CERTIFICATE BY THE EDITOR

This is to certify that the dissertation entitled '**A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGAREING CERVICAL CANCER AMONG WOMEN IN SELECTED VILLAGE OF VILLUPURAM DISTRICT**' is a bonafide research work done by **Arul Libya A**, **II Year M.Sc.,** Nursing student of **Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research,** Sakthinagar, Erode district. I, **Mrs. T.S. Sumithradevi, M.A., M.Phil**, edited this manuscript on behalf of the partial fulfilment of the prerequisite for the degree of Master of Science in Nursing with Specialty – Branch – III, OBG.

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ABSTRACT

Statement of the Problem

"A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGAREING CERVICAL CANCER AMONG WOMEN IN SELECTED VILLAGE OF VILLUPURAM DISTRICT"

Objectives of the study

1. To assess the knowledge of women before and after Structured Teaching Programme regarding Cervical Cancer.

2. To compare the pretest and post test knowledge level to determine the effectiveness of Structured Teaching Programme regarding Cervical Cancer.

3. To find out the association between level of knowledge on Cervical Cancer among women with selected demographic variables such as age, Religion, Marital Status, Education, Occupation, Income, Source of Health Information.

Methods:

Pre experimental design one group pretest and post test was used to assess the effectiveness of structure teaching programme on knowledge regarding cervical cancer among women in selected village of Villupuram District.

Results:

With regard to the pretest knowledge and assessment the mean was 11.30and standard deviation was 4.645. With regard to the posttest knowledge and assessment, the mean was 23.08 and standard deviation was 4.065 this shows there is a significant increase in knowledge, the result was found after structured teaching programme.

Interpretation and Conclusion

Further effectiveness of the structured Teaching programme was tested by inferential Statistics using the paired t test. A significant difference 17.767 (P<0.001) level of significant was found between pretest and post test knowledge scores of respondent indicating significant increase in knowledge after structured Teaching programme. Hence, hypothesis is accepted and Structured Teaching programme was found to be effective in improving the knowledge of women.

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CHAPTER I

INTRODUCTION

Carcinoma is a form of Cancer that is composed of epithelial cells that is tend to infiltrate surrounding tissues and may eventually spread to distant sites. **Black M. Jacob (2010)**

Cancer is a worldwide problem. There is an increasing incidence of cancer both in developed and developing countries, as it is one such diseases, which has both public fear and

Concern. Cancer in all form is causing about 12% death throughout the world. The magnitude of the problem of cancer in India, can be succinctly described as one of the explosive dimensions in the last decades alone, the number of cancer patients in the country has tripled, thus in India it has the maximum number of cancer patients among all developing countries. One in every 14 Indian is at risk of developing cancer. More than 15 million people suffered from cancer at any point of time in India. The Most common types of cancer in India the **women are the cancer of cervix K. Park (2011)**

Cervical Cancer is a condition where a Cancerous growth arises on one of the lower portion of the uterus.

The world wide literature reports, that more than 50% of patients with cancer of cervix report before the age of 50yrs. Even though cancer screening has become prevalent with an arm of early diagnosis and treatment about 60% of patients still present with advanced stage.

The risk factors includes Coitus with multiple partners or unmarried males highest risk for Carcinoma incite is age 25 to 40 Years of age and highest risk for invasive Cancer is from the age of 40 to 60 Years, low socio economic class, early first Pregnancy and infection with Human Papilloma virus**. Pilliteri: (2012)**

The Pap smear is a primary diagnostic tool for Cervical Cancer. A Pap smear is taken for early detection of Cervical Cancer and diagnosis of Pre cancerous and cancerous conditions of the vulva and vagina. The Pap smear is a painless investigation in which the Cervix is visualized using specular shaped spectacles that is used to remove a layer of cells from the Cervix and the area of Vagina surrounding the Cervix.

Treatment of women with Cervical Cancer is depending on the stage of Cancer. All women who have been treated conservatively for Cervical Cancer need information about recurrence. Encouraged women should have pelvic examination and pap smears scheduled at regular intervals. The international agency for research on cancer indicates that receiving Pap

smears every year can reduce the occurrence rate of invasive cervical cancer by 93%, while receiving the test every 3years can reduce the occurrence rate by 91%.

Deputy Director General of Bureau of Health Promotion said studies proved that Pap smears remain an effective method to screen for Cervical Cancer, she urged women aged 30 or above to receive the test every year or at least once every 3 years. From 1995, the Indian Government has covered the cost for one Pap smear for women aged 30or above. In 2005, only 54% of women in this age group have received Pap smear in the last 3 years which was much lower than the 90%.

Need For the Study

Incidence of cervical intraepithelial neoplasia and cervical cancer has been increasing in young women over the last few years. The aggressiveness of the diseases in young age is still controversial (Vive Ushal et.al Sep 2007).

Cervical cancer occurs most commonly in women between the ages of 30 and 45 yrs but it can occur in early age of 18 yrs. Risk factors vary from multiple sex partners to smoking to chronic cervical infection.

Moorthy NS. Choudry K.Saksens S, 2013 India conducted a Study on Trends in Cervical Cancer incidents in Indian Scenario the data published in Cancer incidence in 5 States for various Indian Registries for different periods. During the years 1990-1997 the age adjusted incidence rates of cervical Cancer varied from 10.92 to 65.4 among various registries. The highest incidence was noted in Ambillikai Registry. The age specific incidence rates for Cervical Cancer revealed that the disease increases from 35 Years and reached peak 55-64 years. However, the decrease was very small. In India an organized mass screening programme with Pap smear for early detection of Cervical Cancer is not in practice, the data suggest urgent need for initiation of community screening and educational programme and prevention of Cervical Cancer.

Rniku et. al,2013 conducted a study on women regarding cervical screening facilities explain in their study that lack of screening facilities and lack of awareness lead to advanced stage. At the initial diagnosis screening early for the high risk groups as well education on preventive measures of the   cervical cancer decreases the diseases in the future.

Most of the cancers prevalent in India can be prevented or detected early. It is clear that some of the common cancers in our country have   strong socio economic, cultural under pinnings age at marriage Number of pregnancies, over use   of the tobacco, dietary

influences etc., so the focus of the intervention should be on positive health massages and women can be empowered to accept the responsibility for control over their health.

Women in Indian are the embodiment of care and nourishment for life. The women drive and concern is seemly of the family preservation of life. The whole family is distorted when any illness affects women. Poverty coupled with ignorance make the patients to neglect the disease in its early stage. Therefore the fight against cancer especially against cervical cancer should give more emphasis on preventive and primitive programmes to women in removing fear, anxiety and ignorance about it. The awareness regarding risk factors preventive measures help them to take preventive and primitive care and early identification of the diseases helps in seeking medical aid in time.

Cervical cancers account for more than half of the cancer among women in rural India (**Jeyanth.K**) The rural area population is more than 80% and they are at high risk, belonging to the low socio – economic status with poor genital hygiene, married in their early teens and are multiparous **(Dr. Revathi, MD, Chairman FOGSI)** In the present Indian context of paucity of education, diagnostic and therapeutic facilities and money, the most economical and pragmatic way in which to control the of cancer of cervix is by preventive action at the Grassroots level **(S. Krishnamurthi, Cancer institute, Chennai 2014).**

All the above reasons the community felt need, wide literature review and expert's prompted the investigator to take up the present study sot that the can follow them up in the village, to motivate them and provide them with adequate information regarding cause and prevention of cervical cancer.

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Objectives of the study

1. To assess the knowledge of women before and after structured teaching programme regarding cervical cancer.

2. To compare the pretest and post test level of knowledge to determine the effectiveness of Structured Teaching Programme regarding Cervical Cancer.

3. To find out the association between level of knowledge on Cervical Cancer among women with selected demographic variables such as age, religion, marital status, education, occupation, income, source of health information.

Operational Definitions

1. Structured Teaching Programme: Refers to systematically planned group instruction by lecture cum discussion method designed to provide information regarding selected aspects on risk factors signs, symptoms, early diagnosis, treatment and prevention of Cervical Cancer.
2. Women: Refers to female in the age group between 18-45 yrs.
3. Effectiveness refers to the extent to which the Structured Teaching programme on Cervical Cancer has achieved the desire effect in improving knowledge of women as by gaining knowledge.

Sample Criteria

Inclusion

1. Women in the age group of 18-45years
2. Women who are willing to participate
3. Women who are available at time of data collection
4. Women who knows to speak Tamil
5. Women who lives in Kalamaruthoor village of Villupuram District

Exclusion

1. Women who underwent total or partial hysterectomy
2. Women who is seriously ill.

Hypothesis

H_1: There is a significant difference in the level of knowledge on cervical cancer between pretests and posttest.

H_2: There is a significant difference between pretest and post test knowledge level to determine effectiveness of structured teaching programme.

H_3 : There is a significant association between demographic variables and knowledge on cervical cancer among women in selected village.

Assumptions

It is assumed that

- ➢ Women have inadequate knowledge regarding risk factors, signs and symptoms, early detection and prevention of cervical cancer.

- ➢ Knowledge of women is influenced by different variables such as Age, Religion, Marital status, Education, Occupation, Income, source of Health Information.

- ➢ Health education programme will improve the awareness of women regarding Cervical Cancer.

CHAPTER II
REVIEW OF LITERATURE

This section gives literature related to risk factors for Cervical Cancer. The risk of development of cervical cancer varies with the life style of an individual, social customs and geographic distribution. Genital infection is an important risk factor leads to multiparty, early marriage, early first child, low socio economic status and illiteracy.

Literature Review Related To Etiology and Risk Factors Of Cervical Cancer

Djangidze M bjugili Museridze (2010) conducted study on hormonal contraception and cervix of the uterus pathology. The effect of hormonal contraception on cervix of the uterus of young nullipara women in Etopia was investigated cohort study was carried out by using simple blind method by means of statistic data manipulation correlation between the application of hormonal contraception and changes of colposcopy pictures in the zone of pathology declared that as medicine of choice for nullipara women in Etopia still is necessary to conduct strong dynamic control of cervix of the uterus in order to avoid complications.

Langille DB rig by JA (2011) Conducted a study on factors associated with pap testing in adolescents in Northern Nova Scotia. To determine relationship of socio economic factors and contraceptive behavior with pap testing sexually active women 5-19who had received physician services in Northern Nova Scotia in the previous year. These findings suggest that physician use hormonal contraception as a cue for Pap test in adolescent women.

Rajkumar. T, Franceschi. S, Vaccarella.S. Gajalakshmi, Sharmila.A, Snijders. PJ, (2011) et.al. Conducted a study on Role of Panchewing and dietary habits in Cervical Carcinoma in Chennai, India. Non viral factors contribute to human papilloma virus related Cervical Carcinogenesis. We investigated the role of Paan Chewing and dietary habits among 205 women with Low Education Level and Low Body weight were also risk factors. For invasive cervical cancer but they did not account for the associations of pan chewing and Low intake of vegetable and fruits. In the analysis restricted to HPV Positive cases and controls, the inverse association with Vegetable and Fruit in take was confirmed. Conversely the adverse influence of Pan chewing on invasive cervical cancer risk seems to the attributable to a higher prevalence of Cervical HPV infection in Women who chewed Pan.

Chhabra S. Sonak M, Prem V, Sharma A (2012) carried out a study with the object of regarding the number and type of Gynecological Malignancies in relation to socio

economic status, age, parity, contraceptive views and mode of presentation in current Gynecological Practice. Nearly half 44.6% of overall Cervical Cancer cases occurred between ages of 39-49years.Most women irrespective of the site of Cancer. Over the years the number of Gynecological Cancer is increasing irrespective of Social class with most cases at younger age.

Biswas (2012) A Conducted a study on HPV and Cervical Cancer. Epidemiological studies have consistently shown that the most important risk factor for Cervical Cancer relates to sexual activity and a sexually transmitted agent probably a virus, is the principal causative agent. In recent years much attention has been focused on HPV as the causative agent. The variation in incidence is explicable inters of differing levels of risk behavior and population screening facilities and uptake. With better understanding of the Etiopathogenisis, Vaccination against HPV is becoming a reality. This may be particularly useful in developing countries. Where it is proving difficult to implement effective screening programme.

Barry H C Smith M, Web mantel D, French (2013) conducted study on the feasibility of risk based cervical cancer screening in primary care practices is Lansing Michigan US. They collected data through questionnaire from current and life time sex partners those who have history of sexually transmitted diseases, smoking habits, most women (83%) had at least one risk factors for cervical cancer. They found low rates of documented history taking (54%) and sexually transmitted infection testing 4% found that so many women had atleast one risk factor.

Lead researcher **Dr. Jennifer smith (2013**) says they found that a persistent HPV infection of six months to one year was consistently associated with a women's increased risk of high grade cervical lesions or Cervical Cancer.The researchers say there are approximately 14 high risk types of HPV that causes invasive cervical cancer the two most common types are 16 and 18, which have different viral genetic patterns.

Bishas L.N. Manna B. Maiti P., K. Sen Gupta (2013) conducted study on sexual risk factors for cervical cancer among rural Indian women a case control study a hospital based case control study was carried out to investigate the role of sexual risk factors in cervical cancer among rural Indian women a case control design was used in which total of 268 subjects. Comprising 134 women with invasive cervical cancer. As case134 control women were studied. As a conclusion they confirmed that the association between early age at first coitus and cervical cancer in women with a low rate sexual promiscus defines the role of these factors in cervical carcinoma among rural Indian women.

Tindal V.R. (2013) states that the sexually active women is 2-4 times more likely to develop cancer of the cervix than in the sexually inactive women Cancer of the cervix is almost unknown in groups of nuns, whereas cancer of the corpus occur, as frequently in these as in any other section of the population. The disease is rare in all virgins although there are occasional exceptions. Indeed the practice of coitus is not established as being a prime cause of cervical malignant disease. The earlier the age of first intercourse women have greater the risk.

Arora Reddy Rajarani Elleamma (2013) conducted a case control study among 54 women in Pondicherry between 25-50yrs of age with histological confirmed cervical cancer along with husband to find out the male risk factors in etiology of cervical cancer, Personal interview and physical examination of husbands carried out poor genital hygiene was a significant risk factor in case of husbands with ratio of 16.4% other risk factors were multiple sex partners.

Brintion, L.A., (2013) reports that wives of the men previously married to a cervical cancer patient have a higher risk of cervical neoplasia. Male sexual partners of women with cancer cervix are more likely to have a history of multiple sexual partners or STDs (gonorrhea, herpes, and genital warts) & a visit to prostitutes. In contrast, a lower risk of cervical neoplasia has been observed among women husbands reported more frequent use of condoms.

Literature Review Related To Knowledge of Cervical Cancer

Sunitha Saxena, Kishore Chaudhuri (2004) conducted a study to assess knowledge, belief and screening behaviors of health workers in Mudzi district in East Providence Zimbabwe. The result was the knowledge level were lower for many of the predisposing factors of cervical cancer respect for use of vaginal herbs of chemicals which 85% of the health workers knew. Though 50% of the respondents knew of the Pap smear as a screening method for cervical cancer 86.6% did not know the human papiloma virus screening and 90% did not know of the visual inspection of cervix using acetic acid. There also very low knew the LEEP and laster options. The majority 73.3% believed that they were not at rest of developing Cervical Cancer. Most of the respondents 81.7% had not under gone any form of cervical screening. They concluded they is low knowledge levels, negative beliefs about the risk of developing cervical cancer and poor screening behaviors among health workers training in cervical cancer is therefore recommended for health workers.

Naish (2006) in his qualitative study at non English speaking women in UK, indentified will of knowledge as factors influencing the up talk of Pap smears particularly relating to the need for the screening to be repeated at regular intervals. The women in the study particularly these women from chine's Bengali and Punjab background also indentified factors like organization and delivery of screening services.

Eddy D.M., Reid J. (2008) conducted a study on screening for cervical cancer, a review of women's attitudes knowledge and behavior in United Kingdom. The present work reviews the psychological consequences of receiving an abnormal Cervical Smear result and of secondary screening and examines reasons for women's non – participation include administrative failures unavailability of a female screener inconvenient clinic time lack of awareness of the test indications and benefits, considering oneself not to be at risk of developing cervical cancer and fear of embarrassment pain or the detection of cancer, the quality screening service can be enhanced by the provision of additional information by improved quality of communication and by consideration of women's health belief.

According to **Remennick L-1 (2010)** Preventive measures one cost effective the awareness regarding the risk factors and preventive measures help the people to take preventive and primitive care can seek medical aid in time. She recommended that a planned Teaching Programme regarding Cancer Cervix helps in individuals to understand or gain knowledge regarding risk factors and preventive measures.

Ajai and D. Denole (2012) conducted cross sectional study at 254 randomly selected women in Nigeria, which was done to determine the awareness of women about Cervical Cancer revealed the knowledge about Cervical Cancer was poor in these women it was found that 90% heard of cancer while 15% had heard of Cervical Cancer. The media (38%) and poor were major sources of information on cancer finding suggest that there was a need to educated the women on Cervical Cancer.

Swaddiwadtipong N, Chaovakiratipong, Nguntra P. and Mahasakpasu (2011) conducted study at district task province North of Bangkok to determine knowledge and prevalence of use of Pap smear screening. An interview survey was conducted of women 18-65 yrs old, who had not undergone hysterectomy in 7 villages, selected from this 54villages in Jan 1991 only 333 of 1603 women interviewed (20.8%) knew Pap test only319 had ever been screened.

John (2012) conducted study to determine the effectiveness of two self instructional modules on knowledge of women regarding cervical Cancer. Its detection and control in Pune city evaluate approach used with quasi experiment pretest, post test design were given pap test and the women in the second group were given self instructional module. The findings of the study revealed that the women in North groups gained significantly in the post test for group one the value obtained was 10.27 and for group two the value obtained was 8.60.

Dhamija S., Sehgat A Luthera U.K Sehgat K., (2013) et al conducted a study that an attempt has been made to study the knowledge of Cervical Cancer in the community. The survey under taken is a part of knowledge at practice study prior to invitation of cytological screening total women interviewed by knowledge attitude practice survey were 1411 selected through 2 stage stratified Random sampling subjects for the present analysis. The study brought younger women had between awareness knowledge about Cervical Cancer and related information screening 50% never performed 77.8% presented with gynecological complaints.

Dnamija.S. Sehgal A. Lthrn Ur, Srhgal K. (2014) Conducted a study on factors associated with awareness and knowledge of Cervical Cancer in a community implication of Health Education Programme in developing countries. An attempt has been made to study the correlates of knowledge of cervical cancer in community. The survey undertaken is a part of knowledge, about Cervical Cancer and related information literacy status for education and exposure to family planning was influential in creating awareness about Cervical Cancer.

Literature Review Related To Screening and Prevention Of Cervical Cancer

Texas department of health Austin USA (2000) were conducted survey among nine hundred Mexican American women above their knowledge attitude on pap smear. Mammogram screening practices. The low screening participation among Mexican American women may be due to this limited awareness and knowledge about cervical cancer.

Wiwanikit V (2002) conducted a study on Screening for Cervical Cancer, Pap Smears are recommended as general screening methods to early diagnosis of Cervical Cancer in older to decrease morbidity and mortality. These results document the importance of Cervical Cancer in Thailand and the high detection rate of Precancerous lesion supports the utility of screening program for secondary prevention of Cervical Cancer. Health education seems to play an important role in success of the Cervical Cancer screening program for Thai Females.

Basu M. (2004) conducted study on the impact of a single round of screening of visual inspection with a acetic acid (VIA) on cervical cancer incidence and mortality was investigated in a cluster randomized trial in south India women k30-59 yrs of age in 118 clusters in Dindigul District were randomized to VIA screening (57clusters 48,225 women.)

Elizabeth C (2006) Conducted a study on Perception and Practices regarding Cervical cancer. These study findings suggest that the main barriers identified by non Regular Pep Screeners were no health insurance 33% forgetting to get a Pap test 32% and not liking to get a Pap test planned to continue having them on a regular basis. The results of the study indicate that there is a considerable room for improvement in knowledge perception, practices of all women.

Jenkins et.al (2008) conducted a study implement a media led community education campaign to find out its effect on cervical cancer screening among Vietnamese American women. A total of 45% women were interviewed at post test the ratio for the intervention effect were statistically significant for having heard of Pap test.

Kim et.al (2010) examined cervical cancer screening knowledge and practices of 159 Korean – American women aged 40-60yrs at Chicago it was seen that a huge proportion of respondents lacked information about cervical cancer 26% of respondent never heard of the pap smear respondents reported only 34% of the respondents reported had a pap smear and absence of disease symptoms for the study also indicated that education and usual sources of health care were significant factors related to having heard of pap smear test.

Jessica A. Khan, Beilef (2012) conducted a study on beliefs about papanicolau smear and compliance with papanicolau smear follow up in adolescent explore the beliefs and attitudes understanding about pap smears and barriers to compliance with pap smear follow up. The findings are perceived benefits to getting pap smears were prevention and early detection or diagnosis and report barriers included pain or discomfort embarrassment, fear of finding a problem fear of the unknown, denial, poor communication or rapport with the provider, the lack of knowledge and peers advice. They concluded that providing on depth education about papanicolau smears addressing barriers to Pap smear follow up, focusing in appropriate provider behaviors and instituting an appointment remainder system may help to develop strategies to enhance compliance Pap smear follow up appointment.

D C Frutas S.L ., Arantes S.L., Debarrossm (2012) conducted study that developed between women of Anghangura community with the objectives of knowing the demographic, socio cultural, gynecologic and obstetric profile and of assessing health preventive behavior in order to elaborate a plan of obstetrics Nursing assistance.

Yi Jk, (2013) conducted a Study on Acculturation and Pap Smear screening Practices among Colleges aged Vietnamese Women in United States. The study findings suggest that less Acculturated Women appear to have the believe that Cervical Cancer screening is more important for married women that for unmarried women regardless of the sexual activity. The existence of misconceptions underscores the importance of offering culturally relevant Cancer Education that addresses related misconceptions.

Gajakslakshmi C K. Krishnamurthy Anahd, R. Shanta. V (2013) conducted study on cervical cancer screening in Tamilnadu, India a feasibility study of training the most common malignancy among females in developing countries including India the present study was under taken to examine if the village health nurse could be trained quickly to identify cervical abnormal cities by visual inspection. Total of 101 village health nurse in identifying cancer among those with abnormal cervix was 95%, 90% of pap smears taken by village health nurse were adequate by WHO criteria.

Jeyant K Rao Nene BM dale P. S. (2013) conducted study to identify cancer cases in Rural population the cancer registry Burshi India has developed methodology which includes education of the motivation of symptomatic individuals who attended Burshi cancer Hospital (84% of the total) showed significant improvement in stage at diagnosis between 1988 – 89 (38 in stage I&II) no change for women those who are attending same hospital from a control area.

Juneja, Shegal Sharma Pondey (2013) conducted a study on social and cultural barriers to papanicolaou to papanicolaou test screening in an urban population to define screening behaviors, attitudes and belief's regarding cancer and its treatment among women with cervical cancer have a significant association with lack of pap smear screening in women presenting with cervical cancer Future studies might involve education and incorporation of peers and respected community leaders, elder family members and clergy as intermediates who may be more successful in combating fatalistic attitudes. The low acceptability to self screening in the survey suggests that promotion of self screening is unlikely to resolve inequities in screening.

Raof RS Kamth BG. Chandrashkekar Rao (2013) conducted a study in down string for cervical cancer a community based study in the cervical cancer of Udupi District. Karnataka, India the Objective to this study is to determine the feasibilities of utilizing trained auxiliary nurse midwives in down staging for cancer cervix in rural area population include all married women 35-59 yrs. The auxiliary nurse trained in thick history taking visual inspection of cervix collecting Pap smear. The study revealed if auxiliary nurse midwife trained can identify asymptomatic women.

Sathya Narayana G (2013) conducted program on Profile of a Cancer detection camp. The Organization and management of a Cancer detection Camp in Rural area of Andhra Pradesh with the help of Reliance club and Medical College Staff were described. People with any one of the seven warning signals of cancer were asked to attend the camp. More women, most of them in reproductive age attended the camp with unusual Vaginal Bleeding smear for papanicolaous stain was used as a tool for screening of Cervical Cancer. The Patients (2.5%) had Malignant Lesions and 16 Patients (4%) had Premalignant Lesions. The program of Prevention, Public Health Education and Early detection of Cancer can be put in to action successfully through Cancer detection camps organized rural areas.

Conceptual Frame Work

The conceptual produces certain frame of reference for clinical practice research Education.

The conceptual framework selected for the study is based on Orem's self care model. This conceptual frame work identified and defines the factor for phenomenon of work in Nursing situation describes their relationship.

Tommy AM (1994) each individual has an innate ability to care for oneself. It is a theoretical model. Which values individual responsibility and believes in health education as a key aspect of nursing intervention – Dorothea Orem

This study is aimed to assess the knowledge on selected aspects of Cervical Cancer among women. The study will focus to find the association if any between knowledge selected demographic variables.

Nursing is concerned with the individuals need for self care action in order to help the women in situation of life, health recovery form disease and cope with their effects.

In Orems view nursing can may one offered to individuals who have self care requisites nursing care assists the women to achieve the health result that the women desires.

The investigator has applied the self care theory and nursing system theory designed by Orem.

Orems self care concepts were incorporated because of their emphasis on health and client as the center activity. The concept of orem self care theory is

- Self care
- Self care capabilities
- Therapeutic self care demand
- Nursing capabilities (nursing Agency)

Self care

It refers to the women going for routine screening Pap smear modifications of life style activities and regular follow up

Self care capabilities

It refers to adequate knowledge as importance, purpose, recommended of Cervical Cancer regular screening for cervical cancer.

Therapeutic self care demand

It refers to acquisition of knowledge regarding cervical cancer Pap smear.

Nursing capabilities

It refers to assess the knowledge on Cervical Cancer and evaluating the effective structure teaching programme.

Nursing system:

Nursing system refers to screening action a nurse takes to met a clients self care requisites nursing system theory of Orem's has 3 Nursing Systems.

- Wholly compensatory system
- Partly compensatory system
- Supportive educative system

This study is aimed to assess the effectiveness of structure Teaching Programme on cervical cancer among women. Supportive nursing system appropriate for the study.

Supportive education system is essential in all situations where women have a need to gain knowledge become effective as self care agent.

According to this model the women role is to participate in the study and follow preventive measures.

The nurse action includes

1. Assessment of the knowledge of participants related to Cervical Cancer and Pap smear by administering pre test.
2. Conducting / rendering Teaching Programme to the participants.
3. Administration of post test to evaluate the knowledge related to Cervical Cancer.3

The women action includes

1. Acquiring knowledge about cervical cancer
2. Routine follow up

Based on Orem's self care frame works the supportive education system operates with the clients centered system where health care teaching materials is considered to be an appropriate teaching strategy.

The following model represents the conceptual frame work which the investigator constructed.

SELF CARE

- Routine screening for pap smear
- Modification of life style activities
- Regular follow up

R

R

Self care capabilities

- Adequate knowledge on cervical cancer
- Adequate knowledge On importance and Purposes of cancer screening
- Regular screening for Cervical cancer

Therapeutic self are

demand

Acquisition of knowledge regarding cervical cancer

R

R

Nursing capabilities

Assess knowledge on cervical cancer

Organizing structure teaching programme

Evaluating the effectiveness of structure

Teaching programme

Wholly compensatory

Partially compensatory

Nursing Action

Supportive educative

Acquiring knowledge about cervical

Women's Action

Routine screening

Assessment of knowledge

Nursing Action

Structure teaching programme

Conceptual frame work based on term theory Figure -1

CHAPTER – III
METHODOLOGY

This chapter deals with methodology of research that indicates the general pattern of an organized procedure for gathering valid and reliable data for the purpose of investigation

Research methodology includes research approach, research design, the setting the population, sample, criteria for sample selection, method of sample selection, method of sample selection description of tools, testing of tools, development of structured teaching program, pilot study, procedure for data collection, plan for data analysis and protection of human subjects.

Research approach

A pre experiment approach was used to evaluate the effectiveness of structured teaching programme

Research design

Pre experimental design was developed for this study

$$O1 \; X \; O2$$

O1   **–**   **Pretest**

X   **–**   **Structured teaching programme**

O2   **-**   **Post test**

RURAL COMMUNITY

PHASE -I

Population women

Sampling technique
Convenient sample

Study subjects 80 women in selected Rural Community Study subjects

PHASE -II

Preparation of the Structured interview schedule
Preparation of structured teaching programme
Content validity
Testing reliability of the tool

Pre test (Q1)
Assessing knowledge level of women

Administration of structure teaching Programme (X)

Post test (Q)
Reassessing knowledge

PHASE -III

Evaluation
Comparison of pre test and post test scores
Analysis and interpretation

Findings and conclusions

Rural Community

Schematic representation of the study is given in figure – 2

VARIABLES

Independent Variable

An Independent Variable is the variable that stands alive is not depending on any other. Structured teaching programme on cervical cancer is the Independent Variable for this study.

Dependent variable

It is the outcome variable of interest the variable that is hypothesized to depend on or caused by another in this study Knowledge of women on cervical cancer is a dependent variable.

Setting of the study

Setting refers to the physical location and conditions in which data collection has been taken place. The study was conducted among women who are living in Village in Kalamaruthoor, Villupuram District .

Population

Population includes all possible elements that could include in research **(Polit 2012).** The Population for the study includes 80 women who are residing in Kalamaruthoor, Village in Villupuram District.

Sample

Sample is small proportion of the population selected for observation and analysis and the members of the sample or study subject. The sample for the study considered of 80 women.

Sample criteria

Inclusion criteria

➢ Women in age group of 18-45 Yrs
➢ Women who all are willing to participate
➢ Women who all are residing in Kalamarauthoor Village at Villupuram District.
➢ Women who knows Tamil
➢ Who all are available at time of data collection

Method of sample Selection

Women who fulfilled the inclusion criteria were selected as sample by convenient sample.

Data Collection tools

Collection is the gathering of information needed to address a research problem.

Tools are the procedures or instruments used by the researcher to collect data

The following tools were used in the study

- Structured interview schedule to asses knowledge as cervical cancer
- Description of the tool
- The tool consisted of 2 parts

DESCRIPTION OF TOOL

Part – I Demographic Data

It contains 7 items of obtaining information regarding age and respondent marital status, graduates, educational qualification, religion, occupation, monthly income, source of health information, age at menopause.

Part – II Structured Interview Schedule on Cervical Cancer

The structured interview schedule regarding cervical cancer consisted on 32 multiple choice questions under aspects such as definition, risk factors, science and symptoms, investigation, managements and prevention of cervical cancer. Each question has 2 response with one correct answer, score 1 for each correct response in a single question and score 0 was given for wrong answers. The total Number of structured interview question was 32.

The resulting score were ranged as follows

- Adequate knowledge   -   75 - 100%
- Moderate adequate knowledge   _   50 – 74%
- In adequate knowledge   _   0 – 49%

TESTING OF THE TOOLS

Validity

The content validity was obtained by reviewing related literature and consulting subject experts in medical and nursing fields suggestions made by experts were included. The framed tool was then used for pilot study to check the reliability of the tool.

Reliability

Interview schedule was administered to 8 women in Kalamaruthoor village. The split half method was used to obtain reliability of the tool. The coefficents of whole test estimated by using brown prophesy formula. The tool was found to be reliable.

Preparation of the Blue Print

A blue print was prepared to construct a structured questionnaire based on which the items were developed it depicted the distribution of items according to the content areas.

Structured questionnaire includes three domains with relevant questions.

- Knowledge
- Comprehensive
- Application

Development of Structure Teaching Programme

Teaching plan is guide for teacher because it helps to cover the topic comprehensive way with proper sequence of points without missing anything

The steps involved in Structured teaching programme are

- Framing the outline of the teacher plan
- Preparing outline of the content
- Deciding method of instruction and audio and visual aids
- Content validation of tools structure teaching programme

Framing outline of teaching plan

The outline of teacher plan's is framed this includes getting of the general and specific objectives, specifying the date time, place, Number of populations.

Preparing the outline of the counter includes

- General information of Cervical Cancer.
- Knowledge regarding Cervical Cancer.

    Each areas compresses of separate objectives, times, content teaching, learning activities, visual aids and evaluation measures.

Deciding the method of instruction and audio visual aids

The methods of instruction adopted are lecture cum discussion. The visual aids were used as chart, flash cards. The STP can be submitted to experts for content validity, according to suggestions given by the experts few modifications were made.

Pilot study

Pilot study had been conducted in the month of ---------------to ------------- among women between age group of 18-45 Years. Who met inclusive criteria in Kellapalayam, Villupuram District. The investigator obtained permission from concerned authority. The topic was explained and confidentiality was assured. Structured teaching programme was given after administering pretest, a week later of structured teaching programme. The subjects were reassessed by using descriptive inferential statistics. The pilot participants were excluded from the main study.

Data collection process

The study was conducted in Kalamaruthoor Village in Villupuram Distrist. The period of data collection was from-------- to ----------.

Prior to the data collection permission was obtained from the concerned authorities. The investigator personally visited each house and administered questionnaire by interview schedule for assessing their knowledge regarding Cervical Cancer. The Structured teaching programme was administered, after each pre test. After 7 days of pretest, post test was conducted using the same interview schedule to evaluate effectiveness of structured teaching programme.

Plan of data analysis

The data is analyzed by both descriptive and inferential statistics, in the basis of objectives and hypothesis of the study. The data master data sheet was prepared by investigator with the help of computer.

The knowledge of women on cervical cancer before and after the administration of Structured teaching programme was calculated by using rang frequency, mean, standard deviation.

Further statistical significance of the effectiveness of the planned teaching programme was analyzed by the paired 't' test. The association between selected demographic variables and pre test score was determined by 'ANOVA' and 'F' Test. Data was presented in tables, graphs and diagrams.

Protection of human subjects:

The proposed study was conducted after the approval of dissertation committee of the college; permission was obtained from the President of the village. The written consent of the participant was obtained before data collection assurance was given to study participants regarding the confidentiality of data collection.

Summary

This chapter describes the research methods adopted for the study. Research approach, research design, the setting, the population sample criteria for sample selection, description of testing the tools, development of structured teaching programme, tools pilot study, procedure for data collection. Plan for data analysis and protection of human subjects.

CHAPTER IV

ANALYSIS AND INTERPRETATION

Analysis is described as categorizing, ordering, manipulating and summarizing the data to obtain answers to research questions.

This section highlighted the analysis and interpretation of data collected from 80 women in order to evaluate the effectiveness of structure teaching programme on Cervical Cancer. The data collected from women before and after structure teaching programme was organized, analyzed interpreted by using descriptive inferential statistics.

The data collected was calculated based on the objectives of the study.

➢ To assess the knowledge of women before and after Structured Teaching
   Programme regarding Cervical Cancer.

➢ To compare the pretest and post test knowledge level to determine the
   effectiveness of Structured Teaching Programme regarding Cervical Cancer.

➢ To findout the association between level of knowledge on Cervical Cancer
   among women with selected demographic variables such as Age, Religion,
   Marital Status, Education, Occupation, Income, Source of Health Information.

Organization of Findings:

The data is organized, analyzed and presented under following headings.

SEC – A:

Distribution of frequency and percentage of selected demographic variables.

SEC – B:

Analysis of pretest and post test knowledge level of women is made as under

   a) Pretest knowledge assessment
   b) Post test knowledge assessment

SEC – C:

Evaluate the effectiveness of structure teaching programme.

SEC – D

The association between pretest knowledge scores and selected demographic variables.

SEC – A:

DISTRIBUTION OF FREQUENCY AND PERCENTAGE OF DEMOGRAPHIC VARIABLES

TABLE – 1

N = 80

DISTRIBUTION OF WOMEN ACCOREING TO THEIR AGE

S.No	Demographic Variable Age in Years	Frequency	Percentage
1.	18 – 27 Years	22	27.5
2.	28 – 37 Years	26	32.5
3.	38 – 45 Years	32	40
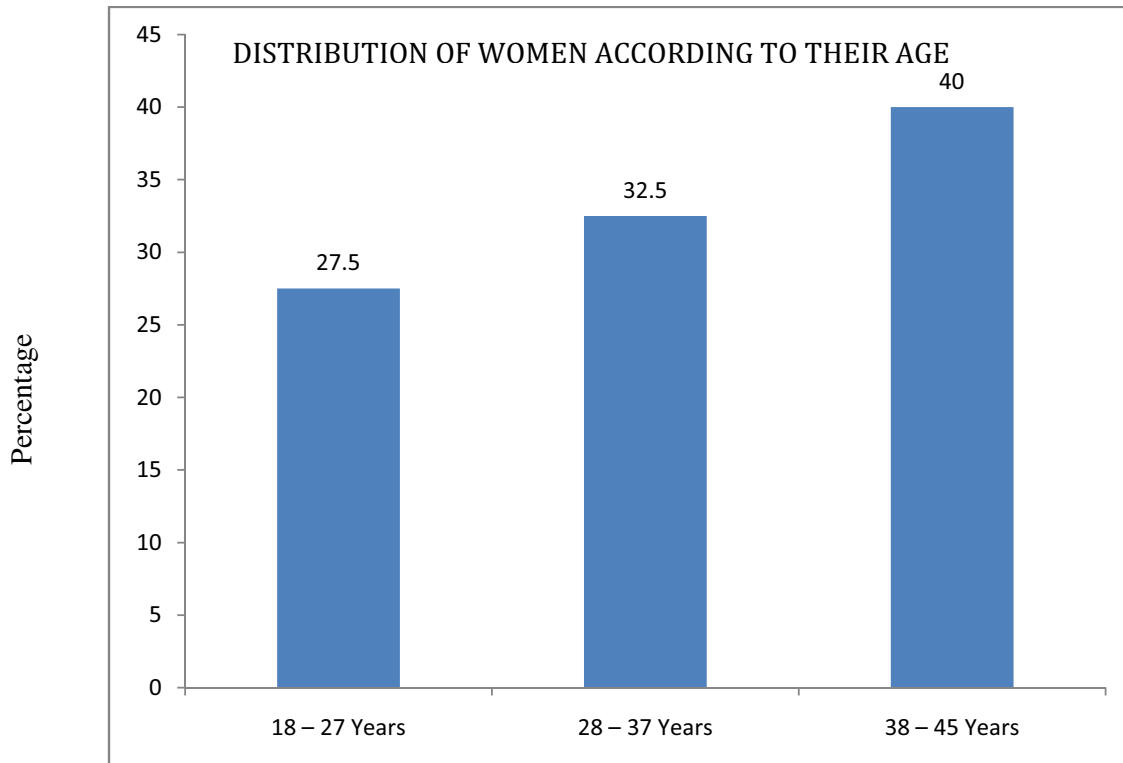
Figure 3

The figure shows that 22 (27.5%) of the respondents were in the age group of 18-27 years. 26 (32.5%) of the respondents were in 28-37 years and 32(40%) of the respondents were in 38-45year   of age.

TABLE – 2

DISTRIBUTION OF WOMEN ACCORDING TO THEIR RELIGION

S.No	Demographic Variable _____ Religion	Frequency	Percentage
1.	Hindu	51	63.8
2.	Christian	15	18.8
3.	Muslim	14	17.5
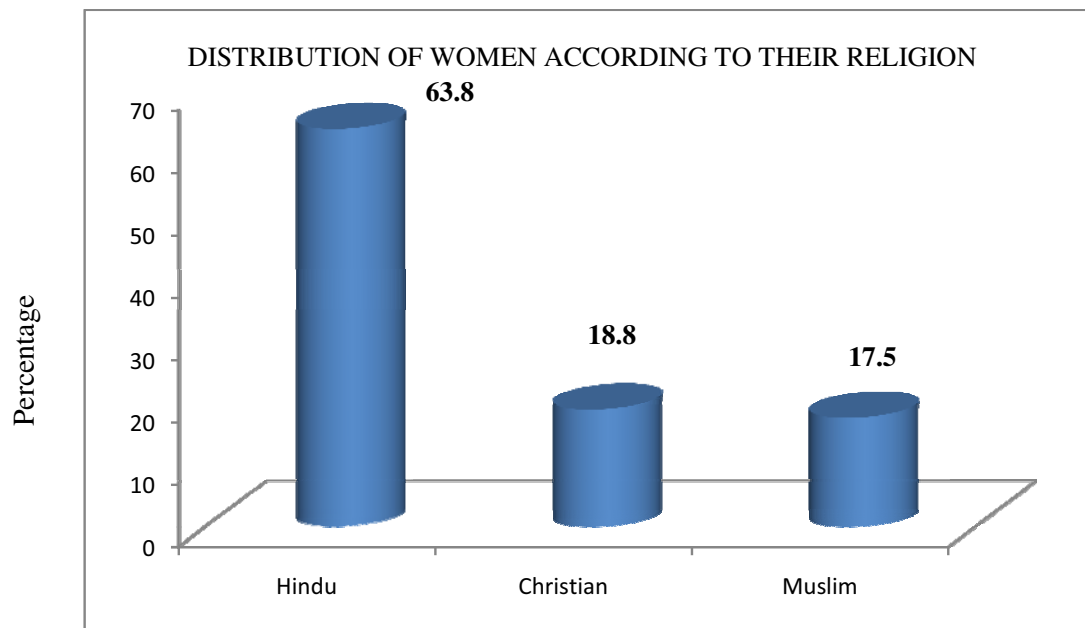
Figure 4

The figure shows that 51 (63.8%) of the respondents were Hindu, 15 (18.8%) of the respondents were Christian, and 14 (17.5%) of the respondents were Muslims.

TABLE – 3

DISTRIBUTION OF WOMEN ACCORSING TO THEIR MARITAL STATUS

S.No	Demographic Variable	Frequency	Percentage
	Marital Status		
1.	Married	43	53.8
2.	Unmarried	37	46.3
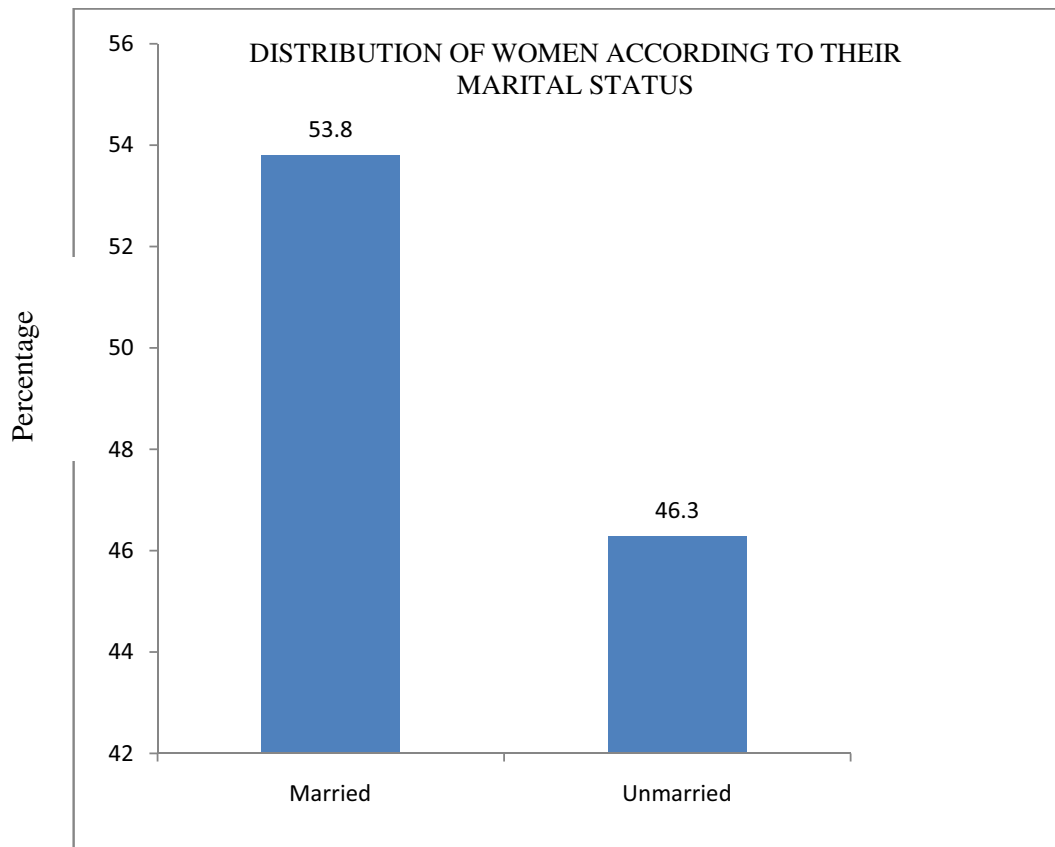
Figure 5

The figure shows that 43 (53.8%) of the respondents were married women and 37 (46.3%) of the respondents were unmarried women.

TABLE – 4

DISTRIBUTION OF WOMEN ACCORDING TO THEIR EDUCATIONAL QULIFICATIONS

S.No	Demographic Variable Educational Qualification	Frequency	Percentage
1.	Illiterate	12	15.0
2.	Primary	33	41.3
3.	High School	18	22.5
4.	Higher Secondary and above	17	21.1

DISTRIBUTION OF WOMEN ACCORDING TO THEIR EDUCATION QUALIFICATION
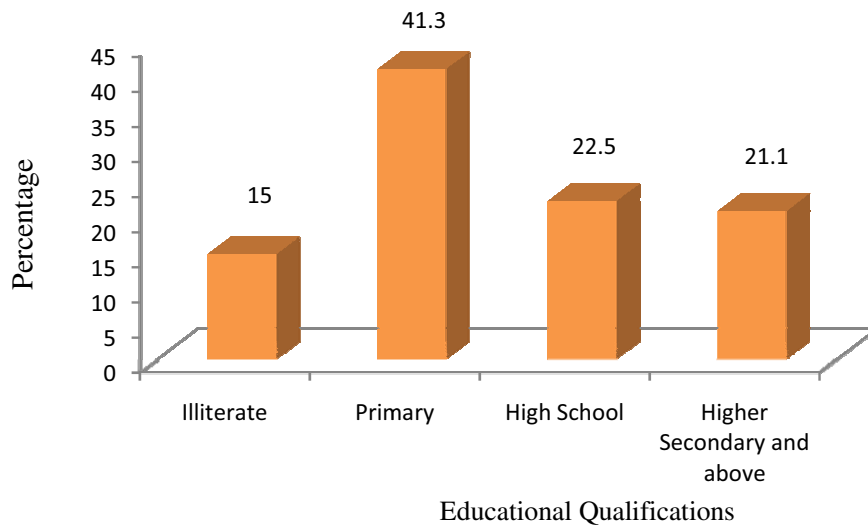
Figure 6

The figure shows that 12(15.0%) of the respondents were illiterate and

33 (41.3%) of the respondents had primary education, 18 (22.5%) of the respondents had School education, 17 (21.1%) of the respondents studied Higher Secondary and above.

TABLE 5

DISTRIBUTION OF WOMEN ACCORDING TO THEIR OCCUPATION

S.No	Demographic Variable Occupation	Frequency	Percentage
1.	House wives	25	31.3
2.	Coolie	36	45.0
3.	Others	19	23.8

DISTRIBUTION OF WOMEN ACCORDING TO THEIR OCCUPATION

OCCUPATION
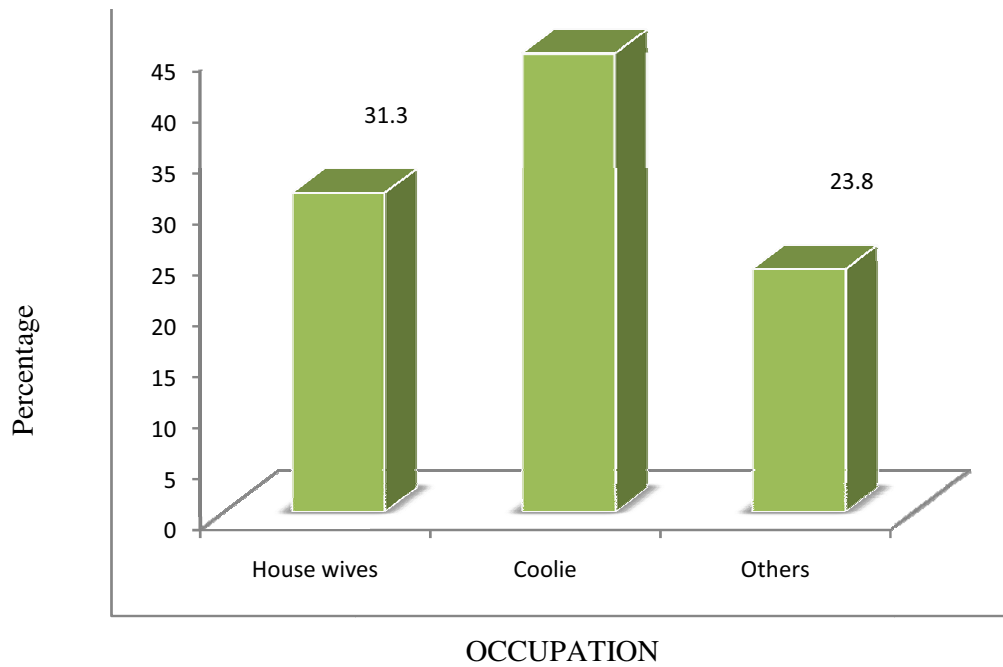
Figure 7

The figure shows that 25 (31.3%) of the respondents were House wives, 36 (45.0%) of the respondents were coolie workers, and 19 (23.8%) of the respondents were doing other works.

TABLE – 6

DISTRIBUTION OF WOMEN ACCORDING TO THEIR INCOME

S.No	Demographic Variable ———————— Income	Frequency	Percentage
1.	↓ 1000	21	26.3
2.	1001 – 4000	33	41.3
3.	4001 ↑	26	32.5

DISTRIBUTION OF WOMEN ACCORDING TO THEIR INCOME
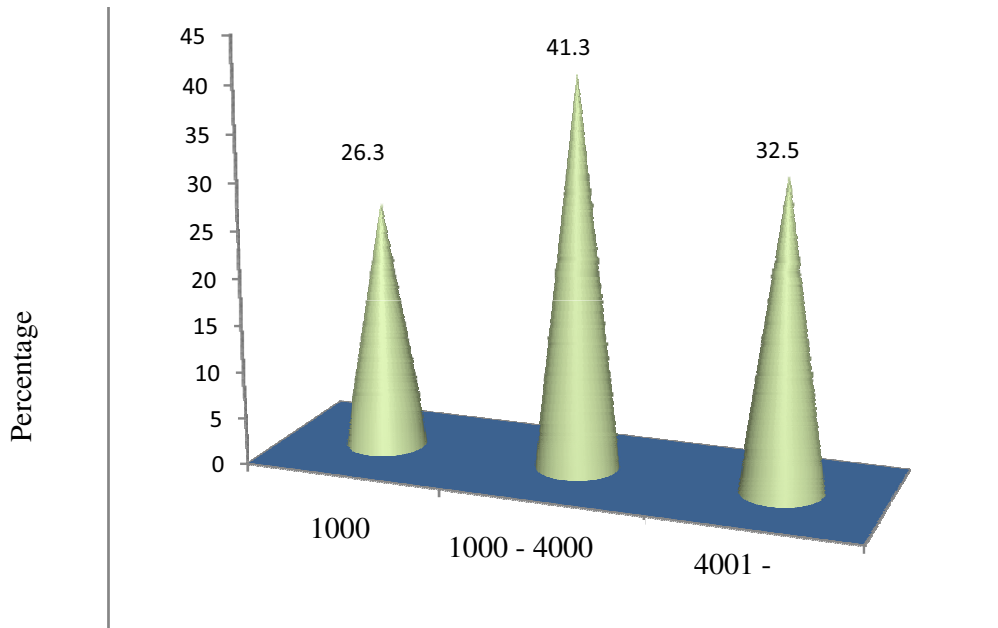
Figure 8

The figure shows that 21(26.3%) of the respondents family earning is below 1000, 33(41.3%) of the respondents family earning   1001 – 4000, 26 (32.5%) of the respondents family earning is 4001.

TABLE – 7

DISTRIBUTION OF WOMEN ACCORDING TO THEIR SOURCE OF
HEALTH INFORMATION

S.No	Demographic Variable _____ Source of Health Information	Frequency	Percentage
1.	Mass Media	28	35.0
2.	Friends	27	33.8
3.	Health personnel	25	31.3

DISTRIBUTION OF WOMEN ACCORDING TO THEIR SOURCE OF HEALTH INFORMATION

Source of Health Information
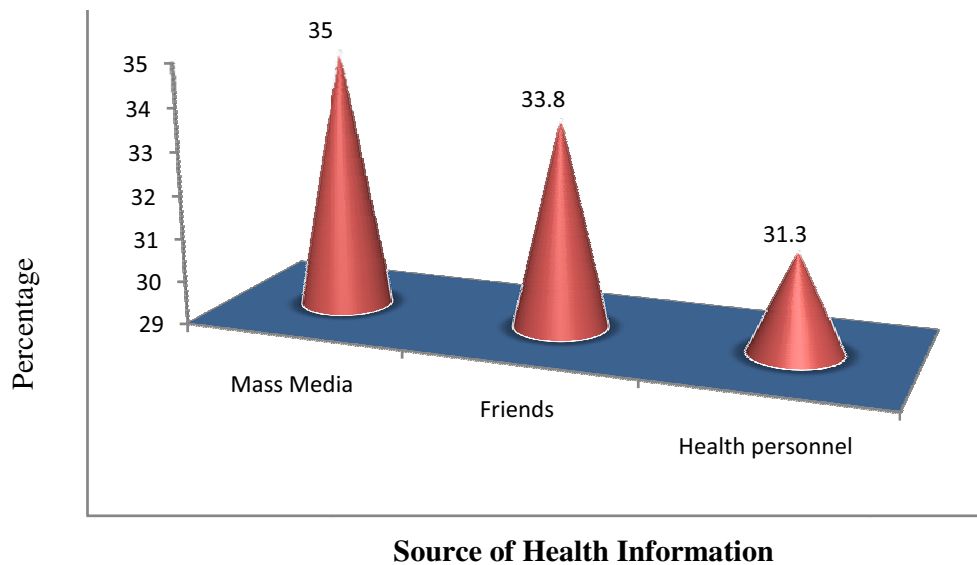
Figure 9

The figure shows that 28 (35.0%) of the respondents were getting Health information through the mass media, 27 (33.8%) of the respondents were getting information through friends and relatives, 25 (31.3%) of the respondents were getting information through the Health Personnel.

TABLE – 8

LEVEL OF KNOWLEDGE OF THE WOMEN'S IN PRE AND POST TEST

n: 80

S.No	Level of Knowledge	Pretest		Posttest	
		Frequency	Percentage%	Frequency	Percentage%
1.	Inadequate (0-49%)	61	76.3%	-	-
2.	Moderate (50%-74%)	18	22.5%	43	53.8%
3.	Adequate (75%-100%)	01	1.2%	37	46.2%
	Total	80	100%	80	100%

Figure 10

In pretest knowledge on cervical cancer, out of 80 women, 61 (77%) of them had inadequate knowledge, 18 (23%) of them had moderately adequate knowledge and 01 (1%) women had adequate knowledge. In post test knowledge on Cervical Cancer, out of 80 women, 37 (46%) of them had adequate knowledge and 43 (54%) of them had moderately adequate knowledge.

It shows that, structured teaching programme was very effective to improve the knowledge level of the women.

SECTION – C

TABLE – 9

COMPARISON OF THE MEAN AND STANDARE DEVIATION OF THE

WOMEN'S KNOWLEDGE IN PRE AND POST TEST

Group	N	Mean	SD	Mean Changes	Paired 't' test	P – Value
Pretest	80	11.30	4.645	11.78	17.767	<0.001 Significant
Posttest	80	23.08	4.065			

Comparison of Knowledge Mean Score in Pre and Post Test
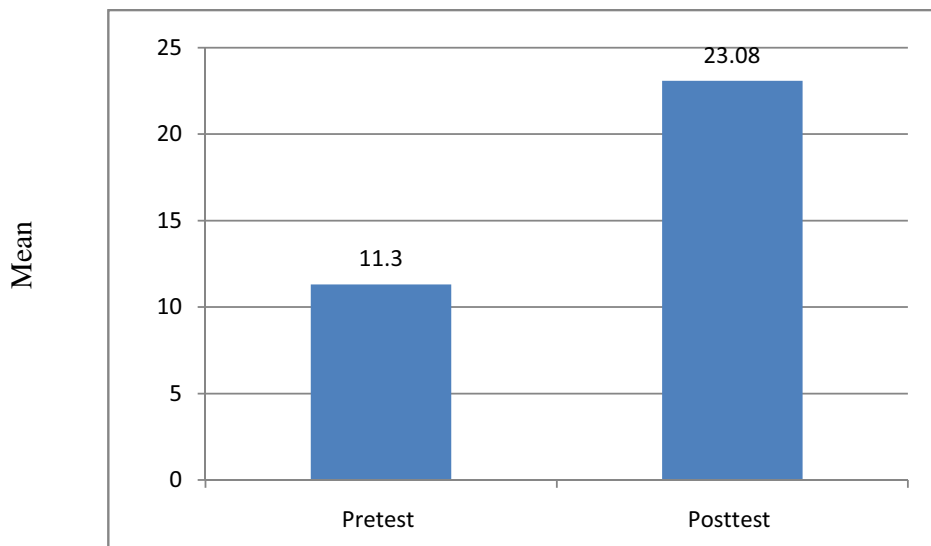
Figure 11

There will be a significant increase in knowledge regarding cervical cancer after structure teaching programme than before.

The findings illustrated that the mean Post Test knowledge mean score is 23.8 higher than mean Pretest knowledge score 11.30. Thus, the difference in level of the knowledge was confirmed by obtained paired't' test value (17.767), which was significant (P-value < 0.001 levels).

This indicates structure teaching programme was effective.

SECTION – D

TABLE – 10

MEAN, STANDARD DEVLATION OF THE WOMENS KNOWLEDGE SCORD WITH RESPECT TO THEIR SELECTED DEMOGRAPHIC VARIABLES

N: 80

S.No.	Group	No. of Subject	Mean	SD	'F' test	'P' value
1.	Age in Years					
	18-27 Years	22	11.55	5.680	0.220	0.803 NS
	28-37 Years	26	11.62	4.167		
	38-45 Years	32	10.88	4.338		
2.	Religion					
	Hindu	51	11.80	5.000	0.824	0.442NS
	Christian	15	10.40	3.996		
	Muslim	14	10.43	3.877		
3.	Educational Qualifications					
	Illiterate	12	8.33	2.674	2.456	0.069 NS
	Primary	33	11.18	4.391		
	High school	18	12.44	5.032		
	Higher Secondary And above	17	12.41	5.173		
4.	Occupation					
	House wives	25	10.08	3.936	1.265	0.288 NS
	Coolie	36	11.89	4.874		
	Others	19	11.79	4.984		
5.	Income					
	1000	21	12.05	5.143	1.082	0.344 NS
	1001-4000	33	10.39	4.301		
	4001-above	26	11.85	4.636		

6.	Source of Health Information				0.341	0.712 NS
	Mass Media	28	10.71	3.740		
	Friends	27	11.56	4.440		
	Health personnel	25	11.68	5.771		

(Note: NS means Not Significant)

Table 10 Inferred that mean knowledge score obtained was 11.55 with standard deviation of 5.680 for the women's age between 18-27 Years, 11.62 with standard deviation of 4.167 for the women's age between 28-37 Years and 10.88 with standard deviation of 4.338 for the women's age above 38-45 Years. The result shows that there was the significant difference between the age of the women's and their knowledge score on Cervical Cancer and 'P' value statistically not significant (P< 0.001 level).

Result shows that women's from Hindu religion score mean value 11.80 with the standard deviation 5.0 and Christian religion score mean value 10.40 with the standard deviation 3.996 and Muslim religion score mean value 10.43 with the standard deviation 3.877. The result reveals that there was no significant difference between the religion and their knowledge score on Cervical cancer and 'P' value is statistically not significant (P <0.001 level).

Table 10 shows that illiterate women's score mean value of 8.33 with the standard deviation 2.674, women's of primary education score mean value is 11.18 with the standard deviation 4.391, women's of high school score mean value 12.44 with the standard deviation 5.032 and Higher Secondary and above score mean value 12.41 with the standard deviation 5.173. The result reveals that there was no significant difference between the education of the women's and their knowledge score on Cervical cancer and 'P' value is statistically not significant (P<0.001 level).

Result shows that, women who all belongs to house wife's score mean value is 10.08 with the standard deviation of 3.936, Women who were coolie workers score mean value is 11.89 with the standard deviation of 4.874, women who belongs to other jobs with their mean score is 11.79 with standard deviation of 4.984. The result reveals that there was no significant difference between the occupation and their knowledge score on Cervical cancer and 'P' value is statistically not significant (P<0.001 level).

Result shows that women's with income of rupees less than 1000score mean value is 12.05 with the standard deviation of 5.143, women's with income of Rs 1001 – 4000 score mean value is 10.39 with the standard deviation of 4.301, men with income of Rs.4001 and above score with mean value of 11.85 with the standard deviation of 4.636. The result reveals that there was no significant difference between the income and their knowledge score on Cervical cancer and 'P' value is statistically not significant (P<0.001 level).

Further results reveals that women who got information from mass media score with mean value of 10.71 with the standard deviation 3.740, women who got information from friends and relatives score with mean value of 11.56 with the standard deviation of 4.400, women's got information from health personnel score mean value of 11.68 with the standard deviation of 5.771. The result reveals that there was no significant difference between the sources of information and their knowledge score on Cervical cancer and 'P' value is statistically not significant (P< 0.001 level).

CHAPTER – V

DISCUSSION

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study is based on objectives of the study. The aim of the present study was to evaluate the effectiveness of structured teaching programme on cervical cancer in terms of knowledge among the women's residing in selected Kalamaruthoor village in Villupuram District. A total of 80 women's from Kalamaruthoor Village in Villupuram District area were selected for the study by using convenient sampling method. Pretest was conducted by using structured questionnaire for all the subjects.

The First objective was to assess the Knowledge of Women before and after Structure Teaching Programme.

In pretest knowledge on Cervical Cancer out of 80 women, 61 (77%) of them had inadequate knowledge, 18 (23%) of them had moderately adequate knowledge and 01 (1%) women's had adequate knowledge. In post test knowledge on Cervical Cancer out of 80 women 37 (46%) of them had adequate knowledge and 43 (54%) of them had moderately adequate knowledge.

It shows that structured teaching programme was very effective to improve the knowledge level of the women's.

These findings are strongly supported by the following researchers:

Swassiwadtipong N, Chaovakiratipong, Nguntra P. and Mahasakpasu, (2010). Conducted study at district tack province North of Bangkok to determine knowledge and prevalence of use of Pap smear screening. An interview survey was conducted among the women of 18-65 Yrs old, who had not undergone hysterectomy in 7 villages, selected from this 54 villages in Jan 1991 only 333 of 1603 women interviewed (20.8%) Knew Pap test only 319 had ever been screened.

The second objective was to determine the effectiveness of Structure Teaching Programme regarding Cervical Cancer.

There was a significant increase in knowledge regarding Cervical Cancer after structure teaching programme than before.

The findings illustrated that the mean post Test knowledge mean scores 23.08 higher than mean Pretest knowledge score 11.30. Thus the difference in level of the knowledge was

confirmed by obtained paired 't' test value (17.767), which was significant (P- value < 0.001 levels).

This indicates structure teaching programme was effective.

The third objective was to find out the association between knowledge on Cervical Cancer and selected variables.

It is inferred that mean knowledge score obtained was 11.55 with standard deviation of 5.680 for the women's age between 18-27 Years, 11.62 with standard deviation of 4.167 for the women's age between 28-37 Years and 10.88 with standard deviation of 4.338 for the women's age 38-45 Years. The result shows that there was no significant difference between the age of the women's and their knowledge score on cervical cancer and 'P' value is statistically not significant (P <0.001 level).

Result shows that women's from Hindu religion score mean value 11.80 with the standard deviation of 5.0 and Christian religion score mean value 10.40 with the standard deviation 3.996 and Muslim religion score mean value 10.43 with the standard deviation 3.877. The result reveals that there was no significant difference between the religion and their knowledge score on Cervical cancer and 'P' Value statistically not significant (P<0.001level).

It is inferred that illiterate women's score mean value of 8.33 with the standard deviation 2.674. women's of primary education score mean value is 11.18 with the standard deviation 4.391, women's of high score mean value is 12.44 with the standard deviation is 5.032 and Higher Secondary and above score mean value is 12.41 with the standard deviation of 5.173. The result reveals that there was no significant difference between the education of the women's and their knowledge score on Cervical cancer and 'P' value statistically not significant (P<0.001 level).

Result shows that women's were belongs to house wife with score mean value of 10.08 with the standard deviation of 3.936, women's were coolie workers with score mean value of 11.89 with the standard deviation of 4.874 and women's were belongs to other jobs with their mean score of 11.79 with standard deviation of 4.984 The result reveals that there was no significant difference between the occupation and their knowledge score on Cervical cancer and 'P' value statistically not significant (P<0.001 level).

Result shows that women's with income of Rs<1000 score mean value 12.05 with the standard deviation of 5.143, women's with income of Rs 1001 – 4000 score mean value of 10.39 with the standard deviation of 4.301, men with income of Rs. 4001 and above score

mean value of 11.85 with the standard deviation of 4.636. The result reveals that there was no significant difference between the income and their knowledge score on cervical cancer and 'P' value statistically not significant (P<0.001level).

Further results reveals that women's got information from mass media score mean value 10.71 with the standard deviation 3.740, women's got information from friends and relatives score mean value of 11.56 with the standard deviation of 4.440, women's got information from health personnel score mean value of 11.68 with the standard deviation of 5.770. The result reveals that there was no significant difference between the sources of information and their knowledge score on cervical cancer and 'P' value statistically not significant(P<0.001 level).

CHAPTER VI
SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

SUMMARY

The summary of the study was to evaluate the effectiveness of structure teaching progamme on knowledge regarding Cervical Cancer. The study was conducted in Kalamaruthoor village, Villupuram District in Tamil Nadu.

One group pretest and post test design with pre experimental approach was adopted to evaluate the effectiveness of structure teaching programme on Cervical Cancer. A structured questionnaire was prepared and used to collect the data to assess the knowledge of cervical cancer among women. The prepared questionnaire was validated by subject experts and reliability of the test was tested by using Karl Pearson Formula.

The data obtained were analyzed and interpreted in terms of the objectives and hypothesis of the study. Descriptive inferential statistics where used for data analysis and the level of significance set at 0.05 and 0.01 levels.

SECTION – A:

The analysis of pretest and post knowledge level of women on cervical cancer.

SECTION – B

Evaluated the effectiveness of structure teaching programme in terms of gain in knowledge.

SECTION – C

Analysis of the association between pretest knowledge scores and selected demographic Variables.

1. In pretest knowledge on Cervical Cancer out of 80 women 61 (77%) of them had Inadequate knowledge, 18 (23%) of them had moderately adequate knowledge and 01 (1%) women's had adequate knowledge. In post test knowledge on cervical cancer out of 80 women 37 (46%) of them had adequate knowledge and 43 (54%) of them had moderately adequate knowledge.

   It shows that increased knowledge level of women in post test to compare the pre test knowledge level.

2. The findings illustrated that the mean post test knowledge mean score is 23.08 higher than the mean Prestest knowledge score 11.30. Thus, the difference in level of the knowledge was confirmed by obtained paired 't' test value (17.767), which was significant (p-value< 0.001 levels).

   There was significant increase in knowledge regarding cervical cancer after structure teaching programme than before.

3. This study proved that there was no significance association between the pretest knowledge score in selected demographic variables like age, education and others.

   The overall experience of conducting this study was satisfying and enriching. All Health Professional is responsible for producing a comprehensive and holistic care to reduce the mortality and morbidity for women.

CONCLUSION

On the basis of findings of the study. The following conclusions were drawn. It also brings about the limitation of the study into practice. The implications are given on the various aspects like nursing education, nursing practice, nursing research, Nursing Administration and also given in sight into future studies.

➤ The knowledge of women regarding Cervical Cancer was inadequate in assessed in pretest whereas the knowledge level had increased during the post test.

➤ Structure teaching programme was effective in improving the knowledge of women on Cervical Cancer. There is a significant difference between the pretest knowledge scores which was demonstrated by using 't' test. The mean difference was (11.78) the findings reveal that the effectiveness of structure teaching programme was more when compared to the pretest knowledge.

➤ This study proved that there was no significant association between pretest knowledge score and selected demographic variables such as age, marital status, education, religion, occupation, income and source of health information.

NURSING IMPICATION:

The findings of the study have implication on the field of nursing education, nursing practice, nursing research and nursing administration.

NURSING EDUACATION:

The study had proved that improving knowledge regarding Cervical Cancer to impart this knowledge the nursing personnel should be given in service education by using different types of audio visual aids to update their knowledge. They can plan teaching on the various aspects of cervical cancer and arrange camps workshop on cervical cancer to identify the learning needs of women. On Cervical Cancer and Pap smear and planning for appropriate intervention.

NURSING PRACTICE:

In rural community setup, community health nurse play an important role. They can do Pap smear screening test in the primary health centre and suggest the women to follow the recommendation of Pap smear test. The nurse can be perceptive and sensitive in the process of identifying and validating any immediate or long term need, concern or problem and can respond to those by appropriate intervention. The investigator felt the need that community health nurse should act as a facilitator to educate women on Cervical Cancer and its screening.

NURSING RESEARCH:

It is essentially to identify at present the level of knowledge regarding Cervical Cancer to know the extent of information is necessary to be given on talk. The extensive research must be conducted in this area to identify the several more methods of education.

NURSING ADMINISTRATION:

Nurse administrator should arrange continuing nursing education for nursing personnel regarding the disease and Pap smear need to prepare adequate learning material for health Education in hospital and in community.

LIMITATIONS

❖ The results of the study could not be generalized as the study is conducted only in Kalamaruthoor village, Villupuram District.

❖ The data was collected only from rural women those who were present in the study area

❖ The study was limited to age group of 18 to 45 Years and residing in study area of the time of data collection.

RECOMMENDATIONS

➢ Similar study can be conducted in larger sample by their findings that can be generalized.

➢ Follow up study may be conducted to evaluate the effectiveness of health education programme on risk factors of Science, symptoms, early detection and prevention of cervical cancer.

➢ Community health nurse must involve in providing training programmes for personnal working in the primary health and welfare agencies in order to equip them with skills required for identification and prevention of cervical cancer in rural women.

➢ In service training, programme should be conducted for nurses and other health personnel who are responsible for health care.

➢ The material can be videotaped and encouraged in outpatients department of hospital and primary health center.

➢ The material can be videotaped and it can be encouraged in outpatients department of hospital and primary health center.

➢ Health information regarding Cervical Cancer can be given by talks.

TALKS

1. Women's Organization
2. Voluntary Organization
3. Public

CLASSES

1. Schools and Colleges
2. Premarital courses
3. Anganvadi workers

ARTICLES

1. Weekly
2. Newspapers

RADIO TALKS

1. Patients
2. Public

TV PROGRAMME

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Part-I SOCIO-DEMOGRAPHIC VARIABLES

1. Age of the Mother
   a. 18-27 Years
   b. 28-37 Years
   c. 38-45 Years

2. Religion
   a. Hindu
   b. Christian
   c. Muslim

3. Marital Status
   a. Married
   b. Unmarried

4. Education
   a. Illiterate
   b. Primary
   c. High school
   d. Higher sec. – above

5. Occupation
   a. Housewives
   b. Coolie
   c. Others

6. Income Per month
   a. ↓1000
   b. 1001-4000
   c. 4001↑

7. Source of Health Information
   a. Mass Media
   b. Friends and Relatives
   c. Health Personnel

Part II Questionnaire on cervical cancer

ANATOMY:

1.Where the cervix is situated?

   a.Lower part of the ovary

   b.Lower part of the uterus

   c.Lower part of the vagina

2.Shape of cervix is

   a.Round

   b.Oval

   c.Cylindrical

3.What is the Shape of external OS in nulliparus women?

   a. Oval

   b. Round

   c. Circular

4.What is the Shape of external Os in Multiparous women?

   a. Triangle

   b. Round

   c. Bilateral slit

DEFINITION

5.What is cancer?

   a. abnormal rapid growth of cell

   b. rearrangement of cell

   c. displacement of cell

6.What is cervical cancer?

   a. abnormal rapid growth of cell in the cervix

   b. abnormal rapid growth of cell in the uterus

   c. abnormal rapid growth of cell in the vagina

RISK FACTORS

7.Which age group women can be affected by cervical cancer?

   a. 15-18 yrs

   b. 18-45 yrs

   c. >45 yrs

8.Who are all the risk of developing cervical cancer?

a. overweight

b. multiple sex partner

c. unmarried women

9.Which socio-economic groups are at the risk of developing cervical cancer?

a. low socio economic

b. middle class

c. high socio economic status

10. Which one of the following can cause cervical cancer?

a. prolonged use of vitamin

b. prolonged use of birth control pills

c. prolonged use of body cream

11. Which of the following group are at the risk of developing cervical cancer?

a. Early marriage

b. Late marriage

c. Unmarried

CLINICAL MANIFESTATIONS

12. What is the common symptom of cervical cancer?

a. bleeding before intercourse

b. bleeding after intercourse

c. No bleeding

13. How the vaginal discharge does appear in cervical cancer?

a. Whitish

b. Yellowish offensive

c. Pinkish

DIAGNOSTIC EVALUTION

14. What is the simple method to identify Cervical Cancer?

a.cardiograph

b.pelvic examination

c.ultra sound

15. Which one of the following common method to identify cervical cancer?

a. pap smear

b. ultra sound

c. blood test

16. What is the test done to detect the precancerous lesion of cervix?

     a. pap smear

     b. ultra sound

     c. colposcopy

17. Which is the primary diagnostic tool to detect cervical cancer?

     a. pap smear

     b. cervical biopsy

     c. visual inspection

18. What are all the other method to detect cervical Cancer?

     a. Biopsy, colposcopy

     b. X-ray, MRI

     c. endoscopy, ureteroscopy

19. What is Pap smear?

     a. check for changes of cell in the abdomen

     b. check for changes of cells in the uterus

     c. check for changes of cells in cervix

20. Pap smear is

     a. non invasive

     b. invasive

     c. surgery

21. Pap smear should done as a

     a. routine pelvimetry

     b. routine blood test

     c. routine spirometry

PREPARATION

22. When should the women stop using Vaginal Cream before undergoing Pap Smear?

     a. One Day before

     b. Two days

     c. Three days before

23. Women who are undergoing Pap should avoid intercourse

     a. 24 hours before

     b. 48 hours before

     c. 72 hours before

24. Which is the best time to undergo the Pap smear test?

        a. Between 5 to 10 days after the first day of last menstrual day

        b. 10-20 days after the first day of last menstrual day

        c. 21-25 days after the first day of last menstrual day

TREATMENT

25. What do you mean by total hysterectomy?

    a. Removal of cervix

    b. Removal of uterus

    c. Removal of uterus cervix fallopian tubes

PREVENTIVE MEASURES

26. What is the purpose of Pap smear?

    a. early detection of sexually transmitted diseases

    b. early detection of cervical cancer early

    c. early detection breast cancer

27. When should the women begin to go for Pap smear?

    a. sexually active

    b. after menopause

    c. before menstruation

28. How often the high risk women should go for Pap smear?

    a. every 4 month

    b. every 6 month

    c. every year

29. Which one of the following vaccines will prevent cervical cancer?

    a. HPV vaccine

    b. Hep B Vaccine

    c. Tetanus toxoid vaccine

30. Women at which age group can take HPV vaccine?

    a. <26 yrs

    b. 27-30 yrs

    c. 30 yrs

31. Which one of the following reduces the risk of developing cervical cancer?

    a. good genital hygiene

b. avoiding pregnancy

c.exercise

32. How to prevent cervical cancer?

a.regular diet

b.exercise

c.regular check up

கருப்பைவாய் புற்றுநோயை பற்றிய வழவமைக்கப்பட்ட வினாத்தாள்
பகுதி -ஐ

சமுதாய குடும்ப காரணிகள்

1. வயது
   - அ. 18 முதல் 27
   - ஆ. 28 முதல் 37
   - இ. 35 முதல் 45 வரை

2. சமயம்
   - அ. இந்து
   - ஆ. கிறிஸ்துவர்
   - இ. இஸ்லாம்

3. திருமண விவரம்
   - அ. திருமணமானவர்
   - ஆ. மணமாகாதவர்

4. கல்வித்தகுதி
   - அ. எழுதப்படிக்க தெரியாதவர்
   - ஆ. ஆரம்ப நிலை கல்வி
   - இ. உயர்நிலைக் கல்வி
   - ஈ. மேல்நிலைக்கல்வி மற்றம் மேற்படிப்பு

5. தொழில் விவரம்
   - அ. இல்லத்தரசி
   - ஆ. கூலி
   - இ. பிற

6. குடும்ப மாத வருமானம்
   - அ. ரூபாய் 1000க்கு கீழ்
   - ஆ. 1001 முதல்4000 வரை
   - இ. 4001 அதற்கு மேல்

7. சுகாதார விவர மூலாதாரம்
   - அ. மக்கள் தொடர்பு சாதனம்
   - ஆ. நண்பர்கள் மற்றும் உறவினர்கள்
   - இ. சுகாதார பணியாளர்கள்

பகுதி ஐஐ
உடற்கூற்றியல் விவரம்

1. கருப்பை வாய் எங்கு அமைந்துள்ளது
   அ. அண்டத்திற்கு கீழ்

   ஆ. கருப்பைக்கு கீழ்

   இ. யோனிக் குழாய்க்கு கீழ்

2. கருப்பை வாயின் தோற்றம் என்ன?
   அ. வட்ட வடிவம்

   ஆ. முட்டை வடிவம்

   இ. உருளை வடிவம்

3. குழந்தையற்ற பெண்களுக்கு கருப்பை வாய் திறப்பு எந்த தோற்றத்தில் காணப்படும்?
   அ. முட்டை வடிவம்

   ஆ. உருண்டை வடிவம்

   இ. வட்ட வடிவம்

4. குழந்தையற்ற பெண்களுக்கு கருப்பை வாயின் தோற்றம் என்ன?
   அ. முக்கோண வடிவம்

   ஆ. உருண்டை வடிவம்

   இ. இருபுறமும் நீண்ட குறுகிய பிளவு

பொருள் விவரம்

5. புற்றுநோய் என்றால் என்ன?
   அ. அசாதாரணமான அதிவேகமான திசு வளர்ச்சி

   ஆ. திசு முனைமாற்றம்

   இ. திசு இடம் பெயர்தல்

6. கருப்பை வாய் புற்றுநோய் என்றால என்ன?
   அ. கருப்பை வாயில் அசாதாரணமான அதீத திசு வளர்ச்சி

   ஆ. கருப்பையில் வளர்ச்சி அசாதாரணமான அதீத திசு

   இ. யோனிக் குழாயில் அசாதாரணமான அதீத திசு

பாதிப்பு காரணிகள்

7. எந்த வயதுக்குட்பட்ட பெண்களுக்கு கருப்பை வாய் புற்று நோய் ஏற்பட வாய்ப்புள்ளது?

   அ. 18 முதல் 27 வயதுக்குட்பட்டவர்கள்

   ஆ. 28 முதல் 37 வயதுக்குட்பட்டவர்கள்

   இ. 35 முதல் 45 வயதுக்குட்பட்டவர்கள்

8. கருப்பை வாய் புற்று நோய்க்கு அதிக வாய்ப்புள்ளவர்கள யார்?

   அ. அதிக எடையுள்ள பெண்கள்

   ஆ. ஒன்றுக்கு மேற்பட்டவருடன் உடலுறவு மேற்கொள்பவர்கள்

   இ. திருமணமாகதவர்கள்

9. கீழ் வரும் எந்த வர்க்கத்தினருக்கு புற்றுநோய் அதிகம் வர வாய்ப்புள்ளது

   அ. கீழ்வர்க்கத்தினர்

   ஆ. நடுத்தரவர்க்கம்

   இ. மேல் வர்க்கம்

10. கீழ் வருவனவற்றுள் எது கருப்பை வாய் புற்று நோயை ஏற்படுத்துகிறது.

   அ. நீண்ட காலமாக வைட்டமின் மாத்திரைகளை எடுப்பதால்

   ஆ. நீண்ட காலமாக கருத்தடை மாத்திரைகளை உபயோகித்தல்

   இ. நீண்ட காலமாக உடற்பூச்சு பயன்படுத்துவதால்

11. எந்த குழுவினருக்கு கருப்பைவாய் புற்று நோய் பாதிக்க அதிக வாய்ப்புள்ளது

   அ. இளம் வயதில் திருமணமாணவர்களுக்கு

   ஆ. தாமதமாக திருமணம் செய்துகொள்வதால்

   இ. முணமாகதவர்களுக்கு

12. கருப்பை வாய் புற்று நோயின் பொதுவான அறிகுறி என்ன?

   அ. உதிரப்போக்கு உடலுறவிற்கு முன்

   ஆ. உதிரப்போக்கு உடலுறவிற்கு பின்

   இ. உதிரப்போக்கு இல்லை

13. கருப்பை வாய் புற்று நோய் உள்ளவருக்துகு இனப்பெருக்க உறுப்பிலிருந்து வெளியேறும் நீர் எவ்வாறு காணப்படும்

   அ. வெள்ளை

   ஆ. மஞ்சள் நிறத்துடன் துர்நாற்றம்

   இ. இளஞ்சிவப்பு நிறமாக காணப்படும்

நோய் கண்டறியும் முறை

14. கருப்பை வாய் புற்றுநோயை கண்டறியும் எளிய முறை என்ன?

    அ. இதய துடிப்பை பதிவு செய்யும் கருவி மூலம்

    ஆ. கருப்பை சோதனை

    இ. அதி தீவிர மீவொலி

15. கருப்பை வாய் புற்று நோயை கண்டறியும் பொதுவாக பயன்படத்தும் முறை என்ன?

    அ. கருப்பை வாய் நீர்ப் பூச்சு (பாப்ஸ்மியர்)

    ஆ. அதி தீவிர மீவொலி

    இ. இரத்தப் பரிசோதனை

16. கருப்பை வாய் புற்றுநோயின் முந்தைய நிலையை கண்டறிய செய்யப்படும்

    சோதனை?

    அ. கருப்பை வாய் நீர்ப் பூச்சு

    ஆ. திசு பரிசோதித்தல்

    இ. ஊள்நோக்கு குழாயின் மூலம் கருப்பை நோக்குதல்

17. கருப்பை வாய் புற்றுநோயின் கண்டறிய முதலாவதாக பயன்படுத்தப்படும் சோதனை

    அ. கருப்பை வாய் நீர்ப் பூச்சு (பாப்ஸ்மியர்)

    ஆ. திசு பரிசோதித்தல்

    இ. ஊள் நோக்கு குழாயின் மூலம் கருப்பையை நோக்குதல்

18. கருப்பை வாய் புற்றுநோய் கண்டறிய பயன்படுத்தப்படும் மற்ற முறைகள்

    அ. திசு பரிசோதனை உள்நோக்கு குழாய் மூலமாக நோக்குதல்

    ஆ. கதிர்வீச்சு. மின் காந்த கதிர்வீச்சு

    இ. உள்நோக்கு குழாய் மூலமாக சிறுநீர்குழாயை நோக்குதல்

19. கருப்பை வாய் நீர்ப்பூச்சு (பாப்ஸ்மியர்) என்றால் என்ன?

    அ. வயிற்றில் உள்ள திசுக்களின் மாறுதல்களைகண்டறிதல்

    ஆ. கருப்பையில் உள்ள திசுக்களின் மாறுதல்களை கண்டறிதல்

    இ. கருப்பை வாயில் திசுக்களின் மாறுதல்களை கண்டறிதல்

20. கருப்பை வாய் நீர்ப்பூச்சு (பாப்ஸ்மியர் ஒரு

    அ. அதிநுட்ப சோதனை முறை

    ஆ. எளிய நுட்ப சோதனை முறை

21. கருப்பை வாய் நீர்ப்பூச்சு எவ்வாறு செய்யப்பட வேண்டும்

    அ. வழக்கமாக செய்யப்படும் பிறப்புறுப்பு பரிசோதனையாக

    ஆ. வழக்கமாக செய்யப்படும் இரத்த பரிசோதனையாக

    இ. வழக்கமாக செய்யப்படும் மூச்சு குழாய் பரிசோதனையாக

    தயார் முறை

22. கருப்பை வாய் நீர்ப்பூச்சு பரிசோதனைக்கு முன்பு பெண்கள் எவ்வளவு நாட்களுக்கு முன் உடற்பூச்சுகள் பயன்படுத்துவதை நிறுத்த வேண்டும்

    அ. ஒரு நாட்களுக்கு முன்பு

    ஆ. இரண்டு நாட்களுக்கு முன்பு

    இ. மூன்று நாட்களுக்கு முன்பு

23. கருப்பை நீர்ப்பூச்சு பரிசோதனைக்கு செல்லும் பெண்கள் எப்பொழுது உடலுறவை தவிர்க்க வேண்டும்

    அ. 24 மணி நேரம் முன்பு

    ஆ. 48 மணி நேரம் முன்பு

    இ. 72 மணி நேரம் முன்பு

24. கருப்பை வாய் நீர்ப்பூச்சு செய்ய எது சிறந்த சமயம்

    அ. மாதவிடாயான முதல் நாளில் இருந்து 5 முதல் 10 நாட்களுக்குள்

    ஆ. மாதவிடாயான முதல் நாளில் இருந்து 10 முதல் 20 நாட்களுக்குள்

    இ. மாதவிடாயான முதல் நாளில் இருந்து 21 முதல்25 நாட்களுக்குள்

சிகச்சை முறைகள்

25. கருப்பையை முழுவதும் அகற்றுதல் என்றால் என்ன?

    அ. கருப்பையை மட்டும் நீக்குதல்

    ஆ. கருப்பையை மட்டும் அகற்றுதல்

    இ. கருப்பை, கருப்பைவாய், பெலோமியன் குழாய் ஆகியன நீக்குதல்

தடுப்பு முறைகள்

26. கருப்பை வாய் நீர்ப்பூச்சு செய்வதன் பயன்பாடு என்ன?

    அ. குறித்த காலத்தில் பால்வினை நோயை கண்டறிய

    ஆ. குறித்த காலத்தில் கருப்பைவாய் புற்றுநோயை கண்டறிய

    இ. குறித்த காலத்தில் மார்பக புற்றுநோயை கண்டறிய

27. பெண்கள் எப்பொழுது கருப்பைவாய் பூச்சு வயது கொள்ள ஆரம்பிக்ள வேண்டும்?

    அ. உடலுறவில் ஈடுபட ஆரம்பித்த காலம் முதல்

    ஆ உதிரப்போக்கு நிரந்தரமாக நின்றவுடன்

    இ மாதவிடாய்க்கு முன்பு

28. கருப்பைவாய் புற்று நோய் பாதிக்கும வாய்ப்புள்ள பெண்கள் எப்பொழுது கருப்பை நீர்ப்பூச்சு செய்து கொள்ள வேண்டும்?

    அ. ஒவ்வொரு நான்கு மாதழும்

    ஆ. ஒவ்வொரு ஆறு மாதழும்

    இ. ஒவ்வொரு வருடழும்

29. கீழ்வரும் எந்த தடுப்பூசி கரப்பை வாய் புற்றுநோயை தடுக்க போடப்படுகிறது

    அ. மனித பாப்பிலோமா

    ஆ. மஞ்சல் காமாலை

    இ. இரண ஜன்னி

30. எந்த வயதில் பெண்கள் மனித பாப்பிலோமா தடுப்பூசி எடுத்துக் கொள்ள வேண்டும்,

    அ. 26 வயதுக்குள்

    ஆ. 27 முதல் 30 வயதுக்குட்பட்ட

    இ. 30 வயதுக்கு மேற்பட்டவர்கள்

31. கீழ்வரும் எந்த முறை கருப்பைவாய் புற்றுநோயை தடுக்கும் முறை

    அ. இனப்பெருக்க உறுப்பை சுத்தமாக வைப்பதன் மூலம்

    ஆ. கருத்தறிக்காமல் இருத்தல்

    இ. உடற்பயிற்சி

32. கருப்பை வாய் புற்றுநோயை எவ்வாறு தடுக்கலாம்?

    அ. நல்ல உணவு

    ஆ. உடற்பயிற்சி

    இ. முறையான பரிசோதனை (கருப்பை மற்றும் கருப்பை வாய் பரிசோதனை)

SCORING KEY

Item No.	Correct Response	Score
1	b	1
2	c	1
3	c	1
4	c	1
5	a	1
6	a	1
7	b	1
8	b	1
9	a	1
10	b	1
11	A	1
12	b	1
13	b	1
14	b	1
15	a	1
16	a	1
17	a	1
18	a	1
19	c	1
20	a	1
21	a	1
22	c	1
23	b	1
24	a	1
25	b	1
26	a	1
27	a	1
28	a	1
29	c	1
30	a	1
31	a	1
32	A	1

CRITERIA MEASURES

Each correct responses carries one (1) Mark, wrong responses carries 0 Mark.

In adequate knowledge-   0-15%

Moderately adequate   16-23%

Adequate   24-32%

Topic	:	Cervical Cancer
Group	:	Women between the age group of 18-45 years
Place	:	Salem, Camp
Time	:	45 min to 50 min
Method of Teaching	:	Lecture cum Discussion
Audio Visual Aids	:	Flash cards, Black Board

General objectives:

The women gains adequate knowledge regarding cervical cancer will be willing to adopt preventive measures

Behavioral objectives

At the end of the class the women will be able to

➢ explain the anatomy of cervix

➢ define cervical cancer

➢ identify the risk factors of cervical cancer

➢ list out the clinical manifestation of cervical cancer

➢ mention the common methods to identify cervical cancer

➢ describe the various management of cervical cancer

➢ explain the preventive measures of cervical cancer

Sl. No.	Time	Specific Objectives	Content	Teacher's/ Learner's activity	Audio visual aids	Evaluation
1	3 Mins	introduce the topic	**Introduction:** A happy family, husband and wife with two children were living happily and were enjoying their life. She was 35 years old and an illiterate. One day, during her menstrual cycle, the bleeding was more and also she had severe abdominal pain and this was continued for four months. She ignored the symptoms. But the following next month she was not able to tolerate. Then she went and consulted her family doctor about her problem. The doctor prescribed medicine and also told her to undergo blood investigation and pap smear. Then she met doctor with lab report. The pap smear report showed positive result in cancer cervix. It happened because of unawareness. If she was aware of the screening test(pa smear) earlier it could have been prevented. Carcinoma of cervix is the most common	Introducing the topic		

S.No	Time	Objective	Content	Teacher's Activity	A.V. Aids	Evaluation
			cancer among women in India. In early stages reducing the cancer of cervix remains an important health goal. Cervical cancer is the one of the most preventable type of cancer. Cervical cancer is the most common cancer in women in developing country. Cervical cancer is a preventable disease as the different screening diagnostic and therapeutic procedures are effective. At present throughout the globe, there are nearly 1 million women each year having cervical cancer			
2	5 Mins	explain the anatomy of cervix	**ANATOMY** Cervix is the lower part of the uterus, it is almost cylindrical in shape measure to 2.5 cm in length. In a Nulliparous Women External os is circular in shape where as in Parous it is cylindrical with bilateral slit.	Explaining	Chart	Where the cervix is situated
3.	2 Mins	define cancer of cervix	**DEFINITION** **Cancer:** The term cancer means that there is an	Explaining	Chart	What is the meaning of

Sl. No	Time	Objectives	Content	Learner activity	A.V. Aids	Evaluation
			abnormal rapid growth of cell **Cancer Cervix:** Cancer which affects the cervix. In most of the developing countries including India, carcinoma of the cervix is the most common malignancy in female and a major public health problem.			cervical cancer?
4.	5 Mins	identify the risk factors of cervical cancer	**Risk factors for cervical cancer** 1. family History of cancer 2. Age: Cervical cancer affect mostly between the age group of 18 to 45 year of old 3. Marital status: Mostly found in married women compared to single women 4. Teenage sexual contacts 5. Who are having multiple sex partner 6. Poor genital hygiene 7. Prolonged use of birth control pills 8. Smoking habits 9. History of human papillamarvirus infection 10. Early marriage (below 20 years) 11. Low immune system 12.	Listening	Flash card	What are the risk factors of cervical cancer?

No.	Time	Objective	Content	Method	A.V. Aids	Evaluation
5.	5 Mins	list out the clinical manifestation of cervical cancer	**Clinical manifestations of cervical cancer** 1. Offensive yellowish vaginal discharge 2. Irregular menstruation 3. Bleeding after sexual contacts 4. Back ache 5. Loss of appetite loss of weight 6. Anemia 7. Head ache, pain in the abdomen	Explaining	Flash card	What are the signs and symptoms of cervical cancer?
6.	5 Mins	mention the commonest method to identify the cervical cancer	**Common methods to identify the cervical cancer** 1. Pap smear test 2. Pelvic examination 3. Cervical biopsy 4. Colposcopy Among these the pap smear is most commonest method to Identifying the cancer cervix is pap smear in developing countries The pap smear is a test that checks for changes in the cells of the cervix. It is simple painless, cost effective, non-invasive out patient	Explaining	Flash card	What is the meaning of pap smear?

	procedure
	
	Pap smear test is taken for early detection of
	
	cervical cancer and diagnosis of pre-cancerous and
	
	cancerous conditions of the cervix and vagina
	
	Pelvic Examination:
	
	Assessment of the appearance of size shape of
	
	vulva uterus vagina. A narrow warmed speculum
	
	will be inserted to visualize the cervix
	
	Biopsy:
	
	Tasking of small amount of tissue from the cervix
	
	Colposcopy:
	
	Portable microscope that allows the examiner to
	
	visualize the cervix and obtain sample of abnormal
	
	tissue for analysis
		Preparation
		
		➢ the women who goes for pap smear should
		  stop using vaginal cream 24 hours before
		  pap smear
		
		➢ avoid intercourse 24 hours before pap smear
		
		➢ the best time for pap smear between 5 to 10
		  days after the first day of menstruation	

S.No	Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity / A.V. Aids	Evaluation
7.	2 Mins	describe the management for cervical cancer	**Management** ➢ Laser therapy - it refers to use of high energy and light to treat cancer ➢ Total abdominal hysterectomy – it refers to removal of the uterus cervix and fallopian tubes ➢ Chemotherapy - refers to treat advanced cervical cancer with medicines Radiation therapy – destroys the abnormal cells by rays	Explaining	Listening	What is the management for cervical cancer?
8.	25 Mins	Explain the preventive measures of cervical cancer	<u>**Preventive measures**</u> Pap Smear: Primary diagnostic tool to detect cancer cervix Purpose of Pap Smear 1. The main purpose of pap test is to find abnormal cell changes that may arise from cervical cancer or before cancer develops. 2. Early detection of cervical cancer 3. To detect viral infection of the cervix and also vaginal infection 4. Helps to prevent further complication	Listening	Flash card	What are the preventive measures for cervical cancer?

Indications for pap smear test

1. Low risk women - Pap smear yearly for 3 years than every 2-3 years

2. High risk women - Pap smear test yearly

The American cancer society recommends women begin to have pap smear when they turn 18 or become sexually active have the test at least every 3 years, but only after they have had three negative pap test a year apart.

WHO recommended most women should get a pap smear at least year, especially if they are sexually active

Regular checkup

Reducing the risk factor

Maintenance of good genital hygiene

Single sex partner

Treat cervical infection

Avoiding early marriage

HPV Vaccine

Because human papilloma virus cause cervical cancer at later by causing cervical cell changes

It is unavailable for women who is less than 26 years old

Conclusion

Cervical cancer is the one of the leading malignancy in women. Cervical cancer is the one of the most preventable type of cancer by reducing risk factors such as smoking, practicing unsafe sex using birth control pills for prolonged periods of time. Women can reduce their chance of developing cervical cancer. Most importantly having regular pap smear can detect HPV infection and pre cancersTreatment of HPV infection can stop cervical cancer before it develops into an invasive cancer. Screening programs can be viewed as a form of social contact in which large number of women agrees to participate thousands of women must take part in programs to prevent a single case cervical cancer.

தலைப்பு   -   கருப்பை வாய் புற்றுநோய்

குழு   -   பதினெட்டு முதல் நாற்பத்தைந்து வயதுடுட்பட்ட பெண்கள்

இடம்   -   சேலம் கேம்ப்

நேரம்   -   45 முதல் 50 நிமிடம்

கற்பிக்க உதவும் உபகரணங்கள்   -   வரைபடம், கைபிரதி, கரும்பலகை

கல்வி புகட்டும் முறை   -   பிரசங்கம் மற்றம் கலந்துரையாடல்

ஐமயக்குறித்து

இம்முறைப்படுத்தப்பட்ட பாடத்தின் முடிவில் பெண்கள்

கருப்பை வாய் புற்று நோய் பற்றி தெளிவாக புரிதல்

துறைக் குறிக்கோள்

திட்டமிட்ட போதகனை முறைக்கு பிறகு பெண்கள்

➢ கருப்பை வாய் புற்று உடற்கூற்றியல் பற்றி விளக்குதல்

➢ கருப்பை வாய் புற்றுநோய் பற்றி பொருள் கூறுதல்

➢ கருப்பை வாய் புற்றுநோயின் ஆபத்து காரணிகளை கண்டறிதல்

➢ கருப்பை வாய் புற்றுநோயின் அறிகுறிகளை வரிசை படுத்துதல்

➢ கருப்பை வாய் புற்றுநோயை கண்டறிய பொதுவாக பயன்படுத்தப்படும் முறைகளை குறிப்பிடுதல்

➢ கருப்பை வாய் புற்றுநோயின் சிகிச்சை முறைகளை விளக்குதல்

➢ கருப்பை வாய் புற்றுநோயை தடுக்கும் முறைகளை விளக்குதல்

வ. எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருள் அடக்கம்	ஆசிரியர் செயல்	மதிப்பீடு
1	அறிமுகம்	கருப்பைவாய் புற்று நோய் பற்றிய முன்கேள்ளாட்டம்	**முன்னுரை** ஒரு ஊரில் முப்பத்தைந்து வயதுடைய படிக்காத ஒரு பெண்மணி கணவன் மற்றும் இரண்டு குழந்தைகளுடன் சந்தோஷமாக வாழ்ந்துவந்தார். ஒருநாள் அவருடைய மாதவிடாயின் போது உதிரப்போக்கு மற்றும் வெயிற்று வலி அதிகமாக இருந்தது. ஆயர் அதை பொருட்படுத்தவில்லை. இது அவருக்கு நான்கு மாதமாக தொடர்ந்து வந்தது. பிறகு அவர் மருத்துவமனை சென்று ஆலோசனை செய்தார் அப்போது அவர் இரத்தப்பரிசோதனை மற்றும் கருப்பைவாய் நீர்ப்பூச்சு செய்ய பரிந்துரைத்தார். அந்த பரிசோதனை அவருக்கு கருப்பைவாய் புற்றுநோயை பற்றி அறிந்திருந்தார் இதை முன் கூட்டியே தடுத்திருக்கலாம் என்று கூறினார் இந்தியாவில் உள்ள பெண்கள் அதிகம் கருப்பைவாய் புற்றுநோயினால் பாதிக்கப்படுகின்றார் வரும் புற்று நோய் கருப்பையில் வரக்கூடிய மிகவும் குறிப்பிடத்தக்க ஒரு புற்றுநோய் வருமாக பல்கேறியும் இருக்க வேண்டும் கருப்பையில் வளர்ந்து வரும் ஒரு வழியுடன் தடுக்க கூடிய புற்றுநோய் வருமாக நாடுகளிலும் இந்தநோய் அதிகமாக காணப்படுகிறது கருப்பைவாய் புற்றுநோயை தடுக்க பல்வேறுவிதமான வாய் புற்றுநோயாலஉம் சிகிச்சை முறைகள் எதுவாக உள்ளது. இந்த	விளக்கித்தல்	

			விளக்கம்	
2.	5 நிமிடம்	கருப்பைவாய் பற்றிய உடற்கூறியல்	விவரித்தல்	கருப்பை வாய் உடற்கூறியல் பற்றி கூறுக
		உலகத்தில் சுமாராக ஒரு மில்லியன் பெண்களிஸ்டுவெவொரு வருடமும் கருப்பைவாய் புற்று நோயால் பாதிக்கப்படுகின்றனர் **உடற்கூறியல்** கருப்பைவாயைாரவாக கருப்பைக்கு கீழ் அமைந்துள்ளது கருப்பைவாயயின் தோற்றம் உருளை வடிவம் கருப்பை வாயின் தோற்றம் குழந்தையயற்ற பெண்களுக்கு வட்டவடிவத்தில் காணப்படும் குழந்தை பெற்ற பெண்களுக்கு கருப்பைவாய் குறுகிய பிளவுகளாக காணப்படும் இ(நு)பழரும் நீண்ட		
3.	2 நிமிடம்	கருப்பை வாய் புற்றுநோய் பற்றி பொருள் கூறுக	விவரித்தல்	கருப்பை வாய் புற்றுநோய் என்றால் என்ன
		பொருள்: புற்றுநோய் புற்றுநோய் என்பது அசாதாரணமான அந்த திக வளர்ச்சி கருப்பை வாய் புற்றுநோய் கருப்பை வாயில் அசாதாரணமான அந்த திக வளர்ச்சி ஏற்படுதல்		
4.	3நிமிடம்	கருப்பை வாய் புற்றுநோயின் ஆபத்து காரணிகளை கண்டறிதல்	விவரித்தல்	கருப்பை வாய் புற்றுநோயின் ஆபத்து ஆராய்ந்து காரணிகளை கூறுக
		பாதிப்பு ஏற்பட வாய்ப்புள்ளவர் ➤ பாரம்பளை ➤ 18 முதல் 45 வயதுடையவர்களுக்கு அதிக வாய்ப்புள்ளது ➤ திருமணமானவர்களுக்கு அதிகம் வர வாய்ப்புள்ளது		

5.	5 நிமிடம்	கருப்பை வாய் புற்றுநோயின் அறிகுறிகளை வரிசைப்படுத்துதல்	**நோய் அறிகுறிகள்** ➤ தன்னுக்கு பேறப்பட்டவருடன் உடலுறவில் ஈடுபடுபவர்கள் ➤ இனப்பெருக்க உறுப்பை சக்தியாக வைக்ககாலம கருத்துகூட மாத்திரைகளை நீண்ட காலமாக உடையாக்கிதல் ➤ புகைபிடித்தல் ➤ மனிதே பாப்பிலோமா பாதிப்பு ➤ இளம் வயதில் திருமணம் ➤ நோய் எதிர்ப்பு சக்தி குறைவானவர்கள் ➤ கருப்பை வாய் புற்றுநோயின் ஆரம்பநிலையானது அறிகுறி உடலுறவிற்கு பின் உதிரம் போதல் ➤ கருப்பை வாயிலிருந்து மஞ்சள் நிறத்துடன் துர்நாற்றத்துடன் நீர்வெளியேறுதல்	வரைபடம் மூலம் விவரித்தல் கருப்பை வாய் புற்றுநோயின் அறிகுறிகளை வரிசையாக படுத்துக
6.	5 நிமிடம்	நோய் கண்டறிய பொதுவாக பயன்படுத்தப்படும் முறைகளை கூறுதல்	**நோய் கண்டறியும் முறை** கருப்பை வாய் புற்றுநோயை கண்டறியும் எளியமுறை, கருப்பை சோதனை கருப்பை வாய் நீர்ப்பூச்ச (பாப்ஸ்மியர்) கருப்பை வாய் திசு பரிசோதனை கருப்பையில் உரியில் உள்ள திசுக்களின் மாறுதல்களை கண்டறிதல்	விவரித்தல் கருப்பை வாய் புற்றுநோயை கண்டறிய பயன்படுத்தும் முறைகளை கூறுக

					கருப்பை வாய் புற்றுநோயின் சிகிச்சைச் முறைகளை விளாக்குக
				விளரித்தல்	
					கருப்பை வாய் புற்றுநோயின் தடுப்பு முறைகளை விளரி
				விளரித்தல்	

தயார் முறை

கருப்பை வாய் நீர்ப்பூச்ச எளிய நுட்ப சோதனை முறை

கருப்பை வாய் நீர்ப்பூச்ச பரிசோதனைக்கு முன்பு பெண்கள்

➤ ஒரு நாட்களுக்கு முன் உடலுச்சுக்கள் பயன்படுத்துவதை நிறுத்த வேண்டும்

➤ கருப்பை நீர்ப்பூச்ச பரிசோதனைக்கு செல்லும் பெண்கள் 24 மணி நேரம் முன்பு உடலுறவை தவிர்க்க வேண்டும்

கருப்பை வாய் நீர்ப்பூச்ச மாதவிடாய் ஆன முதல் 5 ல் இருந்து 10 நாட்களுக்கு

சிகிச்சை முறைகள்

➤ கதிர்வீச்சு

➤ கருப்பையை முழுவதுமாக நீக்குதல்

➤ மருந்து மூலம்

➤ பின்காரந்த கதிர்வீச்சு

தடுப்பு முறைகள்

கருப்பை வாய் நீர்ப்பூச்ச செய்து கொள்வதால் குறித்த காலத்தில் கருப்பில் கருநோயை கண்டறியலாம்

பெண்கள் உடலுறவில் ஈடுபட ஆரம்பித்த காலத்திலிருந்து கருப்பை வாய் நீர்ப்பூச்ச செய்து கொள்ள ஆரம்பிக்க வேண்டும்

No.			
7.	5 நிமிடம்	கருப்பை வாய் புற்றுநோயின் சிகிச்சை முறைகளை விளாக்குதல்	
8.	25 நிமிடம்	கருப்பை வாய் புற்றுநோயின் தடுப்பு முறைகளை விளாக்குதல்	

	கருப்பை வாய் புற்று நோய் பாதிக்கும் வாய்ப்புள்ள பெண்கள் ஒவ்வொரு நான்கு மாதமும் கருப்பை வாய் நீர்ப்பூச்சு செய்து கொள்ளவேண்டும் கருப்பை வாய் புற்று நோயை உண்டாக்கும் மனித பாப்பிலோமா வைரஸை தடுக்க தடுப்பூசி எடுக்கலாம் இதை 26 வயதுக்குள் எடுக்க வேண்டும் மற்றும் இளைபொருக்க உறுப்பை சத்தமாக வைப்பதாகும். கருப்பை மற்றும் கருப்பை வாய ரரை ரைரை பரிசோதனை செய்வதனாலும் கருப்பை வாய் புற்றுநோயை தடுக்கலாம்	