

Effect of Video Assisted Education on Cervical Cancer on Learning outcomes among Married Women in a Selected Anganwadies under Mundur Phc, Palakkad-Kerala

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Abstract

Worldwide, cervical cancer is both the fourth-most common cause of cancer and the cause of death from cancer in women. This study was aimed to "Evaluate the effect of video assisted education on cervical cancer on learning outcomes among married women in selected anganwadies under mundur PHC. The objectives of the study were, to assess the learning outcomes on cervical cancer among married women before video assisted teaching programme, evaluate the effect of video assisted education on cervical cancer on learning outcomes among married women, to identify association between the selected demographic variable and the learning outcomes of married women regarding cervical cancer. The study was conducted at selected anganwadies under mundur PHC, from there 50 married women who satisfied inclusion criteria were selected by simple random sampling. The research approach was Quantitative and the design adopted was quasi experimental one group pretest posttest design. The technique used for data collection was self-reporting and assessment of socio personal variables. The tool used was structured questionnaire for assessment of socio personal variables and learning outcomes regarding cervical cancer after pretesting for the feasibility. Then the video assisted education on cervical cancer was given to the selected married women. Then the post test was conducted after 7 days. The collected data was analysed by descriptive and inferential statistics. Findings of the study shows before video assisted teaching, all the samples had poor knowledge where as after video assisted teaching programme 96% have adequate knowledge and 4% had moderate knowledge. Similarly before video assisted teaching programme 86% had poor attitude regarding cervical cancer and prevention and 14% had moderate attitude where as after video assisted teaching programme 70% gained good attitude and 30% had moderate attitude. Majority of the samples showed moderate practice both before and after video assisted teaching programme. Majority of subjects are not willing to undergo cervical cancer screening due to the unwillingness of their husbands(60%). 10% subjects think that it is painful and 10% think that they are healthy both before and after the video assisted teaching. The following major characteristics of the samples shows that, the present study findings emphasize the need for routine screening programmes, health awareness programmes and promotion of healthy habits of living among married women in the rural communities.

Keywords: Learning out comes, Cervical Cancer, video assisted education

INTRODUCTION

Worldwide, cervical cancer is the second leading cause of death from cancer and the cancer in women. In 2012, an estimated 5,28,000 cases of cervical cancer occurred, with 2,66,000 deaths. This is about 8% of the total cases and total deaths from cancer. About 70% of cervical cancers occur in developing countries.

In low-income countries, it is the most common cause of cancer death. In developing countries, the widespread use of cervical screening programs has dramatically reduced the rates of cervical cancer. Cervical cancer can be detected by cytological study of epidermal cells removed from a cervix in a process known as Pap smear. Human papilloma

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virus (HPV) infection causes more than 90% of cases; Cervical cancer typically develops from precancerous changes over 10 to 20 years. About 90% of cervical cancer cases are squamous cell carcinomas, 10% are adenocarcinoma, and a small number are other types. Diagnosis is typically by cervical screening followed by biopsy. HPV vaccines protect against between two and seven high-risk strains of this family of viruses and may prevent up to 90% of cervical cancers. If cervical cancer is detected before it has invaded any surrounding tissues, the five-year survival rate is nearly 100%. Therefore, it is very important that all women begin receiving yearly Pap smears and pelvic examinations at age 21. However, a yearly pelvic exam should be continued even if Pap smears are not given each year. Researchers estimate that non-invasive cervical cancer is nearly four times as likely as invasive cervical cancer.

Need and Significance

Cancer of the cervix has been the most important cancer among women in the past decades. The recent national cancer registry program indicates that between 2009 and 2011, North eastern part of India has the highest level cervical cancer in the rate of 23.3% in Bangalore 18.9% in 2005, Thiruvananthapuram 9.2% 2011, 77% in the southern part of India. The district of Tamilnadu show a high incidence of cervical cancer

The high burden of cervical cancer in India is due to lack of screening. The rural population in India are unaware of the health services and screening program are available in the country, a number of factors may affect the women's ability and desire to participate in cervical cancer prevention program. Strategies for introducing or strengthening cervical cancer prevention programs must focus on ensuring appropriate cost effective services are available, if not realized cervical cancer prevention programs will not achieve the necessary levels of coverage that are required to reduce the overall disease burden. Hence the researchers decided to conduct a study on cervical cancer to educate the women on prevention of cervical cancer by using the video assisted education to rule out the effectiveness before and after administration, on knowledge, attitude, practice and perceived barriers

for screening (learning outcomes) on cervical cancer among women of reproductive age in the selected anganwadies under mundur PHC of palakkad dist.

STATEMENT OF THE PROBLEM

A Study to evaluate the effect of video assisted education on cervical cancer on learning outcomes among married women in a selected anganwadies under mundur PHC.

Objectives

- Assess the learning outcomes on prevention of cervical cancer among married women before video assisted teaching program.
- Evaluate the effect of video assisted education on learning outcomes regarding cervical cancer among married women after video assisted teaching program.
- To identify the association between the selected demographic variable and the learning outcomes of married women regarding cervical cancer.

Conceptual Framework

The Theoretical frameworks are inter related concepts that assembled together in some rational scheme by virtue of their relevance to a common theme. The conceptual framework is to stimulate research and the extension of the knowledge by providing both directions and inputs. The present study is focused on assessing the effectiveness of video assisted education on prevention of cervical cancer on learning outcomes among married women in a selected Anganwadi under mundur PHC. According to Nola J Pender health promotion model was designed to be a complimentary counterpart to models of health protection it defines health as a positive dynamics state not merely the absence of disease.

Review of Literature: Knowledge of Cervical Cancer

Cancer of the uterine cervix is one of the leading cancer among women worldwide, with an estimated 5,20,000 new cases and 2,74,000 deaths reported annually (WHO/ -HPV and cervical cancer statistics in india.2010). About 86% of the cervical cancer cases

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occur in developing countries, which represents 13% of all female cancers.(WHO/ICO information centre on HPV and cervical cancer statistics in india(2010).

A cross sectional interview based study was conducted by Arunadevi and geetha Prasad in may 2015. 200 women attending a clinic were asked to complete a questionnaire assessing cervical cancer awareness conducted at karpagavinayaga institute of medical science and research centre. The results were only 38% of respondent were aware that cervical cancer is the most common cause of gynecological cancer. 63% were aware that infection is the most common cause of cervical cancer and 49% said that virus is the cause and 16% said that human papilloma virus was the cause of cervical cancer.

A study was conducted by S. Abhirami ,Assistant professor Raja Lakshmi college of Chennai among the women (2014). The objective was to assess the risk factor of cervical cancer among women. Descriptive research design was adopted for this study. The study was conducted in Irungattukottai village kanchipuram district Tamilnadu. The findings of the study revealed that the risk of women 65% had low risk, 30% had moderate risk and 5% had high risk.

Attitude and Practice Related to Cervical Cancer and its Prevention

Chopra. s a cross sectional study conducted among 300 women in the obstetrics and gynecology out patient clinic in a selected hospital utharpradesh. The research shows that 12-22% correctly answered the question but 53% had a positive attitude towards HPV vaccination. Age , marital status and level of education were significantly associated with this attitude. Kharthar conducted a study on screening for cervical cancer samples were women of 15-70 years and sample size 50. This review found no conclusive evidence for establishing optimal ages to start and stop cervical cancer screening

Effect of Video Assisted Teaching on Cervical Cancer and its Prevention

A study was conducted by ESI hospital New Delhi (2012) on effect of structured teaching program on VIA[Visual Inspection with Acetic Acid] test for early

detection and diagnosis of cervical cancer. Study population comprised of community health workers working in selected center in Najafgarh, Delhi. They selected a sample of 30 community health workers'. The results were, no community health workers had in service education on VIA test. The mean pretest knowledge score was 23.23 ranges of possible score were between 0-40 indicating that there was knowledge deficit regarding VIA TEST.

A FOCUS GROUP APPROACH

The purpose of this research were to gain an understanding of Indian women's knowledge about cervical cancer, and to identify major barriers to early screening for cervical cancer and the motivators for prevention and early detection. It is hoped that the findings will guide the development of community-based cervical cancer education and screening programs for adult Indian women. Focus group discussions revealed that there was misinformation and a lack of knowledge about cervical cancer. The findings showed that major structural barriers were economic and time factors along with language problems. Many participants were recent immigrants with no medical insurance and long work hours. The main psychosocial barriers were fear/fatalism, denial and Confucious thinking. Participants stated that medical advice and education would influence them most to undergo a pap test. Recommendation were made to reduce certain barriers and to increase knowledge and motivations

METHODS

Research Approach

The primary objective of the study is to identify the effectiveness of video assisted preventive education program on the knowledge of prevention of cervical cancer among married women .

Research Design

Research design spells out the basic strategies that the researcher adopts to develop information that is accurate and interpretable The design is quasi experimental, one group pretest post test was chosen.

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Pretest was done on the selected samples by using a tool then video assisted preventive education conducted, after teaching programme knowledge is tested by using same tool with the interval of two weeks.

Setting of the study

The study was conducted in the selected anganwadies under mundur PHC. The married women 18-45 are considered.

Population of the study

In this study the population includes the married women who belong to the age group of 18-45 years, who meets the inclusion criteria.

Sampling technique

Random Sampling technique by lottery method is used to select 50 women of reproductive age who falls in the age group of 18-45 years.

Data collection methods

After obtaining Informed consent, the investigators selected the married women from selected anganwadies under mundur PHC by using probability simple random sampling technique. Total 50 women were selected. Written consent was taken from each subject and assured the confidentiality of the information. The objectives of the study were explained, since there is a

randomization and a pretest before intervention and posttest after intervention.. During the data collection period investigator administered the tool for the married women before and after the video assisted teaching to assess the knowledge, attitude, practice and the perceived barriers for screening regarding prevention of cervical cancer.

RESULTS

The data collected from 50 married women aged between 18 to 45 years before and after video assisted teaching program, were tabulated, analyzed, and interpreted using descriptive and inferential statistics.

The Analyzed Data is Presented Under the Following Headings

Section 1: Sample characteristics.

Section 2: Pre-test and Ppost-test knowledge of subjects.

Section 3: Effect of video assisted teaching program on knowledge, attitude and practice and perceived barriers regarding prevention of cervical cancer among married women.

Section 1: Sample Characteristics

Figure 1. shows that majority of the samples falls under the age group of 32-38 yrs

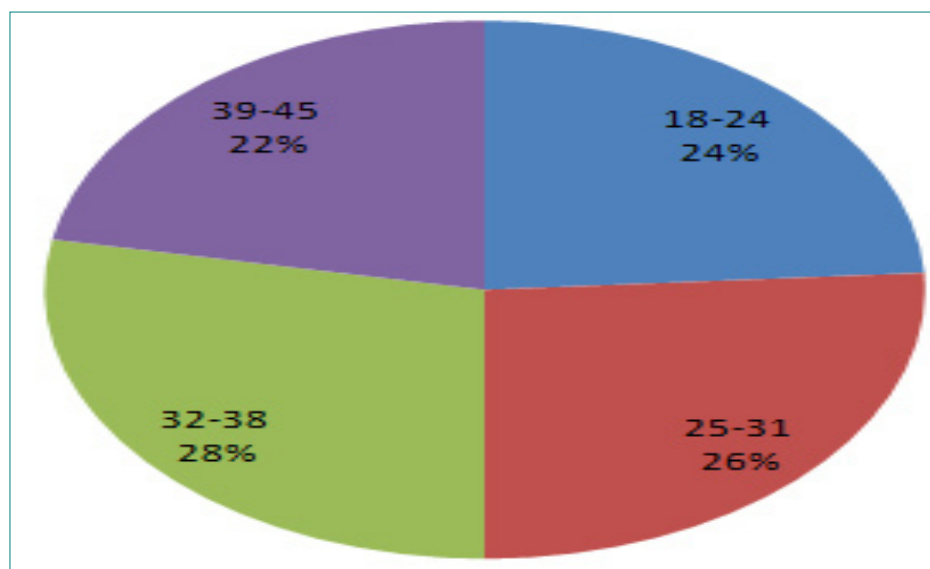


Fig 1. Distribution of subjects based on age

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Figure 2. shows that majority of subjects are married at the age of 15-20 years(80%)

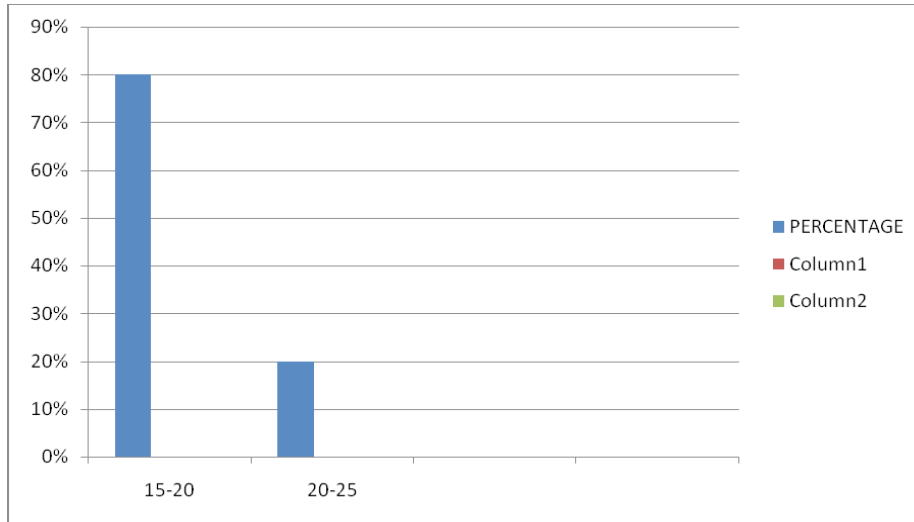


Fig 2. Distribution of subjects based on age of marriage

Table: 1 Shows that majority of subjects have primary education (42%)

Table 1. Distribution of subjects based on education

Education	Frequency	Percentage
Illiterate	1	2%
Primary education	21	42%
Secondary education	20	40%
College education	8	16%

Figure 3: shows that majority of subjects are housewives (40%)

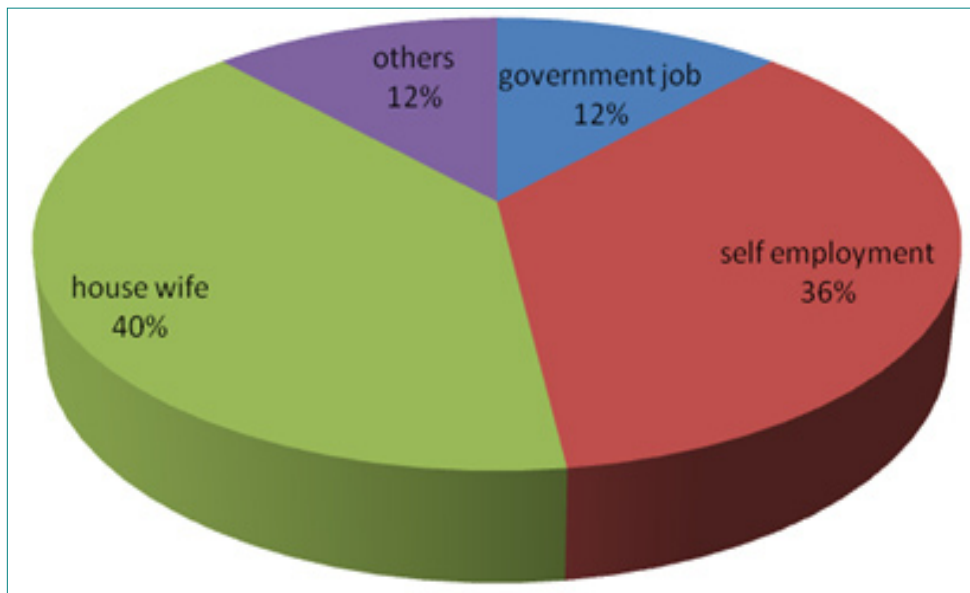


Fig 3: Distribution of subjects based on occupation

Table 2: Shows that 38% of subjects have 1-2 children and 3-4 children

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Table 2. Distribution of subject based on number of children

Number of children	Frequency	Percentage
No children	10	20%
1-2 children	19	38%
3-4 children	19	38%
5 children	2	4%

Table: 3 Shows that majority of subjects are not using contraceptives (88%)

Table: 3 Distribution of subjects based on use of contraceptives.

Use of contraceptives	Frequency	Percentage
Yes	6	12%
No	44	88%

Section 2: Level of Knowledge, Attitude and Practice

knowledge before video assisted teaching where as after video assisted teaching programme, 96% gained

Table: 4 shows that 100% of subjects have poor adequate knowledge.

Table 4. Distribution of subjects based on the level of knowledge

Level of knowledge	Score range	Before video assisted teaching programme		After video assisted teaching programme	
		frequency	percentage	frequency	Percentage
Poor knowledge	0-5	50	100%	0	0%
Moderate knowledge	6-11	0	0%	2	4%
Adequate knowledge	12-17	0	0%	48	96%

Table: 5 shows that 86% have poor attitude 14% have, moderate attitude before video assisted teaching programme. Whereas After video assisted teaching programme 30% have moderate attitude and 70% have good attitude

Table 5. Distribution of subjects based on level of attitude

Level of attitude	Score range	Before video assisted teaching programme		After video assisted teaching programme	
		frequency	percentage	frequency	Percentage
Poor attitude	10-20	43	86%	0	0%
moderate attitude	21-31	7	14%	15	30%
Good attitude	32-42	0	0%	35	70%

Table 6 shows that 100% have moderate practice both before and after video assisted teaching programme. From these two figures it is well understood that there is no significant change in practice occurred in the subjects

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Table: 6 Distribution of subjects based on level of practice

Level of practice	Score range	Before video assisted teaching programme		After video assisted teaching programme	
		frequency	percentage	frequency	percentage
Poor practice	0-2	0	0%	0	0%
moderate practice	3-5	50	100%	50	100%
Good practice	6-8	0	0%	0	0%

Section 3: Effectiveness of Video Assisted Teaching Programme on Level of Knowledge, Attitude and Practice.

Table 7 reveals that there is significant difference of knowledge score before and after video assisted teaching programme. Since the calculated value of the t

lies in the critical region at 0.02 level of significance and research hypothesis is accepted and it is interpreted that mean level of knowledge after video assisted programme is significantly higher than the mean level of knowledge before video assisted teaching programme which means posttest is effective.

Table 7. Difference in the mean level of knowledge of samples before and after video assisted teaching programme

Learning outcome	Before video assisted teaching programme		After video assisted teaching programme		‘t’Value	P value
	mean	SD	mean	SD		
Knowledge score	2.18	1.31	14.06	1.41	6.18	1.68

Table 8 reveals that there is significant difference of attitude score before and after video assisted teaching programme. Since the calculated value of the t lies in the critical region at 0.05 level of significance and research hypothesis is accepted

and it is interpreted that mean level of attitude after video assisted programme is significantly higher than the mean level of attitude before video assisted teaching programme. That means posttest is effective.

Table 8. Difference in the mean level of attitude of samples before and after video assisted teaching programme

Learning outcome	Before video assisted teaching programme		After video assisted teaching programme		‘t’ value	P value
	mean	SD	mean	SD		
Attitude	16.46	4.44	34.18	3.65	3.08	1.68

Table 9 reveals that there is minute difference of practice score before and after video assisted teaching programme .since the t value is less

than the table value, there is no much significant difference between practice and video assisted teaching programme.

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Table 9. *Difference in the mean level of practice of samples before and after video assisted teaching programme*

Learning outcome	Before video assisted teaching programme		After video assisted teaching programme		't' value	P value
	mean	SD	mean	SD		
Practice	3.26	0,43	4.18	0.37	1.67	1.68

Table 10: shows that majority of subjects are not willing to undergo cervical cancer screening due to the unwillingness of their husbands(60%). 10% subjects think that it is painful and 10% think that they are healthy.

Table 10. *Difference in the perceived barriers for screening in prevention of cervical cancer before and after video assisted teaching programme*

Perceived barriers	Before video assisted teaching programme		After video assisted teaching programme	
	frequency	percentage	frequency	percentage
My husband would not agree	30	60%	30	60%
It may be painful	10	20%	10	20%
I am healthy	10	20%	10	20%

Section 4: Association between Knowledge and Selected Sociopersonal Variables.

Table 11. *Association between level of knowledge and age*

Variable	Chi square value	't' value	P value
Age	12.3	6.18	7.82

The calculated chi square value is much higher than table value. Hence the difference between observed and expected frequencies is significant. It shows that age is dependent of the level of knowledge.

Table 12. *Association between level of knowledge and education*

Variable	chi square value	't' Value	P Value
EDUCATION	14.4	7.32	8.41

The calculated value is much higher than the table value. Hence the difference between observed and expected frequencies is significant; thereby it shows that education is dependent of the level of knowledge.

Table 13. *Association between level of knowledge and occupation*

Variable	Chi square value	't' value	P value
occupation	10.4	5.24	6.38

The calculated chi square value is much higher than the table value. Hence the difference between observed and expected frequencies is significant. It follows that occupation is dependent of the level of knowledge.

DISCUSSION

The study is an attempt towards evaluating the effectiveness of video assisted teaching programme among the married women who belongs to the age

group of 18-45yrs with an aim to improve their knowledge regarding prevention of cervical cancer. The role of nursing professionals is crucial in giving health education and creating awareness among the community. The nurses must possess the vital role in educating the women at community and colleges. They must be helped to break the chain of embarrassment and develop awareness among themselves and give importance to their reproductive health.

CONCLUSION

In the light of present study following conclusions can be drawn up

- Lack of knowledge regarding prevention of cervical cancer is the main factor contributing to the development of cervical cancer among married women.
- There is significant association between age and knowledge
- Most of the women have very limited knowledge about cervical cancer
- Video assisted teaching programme is effective in improving the knowledge, and attitude regarding cervical cancer and less effective in improving practice.

Nursing Implications

The findings of the study opened a great challenge to health care delivery system also it has an implications in the nursing practice ,nursing education ,nursing administration and nursing research.

Nursing Practice

Findings of the present study, emphasizes the need for screening programme among married women. Also the findings flash light to the importance of periodic evaluation of the knowledge, practice and attitude regarding the prevention of cervical cancer and need to be conducted video assisted teaching programme for improving the knowledge, attitude and practice. Nurses can follow a collaborative approach and take charge of health clinics and taking initiative for

screening programme, health counselling, organizing awareness programme, to promote knowledge for prevention of cervical cancer. Health education is one of the most important role of the nurses in both community and hospital settings.

Nursing Education

With changing trend in health care, nursing education must emphasize primary health care approach focusing on prevention than cure. Nursing curriculum should be equipped with knowledge and skill to prepare prospective nurses to assist the married women of community in developing their own potential in preventing cervical cancer.

Nursing Administration

Findings of the present study emphasize the need for screening programmes, awareness programme, establishment of health clinic etc. the staff development and in service education programme should be given to the hospital nurses as well as the grass root level of community workers (JPHNs, Anganwadi worker and ASHA workers).the members should disseminate this knowledge to the married women in the community.

Nursing Research

The nurse should conduct the research on knowledge regarding the effectiveness of video assisted teaching programme on prevention of cervical cancer. Only few studies were conducted on assessment of learning outcomes regarding prevention of cervical cancer. The present study reveals the clear picture in improvement of knowledge and attitude regarding cervical cancer.

Recommendations of the Study

- Similar study can be replicated on a large sample thereby findings can be generalized for a large population of married women.
- A comparative study to assess the knowledge of prevention of cervical cancer among married and unmarried women can be done.
- An experimental study may be conducted to evaluate the effectiveness of self-instructional module on learning outcome regarding prevention of cervical cancer.

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