

## A study to assess the effectiveness of planned teaching programme regarding breast self examination on knowledge among women in selected village at Moradabad

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### Abstract

Breast cancer is a major global disease happening in a large number of women and it became a leading root of mortality among women. The occurrence rate of breast cancer is increasing in developing nations due to adoption of modern and unhealthy lifestyle variations. e.g. smoking, fatty food, variations in breast feeding, child bearing practices, alcoholism, and exogenous hormonal intake.

### Objectives

- To assess knowledge regarding breast-self-examination among women.
- To evaluate the effectiveness of planned teaching programme on the knowledge regarding breast self-examination among women.
- To find out the association between pretest mean knowledge score of BSE among women with their selected demographic variables

### Material and methods Method

A study to assess the effectiveness of planned teaching programme regarding breast self-examination on knowledge among women in selected village at Moradabad. Data was collected from 160 samples. The samples were selected by using simple random sampling technique by using structured question. The collected data was analysed using descriptive and inferential statistics and presents in the form of tables and figures.

### Result

In relation to the sources of information 1% of women for getting information from friends, 3% them from mass media, 17% of them from health personnel and 58.75% of women showing inadequate knowledge, 42.25% of women showing moderate knowledge regarding breast self-examination and in posttest majority i.e. 73.75 of women showing adequate knowledge and 26.25% of women showing moderate knowledge regarding breast self-examination.

### Conclusion

94% of the subjects had poor knowledge regarding the breast self examination and There was no statistically significant association between demographical variables like age, sex, gender, source of information, educational qualification and occupation.

**Keywords:** substituted Li ferrite, magneto static and spin waves, microstrip array antenna, X-band frequency range

### Introduction: Background of the Study

It is considered that mostly of women die because of BC due to lack of awareness regarding BC and its screening methods, poor referral system existing in India. With the help of various studies it estimated that the number of BC cases continuously increasing in our country. Some survey revealed that in India, more and more numbers of patients are being diagnosed with breast cancer to be in the younger age group

In some studies it is found that over 41,000 women were diagnosed with BC every year in UK (2009). Because of this incidence rate the women of UK encouraged to be breast aware from the age of 18 years. Some result also revealed that women do not engage themselves in breast awareness because they are confused about their role in breast health promotion.

Breast health guidelines of Jordan recommend that all women should start doing regular BSE from the age of 20 years.

It is considered that self-awareness is more effective than

BSE. It also revealed that BSE training help for creating awareness among women related to breast cancer.

Long-standing national programme, like National Cancer Control Programme launched in 1975, shown that the obstacles in breast cancer awareness will reduce the engagement of community in screening behavior such as breast self-examination.

In India it is found that the breast cancer causing mortality is high due to late detection, lack of awareness about screening methods and nonexistence of screening programme. Performing BSE every month, starting at age 20 is an important tool in the early detection of breast cancer. Early detection of breast cancer plays an important role in reducing mortality rate breast cancer.

### Methods and Materials: Research Approach

In present study research approach is quantitative method of

approach. pre experimental one group pretest and posttest research design was adopted for the study.

**Setting of Study:** The study was conducted in Ramhat village at Moradabad.

**Population**

Population denoted the entire aggregation of cases that met a designated set of criteria. The target population was the total elements about whom the investigators had interest and to whom the result could reasonably be generalized.

Population of the present study consisted of women in selected villages at Moradabad.

**Sample size** the proposed sample size for this study is 160.

**Sampling Technique:** In this study purposive sampling is used to select the sample.

**Sampling Criteria**

The sample selection was based on the following inclusion and exclusion criteria. The inclusion criteria encompassed those who were willing to participate in the study and could understand Hindi. While the exclusion criteria included those who were below the age of 20 years and above the age of 60 yrs. and those who don't know Hindi.

**Description of Tool**

**Section – A:** demographic Performa

Demographic Performa consisted of 11 items like age, gender, religion, occupation, family income, family type, education, area of residence, source of previous knowledge, previous history of breast cancer, breast-self-examination practice.

**Section – B:** Structured knowledge questionnaire on breast-self-examination

Structured knowledge questionnaire on breast-self-examination consisted of 25 question including meaning of breast cancer, warning sign of breast cancer, risk factors of breast cancer, structure of breast, function of breast, meaning of breast-self-examination, purpose of breast-self-examination, and steps of breast-self-examination. The items were of multiple choice question type with one correct answer. Each correct response carried a weightage of one score. Thus the maximum score was 25 and the minimum score is zero. The questions were prepared in in Hindi. Knowledge questionnaire regarding breast-self-examination had 25 items. The subjects were instructed it tick mark on the space provided towards the correct response. The scoring was done by just counting the correct response and according to the total score obtained. The highest possible score was 25. It was arbitrarily classified into three level: < 35% (0-9,

[Inadequate]), 35-70% (10-17, [Moderate]), >70% (18-25, [Adequate]).

**Pilot Study**

Pilot study is a small scale version or trial run of the major study. The purpose is to find the feasibility of the study, clarity of the tool language and to find out the difficulties in conducting main study. The pilot study was conducted in Pakwada on 05/03/17 to 10/03/17 among 25 samples. A verbal permission was taken from principal, TMCON and a written permission was obtained from pradhan of gram panchayat. The respondents were assured about confidentiality of their identity and the tool was administered. It was conducted in a similar way as final

data collection. The average time taken to complete the test was 30 min and followed by given interventions of planned teaching programme on breast self-examination. Pilot study revealed that a majority of sample had moderate knowledge. The study was found reliable, practicable, and acceptable. We made modifications to the tools after the pilot study.

**Content validity**

**Data Collection Procedure**

Data collection supposed the gathering of information needed to address a research problem. Permission was obtained from the concerned authority for conducting the study prior to data collection. Subjects were selected according to the selection criteria. Data was collected from 21/3/2017 to 31/3/2017. The purpose of the study was explained to the women and confidentiality of their identity and responses was assured in order to ensure their cooperation and prompt response. The average time taken to conduct the test was 30 minutes. Questionnaire was administered to 150 women in village Ramhat, Moradabad

**Data analysis**

Analysis is the strategy used in theory development in which concepts, statements or theories are clarified or refined.

The data obtained was planned to be analyzed by both descriptive and inferential statistics on the basis of the objectives of the study. To compute the data, a master data sheet was prepared by the investigators.

- Frequency and percentage of data would be calculated for describing demographic variables.
- The knowledge scores would be analyzed by using mean and standard deviation and paired't' test.
- 'Chi square' test were taken in to account to find out the association between knowledge of patients with selected demographic variables

**Section A:** To quantitative the demographic variable.

**Table 1:** Frequency and percentage distribution among women's in selected area.N=160

S.no	Demographic variables	f <sub>x</sub>	%	
1	Age	0-30 years	84	52
		31-40years	44	28
		41-50 years	18	11
		51-60 years	14	9
2	Religion	Hindu	157	98
		Muslim	3	2

3	Marital status	Married	119	74
		Unmarried	35	22
		Divorced	1	.6
		Widow	5	3
4	Educational status	Primary school	48	30
		High school	45	28
		Graduate	19	12
		Illiterate	48	30
5	Occupational status	House wife	156	98
		Government servant	3	2
		Private servant	1	.6
6	Family income	1000-5000	117	73
		5001-10000	28	18
		10001-15000	11	7
		Above 15000	4	3
7	Type of family	Joint family	84	53
		Nuclear family	52	33
		Extended family	24	15
8	Area of residence	Urban	2	1
		Rural	158	99
9	Source of information	Mass media	127	79
		Health care providers	27	17
		Friends	1	1
		No information	5	3
10	Personal history of breast cancer	Yes	1	1
		No	159	99
11	History of performing BSE	Yes	3	2
		No	157	98

**Section B**

**Table 2:** The level of knowledge scores of women regarding breast-self-examination

Level of knowledge	Range	Frequency		Percentage	
		Pretest	posttest	Pretest	posttest
Inadequate	0-9	94	Nil	58.75	Nil
Moderate	10 -17	66	42	41.25	26.25
Adequate	18-25	0	118	Nil	73.75

Table: 2 showed that in pretest majority i.e. 58.75% of women showing inadequate knowledge, 42.25% of women showing moderate knowledge regarding breast self-examination and in posttest majority i.e. 73.75 of women showing adequate knowledge and 26.25% of women showing moderate knowledge regarding breast self-examination.

**Section C: Effectiveness of Planned Teaching Programme Comparison of Pretest and Posttest Knowledge Score**

The paired ‘t’ test value pretest 53.21 was obtained. It shows that there was significance between pretest and posttest means knowledge score at level  $p < 0.05$ .

**Table 3**

Test	Mean	Standard deviation	Paired ‘t’ test value	Significance
Pretest	9.55	3.25	53.21	S*%
Posttest	19.1	2.84		

However the result revealed that the overall main score of posttest knowledge was more compare to the main score to the mean score of the pretest knowledge. Hence it is observed that the PTP was effective in enhancing the knowledge of women

regarding breast –self-examination.

**Nursing Implication**

The steps of the study can be used in the following areas of nursing.

**Nursing practice**

1. The content of planned health teaching programme will help the nursing professionals working in hospital and community for reinforcing their knowledge on practice of breast-self-examination.
2. The findings will help the nursing personnel to put their knowledge into practice while dealing with cases on breast cancer.

**Nursing education**

1. The nurse educators can use the planned teaching programme to teach the students about breast self-examination.
2. The findings will help the nursing faculty to give more importance for planning and organizing the planned teaching programme to improve the knowledge in clinical practice.
3. The study findings will help the nursing personnel to

improve their experience through in-service education programme.

### Nursing administration

1. Nursing administration may involve in policy making and budgeting for health programs and also formulate policies that will include all nursing staff to be actively involved in health education programs on breast self-examination not only in colleges but also in their respective community and hospitals.
2. The nurse administrator should evaluate the staffs who are working in hospital.
3. The nurse administrator can develop in-service education for their staff to make them aware about recent changes in Medical and Nursing field.
4. The nurse administrator can also encourage their staffs to take participation in such educational programme.

### Nursing research

The findings can be utilized for conducting research in various areas of different cities and study their behavioral changes while dealing with the captioned topic on Breast self-examination.

### Suggestions

1. A teaching programme on breast self-examination should be organized to bring awareness among women.
2. Along with the teaching, an information booklet can be prepared on breast self-examination as a teaching aid can be distributed among women.

### Conclusion and Recommendations

Therefore we propose the following sequential plan.

1. Promote the empowerment of women to obtain health care.
2. Begin early detection efforts through breast cancer educational and 3. Awareness programs.
3. Develop various infrastructures for diagnosis and treatment of breast cancer.
4. Similar study can be carried out on a larger sample for broader generalization.

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