



# “A cross sectional study to assess the Awareness regarding Oral Cancer among the General Public in selected community area at Meerut. U.P.”

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**Background of the study:** oral cancer is the sixth most common type of cancer with India contributing to almost one-third of the total burden and the second country having the highest number of oral cancer cases **Aim of the study:** The aim of this study was to assess the level of awareness of oral cancer in the general population. **Research Methodology** The cross sectional study was conducted using Non experimental research design. The sampling technique used was A convenient sample (non-probability sampling technique). The total sample size for the study was 100 and data collection was collected by using questionnaire method. **Result:** the means frequency of 100 sample only 29.5 % of public aware about the oral cancer overall and 41% of public don't aware about oral cancer and 29.5 % of people don't have an idea about oral cancer. **CONCLUSION-** The result of assessment of awareness about oral cancer out of 100 samples in only 29.5% of sample have adequate awareness remain 70.5 % of sample need awareness.. According to the findings we can conclude that general public are less aware about oral cancer.

## INTRODUCTION

Oral cancer includes cancers of the mouth and the back of the throat. Oral cancers develop on the tongue, the tissue lining the mouth and gums, under the tongue, at the base of the tongue, and the area of the throat at the back of the mouth.

Oral cancer accounts for roughly three percent of all cancers diagnosed annually in the United States, or about 53,000 new cases each year.

Oral cancer most often occurs in people over the age of 40 and affects more than twice as many men as women. Most oral cancers are related to tobacco use, alcohol use (or both), or infection by the human papilloma virus (HPV).

### Oral Cancer Incidence

- Overall, 11.5 adults per 100,000 will develop oral cancer.
- Oral cancer incidence rates are significantly higher for males than for females; the incidence rate for all ages in males is nearly three times greater for males than for females.
- Oral cancer incidence rates are higher for White males than for Hispanic and Black males.
- The incidence of oral cancer increases with age. The increase becomes more rapid after age 50, particularly for adults aged 65 years and older

## REVIEW OF LITERATURE

**Swati Sharma et al (2018)** conducted a research study on Oral cancer statistics in India on the basis of first report of 29 population-based cancer registries. **Objectives:**To summarize and provide an overview of age-specific oral cancer incidence reported in 29 population-based cancer registry in India.**Materials and Methods:**Secondary data on age-adjusted rates (AARs) of incidence of oral cancer and other associated sites for all ages (0–75 years) were collected from the report of the National Cancer Registry Programme 2012–2014 in 29 population-based control registries.**Results:**Among both males and females, mouth cancer had maximum Age adjusted incidence rates (64.8) in the central zone, while oropharynx cancer had minimum AAR (0) in all regions. **Conclusion:**Oral cancer incidence increases with age with typical pattern of cancer of associated sites of oral cavity seen in the northeast region.

**D. I. Conway et al (2018)** examined The changing epidemiology of oral cancer: definitions, trends, and risk factors Objective : (i) to discuss how oral cancer is and ought to be defined and recorded; (ii) to present up-to-date data on the incidence burden of the disease in the four countries of the UK, and review recent analyses of trends in the disease; and (iii) to summarise recent evidence on risk factors of the disease. Methods:Cancer definitions were clarified by the International Classification of Diseases accounting for anatomical and aetiological differences; descriptive epidemiology included international / UK literature review and information requests for incidence data from the UK cancer registries (2000-2016); analytical epidemiology focused on reviewing the findings of the International Head and Neck Cancer Epidemiology (INHANCE) consortium, which has pooled data from multiple case-control studies providing the best estimates of risk factors. Results:Emerging evidence of the role played by risk factors in different anatomical sites means that oral cavity cancer and oropharynx cancer should be considered distinct disease entities – and a standardised attribution of anatomical subsites will be helpful in ensuring consistency in how data are presented. In 2016, over 3,700 people were diagnosed with oral cavity cancer and over 3,500 people were diagnosed with oropharyngeal cancer in the UK. Incidence of oropharyngeal cancer is rapidly rising across the UK. Rates of oral cavity cancer are higher in Northern Ireland and higher still (and relatively stable) in Scotland, but rising in England and Wales. INHANCE data show that while the consumption of alcohol and tobacco are the prime risk factors for oral cavity and oropharyngeal cancers, they provide greater certainty in the preventive benefits of reducing these risk factors. The role played by other factors such as low socioeconomic status, genetics, oral health, and human papillomavirus (only for oropharyngeal cancer) have become clearer.

**Anas B Alsalhani et al (2015)** examined Oral Cancer Awareness of the General Public in Saudi Arabia The aim of this study was to assess the level of awareness and knowledge about signs and risk factors of oral cancer in the general population in Saudi Arabia. Materials and Methods: A self-administered questionnaire was used to collect information from Saudi adults aged 15 years and older. A total of 679 persons participated in the survey. Descriptive statistics were calculated and chi-square tests, t-tests, and one-way analysis of variance (ANOVA) were used to examine differences between groups. The significance level was set at p p Results: Only 53.6% of the participants had heard of oral cancer. Smoking and alcohol consumption were identified as the major risk factors by 81.7% and 56.3% of the participants, respectively. Only 22.2% and 18.2%, respectively, were able to correctly identify red and white lesions as early signs of oral cancer. Participants with less than high school education were significantly less aware, and had much less knowledge, of the signs and risk factors of oral cancer (p

## STATEMENT OF THE PROBLEM

**“A cross sectional study to assess the Awareness regarding Oral Cancer among the General Public in selected community area at Meerut. U.P.”**

## OBJECTIVES:

- To assess the awareness regarding oral cancer among the General Public At Meerut.
- To find out the association between awareness regarding oral cancer with their selected demographic variable.

## RESEARCH HYPOTHESIS

There is a significant association of demographic variable with Awareness regarding oral cancer among general Public

## ASSUMPTIONS

1. General Public may have aware about oral cancer in term of sign, symptoms, prevention and Management.

## OPERATIONAL DEFINITIONS

1. **CROSS-SECTIONAL STUDY** - Cross-sectional study design is a type of observational study design. In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time.

2. **ASSESS**- “Assessment refers to the collection of data to describe or better understand an issue

3. **AWARENESS ON ORAL CANCER** -. Public awareness about oral cancer, its risk factors, and signs and symptoms can lead to early diagnosis. Thus, public awareness can result in diagnosis at an early stage, thus increasing the survival rate of patients.

4. **GENERAL PUBLIC**- General public means each individual residing in this state who is 18 years of age or older, other than an individual or the spouse of an individual who is licensed or registered in the occupation or who has a material financial interest in the occupation regulated under the specific article in which the term is used.

5. **COMMUNITY AREA** -A community is a social unit (a group of living things) with commonality such as place, norms, religion, values, customs, or identity. Communities may share a sense of place situated in a given geographical area (e.g. a country, village, town, or neighbourhood ) or in virtual space through communication platforms.

## METHODOLOGY

**RESEARCH APPROACH**- Qualitative research approach used to assess awareness regarding oral cancer among general Public in selected community area at Meerut. U.P.

**RESEARCH DESIGN**-Non Experiment research design used in the study.

**RESEARCH SETTING**- The study was conducted in selected rural area at Meerut.

**POPULATION OF THE STUDY**- The study population for present study consisted of Men & women between the age 20-50 years old.

**SAMPLE**-In this study the sample is Men & women between the age 20-50 years available in rural area at Meerut.

**SAMPLE SIZE**-The sample size consists of 100.

### **SAMPLING CRITERIA**

#### **INCLUSION CRITERIA-**

- Men Women available at the time of data collection.
- Public are in the age group of 20-50 years.
- General public who are able to speak, read & write Hindi.

#### **EXCLUSION CRITERIA-**

- General public who are not willing to participate in the study.
- Who were not able to speak and listen.
- Who were not present at the time of data collection.

## RESULT & DISCUSSION

**TABLE 1:** Distribution of subject according to demographic characteristics of the subjects of the subjects by frequency and percentage.

s.no	Demographic Characteristics'	Frequency	Percentage
1.	<b>Age in ( Years)</b>		
	20-30	40	40 %
	31-40	30	30%
	41-50	30	30%
2.	<b>Gender</b>		
	Men	70	70%
	Women	30	30%
3.	<b>Educational status</b>		
	Uneducated	30	30%
	Higher secondary	20	20%
	Intermediate	30	30%
	Graduate & Post graduate	20	20%

4.	<b>Residence</b> Urban Rural	00 100	00% 100%
5.	<b>Religion</b> Hindu Muslim Sikh Christian	60 40 00 00	60% 40% 00% 00%
6.	<b>Socio-economic status</b> Lower class Middle class Upper class	20 75 05	20 % 75% 05%
7.	<b>Smoking Habit</b> Smoker Non Smoker	55 45	55% 45%
8.	<b>Source of information</b> Multimedia( TV, RADIO, INTERNET) Dentist Family Member None of above	60 05 10 25	60% 05% 10% 25%

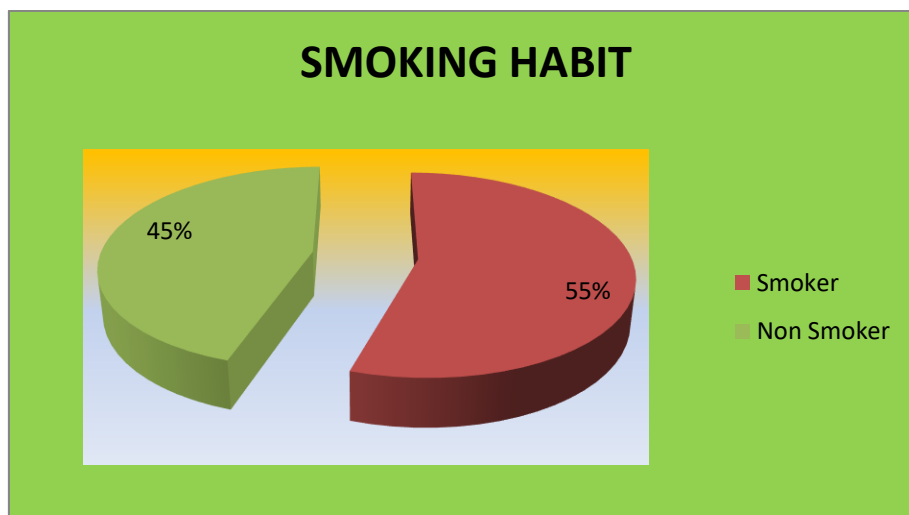
**TABLE 1: Showing the frequency and percentage of the subject according to their socio- demographic characteristics.**

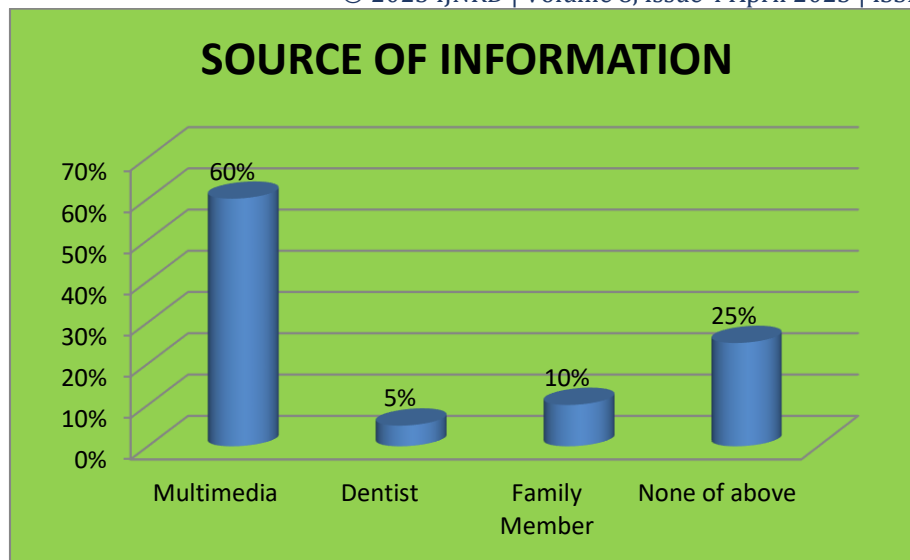
**TABLE 1:** Shows that 40% of the public were in the age group 21-30 years, 30% of people were in the age group 31-40 years and 30% of people were in the age group 41-50 years. In regards to the gender 70% of public were men & 30% were women..

In regards to Educational Status 30% were from uneducated, 20% were from Higher secondary class and 30% were from intermediate class & 20% were from graduate class.. In regards to Residence 100% of public belongs to rural community.

In regards to religion 60% samples were Hindu, 40% were Muslims, 00% were from Sikh and Christians. In regards to socio- economic status of the samples 20% were lower class, 75% were middle class and 05% were higher class.

In regards to smoking habit 55% of sample were smoker and 45% of samples don't have any smoking habit. With regards to source of information about oral cancer 60% of samples got information from multimedia, 05 % got information from Dentist, 10% sample got information from their family and 25% of sample didn't get information from any of them.





### SECTION –B

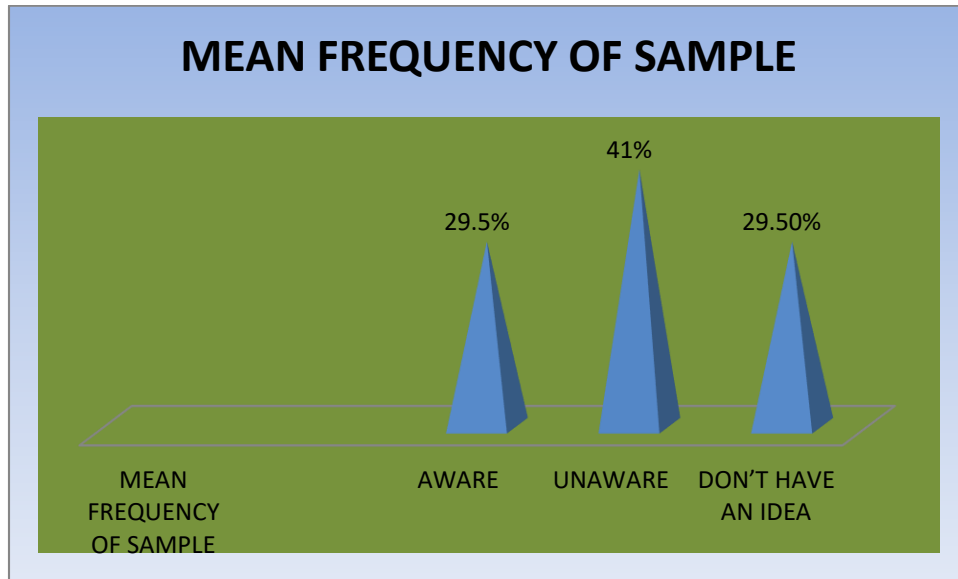
**TABLE 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF AWARENESS ABOUT ORAL CANCER**

S.No	PERSONAL FACTORS	N	FREQUENCY
1.	<b>Have you heard of oral cancer</b>		
	YES	<b>80</b>	<b>80%</b>
	NO	<b>10</b>	<b>10%</b>
	I don't know	<b>10</b>	<b>10%</b>
2.	<b>Oral cancer a preventable disease</b>		
	YES	<b>50</b>	<b>50%</b>
	NO	<b>40</b>	<b>40%</b>
	I don't know	<b>10</b>	<b>10%</b>
3.	<b>Is oral cancer is contagious</b>		
	YES	<b>70</b>	<b>70%</b>
	NO	<b>15</b>	<b>15%</b>
	I don't know	<b>15</b>	<b>15%</b>
4.	<b>Is the treatment oral cancer is Possible</b>		
	YES	<b>30</b>	<b>30%</b>
	NO	<b>50</b>	<b>50%</b>
	I don't know	<b>20</b>	<b>20%</b>
5.	<b>Do you think dry mouth is a sign of oral cancer</b>		
	YES	<b>40</b>	<b>40%</b>
	NO	<b>40</b>	<b>40%</b>
	I don't know	<b>20</b>	<b>20%</b>
6.	<b>Do you think lump or thickening in the neck is a sign of oral cancer</b>		
	YES	<b>10</b>	<b>10%</b>
	NO	<b>80</b>	<b>80%</b>
	I don't Know	<b>10</b>	<b>10%</b>
7.	<b>Do you think bleeding from the gum is a sign of oral cancer</b>		
	YES	<b>15</b>	<b>15%</b>
	NO	<b>65</b>	<b>65%</b>
	I don't know	<b>20</b>	<b>20%</b>
8.	<b>Do you think burning sensation is a sign of oral cancer</b>		
	YES	<b>15</b>	<b>15%</b>

	NO I don't know	<b>50</b> <b>35</b>	<b>50%</b> <b>35%</b>
9.	<b>Do you think numbness of the tongue or other area of the mouth is a sign of oral cancer.</b> YES NO I don't Know	<b>20</b> <b>30</b> <b>50</b>	<b>20%</b> <b>30%</b> <b>50%</b>
10.	<b>Do you think difficulty in chewing or swallowing is a sign of oral cancer.</b> YES NO I don't Know	<b>20</b> <b>40</b> <b>40</b>	<b>20%</b> <b>40%</b> <b>40%</b>
11.	<b>Do you think an abnormal swelling is a sign of oral cancer.</b> YES NO I don't	<b>20</b> <b>40</b> <b>40</b>	<b>20%</b> <b>40%</b> <b>40%</b>
12.	<b>Do you think soreness in the mouth that bleed easily and doesn't heal is a sign of oral cancer</b> YES NO I don't Know	<b>20</b> <b>40</b> <b>40</b>	<b>20%</b> <b>40%</b> <b>40%</b>
13.	<b>Do you think undue falling or loosing of teeth is a sign of oral cancer.</b> YES NO I don't Know	<b>20</b> <b>40</b> <b>40</b>	<b>20%</b> <b>40%</b> <b>40%</b>
14.	<b>Do you think continues pain in the jaw is a sign of oral cancer</b> YES NO I don't Know	<b>20</b> <b>40</b> <b>40</b>	<b>20%</b> <b>40%</b> <b>40%</b>
15.	<b>Do you think white/red patch on the gum is a sign of oral cancer</b> YES NO I don't Know	<b>30</b> <b>40</b> <b>30</b>	<b>30%</b> <b>40%</b> <b>30%</b>
16.	<b>Do you think (smoking (cigarette/shisha) is a risk factor</b> YES NO I don't Know	<b>40</b> <b>30</b> <b>30</b>	<b>40%</b> <b>30%</b> <b>30%</b>
17.	<b>Do you think family history of oral cancer is a risk factor</b> YES NO I don't Know	<b>20</b> <b>40</b> <b>40</b>	<b>20%</b> <b>40%</b> <b>40%</b>
18.	<b>Do you think exposure to sunlight is a risk factor</b> YES NO I don't know	<b>30</b> <b>40</b> <b>30</b>	<b>30%</b> <b>40%</b> <b>30%</b>
19.	<b>Do you think poor oral hygiene is a risk factor</b> YES NO I don't Know	<b>30</b> <b>40</b> <b>30</b>	<b>30%</b> <b>40%</b> <b>30%</b>

<b>20.</b>	<b>Do you think hot and spicy food is a risk factor</b>		
	YES		
	NO	<b>10</b>	<b>10%</b>
	I don't Know	<b>50</b>	<b>50%</b>
		<b>40</b>	<b>40%</b>

The above table depict frequency and percentage distribution of assessment of awareness about oral cancer in general public.



With regards to the means frequency out of 100 sample only 29.5 % of public aware about the oral cancer overall and 41% of public don't aware about oral cancer and 29.5 % of people don't have an idea about oral cancer.

**CONCLUSION-** The result of assessment of awareness about oral cancer out of 100 samples in only 29.5% of sample have adequate awareness remain 70.5 % of sample need awareness.. According to the findings we can conclude that general public are less aware about oral cancer so we have to organize educational awareness program for public to increase the awareness.

## **IMPLICATION**

The present study emphasize on assess the awareness on oral cancer among general Public at Meerut.

The study has number of implication in prime concerns to the nursing education, nursing practices, nursing research and nursing administration.

### **Implication for nursing education**

1. The study will help the nursing student to learn about assessment method to assess awareness of a particular disease.
2. The student can arrange some teaching programme on oral cancer .
3. The student can encourage the General Public to adopt some preventive strategies for oral cancer.

### **Implication for nursing research**

1. This study will encourage the future investigators to conduct a study on oral cancer.
2. This study will help the future investigators in conducting his research more effectively.
3. This study will help the researcher as a guideline to conduct his study and limit the errors.

### **Implications for nursing practices**

1. The finding of the study will help the nurses to plan for assessing the risk factors for oral cancer.
2. The teacher can give structured teaching programme on Oral cancer.

3. The teacher can teach about the preventive strategies of oral cancer.
4. The teacher can create awareness about the preventive strategies of oral Cancer..

#### **Implications for nursing administration**

1. The study will help the administrator in arranging education programme on oral cancer.
2. It will motivate the nursing administrator to emphasize on oral cancer.

#### **RECOMMENDATION**

1. There should arrange a public awareness Programme about knowledge regarding prevention & management of oral cancer..
2. The government should promote the teaching programme on oral cancer in rural areas to reduce the occurrence of problem.
3. More study can be done to assess the knowledge and attitude of men regarding smoking habits

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