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A Study to Assess the Effectiveness of the Video - Assisted Structured Teaching Programme on Knowledge and Attitude Regarding Cervical Cancer among Working and Non - Working Women in Selected Community Area At Thindal, Erode District

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ABSTRACT

Cervical cancer is a devastating disease for women around the world. Globally, cervical cancer is the second-most- common cancer among women. It is the leading cause of female cancer deaths in developing countries, where 80% of cervical cancer cases and deaths occur. The aim of this study was to assess the effectiveness of video assisted structured teaching programme on knowledge and attitude regarding cervical cancer among working and non –working women in selected community area at Thindal, Erode District. **Objectives:** To assess the level of knowledge and attitude regarding cervical cancer among working and non- working women in community area. To assess the effectiveness of video assisted teaching programme on knowledge and attitude regarding cervical cancer among working and non – working women in community area. To correlate the level of knowledge and attitude regarding cervical cancer before and after video assisted programme (pap) among working and nonworking women in community area. To find the association between the post -test level of knowledge and attitude regarding cervical cancer among working and non – working women in community area and selected in demographic variables. **Methodology:** A Quasi-experimental one group pre and post -test research design was selected for this study. A total of 50 working and non –working women were selected by using non-probability purposive sampling techniques sampling technique. Individual consent both verbal and written was obtained from working and non – working women. The participant information sheet was provided and written consent was obtained from working and non –working women. Demographic variables were collected using Interview schedule. Assessment of the pre test level of knowledge and attitude regarding cervical cancer among working and non- working women in community area were collected by using structured knowledge and attitude questionnaires. After intervention of video assisted structured teaching programme regarding cervical cancer, Posttest assessment of level of knowledge and attitude regarding cervical cancer among working and non-

working women in community area were collected by using structured knowledge and attitude questionnaires. The collected data were computerized and analyzed using SPSS version 25. The data was analyzed using descriptive statistics (distribution, mean, standard deviation) and inferential statistics (paired t test, unpaired t, Pearson correlation and chi-square value test). **Results:** The result shows in pretest, Majority of working women 28(56%) had Inadequate, and 22(44%) had Moderate level of knowledge in post- test, Majority of working women 42(84%) had adequate and 8(16%) had Moderate level of knowledge. In pretest, Majority of non- working women 33(66%) had Inadequate, and 17(34%) had Moderate level of knowledge. In post- test, Majority of non-working women 32(64%) had Moderate and 18(36%) had adequate level of knowledge. In pretest, Majority of working women 27(54%) had Moderately favourable, and 23(46%) had favourable level of attitude. In post- test, Majority of working women 46(92%) had favourable, and 4(8%) had Moderately favourable level of attitude. In pretest, Majority of non- working women 39(78%) had Moderately favourable, and 11(22%) had favourable level of attitude. In post- test, Majority of non- working women 35(70%) had favourable, and 15(30%) had Moderately favourable level of attitude. **Conclusion:** The study concludes that that video assisted structured teaching programme regarding cervical cancer had significant difference between working and non –working women selected in community area. We also propose the need to undertake similar studies about awareness and education interventions.

Keywords: Knowledge and attitude regarding cervical cancer, video assisted structured teaching programme, working and non-working women and Erode.

INRODUCTION

Cancer of the cervix has been the most important cancer in India over the past two decades. It accounted for 16 percent of all cancers in women in the urban registries in 2005. Over 70 percent of the Indian population resides in rural areas ; Cervical cancer still constitutes the number one cancer among females. More than three-fourths of these patients are diagnosed at advanced stages leading to poor prospects of long-term survival and cure, despite of health care institutions efforts in introducing lot of screening programs. Incidences has not decreased especially among poor, rural women, who make up the majority of cervical cancer victims due to lack of awareness, knowledge, inaccessibility to screening and cultural barriers. Indian government has introduced a variety of a national health programs and screening camps in various states in order to fight against the rising numbers of incidence and mortality among women due to cervical cancer. In spite of these measures the no of incidences are not coming down rather increasing hence the researcher felt that there is an eminent need to find out, the women, in selected community posses what level of understanding about this dreadful disease and how necessary it is to provide information regarding cancer of ix and its prevention to women. Hence researcher interested to assess the knowledge regarding cervical cancer reproductive age group women.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of video assisted structured teaching programme on knowledge and attitude regarding cervical cancer among working and non –working women in selected community area at Thindal, Erode District.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and attitude regarding cervical cancer among working and non- working women in community area.

2. To assess the effectiveness of video assisted teaching programme on knowledge and attitude regarding cervical cancer among working and non – working women in community area.

3. To correlate the level of knowledge and attitude regarding cervical cancer before and after video assisted programme (pap) among working and nonworking women in community area.

4. To find the association between the post -test level of knowledge and attitude regarding cervical cancer among working and non – working women in community area and selected in demographic variables.

MATERIALS AND METHODS:

A Quasi-experimental one group pre and post -test research design was selected for this study. A total of 50 working and non –working women were selected by using non-probability purposive sampling techniques

sampling technique. Individual consent both verbal and written was obtained from working and non – working women. The participant information sheet was provided and written consent was obtained from working and non –working women. Demographic variables were collected using Interview schedule. Assessment of the pre test level of knowledge and attitude regarding cervical cancer among working and non- working women in community area were collected by using structured knowledge and attitude questionnaires. After intervention of video assisted structured teaching programme regarding cervical cancer, Posttest assessment of level of knowledge and attitude regarding cervical cancer among working and non- working women in community area were collected by using structured knowledge and attitude questionnaires. The collected data were computerized and analyzed using SPSS version 25. The data was analyzed using descriptive statistics (distribution, mean, standard deviation) and inferential statistics (paired t test, unpaired t, Pearson correlation and chi-square value test).

Development of the Tool

There are 3 parts of tools were used. They are,

Part - I

Demographic Variables - it consists of demographic characteristics working and non working women,

- Age
- Education
- Monthly income
- Type of family
- Presence of any previous knowledge
- Occupation of previous history of cervical cancer in family
- Previous knowledge regarding cervical cancer
- Source of information

Part II

Assessment of the level of knowledge regarding cervical cancer among working and non- working women in community area.

A structured knowledge questionnaire was developed by the investigator to assess the level of knowledge regarding cervical cancer among working and nonworking women in community area. It has 20 MCQ questions in yes=1 mark and no=0 mark.

Scoring and Interpretation

- 1–7 - <50% Inadequate knowledge
- 8-14 - 50–75% Moderately adequate knowledge
- 15-20 - >75% Adequate knowledge

Part III

Assessment of the level of attitude regarding cervical cancer among working and non- working women in community area.

It has 10 attitude questions rated. True=1 mark and False=0 mark.

Scoring and Interpretation

- 1-3 - <50% Unfavorable attitude
- 4-6 - 50–75% Moderately favorable attitude
- 7-10 - >75% Favorable attitude

Validity

The validation was suggested with some specific modifications in the date collection tool. All their suggestions and valuable opinions were included in the study. The modification includes. Experts validate the clarity, relevance, comprehensiveness and appropriateness of the content. Based on their suggestions, re framing of tool was made. Valuable suggestions given by the experts were incorporated and the tool was modified and finalized.

PROCEDURE FOR DATA COLLECTION

A formal permission was obtained from Institutional Review Board / Ethical Committee. The study was conducted in selected in community area at Erode District for a period of 4 weeks. The investigator selected 50 working and nonworking women which were divided into by using Non-probability purposive sampling technique. The investigator met and introduced about herself and briefly explained regarding the purpose of the study. Written consent was obtained and confidentiality was reassured. During the pre-test, the demographic variables were collected by using personal data sheet, followed by this the structured knowledge and attitude questionnaire was administered for the working and non- working women. After completing the pretest, the investigator started video assisted structured teaching programme for the working and non- working women. After a week the investigator conducted post test using the same structured knowledge and attitude questionnaire was administered for the working and non-working women.

RESULTS

DISCUSSION

Table - 1 Frequency and percentage wise distribution of demographic variables among working and non-working women

S. No.	Demographic variables	Working women		Non- working women	
		N	%	N	%
1	**Age (in years)**				
	a) 21 – 25	15	30	16	32
	b) 26 – 30	17	34	14	28
	c) 31 – 35	10	20	8	16
	d) 36 and above	8	16	12	24
2	**Education**				
	a) No formal education	5	10	8	16
	b) Primary	4	8	2	4
	c) secondary	13	26	23	46
	d) Graduate	28	56	17	34
3	**Married**				
	a) Yes	50	100	50	100
	b) No	0	0	0	0
4	**Age at marriage (years)**				
	a) 19 – 20	3	6	13	26
	b) 21 – 24	29	58	18	36
	c) 25 – 26	12	24	17	34
	d) > 27	6	12	2	4
5	**Have children**				
	a) Yes	41	82	43	86
	b) No	9	18	7	14

S. No.	Demographic variables	Working women		Non- working women	
		N	%	N	%
6	**Number of children**				
	a) No children	9	18	7	14
	b) 1	7	14	1	2
	c) 2	23	46	33	66
	d) 3	11	22	9	18
	e) 4	0	0	0	0
7	**Occupation**				
	a) professional	34	68	0	0
	b) Business	16	32	0	0
	c) Housewife	0	0	50	100
8	**Income (rupees)**				
	a) < 3000	0	0	8	16
	b) 3001 – 5000	0	0	35	70
	c) 5001 – 10,000	40	80	7	14
	d) 10001 – 15,000	8	16	0	0
	e) > 15,000	2	4	0	0
9	**Previous knowledge regarding cervical cancer**				
	a) Yes	5	10	2	4
	b) No	45	90	48	96
10	**Source of information**				
	a) TV/Radio	9	18	0	0
	b) Family members/ Friends	10	20	5	10
	c) Newspaper	14	28	7	14
	d) Health care workers	12	24	36	72
	e) Not applicable	5	10	2	4

Table 1 shows frequency and percentage wise distribution of demographic variables among working and non-working women. Majority of working women17(34%) were in the age group 26-30 years whereas in non-working women 16(32%) were in the age group 21-25 years. Majority of working women28(56%) were in Graduate whereas in non- working women 23(46%) were secondary education. Both in working 50(100%) and non- working women50(100%) were married. Both in working 29(58%) and non- working women18(36%) were 21 – 24 age at marriage (years). Both in working 41(82%) and non- working women43(86%) majority were having children. Both in working 23(46%) and non- working women33(66%) majority were having 2 children. Majority of working women34(68%) were professional whereas in non- working women 50(100%) were Housewife. Majority of working women40(80%) incomewere5001 – 10,000in rupees whereas in non-working women35(70%) were 3001 – 5000 rupees. Both in working 45(90%) and non- working women48(96%) majority were not had previous knowledge regarding cervical cancer. Majority of working women14(28%) source of information were Newspaper whereas in non- working women 36(72%) were Health care workers.

Table - 2

Frequency and percentage wise distribution of pretest and post -test of the level of knowledge regarding cervical cancer among working women in community area.

(N=50)

Level of Knowledge	Pre Test		Post Test	
	N	%	N	%
Inadequate knowledge	28	56	0	0
Moderate knowledge	22	44	8	16
Adequate knowledge	0	0	42	84
Total	**50**	**100**	**50**	**100**
Mean±Standard deviation	8.78±2.916		17.84±2.170	

Table – 2 shows that frequency and percentage wise distribution of pretest and post -test of the level of knowledge regarding cervical cancer among working women in community area. **In pretest**, Majority of **working women** 28(56%) had Inadequate, and 22(44%) had Moderate level of knowledge and the mean and standard deviation the level of knowledge regarding cervical cancer among working women is (8.78±2.916) respectively. **In post- test**, Majority of **working women** 42(84%) had adequate and 8(16%) had Moderate level of knowledge and the mean and standard deviation the level of knowledge regarding cervical cancer among working women is (17.84±2.170) respectively.

Table - 3

Frequency and percentage wise distribution of pretest and post -test of the level of knowledge regarding cervical cancer among non- working women in community area.

(N=50)

Level of Knowledge	Pre Test		Post Test	
	N	%	N	%
Inadequate knowledge	33	66	0	0
Moderate knowledge	17	34	32	64
Adequate knowledge	0	0	18	36
Total	**50**	**100**	**50**	**100**
Mean±Standard deviation	8.90±3.221		14.32±1.789	

Table – 3 shows that frequency and percentage wise distribution of pretest and post -test of the level of knowledge regarding **cervical cancer among non- working women in community area**. **In pretest**, Majority of **non-working women** 33(66%) had Inadequate, and 17(34%) had Moderate level of knowledge and the mean and standard deviation the level of knowledge regarding cervical cancer among non- working women is (8.90±3.221) respectively. **In post- test**, Majority of **non- working women** 32(64%) had Moderate and 18(36%) had adequate level of knowledge and the mean and standard deviation the level of knowledge regarding cervical cancer among non- working women is (14.32±1.789) respectively.

Table -4

Frequency and percentage wise distribution of pretest and post -test of the level of attitude regarding cervical cancer among working women in community area.

(N=50)

Level of Attitude	Pre Test		Post Test	
	N	%	N	%
Unfavourable	0	0	0	0
Moderately favourable	27	54	4	8
Favourable	23	46	46	92
Total	**50**	**100**	**50**	**100**
Mean±Standard deviation	5.94±1.434		8.92±1.104	

Table – 4 shows that frequency and percentage wise distribution of pretest and post -test of the level of attitude regarding cervical cancer among working women in community area. **In pretest**, Majority of **working women** 27(54%) had Moderately favourable, and 23(46%) had favourable level of attitude and the mean and standard deviation the level of attitude regarding cervical cancer among working women is (5.94±1.434) respectively. **In post- test**, Majority of **working women** 46(92%) had favourable, and 4(8%) had Moderately favourable level of attitude and the mean and standard deviation the level of attitude regarding cervical cancer among working women is (8.92±1.104) respectively.

Table - 5 Frequency and percentage wise distribution of pretest and post -test of the level of attitude regarding cervical cancer among non- working women in community area (N=50)

Level of Attitude	Pre Test		Post Test	
	N	%	N	%
Unfavourable	0	0	0	0
Moderately favourable	39	78	15	30
Favourable	11	22	35	70
Total	**50**	**100**	**50**	**100**
Mean±Standard deviation	4.98±1.407		7.32±1.285	

Table – 5 shows that frequency and percentage wise distribution of pretest and post -test of the level of attitude regarding cervical cancer among non- working women in community area. **In pretest**, Majority of **non- working women** 39(78%) had Moderately favourable, and 11(22%) had favourable level of attitude and the mean and standard deviation the level of attitude regarding cervical cancer among non- working women is (4.98±1.407) respectively. **In post- test**, Majority of **non- working women** 35(70%) had favourable, and 15(30%) had Moderately favourable level of attitude and the mean and standard deviation the level of attitude regarding cervical cancer among non- working women is (7.32±1.285) respectively.

EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING CERVICAL CANCER AMONG WORKING AND NON – WORKING WOMEN IN COMMUNITY AREA

Table – 6

Effectiveness of video assisted teaching programme on knowledge regarding cervical cancer among working and non – working women in community area

[Level of knowledge]

(N=100)

Level of knowledge	Group	Test	Mean	Standard deviaton	Mean difference	't' value Paired -t test	df	'p' value
	Working women	**Pre Test**	8.78	2.916	-9.06	-20.8	49	**0.000** HS**
		Post Test	17.84	2.170				
	Non – working women	**Pre Test**	8.90	3.221	-5.42	-20.68	49	**0.000** HS**
		Post Test	14.32	1.789				

****-p < 0.001 highly significant,NS-Non Significant.**

Table - 6 shows that, the mean score of effectiveness of video assisted teaching programme on knowledge regarding cervical cancer among **working women** in the pre-test was 8.78±2.916and the mean score in the post-test was17.84±2.170. The calculated **paired 't' test** value of t =-20.8shows **statistically highly significant** difference of effectiveness of video assisted teaching programme on knowledge regarding cervical cancer among working women in community area. The mean score of Effectiveness of video assisted teaching programme on knowledge regarding cervical cancer among **non – working women** in the pre-test was 8.90±3.221and the mean score in the post- test was 14.32±1.789. The calculated **paired 't' test** value of t = -20.68 shows **statistically highly significant** difference of effectiveness of video assisted teaching programme on knowledge regarding cervical cancer among non – working women in community area.

Table – 7

Effectiveness of video assisted teaching programme on attitude regarding cervical cancer among working and non – working women in community area

[Level of attitude]

(N=100)

Level of attitude	Group	Test	Mean	Standard deviaton	Mean difference	't' value Paired -t test	df	'p' value
	Working women	**Pre Test**	5.94	1.434	-2.98	-9.62	49	**0.000** HS**
		Post Test	8.92	1.104				
	Non – working women	**Pre Test**	4.98	1.407	-2.34	-6.34	49	**0.000** HS**
		Post Test	7.32	1.285				

****-p < 0.001 highly significant,NS-Non Significant.**

Table - 7 shows that, the mean score of Effectiveness of video assisted teaching programme on attitude regarding cervical cancer among **working women** in the pre-test was 5.94±1.434and the mean score in the post- test was 8.92±1.104. The calculated **paired 't' test** value of t =-9.62shows **statistically highly significant difference** of effectiveness of video assisted teaching programme on attitude regarding cervical cancer among working women in community area. The mean score of Effectiveness of video assisted teaching programme on attitude regarding cervical cancer among **non – working women** in the pre-test was 4.98±1.407and the mean score in the post- test

was 7.32±1.285. The calculated **paired 't' test** value of t =-6.34shows **statistically highly significant difference** of effectiveness of video assisted teaching programme on attitude regarding cervical cancer among non – working women in community area.

Table – 8

Comparison of the effective of video assisted teaching programme on knowledge and Attitude regarding cervical cancer among working and non – working women in community area.

(N=100)

	Test	Group	Mean	Standard deviaton	Mean difference	't' value Independent -t test	df	'p' value
Level of knowledge	Pre Test	Working women	8.78	2.916	0.120	0.195	98	0.846 NS
		Non-working women	8.90	3.221				
	Post Test	Working women	17.84	2.170	3.520	8.85	98	0.000** HS
		Non-working women	14.32	1.789				
Level of attitude	Pre Test	Working women	5.94	1.434	0.960	3.37	98	0.001* S
		Non-working women	4.98	1.407				
	Post Test	Working women	8.92	1.104	1.600	6.68	98	0.000** HS
		Non-working women	7.32	1.285				

****p<0.001HS- highly significant, NS-Non Significant.**

Table - 8 shows that, Comparison of the effective of video assisted teaching programme on knowledge and attitude regarding cervical cancer among working and non – working women in community area. **Level of knowledge**: The mean score of Comparison of the effective of video assisted teaching programme on knowledge regarding cervical cancer in **pre test** of **working women** was 8.78±2.916 and the mean score in the **non-working women** was 8.90±3.221. The calculated **independent 't' test** value of t = 0.195shows statistically non-significant difference between knowledge regarding cervical cancer among working and non – working women of pretest. The mean score of Comparison of the effective of video assisted teaching programme on knowledge regarding cervical cancer in **post test** of **working women** was17.84± 2.170 and the mean score in the **non-working women** was 14.32±1.789. The calculated **independent 't' test** value oft = 8.85shows **statistically highly significant difference** between knowledge regarding cervical cancer among working and non – working women of post test. **Level of attitude**: The mean score of Comparison of the effective of video assisted teaching programme on skills regarding cervical cancer in **pretest** of **working women** was 5.94±1.434 and the mean score in the **non – working women** was 4.98±1.407. The calculated **independent 't' test** value of t = 3.37 shows **statistically significant difference** between attitude regarding cervical cancer among working and non – working women of pre test. The mean score of Comparison of the effective of video assisted teaching programme on skills regarding cervical cancer in **post test** of **working women** was 8.92±1.104and the mean score in the **non – working women** was 7.32±1.285. The calculated **independent 't' test** value of t =6.68 shows **statistically highly significant difference** between attitude regarding cervical cancer among working and non – working women of post test.

Table – 9

Correlation of the post -test level of knowledge and attitude regarding cervical cancer before and after video assisted programme (pap) among working and non- working women in community area

(N=100)

Post Test		Mean	Standard Deviaton	'r' value	'p' value
Working women	Knowledge	17.84	2.170	0.412	0.003* S
	Attitude	8.92	1.104		
Non-working women	Knowledge	14.32	1.789	0.807	0.000** HS
	Attitude	7.32	1.285		

***-p < 0.001 highly significant. NS-Non significant**

Table- 9 shows that correlation of the post -test level of knowledge and attitude regarding cervical cancer before and after video assisted programme (pap) among working and non- working women **in community area**. Correlation between post-test of knowledge and attitude regarding cervical cancer before and after video assisted programme (pap) among **working women** indicates the **positive correlation** and shows the results pearson correlation **r- value is (0.412),** p-value is (p=0.003) are statistically significant. Correlation between post-test of knowledge and attitude regardingcervical cancer before and after video assisted programme (pap) among **non-working women** indicates the **positive correlation** and shows the results pearson correlation **r-value is (0.807),** p-value is (p=0.000) are statistically highly significant

Table - 10

Association between the post -test level of knowledge regarding cervical cancer among working women in community area and selected in demographic variables.

(N=50)

S. No.	Demographic variables	Working Women				Chi-square X^2 and P-Value
		Level of Knowledge				
		Moderate		Adequate		
		N	%	N	%	
1	**Age (in years)**					**X^2=38.09 Df=3 p =0.000 **HS**
	a) 21 – 25	0	0	15	35.7	
	b) 26 – 30	0	0	17	40.5	
	c) 31 – 35	8	100	2	4.8	
	d) 36 and above	0	0	8	19	
2	**Education**					**X^2=32.83 Df=3 p =0.000 **HS**
	a) No formal education	5	62.5	0	0	
	b) Primary	0	0	4	9.5	
	c) secondary	3	37.5	10	23.8	
	d) Graduate	0	0	28	66.7	
3	**Married**					Constant
	a) Yes	8	100	42	100	
	b) No	0	0	0	0	
4	**Age at marriage (years)**					X^2=6.89

	a) 19 – 20	0	0	3	7.1	Df=3 p =0.075 NS
	b) 21 – 24	8	100	21	50	
	c) 25 – 26	0	0	12	28.6	
	d) > 27	0	0	6	14.3	
5	**Have children**					X^2=2.09 Df=1 p =0.148 NS
	a) Yes	8	100	33	78.6	
	b) No	0	0	9	21.4	
6	**Number of children**					**X^2=11.18 Df=3 p =0.011 *S**
	a) No children	0	0	9	21.4	
	b) 1	0	0	7	16.7	
	c) 2	8	100	15	35.7	
	d) 3	0	0	11	26.2	
	e) 4	0	0	0	0	
S. No.	**Demographic variables**	**Working Women Level of Knowledge**				**Chi-square X^2 and P-Value**
		Moderate		**Adequate**		
		N	**%**	**N**	**%**	
7	**Occupation**					**X^2=4.48 Df=1 p =0.034 *S**
	a) professional	8	100	26	61.9	
	b) Business	0	0	16	38.1	
	c) Housewife	0	0	0	0	
8	**Income (rupees)**					X^2=2.38 Df=2 p =0.304 NS
	a) < 3000	0	0	0	0	
	b) 3001 – 5000	0	0	0	0	
	c) 5001 – 10,000	8	100	32	76.2	
	d) 10001 – 15,000	0	0	8	19	
	e) > 15,000	0	0	2	4.8	
9	**Previous knowledge regarding cervical cancer**					X^2=1.05 Df=1 p =0.304 NS
	a) Yes	0	0	5	11.9	
	b) No	8	100	37	88.1	
10	**Source of information**					**X^2=30.15 Df=4 p =0.000 **HS**
	a) TV/Radio	0	0	9	21.4	
	b) Family members/ Friends	0	0	10	23.8	
	c) Newspaper	0	0	14	33.3	
	d) Health care workers	8	100	4	9.5	
	e) Not applicable	0	0	5	11.9	

***-p < 0.05 significant,**-p < 0.001 Highlysignificant, NS-Non significant**

Table - 10 depicts that the demographic variables **Age (in years), Education, Number of children, Occupation and Source of information** had shown statistically significant association between the post -test level of knowledge regarding cervical cancer among working women in community area and selected in demographic variables. The other demographic variables had not shown statistically significant association between the post -test level of knowledge regarding cervical cancer among working women in community area and selected in demographic variables.

Table - 11

Association between the post -test level of knowledge regarding cervical cancer among non – working women in community area and selected in demographic variables

(N=50)

S. No.	Demographic variables	Non – Working Women				Chi-square X^2 and P-Value
		Level of Knowledge				
		Moderate		Adequate		
		N	%	N	%	
1	**Age (in years)**					**X^2=21.67 Df=3 p =0.000 **HS**
	a) 21 – 25	7	21.9	9	50	
	b) 26 – 30	12	37.5	2	11.1	
	c) 31 – 35	1	3.1	7	38.9	
	d) 36 and above	12	37.5	0	0	
2	**Education**					**X^2=8.35 Df=3 p =0.039 *S**
	a) No formal education	8	25	0	0	
	b) Primary	0	0	2	11.1	
	c) secondary	14	43.8	9	50	
	d) Graduate	10	31.2	7	38.9	
3	**Married**					Constant
	a) Yes	32	100	18	100	
	b) No	0	0	0	0	
4	**Age at marriage (years)**					**X^2=34.68 Df=3 p =0.000 **HS**
	a) 19 – 20	0	0	13	72.2	
	b) 21 – 24	18	56.3	0	0	
	c) 25 – 26	12	37.5	5	27.8	
	d) > 27	2	6.3	0	0	
5	**Have children**					**X^2=4.57 Df=1 p =0.032 *S**
	a) Yes	25	78.1	18	100	
	b) No	7	21.9	0	0	
6	**Number of children**					**X^2=14.48 Df=3 p =0.002 *S**
	a) No children	7	21.9	0	0	
	b) 1	1	3.1	0	0	
	c) 2	15	46.9	18	100	
	d) 3	9	28.1	0	0	
	e) 4	0	0	0	0	
7	**Occupation**					Constant
	a) professional	0	0	0	0	
	b) Business	0	0	0	0	
	c) Housewife	32	100	18	100	
S. No.	**Demographic variables**	**Non – Working Women**				**Chi-square X^2 and P-Value**
		Level of Knowledge				
		Moderate		**Adequate**		
		N	**%**	**N**	**%**	

8	**Income (rupees)**					
	a) < 3000	8	25	0	0	**X^2=12.05 Df=2 p =0.002 *S**
	b) 3001 – 5000	17	53.1	18	100	
	c) 5001 – 10,000	7	21.9	0	0	
	d) 10001 – 15,000	0	0	0	0	
	e) > 15,000	0	0	0	0	
9	**Previous knowledge regarding cervical cancer**					X^2=1.17 Df=1 p =0.279 NS
	a) Yes	2	6.3	0	0	
	b) No	30	93.7	18	100	
10	**Source of information**					
	a) TV/Radio	0	0	0	0	**X^2=11.03 Df=3 p =0.012 *S**
	b) Family members/ Friends	1	3.1	4	22.2	
	c) Newspaper	2	6.3	5	27.8	
	d) Health care workers	27	84.4	9	50	
	e) Not applicable	2	6.2	0	0	

***-p < 0.05 significant,**-p < 0.001 Highly significant, NS-Non significant.**

Table - 11 depicts that the demographic variables **Age (in years), Education, Age at marriage (years), Have children, Number of children, Income (rupees) and Source of information** had shown statistically significant association between the post -test level of knowledge regarding cervical cancer among non – working women in community area and selected in demographic variables.The other demographic variables had not shown statistically significant association between the post -test level of knowledge regarding cervical cancer among non – working women in community area and selected in demographic variables.

Table - 12

Association between the post test levels of attitude regarding cervical cancer among working women in community area and selected in demographic variables

(N=50)

S. No.	Demographic variables	Working Women				Chi-square X^2 and P-Value
		Level of Attitude				
		Moderate		Adequate		
		N	%	N	%	
1	**Age (in years)**					**X^2=17.39 Df=3 p =0.001 *S**
	a) 21 – 25		0	15	32.6	
	b) 26 – 30		0	17	37	
	c) 31 – 35		100	6	13	
	d) 36 and above		0	8	17.4	
2	**Education**					**X^2=39.13 Df=3 p =0.000 **HS**
	a) No formal education		100	1	2.2	
	b) Primary		0	4	8.7	
	c) secondary		0	13	28.3	

	d) Graduate		0	28	60.8	
3	**Married**					CONSTANT
	a) Yes		100	46	100	
	b) No		0	0	0	
4	**Age at marriage (years)**					X^2=3.14 Df=3 p =0.369 NS
	a) 19 – 20		0	3	6.5	
	b) 21 – 24		100	25	54.3	
	c) 25 – 26		0	12	26.1	
	d) > 27		0	6	13.1	
5	**Have children**					X^2=0.954 Df=1 p =0.329 NS
	a) Yes		100	37	80.4	
	b) No		0	9	19.6	
6	**Number of children**					X^2=5.104 Df=3 p =0.164 NS
	a) No children		0	9	19.6	
	b) 1		0	7	15.2	
	c) 2		100	19	41.3	
	d) 3		0	11	23.9	
	e) 4		0	0	0	
S. No.	**Demographic variables**	**Working Women**				**Chi-square X^2 and P-Value**
		Level of Attitude				
		Moderate		**Adequate**		
		N	**%**	**N**	**%**	
7	**Occupation**					X^2=2.04 Df=1 p =0.153 NS
	a) professional		100	30	65.2	
	b) Business		0	16	34.8	
	c) Housewife		0	0	0	
8	**Income (rupees)**					X^2=1.08 Df=2 p =0.581 NS
	a) < 3000		0	0	0	
	b) 3001 – 5000		0	0	0	
	c) 5001 – 10,000		100	36	78.3	
	d) 10001 – 15,000		0	8	17.4	
	e) > 15,000		0	2	4.3	
9	**Previous knowledge regarding cervical cancer**					X^2=0.483 Df=1 p =0.487 NS
	a) Yes		0	5	10.9	
	b) No		100	41	89.1	
10	**Source of information**					**X^2=13.76**

	a) TV/Radio	0	0	9	19.6	**Df=4 p =0.008 *S**
	b) Family members/ Friends	0	0	10	21.7	
	c) Newspaper	0	0	14	30.4	
	d) Health care workers	4	100	8	17.4	
	e) Not applicable	0	0	5	10.9	

***-p < 0.05 significant,**-p < 0.001 Highlysignificant, NS-Non significant**

Table - 12 depicts that the demographic variables **Age (in years), Education and Source of information** had shown statistically significant association between the post -test levels of attitude regarding cervical cancer among working women in community area and selected in demographic variables. The other demographic variables had not shown statistically significant association between the post -test levels of attitude regarding cervical cancer among working women in community area and selected in demographic variables.

Table - 13

Association between the post test levels of attitude regarding cervical cancer among non-working women in community area and selected in demographic variables.

(N=50)

S. No.	**Demographic variables**	**Non-working women**				**Chisquare X^2 and P-Value**
		Level of attitude				
		Moderate		**Favourable**		
		N	**%**	**N**	**%**	
1	**Age (in years)**					
	a) 21 – 25	5	33.3	11	31.4	X^2=1.46 Df=3 p =0.692 NS
	b) 26 – 30	5	33.3	9	25.7	
	c) 31 – 35	1	6.7	7	20	
	d) 36 and above	4	26.7	8	22.9	
2	**Education**					
	a) No formal education	8	53.3	0	0	**X^2=24.4 Df=3 p =0.000 **HS**
	b) Primary	0	0	2	5.7	
	c) secondary	6	40	17	48.6	
	d) Graduate	1	6.7	16	45.7	
3	**Married**					
	a) Yes	15	100	35	100	Constant
	b) No	0	0	0	0	
4	**Age at marriage (years)**					
	a) 19 – 20	0	0	13	37.1	**X^2=38.09 Df=3 p =0.000 **HS**
	b) 21 – 24	15	100	3	8.6	
	c) 25 – 26	0	0	17	48.6	
	d) > 27	0	0	2	5.7	
5	**Have children**					**X^2=12.03**

	a) Yes	9	60	34	97.1	**Df=1 p =0.001 *S**
	b) No	6	40	1	2.9	
6	**Number of children**					
	a) No children	6	40	1	2.9	X^2=45.91 Df=3 p =0.000 **HS
	b) 1	0	0	1	2.9	
	c) 2	0	0	33	94.3	
	d) 3	9	60	0	0	
	e) 4	0	0	0	0	
S. No.	**Demographic variables**	**Non-working women**				**Chisquare X^2 and P-Value**
		Level of attitude				
		Moderate		**Favourable**		
		N	**%**	**N**	**%**	
7	**Occupation**					
	a) professional	0	0	0	0	Constant
	b) Business	0	0	0	0	
	c) Housewife	15	100	35	100	
8	**Income (rupees)**					
	a) < 3000	7	46.7	1	2.9	**X^2=41.2 Df=2 p =0.000 **HS**
	b) 3001 – 5000	1	6.7	34	97.1	
	c) 5001 – 10,000	7	46.7	0	0	
	d) 10001 – 15,000	0	0	0	0	
	e) > 15,000	0	0	0	0	
9	**Previous knowledge regarding cervical cancer**					**X^2=4.86 Df=1 p =0.027 *S**
	a) Yes	2	13.3	0	0	
	b) No	13	86.7	35	100	
10	**Source of information**					
	a) TV/Radio	0	0	0	0	X^2=6.82 Df=3 p =0.078 NS
	b) Family members/ Friends	0	0	5	14.3	
	c) Newspaper	2	13.3	5	14.3	
	d) Health care workers	11	73.3	25	71.4	
	e) Not applicable	2	13.4	0	0	

***-p < 0.05 significant,**-p < 0.001 Highly significant, NS-Non significant**

Table - 13 depicts that the demographic variables **Education, Age at marriage (years), Have children, Income (rupees) and Previous knowledge regarding cervical cancer** had shown statistically significant association between the post -test levels of attitude regarding cervical cancer among non-working women in community area and selected in demographic variables. The other demographic variables had not shown statistically significant association between the post -test levels of attitude regarding cervical cancer among non-working women in community area and selected in demographic variables.

CONCLUSION

In pre test, Majority of **working women** 28(56%) had Inadequate, and 22(44%) had Moderate level of knowledge **in post- test**, Majority of **working women** 42(84%) had adequate and 8(16%) had Moderate level of knowledge. **In pre test**, Majority of **non- working women** 33(66%) had Inadequate, and 17(34%) had Moderate level of knowledge. **In post- test**, Majority of **non- working women** 32(64%) had Moderate and 18(36%) had adequate level of knowledge. **In pre test**, Majority of **working women** 27(54%) had Moderately favourable, and 23(46%) had favourable level of attitude. **In post- test**, Majority of **working women** 46(92%) had favourable, and 4(8%) had Moderately favourable level of attitude. **In pre test**, Majority of **non- working women** 39(78%) had Moderately favourable, and 11(22%) had favourable level of attitude. **In post- test**, Majority of **non- working women** 35(70%) had favourable, and 15(30%) had Moderately favourable level of attitude. The result of this study showed that video assisted structured teaching programme regarding cervical cancer had significant difference between working and non –working women selected in community area. We also propose the need to undertake similar studies about awareness and education interventions.

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