

A Study to Assess Effectiveness of Self Instructional Module on Knowledge Regarding Prevention of Oral Cancer among UG Students in Selected College

Diksha Bhimrao Patil

How to cite this article:

Diksha Bhimrao Patil/ A Study to Assess Effectiveness of Self Instructional Module on Knowledge Regarding Prevention of Oral Cancer among UG Students in Selected College/Community and Public Health Nursing. 2022; 7(1):13-16.

Author's Affiliations: Lecturer, Department of Medical Surgical Nursing, Sumantai Wasnik College of Nursing, Nagpur, Maharashtra 440023, India.

Corresponding Author: Diksha Bhimrao Patil, Lecturer, Department of Medical Surgical Nursing, Sumantai Wasnik College of Nursing, Nagpur, Maharashtra 440023, India.

Email: Dikhpatil1994@gmail.com

Received on: 14.10.21

Accepted on: 28.10.21

Abstract

Cancer is when cells in the body change and grow out of control. Your body is made up of tiny building blocks called cells. Normal cells grow when your body needs them, and die when your body does not need them any longer. Cancer is made up of abnormal cell that grow even though your body doesn't need them. In most type of cancer, abnormal cell grow to form a lump or mass called a tumor. Oral cancer is cancer that starts in the mouth or throat. Oral cancer is fairly common and curable if found and treated at an early stage.¹ The low income groups in India are affected most due to a wide exposure to risk factors such as tobacco chewing and insufficient exposure to newly diagnostic aids, resulting in a delay in reporting of oral cancer.²

Oral cancer is the most common cancer in Indian males. It accounts for 50% to 70% of total cancer mortality. The incidence is nearly 11% in male and 5% in female. It is more common in men (male to female ratio of 2:1). Mortality rate have been decreasing since the early 1980s. The survival rate for all stages of cancer of the oral cavity and pharynx combine is 53%, and 10 year ratio.³ Tobacco consumer in India. A study showed that in India 34.6% (29,66,24,682) people consume tobacco out of which 5.7% (4,88,65,916) smoked cigarettes, 9.2% (7,88,71,303) were bidi smokers and 25.9% (22,20,39,863) used tobacco in other forms (smokeless) disease cause by tobacco include buccal mucosa at first position followed by tongue, larynx, hypopharynx, oropharynx and floor of mouth cancers.⁴ This study was based on quantitative evaluative research approach A probability simple random sampling. Quasi experimental one group pre-test and post-test research design. In this study included 30 samples. Based on the objectives and the hypothesis the data were analyzed by using various statistical tests. Analysis of data showed that there is significant difference between the pre test and post test. The calculated 't' test values are much higher than the tabulated values. Hence it is statistically interpreted that the self instructional module on prevention of oral cancer at selected college. In this study SIM on prevention of oral cancer was very effective.

Keywords: Effectiveness of self instructional; Module on knowledge; Oral cancer; UG student.



Introduction

“It’s Possible Not Just To Survive, But To Thrive And To Live A Healthy, wonderful Life Again”.

Erika Evans

Cancer is the major public health problem in the world and major chronic life threatening disease. It is increasing as a leading killer across the globe especially in the developing countries. Oral cancer is associated with smoking cigarettes and cigars as well as chewing tobacco.⁵

Oral cancer is the most common cancer in the Indian males. It accounts for 50%-70% of total cancer mortality. The incidence is nearly 11% in males and 5% in females.⁶

Cancer is uncontrollable growth of cell that invades and cause damage to surrounding tissue. Oral cancer appears as a growth or sore in the mouth that does not go away. Oral cancer, which includes cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, and pharynx (throat), can be life threatening if not diagnosed and treated early.⁷

The incidence is nearly 11% in males and 5% in females. It is more common in male (male-to-female ratio of 2:1). Mortality rates have been decreasing since the early 1980s years. The survival rate for all stages of cancer of the oral cavity and pharynx combined is 53%, and the 10 year rate is 43%.⁴ In India 20 per 10,000 populations are affected by oral cancer which account for about 30% of all type of cancer over 5 people in India die every hour every day because of oral cancer and the same number of people die from cancer in oropharynx and hypopharynx. Tobacco consumer in Maharashtra 31.4% (2,58,99,273) people consume tobacco out of which 3.4% (28,04,380) were cigarette smokers 2.7 % (22,27,088) used bidi and 27.6% (2,27,64,966) used smokeless tobacco product.

Nagpur: It may appear unbelievable that 50% of cancer in men and 20% in women can directly be attributed to tobacco use. These scary figures come from a study conducted by the Indian council of medical research (ICMR).⁸

Tobacco and alcohol are essentially chemical factors, but can also be considered lifestyle factor, since we have some control over them. Besides these, there are physical factors such as exposure to the ultraviolet radiations. This is a causative agent in cancers of the lip, as well as other skin cancers. Cancer of the lip is one oral cancer whose numbers have declined in the last few decades. Another physical factor is exposure to x-rays. Radiographs

regularly taken during examinations and at the dental office are safe, but remember that radiation exposure is accumulative over a lifetime.

High risk factors include use of tobacco and alcohol (particularly in combination) use of smokeless tobacco (snuff), pipe smoking, marijuana use, etc. A sexually transmitted virus called HPV (human papilloma virus) is also responsible.⁷

When oral cancer is detected early, it is treated with surgery or radiation therapy. Oral cancer that is further along when it is diagnosed may use as a combination of treatment. For example, radiation therapy and chemotherapy are often and given at some time. Another treatment option is treated therapy, which is never type of cancer treatment that uses drugs or the other substance to precisely identify and attack cancer cells. The choice of treatment depends on your health, where in your mouth or throat cancer began, the size and type of tumor, and whether the cancer has spread.⁹

Prevention of this devastating disease can come from fundamental changes in socioeconomic status, as well as from action to reduce demand, production, marketing, and use of tobacco product and alcohol. A healthy diet, good oral and sexual hygiene, and awareness of sign and symptoms of disease are important. Success depend on political will, intersectoral action, and culturally sensitive public health message disseminated through educational campaigns and mass media initiatives.

R. Ganesh. J, John, S. Saravanan, (2013), conducted a study to assess the socio-demographic profile of oral cancer patients at a cancer hospital in Chennai Tamil Nadu, India. Results shows a total of 266 oral cancer patients aged 21-60 years and above comprise the study population. Most of about 48.5% of rural subjects had agriculture as source of occupation and 28.6% of urban subjects were unskilled labors. In both rural and urban subjects, majority, 94.9% and 71.9% had family income below as Rs 5000. The percentage of illiterates was high in both rural and urban classes (i.e) 55.8% and 21.9%.¹⁰

Dr. Zahidullah Khan, (2012), conducted a study to assess the current prevalence and risk factor for oral carcinoma across the India subcontinent. Cancer is the second most common cause of mortality and morbidity today after cardiovascular problems, Oral cancer is the eleventh most common cancer in the world and two third deaths due to the oral cancer occurs in developing world, out of which one third occurs in Indian subcontinent. Human papilloma virus is a known risk factor for

oral cancer specially type 16 and 18 study suggest that primary prevention to secondary and tertiary prevention method. These includes better hygienic, health education, and proper screening methods to detect those at risk, earlier treatment and smoking cessation clinics, proper legislation at government level and global approach also suggest as well.

Problem definition: A study to assess the effectiveness of self-instructional module on knowledge regarding prevention of oral cancer among ug student in selected college".

Methodology

Research approach: Quantitative evaluative research approach was used for this study.

Research design

Variables under study: (1) Independent variable: self instructional module on prevention of oral cancer.

Dependent variable: knowledge of UG student on prevention of oral cancer. The study was conducted in selected college.

Population: In this study, the population included student in selected college. Target population consists ug student. Accessible ug student in selected college. Who fulfill the inclusive and exclusive criteria.

Sample and sampling technique

Sample: In the study UG student in selected college.

Sample size: The sample size for the present study is 30 UG students who fulfill the set inclusion criteria.

Sampling technique: Probability simple random sampling.

Inclusion criteria: Students who are:

- Student who are able to read, write and speak English.
- Students who are willing to participate in the study.

Exclusion criteria: Students who are

- Who are sick at time of data collection

Preparation of the tool Section I: Demographic data, Section II Structured knowledge questionnaires.

Results: Organization of the data:

Section I: Demographic Variables

- In the study, according to age of the undergraduate students, 80% of them were

from the age group 17-20 years, 13.33% from the 21-22 years, 6.67% from the age group 23-24 years and no one from the age group above 24 years of age.

- In the study, according to gender of the undergraduate students, 73.33% of them were males and 26.67% were females.
- In the study, according to health habits of the undergraduate students, 23.33% of them had habit of smoking and 20% had habit of all the things like Tobacco chewing, smoking and alcohol.
- In the study, to the question previous history of cancer to the undergraduate students, 3.33% of them answered yes and 96.67% answered no.
- In the study, only one student had blood cancer.
- In the study, to the question previous knowledge regarding prevention of oral cancer to the undergraduate students, 83.33% of them answered yes and 16.67% answered no.
- In the study, according to Source of previous knowledge regarding prevention of oral cancer of the undergraduate students, 64% of them answered mass media, 4% from family and friends, 4% from the workshops and 28% of the students from the books.

Section-II

General assessments of knowledge regarding the prevention of oral cancer among undergraduate students Pre & Post Test.

For the assessment of the level of knowledge regarding the prevention of oral cancer among undergraduate students in selected college, the score range 0 to 30 divided in to the three groups like, 0-10 score (poor), 11-20 score (average), 21-30 score (Good).

At the time of pretest level of knowledge regarding the prevention of oral cancer among undergraduate students, 33.33% of them in the poor knowledge group, 66.67% in the average knowledge group and no one in the good knowledge group.

At the time of posttest level of knowledge regarding the prevention of oral cancer among undergraduate students, no one of them in the poor knowledge group, 16.67% in the average knowledge group and 83.33% in the good knowledge group.

Table 11: General assessments of knowledge regarding the prevention of oral cancer among undergraduate students: Pre & Post Test.

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Knowledge	Poor	0-10	10	33.33	0	0
	Average	11-20.	20	66.67	5	16.67
	Good	21-30	0	0	25	83.33

Section-III

Comparison of the knowledge regarding the prevention of oral cancer among undergraduate students (Paired t test).

The comparisons of the pretest and posttest means of the knowledge regarding the prevention of oral cancer among undergraduate students in selected college were done by the paired t test. The test was conducted at 5% level of significance.

The pretest average score was 12.03 with standard deviation of 4. The posttest average score was 22.46 with standard deviation of 2.7. The test statistics value of the paired t test was 13.58 with p value 0.00. The p value less than 0.05, shows the significant difference in the pretest and posttest average knowledge regarding the prevention of oral cancer among undergraduate students in selected college.

Shows that self-instructional module to improve knowledge regarding the prevention of oral cancer among undergraduate students in selected college was effective.

Section IV

Association of Pretest Knowledge Score with Selected Demographic Variables.

The chi square test was used to see the association between the demographic variables with the pretest knowledge score. The test was conducted at 5% level of significance, assuming the null Hypothesis, that there will be no significant association between pretest knowledge score and demographic variables.

Significant Association

For the demographic variables gender, previous knowledge and source of previous knowledge the p value of the association test with knowledge regarding the prevention of oral cancer among undergraduate students was less than 0.05. That means, the pretest knowledge was associated with these demographic variables. Concludes that, there was significant association of these demographic variables with the pretest level of Knowledge.

No Significant Association

For the demographic variables age, health habits and previous history of cancer the p value of the association test with knowledge regarding the prevention of oral cancer among undergraduate students was more than 0.05. That means, the pretest knowledge was not associated with these demographic variables. Concludes that, there was no significant association of these demographic variables with the pretest level of Knowledge.

Conclusion

The study findings concluded that the ug students were had poor knowledge regarding prevention of oral cancer. the self-instructional module had great potential for accelerating the awareness regarding knowledge of prevention of oral cancer.

Reference

1. <https://www.irc.frlehipublication/cancerpi-17>.
2. khandekar sp, bagdey sp, tiwar RR.oral cancer and some epidemiological factor: A hospital based study. Indian community med.2006;31:157-9.
3. BB textbook of medical surgical nursing lewis page no.1006.
4. <https://m.timeofindia.com/city/nagpur/oralcancer/capital-of-the-world/amp-articaleshow/syc-525250487>.
5. Journal of medical surgical nursing (TNNMC) VOL. VI/Jan -june 2018 page No 13.
6. Lewis's/Heitkemper/Dirksen/Chitamani of medical surgical nursing page No .1006.
7. <https://www.webmd.com/oral-health/guide/oral-cancer>.
8. Brunner and suddarths textbook of medical surgical nursing volume 1.12 editio Page No- 1003-1004.
9. <https://m.timeofindia.com/city/nagpur/oralcancer/capital-of-the-world/amp-articaleshow/syc-525250487>.
10. https://scholar.google.com/scholer?hl=en&as_a=sdt=0%2C5&q=self+instructional+module&oq=self+inst#d=gs_qabs&u=%23p%3D4hkj2yfMCFsj.