

**“ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF ENDOMETRIAL CANCER AMONG WOMEN IN SELECTED RURAL AREAS IN BANGALORE”.**

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## ABSTRACT

**Background:** Cancer of the endometrium, or uterine lining, is referred to as the cancer occurs in the endometrium. This is more prominent kind of carcinoma impacting women reproductive systems. Type 1 The most common kind is cancer of the endometrium and progresses slowly. Usually, it only affects the uterus. Type 2 is less prevalent. It spreads to other body parts more frequently and with greater ease. Every year, 76,000 women worldwide lose their lives to endometrial cancer. Due to mortality from illness and a rising amount of tumours in the endometrium newly identified is a serious health concern for women, especially in developed nations where it is most common.

**Methods:** A planned education program's effect on women's knowledge on endometrial cancer prevention is evaluated using a One-group, pre-experimental pretest-posttest design. The Research is carried out in a particular rural area of Bangalore. Fifty women made up the sample, which is chosen using a modified purposive sampling technique. Inferential as well as descriptive method is used to analyse the data.

**Results:** Evidence on every facet of preventing endometrial cancer is lacking. The average knowledge outcome of women is 3.56 having a standard deviation of 3.76 prior to the test, and 37.1 with a standard deviation of 2.557 following the test. The statistically determined "t" value is 7.071. The significance threshold for this is 0.001.

**Conclusion:** Consequently, the results suggested that a thorough training program might aid women in understanding the prevention of endometrial cancer.

**KEY WORDS:** carcinoma of endometrium, knowledge, designed teaching program, prevention, and women.

## INTRODUCTION

Several excellent people have portrayed women and their wombs, where the Creator is made, in a

variety of beautiful ways. The basic definition of "womanhood" is when a woman reaches menarche. Every woman possesses the intrinsic ability to nurture life and care for others. No woman feels completely fulfilled as a woman till she becomes a mother. She places a strong priority on raising children and supporting life. The womb, also known physically as the uterus, is a necessary organ for childbirth. The womb is the important essential component of the reproductive system in women<sup>[1]</sup>.

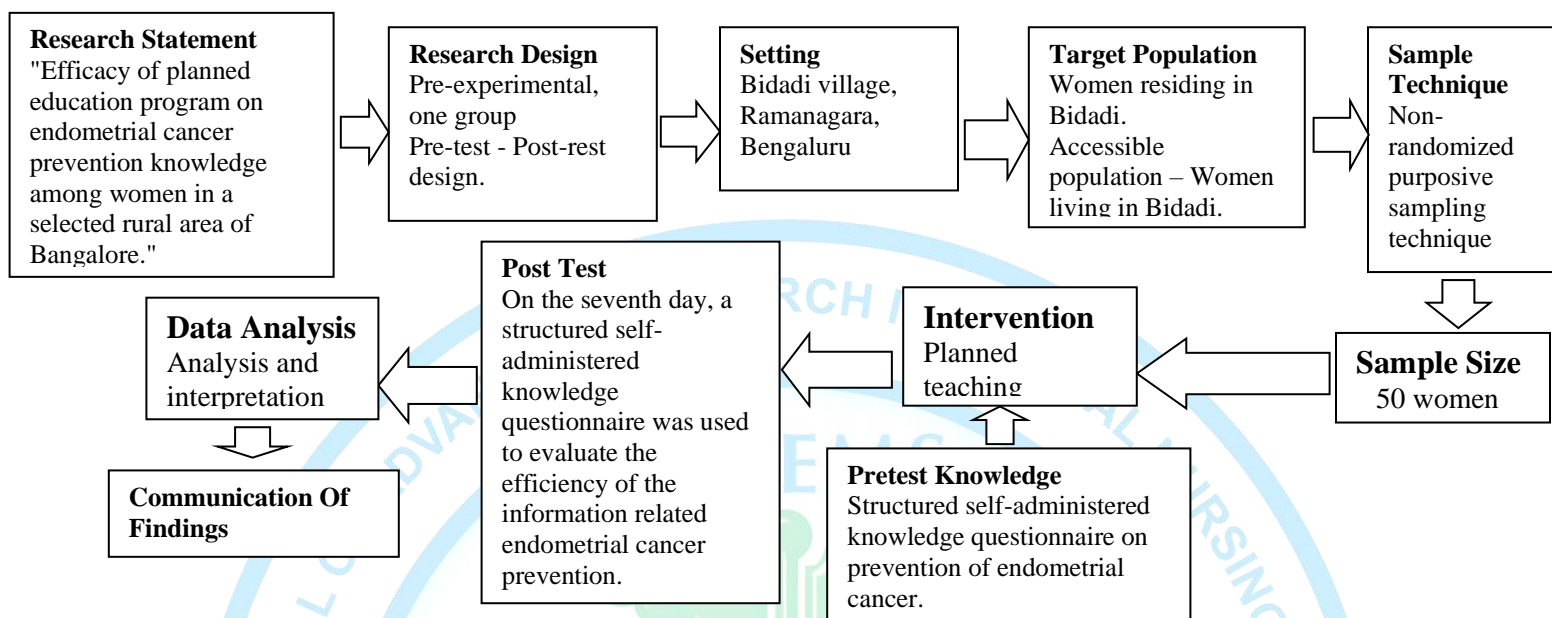
Happiness and health are prerequisites for satisfaction. When a woman is in good health, she usually menarches and progresses into womanhood in a traditional manner, and her family and herself both benefit from her health. A fit, healthy individual can earn and buy everything they want. Once "health" is lost, it cannot be replaced by money. According to the Alma-Ata declaration, a lot of focus is on preventative healthcare and promoting of health. Motivating individuals to embrace healthy lifestyles and Developing healthy coping mechanisms is the main objective of promoting health<sup>[2]</sup>.

The primary causes of endometrial cancer, risk factors, early detection methods, and preventative therapies must all be understood by women. Developing the abilities and information need to inform the public about behaviours connected to health cancer risk factors, early diagnosis and screening, and preventive interventions is an important role that nurses of all kinds play in cancer prevention. Women can avoid endometrial cancer by learning about the disease's early detection, warning signs, and possible causes<sup>[3-4]</sup>. Women may be able to alter high-risk habits by learning about the causes of cancer, which will help with primary prevention. The aforementioned statistics demonstrate that women in their 40s and 60s are the most commonly affected by endometrial cancer. The scientists felt that since endometrial cancer is mostly preventable, the woman should be educated on how to prevent it<sup>[3-4]</sup>.

Women's health is a separate specialty in medicine. Women are becoming more aware of their health status because to modern education, print and electronic media, and health groups. For some reason, women continue to disregard their own health despite their advancements in a variety of professions. Economic limitations, social shame, and strong superstitious views about health issues hinder women's willingness to seek treatment from medical professionals, even when they are aware of their worries. Women's lives are significantly impacted by cancer worldwide. It is the primary reason why Indian women die. Carcinoma poses long-term problems for families as well as a challenge to healthcare systems<sup>[5-6]</sup>.

#### **RESEARCH METHODOLOGY:**

The impact of the proposed education program on women's knowledge of endometrial cancer prevention was evaluated using a single group pre-test and post-test in a pre-experimental design. The investigation is completed in a particular Bangalore rural region. 50 women made up the sample, individuals are chosen using a modified version of the purposive sampling approach.



**Fig. 1:** The investigation illustration

**Study Variables-** This investigation identifies three different kinds of variables. They are demographic, dependent, and independent factors.

**Independent variable-** The independent variable in this research is the planned education program on women's endometrial cancer preventive knowledge.

**Dependent variable-** The dependent variable in this study is the women's awareness of endometrial cancer prevention.

**Demographic variables-** Age, education, occupation, religion, marital status, family type, income, habits, number of pregnancies, co-morbidity, contraception, age at menopause, family history of tumour, and prior sources of information about endometrial carcinoma are all taken into consideration in this study.

### **Criteria for Sample Selection**

#### **Inclusion criteria For Sampling**

- Women who live in specific rural areas.
- Women between the ages of 40 and 60.
- Women who are open to taking part in the research.



## Exclusion Criteria for Sampling

- Women who have experienced endometrial cancer in the past.
- Women who don't speak English or Kannada.
- Women who are ill when the data is being collected.

## Information collection procedure-

Information gathering, which is the procedure for obtaining the details required to solve a study issue. Formal permission was already acquired from the relevant Bidadi authorities.

The female participants are told of the research's purpose and gave their informed permission. The respondents received assurances on the confidentiality and privacy of the data they submitted. Purposive sampling was used to choose the sample. A standardised knowledge questionnaire about endometrial cancer and its prevention was administered as part of a pre-test to gauge current knowledge. The same day, a 45-minute scheduled education session about endometrial cancer and how to prevent it was held. After seven days, A similar structured knowledge based questionnaire is used to deliver a post-test to gauge the women's understanding about endometrial cancer and how to prevent it.

**Data analysis-** Based on the study's goals and hypotheses, both descriptive and inferential test are used to analyse the collected information. Arrange information on a computer or master sheet. Frequencies and percentages were to be used in the analysis of demographic data. A bar diagram, cylinder chart, doughnut chart, pyramid chart, and line graph would be used to illustrate the analysed data on the women's level of knowledge prior to the implementation of a structured training program. The "t" test would be used to examine if the knowledge scores from the pre-test and post-test differed significantly. The  $X^2$  test (Chi-Square) was intended to analyse the relationship between a few chosen demographic characteristics and the women's pre- and post-test knowledge levels.

**Ethical consideration-** After receiving clearance from the IKON Nursing College dissertation committee, the intended investigation was carried out. The investigation was carried out with prior approval from the medical officer of Bidadi, Bangalore. Prior to beginning data collection, each participant provided written informed consent. They were assured that each person's confidentiality would be protected.

## RESULT

Table:1 Demonstrates the frequency and percentage distribution of demographic factors such as age, education, occupation, religion, family type, marital status, family income, habits, number of pregnancies, co-morbidity, contraception, age at menopause, family history of cancer, and prior sources of information about endometrial cancer.

**Table-: Frequency and Percentage Distribution of women by their characteristics**  
(n = 50)

Characteristics	Category	Respondents	
		Frequency	Percentage%
Age Group(years)	35-40	4	8
	41-45	4	8
	45-50	15	30
	51-55	27	54
Educational status	Illiterate	8	16
	Primary school	19	38
	Middle school	16	32
	High school	1	2
	Higher secondary	5	10
	Graduate	1	2
	Post Graduate	0	0
Occupational Status	Housewife	36	72
	Private employee	12	24
	Government employee	1	2
	Business	1	2
	Christian	8	16
Religion	Muslim	2	4
	Others	0	0
	Hindu	46	92
	Christian	8	16
Nuclear	Muslim	2	4
	Others	0	0
	Nuclear	46	92

Type of family	Joint family	4	8
	Single	0	0
Marital status	Married	44	88
	Single	0	0
	Widow	4	8
	Divorcee	2	4
Family Income	<5000	2	4
	5001-10,000	35	70
	10,001-15,000	13	26
	>15000	0	0
Habits	Tobacco Chewing	27	54
	None	23	46
	Tobacco chewing and smoking	0	0
Number of pregnancies	Nil	2	4
	One	5	10
	Two	28	56
	More than two	15	30
Co-Morbidity	Diabetes	22	44
	Hypertension	15	30
	Obesity	6	12
	None	7	14
Contraception	Temporary	4	8
	Permanent	28	56
	None	18	36
	No	13	26
Family history of Cancer	Unknown	34	68
	35-40	5	10
Age of Menopause	41-45	5	10
	46-50	16	32
	51-55	24	48

Source of information	Health personnel	5	10
	Television / Radio	28	56
	News Paper	0	0
	Neighbours	7	14
	Others	10	20

Table -2 Illustrate how the respondents were categorised both before and after the intervention based on their knowledge. Fifty percent (100%) of the respondents had satisfactory knowledge on the post-test following the planned teaching program, whereas the other fifty percent had insufficient knowledge on the pre-test.

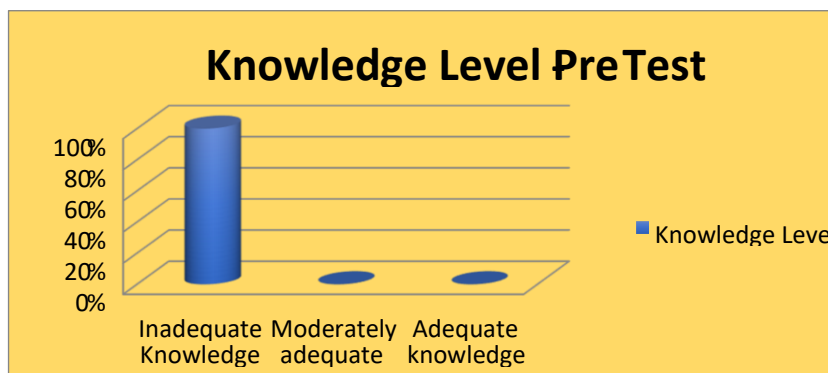
**Table 2: Distribution of the number and proportion among rural women based on their knowledge levels before and after the scheduled instruction program**

(n= 50)

Sl. No	Level of Knowledge	Respondent's Knowledge			
		Pre-test		Post test	
		Frequency	Percentage %	Frequency	Percentage %
1	Inadequate (<50%)	50	100	0	0
2	Moderately Adequate (50-70%)	0	0	0	0
3	Adequate (>75%)	0	0	50	100
	<b>Overall</b>	<b>50</b>	<b>100</b>	<b>50</b>	<b>100</b>

Fig 1: Indicates that all respondents (100%) had insufficient knowledge before to the scheduled education program, according to the pre-test percentage distribution among women in rural areas.

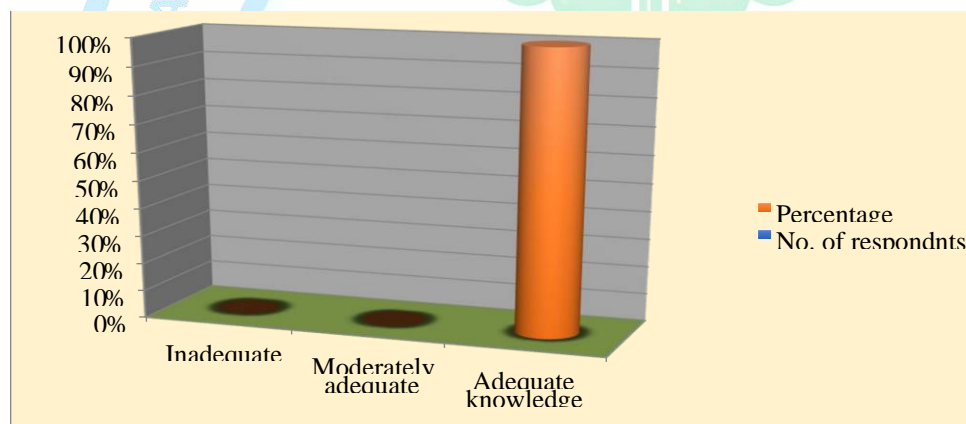




**Fig. 1: Distribution of rural women's percentages based on their knowledge prior to the scheduled instruction program**

**Fig 2: Displays how the pre-test percentage distribution among rural women shows that, following a designed training program, all respondents (100%) had sufficient knowledge.**

**KNOWLEDGE LEVEL POST-TEST**



**Fig. 2: Distribution of rural women's percentages based on their degree of knowledge following a scheduled education program**

Table 3 displays the respondents' mean score for each element before and after the exam. Both the pretest mean ( $\pm$  SD 3.56 $\pm$ 3.76) and the post-test mean ( $\pm$  SD 37.16 $\pm$ 2.557) show a substantial change in the respondent's knowledge. At the 001 level, the paired test value of 7.071 is significant (p value, 0.001\*\*).



**Table 3 demonstrates the mean knowledge level of women on endometrial cancer preventive aspects before and after the organised education session.**

(n = 50)

Content	Pre-test			Post test			Paired 't' test	p- value
	Mean	SD	Mean %	Mean	SD	Mean %		
Anatomy of the uterus	1.22	0.815	13.56	8.66	0.557	96.22	771	0.001* *
Concept, causes and risk factors	1.10	193	9.80	9.98	0.141	99.80	771	0.001* *
Signs and symptoms	0.34	0.557	50	7.96	0.807	96	771	0.001* *
Diagnosis and management	0.32	0.653	4.80	5.76	0.517	96	771	0.001* *
Prevention of endometrial cancer	0.58	0.642	70	4.80	0.535	87.50	771	0.001* *
<b>Total</b>	<b>3.56</b>	<b>3.76</b>	<b>40.16</b>	<b>37.16</b>	<b>2.557</b>	<b>475.52</b>	<b>7.071</b>	<b>0.001* *</b>

According to Table 4- The chosen demographic traits of rural women, comprising age, education, occupation, religion, family type, marital status, family income, habits, number of pregnancies, contraception, family history of cancer, menopause age, and information source, fail to positively correlate with the knowledge score obtained before the test at the 0.05 level ( $P > 0.05$ ).

**Table 4- Association between the chosen demographic profile of women and the pre-test knowledge score.**

(n = 50)

Variables	Df	Chi Square	P- Value
Age	3	3.213	.360 NS
Educational status	5	3.573	.612 NS
Occupational Status	3	3.704	.295 NS

Religion	2	1.172	.557	NS
Type of Family	1	.228	.633	NS
Marital Status	2	1.468	.480	NS
Family Income	2	1.179	.555	NS
Habits	2	2.155	.340	NS
No. of pregnancy	3	5.305	.151	NS
Contraception	3	4.482	.214	NS
Family History of Cancer	3	1.831	.608	NS
Age of Menopause	4	2.763	.598	NS
Source of information	4	6.628	1.157	NS

NS-Not significant

## DISCUSSION

By increasing knowledge of the causes of endometrial cancer and implementing screening programs, older women can reduce their risk of contracting this significant health condition and dying from it. Additionally, they lessen the need for medical services due to sickness. Furthermore, it has been demonstrated that the application of cutting-edge clinical testing and early identification may effectively avert the potentially fatal effects of this kind of cancer [7-8]

These findings could be connected to how the training program affected the women under study's understanding of how to prevent endometrial cancer. Like this, a study carried out to measure the impact of a designed education campaign on raising teenagers' knowledge of endometrial cancer prevention in particular colleges in Delhi revealed that the program was successful in imparting knowledge regarding endometrial cancer prevention [9-10].

After completing a pre-test questionnaire, fifty women participated in an hour-long instructional session. According to the study's findings, education sessions quickly increase participants' understanding of endometrial cancer prevention. This demonstrates the necessity for public education to raise awareness of endometrial cancer, and organised education programs are one useful strategy [11-12].

It is shown that the knowledge prior to the test outcome and the demographic that is chosen profile among women did not significantly correlate, nor did the age of the participants and their pre-test knowledge of the research. As previously mentioned in a study conducted by Arana Chamindri and associates. There is a clear association between greater knowledge of endometrial cancer and stable

employment, education, and family income. The fact that most of our respondents (19 out of 38) had only finished elementary school, 36 were unemployed or housewives, and 46 had low family incomes (92%), may be the cause of the low pre-test mean.

## **CONCLUSION.**

This study helps to shed light on these significant but little-known health problems in rural India. Additionally, This investigation contributes to the domain of information in nursing by determining The factors that increase the risk for carcinoma of endometrium in postmenopausal women, increasing awareness of the problem, and evaluating the efficacy of endometrial carcinoma prevention. Following this study might perhaps improve the quality of life for older women and help avoid endometrial tumour. According to the study, a comprehensive education campaign on endometrial cancer prevention had a very positive impact on women in rural regions.

## **RECOMMENDATIONS**

The findings of this investigation suggest that upcoming studies should develop and Put into practice educational program to increase young women's awareness of endometrial cancer risk factors, early warning signs, and preventative measures. Carrying out more research to evaluate the impact of endometrial cancer prevention on senior women's awareness across different governorates. To prevent endometrial cancer and identify any anomalies in the reproductive system, a nationwide screening program for older women should be started.

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