APPENDIX - C

PART - I

BACKGROUND VARIABLES

A. DEMOGRAPHIC DATA
1. Age (years)
   a. 21-30     b. 31-40
   c. 41-50     d. 51-60

2. Educational qualification
   a. No formal education   b. Primary
   c. High School          d. Higher Secondary
   d. Graduate             e. Post graduate

3. Occupation
   a. House wife           b. Unskilled worker
   c. Skilled worker       d. Professional

4. Family monthly Income: (in Rs / month)
   a. 1000 or < 1000  b. 1001 –3000
   c. 3001 – 5000      d. 5001 – 7000
   e. 7001 – 9000      f. 9001- 11000

5. Religion
   a. Hindu             b. Muslim
   c. Christian         d. Others

6. Place of residence
   a. Urban             b. Rural
   c. Suburban

7. Distance from residence to hospital (kms)
   a. < 10            b. 11- 25
   c. 26- 50          d. > 50 kms

B. OBSTETRIC & GYNAECOLOGICAL DATA

8. Gravida:
   a. 0  b. 1  c. 2  d. 3  e. 4  f. > 4

9. Parity:
   a. 0  b. 1  c. 2  d. 3  e. 4  f. > 4

10. Abortions:
    a. 0  b. 1  c. 2  d. 3  e. 4  f. > 4
11. Age of sexual intercourse initiation (in years)
   a. 15 – 20
   b. 21 – 25
   c. 26 – 30
   d. 31 – 35

12. Number of years of active sexual life
   a. 5 - 10
   b. 11-15
   c. 16-20
   d. 21-25
   e. >25

13. Menstrual cycles:
   a. Regular
   b. Irregular
   c. Post menopausal

14. At present, do you use any contraception?
   a. Yes
   b. No

15. If yes, type of contraception used
   a. Condoms
   b. Copper T
   c. Pills
   d. Permanent sterilization

16. Have you ever contracted a reproductive tract / sexually transmitted infection?
   a. Yes
   b. No

17. If yes, how often do you get reproductive tract infection / sexually transmitted infection?
   a. Once a month
   b. Once in 3 months
   c. Once in 6 months
   d. Once in a year
   e. Once in 2-3 years

18. How many times have you been treated for reproductive tract infection/ sexually transmitted infection in the past 2 years?
   a. None
   b. 1-2 times
   c. 3 – 4 times
   d. 5- 6 times
   e. More than 6 times

19. Has your partner ever contracted a reproductive tract /sexually transmitted infection?
   a. Yes
   b. No

20. If yes, how often does he get reproductive tract /sexually transmitted infection?
   a. Once a month
   b. Once in 3 months
   c. Once in 6 months
   d. Once in a year
   e. Once in 2-3 years

21. How many times has he been treated for reproductive tract /sexually transmitted infection in the past 2 years?
   a. None
   b. 1-2 times
   c. 3 – 4 times
   d. 5- 6 times
   e. More than 6 times
22. Does your husband have any extramarital contacts?
   a. Yes   b. No   c. Do not know

23. If yes, number of your husband’s sexual partners (exclude yourself)
   a. 1   b. 2   c. 3 and more

24. Do you have any extramarital contacts?
   a. Yes   b. No

25. If yes, number of sexual partners (exclude your husband)
   a. 1   b. 2   c. 3 and more

26. Have you undergone a pap test in the past?
   a. Yes   b. No   c. Do not know

C. RECORD DATA

1. Cervical abnormalities
   a. Cervical dysplasia
   b. Cervicovaginal infections

2. Medical management
   a. Yes   b. No

3. Surgical management
   a. Yes   b. No

4. Type of surgery
   a. None   b. Hysterectomy
   c. Polypectomy   d. Cryocauterization

5. Diabetic status
   a. Yes   b. No

6. Colposcopy guided biopsy
   a. Yes   b. No

7. Biopsy result:
APPENDIX D

PART II
CLINICAL INDICATORS

A. Cervical Visual Examination Checklist

<table>
<thead>
<tr>
<th>Cervical visual examination parameters</th>
<th>Baseline</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. Discharge
   a. Normal
   b. Bloody
   c. Dirty
   d. Greenish
   e. White
   f. Cheesy

2. Appearance of Cervix
   a. Normal
   b. Abnormal
   c. Post hysterectomy

3. Abnormal (Low threshold)
   a. Hypertrophy
   b. Redness/congestion
   c. Irregular surface
   d. Distortion
   e. Erosion without bleeding
   f. Edematous cervix
   g. Polyp/growth
   h. Nabothian follicles
   i. Prolapsed uterus

4. Suspicious of Malignancy (High Threshold)
   a. Erosion (bleeds on touch)
   b. Growth
   c. Ulcer
   d. If yes for growth / ulcer,
      - Friable
      - Fungating
      - Irregular
      - Non specific appearance

Scoring :
1. Discharge:
   Normal – 1, Bloody -2, Dirty – 3, Greenish – 4, White – 5, Cheesy – 6
2. Appearance of cervix
   Normal 1, Abnormal -2  Post hysterectomy -3
3. Low threshold and high threshold features: Yes : 1, No: 0
## B. Symptoms Inventory Checklist

<table>
<thead>
<tr>
<th>S.No</th>
<th>Symptoms</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abdominal pain (0 - 10 score)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Vaginal Discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Abnormal / unpleasant odor</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Soreness around the vagina / vulva</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Vulvovaginal irritation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Vulval Itching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Dyspareunia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Frequency of micturition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Burning micturition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Dysuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Urethral discharge for husband</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Abnormal vaginal Bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>If any other (mention)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## C. Cervical Smear Analysis

<table>
<thead>
<tr>
<th>S.No</th>
<th>Type of test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Baseline</td>
</tr>
<tr>
<td>1.</td>
<td>Pap smear</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Microbiological smear</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX - E

PART -III

BEHAVIOURAL ADHERENCE VARIABLES

A. QUESTIONNAIRE TO ASSESS KNOWLEDGE ON CERVICAL ABNORMALITIES

Risk factors and causes of Cervical Dysplasia

1. What is cervical dysplasia?
   a. Rapid growth of cervical cells
   b. Lack of blood supply to cervix
   c. Precancerous cervical cellular changes
   d. Do not know

2. Is cervical dysplasia a sexually transmitted disease?
   a. Yes  b. No  c. Do not know

3. Is cervical dysplasia an infectious disease?
   a. Yes  b. No  c. Do not know

4. What is the primary cause for cervical dysplasia?
   a. Chronic infection  b. Lack of adequate nutrition
   c. Lack of hygiene  d. Do not know

5. Choose women at risk for developing cervical dysplasia
   (i) Those who have sexual intercourse at an early age
   (ii) Those with high parity
   (iii) Those with multiple partners
   (iv) Those exposed to tobacco smoke
   a. (i) & (ii)  b. (i), (ii) & (iii)  c. (i), (ii), (iii) & (iv)  d. Do not know

6. Do genital warts cause cervical dysplasia?
   a. Yes  b. No  c. Do not know

7. Which type of contraceptive use has a greater risk for developing cervical dysplasia?
   a. Condoms  b. Copper T
   c. Oral pills  d. Do not know

Prevention of cervical dysplasia

8. Can cervical dysplasia be prevented?
   a. Yes  b. No  c. Do not know

9. Is there a vaccine available to prevent cervical dysplasia?
   a. Yes  b. No  c. Do not know
10. Can health screening prevent cervical dysplasia?
a. Yes   b. No   c. Do not know

11. Which contraceptive agent offers protection against cervical dysplasia?
a. Copper T b. Permanent sterilization
c. Condoms d. Do not know

12. Which activity can help prevent cervical dysplasia?
a. Eating good nutritious food b. Regular use of iron tablets
c. Avoiding multi sexual partners d. Do not know

13. Which is the best practice to prevent cervical dysplasia?
a. Marriage after 21 years b. Yearly genital check up
c. Regular use of calcium tablets d. Do not know

**Screening for cervical dysplasia**
14. What is a screening test?
a. Test done to detect early precancerous cells b. Test done to treat the disease
c. Test done to prevent the disease d. Do not know

15. Who should be screened for cervical dysplasia?
a. Women younger than 25 years b. Women between ages of 25 – 65 years
c. Women above 65 years of age d. Do not know

16. What test is commonly used for cervical screening?
a. Blood test b. Urine test
c. Pap test d. Do not know

17. How often is screening test done?
a. Once in a lifetime b. Repeated every 3 years
c. When a person has symptoms d. Do not know

18. What does a negative screening test indicate?
a. She will never have cancer cervix b. She does not have changes that may develop into cancer of the cervix
c. She has protection against acquiring cancer of the cervix d. Do not know

19. What does a positive screening test indicate?
a. She has cervical cancer b. She has changes that may develop into cancer of the cervix
c. She has no protection against acquiring cancer of the cervix d. Do not know
20. Which is the right time to do a test to detect cervical dysplasia?
   a. Anytime after menstruation
   b. Middle of menstrual cycle
   c. Few days before the onset of next menstruation
   d. Do not know

21. Who does the cervical screening test?
   a. Doctors
   b. Nurses
   c. Both doctors and nurses
   d. Do not know

22. Where is the screening test done?
   a. At out patient clinic of a private hospital
   b. At out patient clinic of a government hospital
   c. At out patient clinic of any government or private hospital
   d. Do not know

**Signs and Management of cervical dysplasia**

23. Which of these is a symptom of cervical dysplasia?
   a. Bleeding after intercourse
   b. No symptom may be there
   c. Dryness in the perineum
   d. Do not know

24. What kind of discharge do women with cervical cancer complain?
   a. Mild white discharge without any smell
   b. Bloody discharge
   c. Foul smelling discharge
   d. Do not know

25. Which method is used to confirm the diagnosis of cervical dysplasia?
   a. X-ray
   b. Blood test
   c. Biopsy
   d. Do not know

26. Is there treatment options for cervical dysplasia?
   a. Yes
   b. No
   c. Do not know

27. If yes, which is the treatment option available for cervical dysplasia?
   a. Drugs
   b. Surgery
   c. Radiation
   d. Do not know

**Causes for cervicovaginal infections**

28. What is the cause for an abnormal vaginal discharge?
   a. Ovulation
   b. Infection
   c. Sexual excitement
   d. Do not know

29. Are all cervicovaginal infections sexually transmitted?
   a. Yes
   b. No
   c. Do not know
30. What agent causes cervicovaginal infections?
   a. Bacteria     b. Fungal
   c. Bacteria, fungal or protozoan d. Do not know

31. What factor is associated with increased symptomatic infection?
   a. Uncontrolled diabetes   b. Menopause
   c. Menstruation               d. Do not know

**Symptoms and investigations of cervicovaginal infections**

32. What are the symptoms of cervicovaginal infection?
   a. Vaginal Itching & discharge       b. Headache & body pain
   c. Joint pain and abdominal pain     d. Do not know

33. What is the type of discharge in women with cervicovaginal infection?
   a. Curdy / cheesy white discharge b. Bloody discharge
   c. Pus discharge                   d. Do not know

34. What test is commonly used for diagnosing cervicovaginal infection?
   a. Blood test    b. Urine test
   c. Microscopic smear examination d. Do not know

**Prevention and treatment of cervicovaginal infections**

35. How should the perineum be washed after urination /defecation?
   a. Front to back   b. Back to front
   c. Flush water rapidly d. Do not know

36. What can prevent cervicovaginal infection?
   a. Avoiding foods rich in fat       b. Monthly check up
   c. Keeping genitalia dry and clean d. Do not know

37. What type of clothing can increase the chances of cervicovaginal infections?
   a. Loose fitting clothing          b. Tight fitting clothing
   c. Light coloured clothing         d. Dark coloured clothing

38. What should a couple do after coitus?
   a. Wash genitalia with plain water  b. Wash genitalia with soap and water
   c. Do not wash the genitalia       d. Do not know

39. Who should undergo treatment in case of sexually transmitted cervicovaginal infection?
   a. Wife only                          b. Husband only
   c. Both husband and wife           d. Do not know

40. Which is a best practice to prevent cervicovaginal infection?
   a. Avoiding multiple partners       b. Keeping the food always closed
   c. Avoid cleaning after voiding     d. Do not know
41. What type of protective device is best for use during menstruation?
   a. Sanitary napkin       b. Use and throw cloth
   c. Cloth that is washed and reused    d. Do not know

42. How often should sanitary napkins be changed during menstruation?
   a. Whenever the pad is full    b. Two times daily
   c. Every 4 hours once    d. Do not know

43. What type of detergent should be used for washing inner garments?
   a. Mild detergents      b. Scented detergents
   c. Strong detergents    d. Do not know

44. Which is the treatment for cervicovaginal infection?
   a. Medical treatment   b. Repeating the pap test
   c. Surgery           d. Do not know

45. What application in the perineal area helps to treat some cervicovaginal infections?
   a. Application of hot water    b. Application of topical medications
   c. Application of coconut oil   d. Do not know

46. If a person has cervical abnormalities, when should be the next follow up visit?
   a. After 3 months    b. After 1 year
   c. As and when the health care provider advises    d. As and when the lady likes to come

47. What is the role of a partner in preventing reproductive tract infection / sexually transmitted infection?
   a. Avoiding intercourse   b. Using condoms during intercourse
   c. Taking healthy diet    d. Do not know

48. What are the complications of cervicovaginal infections?
   a. Pelvic Inflammatory disease   b. Heart disease
   c. Uterine cancer   d. Do not know

49. Can repeated cervicovaginal infections make a patient susceptible for HIV / AIDS?
   a. Yes   b. No   c. I do not know

50. What is the reason for recurrence of infection even after treatment?
   a. Lack of a balanced diet intake
   b. Inadequate treatment and unhealthy behaviours
   c. Family environment
   d. Do not know
Scoring Key
Each question has one right answer, with one mark for the right answer. Total score is 50.

1. c 26. a
2. b 27. b
3. b 28 b
4. a 29. b
5. c 30. c
6. b 31. a
7. c 32. a
8. a 33. a
9. a 34. c
10. b 35. a
11. c 36. c
12. c 37. b
13. a 38. b
14. a 39. c
15. b 40. a
16. c 41. a
17. b 42. c
18. b 43. a
19. b 44. a
20. a 45. b
21. c 46. c
22. c 47. b
23. b 48. a
24. c 49. a
25. c 50. b

B. Healthy Behavioural Practice Rating Scale

<table>
<thead>
<tr>
<th>S.No</th>
<th>Content</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Perineal washing after voiding / defecation</td>
<td>Never washes (or) washes back to front</td>
<td>Washes front to back occasionally</td>
<td>Washes front to back most of the times</td>
<td>Washes front to back always</td>
</tr>
<tr>
<td>2.</td>
<td>Use of powder / oil in perineal region</td>
<td>Always</td>
<td>Most of the times</td>
<td>Occasionally</td>
<td>Never</td>
</tr>
<tr>
<td>3.</td>
<td>Use of loose fitting clothing</td>
<td>Never</td>
<td>Occasionally</td>
<td>Most of the times</td>
<td>Always</td>
</tr>
<tr>
<td>4.</td>
<td>Use of undergarments</td>
<td>Never wears</td>
<td>Occasionally</td>
<td>Most of the times</td>
<td>Always</td>
</tr>
<tr>
<td>5.</td>
<td>Care of undergarments – washing and drying</td>
<td>Never wears</td>
<td>Washes and dries indoor</td>
<td>Washes, dries in sunlight</td>
<td>Washes, dries in sunlight always / irons</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Trimming of nails</td>
<td>Occasionally</td>
<td>Once in two months</td>
<td>Once a month</td>
<td>2-3 times a month</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Frequency of change of sanitary pad/cloth</td>
<td>Once in every 10-12 hours</td>
<td>Once in every 8-10 hours</td>
<td>Once in every 6 hours</td>
<td>Once in every 4 hours</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td>Care of sanitary cloth – washing and drying in the sunlight</td>
<td>Never</td>
<td>occasionally</td>
<td>Most of the times</td>
<td>Always / Discards cloth or pad after use</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Preservation of sanitary cloth</td>
<td>In toilet corner</td>
<td>In the dark room</td>
<td>Corner of her room</td>
<td>Safely placed in her room</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Care of genitalia before and after coitus</td>
<td>Never</td>
<td>Occasionally/ washes either before or after coitus</td>
<td>Most of the times</td>
<td>Always</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Condom use</td>
<td>Never</td>
<td>Occasionally</td>
<td>Most of the times</td>
<td>Always</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Sexual partner (self)</td>
<td>More than 2, never uses condoms</td>
<td>2 and never uses condoms</td>
<td>2 and uses condoms</td>
<td>One</td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Sexual partner (spouse)</td>
<td>More than 2, never uses condoms</td>
<td>2 and never uses condoms</td>
<td>2 and uses condoms</td>
<td>One</td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Fasting blood sugar (mg / dl)</td>
<td>&gt; 200</td>
<td>120 – 200</td>
<td>80-100</td>
<td>60-80</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Repeat smear</td>
<td>Not aware and refuses to undergo</td>
<td>Not aware and delays repeat</td>
<td>Aware but delays repeat</td>
<td>Aware and repeats on time</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Follow-up</td>
<td>Misses thrice or more</td>
<td>Misses twice</td>
<td>Misses once</td>
<td>Regular</td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Pill count</td>
<td>Remaining for &lt;4 days</td>
<td>Remaining for 2-3 days</td>
<td>Remaining for a day</td>
<td>Correct</td>
</tr>
<tr>
<td><strong>18.</strong></td>
<td>Treatment for partner</td>
<td>Refused treatment</td>
<td>Treated occasionally</td>
<td>Irregular treatment</td>
<td>Treated as advised</td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>Investigations</td>
<td>Not aware and refuses to undergo</td>
<td>Not aware and delays repeat</td>
<td>Aware but delays</td>
<td>Aware and undergoes on time</td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>Surgical management</td>
<td>Not aware and refuses to undergo</td>
<td>Not aware and delays</td>
<td>Aware but delays</td>
<td>Aware and undergoes on time</td>
</tr>
</tbody>
</table>

**Scoring key:**
1 – Unsatisfactory
2 – Least satisfactory
3 – Satisfactory
4 – Most satisfactory
C. DETAILS OF FOLLOW UP ADHERENCE

<table>
<thead>
<tr>
<th>Follow up visit</th>
<th>No. of reminders given</th>
<th>Lapsed days between visits</th>
<th>Missed visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
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</table>

D. BARRIERS FOR ADHERENCE CHECKLIST

<table>
<thead>
<tr>
<th>S.No</th>
<th>Barriers</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lack of knowledge on abnormal cervical smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lack of knowledge on purpose of treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lack of knowledge on procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Concerns about having cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Concerns about undergoing procedure</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Concerns about ability to bear children in future</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Concerns about potential treatments</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Concern about cost involved</td>
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<tr>
<td>9</td>
<td>Job conflict</td>
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<tr>
<td>10</td>
<td>school-, or child-care-related conflicts</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Forgetting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Transportation difficulties</td>
<td></td>
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<td>Distance from hospital to house</td>
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<td>Guest / Family functions</td>
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<td>15</td>
<td>Family problems</td>
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<td>16</td>
<td>Any other (mention)</td>
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APPENDIX - F  
Teaching module on Cervical Abnormalities

Cervical Dysplasia and Cervicovaginal infections: Understanding the diagnosis and management options

Central Objective:
At the end of the educative and supportive nursing intervention program, a woman with abnormal cervical smear will gain adequate knowledge on cervical dysplasia and cervicovaginal infections and develop desirable attitude and skill in implementing various behavioural measures to prevent complications of cervical abnormalities.

Contributory Objectives:
At the end of this educative and supportive nursing intervention program, a woman with abnormal cervical smear will be able to:

1. understand the meaning of cervical dysplasia and cervical cancer
2. appreciate the risk factors and causes and for cervical dysplasia
3. realize the preventive measures for cervical dysplasia
4. identify the signs and symptoms of cervical dysplasia and cancer cervix
5. comprehend the screening test for cervical dysplasia
6. recognize the treatment options for cervical dysplasia
7. understand the meaning of cervicovaginal infections
8. know the risk factors and causes for cervicovaginal infections
9. follow the precautionary measures to prevent and overcome cervicovaginal infections
10. spot the signs, symptoms, diagnosis of cervicovaginal infections
11. recognize the treatment options and complications of cervicovaginal infections
12. redemonstrate the application of male condom

Introduction:
Did you undergo the visual examination of the cervix along with smear analysis? Have you been told by your physician that you have cervical abnormalities. If your results are abnormal, you may be worried. The good news is that cervical problems when detected early can almost be treated. This often can be done in the clinic itself. A visual examination along with smear analysis helps to detect cervical dysplasia and cervicovaginal infection. This educative supportive nursing intervention program, will help you to understand about cervical abnormalities and adhere to the management measures to prevent complications.
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<th>S. No</th>
<th>Contributory objective</th>
<th>Content</th>
<th>Teacher’s Activity</th>
<th>Learner’s Activity</th>
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<tbody>
<tr>
<td>1.</td>
<td>Understand the meaning of cervical dysplasia and cervical cancer</td>
<td>Cervix is the opening of the womb. Cervical dysplasia are precancerous cells that results when the cervix has been infected for some time. Most precancer goes away on its own, but if it persists and is not treated, it can become cancer. If the cells on the cervix begin to grow abnormally and sometimes, if not treated, can become cancer.</td>
<td>Explaining using a model of uterus and the booklet</td>
<td>Viewing and Listening</td>
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<tr>
<td>2.</td>
<td>Appreciate the risk factors and causes and for cervical dysplasia</td>
<td>Cervical dysplasia is caused by infection with a virus called Human Papillomavirus or HPV, which is sexually transmitted. Most of the time, HPV infection disappears without treatment. Sometimes, HPV stays in the cells for years and eventually causes cervical cancer. Women at risk include: All women who had sexual intercourse are potentially at risk as they may be infected with HPV, who have never been screened, had sexual intercourse and children at an young age, Women with more children, women with multiple partners or their spouses who have multiple partners, women who chew or smoke tobacco and use oral contraceptives. Women who have infections or conditions that weaken the immune system.</td>
<td>Explaining with the booklet</td>
<td>Viewing and Listening</td>
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<tr>
<td>3.</td>
<td>Realize the preventive measures for cervical dysplasia</td>
<td>Cervical dysplasia can be prevented by: limiting sexual partners, using condoms, delaying first sexual relations and childbirth, not smoking or avoiding exposure to smoke, undergoing cervical screening tests that detects precancer and taking a HPV vaccine</td>
<td>Explaining</td>
<td>Viewing and Listening</td>
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<td>4.</td>
<td>Identify the signs and Early cervical dysplasia has no signs. Only cervical</td>
<td>Explaining with</td>
<td>Viewing and</td>
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<td>Symptoms of cervical dysplasia and cancer cervix</td>
<td>Screening can detect changes. Signs develop only when the precancerous cells become cancerous. They include: vaginal spotting or bleeding after sexual intercourse, bleeding between menstruations or after menopause, increased vaginal discharge that does not go away even with treatment, pain during intercourse and heavier menstrual bleeding, that may last longer than usual.</td>
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| 5. Comprehend the screening test for cervical dysplasia | A screening test is done on people who are healthy and without symptoms, to identify those with a higher chance of getting a particular disease. This test can determine whether the cervix is normal or not. Women between ages of 25 and 65 years, who had been sexually active should undergo screening test to detect early changes. Women who never had sexual intercourse need not be screened.  

The common screening test is Pap smear. The health care providers do a genital examination, collect a sample of cells from the cervix and send to lab for examination.  
If test is negative, it means that a woman does not have changes that may develop into cervical cancer. It is important to screen her again every 3 years once to make sure that cervical changes do not develop. An abnormal result may mean many things. It may simply be an infection. Or it may be atypia cells or pre cancer cells that can be treated easily in an outpatient setting. This may need other tests to make sure they are precancer cells. Sometimes, a positive test may mean cancer in which case, a person is referred to the hospital for treatment. | Explaining with the booklet | Viewing and Listening |
6. **Recognize the treatment options for cervical dysplasia**

A procedure known as a colposcopy is performed. Here, the doctor uses a colposcope to look at the changes on the surface of the cervix. This painless test takes only a few minutes. If problem is suspected, a woman may need procedures to further assess or treat it. Or, the woman may need frequent follow up visits to check on the health of her cervix. Colposcopy may be repeated to check the condition of the cervix. Other procedures include: biopsy and endocervical curettage.

The abnormal cells may be destroyed by freezing the cells. Or they may be destroyed with a beam of light (laser) called as LEEP (Loop Electrosurgical Excision Procedure). In some cases, a cone shaped piece of tissue from the center of the cervix extending into the canal is removed. At times, even a hysterectomy (removal of uterus with cervix) is performed.

| 7. **Understand the meaning of cervicovaginal infections** | Vagina and cervix normally will have small amount of mucus discharge. If the discharge suddenly differs in color, odour, or consistency and amount, it may indicate an infection. Normally we have useful organisms in the vagina that protects us from infections. If these organisms grow rapidly, then it results in infection. Microorganisms grow because of our poor unhealthy practices. Some situations like ovulation, sexual excitement and emotional stress can increase the amount of normal discharge. |

| 8. **Know the risk factors and causes for** | Women with high risk behaviours, women with multiple partners or their partners who have multiple |

| Explaining with the booklet | Viewing and Listening |
Cervicovaginal infections

Women who had repeated childbirth or abortions, who do not practice perineal, menstrual and sexual hygiene. Women with have uncontrolled diabetes and those who are stressed a lot. Even women who use too much antibiotics are at risk.

Infections may be caused by bacteria, viruses, yeast infections, etc. Some infections may be sexually transmitted whereas some may be not be. Some of the names of the infection and the causative agents are: Bacterial vaginosis caused by bacteria, Candidiasis caused by yeast infection, Trichomonas caused by protozoa.

9. Follow the precautionary measures to prevent and overcome cervicovaginal infections

To prevent recurrence of infection, follow these precautionary measures in your life. Keep your genital area clean and dry. Wear loose and comfortable clothing and undergarments, preferably cotton. Wipe from front to the back after a bowel movement. Avoid perfume or talcum powder spray at the perineal region. Trim your nails, as long nails may injure the perineum during scratching. Use mild soaps to wash your undergarments and dry them under sunlight. Using disposable sanitary napkins are healthy. If you think, they are expensive, use cloth, but avoid reusing them. Sanitary cloth reused during menstruation should be dried under sunlight. Change sanitary napkins at least every 4 hours during menstruation. Do not place the sanitary cloth in unhygienic places such as toilet, or hut holes. Pack them neatly and keep it safely in a safe place with your other
Avoid use of contraceptive pills. Eat a nutritious diet and do not skip meals. Take more curd or buttermilk as they have organisms that improve our immunity. Always keep your blood sugar under control. Use condoms during intercourse. Limit sexual partners. Wash the genitalia before and after coitus. If advised, abstain from intercourse.

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<th>10.</th>
<th>Spot the signs, symptoms &amp; diagnosis of cervicovaginal infections</th>
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<td>Usually the symptoms are present for a week or more. Common symptoms seen include: abdominal pain, vaginal discharge, abnormal / unpleasant odor, soreness around the vagina / vulva, vulvovaginal irritation, vulval itching, dyspareunia, frequency of micturition, burning micturition, dysuria, urethral discharge for husband, abnormal vaginal bleeding, genital warts / rashes or even fever.</td>
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<td>Explaining with the booklet</td>
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<th>11.</th>
<th>Recognize the treatment options and complications for cervicovaginal infections</th>
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<td>Most of the times, diagnosis is based on the symptoms. Examination of the cervicovaginal discharge under a microscopic helps to confirm the organism. Appropriate medication and healthy behavioural practices are prescribed to overcome infection. Suppositories or creams may be given also. Smears are repeated after few months to check normalcy. The complications of cervicovaginal infections are recurrent or persistent infection, concurrent infection, Infertility, Pelvic inflammatory disease, Tubal pregnancy and HIV/AIDS.</td>
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<td>Explaining with the booklet</td>
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<th>12.</th>
<th>Redemonstrate the Use of male condoms during intercourse helps to protect</th>
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<td>Demonstration on</td>
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application of male condom

You can protect yourself from infections. Talk your partner regarding this and encourage him to always use a condom during intercourse. These are the steps to be followed during the use of condoms.

- Check the expiry date. Remove the condom from the packet carefully to prevent tears or damages.
- Prevent any contact of the penis with the vagina before putting on the condom.
- Hold the tip/top of the condom to squeeze out air to make room for the sperm.
- Unroll the condom onto the hard/erected penis and continue to pinch the tip of the condom and unroll.
- Keep unrolling the condom on the whole length of the penis until it goes to the pubic hair.
- After ejaculation, hold onto the edge of the condom and pull out of the partner while the penis is still hard.
- Hold on to the rim of the condom while withdrawing to prevent it from slipping off and semen spilling into the vagina.
- Remove the condom from the penis and tie a knot in it to prevent spills or leaks. Take care in avoiding the spill of the contents.
- Safely dispose the used condom in a place where it cannot cause any hazard.

Conclusion: To stay healthy, follow up with your health care provider. Your health care provider will ask you to undergo checkups often. If treatment is done, the smear test may be repeated in a few months. This helps to make sure that cervix is back to normal. Have cervical smear tests as recommended. Follow up visit is one of the best safeguards against future problems. Remember, Healthy life is always a wealthy life.
APPENDIX - G
Teaching module on Tips for Healthy living

Central Objective:
At the end of the session, a woman with abnormal cervical smear will gain adequate knowledge on healthy living and develop desirable attitude and skill in implementing these tips of healthy living in her daily activities.

Contributory Objectives:
At the end of this program, a woman with abnormal cervical smear will be able to:
1. understand the importance of healthy living.
2. appreciate the tips for healthy living.

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<th>Teacher’s Activity</th>
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<tr>
<td>1.</td>
<td>Understand the importance of healthy living.</td>
<td>The household almost comes to a standstill, if the woman of the house becomes ill. Health care of women is very important. Some basic women health care tips can be followed in your daily routine. Here are a few great tips to help you remain healthy, happy and full of energy!</td>
<td>Explaining with the booklet</td>
<td>Viewing and Listening</td>
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| 2.    | Appreciate the tips for healthy living | **Health Tip 1: Eat a healthy diet.**
- Eat a balanced diet that contains carbohydrates, proteins, fat, vitamins and minerals.
- Little intake of food can also be harmful.
- Eat whole grains and high-fiber foods and choose leaner cuts of meat, fish, and poultry.
- Include low-fat dairy products in your diet as well.
- Depending on your age, you need between 800 and 1,500 milligrams of calcium daily to help avoid osteoporosis. Milk, | Explaining with the booklet | Viewing and Listening |
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<td></td>
<td>Yoghurt and buttermilk are sources of calcium.</td>
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<td>Avoid beverages like soft drinks, tea and coffee that are high in calories, sugar, salt, and fat. Eat healthy foods regularly instead of junk food. Healthy foods include fruits, vegetables, whole grains and lower fat products.</td>
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<td>Drink plenty of water, at least 8 - 10 glasses per day, so that your body remains hydrated and water can help drain out the toxins.</td>
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<td>Avoid foods that are deep fried. Cut down on oil.</td>
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<td>Consume fresh cooked food in summer or refrigerate soon after preparation to avoid food poisoning, as bacteria grows faster in warm weather.</td>
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<td>Never skip your breakfast or meals. Do not substitute tea/ coffee for your breakfast</td>
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<td>Consume buttermilk or curd. It contains good bacteria that enhances your immunity</td>
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<td>To get a good amount of vitamin C, add guavas, papayas, oranges and melon to your diet.</td>
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<td>Avoid eating too much of hot, spicy food.</td>
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<td>Health Tip 2: Exercise.</td>
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<td>Try to incorporate some exercise routine in your daily work schedule. Regular exercise can help control weight gain.</td>
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<td>Regular exercise can help prevent coronary heart disease, stroke, diabetes, obesity, and high BP.</td>
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<td>Regular, weight-bearing exercise can also help prevent osteoporosis by building bone strength.</td>
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<td>Mental health also improves with exercise.</td>
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- Exercise at least 30 minutes a day, five days a week, if not every day. Aerobic exercises (walking, swimming, jogging, bicycling and dancing) are good for women.
- Walk on a regular basis. Walking is a simple exercise that can be easily practiced every day.
- Exercise can be broken up into smaller 10 minute sessions. Start slowly and progress gradually to avoid injury or excessive soreness or fatigue. Over time, build up to 20-30 minutes of moderate to vigorous exercise daily.
- People are never too old to start exercising

**Health Tip 3: Avoid tobacco use**
- Tobacco use causes cancers of the lung, mouth, lip, tongue, esophagus, kidney, and bladder.
- Tobacco use also causes heart attack and stroke.
- Passive smoking or second hand smoke means the inhalation of smoke from others who smoke near you, even though you do not indulge in smoking.
- Second-hand smoke can cause coughing, wheezing, bronchitis, pneumonia, asthma and also disease like lung cancer. Do not entertain others to smoke near you and your children.
- Avoid chewing tobacco.

**Health Tip 4: Balance activity with rest**
- Don't push yourself beyond your physical limits
- Don’t let overexertion to drain your energy.
- Schedule time to rest, relax and take a nap as and when necessary.
- A good night sleep of eight hours will refresh your body. Avoid
irregular rest periods. Talk a cup of hot milk before retiring to bed

Health Tip 5: Avoid self medication.
- Avoid taking medications of your own for headaches, cold, fever, abdominal pain or postponing your menstruation etc. Consult a physician for any problem you have.
- Take prescribed medicines only. Use medications only for the prescribed period.

Health Tip 6: Hygiene
- Take a bath every day. It is preferable to take bath twice during summer. Wash cloths and dry them under sunlight. Wear loose fitting clothing.
- Choose the clothing (summer, winter) based on seasonal changes. Prefer to use cotton wear during summer as it helps to absorb sweat.
- Trim your nails regularly
- Keep your genitalia clean and dry. Wash your hands after urination and defecation. Wash your hands before and after taking foods.
- Take a hair wash at least 3 times in a week
- Protect your hair from lice and dandruff.

Health Tip 7: Relaxation
- Relaxing your mind and body is highly essential. Take a break at regular intervals.
- Engage in hobbies you like. It may be reading, knitting, gardening or even watching televisions or listening to music.
- Spend time with your family. Plan visits to places away from home with your family to overcome stress.
- If relaxation comes from visiting a temple, then proceed.
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<th>Health Tip 8: Be Positive</th>
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<td>- Think positively and do good always.</td>
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<td>- Keep smiling. Be happy and make others around you happy with your laugh and smile.</td>
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<td>- Do yoga or meditation or exercises on daily basis, so that you can stay in shape as well as fit and healthy.</td>
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<tr>
<td>- Devote your time to pursue your hobbies to get relief from stress and anxiety.</td>
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**Health Tip 9: Keep healthy**

- Avoid obesity. Lose weight, if you are obese
- If you have health problems, always consult a doctor
- Regular health checkups will warn you timely about health complications.
- Sleep for 8 hours to stay fresh the next day.

**Health Tip 10: Happy family**

- Follow a small family norm. Limit to two children
- Stick to the concept of “We TWO, ours TWO”
- Space your pregnancies. Use contraceptives as per advice of your obstetrician. Avoid unnecessary abortions

**Conclusion:**

Good hygienic habits are easy to begin and maintain, and are the most effective ways to protect yourself and others from many illness. Keep yourself healthy. Remember “Healthy life is a wealthy life”