



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE, ATTITUDE AND PRACTICE ON BREAST CANCER AMONG WOMEN RESIDING IN A SELECTED RURAL AREA OF DADRA AND NAGAR HAVELI.

Nursing

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ABSTRACT

Background: Cancer is a major public health problem globally. The incidence of cancer is increasing rapidly in many low and middle-income countries like India due to the epidemiological transition. At present, breast cancer is the leading cancer in females in many countries including India. In spite of all of the epidemiological evidence pointing towards a surge in breast cancer cases, the National Cancer Control Program of India has not yet taken sufficient measures to understand the disease burden and to plan a course of action to cope with the increasing cancer burden. The study aims to explore the knowledge, attitudes, and practices regarding breast cancer among the women group age 20 years to 50 years in a rural area of Dadra and Nagar Haveli. This understanding may help to strengthen the health system by improving breast cancer control and management programs and the delivery of care. **Methods:** Pre-experimental research design was used. A study was conducted in village Athol of D&NH, in that total 100 women who meet the sampling criteria were selected tools knowledge Questionnaire, Attitude scale and practice checklist. **The Results:** Pre-test, the maximum number of women 72 (72%) had poor knowledge on breast cancer and 28(28%) had inadequate knowledge on breast cancer. The poor knowledge may be because of lack of information regarding breast cancer and poor accessibility of information sources in rural areas. The data obtained were analyzed using descriptive and inferential statistics. Calculated paired 't' test is 26.28 and p-value is $p < 0.001^{***}$ of knowledge and attitudes, value 16.43 and the p-value is $p < 0.001^{***}$ was highly significant. The mean post- test practice score 0.05 was higher than mean pre-test score 0.5 the mean difference of 0.05 and the calculated paired 't' value was not significant. There was a weak positive correlation found between the knowledge and attitude and practice, knowledge and practice. Among the baseline characteristic education, have significant association with pre-test knowledge score, age and monthly family income have significant association with pre-test attitude score, and no of children have significant association with pre-test Practice scores of women. Thus, findings indicate that the STP was a suitable and effective method of instruction for updating and enhancing the knowledge, attitude and practice of women

KEYWORDS

Knowledge, Attitude, Practice, Women, Breast Cancer, STP

INTRODUCTION

Our relationship with the world starts from mother's breast milk. Breasts are very important organ for every woman as these are the symbols of motherhood and womanhood. So, any disease affecting breasts particularly breast cancer is important. Breast cancer is an uncontrolled growth of breast cells. Cancer occurs as a result of mutation or abnormal changes in the genes responsible for regulating the growth of cells and keeping them healthy.

The genes are in each cell's nucleus, which acts as the "control room" of each cell growth. Normally, the cells in our bodies replace themselves through an orderly process of cell growth. Healthy new cells take over as old ones die out. But over time, mutation can turn on certain genes and turn off others in a cell. The changed cell gains the ability to keep dividing without control or order, producing more cells just like it and forming a tumor. The term breast cancer refers to a malignant tumor that has developed from cells in the breast. Usually breast cancer begins in the cells of the lobules, which are the milk-producing gland, or ducts the passages that drain milk from the lobules to the nipples. Less commonly, breast cancer can begin in the stromal tissues which include the fatty and fibrous connective tissue of the breast.

Cancer is one of the leading causes of mortality among adults all over the world. Worldwide, it was estimated that 12.7 million new cancer cases and 7.6 million cancer deaths had occurred in 2008. Breast cancer is the second most common diagnosed cancer throughout the world, next to lung cancer. However, breast cancer is the most commonly diagnosed cancers among female subjects.¹

The International Agency for Research on Cancer estimated globally 1.67 million new breast cancer cases in 2012 and 5, 20,000 deaths, of which around 70,000 deaths occurred in India (Internal association of cancer registries). Social changes involving delayed marriage, lower fertility, decreased span of breast feeding and the lifestyle changes which decrease physical activity and increase obesity are considered to be important risk factors which have fueled the spate of breast cancer cases in India. There are reports of increased incidence with mortality rates of over 75% in developing countries where, previously, low incidences have been reported.²

According to GLOBOCAN, 2012, almost 1.67 million women were diagnosed with breast cancer in 2012 globally. In India around

1,45,000 new cases of breast cancer (27%) of all cancer cases in both genders are diagnosed every year with around 70,000 deaths due to every year, both of which are higher than any cancer among both genders.³

Objectives:

The Objectives of the Study were to:

- To assess the pre- test knowledge, attitude and practices of the women on breast cancer.
- To assess the post-test knowledge, attitude and practices of the women on breast cancer.
- To determine the effectiveness of structured teaching program by comparing pre and Post-test knowledge, attitude and practice scores of women on breast cancer.
- To find the correlation between the pre-test and post-test knowledge score with the attitude score; knowledge score with practice score, attitude score with practice score of breast cancer among women.
- To determine the association between pre-test knowledge, attitude and practice score of women on breast cancer with their selected demographic variables.

Hypotheses

H₁: There is a significant difference in the knowledge score of women on breast cancer, before and after administration of structured teaching program as measured by structured knowledge questionnaire at 0.05 level of significance.

H₂: There is a significant difference in the attitude score of women on breast cancer, before and after administration of structured teaching program as measured by an attitude scale at 0.05 level of significance.

H₃: There is a significant difference in the practice score of women on breast cancer, before and after administration of structured teaching program as measured by practice checklist at 0.05 level of significance.

H₄: There is a significant positive correlation between knowledge score and attitude scores of women with breast cancer at $r > 0$.

H₅: There is a significant positive correlation between knowledge score and practice score of women on breast cancer at $r > 0$.

H₆: There is a significant positive correlation between attitude score and practice score of women on breast cancer methods at $r > 0$.

H₇: There is a significant association between knowledge of women on breast cancer and their selected demographic variables at 0.05 level of significance.

H₈: There is a significant association between attitudes of women on

breast cancer and their selected demographic variables at 0.05 level of significance.

H₂: There is a significant association between the practices of breast cancer among women and their demographic variables at 0.05 level of significance

METHODOLOGY

Research Approach

In this study, a quantitative research approach was used to assess the effectiveness of structured teaching program on knowledge, attitude and practices on breast cancer.

Research Design

A pre-experimental (one group pre- test and post-test) design was adopted for this study to evaluate the effectiveness of structured teaching program on knowledge, attitude and practices on breast cancer.

Sampling Technique

A non-probability purposive sampling technique was adopted for this study.

Sample Size

A sample of 100 women who were present at the time of data collection in village Athola and who fulfilled the inclusion criteria were chosen for the study.

Description of Tool

The researcher constructed the tool and intervention based on the literature review and opinion from experts which consisted of:

Part A: Baseline characteristics

Part B: Structured questionnaire to assess knowledge on breast cancer.

Part C: Likert attitude scale to assess attitude on breast cancer.

Part D: Checklist to assess the practices of breast cancer among women.

Tools:

The tool for this study consists of four parts.

Part A: Baseline Characteristics

The baseline characteristics consisted of 16 items which included age of the women, educational status, marital status, religion, occupation, family monthly income, age at menarche, age at menopause, menstrual regularity, how many time pregnant, number of children, type of family, food habits, history of breast cancer in the family, methods adopted for family planning, use of substance abuse.

Part B: Knowledge Questionnaires:

A total of twenty-four multiple choice questions were used to assess the level of knowledge on breast cancer among women in pre and post –test.

Attitude Scale: - It consists of five-point Likert scale to assess attitude regarding breast cancer, which composed 14 items which included both positive and negative statements.

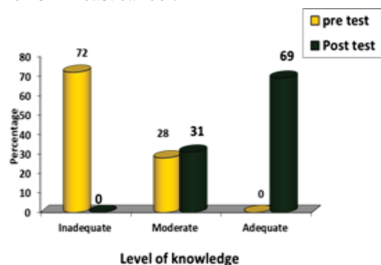
Checklist on Breast Self -examination: It consists of checklist to assess the practice of breast self-examination among women. The one item was included in the checklist, along with sub items on breast self-examination.

Development of Structured Teaching Program

It was developed on the basis of extensive review and opinion and covers Introduction of breast cancer, anatomy and physiology of breast cancer, clinical features of breast cancer, diagnosis of breast cancer, Risk factors of breast cancer and treatment of breast cancer

RESULTS

Analysis of pre-test and post- test knowledge, attitude and practice score of women on Breast cancer.



Analysis Of Pre-test And Post Test Attitude Score Of Women On Breast Cancer

Pre-test, the maximum number of women 62(62%) had moderately favorable attitude on breast cancer and 31 (31%) women had unfavorable attitude on breast cancer and only 7(7%) of women had highly favorable attitude on breast cancer whereas in post-test, the maximum number of women 84 (84%) had highly favorable attitude on breast cancer and only 15 (15%) women had moderately favorable attitude on breast cancer and only 1% of women had unfavorable attitude towards breast cancer

Analysis of Pre-test and Post-test Practice Score

Table- Analysis of Pre-test Post-test of Practice of Breast Cancer Among Women

Category	Pre test		Post test	
	f	%	f	%
Perform breast self examination	9	9	50	50
Not performing breast self examination	91	91	50	50
Total	100	100	100	100

The obtained r value 0.051 and 0.324 is greater than 0. Therefore, r value indicates weak positive correlation between the knowledge and attitude score before ($r=0.051$) and after ($r=0.21$) the administration of STP and the research hypothesis stated that there is a significant positive correlation between knowledge score and attitude scores of women with breast cancer was accepted.

CONCLUSION

On the whole, carrying out the present study was really an enriching experience to the investigator. It also helped a great deal to explore and improve the knowledge of the researcher and the respondents. The constant encouragement cooperation and interest of the respondents and ASHA workers of the respective area in this study contributed to the fruit full completion of the study

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