Original Research Paper

Nursing

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRMME ON KNOWLEDGE REGARDING PREVENTION OF BREAST CANCER AMONG ADOLESCENT GIRLS IN GOVERNMENT GIRLS HIGHER SECONDARY SCHOOL NEYYATTINKARA

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ABSTRACT
The Present Study Was Aimed To Assess The Level Of Knowledge On Prevention Of Breast Cancer Among Adolescent Girls In Government Girls Higher Secondary School Neyyattinkara. the Objective Of The Study Were To Assess The Level Of Knowledge On Prevention Of Breast Cancer Among Adolescent Girls Before And After Structuredteaching Programme, To Find Out The Association Between The Level Of Knowledge On Prevention Of Breast Cancer Among Adolescent Girls With Their Selected Demographic Variables. The Nursing Theory Used Was Pender's Health Promotion Model. The Methodology Selected Was A Quantitative Approach Which Was True Experimental In Nature. The Sample Consisted Of 30 Adolescent Girls, Chosen By Purposive Sampling Technique. The Study Was Conducted At Government Girl Higher Secondary School Neyyattinkara. The Data Was Obtained By Using Demographic Variables And Questionnaire The Data Was Analysed By Using Frequency, Percentage , Mean, Standard Deviation, Paired 't' Test And Chi-Square Test . The Result Of The Study Revealed That There Was An Averagelevel Of Knowledge On Prevention Of Breast Cancer Among Adolescent Girls, There Was No Significant Association Found Between Level Of Knowledge And Demographic Variables, The Study Concluded That There Was Significant Level Of Knowledge On Prevention Of Breast Cancer Among Adolescent Girls.

KEYWORDS :

INTROUDCTION

According to who, "health is defined as the state of complete physical and social wellbeing and not merely an absence of disease of infirmity", Health is multidimensional, which include spiritual, vocational, reproductive and emotional aspects of health .

Breast cancer is the second leading cause of death among Women. Breast cancer is of different types including invasive and non –invasive. Under non –invasive,ductal carcinoma in situ is common. If left untreated there is an increase likely hood that it will progress to invasive cancer. Invasive includes infiltratingductal carcinoma, infiltrating lobular carcinoma, medullary carcinoma, mucinous c carcinoma, inflammatory carcinoma, which arises from different parts of breast . the trend today is towards aggressive surgery.

The Major risk factor for breast cancer are female /mother of breast cancer , menarche before 12 years of age, menopause after 55 years of age , null parity4 or first child after 30 years of age, personal history of breast cancer, hormonal dysfunction stress and unhealthy life styles. carries also have a significantly increased risk for ovarian cancer, approaching 30% .

Breast cancer can occur anywhere in the breast but are usually found in the upper outer quadrant, where the most breast tissue ids located. Generally the lesions are no tender, fixed rather than mobile and hard with irregular borders. Advanced signs may include skin dumpling, nipple retraction, or sin ulceration. certain factors may be protective in relation to the development of breast cancer,. A systematic review of 48 studies showed the physical activity reduced the risk of breast cancer in post menopause women .

Needs And Significance Of The Stduy

Breast cancer is the second most malignancy next to cervical cancer in India. Ann increase of 12% has been documented over decades in India. Breast cancer is the most common cancer among women in USA, where it is estimated that breast cancer will account for 207,090 new cancer cases in 2010 . In terms of cancer related mortality, breast cancer is ranked second among women in USA, where it is predicted to cause 39840 deaths in 2010.Unfortunately, it is estimated that about 30-50% of patient with early to locally advanced Breast cancer at diagnosis have relapses despite the use of adjuvant systematic treatment after surgery .

Breast cancer is the most common malignancies in Indian women second only to cervical cancer in India , the incidence of Breast cancer is 30 per 100,000 . Women in urban areas , one in twenty eight women suffer from Breast cancer and rural areas, the incidence is relatively low, that is one in sixty. Overall being one in twenty Eight for the country. Unfortunately 50% cases detected very late increase in the mortality. In Kerala annual mammography for women aged 30-39 years who carry a Breast cancer susceptibility gene or have a strong family b Breast cancer history has a favourable benefit: risk ratio. Mammography is estimated to detect 16 to a18 breast cancer for every one induced by radiation .

Patients diagnosed with localised breast cancer with no axillary lymph node involvement have a 5 year survival rate of 98%. Conversely, only 6% of patients diagnosed with advanced statebreastcancer with metastasis to distant sites will survive 5 years or more. Despite of good health indicators n, breast cancer is a public health problem in Kerala with an annual incidence of 14.9/100,000 population. Identifying the risk factors help to reduce the incidence in future .

Statement Of Problem

" A study to asses s the effectiveness of structured teaching programme on knowledge regarding prevention of breast cancer breast cancer among adolescent girls in Government Girls Higher secondary school Neyyattinkara "

OBJECTIVES

- To assess the level of knowledge regarding prevention of breast cancer among adolescent girls before structured teaching programme
- To assess the effectiveness of structured teaching programme regarding prevention of breast cancer among adolescent girls.
- To find out the association between the pre – test scores and knowledge regarding prevention of breast cancer among adolescent girls with their selected demographic variables .

Operational Definitions
Effectiveness

Refers to improvement in knowledge regarding prevention of breast cancer among adolescent girls by significant difference between pre-test and post test scores .

Structrued Teaching Programme
Refers to teaching module which is prepared on the basis of necessary information regarding causes, disease progression, further complication and prevention of breast cancer.

Breast Cancer
Breast cancer is a malignant tumour that begins in the cells of breast .

Adolescent Girls
Refers to the girls who have attained menarche between the age group of 16-20.

Government girls higher secondary school

It is a Girls higher secondary school situated 2 km away from NIMS college of Nursing

Assumptions
• Adolescent girls may have some knowledge on prevention of breast cancer through the influence of media and news paper
• The knowledge of breast cancer may help the adolescent girls to modify their lifestyle .

Hypothesis
H1: There is a significant level of knowledge regarding breast cancer among adolescent girls before and after structured teaching programme.

H2: There is a significant association between the pre-test scores of knowledge regarding breast cancer among adolescent girls with their selected demographic variables.

METHODOLGY
Research Approch
The research used for the present study was Quantitative evaluate approach.

Research Design
The research design selected for the present study was one group pre-test design

Variables
• Demographic variable with respect of students age residence, dietary pattern , exercise , menstrual history.
• Independent variable –structured teaching programme .
• Dependant variable –breast cancer

Setting Of The Studty
The setting of the present study was Government Girls Higher Secondary school, Neyyattinkara.

Population
The population for the present study was adolescent girls , between 16-20 years of age.

Sample
The sample selected for the study was adolescent girls between 16-20 years, at government Girls Higher Secondary School Neyyattinkara.

Sample Size
The total sample selected for the present study was 30.

Sampling Technique
purposive sampling technique was used to select the sample

for the present study.

Development Of Tools
There are two sections of tools being used . They are section A and B
1) Section A
It consist of demographic variables such as

2) Section **B**
It consists of 20 question foe assessing the knowledge on breast cancer. Each question carries 1 mark , wrong answer carries 0 mark .

Scorring Procedure

Level of knowledge	Actual score	Percentage
Poor knowledge	0-6	0-30%
Avenge knowledge	7-13	31-65%
Good Knowledge	14-20	66-100%

Planned data analysis
• To assess the level of knowledge regarding prevention of breast cancer among adolescent girls before and after structured teaching programme by using frequency, percentage, mean standard Deviation
• To find out the association between level of knowledge prevention of breast cancer among adolescent girls with their selected demographic variables by using ''Chi-square test.

Analysis and interpretation

Demographic variables	Frequency	Percentage
Age 12-15yrs 16.20 yrs	0 30	0% 100%
Residence Rural Urban	20 10	66.6% 33.3%
Dietary Pattern Vegetarian Non Vegetarian	3 27	10% 90%
Exercise Regularly Weekly Monthly	16 9 5	53.3% 30% 16.6%
Menstrual history Attained menarche No attained menarche	30 0	100% 0%

Section -B
Comparison of frequency and percentage distribution of scores of level of knowledge prevention of breast cancer among adolescent girls in Govt. Girls higher secondary school Neyyattinkara

Level Knowledge	Pre-test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor	3	10%	0	0
Average	21	70%	11	33.3
Good	6	20%	19	66.6%

Mean and standard deviation of level of knowledge regarding prevention of breast cancer among adolescent girls in Govt. Girls higher secondary school Neyyattinkara.

Group	Mean	Standard deviation
Adolescent girls in Govt. Girls higher secondary school Neyyattinkara	18	0

Mean value of knowledge score is 18 and standards deviation is 0

Section -C
Table

Age	Frequency	DF	Chi-square value	'P' Value
12-15 yrs	0			
16-20 yrs	20	2	0	5.99

Table shows that 'P' value is more than Chi square value.so there is an association between knowledge and age.

Table 4.5

Residence	Frequency	DF	Chi-square value	'P' Value
Urban	10			
Rural	20	2	0.4	5.99

Table shows that 'P' value is more than chi- square value, so there is an association between knowledge level and residence.

Table 4.6

Dietary pattern	Frequency	DF	Chi-square value	'P' Value
Vegetarian	3			
Non vegetarian	27	2	0.017	5.99

Table shows that 'P' value is more than chi square value, so there is no association knowledge level and exercise.

Table

Exercise	Frequency	DF	Chi-square value	'P' Value
Regular	16			
Weekly	6	4	0.056	9.49
Monthly	5			

Table shows that 'P' value is more than chi square value, so there is no association between level knowledge level and exercise.

Table 4.8

Menstrual history	Frequency	DF	Chi-square value	'P' Value
Attained menarche	30	2	0	5.99
No attained menarche				

Table shows that 'P' value is more than chi square value, so there is no association between the level knowledge level and menstrual history.

Table 4.9

Group	DF	Paired 't' value	'P' Value
adolescent girls in Govt. Girls higher secondary school Neyyattinkara	29	8.66	2.05

Table 4.9 shows that 'P' value is greater than 'P' so there is ignificant association between pre test and post test scores.

Limitation
- The samples was limited to 30
- The time period was only 2 weeks

Recommendations
- A similar study can be conducted on large samples for wider generalization
- Extensive research study for the prevention of breast cancer among adolescent girls
- A study period can be repeated by comparative or parallel design among adolescent girls in government and private college s interventions.
- The study period can be extend up to 2 months with more intensified intervention.

CONCLUSION
The knowledge of preventing breast cancer among adolescent girls was assessed. The study revealed that most of the adolescent girls had an average knowledge regarding prevention breast cancer. There is no association between knowledge and demographic variables. A nurse should have through knowledge regarding prevention of breast cancer and should be able to teach properly b to adolescent girls.

REFERENCES

1. AliAbce Salaam O.T , Abdullah Hassan M, Text book of Surgical Oncology , 3r edition ,New Delhi , C V publishers. , 2007 : 1450-1457
2. ASVOLD B.O. Bjoro. T. et.al, Achieves of Internal Medicine , 11 edition , Jaypee publishers 2007, p: 428-1432.
3. Sharatpareek et .al Nursing Research and statics , 3ʳᵈ edition , Jalandharvpeec publishers 2011.p.52.68
4. Bunnner and siddarth's , Text book of Medicinal Surgical Nursing 12ᵗʰ edition , , wolter kluwer publishers , 2010, p:1480-1502
5. Careen and Neffenhacher , Text of preventive e and Social Medicine , 8ᵗʰ edition , New Delhi , Jayapee publishers , 2007,p:762-770
6. Lewis , Medical surgical Nursing 2th edition 2011, p:658-662
7. Polite and hungler nursing research principles and methods 12ᵗʰ edition , New york 2012 p: 273-290
8. Khadija F. P Dandhash and AbduRahaman A I Muhammed , the Breast Journal , 2007, p: 456-461
9. Lippincott , Manual of nursing practice , 10ᵗʰ edition , Philadelphia, Wolters Kluwer publishers :p:840-851
10. Journals of Indian culture and adolescent health and reproduction . http// www.pubmed .com.
11. Journals of breast cancer http//www.mediline .com