ORIGINAL RESEARCH PAPER

Nursing

"IMPACT OF HEALTH EDUCATION PROGRAM ON KNOWLEDGE REGARDING PREVENTION OF CERVICAL CANCER AMONG ASHA WORKERS VISITING DHIRAJ GENERAL HOSPITAL PIPARIA, VADODARA".

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ABSTRACT

Background of the study: With the changes in the lifestyles and demographic profiles of developing countries, non-communicable diseases are emerging to be an important health problem. cervical cancer is a disease that can be prevented through both primary prevention and early detection using screening techniques[1].

Cervical cancer is the second most common cause of female-specific cancer after breast cancer accounting for around 8% of both total cancer cases and total cancer deaths in women[2].

INTRODUCTION:

Women have made progress in most of the field but still she tends to inexplicably neglect her own health. Though in the present age women are aware of their problems, the readiness to seek help from health personnel is hindered by economic constraints, social stigma and rigid superstitious beliefs regarding health problems. Hence it is necessary to provide information to women regardingtheir health problems through the available community resources[3].

Cancer is a genetic term for a large group of diseases characterized by the growth of abnormal cells beyond their usual boundaries that can then invade adjoining parts of the body and/or spread to other organs. Other common terms used are malignant tumors and neoplasms. Cancer can affect almost any part of the body and has many anatomic and molecular subtypes that each requiring specific management strategies. Cancer is the second leading cause of death globally and accounted for 8.8 million deaths in 2015. Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervix and stomach cancer are the most common among women[4].

Some non genetic factors play a role in facilitating the process of healthy cells turning cancerous, while other cancers have no known environmental correlation but are known to have a genetic predisposition. A genetic predisposition means that a person may be at higher risk for a certain cancer if a family member has that type of cancer[5].

In today's world Cervical cancer is primarily a disease found in low income countries. Of the nearly 500,000 new cases that Occur annually, 83 % are in the developing world, as are 85 % of the 274,000 deaths associated with cervical cancer[6].

Worldwide, cervical cancer is 12th most common and fifth most deadly cancer in women. It affects about 16 per 100000 women per year and kills about 9 per 100000 each year[7].

According to Chittaranjan Cancer Institute in Kolkata India, approximately 14% of the 6,000 new cases reported annually in Kolkata are cervical cancer[8].

In urban areas, cancer of the cervix account for over 40% of cancers while in rural areas it accounts for 65% of cancers as per the information from the cancer registry in Barshi, While developed countries have reported outstanding progress in reduction of cervical cancer cases, progress is slow in the developing countries[9].

The recognition that oncogenic human papilloma virus (HPV) infection is a necessary factor for virtually all cervical cancers has led to new approaches to treatment, screening, and prevention, including population based HPV vaccination programs for young women[10].

OBJECTIVES:

1) To assess the pre existing knowledge regarding prevention of cervical cancer among ASHA workers visiting Dhiraj Hospital.
2) To assess the effectiveness of health education programme on knowledge regarding prevention of cervical cancer.
3) To find out association between pre-test knowledge score with selected demographic variables.

HYPOTHESES:

H 1: There will be significant difference in pre test and post test knowledge of ASHA workers regarding prevention of cervical cancer.

H 2: There will be significant association between the knowledge of ASHA workers regarding cervical cancer with their selected demographic variables.

MATERIALS AND METHODS:

Research approach: Evaluative research approach was used for the study

Research design: Pre- experimental One group pre-test post-test design

Independent variable: Independent variable in this study is health education regarding to cervical cancer.

Dependent variable: The dependent variable in this study is knowledge level of ASHA workers regarding cervical cancer.

Target population: In this study, the samples ASHA workers who are visiting dhiraj general hospital .

Sample: In this study, ASHA workers who visiting dhiraj general hospital.

Sample size- The sample size constitutes 60(40%of total ASHA workers of waghodia Taluka) ASHA workers from selected hospital of Waghodia who fulfills the inclusive criteria.

Sampling technique:- The sampling technique used for this study is Simple Random Sampling was used.

CRITERIA FOR SELECTION OF SAMPLE:
Inclusion criteria
- ASHA workers who are visiting Dhiraj General Hospital.
- ASHA workers who are willing to participate in the study.

- ASHA workers available during the period of data collection

Exclusion criteria:-
- ASHA workers who are working in village for more than one year.

Data collection instrument:
Data collection tool is the instrument i.e. the written device that the researcher uses to collect the knowledge data. In this study the structured knowledge questionnaire was used

Development of the tool:
The tools were prepared on the basis of the objectives of the study. The following steps were adopted in the development of the instruments:

- Review of literature provided adequate content for the tool preparation.
- Personal experience.
- Consultation with experts.
- Discussion with the peer groups.
- Perpetration of blue prints.
- Reliability

DESCRIPTION OF THE TOOL:
This consists of two parts:

Section-A: Socio-demographic data
It consist of 5 items seeking information related to Age, Religion, Income, Marital status, work experience and sources of information regarding cervical cancer will be administered.

Section-B: Structure knowledge questionnaire on cervical cancer
Self-administered knowledge questionnaire will be used to assess the knowledge of the ASHAworkers of one year experience.

SCORING PROCEDURE:
- There are total of 25 questions items.
- Score "1" is given for correct answer.
- Score "0" is given for incorrect answer.
- The score range from minimum of score "0" and maximum of score "25".

SCORING INTERPRETATION:
The knowledge level is arbitrarily divide in to 3 categories based on self- administered knowledge questionnaires and accordingly the scores were allotted.

- Adequate knowledge- (score 17-25)
- Moderately adequate knowledge- (score 9-16)
- Inadequate knowledge- (score1-8)

RESULT:
SECTION A: Distribution of ASHA workers based on their socio-demographic variables

The percentage distribution based on their Age of ASHA workers. It was observed that among 60 participants (3.33%) belong to age group of 21-23years, (8.33%)belong to age group of 23-25years, (5%) belong to age group of 25-27years,and (83.33%) belong to age group of >27years. .

The percentage distribution based on their Religion of ASHA workers, 58(96.66%) of ASHA workers are Hindu, 2(3.33%) of ASHA workers are Muslim, and 0% of the Christian and other religion..

The percentage distribution based on Family Income. It was observed that family income of (35%) between 1000-3000,(25%) was 3001-5000Rs,(23.33%) belong to income 5001-8000, and (16.66%)belong to income >8000.

The percentage distribution based on 60(100%) ASHA workers were Marital status.

The percentage distribution based on table depicts that 35% of sample had experience of more than 5 years, 31.66% had experience between 1-3 years, and 16.66% had experience 3-5 years similarly only 16.66% had experience of 1 year.

VARIABLES	FREQUENCY	PERCENTAGE (%)
1.Age a.21-23 b23-25 c.25-27 d.>27	02 05 03 50	3.33% 8.33% 5% 83.33%
2.Religion a. Hindu b. Muslim c. Christian d. Others	58 02 00 00	96.66% 3.33% 00% 00%
3.Income per month a.1000-3000 b.3001-5000 c.5001-8000 d.>8000	21 15 14 10	35% 25% 23.33% 16.66%
4.Marital status a. Yes b. No	60 00	100% 00%
5.ASHA WORKER'S Experience a. 1 year b. 1-3 year c.3-5 year d> 5 year	10 19 10 21	16.66% 31.66% 16.66% 35%

SECTION B: Comparison of pre - test and post - test knowledge score regarding prevention of cervical cancer among ASHA workers.

Knowledge of ASHA workers regarding prevention of cervical cancer in pre-test mean knowledge score in was as follow:
In the area of knowledge introduction and incidence of cervical cancer the pre-test were 33.33and the post –test score were 51.25.

- In the area of disease condition the pre-test for were 38.24 and post test score 41.28
- In the area of prevention of cervical cancer pre-test was 8.96 and post-test were 12.18
- In all the knowledge area it was found that the 't' test value were greater than the table value at 8.929 level of significance so the hypothesis was rejected and the research hypothesis 2 was accepted.

The above table shows the pre and post –test knowledge score of ASHA workers regarding prevention of cervical cancer. The table reveals significant improvement in the knowledge level of ASHA workers after giving health education. All the knowledge fields tested showed significant improvement in the mean scores post giving by health education program.

The calculated t values were found to be significant at level 0.05 indicating that the health education was very effective in improving the knowledge level of ASHA workers. The degree of freedom was 59

SECTION C: Effectiveness of planned teaching on knowledge score of ASHA workers.

In protest knowledge score of prevention of cervical cancer is 16.07.it has been assessed by the researcher that ASHA worker hadn't enough knowledge in certain areas of prevention of cervical cancer. After planned teaching it has been increased to 32.50.

To assess the significance of planned teaching on knowledge score ASHA workers; parametric' test was applied. The calculated t value for knowledge prevention of cervical cancer is greater than the

table's' value at 0.05level of significance.so research hypothesis 2 accepted..

SECTION D: Determination of the association between knowledge and selected demographic variable.

The Chi-square value shows that there is a significant association between knowledge of ASHA workers with their age, religion, income, marital status and experience. The calculated chi-square value were less than table value at the 0.05 level of significance and there is no significant association between knowledge of ASHA workers with selected demographic variables such as number of age, religion, income , marital status and experience. The overall observation showed that the plan teaching program on prevention of cervical cancer among ASHA workers visiting Dhiraj General Hospital Pip aria, Vadodara.

At significance level 0.05 & df = 3 (r-1) (c-1) the chi square test obtain value is very less than that of table value that is 7.81 following age(0.024), income(1.73) and experience(3.74) regarding prevention of cervical cancer so there seems to be no association and there by no significance.

CONCLUSION:
The present study assessed the knowledge among ASHA workers regarding prevention of cervical cancer and found that the ASHA workers had inadequate knowledge related to prevention of cervical cancer. After implementing planned teaching program on prevention of cervical cancer, there was significant improvement on knowledge of the ASHA workers regarding prevention of cervical cancer. The study concluded that planned teaching program was effective in improving knowledge of ASHA workers regarding prevention of cervical cancer.

The mean post-test knowledge score (14.25) was higher than the mean pre-test score (10.58).

The x^2 value computed between the knowledge level of ASHA workers regarding prevention of cervical cancer and selected demographic variables. Variables of age (x^2=0.024), income (x^2=1.73), experience (x^2=3.74), were found no significant at 0.05 level of significance.

Hence, the Researcher based on the findings stated that the hypothesis (H_2) "There will be significant association between the knowledge of ASHA workers regarding Cervical cancer with their selected demographic variables.

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