Original Research Paper

Nursing

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG COLLEGE STUDENTS IN SELECTED COLLEGE AT MORADABAD.

K.Chithra | M.Sc (N), Assistant Professor, Medical Surgical Nursing, Teerthanker Mahaveer College Of Nursing, Moradabad.

ABSTRACT

Background of the study: Breast cancer is the most cancer among women in both developed and developing countries. The early detection of breast cancer is the most important step to protective techniques. BSE should be performed every month starting at 20 years. The purpose of BSE is for women to more familiar of her breast.

Material and methods: The pre experimental one group pre test and post test design study was carried out among 260 students by using purposive sampling techniques.

Result: The mean pre test knowledge score was 13.92 ± 3.97 followed by mean post test knowledge score was 32.91± 3.28. The paired' test knowledge score in pre test and post test 73.43. It shows post knowledge score regarding breast self examination was significantly extreme higher than pre test knowledge score. There was significant association found between knowledge score with source of information.

KEYWORDS : Breast cancer, breast self examination, knowledge, effectiveness.

Introduction:

Breast cancer is the most common cancer among women in both developed and developing countries and the second causes of death among women worldwide. Breast cancer is multiplication of abnormal growth of cells in breast. Cancer in breast risk is very low to women in 20 years and slowly increases with their age.

The symptoms are in cancer breast include lump in the breasts, bloody discharge in nipple and changes in shape of breast and texture of the nipple. several factors are involved in developed the breast cancer such as older age, higher among women who have relatives with diseases (grandmother , mother, sister) who had already cancer, women attended menstrual cycle at 12 years and late menopause, prolonged exposure to chest radiation, null parity, obese, excessive use of oral contraceptives, hormonal therapy after menopause. Women with cancer in breast many management options such as surgery, radiation therapy, and brachytherapy, and chemotherapy, hormonal therapy. There is no guaranteed way to stop cancer.

In India, approximately 2.5 million cases are diagnosed with breast cancer at any given point of time with around 7, 00,000 cases being detected each year. Between 2008 and 2012 breast cancer incidence rate has increased by more than 20% while mortality has increased by 14%.

The times of India published in 2010 that 8,882 cases in Uttar Pradesh recorded the highest number of breast cancer followed by 5,064 in Maharashtra, 4518 in Bihar, 4095 in West Bengal, 3,863 in Andhra Pradesh, 3,179 in Madhya Pradesh and 3,097 in Rajasthan Gujarat recorded 2,632 deaths, Kerala 1,618, Haryana 1,118 and Orissa 1,885.Delhi recorded an estimated 810 deaths due to breast cancer in 2010 compared to 779 in 2009 and 749 in 2008.When it comes to states recording low breast cancer mortality rate.

There is no guaranteed way stop breast cancer. It possible to achieve with early detection can help early treatment. There are 3 methods for screening to early detection of breast cancer such as mammography, clinical breast examination and breast self examination.

Breast self examination is simple, easy and inexpensive method. It is recommended that women over the age of 20 years. Breast self examination is a method which allows women to examine own breast tissue for any physical or visual changes by inspection and palpation. Practice the BSE after 7 days of menstruation if have regular periods. If who have irregular periods choose specific day each month. A different methods and patterns are used in BSE. Common methods recommend to women stand in front of a mirror with the torso exposed to view women looks in the mirror for visual signs of dimpling; swelling or redness on or near the breasts in usually repeated several positions. The women palpate her breasts in different position with the pads of fingers to feel for lumps or soreness. Finally women gently squeeze each nipple check any discharge.

Low and middle income countries are recommended to women for early identification strategies to create awareness regarding sign and symptoms, screening b breast self examination. The women has been do regular practice of breast self examination to get hold of responsibility for their own health. Therefore, BSE is recommending for increasing awareness in the group of female population to get chance by preferably than as a protect method.

Times of India was published on 17 Oct 2013 that with a raising number of younger women becoming vulnerable to the diseases, India faces a growing breast cancer epidemic. A new global study estimates that by 2030, the number of new cases of breast cancer in India will increases from the current 115,000 to around 200,000 per year. The study carry out by GE health care called prompt steps against the alarming number of cancer in breast cases in India.

Objectives of the study:

• To assess the knowledge regarding BSE among college students in selected college at Moradabad.
• To evaluate the effectiveness of knowledge regarding BSE among college students at Moradabad (U.P)
• To find out the association between pre test knowledge score with their demographic variables among college students at Moradabad.

Material and methods:

Quantitative, pre experimental one group pre test and post test design study was carried to evaluate the effectiveness of Effectiveness of planned teaching programme on knowledge regarding breast self examination among 260 college students selected by purposive sampling techniques in selected college at Moradabad. The study was approved by the ethical committee of Teerthanker Mahaveer University. Written permission was taken from concerned authorities and verbal permission was obtained from participants. Tool consists of 2 sections. Section A was regarding socio demographic variables with 8 items and Section B was consists of structured knowledge questionnaire with 38 items to assess the knowledge regarding BSE. The reliability of the structured knowledge questionnaire on breast self examination was 0.72. Hence, the tool was found to be reliable. From 20/09/13 to 30/03/14 the main study were conducted under various colleges from Teerthanker Mahaveer University.

Result:

The finding of the study was analyzed and presented under the following sections.

Sections A: analysis of demographic variables of college female students.

The distribution of students according to their age shows most of 163 (63%) students in 18 to 20 years, whereas 59 students (23 %) in 21 to 23 years and the 38 (15%) students belonged to the 24 to 26 years, none of them in the age of 27 to 30 years age group.

Regarding religion Majority of 137 students (53%) were Hindu

followed by 84 students (32 %) were Muslim, 29 students (11%) in the Christians and 10 (4 %) in other category religion. Regarding educational status majority i.e. 187 (72 %) UG students, 73 (28%) PG students.

Reference to the type of family reveals that 192 (75%) of the students belonged to nuclear family, 64 (25%) to joint family.

According to their place of living shows that 171 (66%) of the students were living in urban areas and 89(34%) were residing in rural areas.

Regarding the source of source of information a majority i.e. 215 (83%) students don't have any information regarding breast self examination, 21 (8%) from Mass media-TV, radio, newspaper, 9 (3%) from relatives, 12 (5%) from Medical professional person and 3 (1%) from friends.

According to their perform BSE a majority 255 (98%) students didn't perform BSE last year and 5 (2%) students performed BSE in last year 1-3 times.

According to the family history of breast cancer revealed that in the family of majority 258 (99%) of the students there was no history of breast cancer. Only 2 (1%) reported as having family history of breast cancer.

Section B: Level of knowledge in pre test and post test regarding breast self examination n=260

n=260

Level of knowldge	Range	Pre test		Post test	
		F	%	F	%
Inadequate	0 - 18	235	90%	0	0
Moderate	19 - 28	25	7%	23	9%
Adequate	29 - 38	0	0	237	91%

The above table result indicates that in pre test 235 (90 %) students were having inadequate level of knowledge followed by 25 (7 %) students were having moderate knowledge. In post test 237 (91%) students had adequate knowledge followed by 23 (9%) students had moderate knowledge.

Mean and standard deviation of pre test and post test knowledge score.

Test	Range	Mean	Standard deviation
Pre test	21	13.92	3.97
Post test	15	32.91	3.28

The above table exhibited overall mean pre test knowledge score and standard deviation of students were 13.92 and 3.97 respectively and overall mean post test knowledge score and standard deviation of students were 32.91 and 3.28 respectively.

Section C: Effectiveness of planned teaching programme regarding breast self examination

Mean, standard deviation and Paired 't' test of knowledge score in pre test and post test.

Test	Mean	Standard deviation	Paired 't' test	Significance
Pre test	13.92	3.97	73.43	S*
Post test	32.91	3.28		

$t_{259} = 1.645$ $p < 0.05$ S* -   **Significant**

The paired't' test knowledge score in pre test and post test 73.43 was obtained. It shows post knowledge score regarding breast self examination was significantly extreme higher than pre test knowledge score. It was assumed that planned teaching programme was effective in increasing the knowledge of students regarding BSE.

Section – D: Association between knowledge score in pretest with their selected demographic variables.
It was presumed that there was no significant association found between knowledge score with age in years, religion, educational status, types of family, place of residency; perform BSE and history of breast cancer. There was significant association found between knowledge score with source of information.

Conclusion:

The present study shows that student's knowledge increased after implementation of planned teaching programme. It highly effective in enhancing the knowledge of students regarding breast self-examination.

References:
1. Black JM., Jacobs EM., Luckmann and Sorensen's Medical Surgical Nursing. 4th edition. Philadelphia: W. B. Saunders Company; 2000.
2. Breast cancer incidence and prevalence worldwide. US 2005 http://www.pubmed.com.
3. Jusczak L., Sadler L., "Adolescent development: Setting the stage for influencing health behaviour. Adolescent Medicine; State of Art Review 1999 Feb; 10(1).
4. Kearney AT. Increasing our understanding on BSE: Women talk about cancer, the healthcare system, and being women. Qual Health Res 2006; 16(6):802 – 20.
5. Kounteya Sinha.,TNN., "the times of India "the breast cancer cases on the rise" 2011.
6. Leight SB., Firiggi P., Hursh D., Miller D., Leight V., "The effect of structured training on breast self-examination." Nursing Research 2000; 49(5).
7. Park K. Textbook of preventive and social medicine. 18th edition. Jabalpur: M/s. Banarasidas Bhanot Publishers; 2005.
8. Semiglazov VF., Moiscenko VM., "Breast self-examination for the early detection of breast cancer." A USSR/WHO controlled trial in Leningrad. Bulletin of WHO 1987; 65(3):391-596.
9. Sudharth, Brunner. Textbook of medical surgical nursing. 10th edition; 2005.
10. Ranbur A.,2001 "Breast cancer. Cancer nursing." 24(1) 50-52
11. Lu W., Cui Y., "Breast cancer risk factors", www.googlesearch.com.
12. Black JM., "Medical surgical nursing." 5th edition. New Delhi: Indira Printers; 2005.
13. Breast cancer risk. www.webhealthcentercom/expertspeak.html
14. Breast cancer risk. www.googlesearch.com.
15. Lewis S., McHeitkemper M., Dirksen., SR. "Medical surgical nursing assessment and management of clinical problems." 6th edition. Philadelphia: Mosby; 2004.
16. Sirin A., Atan SU., Tasci E., "Protection from cancer and early diagnosis applications in Izmir," Turkey. A pilot study. Cancer Nurs 2006; 29(3): 207 – 13.
17. Sadler GR et al., "Asian Indian women: knowledge, attitudes and behaviours towards breast cancer early detection," Public Health Nurse 2001 September – October; 18(5):357 – 63.
18. Nair MK., Varghese C., Mathew B., Shankernarayan R., "Prevention and early detection of oral, breast and cervical cancers; a practical approach in Indian context." Indian Med Assoc April 1993; 91(4):94 – 6.
19. Diratzouian H., Freedman GM., Hanlon AL., Eisenberg DF., Anderson PR., "Importance of physical examination in the absence of a mammography abnormality for the detection of early stage breast cancer." Clin Breast Cancer October 2005; 6(4):330 – 3.
20. Graham H., "The nurse's role in promoting breast awareness to women." Nurs Times 2005 October 11-17; 101(41): 23 – 4.
21. Baid S., Ali TS., "Evaluation of efficiency of self breast examination for breast cancer prevention. A cost effective screening tool." Asian Pac Cancer Prevention 2006 Jan – March; 7(1):151 – 6.