

**A PROSPECTIVE STUDY ON ROLE OF DOCTOR OF  
PHARMACY IN ESTIMATING THE KAP (knowledge, attitude,  
practice) OF SELF TEST FOR PCOD, BREAST AND CERVICAL  
CANCERS AND CREATION OF AWARENESS AND PREVENTION  
AMONG WOMEN WITH ADVANCED PATIENT COUNSELLING  
SERVICES IN OBSTETRICS AND GYNAECOLOGY  
DEPARTMENTS OF AN ESI HOSPITAL.**

**Dr. M.manasa rekha\* . Karuna sharma, Rinku mathappan, k. Rekha**

Gautham College of Pharmacy, R.T Nagar, Bangalore, Karnataka, India.

**Correspondence**

**Dr. M. Manasa Rekha**

Assistant Professor, Department of  
Pharmacy Practice, Gautham College of  
Pharmacy, R.T Nagar, Bangalore,  
Karnataka, India

✉ manasarekharoyal@gmail.com

**Keywords**

KAP (Knowledge, Attitude &  
Practice), Doctor of Pharmacy, Breast,  
Cervical Cancers, and PCOD

**Received**

10/02/2019

**Reviewed**

17/02/2019

**Revised/ Accepted**

27/02/2019

**ABSTRACT**

KAP It stands for Knowledge, Attitude & Practice in quantitative method which contain predefined question formatted in standardize questionnaires which provides access to quantitative & qualitative information. The study aims at implementation of Doctor of pharmacy services in assessing the KAP (knowledge, attitude, practice) of self-test for PCOD, cervical & breast cancer among women & creating awareness with advanced patient counseling services in obstetrics & gynecology department of an ESI hospital with an objective of to decrease the risk of breast & cervical cancer by patient counseling improve knowledge regarding them . Study Design: It is a prospective observational study. Methodology: The Present study was conducted for a period of six months from October 2018 to March 2019 in General Medicine Department at ESI hospital, Indira nagar. The Patients admitted in hospital during the study period of six months it Were 180 Patients. Personal interview (BSE of Breast, Cervical and PCOD self-test assessment forms, Patient counseling and feedback forms).All the patients satisfying the inclusion criteria were selected from General medicine department in ESI hospital, Indira nagar. All the required data was collected from patients through personal interview and case sheets and treatment charts. All the 180 patient were assessed by KAP on. Counseling of KAP on (Breast, Cervical Cancers, and PCOD) self-tests after patient counseling with positive feedback were 171 OUT OF 180 which clearly states 95% 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.

## INTRODUCTION

### DEFINITION OF KAP

It stands for Knowledge, Attitude & Practice in quantitative method which contain predefined question formatted in standardize questionnaires which provides access to quantitative & qualitative information.

It has three components:

- **KNOWLEDGE**
- **ATTITUDE(characteristics acquired by an individual)**
- **PRACTICE.**

### STEPS IN CONDUCTING KAP

- Identification of domain
- Preparation of questions
- Validation of question
- Selection of sample for which survey is going to be done
- Size of sample should be large to represent entire population, which helps in data collection and analysis of result
- Minimum sample size required is 200 individuals.
- Overall population characteristics should be considered.
- Conduction of survey and data collection (from which method survey is being conducted should be decided prior & should be same for each group).

- Method of sampling include interview (either person or telephone).
- Knowledge can be assessed in percentage of population knows all of the symptoms & its same for practice section.
- Attitude section numerical values is given to each choice in range of response.
- Data should be analyzed to determine KAP level of community.
- Last all the collected data and analyzed should be presented on report.

### NEED OF KAP

- It is a good way to assess health care delivery
- Useful in survey methodology
- Finds the challenges of conducting survey in various areas
- Helps to find the extent of community knowledge on public health
- Easy way to make people understand about diseases and ask their honest opinion
- Finds the different treatment and prevention option

### ROLE OF CLINICAL PHARMACY IN ASSESSING KAP

- Explaining about what is KAP and its importance in survey population
- Preparing the questionnaire form.

- Providing knowledge regarding diseases and its safety precaution
- Improve patient outcome and quality of life
- Educating about the medicine and their uses
- Preparing the feedback form after survey

### **BREAST CANCER**

Breast cancer is characterized by proliferation of abnormal cells which multiply out of control, destroying healthy tissues in breast and endangering life [1]. The following diagrammatic representation clearly explains the signs and symptoms that are associated with the breast cancer [2,3]. The following diagrammatic representation clearly explains the Pathos-physiology as well as steps involved in development of breast cancer [4, 5].

### **CERVICAL CANCER**

Cervical is 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 [1, 2, 3]

### **PCOS (POLYCYSTIC OVARIAN SYNDROME)**

PCOS formerly termed stein eventual syndrome affects 3%-6% of reproductive age women. The central pathologic abnormality

is numerous cystic follicles or follicle cysts, often associated with oligomenorrhea [3, 4]

### **PATIENT COUNSELLING SERVICES:**

#### **DEFINITION**

It is a very important component of pharmaceutical care process. It can be defined as a one to one interaction between the pharmacist & patients and/ or caregiver, it is interactive in nature. it should include an assessment of whether or not the information was received as intended & that the patient understands how to use the information to improve the probability of positive therapeutic outcomes [4,5].

#### **IMPORTANCE**

- Patients learn & take active part in their therapeutic regimen.
- Improve patient medication adherence.
- Reduce the medication error.
- Helps to improve knowledge of patient regarding diseases & its prevention.
- Build a faith on medicine treatment.

#### **LITERATURE REVIEW**

- According to **Andegiorgish AK1, Kidane EA1, Gebrezgi MT 2** on Knowledge, attitude, and practice of breast Cancer among nurses in hospitals in Asmara, Eritrea (2018) Concluded that

Training programs could help to increase the nurses' knowledge about the risk factors of breast cancer and practice of breast cancer screening. This could also help to increase the knowledge of the public about breast cancer

- According to **Ifediora CO1, Azuike EC2** (2018) on Tackling breast cancer in developing countries: insights from the knowledge, attitudes and practices on breast cancer and its prevention among Nigerian teenagers in secondary schools Ifediora CO1, Azuike EC2 conclude that Health campaigns on BSE and breast cancers should provide specific details on techniques, risk factors and symptoms, while emphasizing on the right methods, timing and frequency. The positive attitudes identified raise optimism that health interventions would be effective and can have long term benefits. If possible, BSE and breast cancer teachings should be included in the secondary school academic curricula of resource-limited countries.
- According to **Naryana G1 et al....** (2017) conducted a study on Knowledge, attitude, and practice toward cervical cancer among women attending Obstetrics and Gynecology Department: A cross-sectional, hospital-based survey

in South India concludes that Although women are having good knowledge, positive attitude toward cervical cancer screening and prevention still there is a gap to transform it into practice. There is a need for more educational programs to connect identified knowledge slits and uplift of regular practice of cervical cancer screening.

### **AIM**

The study aims at implementation of Doctor of pharmacy services in assessing the KAP (knowledge, attitude, practice) of self-test for PCOD, CERVICAL & BREAST CANCER 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 cancer, PCOD
- To improve knowledge regarding disease condition.
- 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 180 Patients.

### Source of Data

- All the patients satisfying the inclusion criteria were selected from obstetrics & gynecology department of an ESI hospital
- .All the required data was collected from patients through personal interview (BSE of Breast, Cervical and PCOD self-test assessment forms, Patient counseling and feedback forms).

### Inclusion criteria:

- Patients with aging above 18 years.
- Patients having previous history of medical, medication problems.
- The Patients who are willing to participate in the study.

### Exclusion criteria:

- Patients who are not willing to participate in the study.
- Pregnancy.
- Lactation.
- Cancer Patients.

### 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:Breast Cancer self-assessment**
- **ANNEXURE-2:SELF test form for PCOS**
- **ANNEXURE-3: Cervical Cancer self-assessment.**

## ETHICAL APPROVAL

The Present study is approved by Ethical Committee of Gautham College of Pharmacy, R.T Nagar, Bangalore, Karnataka, India affiliated to ESI Hospital, Indira nagar, Bangalore, Karnataka, India.

## RESULTS & DISCUSSION

Table No1 shows in this study total of 180 female patients were enrolled. The age wise female Patients population ranges from the 27 Patients were in the age group of 10-20 years (15%) 49 Patients were in the age group of 20-30 years (27.22%), 52 patients were in the age group of 30-40 years (20 %), 36 patients were in the age group of 40-50 years (36%), 16 Patients were in the age group of 50-60 years( 8.888%). Table No 2 shows a total of 180 patients were selected for the study, in which 31(17.22 %) patients were literates and 149(82.777%) patients were illiterates'. Table No 3&4 shows the patients to whom KAP on breast, cervical cancers along PCOD assessed and provided with patient counseling as follows 27 number of female were assessed and counseled in 10-20 age group (15%), 49 female were assessed and counseled in 20-30 age group(27.22%), 52 female were assessed and counseled in 30-40age group (28.88%). 36 female were assessed and counseled in 40-50 age group (20%) and 16 female patients were assessed and counseled in 50-60 age group (8.888). Table No 5 Shows the number of patients with positive feedback after counseling of KAP on (Breast, Cervical Cancers, and PCOD), were 171 OUT OF 180 which clearly states 95% 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

The present study concludes that in India there is no proper awareness on Breast Cancer, Cervical Cancer and PCOD Self-Test & prevention among Women. Hence this study clearly states that role and importance of Doctor Of Pharmacy health care professionals in educating women in India and in detection of breast cancer, cervical cancers ,PCOD at early of their stages & prevention. The main aim and motto of the present study is achievement of healthy women India. We hope we achieved some extent by conducting this study by creating awareness among some Indian women as part of our responsible health care professional, and hope this study will be useful for further generations too.

## REFERENCES

1. M Manasa Rekha, Bharath Kumar, 2018. Prospective study on implementation of clinical pharmacy services to general medicine department in a tertiary care hospital published in journal of Pharma research, 2319-5622. Volume 5 issue 8.
2. M Manasa Rekha, 2017. A prospective study on Role of Doctor of Pharmacy in improving quality of life of HIV patients

- by patient counseling in an antiretroviral therapy ward of a tertiary care teaching hospital. Pharma tutor Magazine as well. Volume 5 issue 9 art-2524.
3. M Manasa Rekha, 2018. A study on identification of risk factors in developing poly cystic ovarian syndrome among teenagers and minimizing them by life style modifications through advanced patient counselling by doctor of pharmacy Pharma tutor Magazine art-2558 .
  4. M Manasa Rekha, 2018. A Study on Estimating and Creating Awareness of Breast Cancer among Teenagers by Doctor of Pharmacy. Journal of International Pharmaceutical Sciences 5(1) page 19-26.
  5. M Manasa Rekha, 2018. A Prospective Study on role of Doctor of Pharmacy in creating awareness on HPV vaccination for prevention of cervical cancer among women patients of a tertiary care teaching hospital. Journal of Immunology, volume 8 , Issue 2 , 2018 page 1-4.
  6. M Manasa Rekha, 2018. A Study On Creating Awareness Among Women On How To Maintain Good Health With Good Nutrition And How To Maintain Life As Disease Free By Doctor Of Pharmacy. Journal Of International Pharmaceutical Sciences, 5(1) page 12-18)
  7. A Barath kumar kumar, B Kumar, M Saipavan, M Gobinath. 2015. A Review on scope importance and future needs of clinical pharmacy practice in india. International journal of current trends in Pharmaceutical research, 3(3): 916-923.
  8. A Bharath Kumar, Kumar B, Ramesh D, Gobinath M, 2014. A Review on Pharmacotherapy and Management of Tuberculosis. International journal of Pharmaceutical research and bio sciences, Volume 3(5): 406-436.
  9. Bharath A, Ramesh D, Kumar B, Gobinath M, 2014. Prevention and Management of Hiv Aids. Ijprbs, Volume 3(3): 217-235.
  10. A Bharath, Kumar S, P Zakiullah, M Manasa rekha, 2016. A Review on Stroke Prevention and Management through Life Style Modifications. World Journal of Pharmaceutical Research. Vol 5, I 5.
  11. American College of Clinical Pharmacy. Pharmacotherapy 2008-28 (6), 816–817.
  12. American College of Clinical Pharmacy, 2008. The Definition of Clinical Pharmacy. Pharmacotherapy; 28(6):816-817.

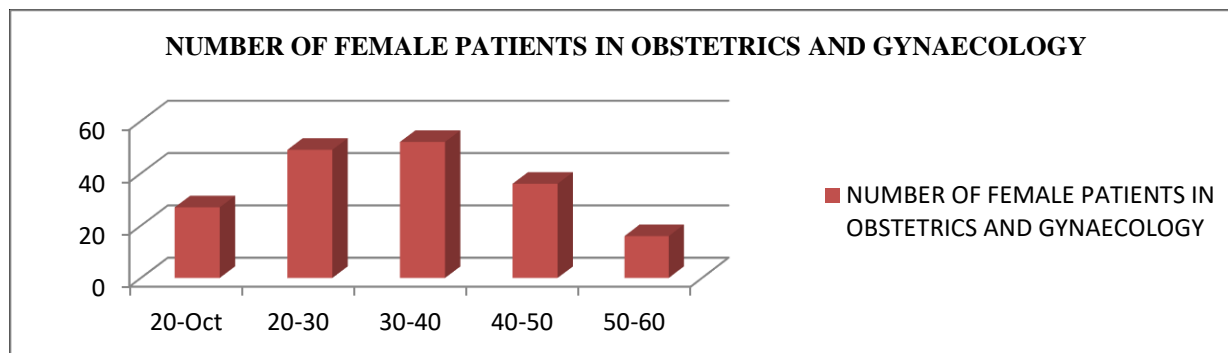


### EXPERIMENTAL RESULT FIGURE AND TABLE

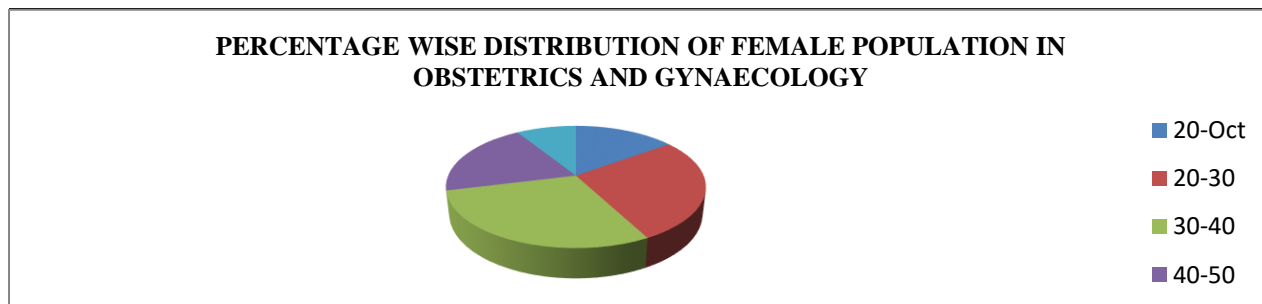
**TableNo1: showing age wise distribution of female patients in obstetrics and gynecology wards of an ESI hospital.**

S.no	Age wise distribution of female patients	Number of female patients in obstetrics and gynecology	Percentage wise distribution of female population in obstetrics and gynecology
1.	10-20	27	15
2.	20-30	49	27.22
3.	30-40	52	28.88
4.	40-50	36	20
5.	50-60	16	8.888
<b>TOTAL</b>	=	180	100

**Fig No1: Showing age wise distribution of number of female patients in obstetrics and gynecology wards of an ESI Hospital.**



**Fig No2: Showing percentage wise age distribution of female patients in obstetrics and gynecology wards of an ESI Hospital.**

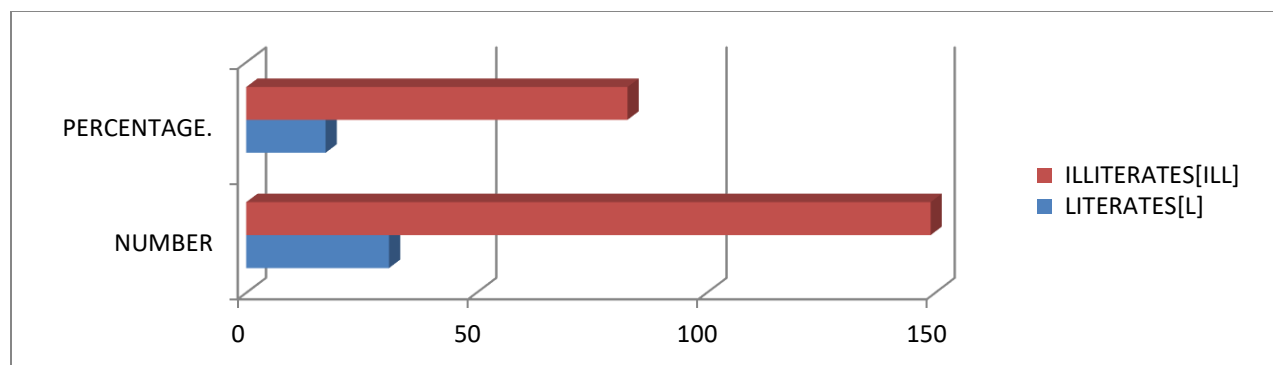


**TableNo2: Showing literacy wise distribution of female patients in obstetrics and gynecology wards of an ESI Hospital.**

S.NO	LITERACY STATUS	NUMBER	PERCENTAGE.
1.	LITERATES [L]	31	17.22
2.	ILLITERATES [ILL]	149	82.777
3.	TOTAL [L+ILL] =	180	100



**Fig No 3: Literacy Wise Distribution Of female patients in obstetrics and gynecology wards of an ESI hospital.**

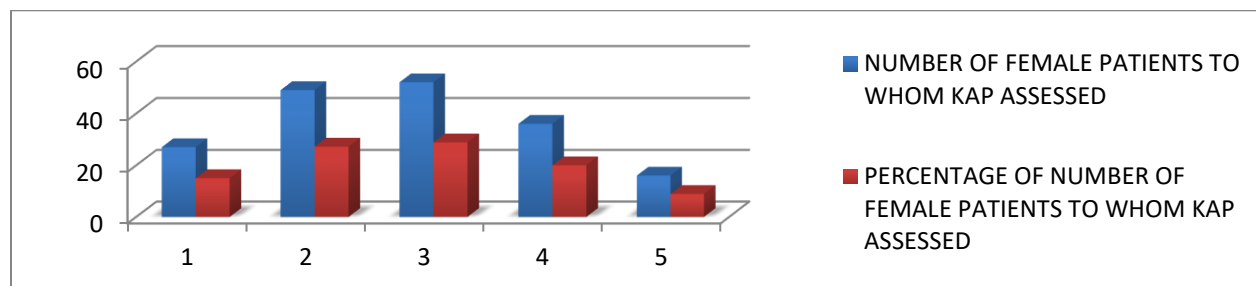


**NOTE:** here no patients are known how to conduct self-test for PCOD, Cervical and Cervical Cancers.

**Table No 3: Representing the number of females to whom KAP Assessed.**

S.NO	NUMBER OF FEMALE PATIENTS TO WHOM KAP ASSESSED	PERCENTAGE OF NUMBER OF FEMALE PATIENTS TO WHOM KAP ASSESSED
1.	27	15
2.	49	27.22
3.	52	28.88
4.	36	20
5.	16	8.888
<b>TOTAL</b>	<b>180</b>	<b>100</b>

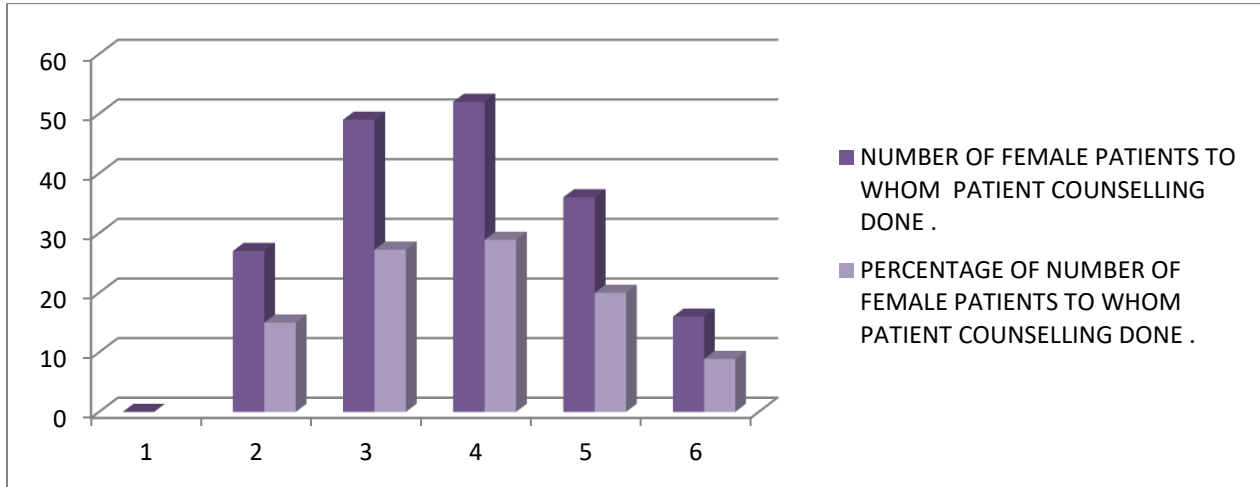
**Fig No 4: Representing the number of females to whom KAP Assessed.**



**Table No 4: Representing The Number as well as percentage of Females To Whom Patient Counselling Done.**

S.no	Number of female patients to whom patient counselling done.	Percentage of number of female patients to whom patient counselling done.
1.	27	15
2.	49	27.22
3.	52	28.88
4.	36	20
5.	16	8.888
<b>TOTAL</b>	<b>180</b>	<b>100</b>

**Fig No 5: Representing The Number as well as percentage of Females To Whom Patient Counselling Done.**



**Table No 5: Representing the Number of Patients with Positive Feed Back after Counseling of KAP on (Breast, Cervical Cancers, and PCOD).**

Number of patients in obstetrics and gynecology with feed back	Percentage of number of patients in obstetrics and gynecology with feed back
171 OUT OF 180	95% OUT OF 100

**P -VALUE:** The Present Study P -VALUE  
**0.001**