

A EFFICACY OF STRUCTURED TEACHING PROGRAMME ON CERVICAL CANCER AMONG WOMEN RESIDING AT SELECTED VILLAGES IN KANPUR

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Introduction

The epidemiological pattern of cervical cancer has been shown to be undergoing shifts as a result ofThe incidence trending younger, with a shift toward the younger age group. As a result of this, cervical cancer is the most pressing concern when it comes to the health of women in the socially developed world. Age range suitable for reproduction. The uterine cervix is the most common location for cancerous growths. Among women in India, and particularly among those who have had multiple children and women from groups based on their social background. Women in rural areas tend to know less about cervical cancer than women in cities. Through education, it is possible to change their way of thinking and raise their level of knowledge. Improved. Linder and Michie (1993) hypothesise that population-based health education could be beneficial. Campaigns have the potential to raise awareness about cervical cancer among the rural population. Cancer and its avoidance through early diagnosis and treatment. According to some estimates, cancer is the primary factor in one-tenth of all deaths that occur each year. In developed countries, it ranks as the second-leading cause of death overall. According to the WHO, Cancer will pass heart disease as the leading cause of death if strict measures are not taken to stop it.Also, 300 million new people will get cancer, and 200 million people will die from the disease. Cancer within the next quarter century. Cervical cancer is the fifth most common cancer in the world, with an expected Yearly, there are approximately 471,000 new cases that are diagnosed. On average, every two Cervical cancer claims the life of one woman every minute and is responsible for up to 300,000 deaths annually. There are currently 366,58 million women in India who are at risk of developing cervical cancer. There are currently 134420 new cases of cervical cancer diagnosed in women every year.72825 people have died as a result of the disease. The most common form of cancer among women is cervical cancer. Cancer is the most common disease in

women around the world. It is most common in Indian women. India, China, Brazil, Bangladesh, and Nigeria account for more than half of the population in the age group between 15 and 44 years old. According to the organisation based in the United States, the "Global Burden of Cervical Cancer Deaths" research on global standings and rankings Data that was just recently made public by India's Ministry of Health, which was derived from the National report from the cancer registry programme (NCRP) in 2009 detailing the number of cases of cervical cancer. In 2011, there were 101938 cases, but that number rose to 107690 in 2012. There were a total of 17367 cases reported in Uttar Pradesh in the year 2009, and it increased to 18692 throughout the year 2012. The number of cases of cervical cancer increased after Uttar Pradesh. Cancer in 2012 that has shown a trend toward increasing incidence in the following states: Maharashtra (9892), Bihar (9824), West Bengal (8396), Andhra Pradesh (7907), and Tamil Nadu (7077), as well as others. Anyone is at risk for developing cervical cancer. There are some women who are at increased risk. Women who did sexual things at a young age, had more than one sexual partner, or both are among these women. Their partners have either had multiple pregnancies, had multiple partners, or have had multiple pregnancies themselves. Partners, according to Department of Obstetrics and Gynecology professor Dr. Neeraja Bhatla. Gynecology at the AIIM). According to Dr. Bhatla, women who have sexually transmitted infections (STIs) such as chlamydia, gonorrhoea, etc. Women with HIV or AIDS or other diseases that weaken the immune system are more likely to get Herpes simplex. People who have had a transplant, smoke, or use oral contraceptives for a long time are more likely to get higher risk. It is believed that there is some degree of genetic predisposition involved as well. An investigator found that only a small number of studies had been published on cervical cancer. Evaluation of mothers' cancer knowledge and attitudes toward the disease. Therefore, the researcher thought it was important to find out what people knew and how they felt about cervical cancer. Women in their current roles are the most important factor in overall development. Of the family. Because of this, the results of this new study will help in the fight against cervical cancer.

Methodology

The nursing process theory served as the foundation for the conceptual framework that was used for this particular study.

The research strategy that was used for this study was an evaluation in the natural environment. The current study utilised a pre experimental design and utilised a quasi experimental methodology.

This study included a structured instructional programme that was independent (Power point).

The cervical cancer diagnosis served as the dependent variable. Age, marital status, age at menarche, age at marriage, family history of cancer, religion, educational status, income, occupation, number of children, source of information, and place of residence are some of the variables that can be associated with the age variable.

An interview-based method was developed as the instrument that was used for data collection. The purpose of this method was to evaluate the knowledge and attitude of individuals regarding cervical cancer. The PowerPoint presentation's content was developed using the relevant literature as a basis. Five industry professionals came together to determine the content validity of the tool. It was determined that the tool was trustworthy and could actually be used. The reliability and correlation were found to be high, with a value of r equal to 0.76. The feasibility of the study was determined after the pilot study was carried out in a chosen village in Kanpur.

The primary research was carried out in Kanpur's more rural neighbourhoods. The samples were chosen using a method known as convenient sampling. A preliminary test was carried out in order to evaluate the levels of knowledge and attitude held by women in the age range of 21 to 60 years. Power Point served as the delivery method for the intervention on the structured teaching programme, and the post test was carried out on the 30th day. The collected data were analysed using SPSS (version 21) software at the 0.05 level of significance in accordance with the aims of the study.

Results

The researcher found that the chi-square values for knowledge, attitude, age at menarche, age at marriage, family history of cancer, religion, educational status, income, occupation, number of children, source of information, and residence were not significant ($P > 0.05$). The results showed that women had a significant chi square of 0.10 regarding their marital status and their knowledge after the test and a chi square of 0.43 regarding their education and their knowledge after the test. Some things, like age, marital status, age at menarche, age at marriage, history of cancer in the family, religion, level of education, income, job, number of children, source of information, and place of residence, didn't change what women knew and how they felt about cervical cancer. to determine if there is a correlation between the knowledge and attitude of women before and after taking a test about cervical cancer. 1. There was a statistically significant increase in the amount of knowledge gained after viewing the power point presentation among women in the age range of 21 to 60 years old, $t = 12$.

There was a significant increase in attitude after the power point teaching among women in the age group of 21–60 years, and the t-value for this increase was 14 ($P = 0.05$).

CONCLUSION

Knowledge and attitude are significantly increased through the implementation of a structured teaching program. In order for future nurses to be able to include structured instruction as an element of nursing intervention in the treatment of cervical cancer.

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