



Nursing

A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED LEARNING PROGRAMMED ON KNOWLEDGE REGARDING ORAL CANCER AMONG HIGH RISK GROUP OF TOBACCO ABUSERS IN SELECTED COMMUNITY AREA OF AZAMGARH CITY, UTTAR PRADESH.

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ABSTRACT

Objective: The study was aimed at evaluating the knowledge gained with 'video assisted learning programmed' on knowledge regarding oral cancer among high risk group of tobacco abusers. **Methods:** The sample size was 30, selected by non-probability convenient sampling technique. A questionnaire and video assisted teaching programme was prepared to assess the knowledge of the tobacco chewers on prevention of oral cancer. Before and after the video assisted teaching programme through pretest and posttest respectively. Data collection was done with the help of structured questionnaire using interview technique. Data was analyzed by using descriptive and inferential statistic with SPSS software version 20.0. **Results:** the finding of the study showed that the mean of pre-test knowledge score was 8.15 with standard deviation of 1.755. After intervention the mean of post- test knowledge score was 22.30 with standard deviation of 4.341. There is significant association of Age ($P < 0.05$), educational status and marital status on pre test knowledge regarding oral cancer. There was no association of sex, occupation and family type ($P > 0.05$). **Conclusion:** Based on the finding of study the knowledge regarding oral cancer was poor before the intervention of video assisted learning programme, and after the intervention of the video assisted learning programme the knowledge regarding oral cancer was improved.

KEYWORDS :**INTRODUCTION**

Oral cancer can begin anywhere in the mouth. Using chewing tobacco, also called smokeless tobacco, is a major risk factor for oral cancer. Overall, people who dip or chew get about the same amount of nicotine as people who smoke regularly. They are also exposed to more than 25 chemicals that are known to cause cancer. The most harmful cancer-causing substances in smokeless tobacco are tobacco-specific nitrosamines (TSNAs). TSNA levels vary by product, but the higher the level the greater the cancer risk. The World Health Organization (WHO) estimates that tobacco causes nearly 6.4 million deaths and hundreds of billions of dollars of economic damage worldwide each year¹. If current trends continue, by 2030 tobacco will kill more than 8 million people worldwide each year, most of which will occur in developing countries with lower incomes². The projected figures of tobacco-associated annual mortality are over 1.5 million in India. The WHO predicts that by 2020 tobacco deaths in India may exceed 1.5 million annually^{3,4}.

Adolescents are the most vulnerable population to initiate tobacco use. It is now well established that most of the adult users of tobacco start tobacco use in childhood or adolescence. In India oral cancer has been linked to the use of betel nut chewing, cigarette or beedi smoking and the use of tobacco in products like gutka etc.

Although many people are aware that tobacco harms their health, most still accept smoking as part of their daily life, unaware that more than 60 toxic chemicals including carcinogens and cancer-promoting substances⁵. There are limited studies regarding the effectiveness of learning programmes on knowledge regarding oral cancer among tobacco abusers in Uttar Pradesh. Therefore the study is taken to assess the knowledge gained with 'video assisted learning programmed' on knowledge regarding oral cancer among high risk group of tobacco abusers in Azamgarh city U.P.

The research design adopted for the present study was quasi experimental with one group pre-test and post-test design. This design was adopted to assess the knowledge gained by the tobacco chewers of selected rural areas on prevention of oral cancer following the administration of video assisted teaching programme. In this study independent variable refer to Video Assisted Teaching programme regarding prevention oral cancer. Dependent variable refers to Knowledge and attitude of tobacco chewers regarding oral cancer.

A total of 30 tobacco abusers are selected for the study of rural area of Devpar, Azamgarh city (U.P.). Non probability convenient sampling technique will be used for the present study collection done after obtaining permission from authority. Self structured knowledge questionnaire was used to collect data regarding oral cancer.

Inclusion Criteria

1. Tobacco abusers who are staying in Devpar area.
2. The client who can understand Hindi.
3. The subject who are willing to participate.

Exclusion Criteria

1. The client who cannot understand Hindi.
2. The subject who are not willing to participate.
3. The client who have visual problem

RESULT

In our study 17 (56.66%) were male and remaining 13 (43.33%) were female. Majority of the subject belong to teen age group (43.33%) , followed by adolescent (36.66%) and adulthood (20%) but no were belong to old age group. Maximum tobacco abusers (43.33%) were educated up to primary level, 11 (36.66%) were illiterate and 20% were up to graduate level no were found to be graduate. In our study we found that 13 (43.33%) were unmarried, 11 (36.66%) were married and 6 (20%) were widow but no were found to be separated. Majority of the tobacco abusers are businessman 13 (43.33%), Govt. sector and private sectors are found to be same i.e. 6 (20%), while 5 (16.66%)

Research Methodology

tobacco abusers was farmers, and ratio between type of family joint: nuclear was 8:7. (Table no. -1).

Table No.-1. Socio-demographic Characteristic

Variable	Frequency	Percentage
Gender		
Male	17	56.66%
Female	13	43.33%
Age		
Teen	13	43.33%
Adolescent	11	36.66%
Adulthood	06	20.00%
Old age	00	00.00%
Education		
Illiterate	11	36.66%
Primary	13	43.33%
Intermediate	06	20.00%
Graduate	00	00.00%
Marital status		
Married	11	36.66%
Unmarried	13	43.33%
Widow	06	20.00%
Separated	00	00.00%
Occupation		
Govt. Sector	06	20.00%
Business	13	43.33%
Farmer	05	16.66%
Private	06	20.00%
Type of family		
Joint family	16	53.33%
Nuclear family	14	46.66%

In pre-test analysis we found that 56.66% (17) were poor, and 43.33% (13) were satisfactory but no were found to be good and excellent. The mean of the knowledge score was 8.15 with standard deviation of 1.755.

There was an improvement seen in post-test analysis i.e. 73.33% (22) were excellent and 26.66% (8) were good, but no were found to be in poor and satisfactory category. The mean of the knowledge score was 22.30 with standard deviation of 4.341.

In comparative analysis of pre-test and post test we found that there was significant increment in knowledge score with significant value (P) was <0.001 and the t test was 38.64 at confidence interval (CI) 95 the difference was 8.2417 to 12.6583 (Figure no. 1).

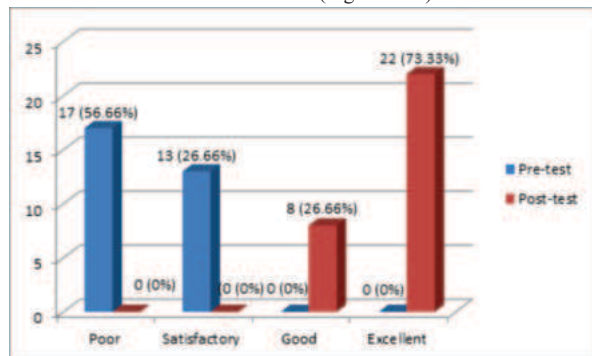


Figure No. 1. Comparative Knowledge Score Pre-test V/S Post-test

In our study we found there is significant association of Age ($P < 0.05$), educational status and marital status on pre test knowledge regarding oral cancer. There was no association of sex, occupation and family type ($P > 0.05$) (Table no. 2)

Table No.2. Association Of Demographic Variables With Pre Test Knowledge Score.

Demographic variable	Level of knowledge				Significance
	Poor	Satisfactory	Good	Excellent	
Age					
Teenage	0	13	0	0	$X^2=30.16$, $P=0.000412$ < 0.05. The result is significant
Adolescent	11	0	0	0	
Adulthood	0	6	0	0	
Old age	0	0	0	0	

Gender					
Male	10	7	0	0	$X^2=0.05$, $P=0.997071$ > 0.05. The result is not significant
Female	7	6	0	0	
Education					
Illiterate	0	11	0	0	$X^2=29.97$, $P=0.000444$ < 0.05. The result is significant
Primary	13	0	0	0	
Secondary	0	6	0	0	
Graduate	0	0	0	0	
Marital status					
Married	11	0	0	0	$X^2=38.57$, $P=0.000511$ < 0.05. The result is significant
Unmarried	0	13	0	0	
Widow	6	0	0	0	
Occupational status					
Govt. sector	4	2	0	0	$X^2=3.113$, $P=0.095964$ > 0.05. The result is not significant
Business	6	7	0	0	
Farmer	2	3	0	0	
Pvt. Sector	5	1	0	0	
Type of family					
Joint	10	6	0	0	$X^2=0.474$, $P=0.924565$ > 0.05. The result is not significant
Nuclear	7	7	0	0	

DISCUSSION

In the present study there was significant difference between the mean of pre-test and post-test score. That indicate the video assisted teaching programmed was effective method to improve the knowledge of tobacco abusers regarding oral cancer.

In our study we found that majority of the abusers 56.66% (17) were poor, and 43.33% (13) were satisfactory but no were found to be good and excellent. The mean of the knowledge score was 8.15 with standard deviation of 1.755 before implementation of video assisted learning program. After implementation of learning programme it was observed that 73.33% (22) were excellent and 26.66% (8) were good, but no were found to be in poor and satisfactory category. The mean of the knowledge score was 22.30 with standard deviation of 4.341.

A similar study was conducted by Nirmala V et. al. on the Fifty tobacco chewers were assisted regarding knowledge on prevention of oral cancer in pretest 80% of tobacco chewers had average knowledge and none of the tobacco chewers had above average knowledge. In post test 52% of tobacco chewers had average knowledge and none of the tobacco chewers had below average knowledge. Comparative analysis showed that the mean of knowledge score during the pretest was 19.26 whereas during post test was 25.62⁵. Astha Sharma Pokhre, et al. showed in their study that the mean score on level of knowledge regarding prevention of oral cancer was 7.23 and standard deviation 1.801 before the intervention. The mean score of level of knowledge after intervention was 9.96⁷. Santhi Appavu and C. Susila conduct a study over sixty female tobacco abusers and stated that the level of Knowledge was inadequate 40%, Moderately Adequate 45% and Adequate 15% among the subjects in the pre-test. Whereas during the post-test knowledge level of study subjects were moderately adequate among 7% and were adequate among 93% of the subjects.⁸ A Doris Lily's findings revealed that in pre test scores the findings were 60% had average knowledge scores and 40% of adolescent boys had below average knowledge scores whereas in the post test 3.33% had scored average knowledge scores and 96.67% of adolescent boys scored above average knowledge scores.⁹ This difference of knowledge score was found to be statistically significant. The 't' value obtained was 10.2, hence it was shown that the video assisted teaching programme improved the knowledge of tobacco chewers on prevention of oral cancer⁶. The difference of mean score is 2.73 which is higher pre – test. The computed value of 't' is more than the table value (1.6644) at df (79) which is statically significant at 0.05 level. The data showed that video assisted teaching was effective in improving the knowledge regarding oral cancer.⁷ The mean of knowledge pre-test (3.85) is significantly lesser than the mean of knowledge post-test (29.86). Similarly the mean of attitude post-test (28.93) this difference is statistically

significant.⁸

In our study we found there was significant association of Age, educational status and marital status ($P < 0.05$), on pre - test knowledge regarding oral cancer. There was no association of sex, occupation and family type ($P > 0.05$) on pre – test knowledge regarding oral cancer. Nirmala V et. al. stated that there was an association knowledge regarding prevention of oral cancer among tobacco chewers with demographic variable such as sex, marital status was significant.⁶ Astha Sharma Pokhare et.al found in their study, there was no significant association was found between socio - demographic variables and post – test knowledge level.⁷ Santhi Appavu and Susila C stated that there was a significant association found only for type of family and education and pre-test and post-test knowledge $p < 0.1$ level.⁸

CONCLUSION

On the basis of our study we concluded that video assisted teaching programme could effectively increase the knowledge of tobacco chewers regarding prevention of oral cancer and there was significant association of Age, educational status and marital status ($P < 0.05$), on pre - test knowledge regarding oral cancer. There was no association of sex, occupation and family type ($P > 0.05$) on pre – test knowledge regarding oral cancer.

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