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IMPACT OF CHO LED EDUCATION PROGRAMME REGARDING PREVENTION OF CANCER CERVIX ON THE LEVEL OF ATTITUDE, AMONG THE WOMEN AT THE SELECTED VILLAGES OF BOUDH – PILOT STUDY

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ABSTRACT:

Introduction: Prevention and Screening for cancer is plays important role to reduce mortality and morbidity by early detection and treatment. However, despite availability of various screening method for cervical cancer, women are not showing interest to participate in screening in regions where programme are available. **Objective:** To assess the effectiveness of CHO led education program on level of attitude among experimental and control group women at the selected Villages of Boudh. **Methodology:** Quantitative research approach and Quasi experimental design was adopted in this study. Convenient sampling Technique was adopted to select the sample for the study. Total 20 Samples - 10 for experimental group and 10 for control group were selected. **Result and Findings:** Regarding demographic variable the study findings are: majority 40% and 70% of women were in the age group of 25-35yrs and 36-45yrs in the experimental and control group respectively. With regards to attitude of Screening method it was found that in experimental group all 10(100%) women had positive attitude whereas from control group only 1(10%) had accepted for test. **Conclusion-** This study findings highlights that participants attitude in the experimental group was better than control group women. Hence there should be more awareness programme to be conducted for prevention screening procedures and facility to be provided all health centres for all women.

Keywords: Attitude, Cancer cervix, Prevention, Education programme.

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Introduction

It is estimated that cervical cancer will occur in approximately 1 in 53 Indian women during their lifetime compared with 1 in 100 women in more developed regions of the world. (1,2). Cancer cervix mortality is remaining high among women, which was evident in a worldwide analysis mentioned that approximately 570000 case of cervical cancer and 311000 deaths from the disease occurred in 2018. (3-5). Study further interoperated that cancer cervix continue to be a major public health issue affecting women, the global scale-up of HPV vaccination and HPV based screening has potential to reduce the burden of cancer cervix or mortality and morbidity due to cervical Cancer. (6-9)

Prevention and Screening for cancer is plays important role to reduce mortality and morbidity by early detection and treatment. However, despite availability of various screening method for cervical cancer, women are not showing interest to participate in screening in regions where programme are available. (10-12) A longitudinal descriptive design evaluated a community-based pilot study conducted in a rural setting (Tirunelveli and Tuticorin districts) in Tamil Nadu and reviewed the completion of care continuum. Among the 807 women referred, only 74 (9.2%) women visited the referral centre. (13,14)

Many evidence supports HPV testing as an alternative to the Pap test. (15) The sensitivity of the HPV test is greater than that of the Pap test, detecting persistent HPV infections that can lead to cervical cancer for women.

Objectives

- To evaluate the effectiveness of CHO led education program on level of attitude among experimental and control group women at the selected Villages of Boudh.

Hypotheses

- Ho1- here is no significant difference between post-test level of attitude among experimental and control group women at selected villages of Boudh.

Methodology

Quantitative research approach and Quasi experimental design was adopted in this study. Convenient sampling Technique was adopted to select the sample for the study. Total 20 Samples - 10 for experimental group and 10 for control group were selected.

Criteria for the Selection of the Sample

Inclusion Criteria: -

- Married women aged 25 to 65 years living in selected village of Boudh.
- Willing to participate in the study
- No previous hysterectomy
- Available during the data collection

Exclusion Criteria:

- unmarried
- Pregnancy
- Having hysterectomy
- Active bleeding per vagina

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool was developed after extensive review of literature, internet search and expert's advice which helped the researcher to select most suitable tool using in this study was semi structured questionnaires with the interview schedule for quantitative approach.

- Tool consists of two sections
- Section –A-Demographic and Obstetrics Variable
- Section-B- A Likert scale to assess the Attitude of Women Regarding HPV screening methods.

Description of the Tool:

Section A:

- A semi structured interview schedule has been prepared to collect - demographic variable such as age, education, religion, occupation, type of family. monthly income & screening pattern.
- Obstetrical variable as number of children, menstrual history, family planning method, history of STD & sexual activity history etc.

Section-B: A checklist to asses the Attitude of Women Regarding hpv screening methods; - It consist of attitude scale to assess the attitude towards the sampling method for both the group. It has 6 statements with total score of 30.

The interpretation score are subjected as follows -

Attitude	scores	percentage
Positive attitude	16-30	67-100%
Neutral	11-15	34-66%
Negative attitude	1-10	<33%

Intervention

Experimental group	Control group
Video on HPV screening including procedure for screening	No teaching

DESCRIPTION OF THE INTERVENTION:

VIDEO consist of following content (SSM Group)

- What is hpv infection?
- What is human Papilloma virus (HPV)
- Risk Factor For Hpv Infection
- Signs and Symptoms of Hpv Infection
- Incubation period of cervical cancer
- Prevention measures
- Who should get screened
- Storage of sample, Result & interpretation
- Procedure for self sampling method

Data collection Procedure

The formal verbal permission was obtained from the panchayat of village to do the data collection. Informed written consent was obtained from the subjects prior to the data collection. The subjects had the freedom to withdraw from the study at any time. The women who met the inclusion criteria and who are willing to participate in the data collection were included in this study. Total 10 women in experimental group & 10 women in control group were included. The researcher introduced herself to the subjects. The purpose of the study was clearly explained to the Subjects and Privacy and confidentiality were maintained. The Data was collected in three phases.

Phase I –

Experimental group

Socio-demographic data was collected from the study participant. The education programme has been conducted for the experimental group. Post test on level of attitude carried out one week after the education programme.

For control Group

Socio-demographic data was collected from the study participant. No education given to the participants. Post test on level of attitude done one week after the education programme.

Result and Findings:

Regarding demographic variable the study findings are: majority 40% and 70% of women were in the age group of 25-35yrs and 36-45yrs in the experimental and control group respectively. 40% women in both group were having Graduation and more level of education. All the women are married and Hindus in both group. 60% women were house wives in both the groups. Around 80 % women had income below Rs. 15000. About 60% in the experimental group and 90% in the control group women were in Joint Family. [Tab-1]

Table 1: Frequency and percentage Distribution of Demographic variables of woman under study

Variables		Experimental Group (n-10)		Control Group (n-10)	
		Frequency	Percentage	Frequency	Percentage
Age of the Women	25-35 year	4	40.0	2	20.0
	36 – 45 years	3	30.0	7	70.0
	46 – 55 years	2	20.0	1	10.0
	56 -65 year	1	10.0	0	0.0
Marital Status	Married	10	100.0	10	100.0
Duration of marriage	0-5 Years	4	40.0	0	0.0
	6-10 Years	2	20	5	50
	>10 Years	4	40	5	50
Variables		**Experimental Group (n-10)**		**Control Group (n-10)**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Religion	Hindu	10	100.0	8	80.0
	Muslims	0	0	1	10.0
	Christian	0	0	1	10.0
Educational Status	Illiterate	3	30.0	2	20
	Primary & middle school level	2	20.0	4	40
	Secondary school level	1	10.0	0	0
	Graduation	4	40.0	4	40
Variables		**Experimental Group (n-10)**		**Control Group (n-10)**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Occupation	House wife	6	60.0	6	60
	Self-employee	1	10.0	1	10

	Government employee	2	20.0	3	30
	Private employee	1	10.0	0	0
Monthly Income in Rs.	Less than 12019	8	80.0	8	80.0
	More than 32050	2	20.0	2	20.0
Type of Family	Nuclear family	4	40.0	1	10.0
	Joint family	6	60.0	9	90.0
Variables		**Experimental Group (n-10)**		**Control Group (n-10)**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Any family history of cervical cancer	Yes	0	0.0	0	0.0
	No	10	100.0	10	100.0
Do you suffer with any disease condition for which you are taking medicine	No	10	100.0	8	80
	Yes	0	0.0	2	20
Screening Pattern for hpv	Never screened	10	100.0	9	90
	Under screened	0	0.0	1	10
Variables		**Experimental Group (n-10)**		**Control Group (n-10)**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Number of Children	0.00	0.0	1.0	1.0	10.0
	1.00	2.0	20.0	0.0	0.0
	2.00	5.0	50.0	6.0	60.0

	3.00	0.0	0.0	3.0	30.0
	4.00	2.0	20.0	0.0	0.0
	5.00	1.0	10.0	0.0	0.0
Frequency of sexual activity past three months	Active	4	40.0	4	40.0
	Occasional	6	60.0	6	60.0

Variables		**Experimental Group (n-10)**		**Control Group (n-10)**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Are you using any contraception	Yes	4	40.0	2	20.0
	No	6	60.0	8	80.0
If yes, what is the method used	Condom	1	10.0	1	10
	Injectable	2	20.0	0	0
	IUCD	1	10.0	0	0
	Sterilization	0	0.0	1	10

Variables		**Experimental Group (n-10)**		**Control Group (n-10)**	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Do you have painful or irregular menstrual history	Yes	1	10.0	1	10.0
	No	9	90.0	9	90.0
Do you feel pain or bleeding during or after sexual activity	Yes	0	0.0	0	0.0
	No	10	100.0	10	100.0
Do you have any history of genital infection or abnormal discharge	Yes	1	10.0	0	0
	No	9	90.0	10	100

If yes, details of disease condition and medicine	fungal infection	1	10.0	0	0

With regard to level of attitude the mean posttest level of attitude in the experimental group shows that in the experimental group all the women 10(100%) had positive attitude whereas in the control group only 1(10%) had positive attitude. This highlights attitude improved in the experimental group after the education programme more than control group. [Tab-2]

Table 2: Frequency and percentage wise distribution of the level of attitude in experimental group & control group among women

Level of Attitude	Experimental group		Control group	
	FREQUENCY (N)	PERCENTAGE (%)	FREQUENCY (N)	PERCENTAGE (%)
Positive	10	100	01	10
Negative	00	00	00	00

Mean and SD of Attitude level in experimental group & control Group shows that 29.2 with SD 0.63 in the experimental group and 1.1 with SD of 3.47 in Control Group with mean difference 28.1 and t value 25.19 shows highly significant. [Tab-3]

Table 3: Frequency and Mean wise distribution of the attitude among in the experimental group & control group.

	Group	n	Mean	SD	Mean Diff.	Unpaired t test	P Value
Level of attitude	Experimental Group	10	29.2	0.63	28.1	25.19	P=<0.0005 ***
	ControlGroup II	10	1.1	3.47			

Conclusion

This study findings highlights that experimental group participants attitude towards prevention screening method was better than for control group women. Hence there should be more awareness programme to be conducted for prevention screening procedure and facility to be provided all health centres for this method for all women.

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