



# Effectiveness of Structured Teaching Programme on Prevention of Cervical Cancer Among Women Between the Age Group 30 to 50 years, at a Selected village, Coimbatore.

<sup>1</sup>R. Sutha, <sup>2</sup>Dr. Sherin P. K

<sup>1</sup>Research Scholar, Malwanchal University, Indore.

<sup>2</sup>Research Supervisor, Malwanchal University, Indore.

Email - suthasrinivasan20@gmail.com

**Abstract:** Cervical cancer is a disease caused by the Human Papillomavirus. Cervical cancer is the third most common cancer in the world. Cancer can have profound social and economic consequences for people in India, often leading to family impoverishment and societal inequity. In India, however, an estimated 600,000-700,000 deaths in India were caused by cancer in 2016. According to IARS estimates, mortality from cervical cancer is expected to witness a 90% increase from 74,118 deaths in 2002 to 132,745 deaths by 2025 study is to evaluate the effectiveness of a structured teaching programme on the prevention of cervical cancer among women between the ages of 30-50 years at a selected village, Coimbatore. **Method:** One one-group pretest-post-test research design was selected, and thirty cervical cancers were selected as the sample using purposive sampling. Thirty women were administered a structured teaching programme on the prevention of cervical cancer. **Result:** The results shown there were a significant difference in education on prevention of cervical cancer among women before and after a structured teaching programme. The mean pre-test knowledge score of the study population was 11.8. Post-test score was 14.26. The calculated "t" value, 3.74, is more than the table value, 1.697 is significant at  $p < 0.05$ . **Conclusion:** The structured teaching programme was effective ( $<P 0.05$ ) to improve knowledge of women regarding the prevention of cervical cancer.

**Key Words:** Cervical cancer, Knowledge, Effectiveness, Structured Teaching Programme.

## 1. INTRODUCTION:

The woman is a social architect. She establishes the institution of family life, builds the home, brings up the children and makes them good citizens. Her strength in totality contributes to making an ideal family and society. Cervical cancer is a major health concern for all women. For centuries, the cause of cervical cancer was unknown. It wasn't until the 20th century that scientists understood that the disease was caused by exposure to the Human papillomavirus.

According to WHO (2025), Cervical cancer is the fourth most common cancer in women globally, with around 660,000 new cases and around 350,000 deaths in 2022. The commonest cause is HPV infection, which demands that Women should be screened for cervical cancer with a high-performance test every 5–10 years starting at age 30, and girls to be vaccinated at 9–14 years.

Cervical cancer is a preventable disease. There is a well-known etiological agent, available vaccines with proven effectiveness for disease prevention, and screening strategies for pre-invasive disease detection and treatment. Some knowledge gaps remain to be solved, such as the minimum number of necessary vaccine doses, the utility of post-treatment vaccination, or the use of self-sampling. Cervical cancer can be cured if diagnosed and treated at an early stage of the disease. This demands Various aspects of education and awareness programmes regarding cervical cancer among women.



**2.OBJECTIVE:**

The main objective of the study is to evaluate the effectiveness of a structured teaching programme on the prevention of cervical cancer among women between the ages of 30 -50 years, at a selected village, Coimbatore.

**HYPOTHESIS:**

**H1:** There will be a significant difference between pre-test and post-test levels of knowledge score regarding prevention of cervical cancer by a structured teaching programme among women between the ages of 30-50 years.

**H2:** There will be a significant association between the pretest knowledge score of prevention of cervical cancer and selected demographic variables.

**3. MATERIALS AND METHODS:**

A quantitative research approach was used to assess the Effectiveness of the Structured Teaching Programme on the prevention of cervical cancer among women between the age group 30 to 50 years. The research design selected was a quasi-experimental, one-group pre-test post-test design. Non – probability, purposive sampling technique was used to select 30 samples. The study was conducted at a selected village in Coimbatore. The data were collected by using a structured questionnaire. Written consent was obtained from all participants after explaining the purpose of the study. Pre-test took an average of 15 minutes, followed by 30 30-minute structured teaching programmes. Post-test was given on the 7th day of the pre-test. The collected data were analysed and interpreted using descriptive and inferential statistics by SPSS software.

**Dependent Variable:** The level of knowledge regarding the prevention of cervical cancer.

**Independent Variable:** Structured teaching program regarding the prevention of cervical cancer

**DESCRIPTION OF TOOLS:**

The tool consists of two parts. Part A: Demographic Performa consists of socio-demographic variables such as age, religion, marital status, type of family, dietary pattern, education, and monthly income, and Part B consists of the Knowledge Questionnaire: Self-administered questionnaires were used to evaluate the score of knowledge on prevention of cervical cancer among women between the ages of 30-50 years. It consists of 25 questions; each correct answer carries one-mark, wrong answer carries zero marks. Total score of the tool was interpreted as Inadequate knowledge - <50%, Moderate knowledge-51-75% and Adequate knowledge > 75%.

**RESULT**

**Table1. Distribution of samples according to the socio-demographic variables:**

N =30

S.NO	DEMOGRAPHIC VARIABLES	Frequency	PERCENTAGE
1	<b>Age</b> a) 30-35yrs b) 36-40yrs c) 41-45yrs d) 46-50yrs	9 5 8 8	30% 17% 27% 27%
2	<b>Educational status</b> a) Primary b) High school c) Higher secondary d) Degree	22 2 4 2	73% 7% 13% 7%
3	<b>Occupational status</b> a) Housewife b) Own business c) Coolie	2 2 26	7% 7% 87%
4	<b>Income per month</b> a) 1000-5000 b) 5001-10000 c) 10001-15000 d) 15001 and above	24 5 1 0	80% 17% 3% 0%
5	<b>Marital status</b> a) Married b) Unmarried	28 0	94% 0%



	c) Widow	1	3%
	d) Divorce	1	3%
6	<b>No. of children</b>		
	a) One	4	13%
	b) Two	19	63%
	c) Three	6	20%
	d) Above three	1	4%
7	<b>Types of family</b>		
	a) Nuclear family	20	67%
	b) Joint family	10	33%
8	<b>Information source</b>		
	a) Tv	17	57%
	b) Newspaper	35	10%
	c) Radio	5	17%
	d) Relatives	5	17%

Table 1 interprets that, majority of the samples were 9 (30%) belongs to 30 – 35 yrs, 22 (73%) belongs to primary level of educational status, 26 (87%) were coolie workers, 24 (80%) were having monthly income between Rs.1000 – 5000, 28 (94%) were married, 19 (63%) had 2 children, 20 (67%) belongs to nuclear family and concerning information source, 17 (57%) from TV.

Table 2: Effectiveness of Structured Teaching Program on Knowledge regarding on Prevention of Cervical Cancer Among Women Between the Age Group 30 to 50 years

	N=30						Mean	SD	't' value	'p' value
	Adequate Knowledge		Moderate Knowledge		Inadequate Knowledge					
	N	%	N	%	N	%				
Before intervention	0	0	19	63	11	37	11.8	186.54	3.74681	005
After intervention	30	100	0	0	0	0	14.26	198.11		

Table 2 shows that the pre-intervention mean knowledge score of the study population was 11.8. This after intervention was found to be 14.26. The calculated "t" value 3.74 is more than table value 1.697 is significant level at  $p < 0.05$  level. These findings clearly infer that that Structured Teaching Programme regarding on Prevention of Cervical Cancer was effective.

To determine the association between the pretest score and selected demographic variables, chi-square analysis was done. The result showed that there was a significant association between pre-test level of knowledge regarding prevention of cervical cancer among women aged 30-50 yrs with cervical cancer with selected demographic variables of age 28.89 (12.592,  $> 0.05$ , df 6), occupational status 46.216 (9.488,  $> 0.05$ , df 4), income per month 34.62 (12.592,  $> 0.05$ , df 6) and concerning educational status, marital status, number of children, type of family and information source there is no significant association found.

#### 4. DISCUSSION:

In the pre-test knowledge score 11 (37%) women had an inadequate score, 19 (63%) women had moderate knowledge, and 0 (0%) women had adequate knowledge. In post-test knowledge, no women had inadequate knowledge and moderate knowledge; all 30 (100%) women had adequate knowledge. The mean pre-test knowledge score of the study population was 11.8. Post-test score was 14.26. The calculated "t" value 3.74 is more than the table value 1.697 is significant level at  $p < 0.05$  level which shows that the structured teaching programme is effective.

The study was supported by a cross-sectional study conducted by Sonawane P Renuka, Mendagudli G Veerabhadraappa to assess the Effectiveness of the Structured Teaching Programme on Knowledge Regarding Prevention of Cervical Cancer among Women of the Reproductive Age Group. The Assessment of post-test knowledge



score of the women of reproductive age group on prevention of cervical cancer shows that the majority of women, 34 (68%), had good knowledge ( $13.59 \pm 1.189$ ), 12(24%) had excellent knowledge ( $16.50 \pm 0.6742$ ) and followed by 4(8%) having the average knowledge ( $10 \pm 0$ ). It implies that the majority of women have good, average and excellent knowledge in post-test scores after the implementation of STP.

## 5. CONCLUSION:

Cervical cancer is a preventable disease. There is a well-known etiological agent, available vaccines with proven effectiveness for disease prevention, and screening strategies for pre-invasive disease detection and treatment. Some knowledge gaps remain to be solved. This demands Various aspects of education and awareness programmes regarding cervical cancer among women. The study findings provide the statistical evidence which clearly indicates that the knowledge score regarding the prevention of cervical cancer among women between the ages of 30-50 years was increased after the structured teaching programme.

### *Declaration by Authors*

**Ethical Approval:** Approved

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

## REFERENCES:

1. YadavSanjeev Kumar, Bajpai Anubha, KumariRinki , and Dubey GP, A Study on Knowledge, Screening, and Associated Risk Factors for Cervical Cancer among Women in Eastern Uttar Pradesh, India, International Journal of Medical Research & Health Sciences (IJMHRHS), 2023, 12(9): 1-11 available at <https://www.ijmrhs.com>.
2. Rajpoot Neha, Kumar Mukesh, Kushwa Sandhya , “A study to assess the knowledge regarding cervical cancer among working women in selected area of Greater Noida, with a view to develop information booklet”, International Journal of Midwifery and Nursing Practice 2021; 4(2): 20-24 retrived from <https://www.nursingpractice.net/article/view/85/4-1-12>.
3. Albert Thomas A Journal of IARC hand book of cancer prevention, volume 10, 2005 available at <https://screening.iarc.fr/doc/HANDBOOK10.pdf>.
4. Mendagudli Veerabhadrapa Gurupadappa , CERVICAL CANCER -An Overview, Saudi Journal of Nursing and Health Care 3(12):382-386, Dec2020, available at <https://www.researchgate.net/profile/Veerabhadrapa-Mendagudli>.
5. Daniel Keppler and Athena win A Journal of cervical cancer method and protocols, volume-11, 2014
6. Pravin Patel, ‘Handling Cervical myomas’, Journals of Gynaecology Endoscopy and Surgery, Volume-2, 2011.
7. V.G.Padubidri, 'Text Book of Gynaecology': 13th edition, Elsevier puplication(P) Ltd.,page number- 153,381- 392;2004.
8. Sheila Bala Krishnan, ‘Text Book Of Gynaecology’; 2nd edition, published by Paras Medical Publishers Private Limited; 2010.