



**“EFFECTIVENESS OF PLANNED TEACHING PROGRAM
REGARDING BREAST SELF-EXAMINATION (BSE) AMONG
ADOLESCENT GIRLS (14 TO 18 YEARS) IN SELECTED SCHOOL
OF RURAL COMMUNITY.”**

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ABSTRACT

Breast cancer is the leading cause for the death among women in worldwide. Breast screening among adolescent girls helps to detect it at earliest stage and reduce mortality. The present study was aimed to evaluate effectiveness of planned teaching program regarding Breast Self-Examination (BSE) among adolescent girls. A total of 100 adolescent girls was assessed and introduced a planned teaching programme in rural area of Navi Mumbai by using one group pretest posttest quasi-experimental design was adopted. The study shows that planned teaching on Breast Self-Examination (BSE) is effective as mean value of posttest knowledge is 124.12 is greater than pretest knowledge is 84.66. The result reveals that p value for the test is given by 0.042. Since this p value is less than .05, the null hypothesis is rejected. Therefore, it can be concluded that the knowledge among adolescence girls are useful regarding breast self examination and breast cancer awareness. The same conclusion can be arrived at by comparing the sample value of t , which is - 2.267 with the critical value of t with 49 degree of freedom at 1 percent level of significance. It also find that the table value of t would approximately equal 1.645, which would imply that the null hypothesis is rejected in the favor of alternative hypothesis, therefore It can be concluded that planned teaching of Breast self-examination was significantly effective among adolescent girls. This showed an increase in knowledge levels after planned teaching programme,

Keywords: Effectiveness, Planned teaching program, Breast self-examination, Adolescents,

1. INTRODUCTION

From time immemorial breast has been a symbol of womanhood and ultimate fertility. As a result any danger to the breast evokes fear of loss of femininity and hence fertility.[1] As a nurse officials must try and talk about this condition so that women have a look into their own health. Throughout the world, globally breast cancer is the most common malignant neoplasm among women. Breast cancer is appears to be the disease of both the developing and developed countries. According to American Cancer Society, about 1.3 million women will be diagnosed with breast cancer annually worldwide, about 4,65,00 will be die from the disease. The life time probability of developing breast cancer in developing countries is s about 4.8 percent and in developing countries is about 1.8 percent.[2] The annual worldwide incidence of breast cancer has almost doubled since 1975. As a consequence of large range of socio-economically correlated differences in the population prevalence of several reproductive, hormonal and nutritional factors. [3] The incidence of breast cancer is higher in India. The incidence varies between urban and rural women; the incidence in Mumbai is about 27 new cases per 1,00,000 women per year while in rural Maharashtra it is 8 per 1,00,000. [4]. In 2010, Uttar Pradesh recorded the highest number of breast cancer deaths among states followed by Maharashtra and Bihar.[5] According to National Cancer Registry Programme in the country, after Delhi, Mumbai reports the 2th highest number of breast cancer cases. This is due to dietary shifts from lower fat foods to higher fat foods and passive reproductive life.[6] The mean age of occurrence is about 42 in India as compared to 53 in the white women. There is a rapid increase in the incidence between the age 35-50 years and a secondary rise after 65 years of age.[7]

In early detection and prevention of breast cancer, Breast self-examination is very useful technique. Breast self-examination is an ideal, safe, effective and cost free method which can be done by every woman at with little training. The certain barriers to practice breast self-examination, are worry about breast cancer, lack of time, unpleasant of procedure, lack of privacy, fear of discovering a lump and unfavorable attitude towards breast self-examination.[8] The study conducted on knowledge, attitudes, regarding breast cancer detection practices. It was found that out of 57 south Asian women, 12% of the participants practiced breast self examination monthly. 49% had undergone at least one clinical breast examination during their lives and 47% had never had a mammogram. The majority (54%) of women have lack of knowledge about breast cancer. while 21% of the women said detecting

cancer early was important only 5% reported that cancer could be cured.[9] A cross sectional study was conducted in Turkey, to determine level of knowledge about breast cancer and to evaluate health belief concerning the model that promotes BSE and mammography. The study revealed that only 56 percent of them had sufficient knowledge on breast cancer. Level of breast cancer knowledge was the only variable significantly associated with the Breast self-Examination and mammography practice.[10] A community based descriptive study was conducted on 106 women employers in private sector office of Delhi. The aim of the study was to identify the barriers to do breast self-examination every month. By using the short text message (SMS) the feedback they got, as the barriers to do BSE were due to that they forgot, busy, anxiety, pain in the breast. The study suggested that after two months of reminding the samples, the practice of BSE increased significantly.[11] A comparative study was conducted in Iran, on the effectiveness of video teaching and individual instruction on BSE in various health services center. The results showed that the pre test scores indicated that majority had no information on BSE. But the post test score showed an increase in the level of knowledge. The study suggested that the video teaching for the performance of BSE was effective.[12]

The objectives of the study -

- To assess the level of knowledge regarding breast self-examination among adolescence girls (14 to 18 years) in selected schools of rural community.
- To determine the effectiveness of planned teaching programme regarding breast self-examination among adolescent girls (14 to 18 years) in selected schools of rural community.

HYPOTHESES

H₀: There will be a no significant difference in knowledge regarding breast self-examination among adolescent girls before and after planned teaching programme.

H₁: There will be a significant difference in knowledge regarding breast self-examination among adolescent girls before and after planned teaching programme.

2. RESEARCH METHODOLOGY

A One group Pre-test Post-test design was used for the study. All samples are selected as per the sampling criteria. The population of the present study is comprised of adolescent girls residing in rural area of Navi Mumbai. Total 100 samples were added in study and a non-probability purposive sampling technique was used. The investigators approached the

concerned authority and discuss the objective of study. A Formal permission was taken from the authority and consent was obtained from the participant. A self-structure questionnaire was prepared and used for data collection. The duration of data collection was 10 to 15 minutes from each sample.

Study instruments used by the researcher consisted of:

- Self structured questionnaire, which had three sections.

SECTION I: Demographic Variables

SECTION II: Self structured questions related to breast self-examination.

Inclusion criteria

- Adolescent girls in selected rural area of Navi-Mumbai.
- Girls in the age group between 14-18 years.
- Girls who can understand Marathi or Hindi or English language.
- Girls who are present at the time of data collection.

Exclusion criteria

- Girls who are having mental illness
- Adolescent girls who has undergone same type of study.

ASSUMPTIONS

This study assumes that:

1. Breast Self-Examination is the easy method of early detection of breast cancer.
2. Breast Cancer is the second most common malignancy seen in Women.
3. Teaching programme of breast self-examination would help in early detection of breast cancer.

3. RESULT AND DISCUSSION

SECTION I- DESCRIPTION OF SAMPLE CHARACTERISTICS

TABLE 1: Demographic distribution of samples characteristics by frequency and (%)

Q. no	Characteristics of samples (Age)	Adolescent girl (n=100)	
		Frequency	Percentage
1	14-15 years	4	4
	15-16 years	24	24
	16-17 years	34	34
	17-18 years	38	38

The data presented in table no. 1 shows that maximum 38% samples were between the age group of 17 – 18 years

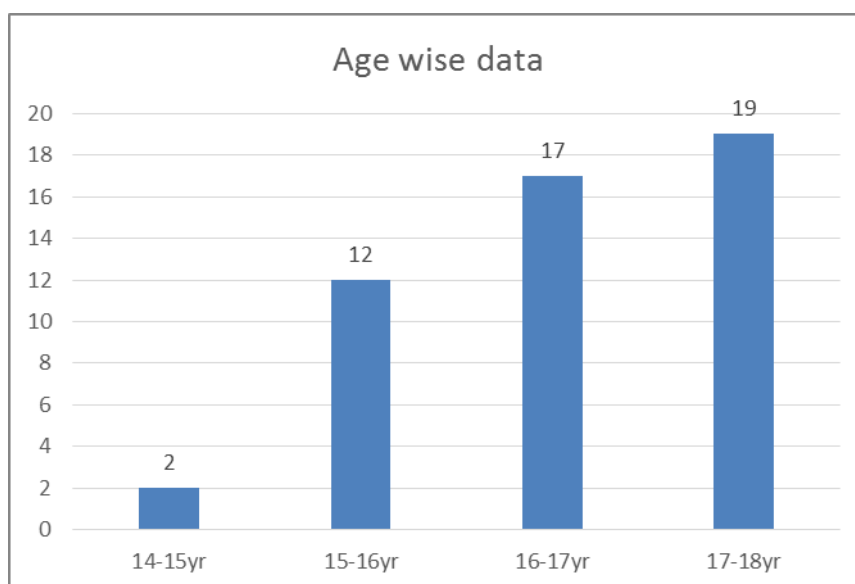


FIGURE 1:- Bar diagram shows percentage distribution in age group of adolescent girls.

TABLE 2: Demographic distribution of mothers education by frequency and (%)

Q. No	Characteristics of sample (Mothers education)	Adolescent girl (n=100)	
		Frequency	Percentage
2	Primary education	22	22
	Secondary education	12	12
	Higher education	66	66

The data presented in table no. 2 shows that maximum 66% samples mother education were Higher education.

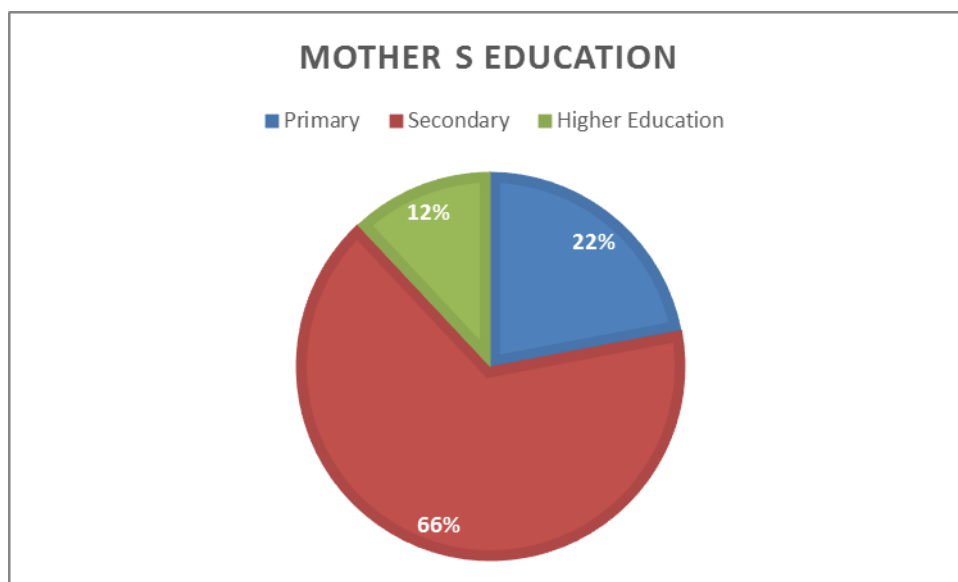


FIGURE 2:- Pie diagram shows percentage distribution of mothers education.

TABLE 3: Demographic distribution of fathers education by frequency and (%)

Q. No	Characteristics of sample / Variables (Fathers education)	Adolescent girl (n=100)	
		Frequency	Percentage
3	Primary education	22	22
	Secondary education	12	12
	Higher education	66	66

The data presented in table no. 3 shows that maximum 66% samples father education were Higher education.

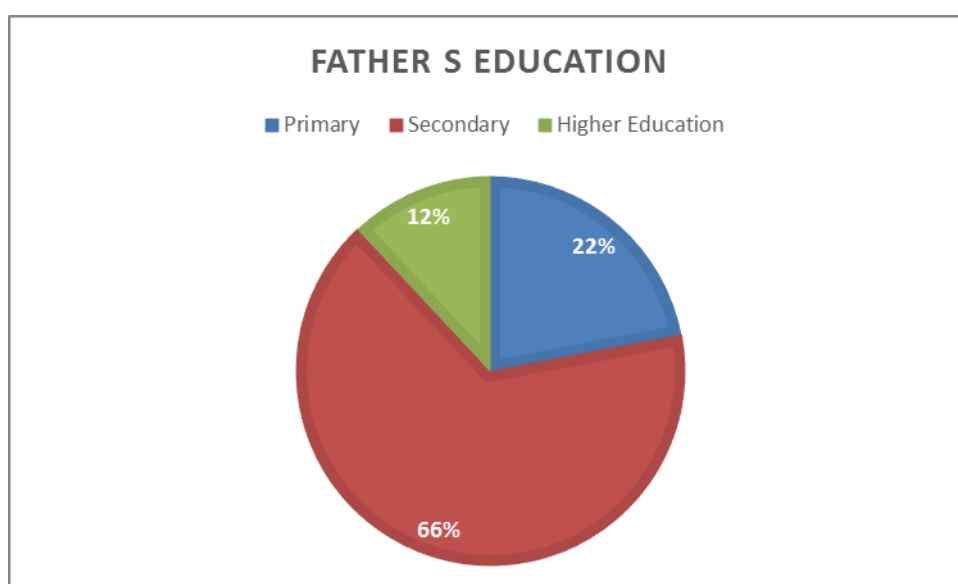


FIGURE 3 :- Pie diagram shows percentage distribution of fathers education.

TABLE 4: Demographic distribution of samples family income by frequency and (%)

Q. No	Characteristics of sample / Variables (Monthly income in Rs.)	Adolescent girl (n=100)	
		Frequency	Percentage
4	Less than 5000	37	37
	5001 – 7000	45	45
	7001 – 10000	16	16
	More than 10000	02	02

The data presented in table no. 4 shows that majority 45 % samples family income were between Rs. 5001 – 7000.

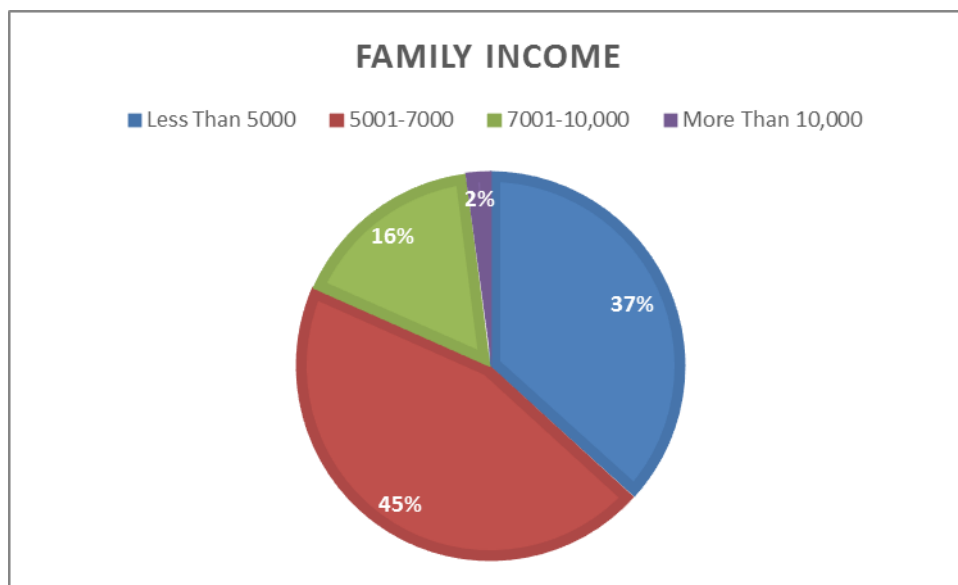


FIGURE 4:- Pie diagram shows percentage distribution of family income.

TABLE 5: Demographic distribution of Type of family by frequency and (%)

Q. No	Characteristics of sample / Variables (Type of family)	Adolescent girl (n=100)	
		Frequency	Percentage
5	Nuclear	82	82
	Joint	10	10
	Separate	08	08
	Others	00	00

The data presented in table no. 5 shows that maximum 82% samples were belong Nuclear family

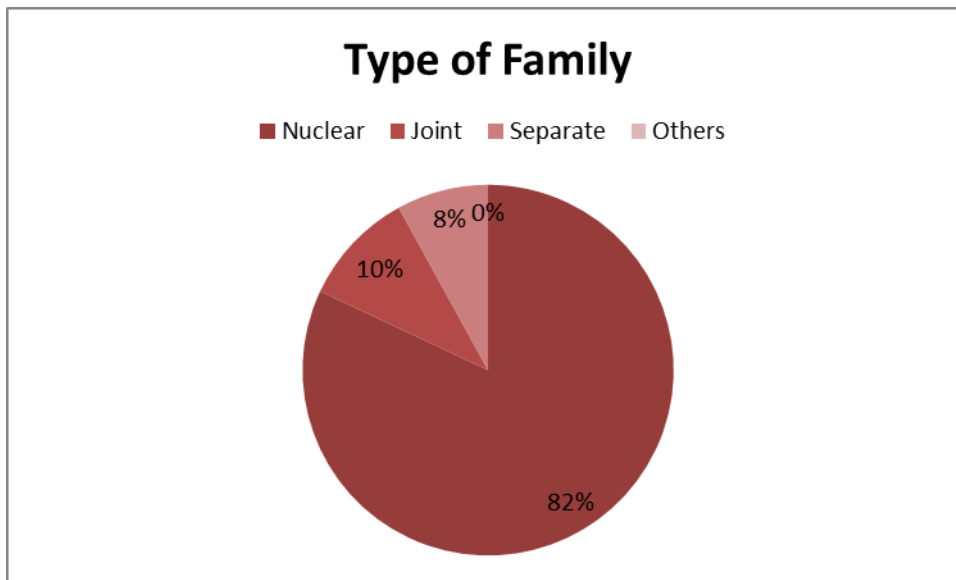


FIGURE5:- Pie diagram shows percentage distribution of type of family.

SECTION II - PRE – POST TEST KNOWLEDGE DIFFERENCE

TABLE NO.6 PRE – POST TEST KNOWLEDGE

Sr No	ITEM	MEAN VALUE (\bar{X})
01	Pre test knowledge \bar{X}_1	84.66
02	Post test knowledge \bar{X}_2	124.12

Table no. 6 shows mean value of post test knowledge is 124.12 is greater than pre test knowledge is 84.66.

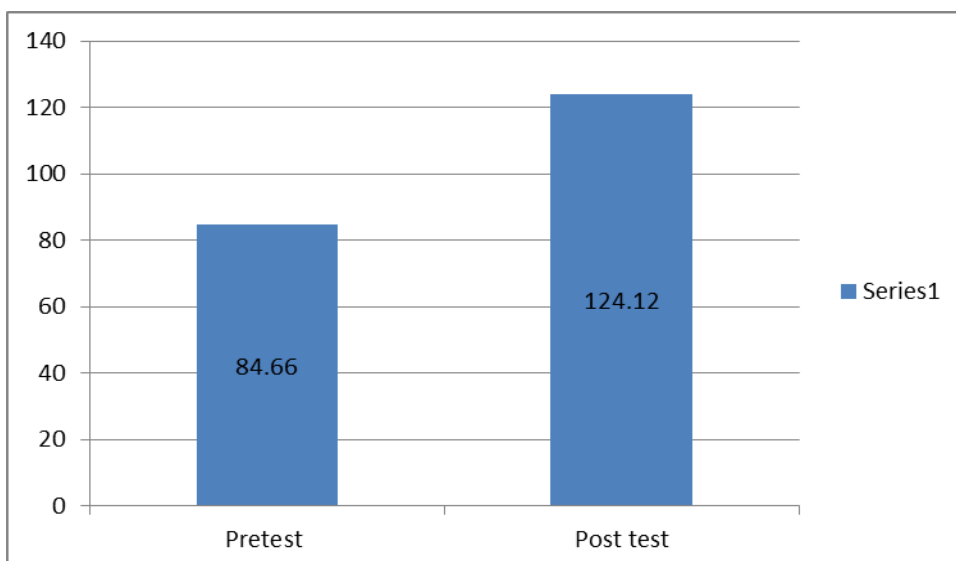


FIGURE 6:- Above Bar Diagram shows that post test mean value of knowledge is more than pre test knowledge mean value. Proving the planned teaching program is effective.

TABLE NO.7

Paired Samples Test

	Paired Differences					t	Df	Sig. (2-tailed)
	Mean	Standard Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 pre test - post test	- 1.88000	10.49128	1.48369	-4.86159	1.10159	-2.267	49	.042

Table 1.1 Depicts that the *p* value for the test is given by 0.042. This is denoted by significance. As the t-distribution is a symmetrical distribution and therefore, the relevant value of *p* for one tailed test would be the given figure divided by 2. Since this *p* value is less than .05 , the null hypothesis is rejected. Therefore, it can be concluded that the knowledge among adolescence girls are useful regarding breast self examination and breast cancer awareness.

The same conclusion can be arrived at by comparing the sample value of *t*, which is - 2.267 with the critical value of *t* with 49 degree of freedom at 1 percent level of significance. You will find that the table value of *t* would approximately equal 1.645, which would imply that the null hypothesis is rejected in the favor of alternative hypothesis.

DISCUSSION

The study was intended to assess the Effectiveness of planned teaching program regarding Breast Self-Examination (BSE) among adolescent girls in selected school of rural community. The results of the present study showed that planned teaching on Breast Self-Examination (BSE) is effective as mean value of posttest knowledge is 124.12 is greater than pretest knowledge is 84.66.

The findings of the study are discussed with findings of other similar studies. A quasi experimental study was conducted to determine the effectiveness of a self-instructional module on the knowledge of breast cancer and Breast self-examination to women admitted to Christian Medical College Hospital, Vellore. The selected sample was given a pre-test after which a self-instructional module on breast cancer and demonstration on Breast self-examination was given. The result reveal that there was gross inadequacy (98%) in the

patients' knowledge regarding Breast self-examination in the pre-test. This showed a significant improvement ($P < 0.001$) in the knowledge regarding Breast self-examination after administering self-instructional module.[13] Justification for the study was based on the fact that planned teaching program regarding Breast Self-Examination(BSE) among adolescent girls was very effective.

IMPLICATION OF STUDY

i. NURSING ADMINISTRATION:-

In present study will provide a scope for administration to demonstrate steps of breast self-examination and provide brief knowledge regarding breast self-examination. Nursing administrator utilize demonstrated teaching and health teaching also importance of breast self examination and warning signs to implement as in-service education. Nursing administrator can organize seminar, conference as well as workshops related to breast self examination techniques and awareness of breast cancer to deliver standard nursing care practice.

ii. NURSING EDUCATION :-

The aims of this research was to identify the knowledge for BSE and breast cancer among adolescent girls. The present study have utilize checklist, yes/no type question for the data collection related to knowledge which can be referred for further research.

iii. NURSING SERVICES:-

Breast self-examination is a technique that helps in early detection and prevention of breast cancer. Most of the women are not aware about how to perform breast self examination. In present study can help to improve nursing services through health education, awareness regarding breast self examination and breast cancer for early detection of breast cancer and improving public health, increasing awareness in women's and adolescent girls through early detection. It helps nursing services to improve the standards of nursing care practices and come to know the benefits of breast self examination in early detection of breast cancer.

iv. NURSING RESEARCH:-

In present study quasi-experimental methodology is used and taken the 100 samples of young adolescent girls in selected school of rural community. Two sections were made section (A) Demographic and section (B) self structured questionnaire. Any further research study related breast self examination can refer self structured questionnaire. It is beneficial and helpful.

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