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## To assess the effectiveness of planned teaching programme on knowledge regarding primary prevention of oral cancer among the students of selected college in Ranchi, Jharkhand

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### Abstract

**Background:** Cancer is one of the most common causes of morbidity and mortality today in India. Global cancer statistical data show that India has one of the highest incidence rates of oral cancer worldwide, about 86% of total oral cancer cases seen in India across the world. Oral cancer accounts about 46,000 deaths occurring and 75000 new cases are reported in India every year. Chewing tobacco and excessive alcohol consumption have been estimated to account for about 90% of cancers in the oral cavity. Risk factors for oral cancers include smoking, alcohol use, smokeless tobacco products, and HPV (human papilloma virus) infections, with smoking and alcohol having synergistic effects.

**Method:** we conducted this study in selected st. Paul's college Ranchi, Jharkhand. the study is approved by institutional ethical committee. work practices procedure during the study is multiple choice question is used to assess the knowledge regarding primary prevention of oral cancer among the college students.

**Result:** majority of 17-18yrs of age (57%) were taken to assess and mostly male were taken 75%, in which they were living in rural 67% and mostly their income is mostly below 5000 and the total sample(60) were taken through the purposive random sampling technique which shows the result mean is before and after the test is 8.58 and 14.61 respectively and SD 3.066 and 2.064, which shows the highly significant of this study to giving the intervention as a planned teaching programme regarding knowledge on prevention of oral cancer.

**Conclusion:** Prevention is always better than cure so there is need to focus on cancer prevention along with cure. If the patient has tobacco habits, counsel them benefits of quitting tobacco and advice them to quite the tobacco chewing or smoking by doing this we can decrease the number of cancer patients in our country.

**Keywords:** Primary prevention, assess, effectiveness, knowledge, oral cancer

### Introduction

Mouth cancer is often (but not always) preceded by some changes in the mouth. These changes serve as warning signs for cancer. Some patients may have reduce mouth opening or white (leukoplakia) or red (erythroplakia) patches in the mouth. These patches bleed on removal and can be painless or painful. Stopping the use of tobacco and alcohol and eating a healthy, nutritious diet may help prevent progression of these patches to a cancer. The potential for prevention and control of cancer are hampered by the low-priority frequently given to the disease, excessive reliance and expenditure on treatment, and a considerable imbalance between resources allocated for basic cancer research and those devoted to its prevention and control. For example, primary prevention, early detection and palliative care are often neglected in favor of treatment-oriented approaches, even in cases where these approaches are not cost-effective and cause unnecessary human suffering. Early detection, which comprises screening of asymptomatic populations and awareness of early signs and symptoms, increases the probability of cure. However, it requires the facilities to confirm diagnosis and provide treatment, and the availability of resources to serve the population in need. The prevalence of the cancer should also justify the effort and expense. Treatment aims to cure disease, prolong life, and improve the quality of life. The most effective and efficient treatment is linked to early detection programs and follows evidence-based standards of care.

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Treatment guide lines and praxis guides improve treatment outcome by setting standards for patient management. Most cancer patients required palliative care. Palliative care involves not only pain relief, but also spiritual and psychosocial support to patients and their families from diagnosis, throughout the course of the disease. It improves the quality of life of patients and their families, regardless of the possibilities of cure.

**Need of the study**

Public awareness of health dangers and health education, prevents the use of tobacco particularly youngsters in schools and colleges. Promote cessation by running tobacco cessation clinics.

Knowledge and awareness of the HPV infection and vaccination among adolescents. Banning tobacco use in public places, work places and at home.

**Methodology**

A one group pre-test post-test design was adopted to conduct the study among the 60 college students in Jharkhand with purposive sampling techniques.

**Sample selection criteria**

**Inclusion criteria**

Students of St. Paul College, Ranchi, Jharkhand.  
Students who are willing to participate in study.

**Exclusion criteria**

Who are not willing to participate in this Study.

**Description of tool**

Tool divided into two sections

**Section A**

Deals with the demographic data that consist of age, gender, family type, area of living, family income, knowledge exposure.

**Section B**

It includes objective type of 20 question based on various subheading about the meaning, incidence, causes and risk factor, sign and symptoms, diagnostic evaluation, prevention, management and complication is formulated to assess the knowledge of college students of St. Paul's College Ranchi, Jharkhand.

**Results**

**Section I**

**DEMOGRAPHIC VARIABLES OF THE STUDY POPULATION** of the total study population age ranges 15-16 yrs frequency is 24 (40%), 17-18 yrs frequency is 34 (57%), 19-20 yrs frequency is 02 (3%) and the gender distribution male is 45(75%) and female is 15 (25%). family type is nuclear 27(45%) and joint family is 33 (55%), area of living is urban 20 (33%) and rural is 40 (67%) and according to family income I'e below 5000 frequency is 24 (40%), 5001-10001 is 18 (30%), 10001-15000 is 11(18%) and above 15000 is 07 is (12%). Knowledge of exposure is television 14 (23%), internet is 09 (15%), news-paper is 16 (22%).

**Table 1:** Demographic Variables of The Study Population

Sl. No	Item	Distribution	Frequency (n=60)	Percentage %
1	Age	15-16	24	40
		17-18	34	57
		19-20	02	3
2.	gender	Male	45	75
		Female	15	25
3.	Family type	Nuclear	27	45
		Joint	33	55
4.	Area of living	Urban	20	33
		Rural	40	67
5.	Family income	Below 5000	24	40
		5001-10001	18	30
		10001-15000	11	18
		Above 15000	07	12
6.	Knowledge of exposure	Television	14	23
		Internet	9	15
		News paper	16	22

**Table 2:** Data analysis of knowledge as per criteria n=60

Knowledge evaluation criteria	Pre-test		Post-test	
	Frequency	%	Frequency	%
Very good (16-20)	0	0	24	17
Good (11-15)	7	13	26	14
Average (6-10)	35	8	10	10
Poor (1-5)	8	4	0	0

**Table 3:** Evaluation of effectiveness of planned teaching programme regarding level of knowledge on primary prevention of oral cancer.

S. No	Area	Mean	SD	CV	Z value	Significance
1	Pre-Test	8.58	3.066	35.73	12.52	P<2.0
2	Post-test	14.61	2.064	14.12		Highly significant

Table 4 It shows that there is an association between pre-test knowledge score of students with selected demographic variable such as family type as calculated chi square value if higher than that tabulated value of 10.34 at p<0.05 level of significance. Chi square value less than table value was for age, gender, area of living, family income, knowledge of exposure and their chi-square value is 6.10,0.43,1.74,6.05,10.14 respectively and the above value shows that there was no significant association between pre-test knowledge with demographic variable.

**Conclusion**

If the patient has tobacco habits, counsel them benefits of quitting tobacco and advice them to quite the tobacco chewing or smoking. Assess the willingness to make a quite

attempt. Assist the patient to quite tobacco. Arrange the follow up contact. Spend the at least 10 minutes of every day to talk tobacco users to understand their risk factors and motivate them for quitting tobacco habit. Encourage the national and international health authorities, research institutions, nongovernmental organizations and civil society to strengthen their efforts for the effective control and prevention of oral cancer.

### **Recommendation**

The study must be extended to larger population. primary prevention which involves reducing the exposure to tobacco, alcohol and betel quid has been shown to be effective in reducing the incidence of oral cancer.

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