

A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO-ASSISTED PROGRAM ON KNOWLEDGE AND ATTITUDE REGARDING GYNAECOLOGICAL AND BREAST CANCER AMONG WOMEN IN A SELECTED COMMUNITY

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Abstract

The aim of the gynaecological video-assisted and breast cancer video-assisted program is to decrease the number of deaths and to provide the population with the information on the necessity to be more aware. The goals of the program are to avoid risks, offer useful information and raise awareness about the gynaecological and breast cancers to all women in the community. The study objectives included the evaluation of pre- and post-test on knowledge and attitudes in relation to gynaecological and breast cancers affecting women in the sampled community. Another objective of the study was to assess the impact of a video-assisted program on increasing knowledge and attitudes regarding these cancers. Also, the study aimed at correlating the level of knowledge and attitude after the test and determining the impact of the chosen demographic variables on the results. With these aims, the research was to measure the effect of the intervention and the correlation among the variables of knowledge, attitude, and demographic. Quantitative research design based on pre-experimental post-test pre-test design was used. Twenty-five hundred and fifty-nine (n=100) non-probability purposive sampling was used to select 100 women aged 30-60 years in Paparampakkam, Koppur, Mevallurkuppam, Velarithangal and Illupur. An attitude scale and self-structured questionnaire were used to collect data and analyze them using inferential and descriptive statistics. 98% of respondents during the pre-test were poorly informed and 2% were moderately informed. Following the video-assisted program, 80% were of moderate knowledge, 18% were of adequate knowledge, and 2% still of inadequate knowledge. The researchers came to the conclusion that the video-based program enhanced the knowledge of women about gynaecological and breast cancers significantly, and the majority of the participants acquired moderate knowledge.

Introduction

Cancer, as defined by the World Health Organization (WHO), encompasses a group of diseases characterized by the uncontrolled growth and spread of abnormal cells, potentially affecting any organ or tissue [1, 2]. Gynaecological and breast cancers are significant public health concerns among women of all ages [3]. Early detection and preventive strategies are vital for improving survival and reducing disease burden [4]. Gynaecological cancers include malignancies originating in the female reproductive organs, such as cervical,

ovarian, uterine (including endometrial), vaginal, and vulvar cancers [5, 6]. Gynecological and breast cancers are among the leading causes of morbidity and mortality in women worldwide, particularly in low- and middle-income countries [7]. Lack of awareness, stigma, and limited access to information contribute to delayed diagnosis and poor outcomes. Educational interventions, especially those utilizing audio-visual media, have shown potential in bridging the knowledge gap. This study aimed to evaluate the effectiveness of a structured

video-assisted educational program in improving knowledge and attitudes toward gynaecological and breast cancers among women in a selected community setting.

Method and materials

Research approach

Quantitative research approach was adopted in the study.

Research design

Pre experimental one group pre and post-test design was used for the study

Schematic representation of the design.

Pre-test	Intervention	Post-test
O1	X	O2
Assess the pre-test level of VIDEO knowledge and attitude PROGRAM: The video show regarding gynaecological on about gynaecological cancer and breast cancer for among women by using 20 minutes. structure knowledge questionnaire and attitude scale		After 7 days assessment of post-test level of knowledge and attitude regarding gynaecological cancer and breast cancer among women by using structure knowledge questionnaire and attitude scale.

Variables

The variables identified in the study are:

Independent Variable: The independent variables of the study was video assisted program regarding gynaecological cancer and breast cancer among women in selected community.

Dependent Variable: The dependent variables of the study was level of knowledge and attitude regarding

gynaecological cancer and breast cancer among women in selected community.

Extraneous Variables: Extraneous variable in the study were women and husband age, women and husband education, occupation, monthly income, religion, type of family and source of information.

Setting of the study

The study was carried out in selected community area Paparampakkam, Koppur, Velarithangal, Mevalurkuppam, Illupur. These location were chosen due to their suitability for reaching the required sample size and the willingness of women under age of 30 to 60 years to take part in the research. The total population across this community, 1,653 females were 862 and males were 791.

Population

Target population

The target population of the study included all women in community area.

Accessible population

The accessible population were women between the age group of 30- 60 years residing in selected Paparampakkam, Koppur, Velarithangal, Mevalurkuppam, Illupur villages.

Sample

Women between the age group of 30-60 years residing in Paparampakkam, Koppur, Velarithangal, Mevalurkuppam, Illupur villages and who fulfilled the inclusion criteria were selected as samples for the study.

Sample Size

Sample size consisted of 100 women who fulfilled the inclusion criteria.

Sample size calculation

The sample size was estimated based on previous study results and by Power Analysis with 95% of confidence and 80% of power of the study.

Sampling criteria

Inclusion criteria

1. Women at the age group of 30-60
2. Women who are willing to participate in the study
3. Women who can speak and understand Tamil or English.

Exclusion criteria

1. Women who are diagnosed with gynaecological cancer and breast cancer
2. Women who are not willing to participate
3. Pregnant mothers and lactating mothers.

Description of the tool

The tool was constructed after an extensive review of literature and guidance from the nursing experts and the investigator personal and professional experience. The tool for the data collection consisted of

Section A-	Section A: Demographic variables
Demographic variables,	It consist of demographical data of
Section B-	the women and husband's age, women and
Self-Structured knowledge questionnaire,	husband's education, occupation, monthly
Section C-	income, religion, type of family and source
Self-Structured Attitude scale.	of information on gynaecological cancer
	and breast cancer.

Section B: Self-structured knowledge questionnaire

A structure knowledge questionnaire developed by the researcher to assess the level of knowledge regarding gynaecological cancer and breast cancer among women .It consist of 20 multiple choice questions with four options. Among the four options one is the correct answer.

S.NO	COMPONENTS	QUESTIONS
1.	Breast Cancer	4
2.	Cervical Cancer	4
3.	Endometrial Cancer	4
4.	Ovarian Cancer	4
5.	Vulval Cancer	3
6.	Vaginal Cancer	3

Self – structured knowledge questionnaire was used to assess the knowledge regarding components of gynaecological cancer and breast cancer on women. Total knowledge score is 20. The correct response was scored one (1) and the wrong response was scored zero(0). The total score is 20 and interpreted as follows:

Level of knowledge	Scores	Percentage
Adequate	15-20	67-100%
Moderate	8-14	34-66%
Inadequate	1-7	0-33%

Section C Self– structured Attitude Scale

Self structured 5 point likert attitude scale regarding gynaecological cancer and breast cancer on women. Total likert attitude scale score is 50.

The total score is 50 and interpreted as follows

Level of Attitude	Scores	Percentage
Positive Attitude	35-50	67-100%
Neutral Attitude	18-34	34-66%
Negative Attitude	1-17	0-33%

Testing of the tool

Validity of the tool: The content validity of the tool was obtained from 5 experts 1 from obstetrics and gynaecologist specialist, 1 from statistician, and 3 from nursing experts in the field of Obstetrics and Gynaecology Nursing.

The suggested validation, along with specific modifications to the data collection tool, was incorporated into the study, including all of their recommendations and valuable insights.

Content validity index for self-structured questionnaire = 1.00

Content validity index for self-structured 5 point likert attitude scale = 1.00

Reliability of the tool

The reliability of the tool was determined using the spear man browns split half technique which showed the tool

is reliable for knowledge $r = 0.76$ the method was using test retest method.

Intervention

The study utilized an educational video focused on gynaecological and breast cancers. It served as an accessible, flexible learning resource, allowing participants to engage with the material at their own convenience. The video began by introducing the concept of gynaecological and breast cancers,

Explaining the different types such as cervical, ovarian, uterine, vulvar, and vaginal cancers—alongside breast cancer. This video was thoughtfully designed by the researcher to deliver clear, comprehensive information on the types, risk factors, warning signs, prevention strategies, and early detection methods related to these cancers. It highlighted their relevance to women's health and

emphasized the importance of awareness and early detection in reducing morbidity and mortality.

Video assisted program is the teaching intervention that takes 20-25 minutes. It consists of images related to gynaecological cancer and breast cancer along with vocal explanation. It is displayed on laptop by arranging 10 members in one group in common environment.

Safety and healthcare access were emphasized by the investigator, women to break social stigmas and seek medical help early. It addressed myths and misconceptions surrounding 30 these cancers and provided clear, evidence-based information to empower participants with confidence and knowledge.

Special considerations for early detection in resource-limited settings were also included. The video suggested practical, community-based screening strategies and highlighted the role of family support, community health workers, and accessible health services in promoting cancer awareness.

Overall, the educational video served as a vital tool in promoting awareness, enhancing knowledge, and encouraging positive attitudes toward prevention, early diagnosis, and timely

treatment of gynaecological and breast cancers. It empowered women to take proactive steps toward safeguarding their health and reducing the burden of these cancers in their communities.

Data collection procedure

The main study was conducted in the selected community area of Paparampakkam Koppur, Mevallurkuppam, Velarithangal and Illupur. This location was purposely chosen to ensure diverse participant representation and to engage communities where the study objectives could bring meaningful and positive impact. Data collection was carried out over a period of one month, from 16.09.2024 to 16.10.2024. Formal written permission was obtained from the Secretary and Head of the Department of Community Medicine at A.C.S. Medical College and Hospital.

Women who met the inclusion criteria were selected using a non-probability purposive sampling technique. The researcher introduced herself to participants aged between 30–60 years and built good rapport to ensure their cooperation. Participants were assured of the confidentiality of their responses. The purpose of the study was explained to each participant to gain their complete

cooperation, and adequate privacy was maintained. Prior to distributing the questionnaire and rating scale, informed consent was obtained from participants in their local language.

In the selected community, a total of 100 participants were recruited. The women showed cooperation throughout the study. A pre-test was first administered before the intervention. This was followed by a 20-minute video-assisted educational program on gynecological and breast cancers. The participants were divided into 10 groups, with each group allotted 20 minutes to view the video. Altogether, the intervention session lasted about 3 hours and 20 minutes. A post-test using the same self-structured questionnaire and self-

structured attitude scale was administered seven days later to evaluate changes in participants' knowledge and attitudes.

Data Analysis

The data were analysed using both descriptive and inferential statistics. Frequency and percentage were used to assess the pre- and post-test levels of knowledge and attitude. The effectiveness of the video-assisted program was evaluated using mean, median, and paired t-test. Karl Pearson's correlation was applied to examine the relationship between post-test knowledge and attitude scores. Chi-square test was used to determine the association between selected demographic variables and levels of knowledge and attitude.

Result

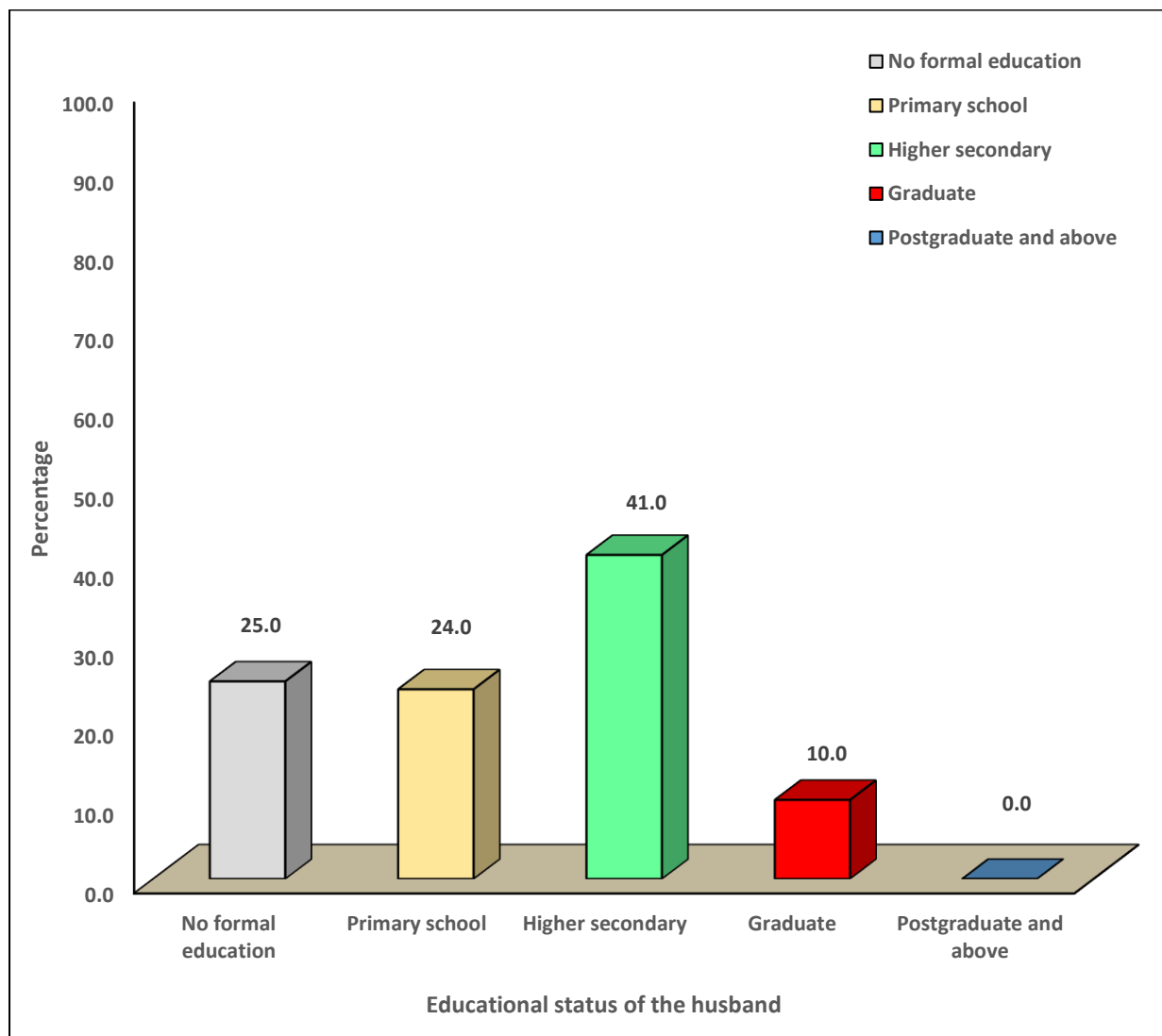
Table 1: Frequency and percentage distribution of demographic variable of women.

N = 100

Demographic Variables	Frequency	Percentage
Age of the women		
30 – 40	35	35.0
41 – 50	37	37.0
51 – 60	28	28.0
Age of the husband		
30 – 40	16	16.0
41 – 50	34	34.0
51 – 60	50	50.0
>60	-	-
Educational status of the women		
No formal education	31	31.0

Demographic Variables	Frequency	Percentage
Primary school	38	38.0
Higher secondary	28	28.0
Graduate	3	3.0
Postgraduate and above	-	-
Educational status of the husband		
No formal education	25	25.0
Primary school	24	24.0
Higher secondary	41	41.0
Graduate	10	10.0
Postgraduate and above	-	-
Occupation of the women		
Housewife	12	12.0
Daily worker	87	87.0
Private job	1	1.0
Government job	-	-
Monthly income		
<9000	4	4.0
9000 – 20,000	19	19.0
21,000 – 30,000	49	49.0
>50,000	28	28.0
Religion		
Hindu	79	79.0
Christian	12	12.0
Muslim	9	9.0
Atheist	-	-
Type of family		
Nuclear	82	82.0
Joint	16	16.0
Extended	2	2.0
Source of information		
Social media	34	34.0
Newspaper & books	32	32.0
Magazine	1	1.0
Friends	33	33.0
Health professionals	-	-

The table 1 shows that most of the women, 37(37%) were aged between 41 – 50 years, 50(50%) of husbands were aged between 51 – 60 years, 38(38%) of mothers had primary school education, 41(41%) of husband had higher secondary education, 87(87%) of women were daily workers, 49(49%) had monthly income of between 21,000 – 30,000, 79(79%) were Hindus, 82(82%) belonged to nuclear family and 34(34%) had received information through social media.



Percentage distribution of educational status of the father of women

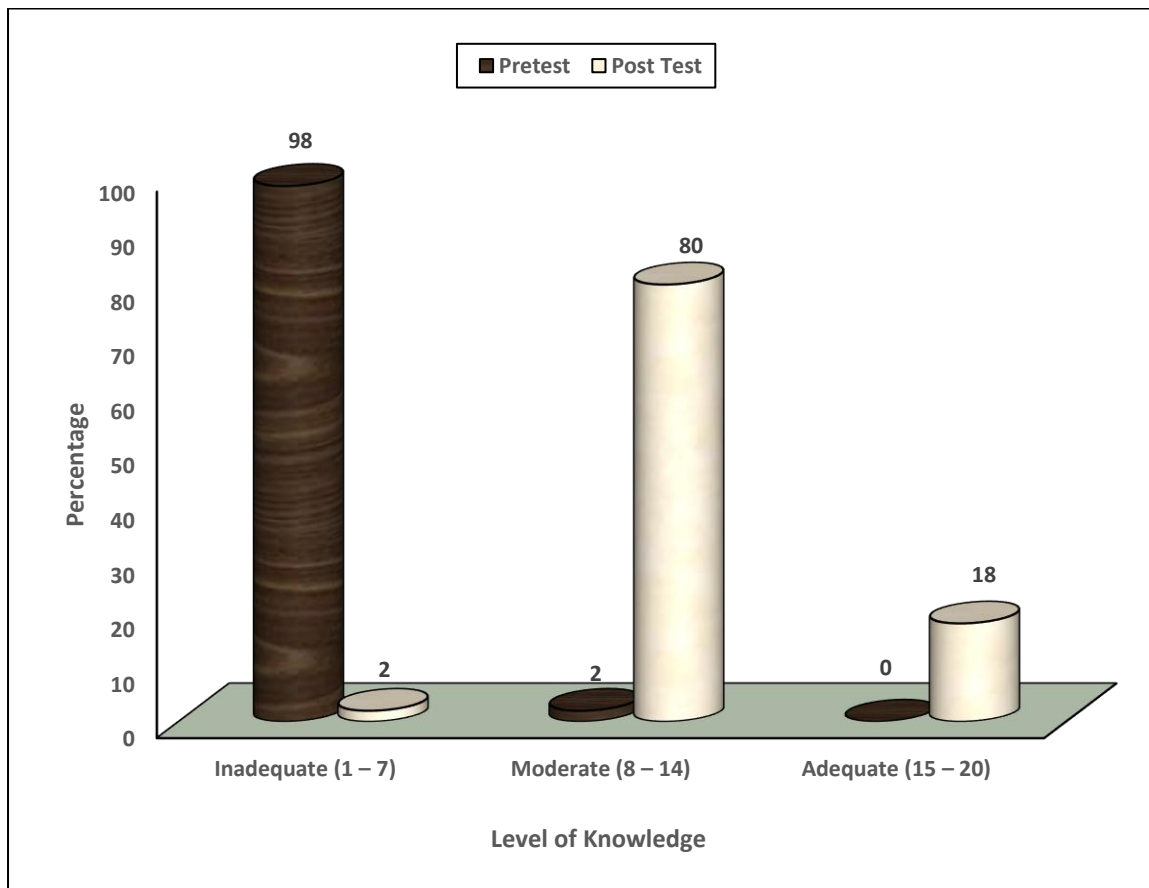
Table 2: Frequency and percentage distribution of pretest and post test level of knowledge regarding gynecological cancers and breast cancer.

N = 100

Level of Knowledge	Pretest		Post Test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Inadequate (1 – 7)	98	98.0	2	2.0

Moderate (8 – 14)	2	2.0	80	80.0
Adequate (15 – 20)	-	-	18	18.0

The table 2 indicated that in the pretest, 98(98%) had inadequate knowledge and 2(2%) had moderate knowledge and after the intervention, 80(80%) had moderate knowledge, 18(18%) had adequate knowledge and 2(2%) had inadequate knowledge regarding gynaecological cancers and breast cancer.



Percentage distribution of pretest and post test level of knowledge regarding gynecological cancers and breast cancer

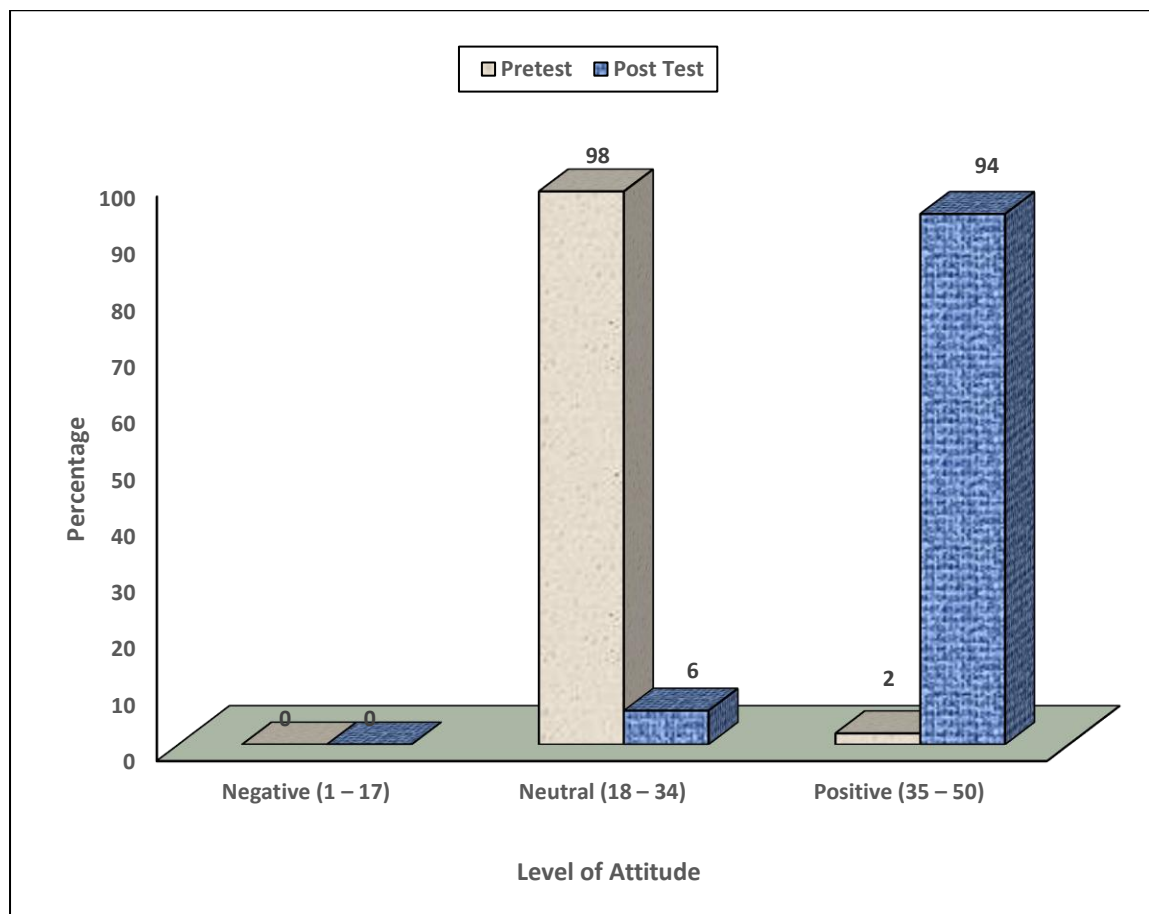
Table 3: Frequency and percentage distribution of pretest and post test level of attitude regarding gynecological cancers and breast cancer.

N = 100

Level of Attitude	Pretest		Post Test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Negative (1 – 17)	-	-	-	-
Neutral (18 – 34)	98	98.0	6	6.0

Positive (35 – 50)	2	2.0	94	94.0
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The table 3 denotes that in the pretest, 98(98%) had neutral attitude and 2(2%) had positive attitude and after the intervention, 94(94%) had positive attitude and 6(6%) had neutral attitude.



Percentage distribution of pretest and post test level of attitude regarding gynecological cancers and breast cancer

Table 4: Effectiveness of the video assisted program on knowledge regarding gynecological cancers and breast cancer among women.

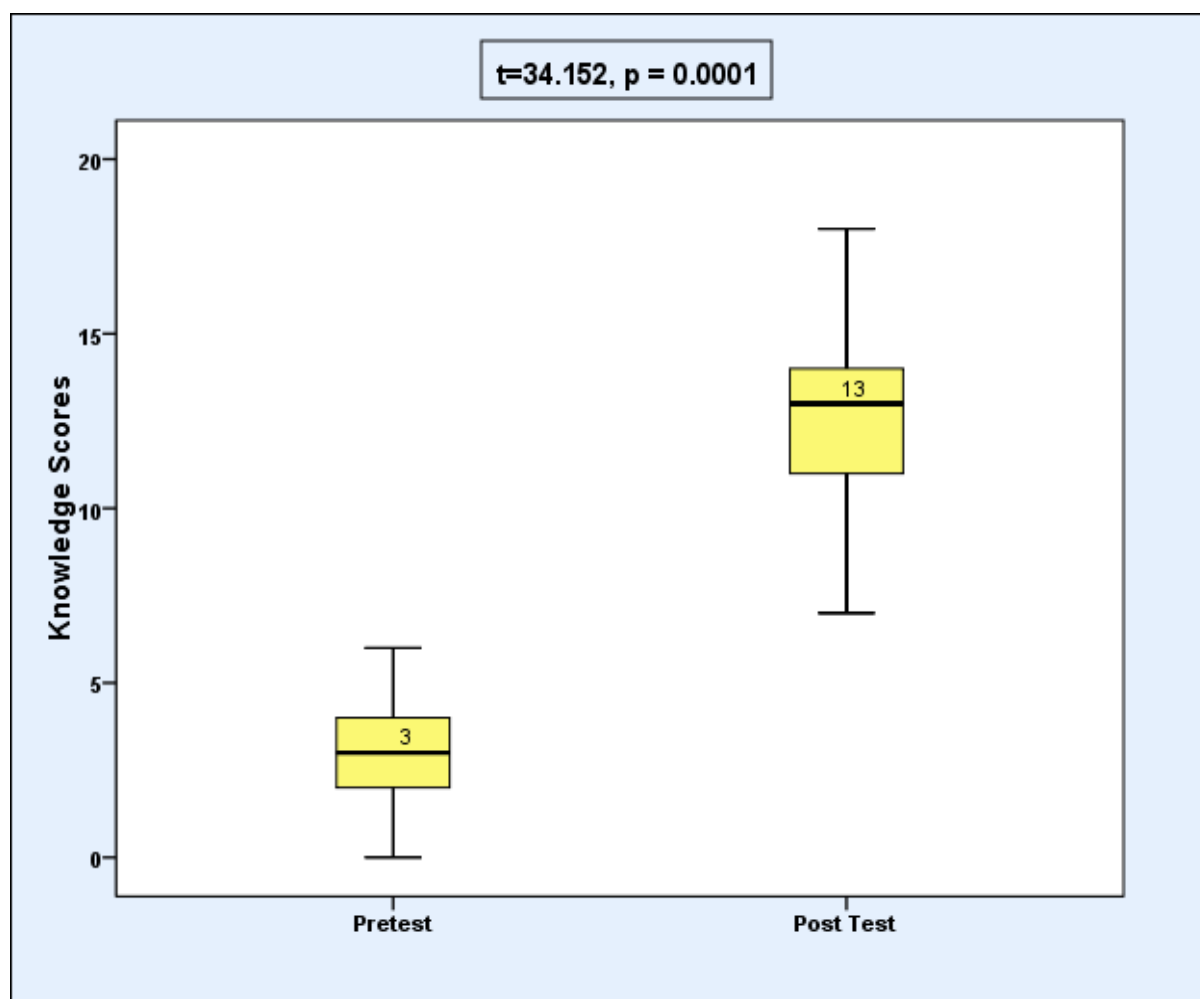
N = 100

Variables	Pretest			Post Test			Mean Difference	Paired “t” test & p-value
	Median	Mean	S.D	Median	Mean	S.D		
Knowledge	3.0	2.84	1.64	13.0	12.58	2.18	9.74	t=34.152 p=0.0001,

								S***
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***p<0.001, S – Significant

The table 4 depicts that the pretest mean score of knowledge regarding gynaecological cancers and breast cancer was 2.84 ± 1.64 and the post test mean score was 12.58 ± 2.18 . The calculated paired “t” test value of $t = 34.152$ was statistically significant at $p < 0.001$ level which clearly infers that video assisted Program on knowledge regarding gynecological cancers and breast cancer was found to be effective in improving their level of knowledge in the post test.



Boxplot showing the comparison of pretest and post test knowledge scores regarding gynecological cancers and breast cancer among women

Table 5: Effectiveness of the video assisted program on attitude regarding gynecological cancers and breast cancer among women.

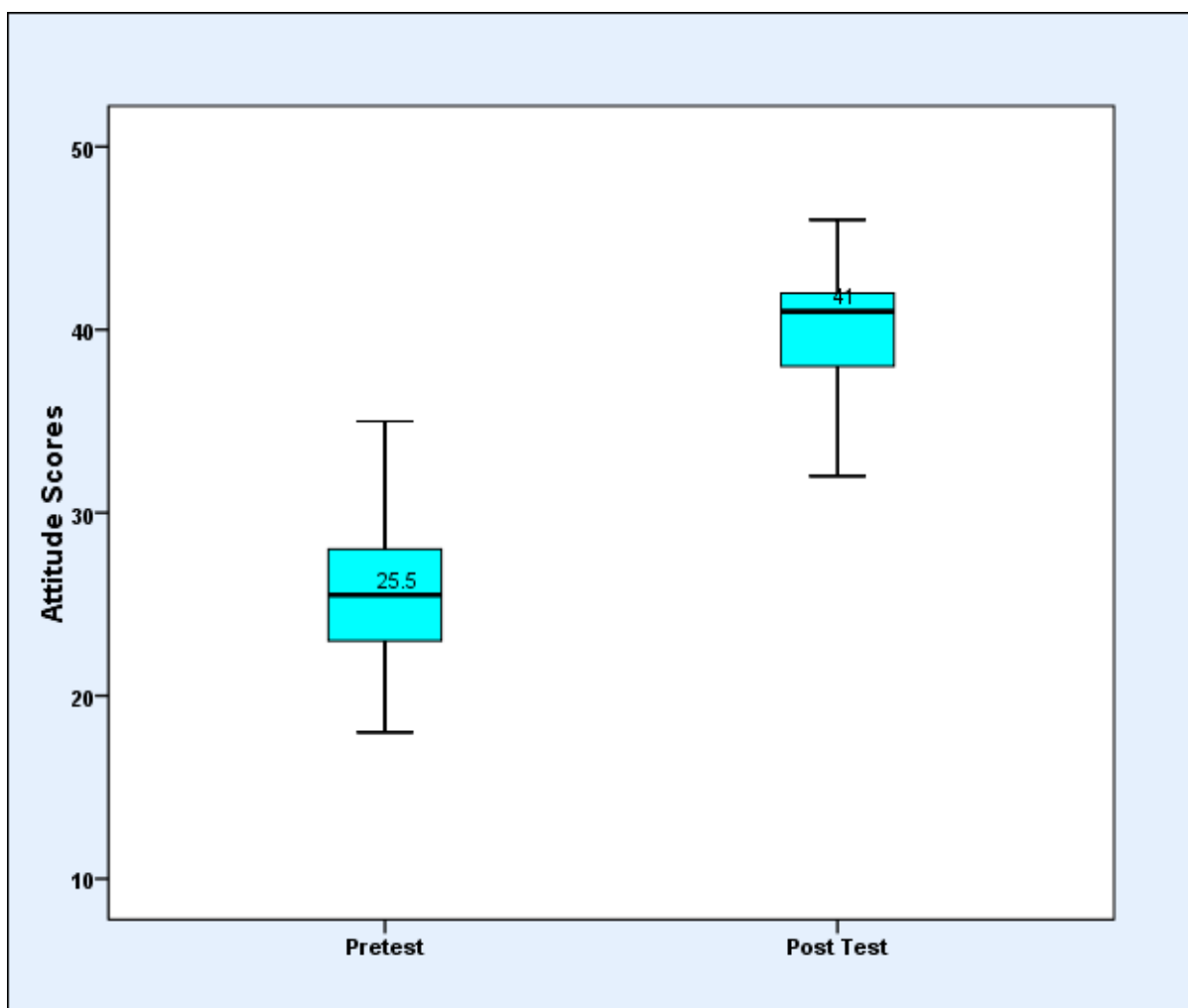
N = 100

Variables	Pretest			Post Test			Mean Difference	Paired “t” test & p-
	Median	Mean	S.D	Median	Mean	S.D		

								value
Attitude	255.	25.55	3.67	41.0	40.23	3.17	14.68	t=29.644 p=0.0001, S***

***p<0.001, S – Significant

The table 5 depicts that the pretest mean score of attitude regarding gynaecological cancers and breast cancer was 25.55 ± 3.67 and the post test mean score was 40.23 ± 3.17 . The calculated paired “t” test value of $t = 29.644$ was statistically significant at $p < 0.001$ level which clearly infers that video assisted Program on attitude towards gynecological cancers and breast cancer was found to be effective in improving their level of attitude in the post test.



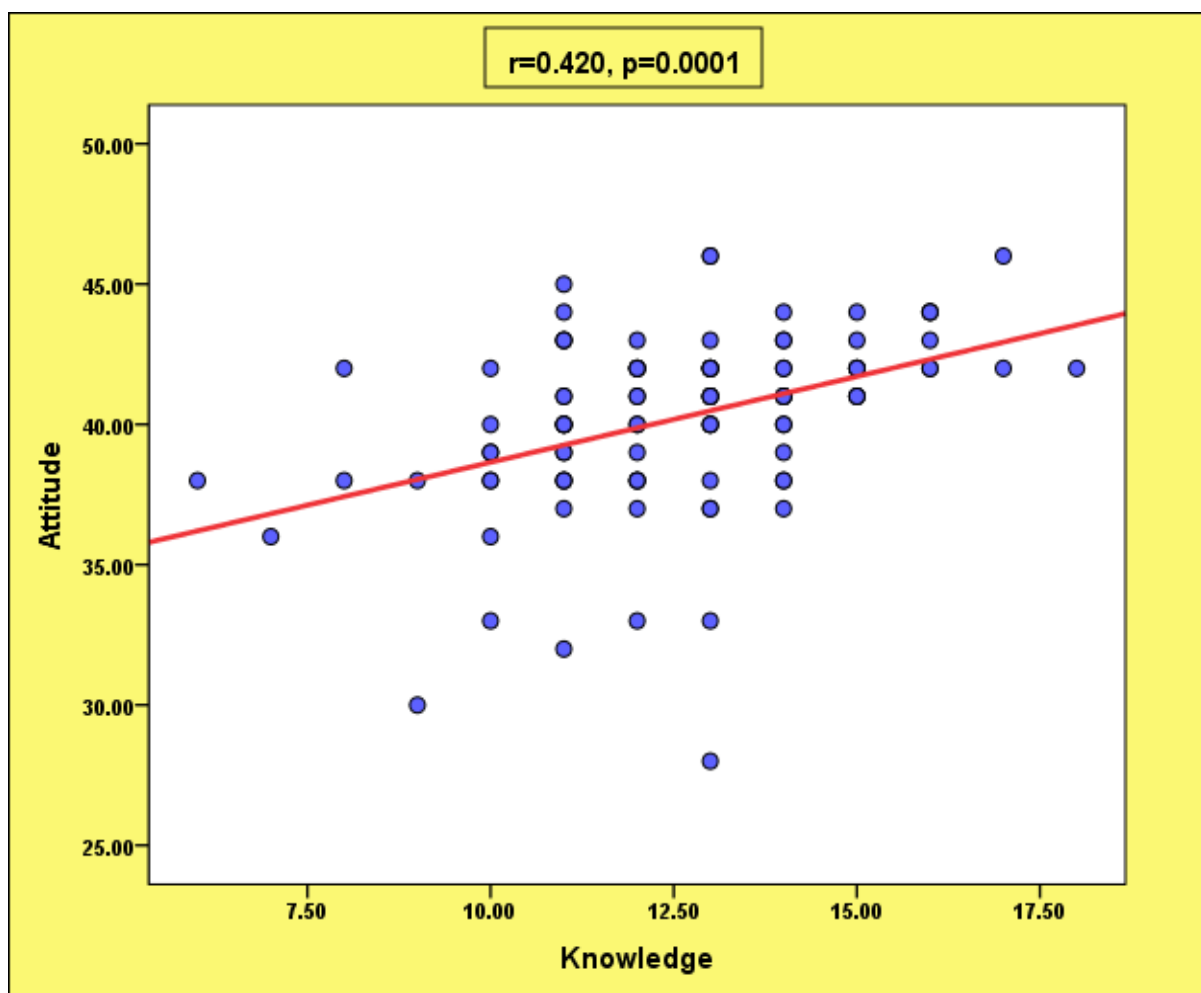
Boxplot showing the comparison of pretest and post test attitude scores regarding gynecological cancers and breast cancer among women

Table 6: Correlation between post test knowledge and attitude regarding gynecological cancers and breast cancer among women.

N = 100

Variables	Mean	S.D	Karl Pearson's Correlation "r" & p-value
Knowledge	12.58	2.18	r=0.420 p=0.0001, S***
Attitude	40.23	3.17	

***p<0.001, S – Significant



Scatter diagram showing the correlation between post test knowledge and attitude regarding gynecological cancers and breast cancer among women

Table 7: Association of post test level of knowledge of regarding gynecological cancers and breast cancer among women with selected demographic variables.

N = 100

Demographic Variables	Inadequate	Moderately Adequate	Adequate	Chi-Square Test & p-value

	F	%	F	%	F	%	
Age of the women							$\chi^2=3.916$ d.f=4 p=0.418 N.S
30 – 40	0	0	28	28.0	7	7.0	
41 – 50	2	2.0	28	28.0	7	7.0	
51 – 60	0	0	24	24.0	4	4.0	
Age of the husband							$\chi^2=5.429$ d.f=4 p=0.246 N.S
30 – 40	0	0	14	14.0	2	2.0	
41 – 50	2	2.0	24	24.0	8	8.0	
51 – 60	0	0	42	42.0	8	8.0	
>60	-	-	-	-	-	-	
Educational status of the women							$\chi^2=4.452$ d.f=6 p=0.616 N.S
No formal education	0	0	25	25.0	6	6.0	
Primary school	2	2.0	31	31.0	5	5.0	
Higher secondary	0	0	22	22.0	6	6.0	
Graduate	0	0	2	2.0	1	1.0	
Postgraduate and above							
Educational status of the husband							$\chi^2=14.206$ d.f=6 p=0.027 S*
No formal education	1	1.0	23	23.0	1	1.0	
Primary school	0	0	14	14.0	10	10.0	
Higher secondary	1	1.0	35	35.0	5	5.0	
Graduate	0	0	8	8.0	2	2.0	
Postgraduate and above	-	-	-	-	-	-	
Occupation of the women							$\chi^2=0.570$ d.f=4 p=0.966 N.S
Housewife	0	0	10	10.0	2	2.0	
Daily worker	2	2.0	69	69.0	16	16.0	
Private job	0	0	1	1.0	0	0	
Government job	-	-	-	-	-	-	
Monthly income							$\chi^2=2.190$ d.f=6 p=0.901 N.S
<9000	0	0	4	4.0	0	0	
9000 – 20,000	0	0	15	15.0	4	4.0	
21,000 – 30,000	1	1.0	40	40.0	8	8.0	
>50,000	1	1.0	21	21.0	6	6.0	
Religion							$\chi^2=8.519$ d.f=4 p=0.074 N.S
Hindu	1	1.0	67	67.0	11	11.0	
Christian	1	1.0	8	8.0	3	3.0	
Muslim	0	0	5	5.0	4	4.0	
Atheist	-	-	-	-	-	-	

Demographic Variables	Inadequate		Moderately Adequate		Adequate		Chi-Square Test & p-value
	F	%	F	%	F	%	
Type of family							$\chi^2=6.267$ d.f=4 p=0.180 N.S
Nuclear	1	1.0	63	63.0	18	26.0	
Joint	1	1.0	15	15.0	0	0	
Extended	0	0	2	2.0	0	0	
Source of information							$\chi^2=4.895$ d.f=6 p=0.557 N.S
Social media	0	0	28	28.0	6	6.0	
Newspaper & books	1	1.0	28	28.0	3	3.0	
Magazine	0	0	1	2.0	0	0	
Friends	1	1.0	23	23.0	9	9.0	
Health professionals	-	-	-	-	-	-	

*p<0.05, S – Significant

N.S – Not Significant, p>0.05

The table 7 illustrated that the demographic variables educational status of the husband ($\chi^2=14.206$, p= 0.027) had statistically significant association with post test level of knowledge of regarding gynecological cancers and breast cancer

among women at p<0.05 level and the other demographic variables did not show statistically significant association with post test level of knowledge of regarding gynecological cancers and breast cancer among women at p<0.05 level.

Table 8: Association of post test level of attitude of regarding gynecological cancers and breast cancer among women with selected demographic variables.

N = 100

Demographic Variables	Neutral		Positive		Chi-Square Test & p-value
	F	%	F	%	
Age of the women					$\chi^2=2.489$ d.f=2 p=0.288 N.S
30 – 40	3	3.0	32	32.0	
41 – 50	3	3.0	34	34.0	
51 – 60	0	0	28	28.0	
Age of the husband					$\chi^2=3.723$ d.f=2 p=0.155 N.S
30 – 40	2	2.0	14	14.0	
41 – 50	0	0	34	34.0	
51 – 60	4	4.0	46	46.0	
>60	-	-	-	-	
Educational status of the mother					$\chi^2=0.304$ d.f=3

Demographic Variables	Neutral		Positive		Chi-Square Test & p-value
	F	%	F	%	
No formal education	2	2.0	29	29.0	p=0.959 N.S
Primary school	2	2.0	36	36.0	
Higher secondary	2	2.0	26	26.0	
Graduate	0	0	3	3.0	
Postgraduate and above	-	-	-	-	
Educational status of the father					$\chi^2=7.831$ d.f=3 p=0.050 S*
No formal education	3	3.0	22	22.0	
Primary school	1	1.0	23	23.0	
Higher secondary	0	0	41	41.0	
Graduate	2	2.0	8	8.0	
Postgraduate and above	-	-	-	-	
Occupation of the women					$\chi^2=0.190$ d.f=2 p=0.910 N.S
Housewife	1	1.0	11	11.0	
Daily worker	5	5.0	82	82.0	
Private job	0	0	1	1.0	
Government job	-	-	-	-	
Monthly income					$\chi^2=1.240$ d.f=3 p=0.744 N.S
<9000	0	0	4	4.0	
9000 – 20,000	2	2.0	17	17.0	
21,000 – 30,000	3	3.0	46	46.0	
>50,000	1	1.0	27	27.0	
Religion					$\chi^2=0.705$ d.f=2 p=0.703 N.S
Hindu	5	5.0	74	74.0	
Christian	1	1.0	11	11.0	
Muslim	0	0	9	9.0	
Atheist	-	-	-	-	
Type of family					$\chi^2=0.131$ d.f=2 p=0.937 N.S
Nuclear	5	5.0	77	77.0	
Joint	1	1.0	15	15.0	
Extended	0	0	2	2.0	
Source of information					$\chi^2=1.093$ d.f=3 p=0.779 N.S
Social media	2	2.0	32	32.0	
Newspaper & books	1	1.0	31	31.0	
Magazine	0	0	1	1.0	
Friends	3	3.0	30	30.0	

Demographic Variables	Neutral		Positive		Chi-Square Test & p-value
	F	%	F	%	
Health professionals	-	-	-	-	

*p<0.05, S – Significant

N.S – Not Significant, p>0.05

The table 8 denoted that the demographic variables educational status of the husband ($\chi^2=7.831$, $p= 0.050$) had statistically significant association with post test level of attitude of regarding gynecological cancers and breast cancer among women at $p<0.05$ level and the other demographic variables did not show statistically significant association with post test level of attitude of regarding gynecological cancers and breast cancer among women at $p<0.05$ level.

Discussion

The study found that 98% of participants had inadequate knowledge and 2% had moderate knowledge about gynaecological and breast cancers in the pre-test. After the video-assisted intervention, 80% showed moderate knowledge, 18% had adequate knowledge, and only 2% remained with inadequate knowledge [8]. These findings align with, who reported that a planned teaching program significantly improved knowledge on endometrial cancer, with most participants shifting from poor to high knowledge levels. Similarly, demonstrated that a video-assisted program effectively increased knowledge about cervical cancer, with 78.8%

achieving adequate knowledge in the post-test [9]. The present study confirms that video-assisted education is effective in enhancing awareness and preventing complications related to gynaecological and breast cancers among women.

The study showed a significant increase in knowledge (pre-test mean: 2.84 ± 1.64 ; post-test mean: 12.58 ± 2.18 ; $t = 34.152$, $p<0.001$) and attitude (pre-test mean: 25.55 ± 3.67 ; post-test mean: 40.23 ± 3.17 ; $t = 29.644$, $p<0.001$) following the Cancer Reduction Program, confirming its effectiveness. These findings are, who found video education significantly improved knowledge, attitude, and screening intention for cervical cancer [10]. Similarly, reported improved uterine cancer knowledge among college girls after a Video-Assisted Teaching Program. Thus, the research hypothesis (RH1) was accepted [11].

The post-test mean knowledge score was 12.58 ± 2.18 and the attitude score was 40.23 ± 3.17 , with a positive correlation ($r = 0.420$) between the two. This supports the

findings of who observed that increased knowledge led to more positive attitudes towards cancer prevention among women in Turkey [12]. Thus, the research hypothesis (RH2) stating a significant correlation between post-test knowledge and attitude regarding gynaecological and breast cancers was accepted [13].

The study revealed a significant association between the educational status of the husband ($\chi^2=14.206$, $p=0.027$) and the post-test knowledge level on gynaecological and breast cancers, while other demographic variables showed no significant association. This aligns with, who found associations between knowledge levels and factors such as education, marital status, and prior information [14]. The findings highlight the influence of husbands' knowledge on women's health decisions. Hence, the research hypothesis (RH3) regarding the association between knowledge and attitude with selected demographic variables was accepted.

The findings support previous literature that multimedia education tools can significantly improve health literacy. The visual and auditory elements in the video format facilitated better understanding, especially among women with low literacy levels. This underscores the value of

integrating video-based interventions into community health programs.

Limitations:

1. The study was conducted only for women under the age group of 30-60 years.
2. Research is done only in the rural area.

Conclusion

The video-assisted educational program significantly enhanced women's knowledge and attitudes regarding gynaecological and breast cancers. It holds promise as a practical, scalable tool for community health education and cancer prevention.

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Conflicts of Interest

The author declares no conflicts of interest

Ethical Clearance

A Statement confirming that the study was approved by the Ethical clearance was obtained from the Institutional Ethics Committee from A.C.S Medical College and Hospital. (No.1267/2024/IECA/ACSMCH Dt.05.07.2024). The informed consent was obtained from the study participants; confidentiality will be maintained throughout the study.

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