

Effectiveness Of Planned Sensitization Programme (PSP) On Knowledge And Attitude Regarding Testicular Self-Examination Among Men In Selected Community Area Atkancheeipuram District, Tamilnadu, India

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Abstract

An experimental study was conducted to assess the EFFECTIVENESS OF PLANNED SENSITIZATION PROGRAMME(PSP) ON KNOWLEDGE AND ATTITUDE REGARDING TESTICULAR SELF-EXAMINATION AMONG MEN IN SELECTED COMMUNITY AREA AT KANCHEEPURAM DISTRICT, TAMILNADU, INDIA. Objectives of the study were to assess the effectiveness of pre-test and post-test level of knowledge on testicular self-examination among men, to assess the effectiveness of pre-test and post-test level of attitude on testicular self-examination among men, to correlate the pre-test and post-test knowledge and attitude on testicular self-examination among men and to find the association between pre-test and post-test level of knowledge and attitude scores on testicular self-examination among men with the selected demographic variables. Convenient sampling technique were used to select the samples. Study revealed that in the pre-test 76% of the men's had inadequate knowledge and in the post-test 78% of the men's had highly adequate knowledge and also in the pre-test 74% of men's had low positive attitude and in the post-test 78% of them had highly positive attitude. The study showed that there is a high moderately positive correlation between knowledge and attitude. There was significant association with pre-test and post-test knowledge and attitude scores with Age, Marital status, Education, Occupation & Habits of men's. The overall improvement in the mean knowledge score of men's were 7.94 to 17.03 and standard deviation from 3.90 to 2.58 with the 't' value of 35.932. The overall mean attitude score of men's from 21.99 to 43.21 and standard deviation from 8.32 to 5.98 with the obtained 't' value of 34.910 which was high;y significant at $p < 0.05$ level which indicated effectiveness of planned sensitization programme on testicular self-examination.

Key Words: Effectiveness, Knowledge, Attitude, Testicular self-examination

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I. Introduction

Testicular cancer is the most frequent cancer and the third leading cause of cancer deaths in men aged 15-35 years. Early detection by testicular self-examination (TSE) is stressed upon in literature as effective means to improve prognosis but various studies have reported that as high as 89% of adult men below age 35 never perform TSE⁽¹⁾. Studies from India also point towards presentation of testicular cancer patients in late stages and overall lack of awareness about this disease⁽²⁾. Indians in the Middle East form a vast community and there is no specific data related to their awareness levels about testicular cancer and TSE⁽³⁾. Testicular self-examination is an easy screening technique that involves inspection and palpation of the testes to detect any changes and for early detection of testicular cancer⁽⁴⁾. In this procedure, males check their own testicles in order to rule out any unusual lumps or bumps, which maybe the first sign of testicular cancer⁽⁵⁾.

Catherine Atuhaire et al ,(2019) conducted study on Knowledge and practice of testicular self-examination among secondary students at Ntare School in Mbarara District, South western Uganda. The objective of the study is to assess the knowledge and practice of testicular self-examination. Structured self-

administered questionnaires were used for data collection among 165 students. Of the male students, 41.8% reported to have knowledge about TSE and only 23.6% practiced TSE. Most students rated their knowledge of TSE to be below 5 (from 1-10). Of the 39 students who admitted performing TSE, only 16 did so as recommended (monthly). The knowledge and practice of TSE were low among adolescent. This suggests that these students are unaware of the value of this personal health promotion tool which is fundamental in early diagnosis of testicular cancer.

STATEMENT OF THE PROBLEM:

EFFECTIVENESS OF PLANNED SENSITIZATION PROGRAMME (PSP) ON KNOWLEDGE AND ATTITUDE REGARDING TESTICULAR SELF-EXAMINATION AMONG MEN IN SELECTED COMMUNITY AREA AT KANCHEEPURAM DISTRICT, TAMILNADU, INDIA

OBJECTIVES:

- ✧ To assess the effectiveness of pre-test and post-test level of knowledge on testicular self-examination among men.
- ✧ To assess the effectiveness of pre-test and post-test level of attitude on testicular self-examination among men. □
- ✧ To correlate the pre-test and post-test knowledge and attitude on testicular self-examination among men. □
- ✧ To find the association between pre-test and post-test level of knowledge and attitude scores on testicular self-examination among men with the selected demographic variables

II. Materials And Methods:

This study adopted a quantitative educative approach. Pre-experimental one group pre-test and post-test research design was used in this current study. The study conducted among men's in selected community area at Kancheepuram district. The men's were used as a population of the study. A convenient sampling technique was used to select the sample. The inclusion criteria was men's in the age group of 19-40 years, men who are willing to participate and who can understand English/Tamil and that we excluded men those who have undergone testicular surgery. There are three parts in tools description. Part-I is questionnaire on demographic variable. Part-II is self-structured questionnaire on knowledge on testicular self-examination consists of 20 items. Part-III is self-structured Likert scale was used to assess the attitude. The data collection procedure was done. The study was initiated after obtaining prior permission from the concerned authorities.

III. Results And Discussion

Table - I : Frequency and percentage distribution of pre – test and post – test level of knowledge of testicular self-examination among men. N=152

S.No	Level of knowledge on effects of alcohol consumption	Pre-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
1.	Inadequate knowledge	116	76.31%	7	4.60%
2.	Moderate knowledge	22	14.47%	26	17.10%
3.	Adequate knowledge	14	9.21%	119	78.28%

It was observed from table -I that in the pre test 76.31% of men's had inadequate knowledge, 14.47% had moderate knowledge and only 9.21% of them had adequate knowledge, whereas in the post test, majority of the men's 78.28% had adequate knowledge, most of them 17.10% had moderate knowledge and only few 4.60% of them had inadequate knowledge.

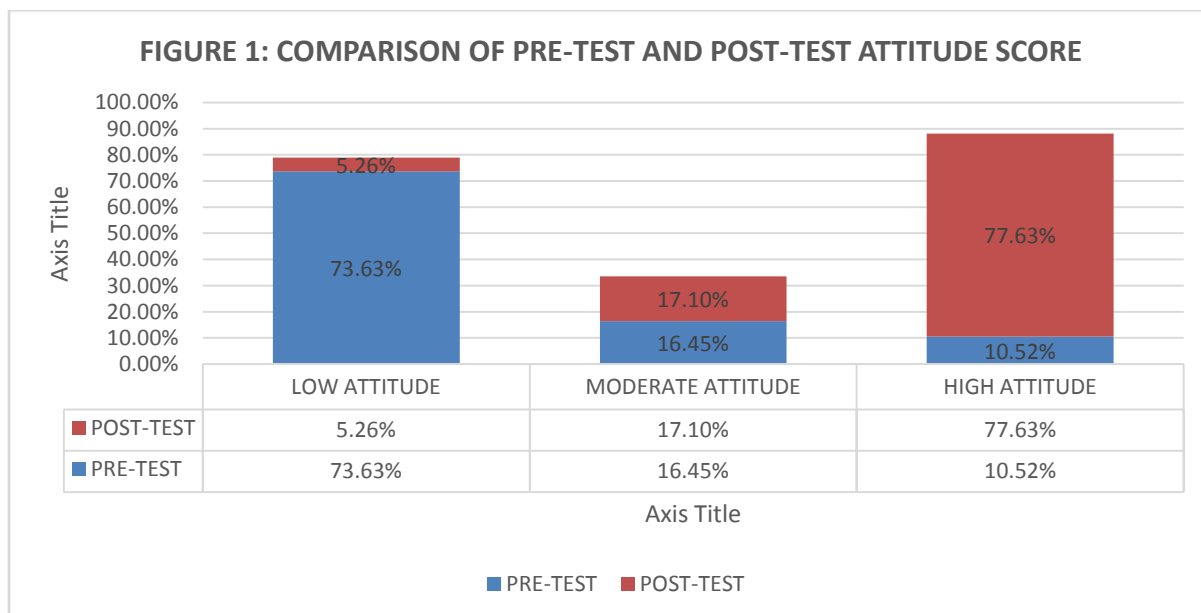


Fig 1 reveals that in the pre test 73.63% of men’s had low attitude, 16.45% had moderateattitude and only 10.52% of them had high attitude, where as in the post test, majority of the men’s77.63% had high attitude, most of them 17.10% had moderateattitude and only few 5.26% of them had low attitude.

Table - II : Comparison of mean and standard deviation, t value and correlation of knowledge and attitude scores of men’s before and after the implementation of planned sensitization programme on testicular self-examination.

(N=152)

Knowledge score	Mean	Standard deviation	‘t’ value	‘r’ value
Pre-test	7.94	3.90	35.934	0.0457
Post-test	17.03	2.58		
Improvement score	9.09	3.12		
Attitude score	Mean	Standard deviation	‘t’ value	‘r’ value
Pre-test	21.99	8.32	34.910	0.0676
Post-test	43.21	5.98		
Improvement score	21.22	7.49		

Table - II reveals that the overall improvement in the mean knowledge score of men’s were from 7.94 to 17.03 and standard deviation from 3.90 to 2.58 with the ‘t’ value of 35.934, which was highly significant at $p < 0.05$ level which indicated the effectiveness of planned sensitization programme on testicular self-examination. The mean attitude score on testicular self-examination among men’s was higher in the post-test (M=43.21;SD=5.98) than the pre-test(M=21.99;SD=8.32) with the obtained ‘t’ value of 34.910($p < 0.05$). This clearly indicated that there was significant change in the attitude of men’s after the planned sensitization programme on testicular self-examination. This clearly indicates that there is significant variation in the knowledge and attitude scores of men’s after the implementation of planned sensitization programme on testicular self-examination.

It also revealed that there was a moderately positive correlation in pre-test between knowledge and attitude($r=0.0457$), it indicated that when knowledge decreased attitude also decreased. Post test correlation revealed that moderate positive correlation between knowledge and attitude($r=0.0676$), indicated that when knowledge increased attitude also increased.

Table III :Association of selected demographic variables with pre-test level of knowledge scores towards testicular self-examination.

(N=152)

S.n o	Demographic variables	Category	No of Sample	Pre-test Level of knowledge			X ²	P value
				Inadequate	Moderate	Adequate		
1	AGE			53	14	10	8.654	Significant
		15-25yrs	77					
		26-35yrs	35	30	3	2		
		36-45yrs	27	20	5	2		

		Above 45yrs	13	13	0	0		
2	MARITAL STATUS	Married	45	34	7	4	4.262	12.59 Significant
		Single	89	65	14	10		
		Divorced	13	12	1	0		
		Others	5	5	0	0		
3	EDUCATION	primary education	15	12	3	0	7.340	12.59 Significant
		Secondary education	28	20	3	5		
		Graduate and above	100	75	16	9		
		Not attended school	9	9	0	0		
4	OCCUPATION	Home maker	10	7	3	0	7.990	12.59 Significant
		Unskilled work	30	27	2	1		
		Skilled work	35	25	7	3		
		Professional	77	57	10	10		
5	HABITS	Smoking	11	8	2	1	4.962	12.59 Significant
		Alcohol	30	26	4	0		
		Tobacco	16	13	2	1		
		No unhealthy habits	95	69	14	12		

From above table-III, it shows that all the demographic variables age, marital status, education, occupation and marital status are significant (if CHI-SQUARE value is less than P-value then it is significant)

Table-IV :Association of selected demographic variables with post-test level of knowledge scores towards testicular self-examination. (N=152)

S.no	Demographic variables	Category	No of Sample	Post-test Level of knowledge			X ²	P value
				Inadequate	Moderate	Adequate		
1	AGE	15-25yrs	77	4	11	62	6.381	12.59 Significant
		26-35yrs	35	1	7	27		
		36-45yrs	27	1	3	23		
		Above 45yrs	13	1	5	7		
2	MARITAL STATUS	Married	45	1	6	38	3.696	12.59 Significant
		Single	89	5	16	68		
		Divorced	13	1	2	10		
		Others	5	0	2	3		
3	EDUCATION	primary education	15	0	3	12	3.210	12.59 Significant
		Secondary education	28	2	3	23		
		Graduate and above	100	4	19	77		

		Not attended school	9	1	1	7		
4	OCCUPATION	Home maker	10	1	2	7	4.233	12.59 Significant
		Unskilled work	30	0	6	24		
		Skilled work	35	2	8	25		
		Professional	77	4	10	63		
5	HABITS	Smoking	11	1	4	6	8.433	12.59 Significant
		Alcohol	30	0	6	24		
		Tobacco	16	2	3	11		
		No unhealthy habits	95	4	13	78		

From above table-IV, it shows that all the demographic variables age, marital status, education, occupation and marital status are significant (if CHI-SQUARE value is less than P-value then it is significant)

Table-V :Association of selected demographic variables with pre-test level of attitude scores towards testicular self-examination. (N=152)

S.no	Demographic variables	Category	No of Sample	Pre-test Level of attitude			X ²	P value
				Low attitude	Moderate attitude	High attitude		
1	AGE	15-25yrs	77	60	8	9	5.138	12.59 Significant
		26-35yrs	35	25	7	3		
		36-45yrs	27	18	6	3		
		Above 45yrs	13	8	4	1		
2	MARITAL STATUS	Married	45	26	11	8	15.9031	12.59 Not significant
		Single	89	73	9	7		
		Divorced	13	8	5	0		
		Others	5	4	0	1		
3	EDUCATION	primary education	15	11	3	1	8.436	12.59 Significant
		Secondary education	28	15	8	5		
		Graduate and above	100	78	12	10		
		Not attended school	9	7	2	0		
4	OCCUPATION	Home maker	10	8	1	1	2.457	12.59 Significant
		Unskilled work	30	21	7	2		
		Skilled work	35	26	6	3		
		Professional	77	56	11	10		
5	HABITS	Smoking	11	8	1	2	9.511	12.59 Significant
		Alcohol	30	21	7	2		
		Tobacco	16	8	6	2		

	No unhealthy habits	95	74	11	10		
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From above table-V, it shows that all the demographic variables age, education, occupation and marital status are significant. Except marital status of pre-test attitude score is not significant (if CHI-SQUARE value is less than P-value then it is significant or if CHI-SQUARE value is greater than P-value then it is not significant)

Table-VI :Association of selected demographic variables with post-test level of attitude scores towards testicular self-examination. (N=152)

S.no	Demographic variables	Category	No of Sample	Post-test Level of attitude			X ²	P value
				Low attitude	Moderate attitude	High attitude		
1	AGE	15-25yrs	77	7	14	56	6.451	12.59 Significant
		26-35yrs	35	0	7	28		
		36-45yrs	27	1	4	22		
		Above 45yrs	13	0	1	12		
2	MARITAL STATUS	Married	45	1	5	39	10.569	12.59 Significant
		Single	89	7	19	63		
		Divorced	13	0	0	13		
		Others	5	0	2	3		
3	EDUCATION	primary education	15	1	3	11	2.983	12.59 Significant
		Secondary education	28	0	5	23		
		Graduate and above	100	7	16	77		
		Not attended school	9	0	2	7		
4	OCCUPATION	Home maker	10	0	5	5	10.09	12.59 Significant
		Unskilled work	30	2	5	23		
		Skilled work	35	2	4	29		
		Professional	77	4	12	61		
5	HABITS			1	2	8	1.366	12.59 Significant
		Smoking	11	2	5	23		
		Alcohol	30	0	3	13		
		Tobacco	16	5	16	74		
		No unhealthy habits	95					

From above table-VI, it shows that all the demographic variables age, marital status, education, occupation and marital status are significant (if CHI-SQUARE value is less than P-value then it is significant)

IV. Conclusion

The study revealed that the planned sensitization programme on knowledge and attitude regarding testicular self-examination among men's was effective in bringing out positive changes in the knowledge and attitude of men's who took part in the programme. Findings revealed that there is a high moderately positive correlation between knowledge and attitude. It means that when knowledge increases, attitude also increases. This study revealed that the planned sensitization programme was a effective tool to impact the knowledge and skill regarding testicular self-examination among men's.

CONFLICT OF INTEREST : Nil

SOURCE OF FUNDING : Self-fund

ETHICAL CLEARANCE

Chettinad Academy of Research and Education , Institutional Human Ethics Committee on 05/12/2019.

Reference

- [1]. Agorye IJ, Ohaeri B, Ezeude AGJ. Awareness and practice of testicular self examination among male medical students of University Of Nigeria Enugu Campus South-East Nigeria. *IOSR- JNH*. 2016;5(3):19-24. Google Scholar
- [2]. Onyiriuka A, Imoibe F. Testicular-self examination among Nigerian adolescent secondary school boys: knowledge, attitudes and practices. *J Prev Med Hyg*. 2013;54(3):163. PubMed | Google Scholar
- [3]. Smith RA, Cokkinides V, Brooks D, Saslow D, Shah M, Brawley OW. Cancer screening in the United States, 2011: a review of current American Cancer Society guidelines and issues in cancer screening. *CA Cancer J Clin*. 2011;61(1):8- 30. PubMed | Google Scholar
- [4]. Gleason AM. Racial disparities in testicular cancer: impact on health promotion. *J Transcult Nurs*. 2006; 17:58-64.
- [5]. Bhutani M, Kumar L, Seth A, Thulkar S, Vijayaraghavan M, Kochupillai V. Germ cell tumours of the testis: Clinical features, treatment outcome and prognostic factors. *Natl Med J India* 2002; 15:18-21.
- [6]. Catherine Atuhaire et al . knowledge and practice of testicular self-examination among secondary students at Ntare school in Mbarara District, South western Uganda.:2019

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