

A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAM REGARDING CERVICAL CANCER SCREENING & ITS VACCINATION AMONG ASHA WORKERS

Author's Name: Neelam Kumari¹, Abishali², Aditi³, Aditi Prasher⁴, Alka⁵, Anchal⁶, Anjal⁷, Ashish⁸, Rahul⁹

Affiliation:

1. Associate Professor, Swami Vivekananda Nursing College, Jagadhri, Haryana, Haryana, India
2-9. Students (B.Sc. Nursing 3rd), Swami Vivekananda Nursing College, Jagadhri, Haryana, Haryana, India

Corresponding Author Name & E-Mail: Neelam Kumari, neelamsheoran29@gmail.com

ABSTRACT

The present study was aimed to assess the effectiveness of video assisted teaching in terms of attitude towards the cervical cancer screening and its vaccination among ASHA workers working in district Yamuna Nagar, Haryana. The research approach was quantitative and pre-experimental one group pre-test and post-test design was adopted for this study. 60 ASHA workers were selected by using purposive sampling method. Demographic profile was used to assess the personal information of ASHA workers and self - structured five-point rating scale was used to assess attitude. A pre-test was conducted to assess the existing level of attitude towards cervical cancer screening and its vaccination with the help of structured five-point rating scale, followed by Video assisted teaching on cervical cancer screening and HPV vaccination seven day later a post test was taken. The study found that video-assisted teaching program on cervical cancer screening and HPV vaccination effectively improved the attitude level of ASHA workers in the selected area of district Yamuna Nagar, Haryana.

Keywords: Cancer, Cervical Cancer Screening, HPV Vaccination, Video Assisted Teaching, Attitude

INTRODUCTION

In India, cervical cancer is the 3rd most common cancer and second leading cause of death among women with a mortality rate of 9.1% as per GLOBOCAN 2020. India ranks highest in age-standardized incidence of cervical cancer in South Asia and mortality rate is 92% per 100000 women.¹The global cancer burden is expected to be 28.4 million cases in 2040.² Cervical cancer accounted for 6-29% of all cancers among women.³

Cervical cancer is the fourth most common cancer among women globally, an estimated that 604 000 new cases and 342 000 deaths in 2020. About 90% of the new cases and deaths worldwide in 2020 occurred in developing countries.⁴

Human Papilloma Virus is major etiological agent of cervical cancer and more than 95% of cervical cancer occurs due to the human papillomavirus (HPV). In India, less than 1 out of 10 women have been screened for cervical cancer in last five years. Studies result revealed that significant reduction found in mortality with the VIA Testing in developing and developed countries.

In 2006, Accredited Social Health Activist (ASHA) workers appointed as an instigator for screening who is working in community as a bridge person between public health and people health.

Prevention and control of cervical cancer depend on awareness about the disease, screening procedures, and preventive measures and HPV vaccines also an additional means of prevention of cervical cancer.

RESEARCH PROBLEM

A pre-experimental study to evaluate the effectiveness of video assisted teaching program regarding Cervical Cancer screening & HPV vaccination in terms of attitude among ASHA workers at selected rural area of Yamuna Nagar, Haryana.

OBJECTIVES:

- To assess the pre-test & post-test Attitude scores regarding Cervical Cancer Screening & its Vaccination among ASHA Workers at selected areas of district Yamuna Nagar, Haryana.
- To compare the pre-test & post-test Attitude scores regarding Cervical Cancer Screening & its Vaccination among ASHA Workers at selected area of district Yamuna Nagar, Haryana.
- To find out the association of post-test, Attitude scores with their selected Demographic Variables.

MATERIAL AND METHODS

Quantitative research approach and pre-experimental one group pre-test and post-test design was adopted to accomplish the study objectives. Purposive sampling technique was used to select 60 ASHA workers from selected rural area of district Yamuna Nagar. Permission was taken from the higher authorities of the college of nursing and PHC. The researcher approached the ASHA workers working who comes under the selected PHC of district Yamuna Nagar. A sampling frame was prepared for those who fulfil the inclusive criteria of the current study. Researchers explained the main aim of the study.

Specification of the instrument and related measurement

Part A: demographic Profile consists of 7 items.

Part B: Self structured attitude rating scale. Instrument consists of 20 items with 5-point rating measurement related cervical cancer screening and HPV vaccination. The maximum score expected 100 and minimum score was 20. Measurement of attitude score was divided into three categories like positive attitude, neutral attitude and negative attitude.

RESULTS

Table-1: Showing the frequency and percentage distribution of subjects according to socio-demographic variables.

With regard to age of the subjects, majority 25 (41.7 %) were in age 36 – 40 years. Education of the subjects, reveals that majority of the subjects 36 (60.0 %) were studying in 10th standard. Marital status an overwhelming majority of the subjects 51 (85.0 %) were married. The majority of 47 (78.3 %) samples were having family income between Rs. 10001-15000. With regard to the population served, majority of the subjects 32 (53.3 %) were served for 1001 – 2000 population and 28 (46.7 %) served less than 1000 population. Working experience of ASHA workers were more than 3 years. Majority of the subjects 59 (98.3 %) had no vaccination for cervical cancer and awareness regarding the Human Papilloma Virus, majority of the subjects 55 (91.7 %) had no any awareness.

Table –I: Frequency and Percentage Distribution of Subjects According to Socio-Demographic Variables

(n = 60)

S. No	Demographic Variables	Frequency	Percentage	
1.	Age (years)	Less than 30 years	6	10.0
		31 - 35 years	14	23.3
		36 - 40 years	25	41.7
		More than 41 years	15	25.0
2.	Education	10th	36	60.0
		12th	20	33.3
		Graduate	3	5.0
		Post Graduate and Above	1	1.7
3.	Marital Status	Married	51	85.0
		Widow	8	13.3
		Divorced	1	1.7
4.		> 10000	8	13.3

	Socio-economic status	10001-15000	47	78.3
		< 15000	5	8.3
5.	Population served	Less than 1000	28	46.7
		1001 - 2000	32	53.3
6.	Working experience of ASHAs	less than 2 years	12	20.0
		3 - 5 years	24	40.0
		More than 6 years	24	40.0
7.	Got vaccination for cervical cancer	No	59	98.3
		Yes	1	1.7
8.	Awareness regarding the Human Papilloma Virus Vaccination	No	55	91.7
		Yes	5	8.3

Table –II: Distribution of Attitude score regarding cervical cancer screening and HPV vaccination during pre – test and post – test

(n = 60)

S. No	Level of Attitude	Pre-Test		Post-Test	
		Frequency	Percentage	Frequency	Percentage
1.	Positive Attitude	0	0.0	9	15.0
2.	Neutral Attitude	57	95.0	51	85.0
3.	Negative Attitude	3	5.0	0	0.0

Table - II shows the frequency and percentage distribution of subjects according to level of attitude of the ASHA workers during pre – test and post – test.

At the time pre-test Majority of the subjects, in this study 57 (95.0%) were with neutral attitude. Negative attitude was seen in 3 (5.0 %)

Post-test assessment shows that majority of the subjects 51 (85.0 %) had neutral attitude and positive attitude was seen among 9 (15.0 %) of the subjects.

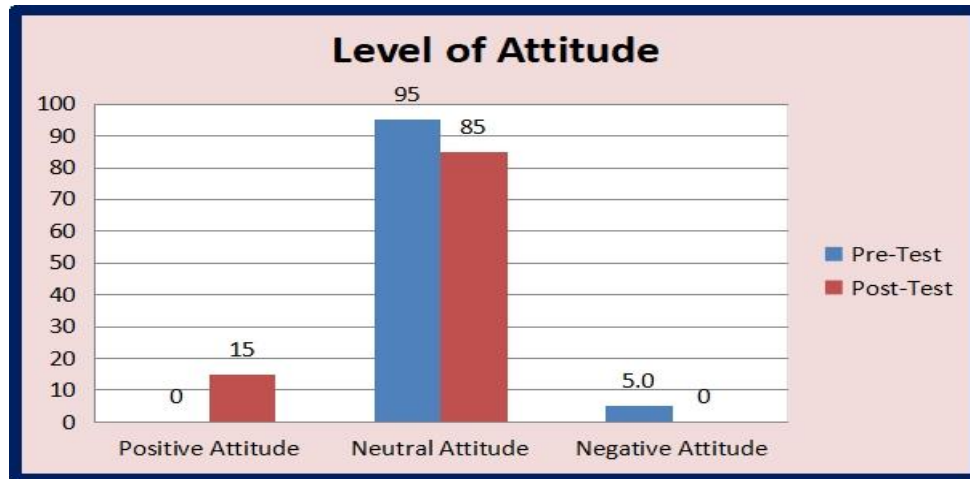


Fig -1: Distribution of Attitude regarding cervical cancer screening and HPV vaccination during pre – test and post – test

Table -III: Comparison of Mean, Standard Deviation, Mean Difference, and Paired‘t’ test of Attitude Scores

(N = 60)

Attitude	Mean	Mean Difference	Standard Deviation	Paired ‘t’ test value	‘P’ Value
Pre - Test	42.18	30	8.40	11.842 (df = 29)	0.001* Significant
Post - Test	72.18		4.87		

Table – III depict the comparison of mean, standard deviation, mean difference, and paired‘t’ test of attitude and standard deviation attitude score were 42.18 ± 8.40 . The post-test mean and standard deviation attitude score were 72.18 ± 4.87 . The mean difference score was 30 the paired‘t’ test score was 11.842 for the degree of freedom 29 which was statistically significant at the ‘P’ value 0.001.

Table – IV: Level of Association between Post-Test Attitudewith selected Socio-Demographic Variables

(N = 60)

S. No	Socio-Demographic Variables	Attitude score		Level of Significance
		Chi-Square	‘P’ Value	
1.	Age (years)	3.205	0.512	Not Significant
2.	Education	1.118	0.720	Not Significant

3.	Marital Status	1.621	0.446	Not Significant
4.	Socio-economic status	3.142	0.842	Not Significant
5.	Population served	4.021	0.420	Not Significant
6.	Working experience of ASHAs	2.842	0.884	Not Significant
7.	Got vaccination for cervical cancer	3.420	1.17	Not Significant
8.	Awareness regarding the Human Papilloma Virus Vaccination	1.845	0.24	Not Significant

Table –IV table depict that, none of the socio-demographic variables were associated with the level of attitude.

DISCUSSION

The study pre-test finding reveals that ASHA workers had neutral attitude score regarding cervical cancer screening and HPV vaccination. The finding of the data present indicates that there was improvement in the attitude of the ASHA workers regarding cervical cancer screening and vaccination after the administration of video assisted teaching.

The finding of the study are to some extent consistent with the study done by Deshmukh et al conducted across-sectional study on knowledge, attitude and practice on cervical malignancy and its screening among adult women.⁵

CONCLUSION

This study brings to light the need to increase awareness about cervical cancer screening and HPV vaccination among ASHA and health professional those are directly dealing with public health especially in the rural area. A multidisciplinary approach is needed to handle the burden of cervical cancer.

REFERENCES

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021;71:209–49. doi:10.3322/caac.21660.
2. <https://pubmed.ncbi.nlm.nih.gov/33538338/>
3. <https://prescriptec.org/countries/india/#>



4. <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>
5. https://ijcrr.com/uploads/3782_pdf.pdf