



Effectiveness Of Sensitization Programme On Level Of Acceptance, Regarding Hpv Screening With Self Sampling Method (SSM) Vs Assisted Sampling Method (ASM) Among The Women – Pilot Study Report

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Abstract

Screening for cancer plays an important role to reduce mortality and morbidity by early detection and treatment. However, despite availability of various screening methods for cervical cancer, women are not showing interest to participate in screening in regions where programmes are available.

Objective

To assess the effectiveness of sensitization program on level of acceptance among group I and group II women at the selected Villages of Puducherry.

Methodology

Quantitative research approach and Quasi experimental design was adopted in this study. Simple random sampling Technique was adopted to select the sample for the study. Total 20 Samples - 10 for experimental group and 10 for control group were selected.

Result and Findings: Regarding demographic variable the study findings are: majority 40% and 70% of women were in the age group of 25-35yrs and 36-45yrs in the group I and II respectively.

With regards to acceptance of Screening method it was found that in group I all 10(100%) women had accepted whereas from group II only 1(10%) had accepted for test

Conclusion- This study findings highlights that participants acceptance towards self sampling method is better than for assisted sampling method. Hence there should be more awareness programme to be conducted for self sampling procedure and facility to be provided all health centers for this method for all women.

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Introduction

It is estimated that cervical cancer will occur in approximately 1 in 53 Indian women during their lifetime compared with 1 in 100 women in more developed regions of the world. (1,2). Cancer cervix mortality is remaining high among women, which was evident in a worldwide analysis mentioned that approximately Available online at: <https://jazindia.com>

570000 case of cervical cancer and 311000 deaths from the disease occurred in 2018. (3-5). Study further interoperated that cancer cervix continue to be a major public health issue affecting women, the global scale-up of hpv vaccination and hpv based screening has potential to reduce the burden of cancer cervix or mortality and morbidity due to cervical Cancer.(6-9)

Screening for cancer is plays important role to reduce mortality and morbidity by early detection and treatment. However, despite availability of various screening method for cervical cancer, women are not showing interest to participate in screening in regions where programme are available. (10-12)

With the emergence of HPV-based primary screening, the option of self-collection may overcome this barrier, given that such samples when tested using a PCR-based HPV assay have similar sensitivity for the detection of cervical pre-cancers as practitioner-collected cervical specimens.(13)

A longitudinal descriptive design evaluated a community-based pilot study conducted in a rural setting (Tirunelveli and Tuticorin districts) in Tamil Nadu and reviewed the completion of care continuum. Among the 807 women referred, only 74 (9.2%) women visited the referral center.(14)

Many evidence supports HPV testing as an alternative to the Pap test.(15) The sensitivity of the HPV test is greater than that of the Pap test, detecting persistent HPV infections that can lead to cervical cancer for women.

Objective

To assess the effectiveness of sensitization program on level of acceptance among group I and group II women at the selected Villages of Puducherry.

To evaluate the effectiveness of screening programme for acceptance of Screening in group I & Group II.

Hypothesis

Ho1- There is no significant difference between post test level of acceptance among group I & group II women at selected villages of Puducherry.

Methodology

Quantitative research approach and Quasi experimental design was adopted in this study. Simple random sampling Technique was adopted to select the sample for the study. Total 20 Samples - 10 for experimental group and 10 for control group were selected .

Criteria for the Selection of the Sample

Inclusion Criteria: -

- Married women aged 25 to 65 years living in selected village of Pondicherry.
- Willing to participate in the study
- No previous hysterectomy
- Available during the data collection

Exclusion Criteria:

- unmarried
- Pregnancy
- Having hysterectomy
- Active bleeding per vagina

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool was developed after extensive review of literature, internet search and expert's advice which helped the researcher to select most suitable tool using in this study was semi structured questionnaires with the interview schedule for quantitative approach.

Tool consists of two sections

- Section –A-Demographic and Obstetrics Variable
- Section-B- A checklist to asses the Acceptance of Women Regarding hpv screening methods

Description of the Tool:

- Section A: A semi structured interview schedule has been prepared to collect -
- demographic variable such as age, education, religion, occupation, type of family, monthly income & screening pattern.
- Obstetrical variable as number of children, menstrual history, family planning method, history of STD & sexual activity history etc.
- **Section B:** A checklist to assess the Acceptance of Women Regarding hpv screening methods;- It consists of acceptance scale to assess the acceptance towards the sampling method for both the group. It has 6 statements with a total score of 30.

Interpretation

Acceptance	scores	percentage
Strongly accepted	16-30	67-100%
Moderately accepted	11-15	34-66%
Not accepted	1-10	<33%

Intervention

Self sampling group Video on hpv screening including procedure for SSM Leaflets regarding procedure for SSM	Assisted sampling group Video regarding hpv screening Leaflets regarding hpv screening
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DESCRIPTION OF THE INTERVENTION:

- VIDEO consists of following content (SSM Group)
- What is hpv infection?
- What is human Papilloma virus (HPV)
- Risk Factor For Hpv Infection
- Signs and Symptoms of Hpv Infection
- Incubation period of cervical cancer
- Prevention measures
- Who should get screened
- Storage of sample, Result & interpretation
- Procedure for self sampling method
- 2. VIDEO consists of following content (ASM Group)
- What is hpv infection?
- What is human Papilloma virus (HPV)
- Risk Factor For Hpv Infection
- Signs and Symptoms of Hpv Infection
- Incubation period of cervical cancer
- Prevention measures
- Who should get screened
- Storage of sample, Result & interpretation

Data collection Procedure

The formal verbal permission was obtained from the panchayat of thrikkanur village to do the data collection. Informed written consent was obtained from the subjects prior to the data collection. The subjects had the freedom to withdraw from the study at any time. The women who met the inclusion criteria and who are willing to participate in the data collection were included in this study. Total 10 women in Group I & 10 women in group II were included. The researcher introduced herself to the subjects. The purpose of the study was clearly explained to the Subjects and Privacy and confidentiality were maintained. The Data was collected in three phases.

Phase I –

For Group I (Self Sampling Method)

Socio-demographic data was collected from the participants. The sensitization programme has been conducted for the group I with the help of video and further leaflets given to them including procedure related to SSM. After sensitization programme cotton swab and collection tube had given to the study participant to take vaginal sample & instructed to return to researcher. Sample transported to lab by end of the day. Result of test communicated with PHC & study participant individually. Level of Acceptance for group I, done one week after the sensitization programme.

For Group II (Assisted Sampling Method)

Socio-demographic data was collected from participants. The sensitization programme has been conducted for the group II with the help of video and further leaflets given to them including information related to hpv screening. Participant were requested to visit thirukkanur PHC for the assisted sampling within one week after sensitization programme. Level of Acceptance for group II, done one week after the sensitization programme.

Result and Findings:

Regarding demographic variable the study findings are: majority 40% and 70% of women were in the age group of 25-35yrs and 36-45yrs in the group I and II respectively. 40% women in both group were having Graduation and more level of education. All the women are married and Hindus in both group. 60% women were house wives in both the groups. Around 80 % women had income below Rs. 15000. About 60% in the Gr I and 90% in the gr II women were in Joint Family. [Tab-1]

Table 1: Frequency and percentage Distribution of Demographic variables of woman under study

Variables		Group I (n-10)		Group II (n-10)	
		Frequency	Percentage	Frequency	Percentage
Age of the Women	25-35 year	4	40.0	2	20.0
	36 – 45 years	3	30.0	7	70.0
	46 – 55 years	2	20.0	1	10.0
	56 -65 year	1	10.0	0	0.0
Marital Status	Married	10	100.0	10	100.0
Duration of marriage	0-5 Years	4	40.0	0	0.0
	6-10 Years	2	20	5	50
	>10 Years	4	40	5	50
Variables		Group I (n-10)		Group II (n-10)	
		Frequency	Percentage	Frequency	Percentage
Religion	Hindu	10	100.0	8	80.0
	Muslims	0	0	1	10.0
	Christian	0	0	1	10.0
Educational Status	Illiterate	3	30.0	2	20
	Primary & middle school level	2	20.0	4	40
	Secondary school level	1	10.0	0	0
	Graduation	4	40.0	4	40
Variables		Group I (n-10)		Group II (n-10)	
		Frequency	Percentage	Frequency	Percentage
Occupation	House wife	6	60.0	6	60
	Self-employee	1	10.0	1	10
	Government employee	2	20.0	3	30
	Private employee	1	10.0	0	0
Monthly Income in Rs.	Less than 12019	8	80.0	8	80.0
	More than 32050	2	20.0	2	20.0
Type of Family	Nuclear family	4	40.0	1	10.0
	Joint family	6	60.0	9	90.0

Variables		Group I (n-10)		Group II (n-10)	
		Frequency	Percentage	Frequency	Percentage
Any family history of cervical cancer	Yes	0	0.0	0	0.0
	No	10	100.0	10	100.0
Do you suffer with any disease condition for which you are taking medicine	No	10	100.0	8	80
	Yes	0	0.0	2	20
Screening Pattern for hpv	Never screened	10	100.0	9	90
	Under screened	0	0.0	1	10
Variables		Group I (n-10)		Group II (n-10)	
		Frequency	Percentage	Frequency	Percentage
Number of Children	0.00	0.0	1.0	1.0	10.0
	1.00	2.0	20.0	0.0	0.0
	2.00	5.0	50.0	6.0	60.0
	3.00	0.0	0.0	3.0	30.0
	4.00	2.0	20.0	0.0	0.0
	5.00	1.0	10.0	0.0	0.0
Frequency of sexual activity past three month	Active	4	40.0	4	40.0
	Occasional	6	60.0	6	60.0
Variables		Group I (n-10)		Group II (n-10)	
		Frequency	Percentage	Frequency	Percentage
Are you using any contraception	Yes	4	40.0	2	20.0
	No	6	60.0	8	80.0
If yes, what is the method used	Condom	1	10.0	1	10
	Injectable	2	20.0	0	0
	IUCD	1	10.0	0	0
	Sterilization	0	0.0	1	10

With regards to acceptance of Screening method it was found that in group I all 10(100%) women had accepted whereas from group II only 1(10%) had accepted for test. [Tab-2]

Table-2: frequency and percentage wise distribution of the level of acceptance in group I & group II among women

n = 10

Level of Acceptance	GROUP I		GROUP II	
	FREQUENCY (N)	PERCENTAGE (%)	FREQUENCY (N)	PERCENTAGE (%)
Accepted	10	100	01	10
Not accepted	00	00	00	00

Mean and SD of Acceptance level in group I & Group II shows that 29.2 with SD 0.63 in group I and 1.1 with SD of 3.47 in Group II with mean difference 28.1 and t value 25.19 shows highly significant. [Tab-3]
The above result shows for self sampling the level of acceptance is better than for assisted sampling technique.

Table- 3 frequency and Mean wise distribution of the acceptance among group I & group II

n = 10

Level of acceptance	Group	n	Mean	SD	Mean Diff.	Unpaired t test	P Value
	Group I	10	29.2	0.63	28.1	25.19	P=<0.0005 ***
	Group II	10	1.1	3.47			

Conclusion-

This study findings highlights that participants acceptance towards self sampling method is better than for assisted sampling method. Hence there should be more awareness programme to be conducted for self sampling procedure and facility to be provided all health centers for this method for all women.

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