A PROSPECTIVE STUDY ON ROLE OF DOCTOR OF PHARMACY/CLINICAL PHARMACIST IN ASSESSING THE KAP(KNOWLEDGE, ATTITUDE & PRACTICE) IN SELF TEST FOR BREAST, CERVICAL AND UTERINE CANCERS AMONG WOMEN AND CREATING AWARENESS AND PREVENTION WITH ADVANCED HEALTH CARE COUNSELLING

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ABSTRACT

In India there is increased risk and prevalence of Breast, Cervical and Uterine Cancers among women day by day there is no proper guidance in creation of awareness on Breast, Cervical and Uterine Cancers prevention. KAP stands for Knowledge, Attitude & Practice it is a quantitative method which contains predefined question formatted with standardized questionnaires that provides access to quantitative & qualitative information of a particular concept. The study aims at implementation of Doctor of pharmacy services in assessing the KAP (knowledge, attitude, practice) of self test for Breast, Cervical and Uterine Cancers among women & creating awareness with advanced patient counseling services in obstetrics & gynecology department of an ESI hospital with an objectives of to decrease the risk of breast, cervical and uterine cancers, to improve knowledge regarding disease like signs and symptoms, complications and treatment to provide Patient counseling regarding(self test, lifestyle modification,

disease, prevention and precaution) Study Design: It is a Prospective observational study. Study Period: The Present study was conducted for a period of six months from October 2018 to March 2019. Study Site: The Present study was conducted in obstetrics & gynecology department of an ESI hospital Sample Size: The Patients admitted in hospital during the study period of six months it was 200 Patients. Inclusion Criteria: Patients with aging above 18 years (women), Patients having previous history of medical, medication problems (women), The Patients who are willing to participate in the study (women). Exclusion criteria: Patients like Pregnancy, Lactation Patients, Patients who are not willing to participate in the study (women), and Patients with aging below 18 years (women). Method of Collection of Data: All the patients satisfying the inclusion criteria were selected from the obstetrics & gynecology department of ESI hospital. After thoroughly explaining the study methodology to the subjects, and included in the study. The necessary information was collected by interviewing the patients and parents using the following annexure. ANNEXURE -1: KAP Breast Cancer self assessment form, ANNEXURE-2: KAP Cervical Cancer self assessment form, ANNEXURE-3: KAP Uterine Cancer self assessment form, ANNEXURE-4: Patient counseling and feedback forms, Statistical Analysis: Statistical Analysis is done by using prism graph pad soft ware P-VALUE is calculated to determine whether the following study is significant or not. Results: The number of patients with positive feedback after counseling of KAP on (Breast, Cervical and Uterine Cancers), were 194 OUT OF 200 which clearly states 97% out of 100%. Prism graph pad software was used for this study and P-Value is <0.001 which states this present study was highly significant. Conclusion: So as a responsible Doctor of Pharmacy health care professionals we took it as a our main responsibility to assess KAP on self test for Breast, Cervical and Uterine Cancers among all women patients in Obstetrics and Gynecology Departments and educated them how to perform Self Test by diagrammatic representation for their easy grasping and understandings and well guided them regarding how to involve in Early Detection of Cancers and about their prevention.

KEYWORDS: Knowledge, Attitude & Practice, Breast, Obstetrics, Gynecology Cervical and Uterine Cancers**.**

INTRODUCTION

KAP stands for Knowledge, Attitude & Practice it is a quantitative method which contains predefined question formatted with standardized questionnaires that provides access to quantitative & qualitative information of a particular concept.

It contains three components

a) KNOWLEDGE

b) ATTITUDE(characteristics acquired by an individual)

c) PRACTICE.

STEPS INVOLVED IN CONDUCTING KAP

1. First step involves in Identification of domain

2. Second step involves in Preparation of questionnaires.

3. Third step involves in Validation of questions.

4. Fourth step involves in Selection of sample for which survey is going to be done.

5. Fifth step involves in selection of Size of sample which should be large to represent entire population, which helps in data collection and analysis of result

6. Sixth step involves in Minimum sample size required is 200 individuals.

7. Seventh step involves in considering Overall population characteristics.

8. Eighth step involves Conduction of survey and data collection (from which method survey is being conducted should be decided prior & should be same for each group).

9. Ninth step involves in Method of sampling include interview (either person or telephone).

10. Tenth step involves in assessing the Knowledge in percentage of population knows all of the symptoms & its same for practice section.

11. Eleventh step involves in Attitude section numerical values is given to each choice in range of response.

12. Twelfth step involves in analyzing Data to determine KAP level of community.

13. Thirteenth step involves at Last in which all the collected data and analyzed should be presented on report.

NEED OF KAP IN HEALTH CARE SYSTEM

1. It is a good and best way in assessing health care delivery

2. Most Useful in epidemiological survey methodology

3. Useful in Findings the challenges of conducting survey in various areas

4. Helpful to find the extent of community knowledge on public health

5. Easy way to make people understand about prevalence of particular diseases and ask their honest opinion which can be used to assess their knowledge regarding that particular disease.

6. It is helpful in Finding the different treatment and prevention option

ROLE OF DOCTOR OF PHARMACY/CLINICAL PHARMACIST IN ASSESSING KAP

The clinical pharmacist plays an important role in assessing the KAP which can be helpful and generates important information for a particular disease which can be done in following mentioned steps below.

1. Explaining about what is KAP and its importance in survey population
2. Preparing the questionnaire form.
3. Providing knowledge and awareness regarding diseases and its safety precautions and preventions
4. Improve patient health related outcome and quality of life
5. Educating about the medicine and their uses along with adverse effects and precautions to be taken.
6. Preparing the feedback forms after the completion of survey

BREAST CANCER: Breast cancer is defined as proliferation of abnormal cells which multiply out of control, destroying healthy cells and tissues in breast and endangering life.

CERVICAL CANCER: Cervical is defined as a malignant growth or tumor that forms in tissue of the cervix which is the lower part of the uterus that opens at the top of the vagina.

UTERINE CANCERS: it is a type of endometrial cancer begins in the uterus (it usually begins in the lining cells of Endometrium causing endometrial thickening and tumor formations.

AIM

The study aims at implementation of Doctor of pharmacy services in assessing the KAP (knowledge, attitude, practice) of self test for Breast, Cervical and Uterine Cancers among women & creating awareness with advanced patient counseling services in obstetrics & gynecology department of an ESI hospital.

OBJECTIVES

The key objectives of the study include:

➢ To decrease the risk of breast, cervical and uterine cancers.
➢ To improve knowledge regarding disease like signs and symptoms, complications and treatment.

> Patient counseling regarding(self test, lifestyle modification, disease, prevention and precaution).

METHODOLOGY

Study Design: It is a Prospective observational study.

Study Period: The Present study was conducted for a period of six months from October 2018 to March 2019.

Study Site: The Present study was conducted in obstetrics & gynecology department of an ESI hospital.

Sample Size: The Patients admitted in hospital during the study period of six months it was 200 Patients.

Source of Data: All the patients satisfying the inclusion criteria were selected from obstetrics & gynecology department of an ESI hospital.

Inclusion Criteria
> Patients with aging above 18 years (women).
> Patients having previous history of medical, medication problems (women).
> The Patients who are willing to participate in the study (women).

Exclusion criteria
> Patients like Pregnancy, Lactation Patients.
> Patients who are not willing to participate in the study (women).
> Patients with aging below 18 years (women).

Method of Collection of Data: All the patients satisfying the inclusion criteria were selected from the obstetrics & gynecology department of ESI hospital. After thoroughly explaining the study methodology to the subjects, and included in the study. The necessary information was collected by interviewing the patients and parents using the following annexure.
> ANNEXURE -1: KAP Breast Cancer self assessment form
> ANNEXURE-2: KAP Cervical Cancer self assessment form
> ANNEXURE-3: KAP Uterine Cancer self assessment form
> ANNEXURE-4: Patient counseling and feedback forms

Statistical Analysis: Statistical Analysis is done by using prism graph pad soft ware P-VALUE is calculated to determine whether the following study is significant or not.

RESULTS AND DISCUSSION

Table No 1: Showing age wise distribution of female patients in Obstetrics and Gynecology wards of an ESI hospital.

Table No1 Shows in this study total of 200 female patients were enrolled. The age wise female Patients population ranges from the 21 Patients were in the age group of 10-20 years with (10.5%) 43 female patients were in the age group of 20-30 years with (21.5%), 45 female patients were in the age group of 30-40 years with (22.5%), 51 female patients were in the age group of 40-50 years with (25.5%), 40 female patients were in the age group of 50-60 years with (20%).

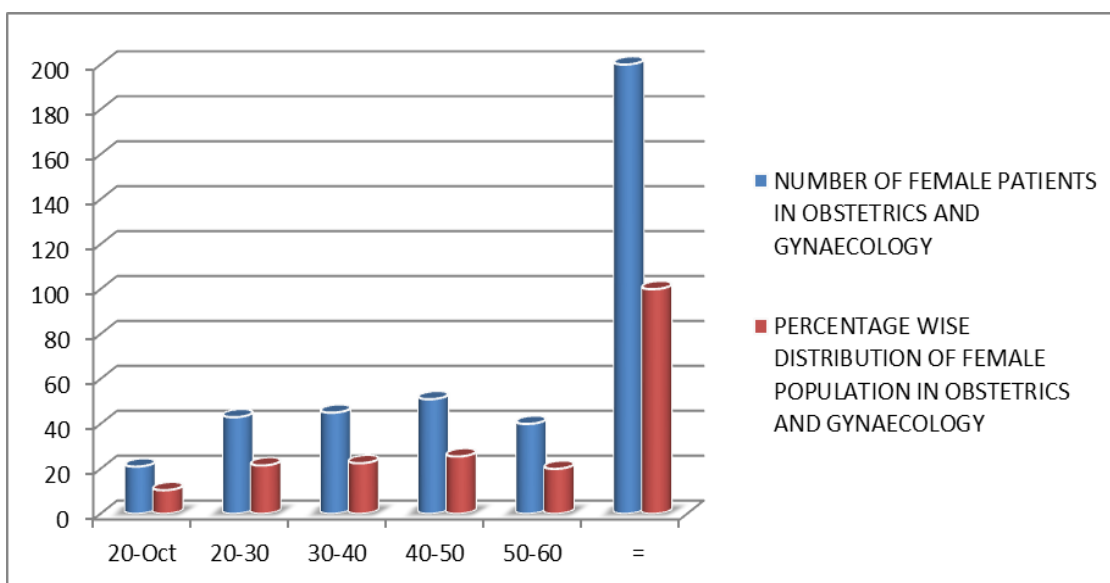| S.NO	AGE WISE DISTRIBUTION OF FEMALE PATIENTS	NUMBER OF FEMALE PATIENTS IN OBSTETRICS AND GYNAECOLOGY	PERCENTAGE WISE DISTRIBUTION OF FEMALE POPULATION IN OBSTETRICS AND GYNAECOLOGY
1.	10-20	21	10.5
2.	20-30	43	21.5
3.	30-40	45	22.5
4.	40-50	51	25.5
5.	50-60	40	20
TOTAL	=	200	100

Fig No 1: Showing percentage wise age distribution of female patients in Obstetrics and Gynecology wards of an ESI hospital.

Table No 2: Showing literacy wise distribution of female patients in Obstetrics and Gynecology wards of an ESI Hospital.

Table No 2 shows a total of 200 patients were selected for the study, in which 52 with (26%) patients were literates and 148 with (74%) patients were illiterates.

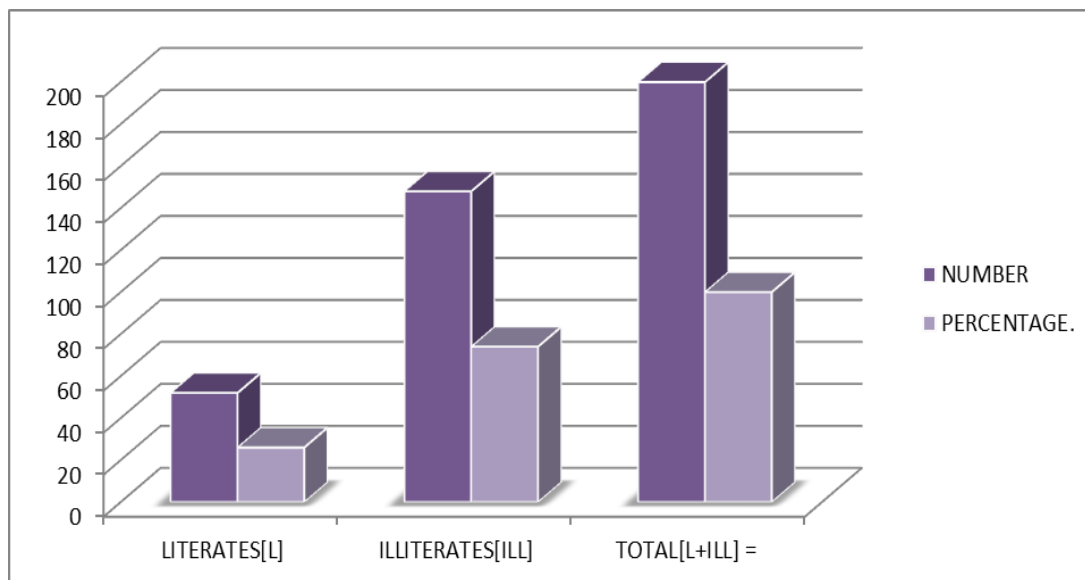| S.NO	LITERACY STATUS	NUMBER	PERCENTAGE.
1.	LITERATES[L]	52	26
2	ILLITERATES[ILL]	148	74
3.	TOTAL[L+ILL] =	200	100

Fig No 2: Literacy Wise Distribution Of female patients in Obstetrics and Gynecology wards of an ESI hospital.

NOTE: Here no patients are known how to conduct self test for Breast, Cervical and Uterine Cancers.

Table No 3: Representing the number of females to whom KAP Assessed for Breast, Cervical and Uterine Cancers in Obstetrics and Gynecology wards of an ESI hospital.

Table No 3&4 shows the patients to whom KAP on Breast, Cervical and Uterine Cancers assessed and provided with patient counseling as follows 21 number of females were assessed and counseled in 10-20 age group with (10.5%), 43 female patients were assessed and counseled in 20-30 age group with (21.5%), 45 female patients were assessed and counseled in 30-40age group with (22.5%). 51 female patients were assessed and counseled in 40-50 age group with (25.5%) and 40 female patients were assessed and counseled in 50-60 age group with (20%).

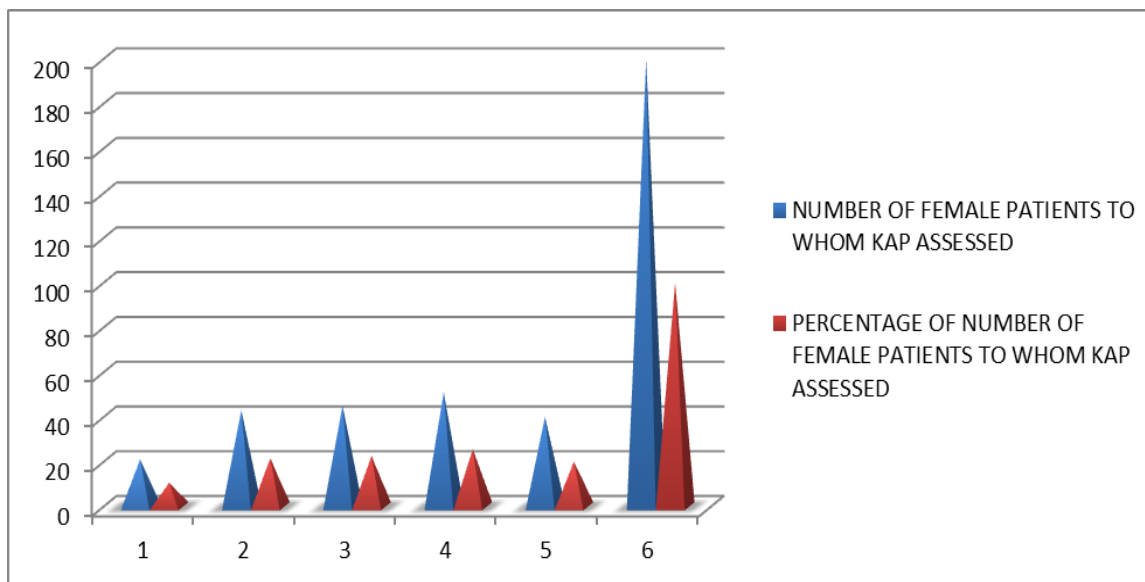| S.NO	NUMBER OF FEMALE PATIENTS TO WHOM KAP ASSESSED	PERCENTAGE OF NUMBER OF FEMALE PATIENTS TO WHOM KAP ASSESSED
1.	21	10.5
2.	43	21.5
3.	45	22.5
4.	51	25.5
5.	40	20
TOTAL=	200	100

Fig No 3: Representing the number of females to whom KAP Assessed for Breast, Cervical and Uterine Cancers in Obstetrics and Gynecology wards of an ESI hospital.

Table No 4: Representing the Number as well as percentage of Females to Whom Patient Counseling Done on Breast, Cervical and Uterine Cancers in Obstetrics and Gynecology wards of an ESI hospital.

Table No 3&4 shows the patients to whom KAP on Breast, Cervical and Uterine Cancers assessed and provided with patient counseling as follows 21 number of females were assessed and counseled in 10-20 age group with (10.5%), 43 female patients were assessed and counseled in 20-30 age group with (21.5%), 45 female patients were assessed and counseled in 30-40age group with (22.5%). 51 female patients were assessed and counseled in 40-50 age group with (25.5%) and 40 female patients were assessed and counseled in 50-60 age group with (20%).

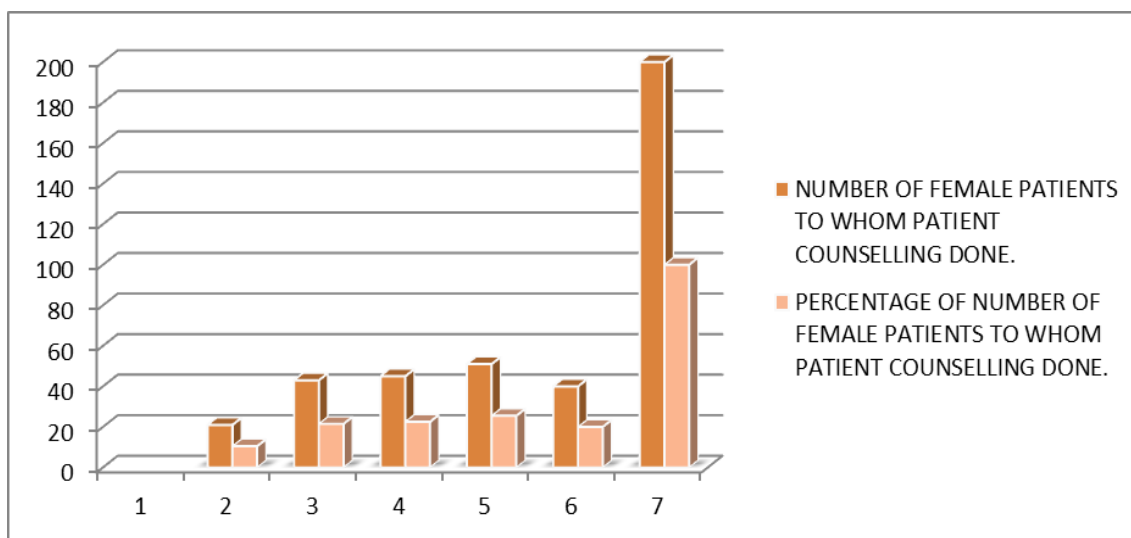| S.NO	NUMBER OF FEMALE PATIENTS TO WHOM PATIENT COUNSELLING DONE	PERCENTAGE OF NUMBER OF FEMALE PATIENTS TO WHOM PATIENT COUNSELLING DONE
1.	21	10.5
2.	43	21.5
3.	45	22.5
4.	51	25.5
5.	40	20
TOTAL=	200	100

Fig No 4: Representing the Number as well as percentage of Females to Whom Patient Counseling Done on Breast, Cervical and Uterine Cancers in Obstetrics and Gynecology wards of an ESI hospital.

Table No 5: Representing the Number of Patients with Positive Feed Back after Counseling of KAP on (Breast, Cervical & Uterine Cancers) in Obstetrics and Gynecology wards of an ESI hospital.

Table No 5 Shows the number of patients with positive feedback after counseling of KAP on (Breast, Cervical and Uterine Cancers), were 194 OUT OF 200 which clearly states 97% out of 100%. Prism graph pad software was used for this study and P-Value is <0.001 which states this present study was highly significant.

NUMBER OF PATIENTS IN OBSTETRICS AND GYNAEOCOLOGY WITH FEED BACK	PERCENTAGE OF NUMBER OF PATIENTS IN OBSTETRICS AND GYNAEOCOLOGY WITH FEED BACK
194 OUT OF 200	97% OUT OF 100

P –VALUE: The Present Study P –VALUE is <**0.001** which states the present study is highly significant.

CONCLUSION

The present study concludes that in India there is increased risk and prevalence of Breast, Cervical and Uterine Cancers among women day by day there is no proper guidance in creation of awareness on Breast, Cervical and Uterine Cancers prevention. So as a responsible Doctor of Pharmacy health care professionals we took it as a our main responsibility to assess KAP on self test for Breast, Cervical and Uterine Cancers among all women patients in Obstetrics and Gynecology Departments and educated them how to perform Self Test by diagrammatic representation for their easy grasping and understandings and well guided them regarding how to involve in Early Detection of Cancers and about their prevention. I hope this study will be useful for future generations and all health care professionals in the development of overall healthcare of women to achieve healthy women India.

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