

A Study to Assess the Effectiveness of Self-Instructional Module on Knowledge Regarding Laryngeal Cancer Among the Alcoholics at Selected De-Addiction Centers, Bangalore

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ABSTRACT

Background: Cancer is the most be terrified disorder in the world. As per the saying, “prevention is better than cure” the anticipation strategies are vital in cancer obliteration. This method deals with great public health concern and affordable long-term system of cancer prevention. The education should concentrate on dangerous effects of tobacco, alcohol, and smoking and depress its use.

OBJECTIVE:

1. To assess the existing knowledge score of alcoholics regarding laryngeal cancer among the alcoholics
2. To assess the effectiveness of self Instructional Module on Laryngeal cancer among the alcoholics.
3. To assess the post- test knowledge score of alcoholics regarding laryngeal cancer among the alcoholics.
4. To associate the posttest knowledge scores on laryngeal cancer with their selected socio-demographic variables

METHOD AND RESULTS: An evaluative research approach was adapted in order to assess the knowledge on laryngeal cancer among the 60 alcoholics in a Spandana de-addiction center, Bangalore. A Quasi-experimental design with one group pre-test post-test design was used to evaluate the effectiveness of Self-Instructional Module.

Samples were selected by non- probability purposive sampling technique. The findings revealed that the mean score in pretest and posttest was 10.8 and 20.15 and the standard deviation was 2.7 and 2.6 respectively, which showed that SIM was effective in increasing the knowledge. The obtained “t” value was 17.73 it is significant at the level of $p < 0.05$. Hence, null Hypothesis H₀1 was rejected and research hypothesis H₁ was accepted.

KEY WORDS: assess, effectiveness, knowledge, laryngeal cancer, de-addiction centers, Alcoholics

INTRODUCTION

The problem of cancer is still growing globally. The prevalence of cancer is adding with each time. Both smoking and alcohol consumption causes most laryngeal cancer cases Laryngeal cancer is a type of head and neck cancer. Cancer can grow in any portion of the larynx, but the cure rate is affected by the position of the tumor. It is attributed to the changes in life and increase in life expectancy

At least three quarters of people who have a mouth and throat cancer drink alcohol constantly. People who are heavy drinkers are more likely to develop laryngeal cancer than people who do not drink alcohol. The danger increases with the amount of alcohol that a person drinks. Avoidance of tobacco

products and drinking alcohol in moderation are the two most significant methods to avoid this disease

New efforts in understanding the molecular biology and carcinogenesis of laryngeal malignancies have given us knowledge in the evolution of this disease and have shown therapeutic potential an anatomical classification revealed that the incidence of supraglottic and glottic cancer was about equal, and subglottic cancer was only 1 percent of the total. Histologically, 98.6 percent were of the squamous cell carcinoma and 1.4 percent were of the basal cell carcinoma, adenocarcinoma, transitional cell carcinoma, etc. As to the age and gender distribution, the most of the patients were 50 to 70 years old, and those in their 60's were most abundant. The proportion between men and women was 9.6 to 1.56 percent of the patients measured were found to have a blood relation with a history of cancer and 31 percent were involved in careers where they used their voices frequently. Cigarette smoking and alcohol regarded as important reason in larynx cancer.

Management for laryngeal cancer depends on locations and phases of cancer. Early tumor may be removed endoscopically. Primary lesions may react to laser surgery or radiation therapy and advanced lesions to laser surgery, radiation therapy, and chemotherapy. Operating procedures vary with tumor size and include cordectomy, partial or total laryngectomy, supraglottic laryngectomy, and total laryngectomy with laryngoplasty. Management aims to reduce cancer and reserve speech. If speech protection is not possible, speech rehabilitation may effective. It includes esophageal speech or prosthetic devices.

The education should focus on dangerous effects of tobacco, alcohol, and smoking and discourage its use. In addition, we should produce consciousness among community about physical activities, control weight, healthy eating practices, decreasing work-related and environmental exposures, vaccination against hepatitis B virus. The similar method should be incorporated in

adult education programme. Several state wise programmes have been employed in Kerala, Tamil Nadu by some State Governments and Regional Cancer Centers (RCCs) for an early exposure of different cancers in India. Government necessities to impose a prohibition on the public sale of liquor. Seminars and public health camps should be conducted to make alertness on harmful effect of alcohol among public

OBJECTIVE

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- To associate the posttest knowledge scores on laryngeal cancer with their selected socio-demographic variables

HYPOTHESES:

H1: There will be a significant increase in posttest knowledge of alcoholics on laryngeal cancer.

H2: There will be a significant association between pretest knowledge score with their selected socio-demographic factors.

METHODOLOGY

Research Approach: An evaluative research approach is used in this study
Research Design: The research design: The research design used in my study was pre-experimental one group pre-test posttest design.

Population: The sample of present study comprised of 60 alcoholics of Spandana de-addiction centres, Bangalore.

Sample Size: alcoholics of Spandana de-addiction centres, Bangalore.

Variables under study

- Dependent variables: Knowledge of alcoholics regarding laryngeal cancer.

- Independent variables: Self-instructional module administered to alcoholics regarding laryngeal cancer.
- Demographic variables: Demographic variables of alcoholics such as age, sex, marital status, education, occupation, habits, family income per month, family history of laryngeal cancer, previous history of cancer previous, source of information.

Inclusion Criteria: study include

- All alcoholics who are attending de-addiction centre and within age group of 35-70 yrs.
- Alcoholics who are able to read and write Kannada or English.
- Alcoholics who are willing to participate in the study.
- Alcoholics who are available during the time of data collection.

Exclusion Criteria: The study excludes

- Alcoholics who are not cooperative.
- Alcoholics who are in the age group of 35 and above the age group of 70.

DATA COLLECTION TOOLS

The data collection tool for this present study included two sections socio demographic questionnaire, knowledge questionnaire and self-instructional module.

DEVELOPMENT OF RESEARCH TOOL

1. Demographic questionnaire for assessment of demographic variables.
2. Structured Questionnaire to assess the knowledge of Alcoholics regarding Laryngeal cancer
3. Self-Instructional module will be prepared regarding cancer of Larynx
It will help the Alcoholics to fill the gap in knowledge about Laryngeal cancer.

DATA ANALYSIS AND INTERPRETATION

Section I: Dealt with distribution of socio demographic variables of the sample.
Section II: Dealt with the knowledge of Alcoholics regarding laryngeal cancer
Section III: Dealt with the effectiveness of self-instructional module on laryngeal cancer
Section IV: Dealt with the association between post-test knowledge scores of the Alcoholics with their selected demographic variable

ETHICAL CONSIDERATIONS

Ensure ethical approval from the institutional ethical board. Maintain confidentiality of participant data. Provide the right to withdraw from the study at any time without consequences. Written consent collected from all the samples.

RESULTS

Table 1: Deal with distribution of socio demographic variables of the sample.

Sl. No.	Demographic variables	Frequency	Percentage
1	Age in years		
	31-40 years	19	31.66
	41- 50	36	60
	51 - 60	4	6.67
	Above 60	1	1.67
2	Gender		
	Male	60	100
	Female	0	0
3	Educational status		
	Primary	2	3.33
	Secondary	9	15
	High school	31	51.67
	Pre-university	12	20
	Degree and above	6	10
4	Occupation,		

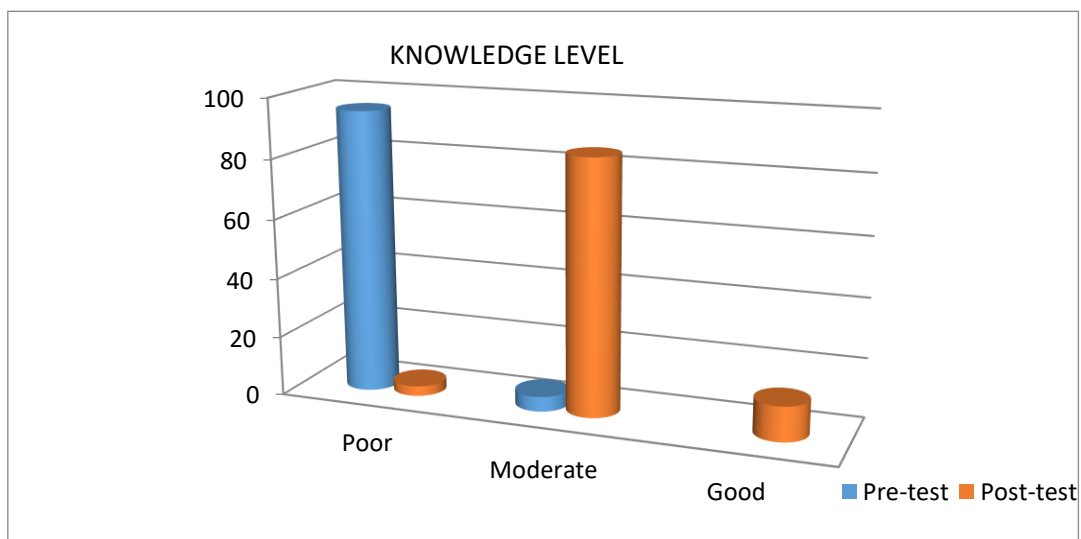
	Industrial worker	16	26.67
	Daily wager	1	1.67
	Government employee	6	10
	Self-employed / business	29	48.33
	Private employee	8	13.33
5	Marital Status		
	Single	13	21.67
	Married	18	30
	widow/divorced/separated	29	48.33
6	Family income in Rupees/month		
	Below 10,000	10	16.67
	10,000- 15,000	18	30
	Above 15,000	32	53.33
7	Habits		
	Consume alcohol regularly	54	90
	Consume alcohol occasionally	6	10
	Never	0	0
8	Do you have family history of cancer.		
	Yes	7	11.66
	No	53	88.33
9	Do you have family history of laryngeal cancer.		
	Yes	-	00
	No	60	100
10	Sources of health information		
	Family members	1	1.67
	Neighbours	2	3.33
	Electronic media	5	8.33
	Printed media	3	5
	Health personnel	16	26.67
	No	33	55

The table reveals that majority of the student participated in this study was male that is 100%. 60% samples were from age group of 41-50 years. Maximum subjects that were 31 (51.67%) had education up to High school level and 29 (48.33%) were self-employed, 32(48.33%) were widow including divorced

and separated. In the present study 54(90%) subjects consume alcohol daily, 6(10%) consume alcohol rarely. 32(53.33%) cross above Rs 15,000 salary per month. 33 (55%) subjects were of having with no previous knowledge on Laryngeal cancer.

Table 2: Knowledge level of the respondents in pre-test and post-test

Knowledge level	PRE-TEST		POST-TEST	
	Frequency	percent	Frequency	percent
Poor	57	95	2	3.33
Moderate	3	5	51	85
Good	-	-	7	11.67
Total	60	100	60	100



Section III: Section III: Dealt with the effectiveness of self-instructional module on knowledge regarding Laryngeal cancer

Knowledge	Mean	Mean difference	S. D	Df value	Calculated paired t value	paired t value table value	significance
pretest	6.266	8.60	2.7	59	24.78	2.00	0.05
Post test	14.866		2.5				

Section IV: Finding related to association between pre-test knowledge score and demographic variables. There is significant association between pre-test knowledge scores and their selected socio-demographic variables such as education, habits and previous information.

DISCUSSION

The findings of the study reveals that in pretest, out of 60 respondents, 95 % (57) are in poor level of knowledge ,5% (3) are in moderate level and no one had knowledge on laryngeal cancer. Similarly in post test scores 3.3% (2) are in poor level, 85% (51) are in moderate level and 11.67% (7) in good level. The mean post-test score (14.86) is higher than the pre-test score (6.26). The paired t-test value (t = 24.78) is greater than the table value at 0.05 level (2.00). This indicates that the difference is statistically highly significant. After the delivery of Self-Instructional module, there is enhancement of knowledge in posttest regarding laryngeal cancer. It indicates that self-instructional

module, was effective in enhancing the knowledge level.

CONCLUSION

Today, increasing importance is engaged on health, health promotion, wellness, and self-care. Health is seen as resulting from a way of life that is focused on towards wellness. Distribution of health information is one of the means of increasing awareness on health and reform of behavior, which is directed towards promotion of health and prevention of disease. Most of the alcoholics are unacquainted with effects of alcohol on larynx hence the researcher has undertaken this study. The present study shows that there is a highly significant difference between the pretest & posttest knowledge scores. Hence, Self Instructional module was effective in order to improve the knowledge regarding laryngeal cancer among the alcoholics.

Recommendations

On the basis of the study findings, the following recommendation have been made

1. Similar study may be replicated on a large sample
2. Study can be conducted by including additional demographic variables.
3. A study can be carried out to evaluate the efficiency of various teaching strategies like planned teaching programme, pamphlets, leaflets and computer assisted instruction on laryngeal cancer
4. A similar study can be undertaken to assess the attitude towards laryngeal cancer

Declaration by Authors

Ethical Approval: Approved

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