

CHAPTER 4

DISCUSSION AND CONCLUSION

The training program adopted participatory learning approach as a principal tool for provision of cervical cancer knowledge to a group of 30 women who are village leaders and village health volunteers at Linfa Sub-district, Chaturaphukphiman District, Roi-Et Province. There were 3 phases of data collection process, which were collection of pre-training data, in-process data and post-training data. All set of data was analyzed qualitatively and quantitatively. The quantitative analysis employed statistical approach in obtaining the values of percentage, mean and standard deviation for each set of data. The Paired t-test was used to compare significant difference in knowledge scores of the participants in 4 sections including knowledge about cervical cancer, associated risk factors, level of severity and finally advantages of cervical cancer screening. The qualitative data obtained from the group discussion sessions and the brain storming activities were classified and analyzed according to their content. The overall aspects and outcomes of this participatory learning program will be discussed in detail in the following sections:

1. General information and demographical data
2. Cervical cancer screening data of the participants
3. Perception in knowledge and information on cervical cancer
4. Comparison of pre- and post-test level of knowledge
5. Qualitative results of group discussion activities
6. The follow-up outcome of the implementation at 6 months after the training

7. Lesson learned

4.1 General information and demographical data of the participants

The demographical data obtained from the pre-test questionnaires indicated that the majority of the participants shared similar characteristics such as age, education level, occupation, income, marital status and number of children. Great proportions (70%) of the participants were married at the age below 20 years old with the average married age of 19.8 years old. 48.2 % had the age of first pregnancy below 20 years old with the average first pregnancy age of 20.7 years old. The previous study reports indicated that there is a higher risk in developing cervical cancer for a group of women who experience sexual intercourse and have children at very young age, women with great number of children, women with several sexual partners and women whose their male spouse having sexual intercourse with many women. It may be said that the majority of the participants of this project falls into the risk group in developing cervical cancer and highly requires provision of cervical cancer knowledge in order to understand and realize the importance of regular screening.

4.2 Cervical cancer screening data of the participants

The characteristic on cervical cancer screening experience of the participants showed that 70% of the participants used to have screening experience with 52.3 % of this group specifying their screening reason as having suspected or abnormal symptoms. The main reason (66.6%) for not receiving screening was “not having any abnormal symptoms”. This finding is in accordance with the previous report studied by Nuchanad Chukiart (1996), which also stated that “not having abnormal symptoms” was the main reason of

women who did not receive cervical cancer screening. It can be seen that prior to this training project more than half of the participants had incorrect understanding and incorrect practice about cervical cancer screening as the major reason for screening was due to other factors and was not the awareness of importance of screening.

4.3 Perception in knowledge and information on cervical cancer

The study of cervical cancer information sources found that 83.3% of the participants received the information from the health center. The reason for this might be that this sampling group already had a strong and regular connection with the health center from their function and role in the community. However, the study of Pornranee Surin (1992: 133-135) found that there was no significant relationship between the method and source of information and the screening service rate. It indicated that the main factors in the order of their related importance were their intention to receive screening service and their perception of information according to health believe system. Other factors have little or no effects on screening decision.

4.4 Comparison of pre- and post-test knowledge level

4.4.1 Knowledge about cervical cancer

It was found that the average score of the participants' general knowledge level in cervical cancer prior to the training session was at moderate level of 5.1 scores with an increase up to 6 scores after the training. The statistical comparison indicated the significant increase in percentage of good knowledge level from 3.3% pre-test to 13.3% post-test ($P < 0.05$) as shown in Table 3.6. This result corresponded with the study result

of Nuchanad Chukiart (1996: 88-89). The study aimed to promote cervical cancer screening service by using experimental method for personal motivation development. The study was carried out on the group of female villagers in Dan Khun Tod District, Nakhonratchasima Province. It was found that after the experiment the study subjects' level of knowledge in cervical cancer was significantly higher than that of the control group by statistical comparison.

4.4.2 Risk factors involving development of cervical cancer

It was found that the average score of the participants' knowledge level in the cancer risk factors before the training session was 34.6 scores, which increased to 38.2 scores after the training. The statistical comparison indicated the significant increase in percentage of good knowledge level from 10% pre-test to 36.6% post-test ($P < 0.05$). This is resulted from the training program, which emphasized on participatory learning among the participants and learning activities such as sharing opinions and experiences. This is corresponding to the study of Rosen Stock (1966: 284 quoted by Nuchanad Chukiart, 1996: 91), which stated that development of perception degree in disease risk factors could be achieved with teaching and group-influencing techniques. The study subjects were then able to perceive correct understanding of disease risk factors. Similarly, Bussabong Jaathanond et al (2000:28) studied the effectiveness of the training program using participatory learning approach for education of Malaria prevention in the group of the military land forces at Pitsanulok Province. It was found that after the study, the subjects' average scores of perception of Malaria risk factors were significantly higher than those of the control group by the statistical comparisons

4.4.3 Degree of severity

It was found that the average score of the participants' knowledge level in severity degree of cervical cancer prior to the training session was at moderate level (30.8 scores). After the training it increased to 34.2 scores. The statistical comparison indicated the significant increase in percentage of good knowledge level from 26.6% pre-test to 30% post-test ($P < 0.05$) corresponding with the study result of Vanida Senavongse (1992:102). The study of effectiveness of the health education program with husbands' support on seeking Pap smear examination among married woman workers in Nonthaburi Province on found that after the health education the subjects' perception of severity level of cervical cancer was significantly higher than that of the statistically comparative group. Similarly the study of Pornranee Surin (1992:133) found that after the activity program for promotion of screening service in the group of female villagers in Surin Province. The study subjects also had better perception of severity degree of cervical cancer than before the program and better perception than the control group by the statistical comparison.

4.4.4 Advantages of screening

It was found that prior to the training session, the average score of the participants' knowledge level in advantages of cervical cancer screening was at moderate level (24.2 scores). After the training the average score increased to 27.1 scores. The statistical comparison indicated the significant increase in percentage of good knowledge level from 23.3% pre-test to 26.6% post-test ($P < 0.05$) corresponding with the study result of Bussabong Jaathanond et al (2000). They conducted the health education program by participatory learning approach to provide education in contact diseases caused by

mosquitoes to the group of primary students in Tak Province. It was found that the students' average score in perception of advantages of self-protection from diseases was significant higher than that of the control group.

4.5 Qualitative results from group discussion activities

4.5.1 Group of participants with screening experience

The majority of the group members expressed that fear and worry resulting from having suspiciously abnormal symptoms was their main reasons for receiving cervical cancer examination. This corresponds with the quantitative results obtained by the staff prior to the training session. Other reasons for screening including recommendation from the staff while having another health service and invitation by a friend to come with, however, were not directly resulted from their personal awareness of importance of screening.

4.5.2 Group of participants with no screening experience

The majority of the group members expressed that shyness of the familiar health staff was their main reason for not receiving screening service. For example, one of the participants who lived in the village where the Linfa health center situated stated that

“ How can we come for screening? We (she and the mentioned staff) see each other face everyday we are not sick and if having to open up for the internal check it is definitely humiliating for me”

Other members of the group also helped to support this feeling

“ If it's a staff from another place, it's a bit better. We don't know each other it doesn't matter if they see anything. We can bear that shyness”

Other factors expressed by the participants included worry about positive test result, not having any abnormal sign and symptoms, embarrassment, afraid of expensive screening cost, lack of continuous education and promotion unlike promotion of other diseases and bad verbal expression of health care staff during service.

It was concluded that the major reason for not receiving screening was shyness to expose oneself to well-acquaint health staff. Therefore, the resolution plan was later set up to solve this problem by proposing the alternative mobile-unit's screening program, which allows the screening by staff from other areas. The second major reason was a lack of information, poor services and lack of continuous promotion from health organizations, which finally led to incorrect understanding about cervical cancer screening. From the group discussion activity the participants were also found to improve their self-confidence in expressing their opinions. Comparison of the above qualitative results with the quantitative results obtained from the questionnaire interview indicated some dissimilarity as the major reason was found to be "not having abnormal symptoms" (66.6%).

4.5.3 Group of female village leaders

The majority of this group focused on provision of free service and free gifts as incentives to motivate more women to participate in screening. In provision of knowledge as well as promotion of screening service, the health staffs are required, in addition to the participants, to participate and support the activities, especially in the less effective village.

4.6 The outcome of the follow-up implementation at 6 months after the training

Prior to the training program the cervical cancer screening service rate of Linfa Sub-district was 6.6 %, compared to that of 14.6% after the training accounting increase in six month duration. The result corresponded with the outcome of previous study by Nuchanad Chukiart (1996:95-96), Pornranee Surin (1992:144) and Vanida SenaVonge (1992:109), which found the statistically significant link between perception of advantages of cervical cancer screening and the screening rate. Moreover, the increase in screening service rate post-training could indicate that participatory learning approach is very effective in development of various skills for the group of female village leaders and health volunteers, including development of self-awareness and potential to participate in solving the community problems.

4.7 Lesson learned

There are numerous off lesson learned within time limitation of this study that will be useful for future improving of my skill and my work. Such as;

- ❖ To know the structure of related agencies are useful in coordination
- ❖ Sharing experience between health staff and community.
- ❖ Applying knowledge and skills for solving health problems by community involving for sustainable developing.