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RESEARCH ARTICLE

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF-EXAMINATION AMONG WOMEN AT A SELECTED HOSPITAL, KOLAR”

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Abstract

Introduction: Every year we celebrate the women's International Day, inspiring the women of today to stride a head in life. While women have made progress in most off the field but still her tends to in inexplicably neglect her own health. The breast self-examination is an examination of the breast, performed by a woman, ideally one time per month. The goal of the breast self-examination is for women to notice changes in the breast that should be brought to the attention of physician for further evaluation, these include breast lumps, changes in the breast shape, size or contour.

Objective: To assess the knowledge of women regarding Breast Self-Examination and to determine the effectiveness of planned teaching on Breast Self-Examination by comparing pretest and post-test knowledge scores and to find association between knowledge and selected demographic variables.

Methods: The research design adopted for the study was Pre - experimental one group pretestpost-test design, with a sample size 30 women who are newly admitted in medical, surgical and gynaec wards at R.L.J.H & RC, Kolar by using simple random sampling technique. The data was collected on 30 women by using knowledge questionnaire regarding Breast Self-Examination.

Results:

The pretest mean knowledge scores of 6.53 with SD 2.15 whereas in the post-test, the mean scores was 14.8 with SD 1.11 and the calculated 't' value was 20.41 indicating highly significant. Hence there was difference between pretest and post-test knowledge scores, the research hypothesis is accepted.

Conclusion: The study concluded that, structured teaching programme helped the women to improve their knowledge regarding Breast Self-Examination and its importance with an increase in the post-test knowledge score from 35% to 75%.

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Introduction:-

The WHO defines health as "A state of complete physical, mental and social wellbeing and not the absence of disease or infirmity¹.

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“Many people do not realize the importance of good health, and even if they do, they may still disregard it. Whether we work at home or in an office, we need health in order to perform our duties well. The necessity of good health is not limited to a particular religion, caste, creed or gender².

Every year we celebrate the women's International Day, inspiring the women of today to stride a head in life. While women have made progress in most off the field but still her tends to in inexplicably neglect her own health³.

The breast self-examination is an examination of the breast, performed by a woman, ideally one time per month. The goal of the breast self-examination is for women to notice changes in the breast that should be brought to the attention of physician for further evaluation, these include breast lumps, changes in the breast shape, size or contour. Randomized trials have shown number decrease in breast cancer mortality among women performing monthly breast self-examination. Despite this the American cancer society recommends monthly breast self-examination for women age of 20³.

Breast Cancer is a malignant tumor that starts in the cells of the breast. A women breast made up of gland (called lobules) that makes breast milk, duct us (small tubes that carry milk from the lobular to the nipple) fatty and connective tissue, blood vessels and lumps vessels. Most breast cancer begin in the cells, that line the ducts (ductal cancer) some begins in the lobule (lobular cancer) and a small numberstarts in the other tissues. The lumps system is one of the main ways in which breast cancer can spread. Breast cancer cells can enter lymphatic vessels and begin to grow in lymph nodes⁴.

The most effective way to detect breast cancer is by mammography screening, when breast cancer is detected in its early stages, chances for surviving the disease are greatly improved. Yet many factors that predispose women to the development of cancer will have been laid down before menopause in these genetic makeups or during adolescent year and to give women advised tailored to their own individual risk level. Life style change such as exercise; might reduce the risk of breast cancer. Breast density is strong risk factor for breast cancer⁵.

Performing monthly breast self-examination was first advocated by the Colombia University surgeon Cushman. Experts recommended the women over age of 20 perform a monthly breast self-examination. Breast self-examination is a simple very low cost non-invasive comfortable, adjuvant screening. It can be done by a pregnant woman breast-feeding women and women with breast implants⁶.

Recent estimates suggested that screening by breast examinations has a sensitivity of about 54% and a specificity of about 94%. It was found that mortality had fall in by 31% after 6 years for women aged 40-70 at the beginning of the trail⁷.

Nurses are playing a pivotal role in teaching the patient to identify the problems. Breast self-examination is that should be perfect for nurses who can promote monthly breast self-examination by supporting realistic believes about screening and cancer as well as demonstrating breast self-examination so that they can do it themselves without consulting physician⁸.

Objectives:-

1. To assess the knowledge of the women regarding breast self-examination.
2. To develop planned teaching Programme on breast self-examination.
3. To determine the effectiveness of planned teaching programme on breast self-examination comparing pretest and posttest knowledge scores.
4. To find association between knowledge and selected demographic variables like age, education, occupation, religion and family income.

Hypothesis of the study:

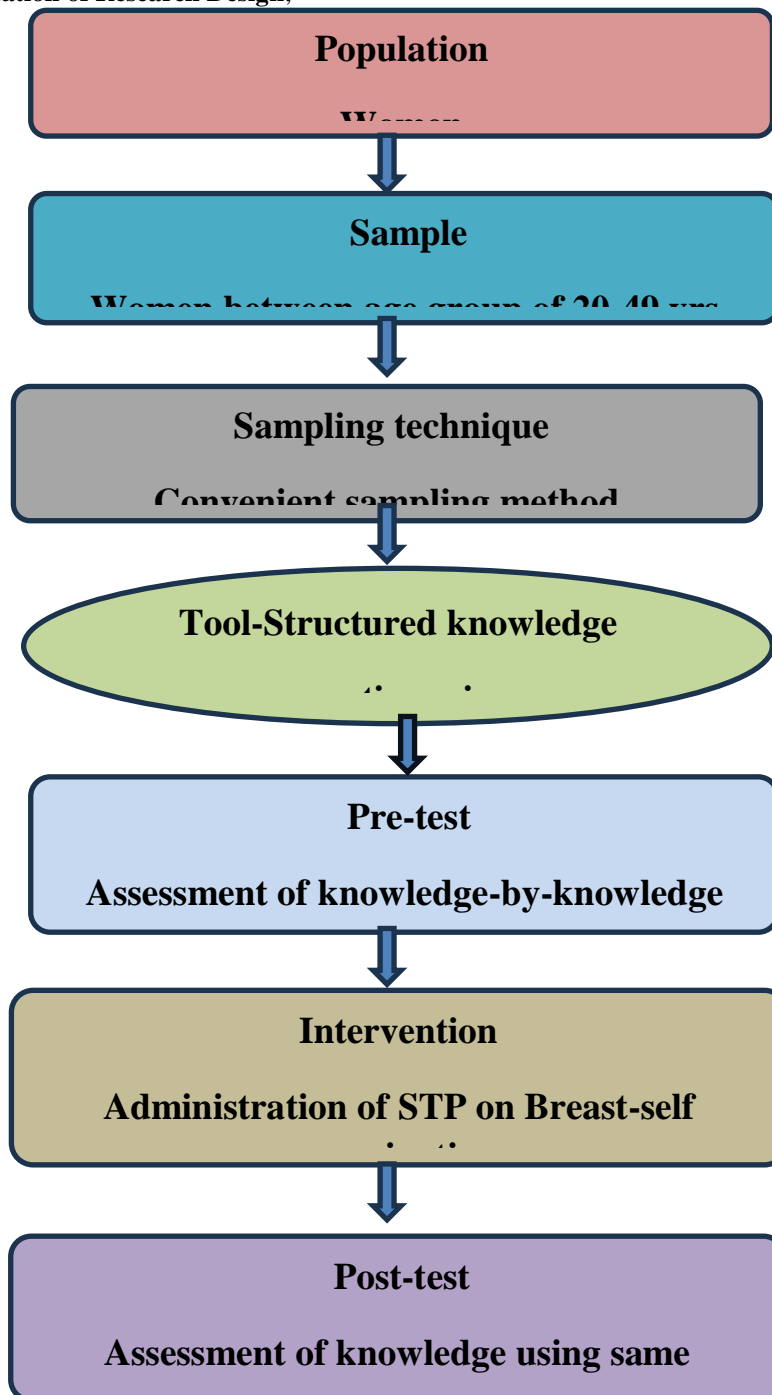
H₀₁: There will be significant difference between the pre-test and post-test knowledge score.

H₀₂: There will be significant association between the knowledge Score of women with their selected demographic variables.

Research Methodology:-

The research Approach adopted for the study was evaluative research approach and the Research design used for the study was Pre experimental with one group pre-test and post-test design was adopted to assess the knowledge regarding breast self-examination among women has been used to attain the objectives of the present study, with the sample size (N=30). The subject was selected by convenient sampling technique. Effectiveness of Planned teaching program on breast self-examination was assessed among women in Medical, Surgical & gynaec wards and the study setting was R.L Jalappa Hospital and Research centre. The investigator has analysed the data by using descriptive and inferential statistical analysis (paired 't-test').

Schematic Representation of Research Design;



Variables used under the study:

Independent variable

Structured teaching programme on breast self-examination.

Dependent variable

Knowledge of women about breast self-examination.

Extraneous variables

Selected variables like age, religion, education, occupation, type of family, source of information and family history of cancer.

Setting of the study:

The present study setting was R L Jallapa hospital, Kolar because of the availability, feasibility and geographical proximity of the study participants.

Population:

In the present study, the population for the study comprises of women between the reproductive age group of 20-49 years.

Sample and Sample size:

Sample consists of 30 women who are admitted in RLJ Hospital & RC, Kolar.

Sampling Technique:

Convenient sampling technique was adopted to select the sample for the present study based on the inclusion criteria.

Sampling Criteria:

Inclusion criteria

1. Women those who are willing to participate in the research study.
2. Women admitted in R LJ Hospital.
3. Women those who are able to understand Kannada.

Exclusion criteria

1. Women those who are not available at the time data collection.
2. Women those who are not willing to participate in the research study.

Selection of tool: A Structured knowledge questionnaire.

Part A: Comprised Socio-demographic data

Part B: Comprised structured questionnaire for Women on Breast-self-examination, which had Very relevant, relevant, needs modification, not relevant and remarks of experts (Inferential statistics were used for data analysis the level of significance was set as 0.05 levels).

Scoring key: is prepared for Part-A by coding the demographic variables. For Part-B score '1' and '0' are awarded to correct and wrong response. Thus, the maximum score is 20.

Knowledge level

Inadequate knowledge <49%.

Moderate knowledge 50- 75%.

Adequate knowledge > 75%.

Validity &Reliability of the tool:

Structured questionnaire and lesson plan were given to experts along with criteria rating scale for establishing the validity. Based on their suggestions and recommendations tools were modified.Thus, final draft of the tool consists of 20 knowledge items.

Split Half method was used and reliability co-efficient was calculated by using raw score formula. The calculated 'r' value is 0.8 and the developed tool was found to be highly reliable.

Methods of Data Collection:-

The data was collected by using the following steps: -

Step-1: Ethical clearance was obtained from the institutional ethical committee.

Step-2: The permission was obtained from Medical Superintendent of RLJ Hospital and Research centre, Kolar.

Step-3: The sample was selected by using convenient Sampling technique and based on inclusion criteria.

Step-4: Informed written consent was obtained from selected study participants.

Step-5: Pretest was conducted on 17.7.2014 by using self-administered questionnaire on Breast Self-Examination to women.

Step-6: On the same day, Structured teaching programme was administered regarding Breast Self-Examination to women and the session took 60 minutes.

Step-7: Post test was conducted 8th day on 24.7.2014 by using the same self-administered knowledge questionnaire on Breast Self-Examination to women.

Results of Study:-

Table 1:- Distribution of demographic characteristics of women based on frequency and Percentage. N=30

SL NO	Demographic variables	Frequency	Percentage
1	Age in years a)20-25 years b)26-30years c)31-35 years d)Above 36 years	12 6 9 3	40% 20% 30% 10%
2	Religion a) Hindu b) Christian c) Muslim d) others	20 1 6 3	66.66% 3.33% 20% 10%
3	Education a) No formal education b) Primary school c) High school d) Intermediate school	1 7 13 9	3.33% 23.33% 43.33% 30%
4	Occupation a) Agriculture b) Labour c) House wives	12 11 7	40% 36.66% 23.33%
5	Family Income a) Less than Rs.5000/- b) Rs.5001-Rs.10,000 c) Above 10,000	12 10 8	40% 33.33% 23.33%
6	Type of diet a) Vegetarian b) mixed	1 29	33.33% 96.66%
7	Type of family a) Joint family b) Nuclear family	10 20	33.33% 66.66%
8	Family history of cancer a) Yes b) No	6 24	20% 30%
9	Source of information a) News paper b) TV c) Health education d) Friends	10 9 6 5	33.33% 30% 20% 16.6%

Table 1 depicts that,

1)Age- The findings revealed that the most 40% (12) of women were in the age group of 20-25 yrs., 30% (9) were between 31-35 yrs., 20% (6) were between 26-30 yrs. and 10% (3) were above 36 yrs.

2)Religion- Most of women 67% (20) were Hindus, 20% (6) were Muslims, and only 3.3% (1) were Christian.

3)Education- Most of women 43.3% (13) had high school education 23% (7) had primary school education, 30% (9) had intermediate school education and remaining 3.3% (1) had no formal education.

4)Occupation- Most of women 40% (12) depend on agricultural group, 37% (11) depend on labour group and 23.3% (7) were house wives.

5)Family income per month- The most 40% of women had family income less than Rs.5000 whereas 33.3% had income between Rs. 5001-10,000 and 1 27% had income above Rs. 10,000.

6)Type of diet- Majority of women 96.6% was mixed dietary pattern and 3.3% were vegetarians.

7)Type of family- The findings revealed that most of women 66.6% (20) belongs to nuclear family and 33.3% (10) belongs to joint family.

8)Family history of cancer- The majority 80% of women had no family history of cancer and 20% had family history of cancer.

9)Source of information- Most 33.3% of women got information from Newspaper and Magazines, 30% got information from TV 20% got from health workers and 16.6% got from friends.

Plan for data analysis:

The investigator has analysed the data by using descriptive and inferential and data was presented by using tables and bar diagrams.

Descriptive statistics:

Descriptive measure such as Mean, Standard deviation, mean score percentage were used before and after teaching intervention.

Inferential Statistics:

Paired 't' test was used to compare between pretest and post-test knowledge regarding Breast self-examination among women's.

Chi square and Reliability test is used to bring out the association between knowledge of women's regarding Braden scale and selected demographic variables.

Table 2:- Distribution of Knowledge scores of women regarding Breast self-examination. N=30

	Pretest		Post test	
	F	%	F	%
Adequate (>75%)	–	–	20	67%
Moderate (50-75%)	2	7	10	33%
Inadequate (49%)	28	93%	–	–

Table 2 reveals that majority 93% (28) of women had inadequate knowledge regarding BSE and 7% (2) had moderate knowledge and none had adequate knowledge in the Pretest. There was enhancement of knowledge scores in the Post test 67% (20) of the women had adequate knowledge, 33% (10) had moderate knowledge and none of them had inadequate knowledge, this indicated that there was enhancement of overall knowledge scores of women regarding BSE.

Table 3:- Comparison of overall mean and SD knowledge scores of women regarding Breast self-examination. N=30

Total no of items	Maximum score	Pretest			Post test		
		Mean	SD	Mean%	Mean	SD	Mean%
20	20	7	2.15	35	15	1.1	75

Table 3 reveals that the subjects had overall Pretest mean of 7 with SD of 2.15 and mean percentage was 35% which indicate inadequate knowledge. The overall Post test score revealed the subjects had a mean of 15 with SD of 1.1

and mean percentage 75%. The mean difference in knowledge was 8. It indicated that there was enhancement of overall knowledge scores regarding Breast self-examination.

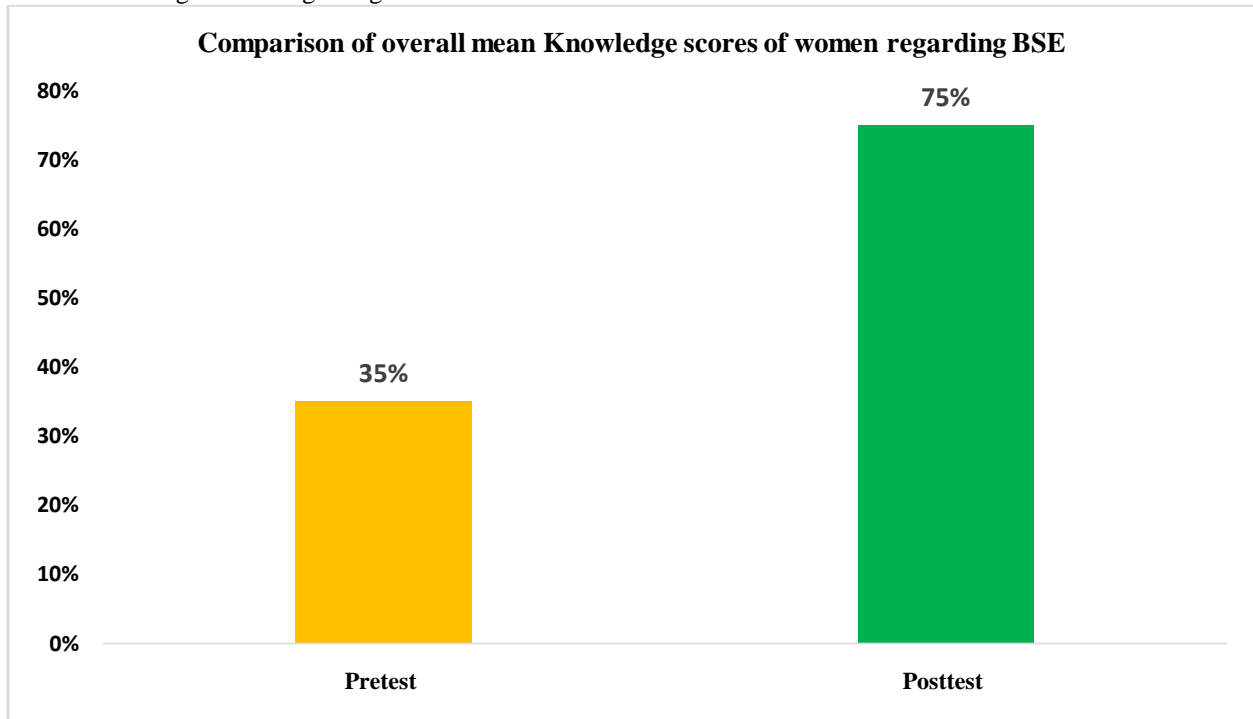


Table 4:- Comparison of Pretest and Post test knowledge scores of women regarding Breast self-examination. N=30

Knowledge	Mean	SD	t value	Inference
Pretest	6.53	2.15	20.41	S**
Posttest	14.8	1.11		

Table 4 indicates that mean knowledge scores of 6.53 with SD 2.15 in the Pretest where as in the Post test, the mean score was 14.8 with SD and the calculated t value was 20.41 indicating highly significant. Hence there was difference between Pretest and Post-test knowledge scores, the research hypothesis H_1 is accepted.

Table 5:- Association between Post test knowledge scores of the women with selected demographic variables.

Sl no	Demographic variables	Level of knowledge		χ^2	Inferences
		<median (15)	> median (15)		
1	Age <30 yrs. >30yrs	17	1	3.82	NS
		7	5		
2	Religion Hindu Non-Hindu	17	3	3.15	NS
		7	3		
3	Education High school College	16	5	1.67	NS
		8	1		
4	Occupation Labour Agriculture	9	2	0.08	NS
		15	4		
5	Family Income Less than Rs.5000 More than Rs.5000	10	2	0.008	NS
		14	4		
6	Food Pattern				

	Vegetarian Mixed	1 23	0 6	0.58	NS
7	Type of family Nuclear Joint	9 15	0 6	1.67	NS
8	Family history of cancer Yes No	4 20	2 4	2.20	NS
9	Source of information News Paper/magazine Mass media/communication	6 18	4 2	5.85	S***

Table 5 indicates that association for post test knowledge scores of women with their selected sociodemographic like age, religion, education, occupation, family income, food pattern, type of family, family history of cancer was non-significant and the χ^2 value was less than the table value 3.84 at 0.05 level of significance, hence the research hypothesis is rejected and only for the source of information was significant and the obtained χ^2 value was 5.85 which is greater than the table value 3.84 at 0.05 level of significance, hence the research hypothesis is accepted.

Discussion:-

The perspectives of the findings have been discussed with reference to the research problem, objectives, hypotheses and assumptions of the study.

Present study is aimed to evaluate the effectiveness of planned teaching programme on BSE among women in a selected hospital, Kolar. The findings of the study are discussed under the following heading.

1. Demographic variables
2. Knowledge of women regarding Breast Self-Examination
3. Effectiveness of structured teaching programme regarding BSE among women
4. Association between knowledge scores of women with selected demographic variables

1. Demographic variable

a) Age- The findings revealed that the most 40% (12) of women were in the age group of 20-25 yrs, 30% (9) were between 31-35 yrs., 20% (6) were between 26-30 yrs. and 10% (3) were above 36 yrs.

b) Religion- Most of women 67% (20) were Hindus, 20% (6) were Muslims, and only 3.3% (1) were Christian.

c) Education- Most of women 43.3% (13) had high school education 23% (7) had primary school education, 30% (9) had intermediate school education and remaining 3.3% (1) had no formal education.

d) Occupation- Most of women 40% (12) depend on agricultural group, 37% (11) depend on labour group and 23.3% (7) were house wives.

e) Family income per month- The most 40% of women had family income less than Rs.5000 whereas 33.3% had income between Rs. 5001-10,000 and 1 27% had income above Rs. 10,000.

f) Type of diet- Majority of women 96.6% was mixed dietary pattern and 3.3% were vegetarians.

g) Type of family- The findings revealed that most of women 66.6% (20) belongs to nuclear family and 33.3% (10) belongs to joint family.

h) Family history of cancer- The majority 80% of women had no family history of cancer and 20% had family history of cancer.

i) Source of information- Most 33.3% of women got information from Newspaper and Magazines, 30% got information from TV 20% got from health workers and 16.6% got from friends.

2. Knowledge of women regarding Breast Self-Examination.

The knowledge score was assessed out of 30 women. None of them had adequate knowledge. 93% had inadequate knowledge and 7% had moderate knowledge. Overall mean knowledge score was 15 with SD 1.11. Thus, the most of women had inadequate knowledge about Breast Self-Examination.

3. Effectiveness of structured teaching programme regarding BSE among women.

The findings that in pre-test, 7% of women had moderate knowledge and 93% had inadequate knowledge on breast self-examination, where as in post-test 67% of women had adequate knowledge and 33% had moderate knowledge,

which is higher than pre test scores which indicated effectiveness of structured teaching programme in improving knowledge on BSE. Hence the research hypothesis H₁ is accepted.

4. Association between knowledge with selected demographic variables.

The fourth objective was to find out the association between knowledge with selected demographic variables like age, religion, education, occupation, family income, type of diet, and type of family, family history of cancer and source of information. There was a significant association between sources of information with knowledge scores but there was no significant association between other socio-demographic variables Hence the research hypothesis H₂ is accepted.

Limitations:

1. Study is limited to selected hospital, Kolar
2. Study is limited to those who read and write Kannada
3. The study comprises of only 30 samples which restricts the generalisability.
4. The study did not use any control group. Influence of extraneous variables (information from books journals, classes and media) were not under the control of investigator.

Recommendations:-

1. A similar study can be replicated on a larger sample in different types of setting.
2. A similar study can be conducted among nurses.
3. A similar study can be replicated with control and experimental group.

Implications of the study

The findings of the present study have implications in the field of Nursing practice, Nursing education, Nursing administration and Nursing research.

1.Nursing practice

- a) Nurses should have adequate information regarding Breast Self-Examination and its importance.
- b) Nursing professional working in the hospital as well as in the community setting play a key role in enhancing women's knowledge regarding Breast Self Examination.
- c) Nurse as a practitioner can prepare structured teaching module to teach regarding Breast Self-Examination among women.

2.Nursing education

- a) As a nurse educator, there are abundant opportunities for nursing Professional to educate the women regarding need for breast self-examination
- b) Nurse educator can teach the women regarding early detection of breast cancer by doing BSE.

3. Nursing administration

- a) Nursing administrator may use the study to improve the knowledge of women regarding need to perform BSE in early detection of breast cancer.

4. Nursing research

- a) The findings of the study serve as a basis for nursing profession and nurses to conduct further studies regarding Breast Self-Examination.
- b) The generalization of the study result can be made by further replication of the study on larger population.
- c) The findings of the study can be disseminated to clinical nurse practitioners, student nurses through website, literature journals etc.

Conclusion:-

The structured teaching programme helped the women to improve their knowledge regarding Breast Self-Examination and its importance. The post-test knowledge score showed significant increase in the knowledge of women from 35% to 75%. Hence structured teaching programme was found to be an effective strategy for providing information and improving the knowledge of women regarding Breast Self-Examination and its importance.

Conflict of Interest:

None.

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