Primary	10	20.00
		Secondary	5	10.00
		Higher secondary	4	8.00
		Degree and above	21	42.00
		Total	50	100.00
5.	Occupation of women	Home maker	36	72.00
		Daily wagar	5	10.00
		Private employee	1	2.00
		Government employee	5	10.00
		Others	3	6.00
		Total	50	100.00
6.	Occupation of the spouse	Coolie	10	20.00
		Agriculture	12	24.00
		Private employee	5	10.00
		Government employee	10	20.00
		Others	13	26.00

		Total	50	100.00
7.	Family income per month	Below 5000	5	10.00
		5000-10000	19	38.00
		10000-20000	15	30.00
		above 20000	11	22.00
		Total	50	100.00
8.	Type of family	Nuclear	16	32.00
		Joint	31	62.00
		Extended	3	6.00
		Total	50	100.00
9.	Previous knowledge on pap smear	Yes	14	28.00
		No	36	72.00
		Total	50	100.00
10.	If yes source of knowledge	Radio/Television	1	7.10
		Health care personnel / Family members	7	50.00
		News paper / Internet	4	28.60
		Friends / Neighbours	2	14.30
		Total	14	100.00
11.	Family history of cervical cancer	Yes	0	0.00
		No	50	100.00

The above table shows that among rural women ,majority 78%(39)were in the age group of 20-30 years ,10%(5) were from 31- 40 years, 12%(6) were from 41-50 years .Pertaining to the religion of the rural women , majority 96%(48)were Hindus ,2%(1) were Muslims , 2%(1) were Christians . Regarding education of the rural women , majority 36%(18) had degree and above , where as least 8%(4) had primary education . Education of the husband , majority 42%(21) had degree and above , whereas least 8%(4) had higher secondary .Regarding occupation of the women , majority 72%(36) were home makers , whereas least 2%(1) were private employees. Occupation of the spouse , majority 26%(13) business , whereas least 10%(5) were private employees .Regarding family income per month in rupees , majority 38%(19) were 5000-10000, whereas least 10%(5) were below 5000 .Regarding type of family , majority 62%(31) belong to joint family ,whereas least 6%(3) belong to extended family .previous knowledge on pap smear , majority 72%(36) had nil knowledge on pap smear , whereas least 28%(14) had knowledge .source of knowledge ,majority 50%(25) had from health care professionals /family members , whereas least 7.10%(1) from radio /television and family history of cervical cancer , 100%(50)showed no family history of cervical cancer .

SECTION II

Table – 2: Distribution of sample according to pre test and post test knowledge scores of rural women regarding cervical cancer .

Table 2: Assessment of knowledge on cervical cancer among rural women	PRE TEST				POST TEST				t-value	p value
	Frequency	Percentage	Mean	SD	Frequency	Percentage	Mean	SD		
Inadequate	43	86.00	14.76	5.66	0	0.00	32.30	3.24	21.017**	0.000
Moderate	7	14.00			13	26.00				
Adequate	0	0.00			37	74.00				
Total	50	100.00			50	100.00				

Table 2 :

- shows that in pre test 43(86%) rural women had inadequate knowledge and only 7 (14%) had moderate knowledge with mean 14.76 and standard deviation 5.66 on cervical cancer .
- Where as in post test majority 37(74%) had adequate knowledge and only 13(26%) had moderate knowledge on cervical cancer with mean 32.30 and standard deviation 3.24 .
- The results shows that the health teaching was effective with t value 21.017 at 0.01 level of significance, “p” value 0.000 .

Table 3: Distribution of sample according to pre test and post test knowledge scores of rural women regarding pap smear .

Table 3: Assessment of knowledge on pap smear among rural women	PRE TEST				POST TEST				t-value	p value
	Frequency	Percentage	Mean	SD	Frequency	Percentage	Mean	SD		
Inadequate	45	90.00	4.24	3.81	0	0.00	14.52	1.33	18.172**	0.000
Moderate	5	10.00			7	14				
Adequate	0	0.00			43	86.00				
Total	50	100.00			50	100.0				

Table 3:

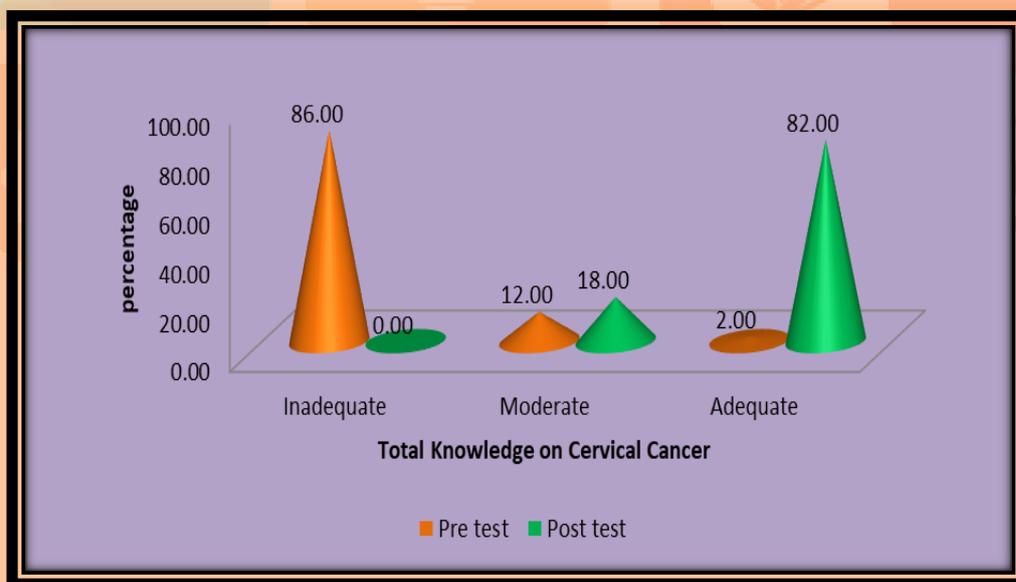
- shows that in pre test 45(90%) rural women had inadequate knowledge and only 5 (10%) had moderate knowledge on pap smear with mean 4.24 and SD 3.81 .
- Where as in post test majority 43(86%) had adequate knowledge and only 7(14%) had moderate knowledge with mean 14.52 and SD 1.33 . on pap smear .The results shows that the health teaching was effective with t 18.172 at 0.01 level of significance .

Table 4: Distribution of sample according to pre test and post test knowledge scores of total knowledge .

Assessment of knowledge on total knowledge among rural women	PRE TEST				POST TEST				t-value	p value
	Frequency	Percentage	Mean	SD	Frequency	Percentage	Mean	SD		
Inadequate	43	86.00	19.00	5.51	19.00	5.51	46.82	3.88	33.094**	0.00
Moderate	6	12.00			9	18.00				
Adequate	1	2.00			41	82.00				
Total	50	100.00			50	100.00				

Table 4 :

- shows that in pre test 43(86%) rural women had inadequate total knowledge and only 1 (2%) had moderate knowledge with mean 19.00 and standard deviation 5.51.
- Where as in post test majority 41(82%) had adequate total knowledge and only 9(18%) had moderate knowledge with mean 46.82 and standard deviation 3.88.
- The results shows that the health teaching was effective with t value 33.094 at 0.01 level of significance .



SECTION III

Association between demographic variables with pre-test scores on pap smear among rural women

shows that there was significant association between the selected demographic variables as age in years , occupation of the women and previous knowledge level of pap smear and pretest knowledge scores of the rural women at 0.01 level of significance where as no significance association between the remaining demographic variables as religion , educational status of the women ,educational status of the spouse , occupational status of the spouse ,family income per month in the rupees , type of family , source of knowledge and family history of cervical cancer with pre test knowledge scores of the rural women

DICUSSION :

The first objective of the study was to Assess the knowledge on cervical cancer and pap smear among women in Kondavalasa village by pre test .

Pre-test results shows that 43(86%) rural women had inadequate knowledge and only 7 (14%) had moderate knowledge with mean 14.76 and standard deviation 5.66 on cervical cancer . so the H1 which that was stated as “There will be inadequate knowledge among rural women on pap smear” has been accepted .

The above result of the study has been supported by a cross sectional study conducted by **HN Harsha Kumar , Shubham Tanya et.al., (2014)** on Knowledge and Screening for Cervical Cancer among 83 Women selected by non randomized , sequential inclusion method , at Outpatient departments of hospitals associated with KMC Mangalore . Semi-structured questionnaire was developed and used for data collection . Results shown that Majority of the women had poor knowledge about cervical cancer (81.9% [68/83]) and it's screening (85.5% [71/83]). Only 6 out of 83 women had undergone screening. Majority of women had poor knowledge¹² .

The second objective of the study was “To Evaluate the effectiveness of structured teaching programme regarding knowledge on cervical cancer and pap smear among women ”.

- post test results shows that majority 41(82%) had adequate total knowledge and only 9(18%) had moderate knowledge with mean 46.82 and standard deviation 3.88 after structured teaching programme .

The above results of the present study supported by A pre experimental one group pre –test, post-test design on “A Study to Assess the Effectiveness of Planned Teaching Programme Regarding Prevention of Cervical Cancer in Terms of Knowledge and Attitude among Women of Reproductive Age Group in Selected Rural Community of Delhi” conducted by **Ms Nidhi Dagar (2018)** . The Sample size was 60 women of reproductive age group selected by convenient sampling technique .Results shows that Percentage of women having adequate knowledge increased from 0% to 63.34% after giving planned teaching program. Whereas 18.33% population reported inadequate Knowledge in Post test and 18.33% population have moderate knowledge in post test. Post test knowledge scores improved 38.46% after planned teaching program. The final conclusion was Planned health education programme on cancer cervix was found to be effective¹³ .

The third objective of the present study was “To Find out the association between pre test knowledge scores on cervical cancer and pap smear among women with their selected demographic variables”.

The researcher revealed that there was significant association between the pre-test knowledge and demographic variables such as among rural women, age ,educational status women ,educational status of the husband, occupational status of the women , occupational status of the husband were significant at 0.01 level. The association of post-test knowledge score of subjects with demographic variables such as women age,

occupational status of the women, monthly income of the family, sources of information was significant at 0.01 level and educational status of the women, Educational status of the husband was significant at 0.05 level.

CONCLUSION

The present study revealed that rural women had inadequate knowledge regarding cervical cancer, pap smear and total knowledge in prevention of cervical cancer. Huge difference in the pre and post test knowledge scores shows that there was effectiveness in the structured teaching programme in improving the knowledge of rural women. So, there is a need to educate the rural women to increase awareness about pap smear in order to prevent the cervical cancer.

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