Effectiveness of Structured Teaching Programme on Knowledge and Practice Regarding Breast Self-Examination among the Women (30-50 Years) at Pinnathur Village in Chidambaram Taluk

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Abstract: *Breast cancer continues to be a major cause of morbidity and mortality throughout the world. Breast cancer prevention involves teaching the total population to increase the knowledge about risk factors and promoting change in them. Health care providers have a vital role in educating the public regarding breast cancer and breast self-examination (BSE). Breast self-examination is a screening method used in an attempt to detect early breast cancer. The present study reveals that out of 50 samples most of the subjects in the pretest 47 (94%) had inadequate knowledge, only 3 (6%) had moderately adequate knowledge in need for breast self- examination and breast cancer respectively. With regard to practice on BSE among the subjects, in the pretest 46 (92%) had poor practice and only 4 (8%) of them had fair practice in the breast self- examination. After STP 38 (76%) of the subjects had adequate knowledge on breast self-examination, 42 (84%) of them had need for breast self- examination, 43 (86%) of the subjects had adequate knowledge on breast cancer in the posttest. After the human breast model demonstration, the practice on BSE, 44 (88%) of the subjects had adequate practice regarding breast self- examination. The study concluded that structured teaching program as effective in improving knowledge and practice level of the subjects on breast self-examination.*

Keywords: Structured Teaching programme, Breast Self Examination

1. Introduction

Every year, we celebrate the women's International Day, in order to inspire the women of today to lead a better life. Although women have made a progress in all fields she tends to neglect her own health.

Breast cancer as a group of malignant disease that commonly occurs in the female breast and infrequently in the male breast.**BLACK (1997)**

The cause of breast cancer is unknown. The risk factors are obesity, null parity, high intake of fatty diet, and hormonal drugs, genetics, early menarche below the age of 11 years and late menopause. The mean age of occurrence of cancer among Indian women is 42 years as compared to 53 years among white women and it is leading cause of death among middle aged **(Drakshyanidevi, 1994).**

Breast cancer continues to be a major cause of morbidity and mortality throughout the world. Breast cancer is the most common phenomenon which comprises 18% of all female cancers and with over 1 million newly diagnosed cases annually across the globe.

Breast cancer prevention involves teaching the total population to increase the knowledge about risk factors and promoting change in them. Health care providers have a vital role in educating the public regarding breast cancer and breast self-examination (BSE). Breast self-examination is a screening method used in an attempt to detect early breast cancer. **Molly, Mercy, P.J. (2016)**

2. Need for the study

Breast cancer is the most common cancer among women in the United States, with over 266,000 new cases expected for the year 2018. The most common symptoms of breast cancer include a lump in the breast or armpit, a change in breast size or shape, fluid coming from the nipple, and red peeling skin. Risk factors for breast cancer include genetics, obesity, alcohol consumption, hormone therapy, and age. In 2017, while the ten-year probability of developing breast cancer among women aged 20 years was 0.1 percent, it was 3.9 percent among women aged 70 years. According to a report 'Call for Action: Expanding cancer care for women in India, 2017, cancer among women in India is estimated at 0.7 million. India topped the list for mortality for breast and cervical cancers and reported the second highest incidence for ovarian cancer globally. Ninety percent of the breast lumps are found on breast self-examination; therefore, breast self-examination has a capability to be the primary screening tool for women (https://timesofindia. indiatimes.com/india/india-now-has... of-cancer.../ 60812041.cms**)**

Nurses play a vital role in public education to direct their efforts at breast cancer screening, teaching breast self-examination and portraying scope of breast cancer cure with early detection. By allowing the client to talk about breast cancer, correcting their misconceptions and supplying

accurate facts, and she can reduce associated fear, anxiety and create awareness among the women.

Statement of the problem
A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding breast self-examination among the women (30-50 years) at Pinnathur village in Chidambaram taluk.

Objectives of the study
1) To assess the knowledge and practice regarding breast self-examination among the subjects in pretest.
2) To assess the effectiveness of structured teaching programme on knowledge and practice regarding breast self- examination among the subjects.
3) To find out the association between pre- test knowledge scores with selected demographic variables such as age, educational status, occupation, family monthly income, history of family illness and sources of health information.

Hypothesis:
H1 There will be a significant statistical difference in knowledge score of the subjects Between the pretest and the post test
H2 There will be a significant statistical different in practical score of the subjects Between the pretest and the post test

3. Methodology

3.1 Research Approach

Quantitative approach was used for this study to assess the effectiveness of structured teaching programme on knowledge and practice regarding breast self-examination among the women (30-50years) at Pinnathur village in Chidambaram taluk.

Quasi-experimental one group pretest and posttest design was used to determine the effectiveness of structured teaching programme on breast self-examination among the women aged between 30-50- years. 50 samples were selected by using convenient random sampling technique.

Inclusion Criteria:
- Women aged between 30 and 50 years
- Women who were willing to participate in the video assisted structured teaching programme and willing to practice breast self-examination.
- Women who were able to understand and write Tamil
- Both married and unmarried Women

Exclusion Criteria:
- Subjects who were disabled
- Subjects who were suffering from chronic illness
- Subjects who were mentally challenged

Tool:
Structured interview questionnaire were prepared to assess the knowledge and practice on breast self- examination. The tool consisted of three sections.

Section-A: Deals with the demographic and obstetrical variables of the subjects.
Section- B: Deals with the knowledge on breast self-examination, need for breast self-examination and knowledge on breast cancer
Section-C: Deals with the level of practice on breast self-examination.

Procedure for Data Collection
Formal permission was obtained from concerned authorities. Fifty samples were selected using convenient sampling technique at Pinnathur village. Pretest was conducted after obtained consent from all participants who fulfill the inclusion criteria. The demographic data were collected; knowledge and practice were assessed by using structured interview questionnaire. and observational checklist.

The video assisted STP was given to participants after that demonstrated each and every steps of breast self-examination by using plastic human breast model. The posttest was conducted after one week of the intervention, using the same structured interview questionnaire and observational checklist.

4. Results

Table 1 shows the percentage distribution of demographic variables of the subjects on breast self-examination. Out of 50 subjects, majority of the samples were in the age group of 30-35 years (50%), all the subjects were (100%) Hindus. More than half of the samples were (62%) illiterate. Nearly 74% were coolies. 38% of the subjects were living in nuclear families and 66% of the subjects received the information from health personnel.

Table 2: It was found that there was a significant difference between the pretest and posttest knowledge on BSE (p<0.001)

Table 3: It was found that there was a significant difference between the pretest and posttest practice scores on BSE (p<0.001). It indicates structured teaching program as effective in improving knowledge and practice level of the subjects on breast self-examination.

5. Major findings of the Study

1) Most of the subjects in the pretest 47 (94%) had inadequate knowledge, only 3 (6%) had moderately adequate knowledge in need for breast self-examination and breast cancer respectively.
2) With regard to practice on BSE among the subjects, in the pretest 46 (92%) had poor practice and only 4 (8%) of them had fair practice in the breast self- examination.
3) After the STP 38 (76%) of the subjects had adequate knowledge on breast self-examination, 42 (84%) of them had need for breast self- examination, 43 (86%) of the subjects had adequate knowledge on breast cancer in the posttest.
4) After the human breast model demonstration, the practice on BSE, 44 (88%) of the subjects had adequate practice regarding breast self- examination.

5) There was no significant association between pre- test knowledge scores with selected demographic variables such as age, educational status, occupation, and family monthly income, history of family illness and sources of health information.

6. Recommendation

Based on the findings of the present study, the following recommendations are made:-
1) The study can be replicated using a large sample to validate the findings and generalize the findings.
2) A comparative study can be conducted among various age groups to know the prognosis of disease.
3) Health education campaign can be conducted to improve the knowledge, through demonstration, education and communication materials to bring awareness among the people living in the community.

7. Conclusion

The results revealed the point that the subjects had inadequate knowledge on breast self-examination; need to have breast self- examination, knowledge on breast cancer, practice on breast self- examination, before the intervention. After the intervention there was a significant improvement among the subjects on knowledge, and practice regarding breast self- examination. Therefore, it was evident that the STP was effective in improving the knowledge and practice of the subject to control and prevent the complication of breast cancer.

Table 1: Distribution of Demographic Variables of the Subjects.

S. No	Demographic Variables	No.	%
1	**Age in year**		
	a.30-35	25	50
	b.36-40	12	24
	c.41-45	13	26
	d.46-50	**-**	-
2	**Religion**		
	a. Hindu	50	100
	b. Muslim	-	-
	c. Christian	-	-
	d. Others-specify	-	-
3	**Educational status**		
	a. Illiteracy	31	62
	b. Primary school	6	12
	c. Higher secondary	13	26
	d. Collegiate education status	-	-
4	**Occupation**		
	a. House wife	13	26
	b. Cooli	37	74
	c. Employee	-	-
	d. Others	-	-
5	**Monthly family income**		
	a. Below<5000	37	74
	b.5001-10,000	13	26
	c.10001-15,000		
	d. Above 15,000		
6	**Type of the family**		
	a. Nuclear family	19	38
	b. Joint family	31	62
7	**Family History of breast cancer**		
	a. Yes (If yes mention the relationship)	-	-
	b. No	50	100

Table 2: Comparison of Mean Pretest and Posttest Knowledge Score of the Subjects on Various Aspects of Breast Self Examination (N=50)

Variables	Pretest		Posttest		One way ANOVA	
	Mean	SD	Mean	SD	't' Value	'P' Value
Knowledge on breast self-examination	2.42	1.72	13.24	1.94	-28.33	<0.001 ***(s)
Need for breast self- examination	1.44	1.14	8.86	1.74	-26.08	<0.001 ***(s)
Knowledge on breast cancer	1.4	1.72	8.74	1.82	-19.22	<0.001 ***(s)

Table 3: Comparison of Mean Pre and Posttest Level of Practice Score on Breast Self-Examination among the Subjects (N=50)

Level of practice on BSE	Mean	Standard deviation	One way ANOVA	
			't' value	'p' value
Pretest	1.72	1.7	21.86	<0.001*** (S)
Post test	17.14	4.28		

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