Research article

To study knowledge of young girls and perception of cervical cancer: Probable improvement

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Abstract

The cervix is the lowest portion of the uterus and has stop growing by puberty. The cells will continue to divide to replace those that die of injury or old age. Carcinoma of the uterine cervix is the most common cancer in South Indian women and occupies the top rank among cancers in women in most developing countries, constituting 34% of all women's cancers. The ultimate need of the study is to prevent advanced stage cervix cancer by detecting it at early stage through screening. **Aim:** To educate adolescent girls about prevention of cervical cancer by valuation, this will improve their knowledge and help to prevent to reduce mortality and morbidity due to cervical cancer. **Methods:** A quasi pretest and post test experimental study design was used in this study among 60 selected 12th science adolescent girls at M.V.P'S Arts, commerce and science college, ozar, Nashik selected by convenient sampling technique using structured questionnaire and semi structured interview schedule. **Results:** Demographic variables shows 83% of the samples were in the age group of 16-18 years with majority of the students belong to Hindu religion (85%), Muslim (7%), Christian (3%) and any others (5%). **Conclusion:** In assessment of knowledge and findings of the study reveals on prevention of cervical cancer that the mean knowledge score of pre test is 7.84 and the post test knowledge score and the mean knowledge score obtained is 12.67.

Keywords: Adolescents girls, cervical cancer,, knowledge, practice, prevention.

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1. Introduction

Midlife has emerged as an important developmental transitional point for both men and women. It is marked important turning point in the lifecycle of a woman. It is a period of continuous biological changes. Cervical cancer is one of the leading causes of morbidity and mortality amongst the gynaecological cancers worldwide [1]. In today's world, cervical cancer is primarily a disease found in low-income countries [2]. Environmental factors, such as education level, age at sexual debut, parity, and body mass index (BMI), are related to the risk of developing cervical cancer [3]. 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 [4]. The South Asian region harbors one fourth of the burden of cervical cancer [5]. In India alone there are an estimated 132,000 new cases and 74,000 deaths each year [5]. Most women with cervical cancer in these countries present with advanced disease, resulting in low cure rates [5]. Several factors contribute to high burden of disease and advanced stage at

presentation including poor knowledge about the disease furthermore there is a lack of screening among general population.

Cervical cancer starts in just one single cell, but this cell quickly divides to form many similar cancer cells, which continues to grow [6]. Eventually, if not cured, these cells push the normal cells out of the way, grow into a large tumor and spread to other parts of the body leading to fatal complications. [7].

India bears about one fifth of the world's burden of cervical cancer [8]. These factors put poor and rural women at heightened risk for cervical cancer [9]. Cancer of the cervix is the most common malignancy in women of developing countries and second only to breast cancer worldwide [10]. The median age at diagnosis for cancer of the cervix is 47 years. Approximately 0.2% are diagnosed under age 20; 15.6% between 20 and 34; and 26.8% between 35 and 44 years. When humans participate in research investigations, care must be exercised that the rights of those individuals are protected [11].

In one study, only 24.8% of women infected with HPV 6 or 11 actually developed genital warts. In population-based case-control studies [12]. found illiteracy as a factor associated with cervical cancer.

There are two vaccines that can prevent HPV infection and current lyre available and licensed in some parts of the world. One Gardasil, is a quadrivalent vaccine, targeting the two most common types of HPV associated with cervical cancer and the two most common types associated with genital warts [18]. The other vaccine, Cervarix, targets the two types of HPV associated with cervical cancer. Cervarix have demonstrated excellent [18].

Aim:

Age of sample	Frequency	%
(a) 16-18 yrs	58	100
(b) 19-21 yrs	00	00
(c) 22-24 yrs	00	00
(d) 25-27 yrs	00	00

1. To assess the pretest knowledge regarding prevention of cervical cancer among adolescent girls.
2. To evaluate the effectiveness of planned health teaching programme on prevention of cervical cancer among adolescent girls.

2. Materials and methods

A quasi pretest and post test experimental study was conducted among 60 12th science adolescent girls (16-18 yrs) at M.V.P'S Arts, commerce and Science College, ozar by convenient sampling technique. Data collection comprises of first Demographic data consisting 6 items seeking information about the baseline data such as age, marital status, religion, monthly income of the family, previous knowledge and previous source of knowledge. Second consists of questions related to cervical cancer. Third consists of questions related to prevention of cervical cancer and HPV vaccine.

The reliability of the tool is completed by using Karl Pearson's formula and the reliability co-efficient on knowledge found to be 0.98. The pilot study was conducted on 25th April 2015 on 6 students of 3rd year GNM in M.V.P Samaj's Training College of Nursing, Adgaon, Nashik-03. Prior to collection of data, written permission was obtained from the Principal of M.V.P'S Arts, commerce and science college, ozar, Nasik 03 were the samples for the study.

After completion of pre test, planned health teaching recording prevention of cervical cancer given to sample and on 3rd day post test was conducted

3. Results

Table No: I shows the demographic data of distribution of the sample according to their age. Majority of the sample 58 (100%) students belongs to the age group of 16-18 years.

Table No: I   N= 58

Table III shows the demographic data of distribution of the sample according to their

family income. Majority of the sample 20 (33%) having 6000-10,000; 17 (28%) having income range below 5000Rs.

Table III   N: 58

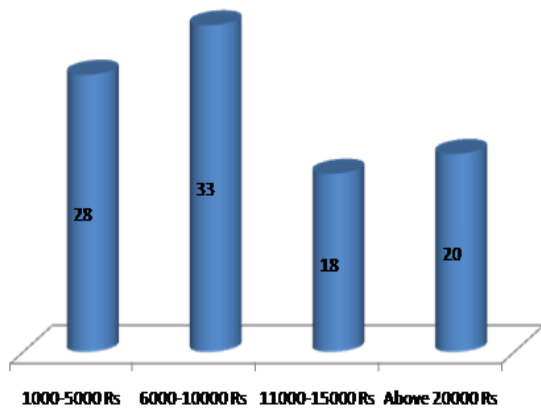| Family income of Sample's family	Frequency	Percentage
(a) 1000-5000Rs	17	28
(b) 6000- 10,000Rs	20	33
(c)11,000-15,000Rs	11	18
(d)Above 20,000Rs	12	20

Fig: Economic Status

Table No IV: shows the demographic data of distribution of the sample according to religion. Majority of sample 46 (77%) are Hindu, sample 6 (10%) are Muslim, sample 5 (8%) are Christian, sample 3(5%) are in any

Religion	Frequency	Percentage
(a) Hindu	51	85
(b) Muslim	4	7
(c) Christian	2	3
(d) Any other..	3	5

other category.

Table No. IV   N: - 58

Table No- V shows that the sample 58 (100%) does not having previous knowledge about prevention of cervical cancer.

Table No- V
N:-58

| Previous knowledge	Frequency	Percentage
(a) Yes	00	00
(b) No	58	100

Table No- VI describes that most of sample 25(42%) having source of knowledge from the family members.

Table No- VI N:-58

Sources	Frequency	Percentage
(a) Mass Media	10	17
(b) Family members	25	42
(c) peers	2	3
(d) Health Professionals	23	38

4. Discussion

Studies done on knowledge about cervical cancer, HPV infection and its prevention in general population show inade quate information of the participants on the concerned topic [13], [14], [15], [16], [17]. On the basis of these findings it can be expected that considering the knowledge about this disease in health professionals, the knowledge in general population of our country will be even less
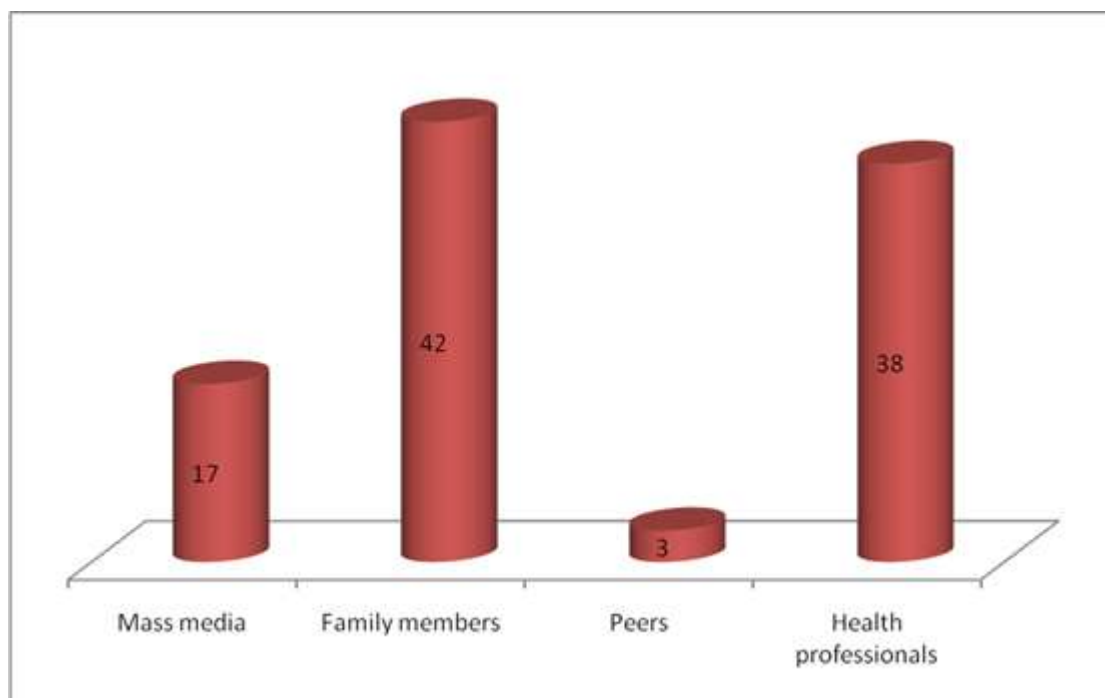
Fig; Sources of knowledge

Table no. pre test and post test knowledge scores on prevention of cervical cancer.

Knowledge	Mean	Mean Difference	S.D.	Variable	Median	"P" Value
Pre test	7.84	4.83	2.36	5.57	8.0	0.001*
Post test	12.67		1.94	3.76	13.0	_

*approximate Note: 2 samples were absent is in post test.

The obtained data were entered in to the master sheet for tabulation and statistical processing. Only small number of participants was aware that HPV infection can lead to cervical cancer. These results again show insufficient knowledge of HPV infection being the cause of cervical cancer in health professionals in our country, even though 98% of cervical cancer in our part of the world is due to HPV infection, as reported in a study done in India [18]. These results are similar to other studies done in rest of the world showing less than satisfactory knowledge about the cause of cervical cancer in the health professionals [12],[14], [15], [16], [19], [20], [21], [22], [23].Control of cancer of uterine cervix forms a major thrust area of National Cancer Control Programme through secondary prevention approach [24].

The findings of the study are discussed in terms of objectives and hypothesis. The analysis of data was organized and presented under the following aspects. The major findings of the study are summarized as follows: 83% of the samples were in the age group of 16-18 years and majority of the students belong to Hindu religion (85%), Muslim (7%), Christian (3%) and any others (5%). Maximum percentage of girls belongs to nuclear family (79%) and joint family (21%) and most of them had previous knowledge regarding cancer (82%) and does not have knowledge regarding cervical cancer (96%). Most of the parents have completed their education up to higher secondary (40%), secondary (30%), and

graduate and above (25%), primary education (5%).

Pre test knowledge score: The findings of the study reveals that the mean knowledge score of pre test is 7.84.

Post test knowledge score: The findings reveal that the mean knowledge score obtained for the post test is 12.67. The statistical paired 'z' implies that the difference in the Pre test and Post test knowledge score found statistically highly significant.

Conclusion

Some lack of knowledge among adolescent girls of MVP's Arts, Science and Commerce collage at Ozar regarding Prevention of cervical cancer were concluded.
The planned health teaching programme on prevention of cervical cancer was found to be effective in terms of increasing knowledge. This indicates that planned health teaching programme was effective method of imparting information and knowledge to adolescent girls on prevention of cervical cancer.
From the statistical analysis it was clear that there was significant increase in the level of knowledge of adolescent girls regarding prevention of cervical cancer. From this it would be concluded that planned health teaching programme was effective in bringing out this changes.

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