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"A STUDY TO ASSESS THE PLAN TEACHING ON HOME CARE OF ORAL CANCER AMONG

CARE GIVERS OF PATIENTS IN SELECTED HOSPITALS IN SANGLI MIRAJ AND KUPWAD CORPORATION AREA".

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Abstract

"A study to assess the plan teaching on home care of oral cancer among

care givers of patients in selected hospitals in Sangli, Miraj and Kupwad corporation area".

OBJECTIVES OF THE STUDY-

1. To Assess the pre-test Knowledge.
2. To assess the Post-test knowledge.
3. To compare pre-test and post-test Knowledge.
4. To find out the Association between pre-test Knowledge with demographic variables.

HYPOTHESIS OF THE STUDY -

- **Ho -** There will be no significant difference between pre-test and post-test knowledge score regarding home care of oral cancer.
- **H_1 -** There will be significant difference between pre-test and post-test knowledge score regarding home care of oral cancer.

RESULT -

The finding of the study have been discussed as per the objectives of the study.
The finding of the study shows that after conducting the planned teaching there was increase in the knowledge regarding home care of oral cancer and statistically it was found that there is highly significant difference in pre-test and post test score.

1. It was found that in the demographic data the age of care givers 60% were age of 26-50 years, 21.67% were age of 22-25 years of age,18.33% were 51 and above.
2. According to the gender of care givers 61.67% care givers male and 38.33% female care givers.
3. According to Education of care givers illiterate 18.33%, primary 30.00%, secondary 26.67%, Higher secondary 16.67% and Graduate and above 8.33%.
4. According to occupation of care givers is working 58.33% and non-working 41.67%.

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5. According to monthly income of care givers 5000-10000Rs/month with 58.33%, 10000-20000Rs/month with 30.00% and 20000Rs above /month with 11.67%.
6. The finding of the study shows that the intervention of planned teaching program was significantly effective to improve the knowledge among caregivers.
7. Statistically found that there is high significant difference among the pre-test and post test score.
8. Statistically the value show that there is no association between score and demographic data.

CONCLUSION -

The main aim of the present study was to assess the effectiveness of planned teaching related to home care management of oral cancer among care givers in selected hospitals of Sangli, Miraj and Kupwad corporation area.

A structured questionary was prepared

- A pilot study was conducted on Horizon Hospital Sangli on 22 Marchto2021 to 29 March 2021.

- The final study was conducted on 5April 2021.to 12 April 2021 with 60 sample at Sri Siddhivinayak Ganpati cancer Hospital, Miraj.

An exploratory study was used to assess the effectiveness of planned teaching program on knowledge among care givers of all related to home care of oral cancer of patients in selected hospital of Sangli, Miraj and Kupwad corporation area. The collected data was tabulated, coded and summarized. Analysis was done by using descriptive and inferential statistics. The tests used were calculation of frequency, percentage.

KEYWORDS -

Assess, Effectiveness, Planned Teaching, Knowledge.

INTRODUCTION -

"The rate of oral cancer growth is most noteworthy in India, South and Southeast Asian nations. In India, 90-95% of the oral cancer is squamous cell carcinoma. The global organization for research on disease has anticipated that India's occurrence of malignancy will show an increase from 1 million in 2012 to more than 1.7 million till 2035. This shows that the mortality rate due to malignancy will therefore show an increase from 680000 to 1-2 million in similar period[1].

A case control study from India that oral cancer growth is interrelated with low pay. Low friendly monitory class is interrelated with factors like medical services, day to day eronment and hazard practices which add to the advancement of oral cancer. In some low- and middle-income nation including India, a large portion of population doesn't 't approach and efficient and all around directed cancer care framework2.

A determination of cancer growth frequently prompts high individual well-being uses Such uses can push whole families beneath the poverty level and may disturb there social stability .No critical headway in the therapy of oral cancer growth has been found lately in spite of the fact that the current medicine improve the personal satisfaction of oral cancer patients however the general endurance pace of 5 years has not improved in the previous many years3.

The World Health Organization defines health as — a state of complete physical, mental, and social well- being and not merely the absence of disease or infirmity‖. Malignancy is a hereditary infection that is, brought about by changes to qualities that control the manner in which our cell work, particularly how they develop and partition. Every individual 's cancer has a specialized variety of hereditary changes. As the malignant growth keeps on developing, extra changes will happen indeed even inside a similar tumour, various cells may have distinctive hereditary changes. Cancer is the name given to a series of related illnesses. In all kinds of cancer, a portion of the body's cells begin to distribute in surrounding tissue, Disease can begin anyplace in the human body, which is formed of trillion of cells . Commonly, human cells create new cells as the body needs them. Right when cells turns old or become hurt, they pass on and new cells take their place.4

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Oral Cancer growth incorporate disease of mouth and the back of the throat. Oral Cancer growths creates on the tongue, the tissue coating the mouth and gums, under the tongue and the region of the throat at the rear of the mouth. The etiological cycle probably includes a few components the major etiological factors include tobacco (various kind) and alcohol beverages. Host factors show helpless condition 2

of dentition, wholesome variation, and cirrhosis of the liver, lichen planus and immunologic impairment. As per the insights, in 2012 the frequency of oral cancer in India is 53842 in men and 23161 in women's. Oral cancer is viewed as a sickness which happens in older individuals. In any case ,the majority of the oral cancer growth cases happen between the age of 50 to 70 years , yet it could likewise influence younger generation as right on time as 10 years . Frequency of oral cancer increments by age. The most common age is the 5th decade of life. Thinking about the sexual orientation altogether the age gatherings , men are more influenced then women .In India, men are two to multiple times more influenced then ladies because of the changes in the conduct and way of life patterns5.

MATERIALS AND METHODS –

Study was conducted by using one group pre-test post testdesig.60 samples were selected

by using non probability convenient sampling technique.

Established the content validity of the tool from 19 experts of different areas correction

were made as per the suggestion and the final tool was prepared.

The reliability co-efficient was done by using test-retest method and 'r' value were

calculated by using Karl-pearons formula and found that the tool is reliable as 'r'value is 0.8

Pilot study were concluded by taking 10 samples as per the criteria. The study result showed that the there is increase in the knowledge about " Home care of oral cancer among care givers in selected oncology hospitals of Sangli, Miraj and Kupwad corporation area".

There was no problem with the feasibility of the study. So no corrections were done to the methodology and data collection tool.

Study statement was approved by the institutional ethical committee of BVDUCON**,** Sangli**.** The prior permission from concerned authority was obtained. Informed written consent was taken from participants.

Data collection tool and technique was prepared after intensive reviews from the published and unpublished study material and brief discussion with respective guide in preparation of planned teaching. Opinions of experts were sought to ascertain the clarity and appropriateness of the items. The tool was having two parts demographic variables and 20 Structured knowledge questionnaires, each question had four options and responses were scored as 1 for correct response and 0-score for incorrect response. Categorized the scores of each question into four level of knowledge score, poor(Score0-5%),average (Score6-10%),good(Score11-15%),very good (Score16-20%) and the total score was 20.

RESULTS -

The study results are discussed according to objectives of the study.

The data collection of the study was classified , organized and analyzed under following section:-

Section 1

Deals with analysis of demographic data of oral cancer among care givers of the patients in selected hospital of sangli miraj and Kupwad corporation area in term of frequency and percentage. 19

Section 2

Deals with analysis of data related calculation of the pre test and post test knowledge regarding the home care of oral cancer among care givers of patient in selected hospital of sangli miraj and Kupwad corporation area.

Section 3

Deals with analysis of data related to comparisonto pre test and post test on knowledge regarding the home care of oral cancer among care givers of patient in selected hospital of sangli miraj and Kupwad corporation area.

Table No. 1.

FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

n=60

SR.	**VARIABLE**	GROUPS	**FREQUENCY**	**PERCENTAGE**

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NO.				
1	Age	18-21	0.00	0.00
		22-25	13	21.67
		26-50	36	60.00
		51 and above	11	18.33
2	Gender	Female	23	38.33
		Male	37	61.67
3	Education	Illiterate	11	18.33
		Primary	18	30.00
		Secondary	16	26.67
		Higher secondary	10	16.67
		Graduate and above	5	8.33
4	Occupation	Working	35	58.33
		Non-working	25	41.67
5	Monthly income	5000-10000	35	58.33
		10000-20000	18	30.00
		20000 above	7	11.67

The data represented in table no.1 indicates that, The age of care givers between 18-21yr0.00%,22-25yr 21.67%,26-50yr60% and above 51yr18.33%.Gender of care givers are female 38.33% and male 61.37%.
Education of care givers illiterate 18.33%,primary 30.00%,secondary 26.67%,Higher secondary 16.67% and Graduate and above 8.33%.
Occupation of care givers is working 58.33% and non working 41.67%. Monthly income of care givers 5000-10000Rs 58.33% ,10000-20000Rs 30.00% and 20000Rs above 11.67%.

TABLE2: PERCENTAGE DISTRIBUTION ACCORDING TO AGE OF CARE GIVERS.

n=60

SR.NO.	AGE/YEAR	PERCENTAGE
1	18-21	0.00
2	22-25	21.67
3	26-50	60
4	51 above	18.33

Overhead table and following figure depicts that , according to age of care givers ,in the study 0.00% were in the age of 18-21yr , 22-25yr 21.67%,26-50yr60% and above

Figure 1. Distribution According To Age Of Care Givers.

TABLE3: PERCENTAGE DISTRIBUTION ACCORDING TO GENDER

n=60

Female	**38.33**
Male	**61.67**

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Above table and following figure depicts that , according to gender of the care givers , in the study female is 38.33% involved and 61.67% male are involved

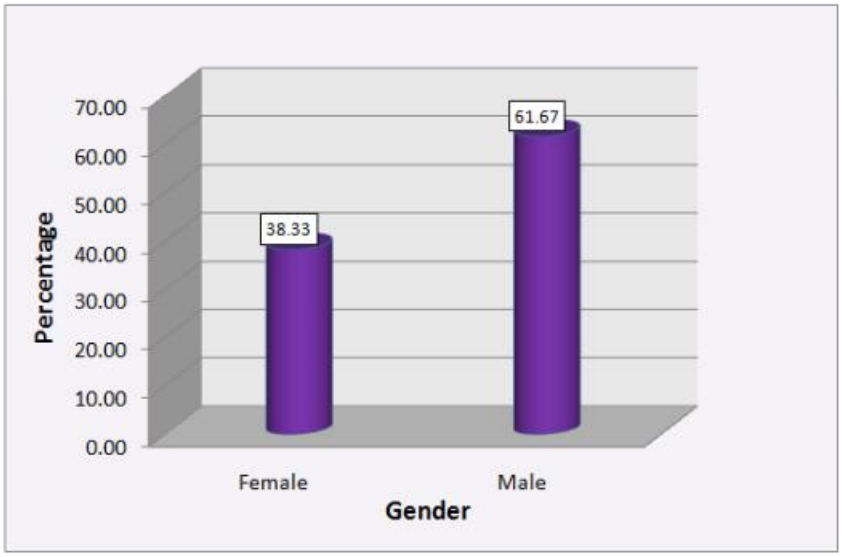

FIGURE 2. PERCENTAGE DISTRIBUTION ACCORDING TO GENDER

TABLE4: FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO EDUCATION.

n=60

Variable	Group	Percentage	Frequency
Education	Illiterate	18.33	11
	Primary	30.00	18
	Secondary	26.67	16
	Higher secondary	16.67	10
	Graduate and above	8.33	5

Above table and following figure depicts that, according to education of the care givers illiterate 18.33%,primary 30.00%,secondary 26.67%,Higher secondary 16.67% and Graduate and above 8.33%.

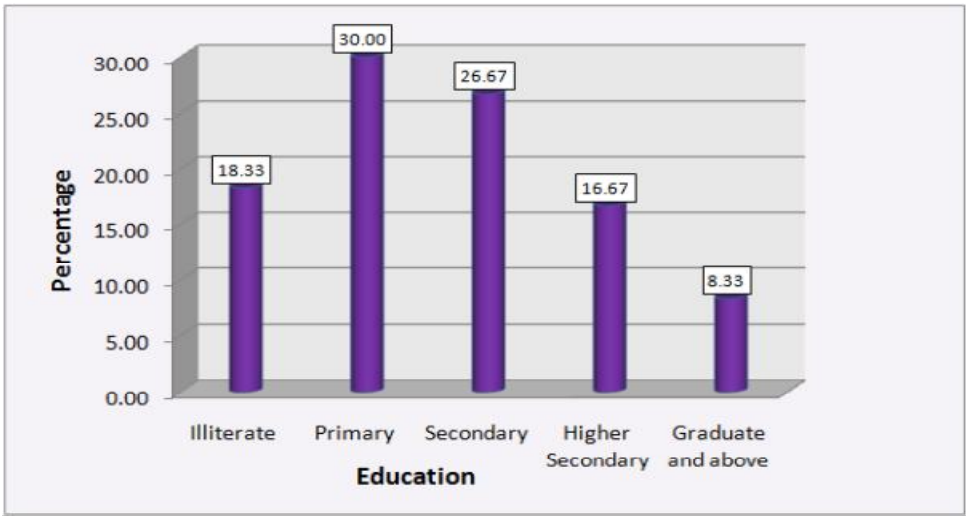

FIGURE 3. : FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO EDUCATION

TABLE5: PERCENTAGE DISTRIBUTION ACCORDING TO THE OCCUPATION

n=60

Variable	Group	Percentage
Occupation	Working	58.33
	Non-working	41.67

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Above table and following figure depicts that, according to Occupation of care givers were working 58.33% and non-working 41.67%.

Figure 4 : Percentage distribution according to the occupation.

TABLE6: PERCENTAGE DISTRIBUTION ACCORDING TO MONTHLY INCOME

n=60

Variable	Group	Percentage
Monthly income	5000-10000 Rs	58.33
	10000-20000 Rs	30.00
	20000 Rs and above	11.67

Above table and following figure depicts that, according to Monthly income of care givers were 5000-10000Rs 58.33% ,10000-20000Rs 30.00% and 20000Rs above 11.67%.

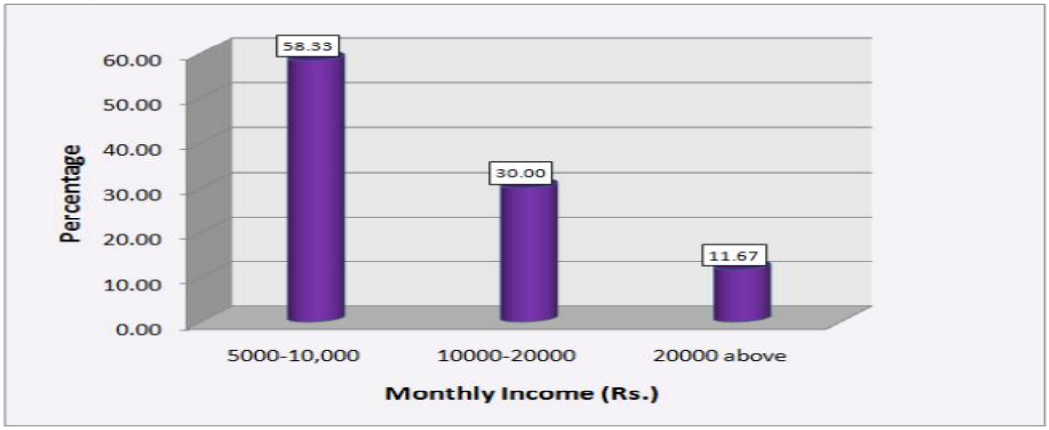

FIGURE 5. PERCENTAGE DISTRIBUTION ACCORDING TO MONTHLY INCOME

SECTION-2

A) PRE-TEST KNOWLEDGE

TABLE 7: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SCORE OF PRE-TEST KNOWLEDGE n=60

LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
POOR	31	51.67
GOOD	0	0.00

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VERY GOOD	0	0.00
GRAND TOTAL	60	100.00

The above table show that pre test knowledge score, which is at 51.67% hence care givers had poor knowledge regarding the home care of oral cancer , 48.33% had average knowledge, good and very good no one in the knowledge group

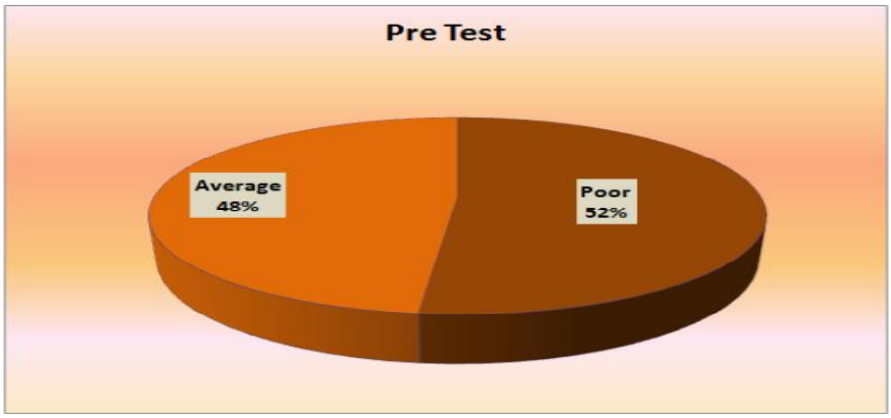

Figure 6. : Frequency and percentage distribution of Score of pre-test knowledge

TABLE 8: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SCORE OF KNOWLEDGE – POST TEST

n=60

Level of knowledge	**Frequency**	**percentage**
Poor	0	0.00
Average	3	5.00
Good	22	36.67
Very good	35	58.33
Grand total	60	100.00

The above table shows that un knowledge score, at the time of post test ,no one of care givers had poor knowledge regarding home care of oral cancer ,5% average knowledge regarding home care of oral cancer ,36.67% good knowledge and 58.33% very good knowledge group.

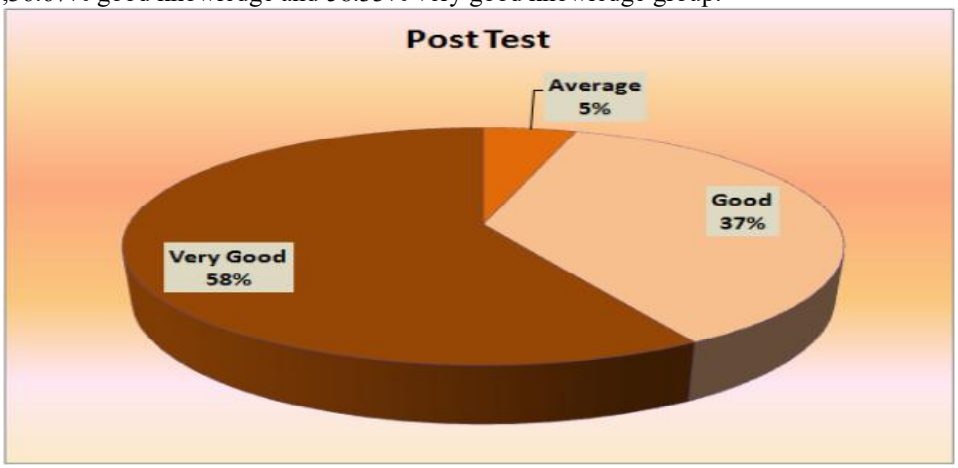

Figure 7. Frequency and percentage distribution of Score of knowledge – Post test

SECTION 3

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Deals with analysis of data related to effectiveness of planned teaching program on knowledge regarding home care of oral cancer among care givers in selected hospital sangli miraj and Kupwad corporation area.

TABLE 9: FREQUENCY AND DISTRIBUTION OF PRE TEST AND POST TEST KNOWLEDGE

n=60

Knowledge	A.M	S.D	T VALUE	P VALUE	CONCLUSION
Pre-test	**5.60**	**1.74**	**26.07**	**0.000**	**Significant**
Post-test	**15.58**	**2.52**			

The association of the knowledge score of pre test and post test was done by the paired t test.The pre test average was 5.60 with standard deviation of 1.74. The post test very good knowledge score 15.58 with standard deviation of 0.99.The test statistics value of the paired t test was 26.07 with p value 0.000. Shows that there was significant difference in the very good knowledge score, at 5% level of significance.

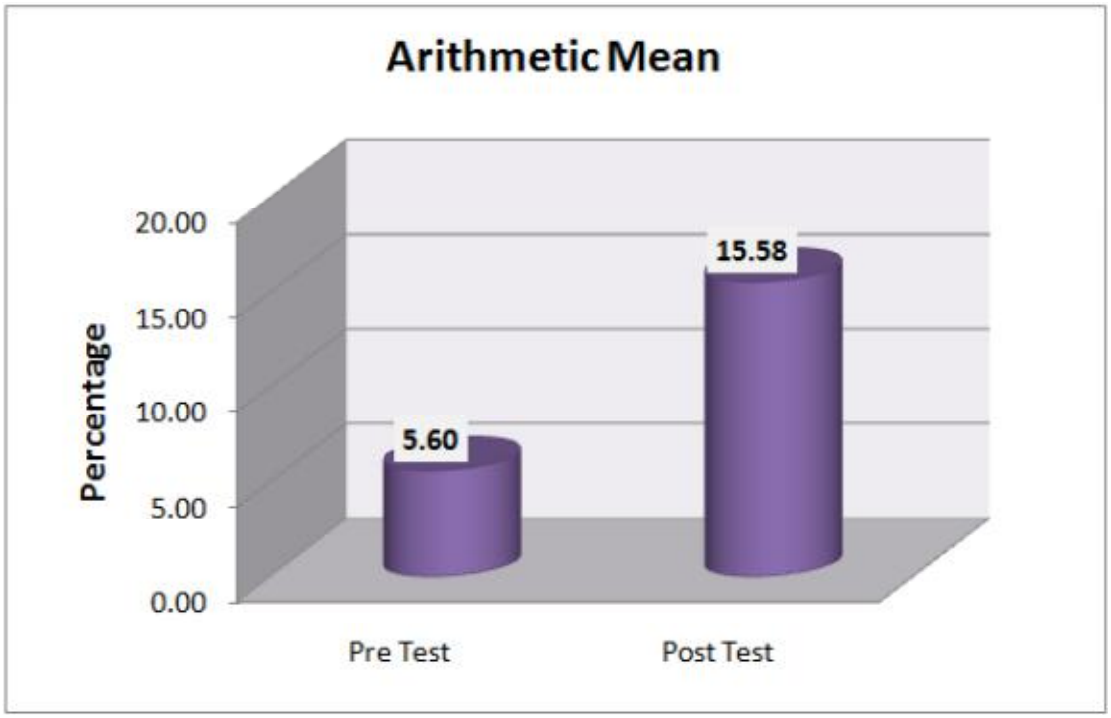

FIGURE 8 FREQUENCY AND DISTRIBUTION OF PRE TEST AND POST TEST

The above Pie diagram no.1 shows that, majority 88.24% of the participant's received information from internet as the information sources regarding infertility.

TABLE NO 10 : COMPARISION OF THE MEAN AND STANDARD DEVIATION PRE TEST AND POST TEST KNOWLEDGE

n=60

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SR. NO.	VARIABLES	POOR	AVERAGE	CHI SQUARE VALUE	d.f	P VALUE	SIGNIFICANCE
1	**Age**						
	18-21	0	0	2.73	3	0.435153	not significant at p < .05
	22-25	7	6				
	26-50	16	20				
	51 and above	8	3				
2	**Gender**						
	Female	12	11	0.003	1	0.95632	not significant at p < .05.
	Male	19	18				
3	**Education**						
	Illiterate	8	3	2.63	4	0.95632	not significant at p < .05
	Primary	8	10				
	Secondary	8	8				
	Higher Secondary	5	5				
	Graduate and above	2	3				
4	**Occupation**						
	Working	20	15	1	1	0.317311	not significant at p < .05.
	Non working	11	14				
5	**Monthly Income**						
	5000-10,000	21	14	2.37	2	0.305746	not significant at p < .05.
	10000-20000	7	11				
	20000 above	3	4				

The above table shows that there is no significant association between demographic variables that is age , gender, education , occupation, and monthly income with pre test knowledge score as calculated p value is more than 0.5.

DISCUSSION –

The finding of the study have been discussed as per the objectives of the study.

The finding of the study shows that after conducting the planned teaching there was increase in the knowledge regarding home care of oral cancer and statistically it was found that there is highly significant difference in pre test and post test score.

- It was found that in the demographic data the age of care givers 60% were age of 26-50 years, 21.67% were age of 22-25 years of age,18.33% were 51 and above.
- According to the gender of care givers 61.67% care givers male and 38.33% female care givers.
- According to Education of care givers illiterate 18.33%,primary 30.00%,secondary 26.67%,Higher secondary 16.67% and Graduate and above 8.33%.
- According to occupation of care givers is working 58.33% and non working 41.67%.
- According to monthly income of care givers 5000-10000Rs/month with 58.33%, 10000-20000Rs/month with 30.00% and 20000Rs above /month with 11.67%.
- The finding of the study shows that the intervention of planned teaching program was significantly effective to improve the knowledge among caregivers.
- Statistically found that there is high significant difference among the pre test and post test score.
- Statistically the value show that there is no association between score and demographic data.

DISCUSSION WITH SUPPORTIVE LITERATURE:

SECTION-1

According to table no 1 Maximum number 60% of caregivers belong to age group 26-50 year.

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According to table no.2 Maximum number 61.67% of caregivers belongs to gender male.
According to table no.3 maximum number 30.00% of caregivers belongs to primary education.
According to table no.4 maximum number 58.33% of caregivers belongs to working.
According to table no.5 maximum number of caregivers belongs to 58.33 of monthly income 5000 RS to 10000 RS. 31

SECTION –II

ASSESSMENT OF KNOWLEDGE

For the assessment of information score regarding home care of oral cancer among care givers in selected oncology hospitals, the score of the pre test and post test was divided in to the three groups like poor(Score0-5 %)average (Score6-10%)good(Score11-15%)very good (Score16-20%) At the time of pre test knowledge, 48% of care givers had poor knowledge regarding home care of oral cancer, 5 % had average knowledge and no one in the good and very good knowledge.
At the time of post test knowledge, no one of care givers had poor knowledge regarding home care .5 % had average knowledge , 37% had good knowledge and 58% had very good knowledge.

SECTION III

COMPARISON OF THE PRE TEST AND POST TEST KNOWLEDGE

The association of the knowledge score of pre and post test was done by the paired test .
The pre test average score was with standard deviation of .The post test average score was with standard deviation of .
The test statistics value of the t test was with p value. 0.
Comparison of mean scores and standard deviation among pre test and post test group for effectiveness of planned teaching program on home care of oral cancer among care givers is done.
The statistical data shows that there is highly significant difference in mean score and standard deviation.
1.Pre test is done to assess the existing knowledge among caregivers on home care of oral cancer patients.
2.The intervention is done i.e. planned teaching program is given to the care givers.
3.Post test was done to evaluate theeffectiveness of planned teaching program on home care of oral caner among care givers.

CONCLUSION-

The main aim of the present study was to assess the effectiveness of planned teaching related to home care management of oral cancer among care givers in selected hospitals of Sangli ,Miraj and Kupwad corporation area.‖

A structured questionary was prepared

- A pilot study was conducted on Horizon Hospital Sangli on 22 Marchto2021 to 29 March 2021.

- The final study was conducted on 5April 2021.to 12 April 2021 with 60 sample at Sri Siddhivinayak Ganpati cancer Hospital, Miraj.

An exploratory study was used to assess the effectiveness of planned teaching program on knowledge among care givers of all related to home care of oral cancer of patients in selected hospital of sangli, Miraj and Kupwad corporation area. The collected data was tabulated, coded and summarized. Analysis was done by using descriptive and inferential statistics. The tests used were calculation of frequency, percentage .

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