

Effectiveness of Educational Interventional Program on School Teachers' Knowledge of Cervical Cancer Prevention

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Abstract:

One of the top causes of illness and mortality worldwide is cervical cancer. Women must be vigilant about the illness and its prevention. Vaccinations against HPV have the potential to reduce the incidence of cervical cancer. Parturition of HPV vaccines by schools is detrimental and effective, depending on the school's awareness and acceptance of the vaccine.

Objectives:

1. To evaluate the research on cervical cancer prevention among educators.
2. To assess the efficacy of the Educational Interventional Program on teachers' knowledge of cervical growth prevention in order to determine their level of expertise.
3. To determine the relationship between teachers' pre-test knowledge of cervical neoplasia prevention and their chosen sociodemographic characteristics.

Methodology: Fifty teachers of choice tutor Indore participated in an assessment. Purposive sampling, a non-probability method, was used to choose the sample. Cool wearing structured notice questionnaires were used to collect the data. The ponder's study design interest was for a trial, with one group designated to encounter the post-test.

Results: The study's conclusion reveals the degree of knowledge on cervical cancer prevention in front of a pillar touchstone. In the face of discrimination, the majority of the prone 33 (66%) had average knowledge, 09 (18%) had high knowledge, and 08 (16%) had weak wisdom. In contrast, all 50 (100%) exhibited appropriate knowledge in the post-test. The tabulated luminosity ($t_{tab} = 2.680$) was less than the computed paired "t" value ($t_{cal} = 32.806^*$). H_1 was therefore understood. This indicates that the profitable knowledge rationale was statistically significant at the significance level of 0.05. At the 0.05 flat of import, there was no statistically significant correlation between the chosen sociodemographic characteristics and their notice account.

Conclusion: The study found that the educational interventional program was successful in raising subjects' knowledge scores about cervical cancer prevention among school instructors.

Keywords: Cervical Cancer; Female School Teachers; Knowledge; Effectiveness; Educational Interventional Programme

INTRODUCTION

One specialty of eucrasy direction is women's health. Because of modern education, technology, print media, and eucrasy agencies, women are becoming increasingly aware of their eucrasy status. Even

though women have achieved success in the majority of sectors, they continue to inexplicably disregard their own health. Even if women in prosperous ages are conscious of their issues, financial limitations, widespread stigma, and strong superstitious beliefs about eucrazy disorders prevent them from being willing to seek assistance from the haleness staff³.

At every stage of mortal biography, reproductive health dominates all reproductive advancements, systems, and functions. Although reproductive hardiness is a limitless concern, women should prioritize it, particularly throughout the generative years. Reproductive sanity is a fundamental component of a person's overall health and a crucial factor in determining the character of life.

Cancer is a difficult illness that entangles many temporal and geographical variations in locus function, finally attracting harmful tumors. The disease's biological endpoint is abnormal cell growth, or neoplasia⁶. Growth in the cells of the cervix, the lowly area of the womb that connects to the vagina, is known as cervical growth.

In India, cervical cancer is the second leading cause of female neoplasia fatalities and the second leading cause of growth-related mortality among women between the ages of 15 and 44.

The underdeveloped are disproportionately affected by cervical cancer. Every year, almost 85% of women are at risk of developing cervical cancer. Up to 4,30,000 women, almost all of whom reside in low-income nations, could die from cervical cancer by 2030 if it is left untreated.¹⁸.

The Human Papillomavirus (HPV) can alter the cervix's epithelial tissue, which can lead to cervix development. Experience with cervical cytology may frequently identify cervical cancer and its precursors and provide prompt, effective treatment. Second-hand condoms, HPV vaccination, and safe sexual behavior are the final ways to prevent HPV. HPV vaccinations, which were created in the early 21st century, reduce the risk of cervical development by preventing infections from the primary HPV¹² virus that causes cancer.

Statement of the Problem:

"A study to assess the effectiveness of an educational intervention program on teachers' knowledge of cervical cancer prevention in specific schools in Indore"

OBJECTIVES OF THE STUDY

to assess the Educational Interventional Program's impact on teachers' knowledge of cervical cancer prevention in terms of knowledge score gains.

" to determine whether teachers' pre-test knowledge scores about cervical cancer prevention are related to their chosen sociodemographic characteristics.

Area of analysis	Mean	Median	Mode	Standard deviation	Range
Pre-test	19.04	19	20	5.198	23
Post-test	43.82	45	45	1.962	8
Difference	24.78	26	25	3.236	15

Table 1:- Mean Median, Mode, Standard Deviation and Range of Knowledge Scores of Subjects Regarding Prevention of Cervical Cancer (n = 50)

Table No 1 reveals that pre-test mean knowledge scores were 19.04, median 19, mode 20, standard deviation 5.198 and range 23, where as in the post-test the mean knowledge score was 43.82, median 45, mode 45, standard

deviation 1.962 and range 8. The overall difference in mean knowledge score was 24.78, median 26, mode 25, standard deviation 3.236 and range 15.

Level of knowledge	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good (25 and above)	09	18%	50	100%
Average (14 to 24)	33	66%	00	00%
Poor (13 and below)	08	16%	00	00%

Table 2:- Frequency and Percentage Distribution of Knowledge Scores of Subjects Regarding Prevention of Cervical Cancer (n=50).

Table No 2: shows the level of knowledge on cervical cancer prevention in pre and post test. Most of the subjects 33 (66%) had average knowledge, 09 (18%) had

good knowledge and 08 (16%) had poor knowledge in pre-test. Where as in post- test all 50 (100%) had good knowledge.

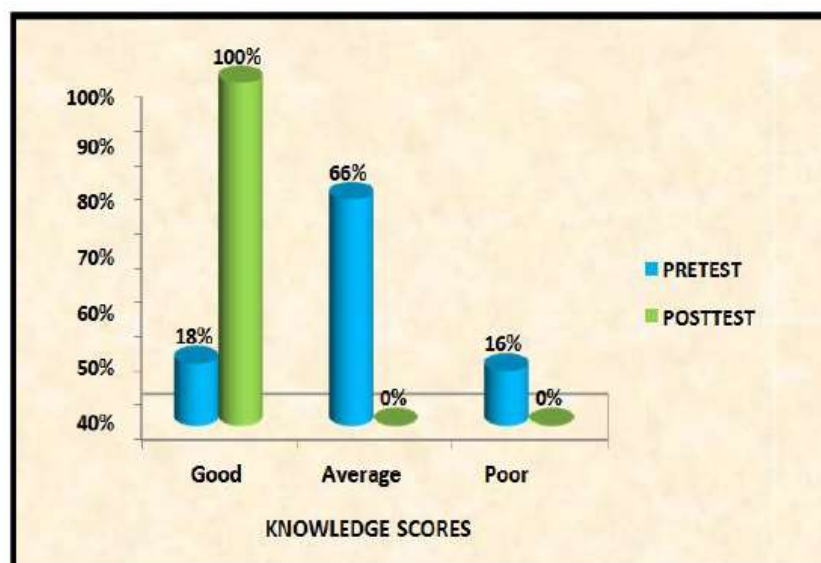


Fig 1:- The Cylindrical Graph Represents Percentage Distribution of Subjects According to Their Level of Knowledge Scores in Pre and Post-Test

Items	Total Score	Mean % of Knowledge scores of subjects		
		Pre-test	Post-test	Gain in knowledge
Structured knowledge questionnaire	2350	40.51	93.23	52.72

Table 3:- Pre-Test, Post-Test Percentage of Knowledge Scores of Subjects Regarding Prevention of Cervical Cancer (n = 50)

Table No 3 reveals that there was 52.72% gain in knowledge after administration of educational interventional program.

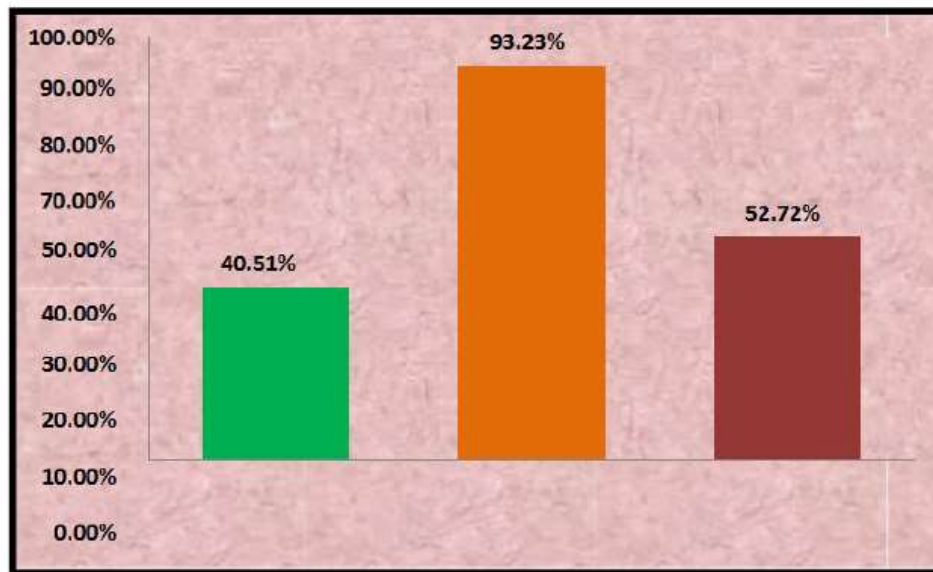


Fig 2:- The Pyramid Graph Represents the Mean Percentage Gain in Knowledge Scores of Subjects According to their Knowledge Scores.

METHODOLOGY

Research Approach : Evaluative Research Approach

Research Design: Pre Experimental; One group pretest post test design.

Sampling Technique : Non probability; Purposive Sampling

Sample Size : 100

Setting of the Study: Selected schools Hubballi.

Description of the Tool: Structured knowledge questionnaire.

Section I: Demographic Proforma.

Section II: Structured Knowledge Questionnaire.

IV. RESULTS

Analysis and interpretation of school teachers' knowledge scores on cervical cancer prevention.

Mean difference (d)	Standard Error of difference (SEd)	Paired 't' values	
		Calculated	Tabulated
24.72	0.785	32.806*	2.680

Table 4:- Mean Difference (D), Standard Error (Sed) and Paired 'T' Values of Knowledge Score of Subjects (n = 50).

Testing Hypotheses

H1: At the 0.05 level of significance, the mean post-test knowledge scores of teachers participating in an educational intervention program on cervical cancer prevention will be considerably higher than the mean pre-test knowledge scores.

Table No. 4 shows that the tabulated value ($t_{tab} = 2.680$) was less than the computed paired "t" value ($t_{cal} = 32.806^*$). H1 was therefore approved. This shows that, at the 0.05 level of significance, the increase in knowledge score was statistically significant. As a result, the educational intervention program was successful in raising the subjects' knowledge scores.

H2: At the 0.05 level of significance, there will be a statistical correlation between the pre-test knowledge scores and the chosen sociodemographic factors.

The tabulated chi-square value is higher than the computed chi-square value. Therefore, there was no statistically significant correlation between the subjects' pre-test knowledge scores and the chosen sociodemographic variables, including age, marital status, years of marriage, religion, place of residence, educational background, years of teaching experience, and prior HPV vaccination. learned about cervical cancer and the source of the knowledge. H2 was therefore rejected.

CONCLUSION

The study's results led to the following conclusions.

The subjects' overall pre-test knowledge scores were mediocre.

After the educational interventional program was administered, the subjects' post-test knowledge scores were significantly higher than their pre-test levels.

The findings of the post-test revealed that the individuals' increase in knowledge score was statistically significant at the 0.05 level.

Therefore, it can be stated that the educational intervention program was successful in raising the subjects' knowledge scores.

REFERENCES

1. Health .World Health Organization [Online]. [Cited 2017 Feb 8]; Available from URL:http://www.who.int/governance/eb/who-constitution_en_pdf
2. Emson HE. Health, Disease and Illness CMAJ [Online].1987 Apr 15[cited 2017 Feb(136):[81113]AvailablefromURL:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1492114>.
3. Harita P. A study to Assess the barrier to cervical cancer screening among women attending gynecology, OPD. Journal of Nurse midwifery & Maternal Health, 2016 May-Aug;2(2);p.91-92.
4. Introduction to reproductive health [Online]. [Cited on 2017 Dec 10]. Available from URL: https://www.who.int/ceh/capacity/introduction_repro.pdf
5. Seyfried TN, Shelton ML, cancer as a metabolic disease [Online]. 2010 [Cited on 2017Feb8];AvailablefromURL:<http://www.nutritionandmetabolism.com/7/1/7>.
6. Primary Prevention with cervical cancer vaccines [Online]. [Cited Feb 8]; Available fromURL:<http://www.foundationforwomenscancer.org/types-of-gynecologic-cancers/cervical/screening-and-prevention/primary-prevention-with-cervical-cancer-vaccines/>
7. Bright M, Linnette JD . Evaluation of an Educational Program on Cervical Cancer for Rural women in Mangalore, Southern India. Asian Pacific Journal of Cancer Prevention .15(16):6603 -6608.
8. Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, et al, Globocan 2012 v1.0, Cancer Incidence and Mortality Worldwide; IARC cancer Base No.11 (Internet) Lyon France; International Agency for Research on cancer. Available From: <http://cancercontrol.info/uploads>
9. HPV Vaccine [Online]. [Cited on 2017 Dec 8]; Available from URL: <http://www.cancer.gov/cancertopics/factsheet/prevention/HPV-vaccine>