

Research Article**A COMPARATIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE ABOUT WARNING SIGNS OF CANCER AMONG ADULTS IN URBAN AND RURAL AREA**K. Karpagam ^{1*}, Priya ²¹ Clinical instructor, Department of Medical Surgical Nursing, Saveetha College of Nursing, SIMATS, Chennai, INDIA.² B.Sc (Nursing) IV year, Saveetha College of Nursing, SIMATS, Chennai, INDIA.

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ABSTRACT

Aim of the study: Assess the level of knowledge about warning signs of cancer among adults in Urban (Tondiarpet) and Rural (Kunnam).

Background of the study: Cancer is a group of diseases involving cell growth with the potential to invade or spread to other part of the body these contrast with benign tumors, which do not spread to other parts of the body. Possible signs and symptoms include a lump, abnormal bleeding, prolonged cough, unexplained weight loss, and change in bowel movements. A cancer is an abnormal growth of cells (usually derived range of the oral cancer can be modifiable and non-modifiable. The cancer is the most dreaded disease and refers to malignant tumors, neoplasm which is caused by abnormal growth of new tissues. Cancer is a non-communicable disease of public health importance. It is the second most common causes of mortality in developed countries.

Materials and Methods: The Quantitative research approach and descriptive research design was used. The samples of the study were adult peoples. 200 samples were selected in convenient sampling method and the knowledge level of warning signs of cancer was checked by using structured questionnaire and the data was analyzed by using descriptive statistics.

KEYWORD: Warning signs, Knowledge, Cancer.

INTRODUCTION

Cancer is the leading cause of mortality in many countries around the world (World Health Organization 2014). The majority of deaths from cancer occurs in low and middle income countries and is most likely because of delayed presentation (Jemal et al., 2011; Moore et al., 2014) [1]. Cancer is a major public health problem both in our country and worldwide because of its disease burden, fatality and tendency towards increased incidence. Globally cervical cancer is second most prevalent cancer among all population and third most common type of cancer after breast and lung cancer among women [2]. Awareness of public about warning signs of cancer in relation to early detection and prevention has been surveyed in a few countries only, and results showed poor knowledge among them. Other studies focusing on specific cancers are limited in terms of sample-size or composition, and most of these studies were conducted in purposive samples or clinical settings, e.g. restricted age, sex, or patient groups [1]. Globally,

cancer is a major burden and the second leading cause of mortality after cardiovascular diseases. The incidence of cancer increased world wide it an estimate of more than 11 million people are annually diagnosed with cancer. The incidence rate of cancer successful treatment and survival greatly associated with the early detection of the disease. Detection of cancer symptoms and warning signs can be classified into passive detection and active detection. Cancer detection by awareness of suspicious symptoms is considered passive detection [4]. Cancer is one of the major NCDs and is emerging as a major health problem globally with over 10 million new cases and more than 6 million deaths (12% of all deaths) worldwide every year. According to the world cancer report (2008), there is a high incidence rate of cancer throughout the world and it may reach about 20 million by 2030, nearly 70% of cancer deaths occurs in low-and middle-income countries. The burden of cancer is increasing in developing countries with an increase in life expectancy and increased exposure to cigarette smoking, higher consumption of saturated fat, calorie-dense foods, and reduced physical activity [5]. Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Although the reason why the disease develops remains unknown for many cancers, particularly those that occur during childhood, there are many known cancer causes, including lifestyle factors, such as tobacco use and excess body weight, and non-modifiable factors, such as inherited genetic mutations, hormones, and immune conditions. These risk factors may act

*** Corresponding author:****K. Karpagam**

Clinical Instructor,

Department of Medical Surgical Nursing,

Saveetha College of Nursing, SIMATS, Chennai, INDIA.

* E-Mail: karpagaraja1982@gmail.comDOI: <https://doi.org/10.5281/zenodo.3557304>

simultaneously or in sequence to initiate and/or promote cancer growth [6].

MATERIALS AND METHODOLOGY

Research Approach: Quantitative approach was used to conduct the study.

Research Design: Non experimental comparative study design was chosen for the study to assess the knowledge about warning signs of cancer among adults.

Variable:

Dependent Variable: Level of knowledge

Independent Variable: Warning signs of cancer

Setting: The study was conducted in Kunnam for rural area and Tondiarpet for urban area.

Population: The population for this study was adults above of 18 years of age.

Sample: Sample selected are the people from a selected area who are at the age of above 18 years

Sample Size: Sample size will be comprised of 200. 100 samples for rural and 100 samples for urban.

Sampling Technique: Purposive sampling technique was used for this study.

Criteria for Sample Selection:

Inclusion Criteria:

1. Patient who are willing to participate in the study.
2. Both male and female who were above 18 to 60 years of age.

Exclusion Criteria:

1. Patient who are not willing to participate in this study.

2. Patient who did not understand English or tamil.

Tools: The tool consists of two section

Section A: Demographic variable such as age, gender, education, occupation, marital status, income, personal habits and exposure to UV rays.

Section B: Structured questionnaire to assess the knowledge regarding warning signs of cancer .

Checklist to find out the knowledge on warning signs of cancer among adults in urban and rural

Scoring:

Rural:

5% - Adequate knowledge

40%-Moderate Knowledge

55% - Inadequate Knowledge

Urban:

15% - Adequate knowledge

73%-Moderate Knowledge

12% - Inadequate Knowledge

Score Interpretation:

Inadequate knowledge: 1-10

Moderate knowledge: 11-15

Adequate knowledge: 16-20

Procedure for Data Collection:

The main study was conducted during the period 12 at Kunnam rural area and Tondiarpet urban area. Formal permission was obtained from the Saveetha College of Nursing, SIMATS and from the village Administrative officer of Kunnam and Tondiarpet. The investigator first selected the sample by using inclusion criteria, a total of 200 samples were selected, 100 samples from rural area and 100 samples from urban area. A self-administrated questionnaire was given to the participants and the knowledge was assessed.

Table No. 1: Frequency and Presentation Distribution Demographic variable of knowledge about the warning signs of Cancer among adults

| S.no | Demographic variable | Rural area | | Urban area | |
|------|----------------------------------|------------|------------|------------|------------|
| | | Frequency | Percentage | Frequency | Percentage |
| 1 | Age | | | | |
| | a. 18-25 years | 44 | 44% | 56 | 56% |
| | b. 26-35years | 38 | 38% | 30 | 30% |
| | c. 36-45years | 12 | 12% | 10 | 10% |
| | d. 45 above | 6 | 6% | 4 | 4% |
| 2 | Gender | | | | |
| | a) Male | 74 | 74% | 82 | 82% |
| | b) Female | 26 | 26% | 18 | 18% |
| 3 | Education | | | | |
| | a. Illiterate | 56 | 56% | 8 | 8% |
| | b. School education | 34 | 34% | 48 | 48% |
| | c. Graduate | 8 | 8% | 32 | 32% |
| | d. Post-graduate | 2 | 2% | 12 | 12% |
| 4 | Family history of cancer, if yes | | | | |
| | a. Mother | 4 | 4% | - | - |
| | b. Father | 12 | 12% | - | - |

| | | | | | |
|----------|--------------------------------|----|-----|----|-----|
| | c. Others | 6 | 6% | 12 | 12% |
| | d. No | 78 | 78% | 88 | 88% |
| 5 | Family income per month | | | | |
| | a. Below 5000 | 22 | 22% | - | - |
| | b. 5000-8000 | 70 | 70% | 42 | 42% |
| | c. 9000-15000 | 8 | 8% | 58 | 58% |
| 6 | Marital status | | | | |
| | a. Married | 38 | 38% | 32 | 32% |
| | b. Single | 54 | 54% | 66 | 66% |
| | c. Divorce | - | - | - | - |
| | d. Widow | 8 | 8% | 2 | 2% |
| 7 | Occupation | | | | |
| | a. Student | 26 | 26% | 34 | 34% |
| | b. Employed | 62 | 62% | 60 | 60% |
| | c. Unemployed | 12 | 12% | 6 | 6% |
| 8 | Habits | | | | |
| | a. Smoking | 46 | 46% | 40 | 40% |
| | b. Alcohol | 14 | 14% | 32 | 32% |
| | c. Tobacco chewing | 8 | 8% | 6 | 6% |
| | d. None of the above | 32 | 32% | 22 | 22% |
| 9 | Exposure to UV rays | | | | |
| | a. Yes | 76 | 76% | 94 | 94% |
| | b. No | 24 | 24% | 6 | 6% |

Table 1 Shows that majority of samples in both rural (44%) and urban (56%) were 18-25 years old and males in rural were (74%) and in urban (82%), in rural the most people were illiterate 56(56%) and in urban 48(48%) were studied up to school education. In the family history of cancer among rural people were 4(4%) was present in mothers 12(12%) was in

fathers and 3(3%) in others. Majority of rural people family income is 70(70%) 5000-8000 per month were else in urban 29(58%) 9000-15000 per month. 46(46%) people in rural has habits of smoking, 8(8%) use of tobacco, in urban 14(40%) and rural 32(32%) consume alcohol.

Table No. 2: Level of Knowledge about Warning signs of Cancer among Adults in Urban and Rural

| Level of knowledge | Inadequate knowledge | | Moderate knowledge | | Adequate knowledge | |
|--------------------|----------------------|------------|--------------------|------------|--------------------|------------|
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Rural area | 55 | 55% | 40 | 40% | 5 | 5% |
| Urban area | 12 | 12% | 73 | 73% | 15 | 15% |

Table 2 shows that in rural area the 55(55%) has inadequate knowledge, 40(40%) has moderate knowledge and adequate knowledge is 5(5%). In urban the majority people has moderate knowledge 73(73%) and 15(15%) has adequate knowledge and inadequate 12(12%)

While comparing the level of knowledge about warning signs of cancer among rural and urban, the urban people 73 (73%) has more adequate knowledge than rural 5(5%).

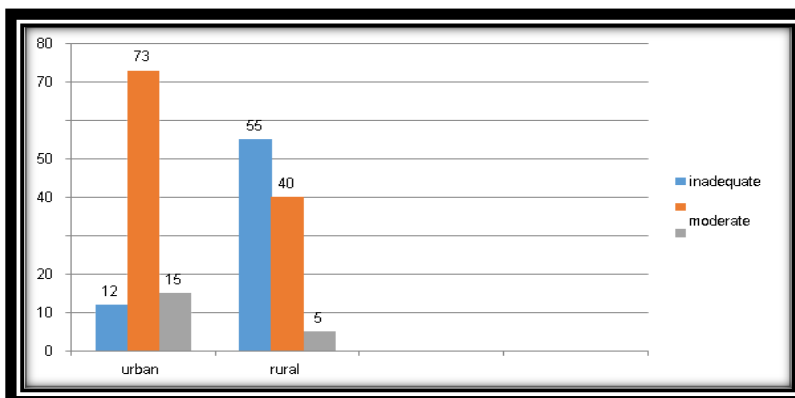


Fig. 1: level of knowledge about warning signs of cancer among adults in rural and urban area

Figure 1 shows that in rural area the 55(55%) has inadequate knowledge, 40(40%) has moderate knowledge and adequate knowledge is 5(5%). In urban the majority people has inadequate knowledge is 12(12%), moderate knowledge 73(73%) and 15(15%) has adequate knowledge.

Association between the levels of knowledge about warning signs of cancer among adults in rural area (N=100)

Association between the level of knowledge about warning signs of cancer among adults in rural area evaluate and checked. It shows that there was a no significant in rural area.

Association between the knowledge about warning signs of cancer among adults in urban area (N=100)

Association between the knowledge about warning signs of cancer among adults in urban area evaluate and checked. It shows that here was a significant association between the marital status.

RESULTS

The knowledge was assessed in two settings, urban and rural. Frequency and percentage distribution of the Level of knowledge about warning signs of cancer among adults in rural and urban area Showed that in rural area the 55(55%) has inadequate knowledge, 40(40%) has moderate knowledge and adequate knowledge is 5(5%). In urban the majority people has moderate knowledge 73(73%), inadequate knowledge 12(12%) and 15(15%) has adequate knowledge.

CONCLUSION

A comparative study was conducted to assess the level of knowledge about warning signs of cancer among urban and rural people in Tondiarpet and kunnam village. The investigator obtained formal permission from the village head, the period of the data collection was 1 week, in which the data was collected from 200 samples 100 sample residing in Tondiarpet (urban) and 100 sample residing in Village (rural).

The study assessed the level of knowledge on about warning signs of cancer among adults in urban and rural people in Tondiarpet village and Kunnam village by using the structured questionnaire. There is a need to provided a knowledge about warning signs of cancer in rural peoples.

RECOMMENDATIONS:

Based on the findings of the present study, the following recommendations have been made

- A similar study can be conducted in large groups
- A study can be conducted in risk behaviors groups

- A comparative study can be conducted among rural and urban adolescents

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