



## Nursing

**ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON THE LEVELS OF KNOWLEDGE, ATTITUDE AND EXPRESSED PRACTICES REGARDING BREAST CANCER AMONG WOMEN AT SRI NARAYANI HOSPITAL AND RESEARCH CENTRE, THIRUMALAIKODI, VELLORE.**

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**ABSTRACT**

Breast cancer is a global health problem and also the leading cause of death in low – resource countries. The aim of the study was to assess the effectiveness of structured teaching programme on the levels of knowledge, attitude and expressed practices regarding breast cancer among women at Sri Narayani Hospital and Research Centre, Vellore. A Quantitative approach with one group pre and post test pre experimental research design was adopted. By using convenient sampling technique, 100 women were selected. The results revealed that regarding the effectiveness of structured teaching programme, the pretest knowledge mean score was  $12.55 \pm 3.17$  and the posttest knowledge mean score was  $16.8 \pm 2.65$ . The calculated paired “t” test value, 7.78 was higher than the table value 2 which was significant at  $p < 0.05$  level. The pretest attitude mean score was  $39.33 \pm 6.42$  and the posttest mean score was  $40.17 \pm 4.90$ . The calculated paired “t” test value, 0.46 was higher than the table value 2 which was significant at  $p < 0.05$  level. The pretest expressed practices mean score was  $4.44 \pm 3.1$  and the posttest mean score was  $6.48 \pm 1.47$ . The calculated paired “t” test value, 2.37 was higher than the table value 2 which was significant at  $p < 0.05$  level. The study concluded that, there was significant increase in the level of knowledge, favourable attitude and good expressed practices of women after the structured teaching programme. This shows that the structured teaching programme was effective for early detection of breast cancer.

**KEYWORDS :** Breast Cancer, Structured Teaching Programme, Knowledge, Attitude, Expressed Practices

**INTRODUCTION**

Breast cancer is now the most common cancer in Indian women having recently overtaken cervical cancer. In India, we are now witnessing more and more numbers of patients being diagnosed with breast cancer to be in the younger age groups (in their thirties and forties). According to health ministry of India breast cancer ranks as the number one cancer among Indian females with rate as high as 25.8 per 100,000 women and mortality of 12.7 per 100,000 women. It is estimated that by 2030 the global burden of breast cancer will increase to over 2 million new cases per year. Breast cancer incidence rates within India display a 3- 4-fold variation across the country, with the highest rates observed in the Northeast and in major metropolitan cities such as Mumbai and New Delhi. Since the numbers of cases are rising, younger women are getting affected, most are presenting only after symptoms develop and all we can do is to detect the cancer early. SCREENING is the way to go.

**STATEMENT OF THE PROBLEM:** Assess the effectiveness of structured teaching programme on the levels of knowledge, attitude and expressed practices regarding breast cancer among women at Sri Narayani Hospital and Research Centre, Thirumalaikodi, Vellore.

**OBJECTIVES:**

- To assess the pre-test levels of knowledge, attitude and expressed practices regarding breast cancer among women.
- To assess the effectiveness of structured teaching programme on the levels of knowledge, attitude and expressed practices regarding breast cancer among women.
- To associate the post –test levels of knowledge, attitude and expressed practices regarding breast cancer among women with selected demographic variables.

**HYPOTHESES:**

**H1-**There is a significant difference between pre and posttest levels of knowledge, attitude and expressed practices regarding breast cancer among women.

**H2-**There is a significant association between posttest levels of knowledge, attitude and expressed practices regarding breast cancer among women and selected demographic variables.

**METHODOLOGY:**

The Research approach used for the study is Quantitative approach with one group pre and posttest pre experimental design. The study was conducted in Sri Narayani Hospital and Research Centre, Vellore.

By using convenient sampling technique 100 women between the age group of 30-50 years were selected for the study based on the inclusion and exclusion criteria. The study was conducted by using structured interview schedule, it consists of four sections.

**Section A:** It deals with the demographic variables like age, religion, education, occupation, family monthly income, dietary habits, family history of breast cancer, relationship with the family member, previous knowledge of breast cancer, sources of information, age at menarche, marital status, age at marriage, parity, duration of breast feeding for the last child, history of oral contraceptive intake, and age of attainment of menopause.

**Section B:** It consists of 25 knowledge multiple choice questions related to causes, risk factors, signs and symptoms, screening test, treatment and prevention of breast cancer

**Section C:** It consists of 12 items of attitude on breast cancer of which 5 items are positively and 7 items are negatively worded.

**Section D:** It consists of 10 items of expressed practices regarding breast cancer

**SCORE INTERPRETATION**

- The knowledge of the breast cancer was measured by structured interview questionnaire. Each correct response was given a score of 'one' and a wrong answer score of 'zero'. The maximum score was 25, to interpret levels of knowledge the scores were distributed as follows:

Upto 50% - Inadequate knowledge.  
51-75% - Moderately adequate knowledge.  
76% and above - Adequate knowledge.

- The attitude of breast cancer was measured by 5 point Likert scale ranged from strongly agree to strongly disagree. The maximum score was 60. The responses were scored as follows

Upto 50% - Unfavourable attitude.  
51-75% - Moderately favourable attitude.  
76% and above - Favourable attitude.

- The Expressed practices of breast cancer was measured by checklist. Each 'Yes' response was given '1' and 'No' response was given and the scores were interpreted as follows.

Upto 50% - poor expressed practices.  
51-75% - fair expressed practices.  
76% and above - good expressed practices.

**Data Collection Procedure:**

Pre test was conducted by using structured interview schedule and after seven days, post test was conducted on the sample using the same questionnaire. The collected data were coded, tabulated and analyzed by using descriptive and inferential statistics.

**RESULTS:**

- In the pretest regarding the knowledge out of 100 samples, 48 (48%) women had inadequate knowledge, 50 (50%) women had moderately adequate and 2 (2%) women had adequate knowledge. Regarding attitude 4 (4%) women had unfavorable attitude, 81 (81%) women had moderately favorable attitude and 15 (15%) had favourable attitude. Regarding expressed practices 57 (57%) had poor expressed practices, 24 (24%) had fair practices and 19 (19%) women had good practices.
- In the post test, among 100 samples regarding the levels of knowledge 43 women (43%) had adequate knowledge, 57 (57%) had moderately adequate knowledge and no one had inadequate knowledge. Regarding attitude 35 women (35%) had favourable attitude, 65 (65%) had moderately favourable attitude and no one had unfavourable attitude. Regarding expressed practices 40 (40%) women had good expressed practices, 60 (60%) had fair expressed practices and no one had poor expressed practices.
- Regarding the effectiveness of multimedia education

**Table 1: Mean, standard deviation and paired't' value of pre and posttest levels of knowledge regarding breast cancer among women.**

Knowledge	Mean	SD	MD	't' value
Pretest	12.55	3.17	4.25	7.78*
Posttest	16.8	2.65		

\*statistically significant (p < 0.05)

**Table 2: Mean, standard deviation and paired't' value of pre and posttest levels of attitude regarding breast cancer among women.**

Attitude	Mean	SD	MD	't' value
Pretest	39.33	6.429	0.84	0.46*
Posttest	40.17	4.909		

\*statistically significant (p < 0.05)

**Table 3: Mean, standard deviation and paired't' value of pre and posttest levels of expressed practices regarding breast cancer among women.**

Expressed practices	Mean	SD	MD	't' value
Pretest	4.44	3	2.04	2.37*
Posttest	6.48	1.47		

\*statistically significant (p < 0.05)

The findings interpreted that there was significant increase in the levels of knowledge, favourable attitude and good expressed practices of women after the structured teaching programme. This shows that the structured teaching programme was effective. Hence hypothesis 1 was accepted.

- Regarding the association of posttest levels of knowledge with selected demographic variables, religion, parity and duration of breast feeding for the last child are statistically significant at p<0.05 level. Regarding the association of posttest levels of attitude with selected demographic variables, education, dietary habits, family history of breast cancer, previous knowledge of breast cancer are statistically significant at p<0.05 level. Regarding the association of post test levels of expressed practices with selected demographic variables religion, parity and duration of breast feeding for the last child are statistically significant at p<0.05 level. It is interpreted that the difference in mean pre and posttest score values are true and the hypothesis 2 was partially accepted.

**Conclusion:**

The present study assessed the effectiveness of structured teaching programme on the levels of knowledge, attitude and expressed practices regarding breast cancer among women at Sri Narayani Hospital and Research Centre, Vellore. Before the structured teaching programme the levels of knowledge, attitude and expressed practices were inadequate, unfavourable and poor respectively. After the structured teaching programme it was found that the levels of

knowledge increased, favourable attitude and good expressed practices were achieved. This shows that the structured teaching programme was effective. So educating the women regarding breast cancer and skill development on breast self examination will help for prevention and early detection of breast cancer, especially in the resource poor countries like India.

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