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Research article

A study to assess the effectiveness of planned teaching programme of knowledge regarding cancer among tobacco field workers working in selected area of Ode city, Anand

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Abstract

Aim: To assess knowledge regarding cancer among tobacco field workers working in selected area of ode city, Anand. To assess the effectiveness of planned teaching programme regarding cancer among tobacco field workers working in selected area of ode city, Anand. To compare the pretest & posttest knowledge score regarding cancer among tobacco field workers working in selected tobacco area of ode city, Anand. To find out the association of knowledge score regarding cancer among tobacco field worker with their selected demographic variables.
Material and Methods: An evaluative research approach with pre experimental one group pre-test post-test research design, and non-probability random sampling technique was used to achieve the goal of the study. First parts consist of demographic data of the sample and second parts consist of planned teaching program. The sample was 60 tobacco field workers working in selected area of ode city.
Result: The data was collected by using planned teaching program. Descriptive and inferential statistics was use for analysis. Result revealed that in the pre-test mean score and SD was 11.2 + 22.63 and post-test mean score and SD was 21.84± 13.41.While paired mean difference score was 10.6 The post-test ±level of cancer knowledge mean score is significantly higher than the pre-test level of cancer. The't' calculated value 10.99 is more than tabulated value 2.00 at P< 0.05 level of significance.
Conclusion: The't' test was computed between pre-test and post-test score indicate the mean post-test knowledge is significantly higher than the mean pre-test knowledge among tobacco field workers. Hence, it is indicated that planned teaching program was effective.

Key Words: Assess, Effectiveness, Tobacco field workers, Cancer, Planned Teaching

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1. Introduction

Cancer is a major public health problem in worldwide and major chronic life threatening disease. It is increasing as a leading killer across the globe especially in the developing world [1]. Tobacco use is a life-threatening habit based on its associated adverse health issues [2]. The World Health Organization (WHO) as a single, most preventable cause of morbidity and mortality also designates it. In the South-East Asia Region, smoking is prevalent among 29.8 to 63.1% of men and 0.4 to 15% of women [3].

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Among women with tobacco habit; smokeless tobacco use is more prevalent as compared with smoking. According to Global Adult Tobacco Survey conducted in 2009 to 2010, 275 million people reported current use of tobacco. Approximately 29% of adults use tobacco daily and 5% use it occasionally. The majority of them reported the use of smokeless tobacco. About 4 in 10 persons from rural areas use tobacco in India [4]. The projected figures of tobacco-associated annual mortality are over 1.5 million in India. The WHO predicts that by 2020 tobacco deaths in India may exceed 1.5 million annually [5,6,7]. Several districts in Gujarat state showed high incidence rates of tongue cancer among males (Development of an atlas of cancer in India). There are strong indications for an association of the habit of betel quid chewing, tobacco use, cigarette smoking with cancers of mouth, oropharyngeal cavity,

lips, buccal mucosa, salivary glands and anterior two third of the tongue [8]. There are about 7,00,000 new cases of cancers every year in India out of which tobacco related cancer are about 3,00,000.This can be completely prevented by simple changes in life style and regular screening and even have health benefits that reach beyond cancer [9]. Carcinoma of the lip, predominantly on the lower lip, occurs in approximately 3600 per year. Several studies have shown decreased intake of fruits and vegetables also develop the incidence of oral cancer. It is also associated with increased risk of oral cancer, occurs in 10% to 15% [10]. It is estimated that one in three people use tobacco products, with over one million people use tobacco and its products world-wide. Nicotine is a highly addictive substance and adult people experimentation can easily lead to a life time of tobacco dependence [13]. Cancers of the mouth and pharynx account for 363,000 annual new cases worldwide and almost 200,000 deaths. They are 2.5 times more common in men than in women. The risk is similar in developed and developing countries [14]. Nicotine addiction ensures life-long customers not long-life customers. It's never too late to give it up! Stopping smoking/tobacco even in middle age before having cancer or some other serious disease avoids most of the later excess risk of death from tobacco [15]. Facts about tobacco in India The tobacco contributes to 56.4% and 49% of cancers in men and women, respective India has the largest number of oral cancer cases in the world which is due to tobacco. Tobacco indirectly causes lung tuberculosis. Mortality from TB is 3 to 4 times as great in ever-smokers as in never-smokers. About half of the teenagers who use tobacco will eventually be killed by estimated that India as compared to any other country will have the fastest rise in tobacco related deaths each year [16]. It is fashion in young stars and soon there is defective personality and causes of diseases. Besides harmful effects of smoking on active smokers themselves in voluntary exposure of smoke to by standers is also injurious to health particularly to infants and children [17]. Tobacco use is responsible for more than one of every 6 deaths in United States from pulmonary and cardio vascular diseases [18].

Need for study

India is one of the highest incidences of oral cancer in the world. Oral cancer ranks number one among men and number three among women in India. It is estimated that among the 400 million individuals aged 15 yrs and over 47% use tobacco in one form or the other. Annual incidence rate is estimated to be 646 per 1,00,000 [10].

Tobacco use, particularly cigarette smoking is the leading preventable cause of death in the United States is responsible for approximately 4, 40,000 deaths each year (Centre's for Disease Control and Prevention, 2002). Long term snuff users may be 50 percent more at risk for cancer of the cheek and gums (American Cancer Society). 31,000 new cases of oral cancer diagnosed in the U.S. 2006 nearly two third are males estimated deaths from oral cancer in 2004 are at 4830 men and 2400 women (American cancer society cancer facts and figures 2004).The major threat faced by women and children in India is second hand smoke. India has 5 million child smokers with 55,000 children starting regular tobacco use every year [11]. Smoking is the single most preventable cause of death in our society" Each year smoking kills more people than AIDS, drug abuse, suicides, fires, combined. In India the proportion of tobacco related cancers relative to all cancers range from 35% in Bangalore to 50% in Bhopal among males. About 2000 deaths a day in India is tobacco related. According to B.B.C, "4 in 10 of all cancer in India are oral cancer [12].

Objectives of the study

A study to assess the effectiveness of planned teaching programme on knowledge regarding cancer among tobacco field workers working in selected area of ode city, Anand.

Objectives:

- To assess knowledge regarding cancer among tobacco field workers working in selected area of ode city, Anand.
- To assess the effectiveness of planned teaching programme regarding cancer among tobacco field workers working in selected area of ode city, Anand.
- To compare the pretest &posttest knowledge score regarding cancer among tobacco field workers working in selected tobacco area of ode city, Anand.
- To find out the association of knowledge score regarding cancer among tobacco field worker with their selected demographic variables.

Hypothesis:

H1: There will be a significant difference between pre-test and post-test knowledge scores.

H2:There will be significant association between the pre-test knowledge with their selected demographical variables.

2. Materials and methods

The research methodology is the systematic way to solve the research problem. This chapter provides a brief description of the method adopted by the investigator to conduct this study. This chapter includes research design, setting of the study and sampling technique, development and description of tool, pilot study, data collection procedure and plan of analysis.

Research approach

The selection of research approach is the basic procedure for the conduct of research. A research approach tells the researcher so as to what data to collect and how to analyze it. It also suggest possible conclusion to be drawn from the data. In view of the nature of problem selected for the study and objective to be accomplished, pre experimental research design was consider appropriate for the present study.

In this study, the evaluative research approach is used. In view of accomplishing the objectives of developing and evaluating the PTP, this approach was consider most appropriate.

Research design

The research design is the overall plan for obtaining answer to the question being studied and for handling some of the difficulties encountered during the research process.

Pre experimental one group pre-test post-test design is the most appropriate design for measuring the impact or effectiveness of a program. No comparison with the control group is provided. The advantage is that design can measure the situation, phenomena, issue, problem or attitude. The design is describe as two sets of cross-sectional observation on the same population to find out the change is phenomenon or variable in two points of time.

In view of the nature of the problem under study and to accomplish the objectives of the study, pre-test design with evaluative approach was found to be appropriate to assess the effectiveness of structured teaching program on knowledge regarding cancer among tobacco field worker in ode city. No comparison with the control group is provided.

Pre-test	Treatment	Post-test
0_1	X	0_2

E=-0_2 -0_1

0_1 -Pre-test knowledge score of the tobacco field worker on day 1.

X -Implantation of structured teaching program regarding cancer among tobacco field worker on day 1.

0_2 -Post-test knowledge score of tobacco field worker on day 7.

E -Effectiveness of structured teaching program on knowledge regarding cancer among tobacco field worker.

Variable

Within the text of quantitative research investigation concepts are referred to available. It is something that varies (Polit & Hungler).

- **Independent Variable (IV)**: The independent variable of study is to assess the knowledge of cancer.
- **Dependent Variable (DV):** The dependent variable of the study is tobacco field worker.

Setting of the study

This study was conducted in a selected area of ode city.

Population

Population means all the possible element that could be included in research. In the present study, the target population was the tobacco field worker in ode city.

Sample and sample size

Sample consists of a sub set of a population, selected to participate in research study. Sampling refers to process of selected a population to represent the entire population (pilot and hungler,1995).The sample of the study comprised of 60 tobacco field worker in selected area of ode city.

Sampling technique

Simple random technique was used to draw the sample. Simple random sampling is a procedure in which every member of population has equal chance of selection into the sample (pilot and hungler,1998).In this study, the investigator adopted a lottery method to choose 60 tobacco field worker from the sampling frame.

Data collection technique

Technique is self administered structured questionnaire.

Development of the tool

A self administered **questionnaire** was prepared to assess the knowledge on cancer.

The following steps were carried out in preparing the tool.

a. Literature review

b. Consultation with guide, co-guide, subject experts and experts in community health nursing.

Description of the tool

Part-1: Consisted of five items related to demographic data of the subject such as Age, religion, education, occupation, previous participation in any research programme.

Part-2: Structured questionnaire consisting of 30 items on knowledge about cancer. All items are given score of

1 for each correct answer and 0 for each wrong answer. The items are based on various area of cancer, which include the general concept of cancer.

Validity of the tool

Five experts comprising of six-nurse educator established content validity of the tool. They were requested to give their opinions and suggestions regarding the relevance of the tool for further modification of items to improve clarity and content of items.

Pre-testing of the structured questionnaire was done to clarity of items. Feasibility and practicability of the tool. It was administered to 6 tobacco field worker who were similar in characteristics to those of the population under the study. The food handlers took 35-45 minutes to complete the questionnaire and the items were clear and understandable by them.

Planning for teaching

Selecting the method of teaching

Lecturer cum demonstration and lecturer cum discussion method was selected as an appropriate method of tobacco field workers. It was planned to teach in group. Since group teaching permits to exchange the view broaden the knowledge through wider interaction, practice the technique to improve the skill and to be competent.

Selecting and preparation of AV Aids

Charts and flash cards on cancer were considered appropriate to increase the impact of teaching.

Determining teaching and learning activities

Teaching and learning activities were determined well in advance and included the following:

- Creating interest by, motivating and reinforcing
- Discussion
- Participatory discussion

Determination of physical facilities

It was planned to president of ode city. Then it was decided to conduct health-teaching programme in selected area with physical facility.

Planning to implement the PTP

It was planned and decided the time and date to implement the PTP.

Information to the participants

It was planned of inform the simple well in advance so as to conduct the PTP according to their convenience.

Determining the method of evaluating PTP

The evaluation of PTP was though post-test after seven days of implementation of teaching programme.

Pilot Study

A pilot study was conducted;

- Find out the feasibility of conducting the study. Evaluate the effectiveness of PTP.
- Determine the method of data analysis.
- Six tobacco field workers were randomly who were not from actual study group. On first day pre-test (0_1) was administered and PTP was given on second post-test (0_2) was conducted on the seven day using the same structured questionnaire to assess the knowledge and skill was evaluated with questionnaire post-test (0_3).The mean post-test score was 97.0 % on knowledge aspect was higher than the mean pre-test score of 83.7% with t value of 1.005being significant at P<0.005 level.
- The finding of the data revealed that the study is feasible: The reliability obtained was r=0.86, this shows that the tool is reliable.

3. Results

This chapter deals with the analysis and interpretation of the data collected from 60-sample tobacco field worker through structured questionnaire to assess their knowledge regarding cancer and to determine the effectiveness of structured teaching programme. The aim of analysis was to reduce, organize and give meaning to the data. The data was analyzed according to the objective of the study.

The purpose of the analysis is to summaries, compare and test the proposed relationship and infer finding. The collected data tabulated on the master-sheet and analyzed using descriptive and inferential statistics.

Section 1

Table 1

Analysis of description of demographic characteristics of respondents

Table 1 Age demographic profile of respondent

Age in year	Frequency	Percentage
<25	12	20
26-35	27	45
36-45	19	31.66
>45	2	3.33
Total	60	99.99

Table-1 Indicate that 20% respondents belongs to the age group of <25 years ,45% of each respondents belongs to age group of 26-35 years, 31.66% respondents belongs to age group of 36-45 years and 3.33 % respondents belongs to age group of above 45 years .

Table 2 Religion demographic profile of respondents

Religion	Frequency	Percentage
Hindu	53	88.33
Muslim	4	6.67
Christian	1	1.67
Other	2	3.33
Total	60	100.0

Table 2 indicate that 88.33% respondent's were Hindu 6.67% respondent's were Muslim, 1.67% respondent's were Christian and 3.33% respondent's were others.

Table 3: Education qualification of information demographic profile of respondent

Education	Frequency	Percentage
Non-formal	05	8.33
Primary & secondary	33	55
Higher secondary	22	36.66
Graduation & above	00	00
Total	60	99.99

Table 3 indicate that 8.33% respondents had non–formal education, 55% respondents had primary and secondary education, 36.66% respondents had higher secondary education, no one had graduation and above education.

Table 4: Gender of information demographic profile of respondent

Gender	Frequency	Percentage
Male	40	66.66
Female	20	33.33
Transgender	00	00

Table 4 indicate that 66.66% respondents were male, 33.335 respondents were female, no one respondents were transgender

Table 5: Monthly income of demographic profile of respondent

Income	Frequency	Percentage
5000-10000	16	26.66
10001-15000	36	60
15001-20000	07	11.66
20001 & above	1	1.66

Table 5 indicate that 26.66% respondents have 5000-10,000 income per month, 60% respondents have 10,001-15,000 income per months,11.66% respondents have 15,001-2000 and 1.66% respondents have <20,000 income.

Table 6: Participation in programme demographic profile of respondent

Previous participation	Frequency	Percentage
Yes	00	00
No	60	100

Table 6 it revealed that 100% respondents had not participated in previous research training program.

Section 2

Analysis of mean pre-test and mean post-test score to determine the level of knowledge of cancer among tobacco field worker.

Section-A

Table 7: Frequency and percentage distribution of sample based on the level of knowledge score of pre-test and post-test

Knowledge Level	Respondent		$\chi 2$ Value
	Pre-test score	Post-test score	
Inadequate	78.33%	00%	60*
Moderate	21.66%	25%	
Adequate	00%	75%	
Total	100.0%	100.0%	

Table 7 indicate that pre-test score 78.33% respondents had inadequate knowledge, 21.66% Respondents had moderate knowledge and no anyone respondents had adequate knowledge regarding cancer. In post test score indicate that 75% had adequate knowledge, 25% had moderate knowledge and 00% had inadequate knowledge regarding cancer.

Table 8: Overall and aspect wise mean, SD and mean % of Pre test and post test Knowledge score on cancer among tobacco field workers

SN	Knowledge Aspects	Respondent Knowledge (%)						Paired 't' Test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
1	Introduction, Definition	101	22.84	12.36	15.88	1.65	7.01	1.87
2	Causes, Risk Factors & Types	473	337	38.69	29.23	6.04	5.14	3.39
3	S/S & Diagnosis	13.48	175	13.09	216	0.39	9.41	2.42
4	Treatment Prevention & Government facility	28.27	28.01	35.85	30.72	7.58	2.69	3.31
Combine		37.33	75.43	72.8	47	35.47	30.73	10.99

*Significant at 0.05 level, t(0.05,59df)

Table 8 Reveals that comprising of area wise level of knowledge score among tobacco field worker mainly 4 dimensions as mention above.

Introduction and definition:

Pre-test table shows that maximum 4 score had a mean of 101% with a standard deviation of 22.84% while post-test table shows mean of 12.36% with a standard deviation of 15.88% and the effectiveness shows mean of 1.65% with a standard deviation of 7.01%.Paired 't' test value is 1.87.

Causes, risk factor &types:

Pre-test table shows that maximum 12 score had a mean of 473% with a standard deviation of 337% while post-test table shows mean of 38.69% with a standard deviation of 29.23% and the effectiveness shows mean of 6.04% with a standard deviation of 5.14%.Paired 't' test value is 3.39.

Sign & symptoms and diagnosis

Pre-test table shows that maximum 4 score had a mean of 13.48% with a standard deviation of 175% while post-test table shows mean of 13.09% with a standard deviation of 216% and the effectiveness shows mean of 0.39% with a standard deviation of 9.41%.Paired 't' test value is 2.42.

Treatment, prevention & government facility:

Pre-test table shows that maximum 10 score had a mean of 28.27% with a standard deviation of 28.01% while post-test table shows mean of 35.85% with a standard deviation of 30.72% and the effectiveness shows mean of 7.58% with a standard deviation of 2.69%.Paired 't' test value is 3.31.

Section 3:

Effectiveness of planned teaching program on cancer among tobacco field worker.

This section deals with the analysis to find the significant difference between the mean pre-test and post-test level of knowledge score among tobacco field worker, SD , mean difference and paired 't' test was used. In order to test the statistical significant research hypothesis was analyzed to know the significant at $p<0.005$ level.

Table 9: Overall Mean, SD, Mean difference and paired 't' value of Pre test and Post test Knowledge score

Pre-test		Mean %	Post-test		Mean %	Mean difference	Paired 't' value
Mean	SD		Mean	SD			
11.2	22.63	37.33	21.84	13.41	72.8	10.64	10.99

Table 9 represents that mean pre-test and mean post-test level of knowledge score with maximum possible score, standard deviation, mean difference and paired't' value. Level of knowledge score is with the maximum possible score 30. Mean pre-test is 11.2. SD is 22.63 and the mean score percentage is 37.33% mean post-test is 21.84, SD is 13.41 and the mean score is 72.8 %and comparison between pre-test and post -test level of knowledge score among tobacco field worker shows paired 't' value as 10.99 DF =59(significant at the p< 0.05 level).

4. Discussion

Various studies representing the similar results and support the current study. A study to conduct proved that long-term use of snuff to develop oral cancer, which consists of samples involving 255 women living in rural North Carolina. They found a fourfold risk of oral cancer among nonsmokers who dipped snuff. Results showed that long-term users there was a 50 fold increased risk for oral cancer of the gum and buccal mucosa. Even women who had used smokeless tobacco less than 25 years had a 14 fold greater risk for the cancer. Concluded that long-term use of snuff appears to be a

Section: 4

Table 10: Association between Demographic variables and pre test knowledge level on cancer among tobacco field worker

Characteristics	Level of knowledge		Chi-square value		DF	Association
	Inadequate	Moderate	Calculated value	Tabulated value		
Age						
<25	10	02	1.74	7.82	3	Not significant
26-35	20	07				
36-45	16	03				
>45	01	01				
Religion						
Hindu	43	10	3.34	7.62	3	Not significant
Muslim	42	02				
Christian	01	00				
Others	01	01				
Education						
Non formal	04	01	2.19	7.82	3	Not significant
Primary & secondary	28	05				
Higher secondary	15	07				
Graduate & above	00	00				
Gender						
Male	31	09	0.049	5.99	2	Not significant
Female	16	04				
Transgender	00	00				

N=60* significant at 0.05 level

H2: there is significant association between pretest knowledge score of the tobacco field worker with selected demographic variable. So here to test the research hypothesis, chi-square test has been used. Data have been analyzed with the use of SPSS version 20.0 and the outputs ate depicted in the above table. The table reveals that there is no significant association between pretest knowledge score and selected demographic variables such as age, religion, education, gender, monthly income and previous participation in research training program, there is no significant association between pretest knowledge score. Hence we concluded H2 stated that there will be significant association between the pretest knowledge score with selected demographic variable was accepted.

factor in the development of cancer of the oral cavity, particularly cancer of the cheek and gum [19].

A study to conducted that reassessment of risk factor for oral cancer smoking tobacco and alcohol consumption was most commonly associated with oral cancer. Totally 140 cases of histologically conformed oral cancer were evaluated for their demographic details, dietary habits and addiction to tobacco and alcohol using a pre-designed structured questionnaire at the Mahatma Gandhi Institute of Medical Sciences Sevagram in Central India. Oral cancer was predominant in the age group of 50 – 59 years. Individuals on a non-vegetarian diet appeared to be at greater risk of developing oral cancer, cases were habituated to consuming not beverages more frequently than controls. The results showed that Consumption of Gutka a granular form of chewable tobacco and areca nut, was significantly associated with oral cancer cases. Bidi smoking was most commonly associated with oral cancer. The study concluded that combination of regular smoking and oral tobacco use as well as a combination of regular alcohol intake and oral tobacco use were significantly associated with oral cancer cases [20].

A study proved that oral cancer in Southern India, the influence of smoking, drinking, paan-chewing and oral hygiene which carried out a case, control study in 3 areas in India, (Bangalore, Chennai and Trivandrum) including 591 incident cases of cancer of the oral cavity (282 women) and 582 hospital controls (290 women), frequency matched with cases by age and gender. Results showed that Oral cancer risk of 2.5 (95%) was found in men for smoking > or = 20 Bidi/day. The Oral cancer risk for alcohol drinking was 2.2(95%). The Oral cancer risk for paan chewing was more elevated among women than men. Concluded that among men 35% of oral cancer is attributable to the combination of smoking and alcohol drinking and 49% of pan tobacco chewing. Among women, chewing and poor oral hygiene explained 95% of oral cancer [21].

The first objective is before and after administration of the PTP, the pre test depicts that knowledge score prior to administration of PTP majority of 21.66 tobacco field worker had moderate level while (00%) tobacco field worker had adequate level of knowledge score and (78.33) tobacco field worker had inadequate level of knowledge score. while the post test depicts the (00%) tobacco field worker has inadequate level of knowledge score while (25%) tobacco field worker had moderate level of knowledge score and (75%) tobacco field workers had adequate level of knowledge score in particular study. Explains as, in the pretest level of knowledge score among tobacco field worker , the mean score and SD was 11.2 $\pm$ 22.6. In the posttest level of knowledge score among tobacco field workers, the mean score and SD was 21.84 $\pm$ 13.41. Paired mean difference between mean pre test score and mean post test score was 10.6. The second objective of the study and in the pretest level of knowledge score among tobacco field worker, the mean score and SD was 11.2 $\pm$ 22.63 In the post test level of knowledge score among tobacco field workers, the mean score and SD was 21.84 $\pm$ 13.41 Paired mean difference between mean pre test score and mean post test score was 10.6 The post test level of knowledge mean score is significantly higher than the pre test level of knowledge mean score.

The‘t’ calculated value 10.99 is more than tabulated value 5.991 at p <0.05 level of significant. Hence accepted H1 and conclude that the mean post test knowledge score is significantly higher than the mean pre test knowledge score among the tobacco field workers exposed to planned teaching programme.

The third objective of study is the chi-square was used to determine the association between the pre test with selected demographic variable like age, religion, education, qualification, gender monthly income & attended previous research program.

The correlation of the pre test level of knowledge score of tobacco field worker evidence that there was significantly significant association between pre test knowledge score . Hence the research hypothesis H2 stated that there will be significant association between knowledge score with SELECTED demographic aspects was accepted.

The fourth objective of study is the chi-square was used to determine the association between the pre test with selected demographic variable like age, religion, education, qualification, gender monthly income & attended previous research program. The association between pre test knowledge score of tobacco field worker with selected demographic variable such as age, religion, education, gender, income and previous participation in program, evidenced that there was statistically significant association p< 0.05 level of significant. Hence, the research hypothesis.H2stated that there would be significant association between the pre test levels of knowledge score with selected demographic variable was accepted.

Conclusion

Most of the tobacco field worker knowledge was not up to the mark before the PTP among tobacco field worker facilitated them to learn more about cancer, which is evident in the post, test knowledge and skill scores.
From the above information it can be conducted that after the administration of PTP there was definite increase knowledge of tobacco field worker. This clearly indicates that the PTP was effective in improving the knowledge of sample.

Limitations

- Since the sample was limited to only Ode city in Anand district, generalization of the findings is limited to only tobacco field worker of ode city.
- The study did not used control group, the investigator had no control over the events that took place between pre test and post test.

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