

**AN EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME ON SELF BREAST EXAMINATION
AMONG THE FAMILIES OF DEFENCE PERSONNEL IN PUNE CANTONMENT**

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INTRODUCTION

CHAPTER-1

'I can't change the direction of the wind, but can adjust my sails to always reach my destination'

- Jimmy Dean

INTRODUCTION

The female breast has been regarded as a symbol of beauty, sexuality and motherhood. Any actual or suspected disease or injury affecting breast tends to reflect the prevailing societal view of the breast.

Breast Cancer, is a malignant growth of breast tissue. It can spread to nearby lymph gland, pleura, bone, pelvis and liver. It can spread to other parts of the body without invading the auxiliary nodes even when the primary breast tumour is small. Breast cancer is the third most common cancer in the world. In India breast cancer is the second leading cancer in female.¹ The magnitude of cancer problem is increasing day by day. The major risk factors for breast cancer are family history of breast cancer, menarche before 12 years of age, menopause after 55 years of age, obesity, excessive exposure to the ionizing radiations before 30 years of age.²

Breast cancer is the most common cancer in women all over India and accounts for 25% to 31% of all cancers in women in Indian cities.³ We are witnessing an age shift in breast cancer, and the average age of developing breast cancer has shifted from 50 - 70 years to 30 - 50 years; and cancers in the young tend to be more aggressive.⁴ Awareness and understanding of this disease is half the war won already; and will help in making correct decisions and selecting correct doctor for the treatment. According to WHO, for the year 2012 70218 women died in India due to breast cancer, more than any other country in the world (second: China - 47984 deaths and third: US - 43909 death)⁵.

In our country only 15% patients present in the localized stage, in 75%, regional lymph nodes are already involved while 10% have distant spread at the time of reporting⁴. This is due to lack of awareness and nonexistent breast cancer screening programmes. Early detection and prompt treatment offer the greatest chances of long term survival. Breast self examination (BSE) seems to be an important viable optional substitute for early detection of cancer. The Indian Council of Medical Research showed that 10 out of every 100,000 women living in Delhi, Mumbai, Chennai, and Bangalore were diagnosed with breast cancer about 10 years ago, compared with 23 women per every 100,000 today. With an increasing number of younger women becoming susceptible to the disease, India faces a growing breast cancer epidemic. A new global study estimates that by year 2030, the number of new cases of breast cancer in India will increase from the current 1,15,000 to around 2,00,000 per year⁷. Both globally and on the Indian scene, there is more than 20% increase in breast cancer since 2008 with 1.7 million new cases diagnosed in women in 2012; and there were 6.3 million women alive with breast cancer in the previous five years. Breast cancer is also the most common cause of cancer deaths among women (5,22,000 deaths in 2012) and the

most frequently diagnosed cancer among women in 140 of 184 countries worldwide. It now represents one in four of all cancers in women.

Breast self examination is simple, quick and cost free procedure. Performing monthly Breast self examination was first advocated by the Colombia university surgeon Cushman experts. They recommended the women over age of 20 years perform a monthly breast self examination. Breast self examination involves feeling one's breast in a specific way at the same time in each month and distinguish suspicious lumps from normal lumps and bumps. Breast self examination is a procedure performed by an individual to physically & visually examine herself for changes in breast. Breast self examination is an important component of health promotion and maintenance. Providing education and encouraging the women to perform breast self examination is recommended to decrease the mortality rates from breast abnormality disorders.

BACKGROUND OF THE STUDY

Breast cancer is a common cause of morbidity and mortality in women. Breast self-examination is an important screening method used in an attempt to detect early breast cancer. Studies have reported that awareness and practice of breast self-examination is an important method of prevention of breast cancer as it is one of the important public health problems. Screening of breast cancer by regular Self breast examination might be possible alternative or addition to mammographic screening. Such screening might lead to less harm than mammographic screening. Women who perform breast self-examination and detect a change may delay seeking medical attention because of fear, economic factors, lack of education and modesty. Despite these factors, many women can discover breast cancer only

through breast self-examination. So women's knowledge regarding breast self-examination plays a crucial role in the safeguard of their health. Self-education helps to create awareness among women and motivate them to monitor their health status. Imparting health information can create awareness. Health information can be imparted in various ways such as by posters, pamphlets and mass education. Prevention is better than cure. A woman herself than by any physician can identify most of the times any lump formation, during the routine examination of breast.

NEED FOR THE STUDY

The best way to fight a breast cancer is to have a plan that helps the female population to detect the disease in its early stage through breast self examination. As cancer is the second leading cause of mortality and morbidity in both developed and developing countries. In India, cancer prevalence is estimated around 2.5 million, with over 0.8 million new cases and 0.5 million deaths occurring each year. Breast cancer is one of the leading cause of death among women. In India, the incidence of breast cancer is being increasing steadily by 3% every year and accounts 19-34% death annually.

Over the years, many technical and scientific advancement has occurred in the field of diagnosing and treating breast cancer like clinical Examination, Mammography, radiation therapy, Chemotherapy. However none of these screening test shown 100% sensitivity in detecting breast cancer. But combination of these facilities along with Breast self examination can decrease the mortality rate. Therefore breast self examination is the only procedure that medical clinician teaches the women to perform at home as it is free and private.

In India, the knowledge and attitude of people residing in urban and rural areas varies. The female population residing in rural areas usually have timidity, inability to express their symptoms, reluctance to approach primary health centre or health personnel due to heavy work load at their job or at home and illiteracy can contribute to the high mortality rate among women dying due to breast cancer where as the female population in urban areas lacks time to do breast self examination due to lack of time.

Modernization and urbanization are the two strings that makes a country to be westernized, therefore studies indicate that as India becomes westernized, the incidence rate for breast cancer increases. A 2005 study conducted by the International Association of Cancer Research projected that there would be 2, 50,000 cases of breast cancer in India by 2015, a 3% increase per year. Currently, India reports roughly 1, 00,000 new cases annually⁸. There are also significant regional variations in incidence rates. The overall rate is now estimated at 80 new cases per 1, 00,000 populations per year.

Technological advancement makes the people to be more conscious about their health status through radio, television and so on which varies according to the community. As a result the knowledge and attitude towards breast self examination and other treatment modalities for breast cancer are quite different among women. Therefore it is essential to study the knowledge and attitude of women in order to render adequate information to prevent such a dreadful disease and this information can be used by every individual to become healthy.

According to a study conducted by Indian Journal of Palliative Care on awareness and impact of education on BSE among college going girls showed that majority(52%) of them was in age groups 18-19 years and 72% of them were had average knowledge on breast self

examination in the pre-test score. Out of 40 participants only one student was performing breast self examination occasionally.

So the above studies show that if we provide knowledge regarding breast self examination and increase the performance ability, women can be able to detect the breast cancer in the beginning stage itself. Therefore it is essential to conduct the study and contribute in decreasing the mortality rate among women dying of breast cancer in India. Breast cancers that are detected because of notable symptoms tend to be relatively severe and are more likely to have spread beyond the breast. In contrast, breast self-examination practice results in earlier detection of signs of breast cancer such as palpable tumors. Indeed, preventive practices such as breast self-examination and mammogram are useful and effective ways to detect breast diseases at an early stage facilitating the receipts of early treatments.

Most of the people seek medical advice when the disease is fairly advanced, resulting in poor survival and high mortality rates. The less informed women do not come forward because of ignorance of the importance of a lump in the breast; the educated women may consider it a social stigma, hence delaying presentation for as long as possible. The effect of the delay in both these types of women is the same.

In the absence of an exact etiological agent for breast cancer, the most appropriate way of controlling it is by early detection and treatment. Mammography is the method of choice, but its use is limited due to the high cost and unavailability. Considering this, breast self-examination is an ideal method which can be performed by every woman at her leisure time.

PROBLEM STATEMENT

An experimental study to assess effectiveness of structured teaching programme on self breast examination among families of defence personnel in Pune Cantonment.

AIM

To assess the effectiveness of structured teaching programme on self breast examination among families of defence personnel.

OBJECTIVES OF THE STUDY

- To assess the knowledge regarding self-breast examination before the structured teaching programme among families of defence personnel.
- To assess the knowledge after the structured teaching programme among families of defence personnel
- To determine the association between knowledge and selected socio demographic variables.

OPERATIONAL DEFINITIONS

Assess:

- According to Oxford dictionary- it is to estimate worth or likelihood of.
- In the study assess means to evaluate the effectiveness of structured teaching programme regarding self breast examination.

Effectiveness:

- According to Oxford dictionary “it means having an intended or expected effect”
- In this study it refers to the extent to which the structured teaching programme will achieve the desired effect in improving the knowledge of women regarding breast self examination

Knowledge:

- According to Oxford dictionary “it is awareness or familiarity understanding of a subject”
- In this study it refers to the understanding of women regarding self breast examinations which is scored with the help of a structured questionnaire.

Teaching Programme:

- According to Oxford Dictionary “teach means to impart knowledge to or instruct someone as to how to do something”.
- According to Oxford Dictionary “Programme means a planned series of future events or performances”.
- In the present study the structured teaching programme refers to a systematically developed instructions for a group of women regarding BSE using AV Aids

Self Breast Examination:

- In the present study, self breast examination refers to a structured method of examination of the breast to find out the abnormalities in the breast which involves the women herself looking out and feeling each breast for possible lumps, distortion and swelling for early detection of breast cancer.

Families of defence personnel:

- According to Oxford Dictionary “family means a group of people related by blood or marriage”.
- According to Oxford Dictionary “defence means resources for protecting a country”.
- According to Oxford Dictionary “personnel means people engaged in an organisation or engaged in an organised undertaking such as military service”
- In this study families refers to the dependant ladies of age 20 to 50 yrs of defence personnel.

HYPOTHESIS

H₀: There is no significant effect of structured teaching programme on self-breast examination among families of Defence Personnel($\mu_1 = \mu_2$).

H₁: There is significant effect of structured teaching programme on self-breast examination among families of Defence Personnel($\mu_1 < \mu_2$).

INCLUSION CRITERIA

Women who:

- Are in the age group between 20-50yrs
- Are literate.
- Are willing to participate in the study.

EXCLUSION CRITERIA

- Women who are already a case of breast cancer.
- Women who attended educational class on self-breast examination.
- Health care professionals.

SCOPE OF RESEARCH STUDY

The focus of the research study is to determine the effectiveness of a structured teaching programme on the knowledge, and practice of breast cancer and breast self examination among families of defence personnel .

A study will help to promote the awareness of breast cancer and breast self examination practice among women.

This will provide a willingness to practice BSE regularly and to pass on the BSE knowledge to their relatives and friends.

ETHICAL ASPECT

A written informed consent was obtained from each woman before collecting the data, which clearly maintained the confidentiality of the study

CONCEPTUAL FRAMEWORK

A conceptual framework is an analytical tool with several variations and contexts. It is used to make conceptual distinctions and organize ideas. Strong conceptual frameworks capture something real and do this in a way that is easy to remember and apply

Conceptual framework are particularly useful as organizing devices in empirical research. One set of scholars has applied the notion of conceptual framework to deductive, empirical research at the micro or individual study .Likewise, conceptual framework are abstract representations, connected to the research project's goal that direct the collection and analysis of data.

Frameworks also have been used to explain conflict theory and the balance necessary to reach what amounts to resolution. Within these conflict frameworks, visible and invisible variables function under concepts of relevance .Boundaries from and within these boundaries, tensions regarding laws and chaos are mitigated. These frameworks often function like cells, with sub-frameworks, stasis, evolution and revolution.

The conceptual framework of study—the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs the research—is a key part of your design. Miles and Huberman (1994) defined a conceptual framework as a visual or written product that “explains, either graphically or in narrative form, the main things to be studied—the key factors, concepts, or variables—and the presumed relationships among them”.

CONCEPTUAL FRAME WORK USED IN THIS STUDY IS HEALTH BELIEF MODEL THEORY

The health belief model is a psychological health behaviour change model developed to explain and predict health-related behaviours, particularly in regard to the uptake of health services.^[1] The health belief model was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service

CONCEPTUAL FRAMEWORK- HEALTH BELIEF MODEL

The Health Belief Model (HBM) was one of the first models to adapt theories from the behavioural sciences in order to examine health related problems. It is still one of the most widely recognised and used models in health behaviour applications. This model was originally introduced by a group of psychologists in the 1950's to help explain why people would or would not use available preventive services, such as chest x-rays for tuberculosis screening and immunisations for influenza .Many investigators studying beliefs related to cancer screening practices have used the HBM as a theoretical framework to study breast cancer screening behaviour such as BSE.

The HBM has frequently been applied to breast cancer screening. The model stipulates that health-related behaviour is influenced by a person's perception of the threat posed by a health problem and by the value associated with his or her action to reduce that threat.

According to the HBM, a woman who perceives that she is susceptible to breast cancer and that breast cancer is a serious disease would be more likely to perform regular breast examinations. Similarly, a woman who perceives more benefits from and fewer barriers to BSE would be more likely to practice BSE. A woman who has an internal cue (body perception) or who has been exposed to an external cue (e.g., the positive influence of a health care provider or the media) would also more readily adopt BSE, as would a woman who wants to improve her health and who is confident of positive results .

The HBM consists of 6 concepts: (1) perceived susceptibility to an illness, (2) perceived seriousness of the illness, (3) perceived benefits for the presumed action, (4) perceived barriers for the presumed action, (5) confidence in one's ability, and (6) health motivation. Behaviour is also a result of the belief that a certain action will benefit the individual and that this benefit will outweigh any barriers .

Despite being one of the few cancers which is able to be detected in its preclinical stage, BSE is still only practised by a low proportion of the population in our country, and this anomaly forms the basis of this study. The aims of this study were to determine knowledge levels about breast cancer, and to evaluate the health belief model about BSE in a group of 20–50 year-old families of defence personnel.

The Health Belief Model

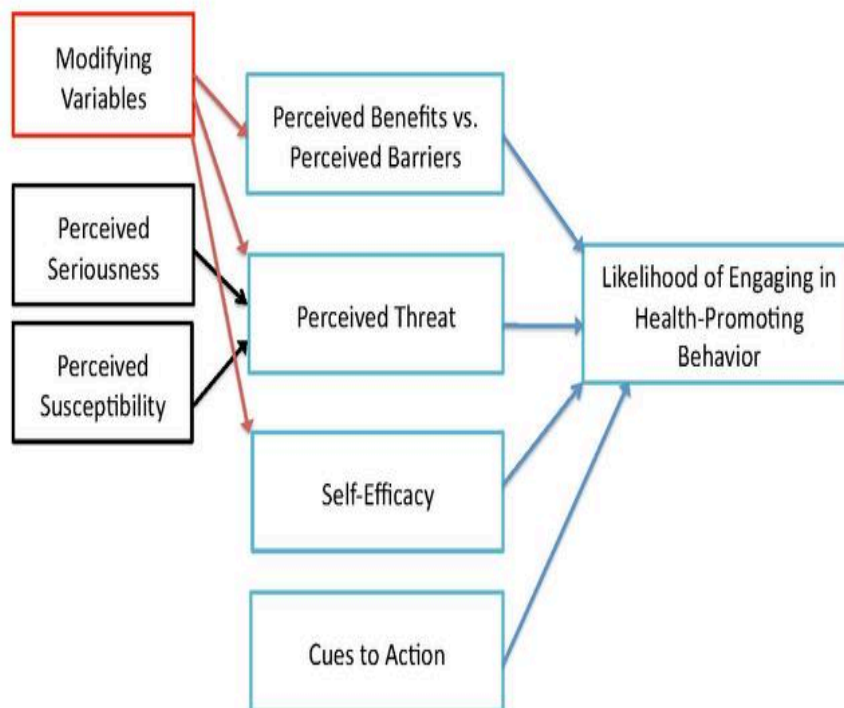


Figure -1

THE HEALTH BELIEF MODEL

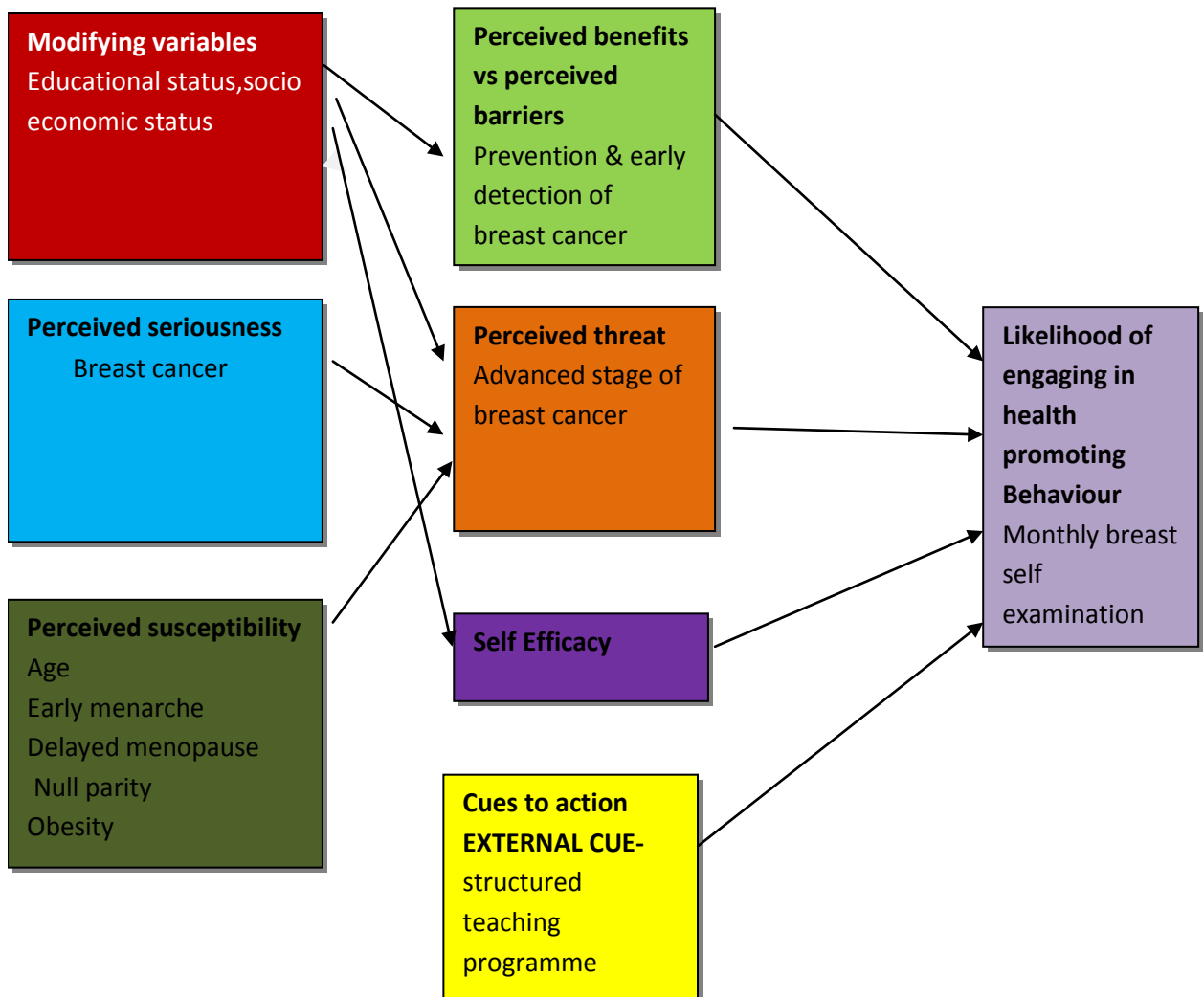


Figure -1A

CHAPTER II

REVIEW OF LITERATURE



REVIEW OF LITERATURE

“That is part of the beauty of all literature. You discover that your longings are universal longings, that you're not lonely and isolated from anyone. You belong.”

— *F. Scott Fitzgerald*

A review of literature is a vital aspect of scientific research. It involves a systematic identification, location, scrutiny and summary of written material that contain information regarding a research problem. It broadens the understanding and gives an insight necessary for the development of a broad conceptual context into which the problem fits.⁽¹⁾

According to DF Polit and CT Beck a review of literature is a written summary of the state of evidence on a research problem. Both consumers and producers of nursing research need to acquire skills for reading critiquing and preparing written evidence summaries.⁽²⁾

PURPOSES OF REVIEW OF LITERATURE

- The primary purpose of review of literature is to integrate research evidence to sum up what is known and what is not known.
- Review of literature some times are stand- alone documents intended to share the evidence with interested readers, but reviews are also used to lay the foundation for new studies.
- A review of literature undertaken for a quantitative study can shape research

questions, suggest appropriate methods and point to a conceptual framework.⁽²⁾

Literature relevant to this study was reviewed and has been arranged as follows:-

- 1 . Breast cancer
- 2 . Self breast examination

1. BREAST CANCER

Breast cancer is the second most common malignancy in India and accounts for 7% of global burden of breast cancer and one-fifth of all cancers among women in India. Over 90,000 new cancer cases are estimated to occur this year and over 50,000 women are estimated to die of it annually in India. This continuing magnitude of the breast cancer problem with respect to incidence, morbidity and mortality requires further studies involving novel approach to prevent this disease.⁽⁴⁾

WHO conducted a study on incidents and mortality from cancer in India, US and China, in 2012 revealed that in India 144,937 women were newly detected with cancer, 70,218 women died of breast cancer. So roughly in India for every two women newly diagnosed with breast cancer, one lady is dying of it. Where as in China 187,213 women were newly detected with breast cancer out of that 47,984 women died of breast cancer. So in China for every four women newly diagnosed with breast cancer one lady is dying of it. In united state 232,714 women were newly detected with breast cancer, out of that 43,909 women died of cancer. So in US five or six women newly diagnosed with breast cancer and one lady is dying of it.⁽⁵⁾

According to an article by international agency for research centre at WHO published on 12 Dec 2013 states that the global burden rises to 14.1 million new cases of cancer and 8.2 million death. The most commonly diagnosed cancers world wide were those of the lung (1.8 million, 13% of the total), breast (1.7 million, 11.9%), and colorectum (1.4 million, 9.7%).⁽⁹⁾

Lodha R, Joshi A, Paul D, Lodha KM, Nahar N, Srivastava A, VK Bhagat, Nandeshwar S, from LM College and research centre, Bhopal, India, People College of Medical College and Research Centre, Bhopal, Department of Community Medicine, Gandhi College, Bhopal, Department of Biochemistry, Gandhi College, Bhopal, Population based Cancer Registry, Indian Council of Medical Research, Gandhi Medical College, Bhopal, India, respectively studied on association between reproductive factors and breast cancer in urban set up at central India from Oct 2008 to Aug 2009 among the women of reproductive age group. The study revealed that women using contraceptive pills, history of not having breast feeding, and family history of breast cancer increases the possibility of acquiring breast cancer.⁽⁶⁾

Breast cancer risk among women in Delhi was studied in 332 women who ranged from 25-80yrs, who were attending Lok Nayak Hospital during 2006, by Pakseresht S, Ingle GK, Bahadur AK, Ramteke VK, Singh MM, Garg S, Agarwal PN from Department of Community Medicine, Maulana Azad Medical College, New Delhi. The study concluded that there was a significant difference between breast cancer cases and controls in relation to place of residence, occupation, marital status, body mass index and breast feeding.⁽⁷⁾

A prospective study was done among a case series of patients from the time of diagnosis with breast cancer and followed after six months.(Jan 2006-Dec 2007) in Maulana Azad Medical College, New Delhi, India, by Singh MM, Garg S, Ingle GK, Paksereht S of Department of Obstetrics, Guilan University of Medical Sciences, Rasht, Iran and Department of Community Medicine, Maulana Azad Medical College, New Delhi, India, regarding expenditure audit of women with breast cancer in a tertiary care hospital of Delhi. Cost implication include direct and indirect costs. The direct median total and indirect expenditure was Rs 12,000 with range of Rs 0-54000.The study revealed cost of treatment for breast cancer depends on many factors, including the stages of the cancer, the women age, perhaps the costs of treatment, private hospital and insurance.⁽⁸⁾

Causes of delayed breast cancer is studied among histopathologically confirmed cases of breast carcinoma in a Rural hospital of Nagpur in 2011 by Akhtar M, Akulwar V, Gandhi D, K Chandak from Department of Surgery,NKP Salve Institute of Medical Sciences and Lata Mangeshkar Hospital, Digdoh Hills, Hingna, Nagpur. The study concluded that major cause of delayed presentation was patient factor which accounted 69.8%, followed by system delay 23.6%. Patient factors were lack of awareness of breast cancer, that is around 75% and financial constraints 52.8%. The system factors were non referral by general practitioners to speciality centres.⁽¹⁰⁾

Defining the cut of age for young patients with breast cancer is addressed in a letter to the editor Indian Journal of Cancer, volume:45, year 2008.Breast cancer that develops at a young age is different from that arising in older menopausal patients.

These factors attribute to the faster tumour growth. In India the mean age of breast cancer is almost 5yrs less than that of western the western world, the same might be true for across the

world. The five year rate of loco regional control was 87.9% in patients <35 years old compared with 91.7% in patients 35-40yrs.⁽¹¹⁾

A division of Epidemiology and Biostatistics, Institute of Cytology and Preventive Oncology, Indian Council of Medical Research, Department of Health Research UP, India, conducted a study on Breast and cervical cancer risk in India, the data obtained from six major cancer registries of India for the years of 1982-2008. There was a change in the incidence ranged from 0.46 to 2.56 for breast and cervical cancer respectively. Trends were significant for both cancers in the registries of Chennai, Bangalore, Mumbai and Delhi except Barshi and Bhopal. North Eastern region recorded decline in the incidence of breast cancer which is contrary to the observation in other registries.⁽¹²⁾

Awareness of risk factors and aspects of breast cancer among north Indian women, assessed by Govt medical college and hospital, Chandigarh in adjoining per urban and slum areas among 51,000 population of women above 30yrs from Aug 2007- Feb 2008. Total 981 women constituted the study population ,out of that the median age of respondents were 29.1 yrs, majority age group was <40yrs 336, followed by those in menopause 370, of total 810 were literate and majority were housewives 818, married 854 as compared to unmarried 59.⁽¹³⁾

Centre for Community Medicine, AIIMS, New Delhi, India conducted a study on awareness of breast cancer in women of an urban resettlement colony, the participants were all women of age 15yrs and above during Oct 2007- Dec 2007. Out of 333 women interviewed, 88% were aware of breast cancer as a disease, however only about half of women that is 185 were aware of breast cancer. It was seen that women who were aware of the disease was educated and were belonged to high socio economic status.⁽¹⁴⁾

Reproductive factors and breast cancer: A case-control study in tertiary care hospital of north India, conducted by Department of Gastroenterology and Human Nutrition unit, All Indian Institute of Medical Sciences New Delhi by Bhaduria AS, Kapil U, Sareen N, Singh P in 2013. The study revealed that the cases had a lower mean age at menarche, higher age at marriage, so the study revealed a strong association reproductive factors and breast cancer.⁽¹⁵⁾

Some observations on the epidemiology of cancer of the breast in women of western India, an article published in International Journal of Cancer in 18 July 2006, volume 10, issue 3, states that the incidence rate for the breast is comparatively low in India. Wide variation in the frequency of cancer of the breast have been observed amongst the religious communities of Western India. Compared to other communities, Sindhis and Parsis have a higher frequency rate for cancer of the breast.⁽¹⁶⁾

A mini symposium on Breast cancer management, past, present and evolving, published in Indian Journal of Cancer in 2012, volume 49 by Akram M, Siddiqui SA from Department of Radiotherapy, J N Medical College, Aligarh Muslim University, Uttarpradesh. The article elaborates the systemic therapy in the form of hormone therapy, chemotherapy and biological agents is now a well established modality in treatment of breast cancer.

The current perspective of breast cancer management is based on the rapidly evolving and increasingly integrated study on the genetic, molecular biochemical and cellular basis of disease.⁽¹⁷⁾

2. SELF BREAST EXAMINATION

An educational interventional study of self breast examination in 250 women beneficiaries of urban health centres of west zone of Ahmadabad was done by Bala D V and Gameti Hemant, Department of Community Medicine, Smt NHL Municipal Medical College, Ahmadabad. The participants were women above the age of 20 yrs. Pre test assessment revealed that awareness about various methods of breast cancer was relatively inadequate. However, three months after the intervention, there was not only significant improvement of knowledge, improvement in breast self examination practices was also observed amongst these women.⁽¹⁸⁾

Early detection and prompt treatment offer the greatest chance of long term survival and breast self examination seems to be an important viable substitute for early detection of cancer. Awareness and practice of breast self examination among women in South India was assessed by a cross sectional community based study by Department of Gynaecology and obstetrics, KIMS, Amalapuram, East Godavari district, Andrapradesh, carried out in the urban health centre during June 2013. 206 women were participated in the study in the age group of 21-40yrs. Majority, 96.1% were aware of breast cancer and its consequences.⁽¹⁹⁾

Breast self breast examination makes women more aware which may lead to an earlier diagnosis of breast cancer. To investigate the awareness of self breast examination among women patients and female attendees visiting a teaching hospital. A cross sectional study was conducted in a teaching hospital of Andrapradesh by Sharma Pawan and Nagda Disha in the year of 2011 for 2 months. Total 300 women were studied; the participants were at mean age of 26.5 yrs. About 2% women were aware about breast self examination. Main information source was health workers in 50% of aware women. Younger, married women and with more

years of schooling were significantly more. Breast self examination may be improved through various means like health workers, breast health care programs targeting girl students.⁽²⁰⁾

The knowledge and practices of women toward breast self examination for early detection were observed to be inadequate in a study carried out among females in the age group of 35-60yrs in a semi urban area of Madhya Pradesh, India .After the intervention program, 59% women had good knowledge and among them 90.7% practiced breast self examination as compared to 0% in the pre-test. An overall increase in the awareness of 43% and 53% of breast self examination was observed in the study group after intervention.⁽²¹⁾

Breast cancer is responsible for 10.4% of the global burden of cancers in women and of this happens in developing countries. In the sphere of cancer control, much would be achieved if breast cancer to be detected early. Since a large population of India present with advanced disease, any down staging due to early detection will considerably reduce treatment cost as well as morbidity even if mortality is unaffected, in this background a cross sectional study conducted to determine the level of knowledge regarding breast cancer and to increase the awareness about breast cancer screening practices among a group of women in tertiary care hospital in Mumbai, India. Study conducted over a period of two months from Aug 2009-Sep 2009. Breast cancer awareness was found to be 52% and 92% women claimed to have heard of the disease, 38% women never heard of breast self examination and among those heard of it, 15% were regular while 23% were irregular performers.⁽²²⁾

The relationship between frequency of breast self examination and health belief model variables was assessed in a convenience sample of 588 women. Susceptibility, seriousness, benefits, barriers, health motivation, control, and knowledge of breast cancer and breast self

examination was taught. In addition, persons taught by a doctor or nurse evidenced greater frequency of breast self examination than those taught in other ways.⁽²³⁾

Cultural-appropriate strategies can be designed to promote cancer screening if the unique needs and characteristics of ethnic groups are identified. A study conducted on health belief and practices related to breast cancer screening in Filipino, Chinese and Asian-Indian women. A total of 125 women were assessed for screening practices (i.e. breast self examination, clinical breast exam, and mammography), related beliefs and knowledge among three subgroups of Asian-American women (47 Filipinos, 40 Chinese, and 38 Asian-Indian). Results from a two way analyses of variance showed strong influence of ethnicity on perceptions of susceptibility and seriousness related to breast cancer. Three unique barriers detected were Chinese think they do not need mammogram and long waiting period, Indian women do not know where to get a mammogram.⁽²⁴⁾

Department of Community Medicine, Kasturba Medical College, Manipal, Karnataka, India conducted a study on acceptability and effectiveness of a breast health awareness programme for rural women in India. Community based nonrandomised educational interventional study carried out over a period of 1yr, 360 rural women in the age group 30-59yr participated in the study. Following the educational intervention, a significant increase in overall awareness regarding breast cancer as well as the performance of self examination of the breast was observed. This study clearly shows that a community oriented educational programme emphasizing on proper technique can bring about the desirable behavioural change among women⁽²⁵⁾

Cancer Prevention in primary care: screening and self examination for breast cancer related article published in BMJ states that the primary care teams have an important role to

play in encouraging women to attend for screening process. To date, routine breast self examination has not been shown to be an effective method of screening for breast cancer and should not therefore be promoted as a primary screening procedure. There is, however, a case to be made for women to become more breast aware⁽²⁶⁾

Breast cancer.org describe the five steps of a breast self examination, it narrates five significant steps involved in self breast examination. Step 1 involves just observation by standing in front of the mirror. Step 2 raise the arm and look for any change. Step 3 look for any signs of fluid coming out of one or both nipples. Step 4 examining the breast while lying down. Step 5 feel the breast while standing or sitting⁽²⁷⁾

Because of other health care issues, breast cancer is not regarded as a health care priority and cancer awareness programs are either nonexistent or dysfunctional in the third world. Just to give a quick comparison, 75% of the women conduct self breast examination in united states, in contrast 30.3% of the females from Saudi Arabia have even heard of self breast examination. In Iran 61% knew about breast cancer, in Pakistan only 14% of the mammography tests performed in the country's leading cancer institute for a screening purpose. In most of the developing countries the incidence of breast cancer is low, but rapid industrialization, westernization, urban development and reduced fertility are some of the factors responsible for the increasing incidence of breast cancer.⁽²⁸⁾

Breast cancer mortality is high in Sudan and most patients are detected at later stages of the disease due to the lack of awareness and absence of screening programs. A study conducted on Frequency of breast cancer among Sudanese patients with breast palpable lumps by Department of Histopathology and Cytology, Khartoum, Sudan. The diagnosis of 200 breast lesions were as follows: 68 were malignant, 56 cases were fibro adenoma, 23 cases were

fibrocystic change, 22 cases were inflammatory lesions. The frequency of advanced breast cancer among patients with breast lesions is high, in this subset of patients, which signals the urgency for implementation of breast screening programs.⁽²⁹⁾

A study conducted to detect the Breast cancer screening perceptions among American Indian women under age 40 by Flippi MK, Ndikum-Moffor F, Braiuca SL among women of age group of 25-39yrs of age in Kanas and Missouri in Sep 2013. The study revealed that Asian Indian women lacked knowledge of details about screening and suggestions and their risks of getting breast cancer, cost was cited as a primary barrier to screening, additional education was needed.⁽³⁰⁾

In a exploratory, descriptive research study examined the knowledge and frequency of breast self examination (BSE) among Middle Eastern Asian Islamic immigrant women residing in a major metropolitan U.S. city. The study consisted 39 women ranging in age from 20-48yrs, in Feb 2000 by Rashidi, Anahita M. S.N, Rajaram, Shireen S. The results indicated that 85% had heard of breast self examination, 74% had not examined their breast. Most of the women had not learned about BSE from a health professional.⁽³¹⁾

CHAPTER III

METHODOLOGY



RESEARCH METHODOLOGY

Methodology of Research indicates the general pattern for organizing the procedure to gather valid & reliable data for the problem under investigation. This chapter deals with the methodology adopted for the study. This chapter deals with the methodology adopted for the study. This chapter will encompass the research approach, design of the study, sampling technique, selection of tools, data collection procedure & plan for data analysis.

The objective of the study was to assess the effectiveness of structured teaching programme on self breast examination among families of defence personnel .

RESEARCH APPROACH

The present study aimed at assessing the knowledge regarding self breast examination and its practice before and after the administration of structured teaching programme to the families of defence personnel, evaluates the effectiveness of the teaching programme, recommendations based on the findings of the study.

Experimental method was used for the study.

RESEARCH DESIGN

The research method adopted for the study is cross sectional comparative study method.

SETTING OF THE STUDY

The setting selected was Multi speciality hospital in Cantonment Pune.

The present study was conducted in service Gynae OPD of a multispecialty hospital at Pune Cantonment.

POPULATION

The population of the study consisted of families of service personnel of age group 30 -55 years attending OPD at Gynae OPD of Super speciality Defence Hospital Pune.

SAMPLE & SAMPLING TECHNIQUE

According to Polit and Beck, “sample is a subset of the population, selected to participate in a study”. “Sampling is the process of selecting a portion of the population to represent the entire population”.

SAMPLE

Sample consists of subset of the unit or population under study, 40 patients of age group 30-50 years attending service Gynae OPD on 31 March 2015.

SAMPLE SIZE=40 samples

SAMPLING TECHNIQUE

Systematic random sampling technique involves the selection of every K^{th} case from list of group, such as every 10th person on a patient list or every 100th person from a phone directory.

In this study **systematic sampling** is applied so that an essentially random sample is drawn.

The desired sample size is established at some number (n) and the size of population must be known or estimated (N).

$$K = N/n \quad \text{or} \quad K = \frac{\text{Number of subjects in target population (N)}}{\text{Size of sample (n)}}$$

For our study $n = 40$ (Sample size)

$N =$ The estimated population in Service Gynae OPD for 1 day is approximately 200 patients.

In this method, a list of the subjects is prepared for the target population and then the first subject is randomly selected ; later K^{th} subject is selected from the sampling frame.

$$K = N/n = 200/40$$

$K = 5^{\text{th}}$, Therefore every 5^{th} patient of the population was taken as a sample for study.

This technique is convenient to the researcher in terms of affordability, accessibility, approachability and time.

DESCRIPTION OF STRUCTURED QUESTIONNAIRE (TOOL)

The final format of the structured questionnaire comprised of 03 parts.

PART I of the tool consisted of Socio Demographic data sheet. It is based on ten items such as age, religion, education, marital status, occupation, monthly income, type of family.

This information was conducted by question method.

PART II of the tool consisting of 09 questions. These questions were framed to elicit information pertaining to the sample's knowledge regarding meaning of breast self examination, the risk factors, the most common age group, the early signs of breast cancer, and the purpose of BSE.

PART III of the tool consist of 11 questions. These questions were framed to elicit information pertaining to the sample's knowledge regarding the technique of SBE, and the appropriate time.

VALIDITY OF RESEARCH TOOL

The validity of the research tool was established by administering the questionnaire to five experts, which included two nurse educators, one Onco specialist, one gynaecologist, and one preventive medicine expert. The experts , were selected on the basis of their clinical expertise. Experiences and interest in the problem being studied. They were requested to give opinion on the appropriateness, clarity and comprehensiveness of the items in the tool.

Suggestions were also invited to improve the items, if necessary. There was 100 percent agreement among the experts. A few changes were added which were welcomed and included in the tool. The ambiguous statements were modified and tool was made more compressive. Thus the final questionnaire in the English was developed.

PILOT STUDY

The pilot study was conducted in 2nd week of January 2015 to assess the feasibility of the study pre test the tool and to decide on a plan for a statistical analysis. Ten ladies admitted or attending the admitted patients in female surgical ward were randomly selected of super speciality Defence Hospital, Pune.

A structured interview questionnaire was administered to all the subjects to see any problem in the design, their comprehension of questions and time taken to administer the questionnaire. During the pilot study it was found that the questionnaires with some scientific

terminologies were found difficult by the patients to comprehend hence they were slightly modified with consultation from guide.

The subjects included in the pilot study were excluded in the final study.

DATA COLLECTION TECHNIQUE

As the purpose of the study was to assess the effectiveness of structured teaching programme regarding self breast examination, we evaluated the programme by comparing the pre test and post test knowledge of the samples after the video assisted teaching, it was considered necessary to derive information directly from the respondents. Structured questionnaire was used for the pre test as well as the post test.

Some of the advantages of using questionnaire are that they are relatively a simple method of obtaining data, the subject has time to contemplate their response to each question, and one can gather data from a much large sample more rapidly and effectively.

PROCEDURE FOR THE FINAL DATA COLLECTION.

The final data was collected during the morning hours when there was maximum attendance in OPDS. The samples were ensured about anonymity and confidentiality .All subjects willingly participated in the study and answered all questions. The average time taken by each subject to answer the questions was 45 minutes. The data was collected during the period of last week of January 2015.

DATA ANALYSIS

After completion of the questionnaire by the samples, the questionnaire was evaluated. The demographic data was tabulated. The Knowledge, and the knowledge on practice questionnaire was scored according to the scoring procedure. Correct answers were scored 1 and wrong technique 0. The knowledge , knowledge on practice scores were tabulated for analysis.

The data collected was then analysed by appropriate statistical methods. Frequency table was prepared in accordance with various characteristics under study and percentage analysis was done.

Analysis of variance (ANOVA) was used to associate knowledge ,practices with demographic variables such as age, sex, education, socioeconomic status and people who already were aware of Self breast examination.

CHAPTER IV

DATA ANALYSIS

AND

INTERPRETATION



ANALYSIS,INTERPRETATION OF DATA AND DISCUSSION

This chapter deals with analysis & interpretation of data collected from a sample of 40 married females(dependants of serving soldiers) from pune canttonment area. Analysis and interpretation of the data based on the objective of the study. The present study aimed at assessing the knowledge, attitude and practice of Breast Self Examination among females of age group 30-50yrs.The study conducted with a pretest ,a structured teaching program on Breast Self Examination and a post test to the same group of samples selected.

PRESENTATION OF DATA

Objectives were arranged in following sections in terms of findings of the study

Section 1: Distribution of the samples in terms of age , educational qualification, religion ,marital status, occupation, monthly family income, type of family and the prior awareness on self breast examination.

Section 2: Association of knowledge, knowledge regarding practice of BSE with educational qualification of the sample.

Table 1- Base line Demographic Data

Socio Demographic variable	Class	No	%
Age	30-35	36	90
	36-40	03	7
	41-45	01	3
	46-50	0	0
Education	Matric and less	15	37.5
	Intermediate	06	15
	Graduation	10	25
	Post graduation	09	22.5
Religion	Hindu	39	97
	Christian	0	0
	Muslim	01	03
	Others	0	0
Marital status	Married	40	100
	Unmarried	0	0
Occupation	Self employed	0	0
	Professional	04	10
	Agriculture	0	0
	Home maker	36	90

Socioeconomic status	10,000-15,000	03	7.5
	15,000-20,000	0	0
	20,000-25,000	25	62.5
	≥ 25,000	12	30
Type of family	Nuclear	14	35
	Joint	26	65
Information on BSE	Yes	17	42.5
	No	23	57.5
Source of information on BSE	News paper	04	10
	Magazine	01	2.5
	TV	07	17.5
	Radio	0	0
	Internet	0	0
	Health personnel	02	05
	Family member	02	05
	Friends	01	2.5
	Do not know about BSE	23	57.5
Prior practice of BSE	Yes	03	7.5
	No	37	92.5

Table 1- represents the socio- demographic data, there were 40 samples included in our study who fulfilled the inclusion criteria, the age group selected was from 30-50yrs and the

majority belonged to the age group of 30-35yrs. In our study majority sample were educated up to matric and less 37.5% ,25% of the samples were graduates,22.5% were post graduates and 15% were educated up to intermediate. Majority of our samples were Hindus and only 3% were Muslims .All the samples were married and most of them were homemakers. Only 10% were professionals.62.5% of samples had monthly family income of 20,000-25,000,30% of them had $\geq 25,000$ monthly family income and 7.5% had 10,000-15,000 income.65% of the samples were belonged to joint family and 35% belonged to nuclear family. Majority of samples (57%)were not aware of Breast Self Examination where as 42.5% had some prior knowledge regarding BSE.

DISTRIBUTION OF AGE GROUP

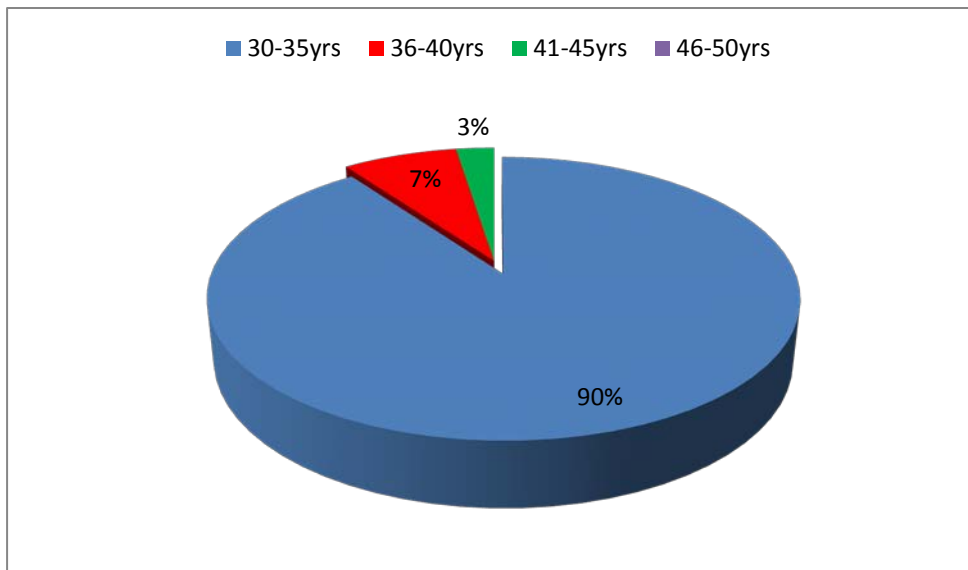


Figure 2: Age Group

There were 40 samples included in our study who fulfilled the inclusion criteria, 36(90%) samples were between the age group of 30-35 yrs, 3(7%) samples were between the age group of 36-40yrs, where as only 1(3%) sample contributed the age group of 41-45yrs and there was none in the age group of 46-50 yrs.

DISTRIBUTION OF EDUCATIONAL STATUS

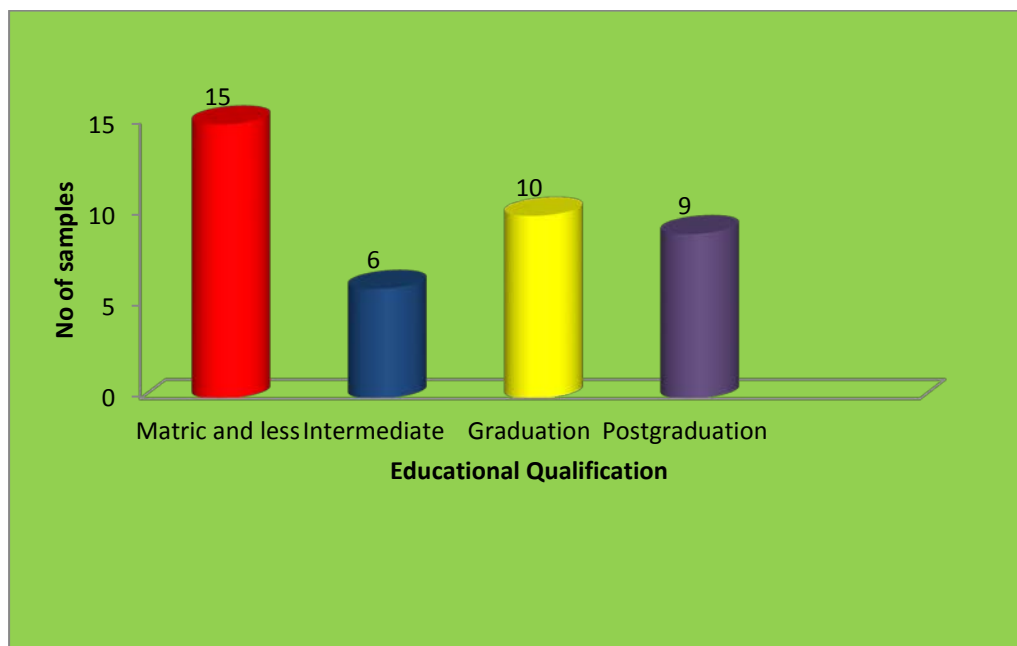


Figure 2.1: Education Distribution

In our study majority of samples, 15(37.5%) were educated till matric and less, 10(25%) samples were graduates, 9(22.5) were post graduates and 6(15%) were educated up to intermediate level.

DISTRIBUTION OF RELIGION

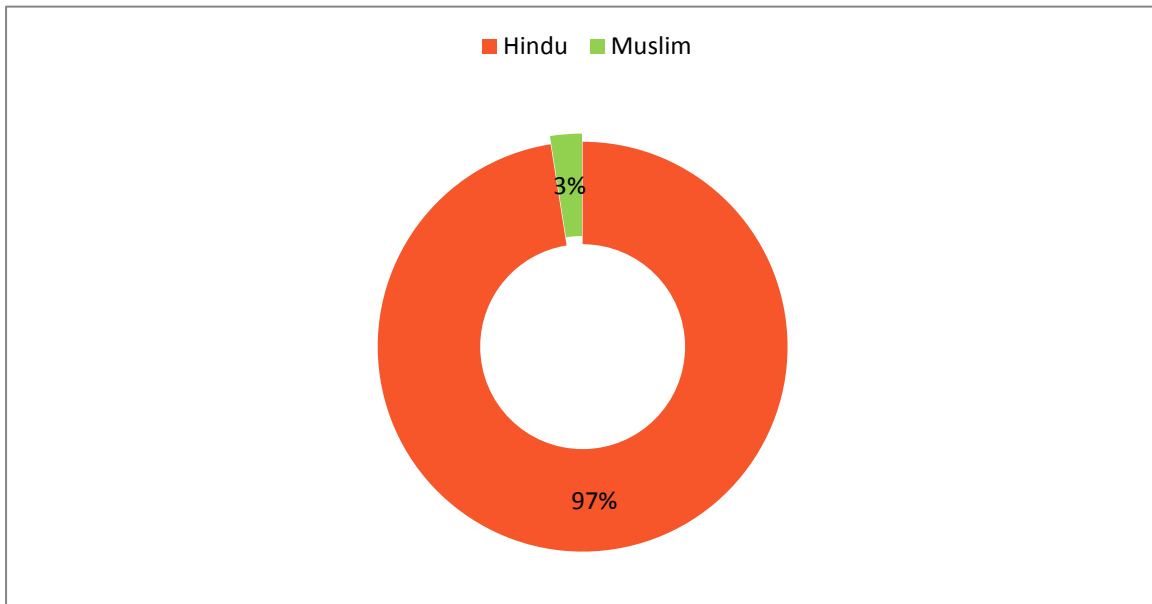


Figure 2.2 : Religious Distribution

In our 40 samples majority were Hindus 39(97%), where as only one sample(3%) belonged to Muslim community, there were none from Christian or other religions.

MARITAL STATUS

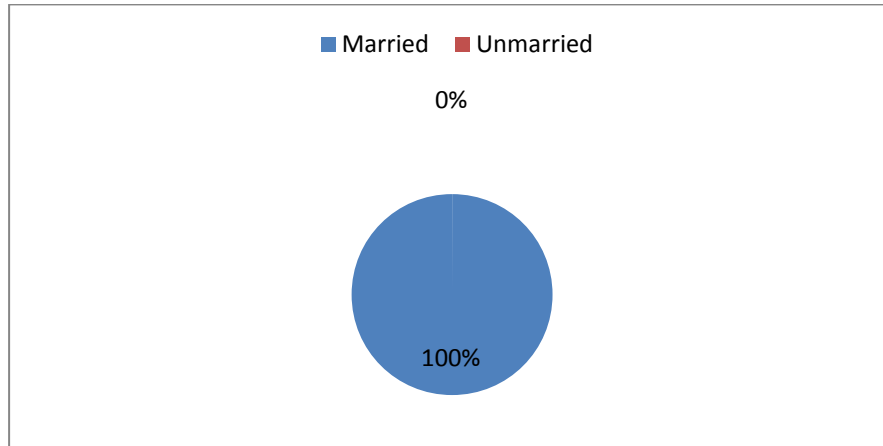


Figure 2.3: Marital Status

In our 40 samples all were married

DISTRIBUTION OF OCCUPATION

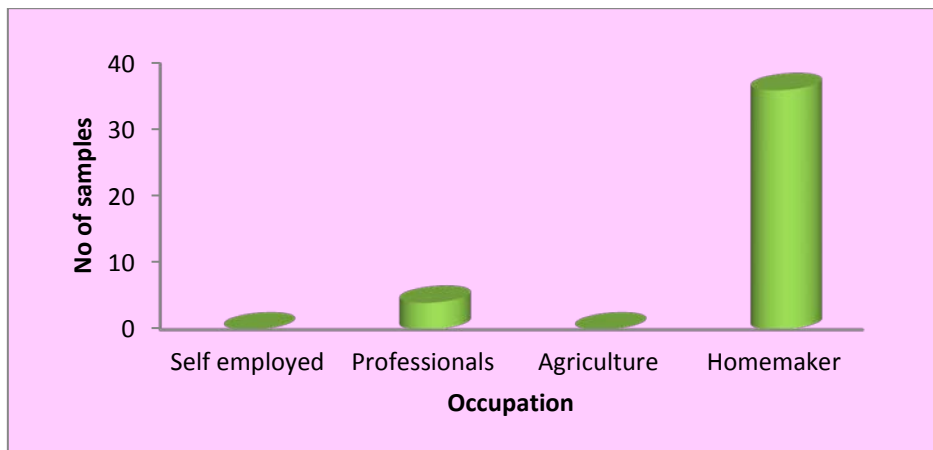


Figure 2.4: Occupation

36(90%) of the samples were homemakers out of 40, 4 (10%) of them were professionals, none were self employed or farmers.

DISTRIBUTION OF SOCIO ECONOMIC STATUS

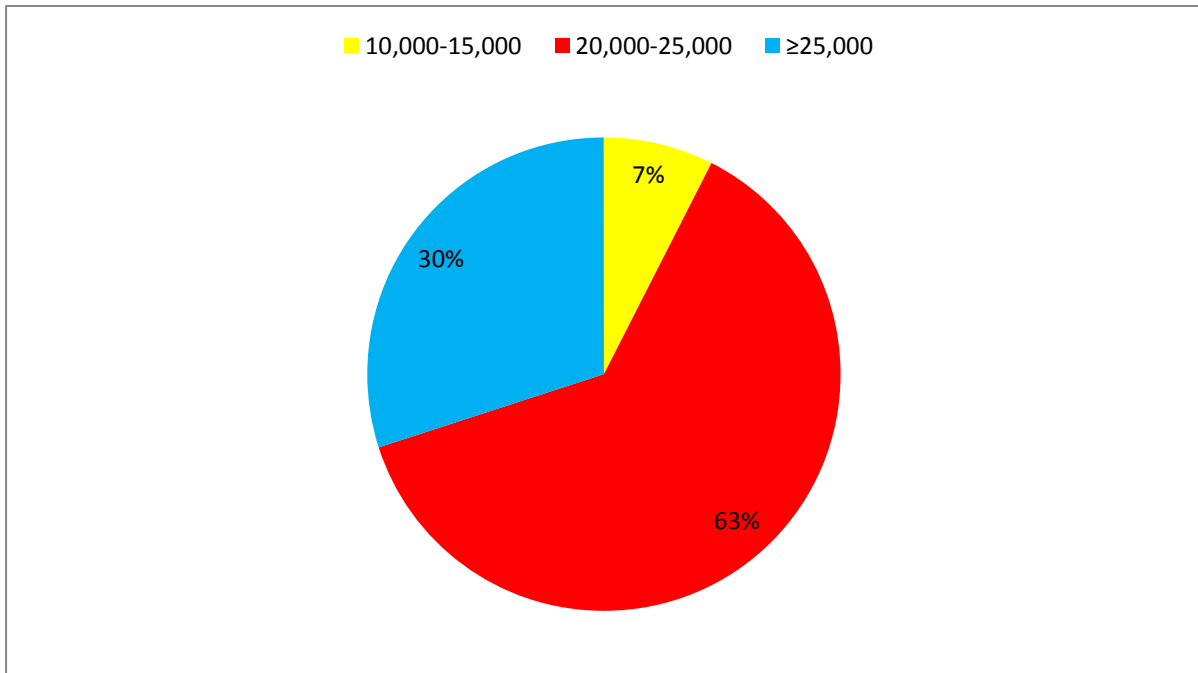


Figure 2.5: Economical Status

Majority of our sample 25(63%) having monthly income of 20,000-25,000,12(30%) having income of \geq 25,000,3(7%) were having 10,000-15,000 and none had 15,000-20,000 monthly income.

TYPE OF FAMILY

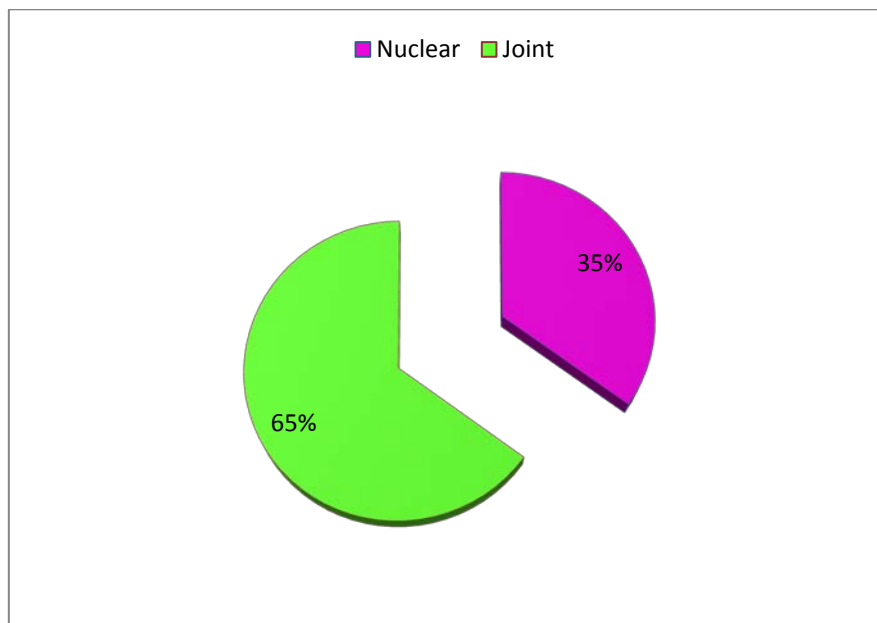


Figure 2.6: Family Size

Out of 40 samples of our study 26(65%) of them are from joint family and 14(35%) are from nuclear family.

PREVIOUS KNOWLEDGE

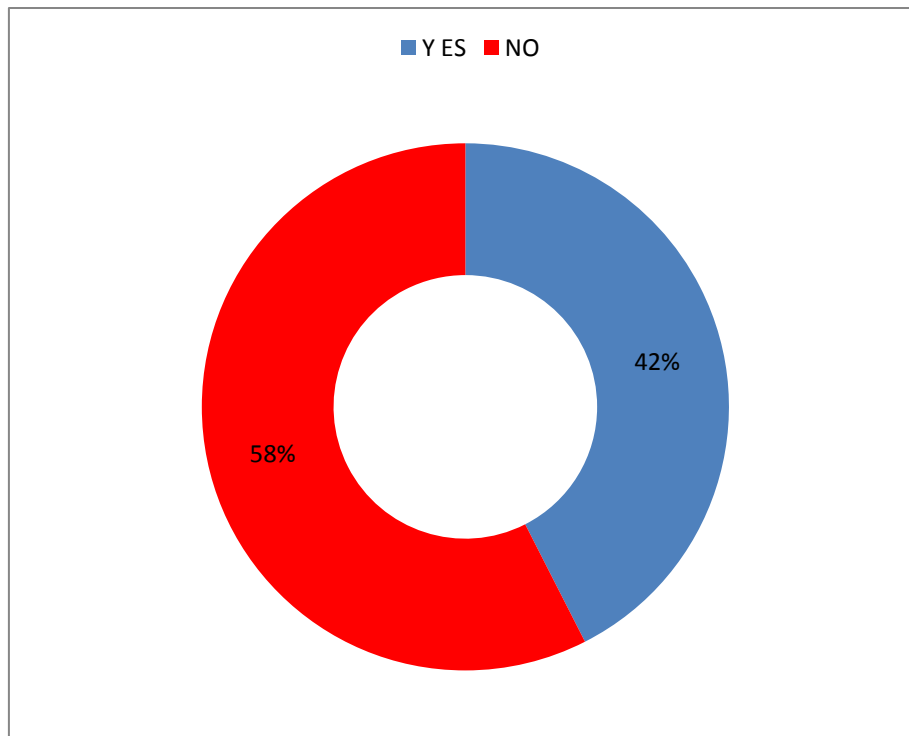


Figure 2.7: Previous Knowledge

17(42%) of our sample had prior knowledge regarding BSE, while 23(58%) never heard/read/watched a programme on BSE among total 40 samples.

SOURCE OF INFORMATION

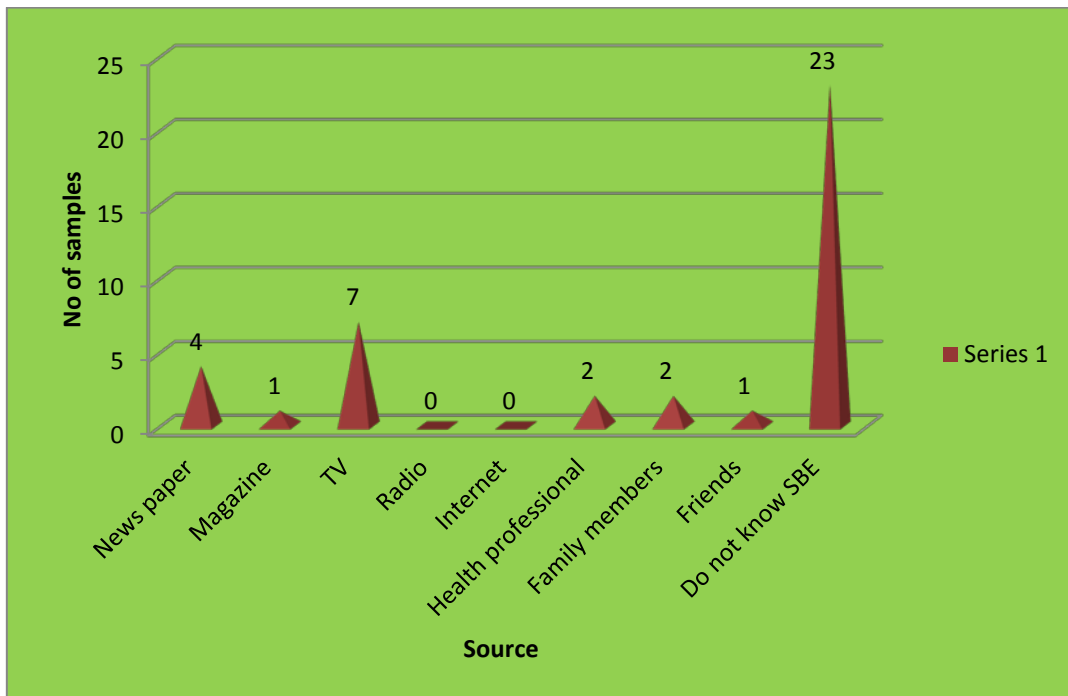


Figure 2.8: Source Of Information

23 samples(57.5%) never heard of Self Breast Examination. 17 samples (42.5%) have heard of Self Breast Examination before and maximum had gained this knowledge from television.

PART 2- DISTRIBUTION ACCORDING TO KNOWLEDGE-PRE TEST

Table no 2

n=40

Knowledge-Grade	Frequency	%
Poor	09	22.5
Satisfactory	14	35.0
Good	17	42.5

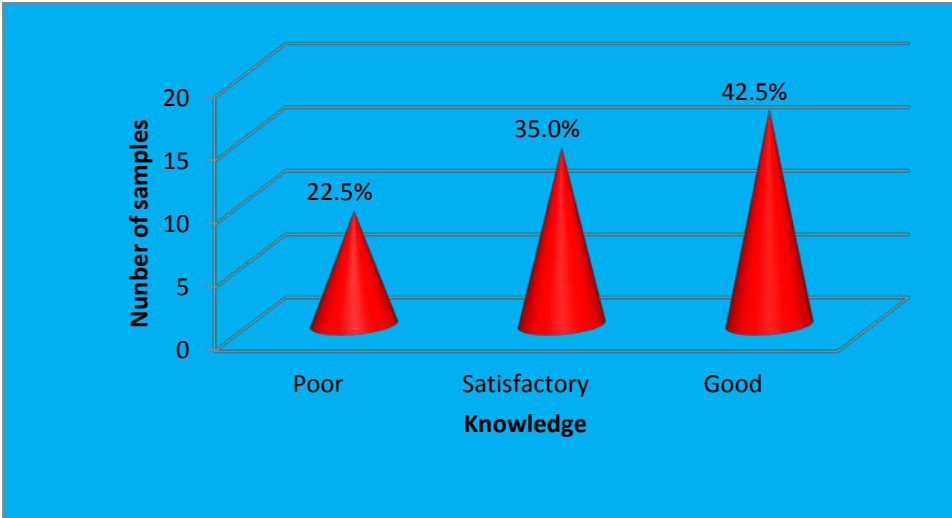


Figure 3: Distribution according to knowledge-Pre test

In our study among 40 samples 9(22.5%) had good knowledge (6-9), 14(35%) had satisfactory knowledge(3-6) and 17(42.5%) had poor knowledge(0-3) during pre test, before administering video assisted teaching programme on Breast Self Examination.

DISTRIBUTION ACCORDING TO KNOWLEDGE-SCORE POST TEST

Table no-3

n=40

Knowledge -Grade	Frequency	%
Poor	04	10%
Satisfactory	18	45%
Good	18	45%

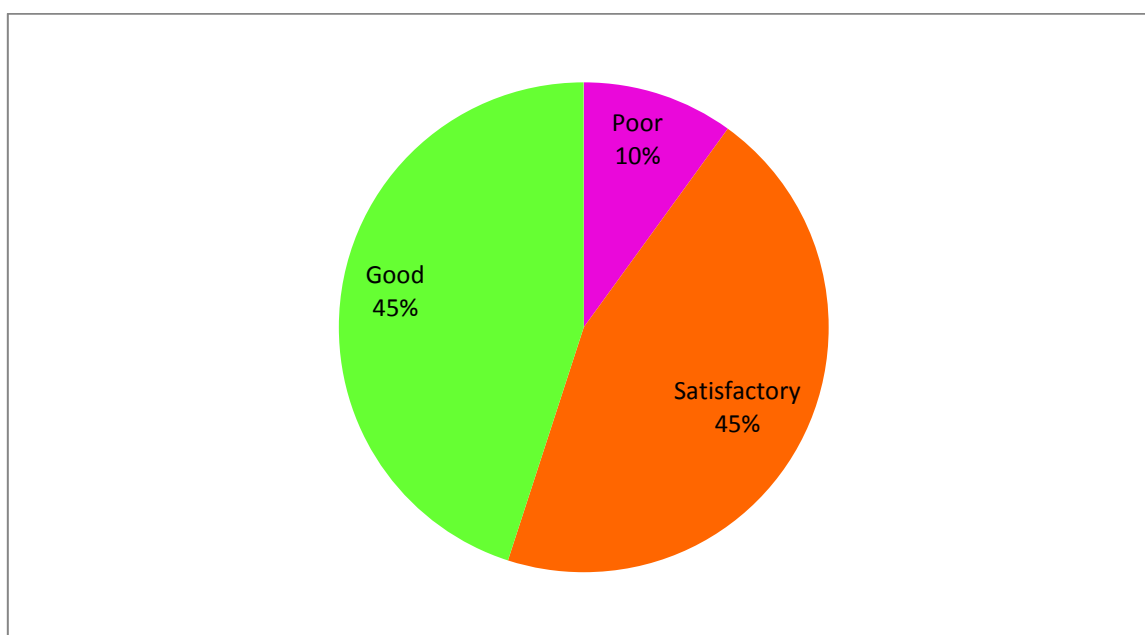


Figure 3.1: Knowledge score-Post test

In our study among 40 clients, 18(45%) had good knowledge (6-9),18 (45%) had satisfactory knowledge (3-6) and 04 (10%) had poor knowledge (0-3).

COMPARISON OF KNOWLEDGE SCORE-PRE TEST AND POST

TEST

Table No-4

n=40

Grade	Pre test		Post test	
	Frequency	%	Frequency	%
Poor	09	22.5	04	10
Satisfactory	14	35	18	45
Good	17	42.5	18	45

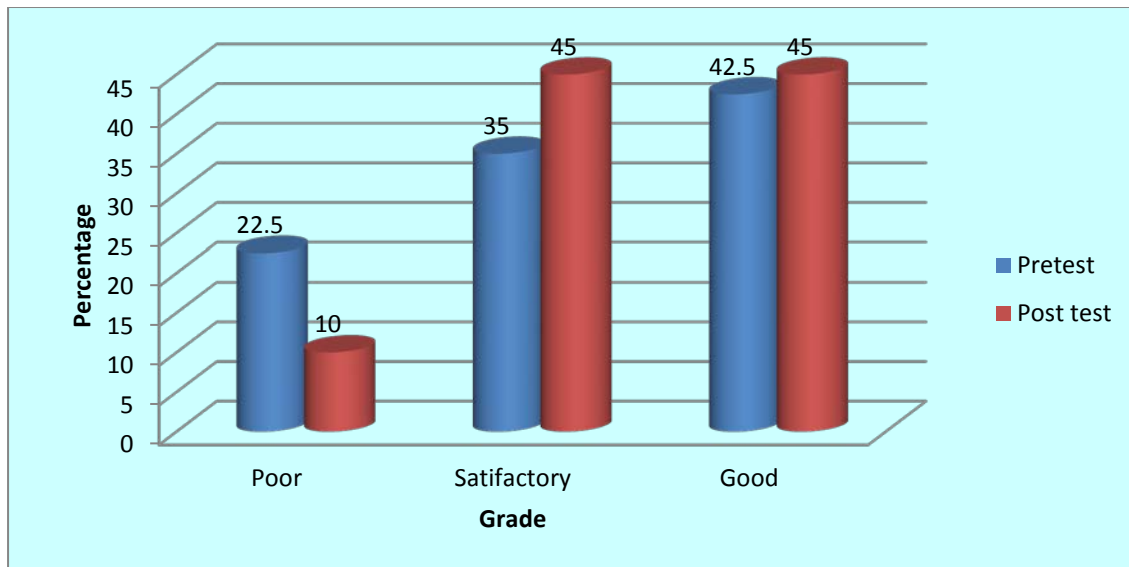


Figure 3.2: Comparison of knowledge score

There was significant increase knowledge level after the structured teaching programme which indicates the programme was effective.

PART 3: PRACTICE

KNOWLEDGE REGARDING PRACTICE-PRE TEST

Table No-5

n=40

Practice Grade	Frequency	%
Poor	19	47.5
Satisfactory	21	52.5
Good	0	0

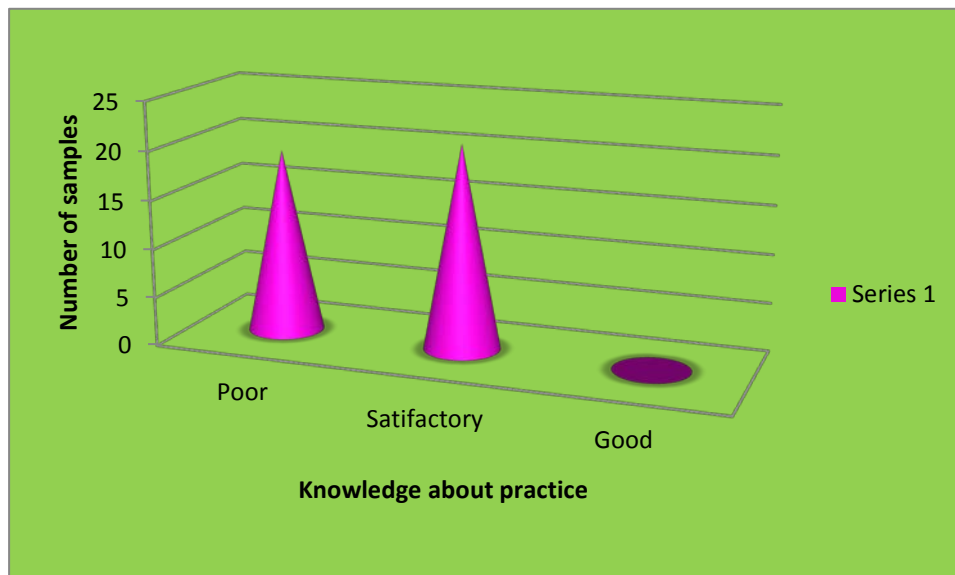


Figure 4: Knowledge regarding Practice

In our study the practice of Breast Self Examination was found poor in 19 samples (47.5%), was found satisfactory in 21 samples(52.5%) and none had good practice.

DISTRIBUTION ACCORDING TO PRACTICE-SCORE POST TEST

Table No-6

n=40

Practice-Grade	Frequency	%
Poor	0	0
Satisfactory	11	27.5%
Good	29	72.5%

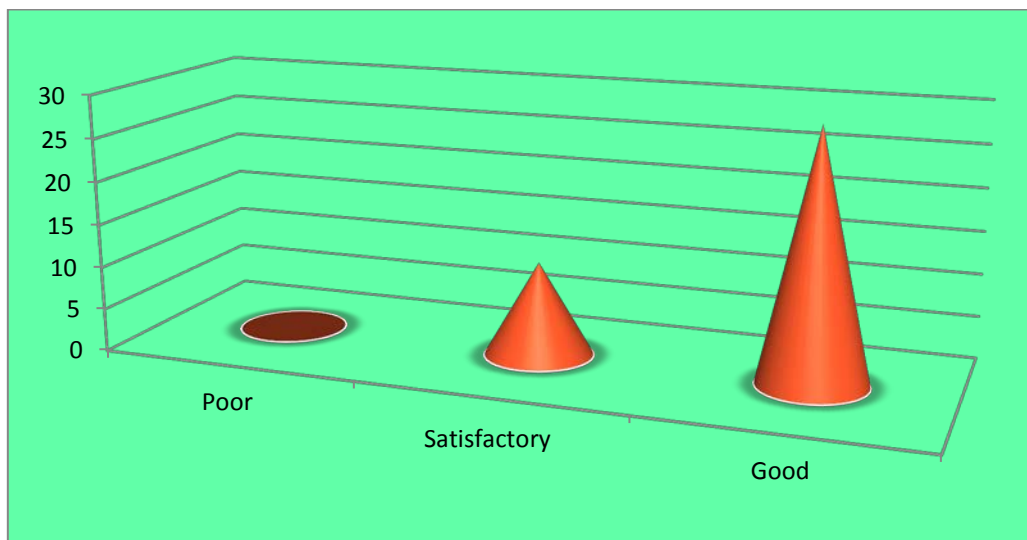


Figure 4.1: Knowledge about Practice Score

In our study, the knowledge about the practices was found good in 29 clients,(72.5%), and Satisfactory in 11 clients (27.5%), 0% had poor knowledge.

COMPARISON OF KNOWLEDGE ABOUT PRACTICE OF BSE

Table No-7

n=40

Grade	Pre test		Post test	
	Frequency	%	Frequency	%
Poor	19	47.5	0	0
Satisfactory	21	52.5	11	27.5
Good	0	0	29	72.5

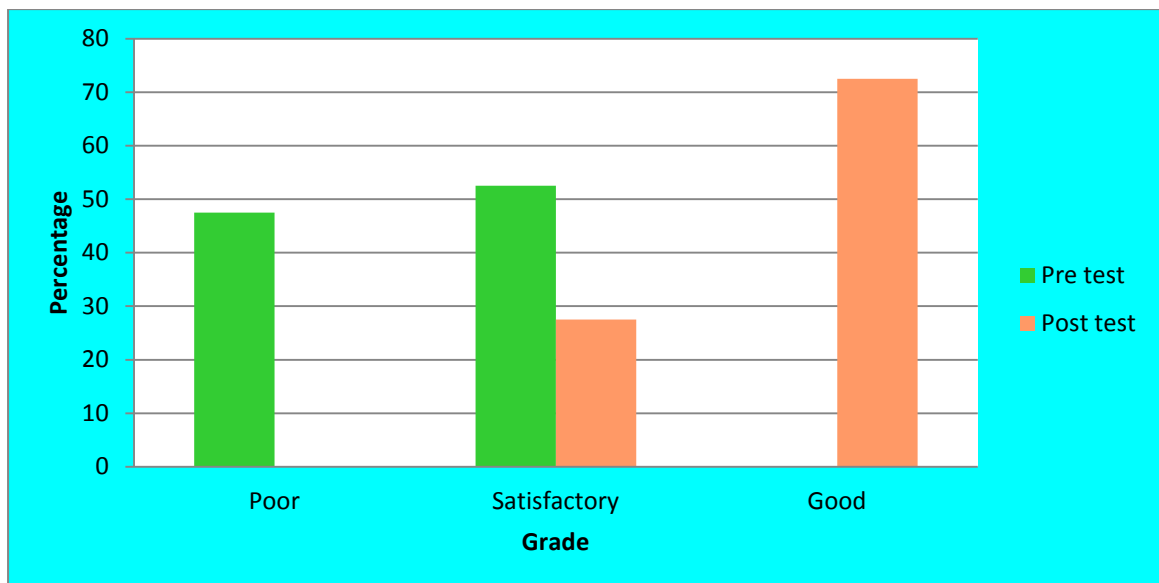


Figure 4.2 : Comparison of knowledge about practice

There was significant improvement in knowledge regarding practice on BSE after the structured teaching program.

PART IV

ASSOCIATION OF EDUCATIONAL STATUS WITH KNOWLEDGE REGARDING BSE IN POST TEST

Table :8

n=40

Educational Status	Yes	No	Chi Square	P Value
Matric and less	14	01	4.00	0.05
Intermediate	06	0		
Graduate	07	02		
Post Graduate	07	03		

The computed χ^2 (chi square) for a probability of 0.05 was 4.00 at 3 degrees of freedom. This observed value is greater than the probability table value for χ^2 at 3 degree of freedom. Hence it can be interpreted that there is significant association between Educational Status and knowledge regarding Breast Cancer.

**ASSOCIATION OF EDUCATIONAL STATUS WITH KNOWLEDGE
ON PRACTICE REGARDING BSE IN POST TEST**

Table No: 9

n=40

Educational Status	Yes	No	Chi Square	P Value
Matric and less	13	02	2.08	0.05
Intermediate	06	0		
Graduate	08	01		
Post Graduate	08	02		

The computed χ^2 (chi square) for a probability of 0.05 was 2.08 at 3 degrees of freedom. This observed value is less than the probability table value for χ^2 at 3 degree of freedom. Hence it can be interpreted that there is no significant association between Educational Status and knowledge regarding practice of Breast Self Examination.

DISCUSSION



DISCUSSION

Breast cancer is the most common malignancy affecting the women, it can be detected early by breast self-examination. The current study is a quantitative study to assess the effectiveness of structured teaching programme on self-breast examination among families of defence personnel. A quasi- experimental study was conducted on 31 March 2015 among the families of defence personnel attending service OPD. Total 40 samples were included in the study between the age group of 30 to 50 years. A conceptual framework based on Health Belief Model was used in the study. A quantitative study approach was adopted for the study, the sample size was 40 and the samples were selected using simple random sampling technique. After the introduction and establishment of rapport with the women the purpose of study was explained and informed consent was obtained from each one of them. A structured tool was used to collect the data. The findings of the study have been discussed with the reference to the objectives.

- ❖ There were 40 samples included in our study who fulfilled the inclusion criteria, the age group included ranged from 30- 50 yrs. The majority (90%) was aged (30- 35) yrs. Only 7% contributed to 36- 40 yrs of age and there was no one between the age group of 46- 50 yrs .
- ❖ The importance of literacy in education programme has been recognised. In our study all samples were literate. 37.5% were educated till matric and less, 15% were intermediate, 25% graduate and 22.5 % samples were post-graduate. This literacy rate contributed to the successful conduction of structured teaching programme on breast self-examination.

- ❖ In our study the majority(97%) of the samples were Hindus, 3% were Muslims none represented other religions.
- ❖ All the samples in our study were married. Whereas study by D V Bala et al among the women beneficiaries of urban health centres of west zone of Ahmedabad in which 90.8% of the samples were married ⁽¹⁸⁾.
- ❖ Majority of our samples were home makers who contributed 90%, the rest 10% included professionals and none were self-employed and farmers.
- ❖ Majority of our sample 25(63%) having monthly income of 20,000-25,000, 12(30%) having income of $\geq 25,000$, 3(7%) were having 10,000-15,000 and none had 15,000-20,000 monthly income.
- ❖ Majority of the samples of contributing 65% of them were from joint family and 35% are from nuclear family.
- ❖ 17(42%) of our sample had baseline knowledge regarding BSE, while 23(58%) never heard/read/watched a programme on BSE among total 40 samples. Interestingly a study by ALSD Kommula et al among women in South India showed only 16.5% had awareness of BSE and 83.5% was not aware of BSE⁽¹⁾.
- ❖ The main sources of knowledge were TV (17.5%), Newspaper(10%), Health professionals (5%), Family members (5%), friends (2.5%), and Magazine (2.5%). A study by Sharma P K et al main source of information were health professionals⁽²⁰⁾ whereas in our study it was TV (17.5%). In other study by S Ahuja et al group of women in a tertiary care hospital in Mumbai showed only 12% of all women had received information from health professionals while majority (60%) of them stated their source of information from friends and family members⁽²²⁾.

In the present study, the baseline knowledge about breast cancer was poor in 22.5% of samples, satisfactory in 35% samples and was good in 42.5% of samples. After Health Education intervention the knowledge on breast cancer had increased. In the post test only 10% of the samples had poor knowledge regarding breast cancer, 45% had satisfactory and 45% had good knowledge.

A similar type of study conducted by D V Bala and H Gameti in the women beneficiaries of urban health centres of west zone of Ahmedabad showed that even though pre test knowledge levels regarding breast cancer was ranging from 21% to 49%, post test after the HE intervention study showed a appreciable result ranging from 36.8% to 68.4%⁽¹⁸⁾.

The knowledge regarding the practice of breast self-examination also increased after the structured teaching programme. Among the samples 47.5% of them scored poor, 52.5% of the samples scored satisfactorily none of them scored good in the pre-test whereas in the post test none had a poor scoring, 27.5% scored satisfactorily, 72.5% had a good scoring. The data shows that there is an increase in knowledge after the structured teaching programme.

Similarly a study conducted among the women in a semi- urban area of Madhya Pradesh by Gupta SK showed an overall increase in the awareness regarding BSE practice observed after the intervention⁽²¹⁾.

Association of educational status with knowledge on breast cancer was computed in the study using χ^2 (chi square) for a probability of 0.05 was 4.00 at 3 degrees of freedom. This observed value is greater than the probability table value for

χ^2 at 3 degree of freedom. Hence it can be interpreted that there is significant association between educational status and knowledge regarding breast cancer.

Association of educational status and knowledge regarding practice of BSE was also computed in the study using χ^2 (chi square) for a probability of 0.05 was 2.08 at 3 degrees of freedom. This observed value is less than the probability table value for χ^2 at 3 degree of freedom. Hence it can be interpreted that there is no significant association between educational status and knowledge regarding practice of self-breast examination.

SUMMARY, CONCLUSION & RECOMMENDATION



SUMMARY

Any research study cannot be considered complete till the researcher's findings have been propagated among concerned fraternity and significant others. This chapter presents a brief summary of the study and includes major findings, limitations and recommendations for future research in this field.

The aim of the study was to assess the effectiveness of structured teaching programme on self breast examination among families of defence personnel.

The study was undertaken with the following objectives.

- To assess the knowledge on self-breast examination of the samples before administering STP.
- To assess the knowledge on self-breast examination of the samples after administering STP.
- To determine the association between knowledge and related socio demographic variables.

A thorough review of literature was done, which aided the investigator to formulate a conceptual framework and to adopt a suitable methodology. It is also helped the investigator to develop and choose the correct too, select appropriate methodology and use accurate statistical analysis and interpretation of the data. Review of literature was done related to breast cancer, breast self-examination.

The conceptual framework of the study was based on health belief model. A quasi experimental design with quantitative approach was adopted for the study. The study was conducted at the service OPD of selected Tertiary Care Hospital at Pune. The targeted

population identified were the families of defence personnel attending OPD in the age group of 30- 50 years. A sample of 40 women were selected from the identified population by simple random sampling.

To obtain the necessary data for the study ,a structured questionnaire was developed as a tool for pre test and post test . The questionnaire consists of three parts. Part I consists of demographic questionnaires, Part II consists of knowledge regarding breast cancer and Part III consists of questions regarding knowledge regarding practice. The post test conducted after a structured teaching programme.

The content validity of the tool was done by 05 experts from various fields. A pilot study was conducted on 10 women in the month of December. The collected data was organised, analysed and interpreted based on the objectives and hypothesis of the study. The study was started in the month of December and completed in the month of April.

SIGNIFICANT FINDINGS OF THE STUDY

Forty women were participated in the study who was the families of defence personnel. The study was being conducted in the service OPD of gynaecology department on 31 March 2015. Among the forty samples majority (90%) were in the age group of 30- 35 years. All the samples were married. 97 % of them were Hindus and 3% were Muslims. Majority 37.5% were educated up to matric and less, 155 were educated up to intermediate, 25% were graduates and 22.55 were post graduates.

Majority (90%) of the samples were homemakers and 10% of them were professionals. The monthly income of the family was 20000-25000 rupees for

majority(62.5%) of them. 65% of them were from the joint family and 35% of them from nuclear family. Only 35% of them had read/ watched/ heard about self breast examination.

There was an increase in the knowledge regarding breast cancer after the delivery of the structured teaching programme. 22.5% of the samples scored poor in the pre test whereas only 10% of the samples scored poor in the post test. 22.5% of the samples scored satisfactory in the pre test whereas 45% scored satisfactory in the post test. 42.5% scored good in the pre test whereas 45% scored good in the post test.

There was a significant increase in the knowledge of the samples regarding the practice of breast self examination. In the pre test 47.5% of the samples scored poor whereas in the post test none was poor, in the pre test 52.5% answered satisfactorily whereas 27.5% answered satisfactorily in the post test. 72.5% of the samples scored good after the health teaching intervention whereas none in the pre test.

Association of educational status with knowledge on breast cancer was computed in the study using χ^2 (chi square) for a probability of 0.05 was 4.00 at 3 degrees of freedom. This observed value is greater than the probability table value for χ^2 at 3 degree of freedom. Hence it can be interpreted that there is significant association between educational status and knowledge regarding breast cancer.

Association of educational status and knowledge regarding practice of BSE was also computed in the study using χ^2 (chi square) for a probability of 0.05 was 2.08 at 3 degrees of freedom. This observed value is less than the probability table value for χ^2 at 3 degree of freedom. Hence it can be interpreted that there is no significant association between educational status and knowledge regarding practice of self-breast examination.

IMPLICATIONS

There are several implications emanating from the current study for nursing practice, nursing education, nursing service, nursing administration and nursing research.

NURSING PRACTICE

The study findings highlighted the need of educating the women regarding breast cancer and self breast examination. Nursing personnel can play an important role in educating the women on regular basis and can educate them in various OPDs. Community Health Nurse can play an important role in educating the community people. Husbands also can be included in the teaching so that the practice can be more.

NURSING EDUCATION

The basic aim of the education is to impart change in the behaviour of the learner. It is very important for the nurses to make an attempt in developing educational material to suit the needs of the population. Nurses with up to date knowledge will be able to deliver quality education and bring awareness among women regarding breast cancer and BSE. The nursing schools and colleges can conduct health exhibitions and camps for educating the women and their relatives

NURSING ADMINISTRATION

The nurse working in the hospital and the community have to realise their responsibility of giving education to the women regarding breast cancer and BSE. Nurse administrator needs to facilitate the utilisation of evidence based practices in day to day care.

The nurse administrator should realise the needs of the population concerned with the incidence of breast cancer and motivate the staff nurse and students to organise and conduct programmes to increase awareness in the community. She should provide opportunity to the nurses under her command to carry out research for evidence based practice.

NURSING RESEARCH

Research has a vital significant role in nursing. Nursing research recognises the professional responsibility of broadening the body of knowledge in nursing. The findings of the present study can help the future researchers to conduct studies in the field of breast cancer and breast self examination.

RECOMMENDATIONS

- It is recommended that the study can be done in all women in the age group of 20-60 years.
- It is recommended that the study should be expanded outside the service OPD including the community people.
- The husbands of the women also can be involved in the study to create awareness about breast cancer and its early detection, and their involvement in the education bring the more positive results.
- It is recommended that men also can be included in the study along with women as breast cancer is common in both the genders.

- It is observed that the awareness of breast cancer and breast self examination is low amongst women, therefore it is recommended that public education on breast cancer and breast self examination should be conducted on a regular basis in the health centres .
- It is recommended that the study can be conducted among the health personnel so that in service educations can be conducted accordingly.
- It is recommended that the study should be conducted to assess the practice of breast self examination among the women.
- It is recommended that clinical breast examination should be carried out at health centres by health professionals on a regular basis.
- A similar study can be conducted in large sample, thereby findings can be generalised for a large population.
- A study can be conducted to access the psychosocial impact associated with breast cancer and practicing breast self examination for the early detection of breast cancer.

CONCLUSION

Breast cancer is the most commonest carcinoma in the world and the second most prevalent in Indian females. Over 0.7 million new cases of carcinoma breast are detected every year globally, with nearly 0.3 million deaths, affecting 28 per 100,000 females in the age group of 35- 60 years. Breast self examination can detect 40% of breast lesions. A critical element in the fight against breast cancer is education. Spreading awareness and the knowledge of screening heralds a welcome shift from reactive medicine to a more proactive approach to health care, in which information about risk factors would help the patient take

measures to reduce those risks. Of the three established means of screening namely, Clinical Breast Examination by a physician, Mammography and Breast Self Examination, BSE seems to be more practicable in Indian setting. BSE only impose a small cost for a formal education training initially and no cost thereafter. Women who regularly perform BSE may be more likely to comply with other breast cancer screening guidelines.

Our study aimed to assess the effectiveness of structured teaching programme among the families of defence personnel. The knowledge regarding breast cancer and breast self examinations of women for the early detection were observed to be inadequate in respondents but there was a significant improvement after the intervention. Health education programs through various channels to increase the awareness and knowledge about BSE are the need of the hour. Mass media cancer education should promote widespread access to information about early detection behaviour. It is found that there were no relation of educational status in acquiring knowledge regarding breast cancer and practicing breast self examination.

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APPENDIX

Research Group D

II year PBBSc Trainee Officers

.....
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**REQUEST EXPERT OPINION FOR THE CONTENT VALIDITY OF RESEARCH
TOOL**

Sir/ Madam,

1. We IInd year PBBSc (N) trainee officers (research group D) of College of Nursing, AFMC, Pune.
2. We have undertaken a research project which is a necessary requirement to complete our course.
3. The title of the research is **"A study to assess the effectiveness of structured teaching programme on self-breast examination among female patients in a Tertiary care Hospital"**.
4. A questionnaire has been designed by us as per the study objectives (copy enclosed).
5. You are requested to give your expert opinion with suggestion and validate the tool as per the checklist provided.
6. Your valuable expert opinion will enable us in preparing a reliable and valid tool prior to the pilot study.
7. Eagerly looking forward to an early action.
8. Thanking you.

Yours sincerely

Encls:

1. Research proposal with objectives
2. Research tool
3. Checklist
4. Certificate for validation
- 5.

CHECKLIST

INSTRUCTION: - Please go through the criteria listed below. There are three alternative responses given. Place a tick/ mark in the column which is most appropriate according to your judgement.

Criteria statement	Strongly Agree	Agree
Disagree		

1. Purposes of the questionnaire is clearly stated.

2. Content :- The items in the three sections are:

Appropriate

Comprehensive

3. Instructions provided are

Appropriate

Clear

4. Terminologies used are

Clear

Appropriate for lay individuals

LIST OF EXPERTS FOR CONTENT VALIDITY

1. Col Dharmesh
Sr Advisor, Oncology
CH(SC) Pune
- 2 Col R Aggarwal
Professor
AFMC, Pune
- 3 Lt Col Laxmi Priya Parida
Professor
CON, AFMC, Pune
- 4 Maj Smitha Thomas
Lecturer
CON, AFMC, Pune

Appendix-D

Lt Col Subha S

Lt Col Irene Francis

Maj Asha Kiran V

Capt J Merlin Immaculate
Capt Sreelakshmi Mohan
PB BSc (N) Trainee Officers

College of Nursing
AFMC, Pune-40

2015/GRP/04

March 2011

(THROUGH PROPER CHANNEL)

**SUB: PERMOSSION TO CONDUCT RESEARCH PROJECT WORK AMONG THE
WOMEN ATTENDING SERVICE OPD**

Sir/ Madam,

May I have the honour to put forward the following for your kind consideration and permission please.

1. I, Lt Col Subha S and group (Lt Col Irene Francis, Capt J Merlin Immaculate, Capt Sreelakshmi Mohan), II year PB BSc (N) trainee officers of College of Nursing, AFMC, Pune have selected, the under mentioned topic for research project to be submitted to fulfil the criteria of University requirement for the award of PB BSc (N) degree.
2. The topic of our study is “ An Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Self Breast Examination Among Families Of Defence Personnel.”
3. In this connection we have prepared a structured teaching programme for collection of data from a selected group of women of the above mentioned group.
4. I hereby request you to grant your kind us permission to conduct this project among the women attending service OPD.
5. I assure you that this study is for educational purpose only and personal identity of the participants will not be disclosed anywhere.

Thanking you in anticipation.

Yours sincerely
Lt Col Subha S

REMARKS AND SIGNATURE OF THE PRINCIPAL

REMARKS AND SIGNATURE OF THE REGISTRAR

CONSENT FORM

1. have been explained by Lt Col Subha S. (and her group) about the purpose of the research study and my role as a subject of this study.
2. I have fully understood that I would be assessed for my knowledge and the effectiveness of structured teaching programme on self-breast examination and I am assure that my confidentiality will be maintained.
3. I hereby accord my consent for participation in this study.

Signature

.....
....

Signature of Witness

.....

Place:

Date :

COLLEGE OF NURSING

STRUCTURED KNOWLEDGE QUESTIONNAIRE TO ASSES KNOWLEDGE ON

BREAST SELF EXAMINATION

- Tick mark (✓) the most appropriate answer

- Attempt all the questions

Sample S No

PART 1: DEMOGRAPHIC DATA

1. What is your age group?

- a) 30-35yrs b) 36-40 yrs c) 41-45yrs e) 46-50 yrs

2. What is your educational qualification?

- a) Matric and less b) Intermediate c) Graduation d) Post
Graduation

3. What is your religion?

- a) Hindu b) Christian c) Muslim d) Others

4. Marital Status

- a) Married b) Unmarried

5. Occupation

- a) Self-employed b) Professional c) Agriculture d) Home maker

6. Monthly family income

- a) 10000-15000 b) 15000-20000 c) 20000-25000 d) \geq 25000

7. Type of family

PART III: KNOWLEDGE REGARDING PRACTICE

10. One of the easiest and economical way to detect breast lump is

- a) Breast Self-Examination b) X Ray
c) Mammography d) Blood test

11. Who should perform Breast Self-Examination?

- a) Male b) Female
c) Both male and female d) Don't know

12. The ideal age in years when the women should begin practicing breast self-examination is

- a) 20 b) 30
c) 40 d) 50

13. The appropriate time to perform Self Breast Examination in pre-menopausal women is

- a) 5-7 days after menstruation b) During menstruation
c) 5-7 days before menstruation d) Anytime

14. The breast self-examination should be done in this period because, breast

- a) Becomes soft and least lumpy b) Color will change
c) Will get swollen up d) Will be freely movable

15. The part of the hand used to palpate breast during BSE is

- a) Nail b) Wrist
c) Finger pad d) Palm

16. The number of steps in breast self-examination includes

- a) 3 b) 5
c) 7 d) 9

17. In step 5 of BSE the breast examination should be done in the following position of

- a) Sitting b) Standing
c) Leaning forward d) Lying down

18. Lying flat on the back with the left arm over the head and folded towel under the left Shoulder helps to

- a) Flatten the breast and makes easy to check
b) Balkans the breast and make easy to check
c) Increase the discomfort
d) Avoid pain and makes easy to check

19. Following are the techniques of palpation during BSE except

- a) Circular b) Triangular
c) Vertical strip d) Wedge

20. After menopause the breast self-examination should carried out

- a) Weekly b) Monthly
c) Quarterly d) Yearly

ABSTRACT

INTRODUCTION

Breast cancer is a kind of cancer that develops from breast cells. The vast majority of breast cancer cases occur in females. Breast cancer is the most common invasive cancer in females world wide. It accounts for 16% of all female cancers and 22.9% of invasive cancers in women.18.2% of all cancer deaths worldwide, including both males and females, are from breast cancer. However evidences consistently suggest that Breast cancer if detected at an early stage have a very good prognosis. The key to successful treatment, however, lies in early detection ,and for that, every woman needs to follow the recommended breast screening guidelines, which include breast self examination. A woman's breasts are constantly changing. They change throughout the menstrual cycle ,when breastfeeding, during pregnancy and in menopause. Most breast changes are not cause for concern that might indicate a problem. Screening for breast cancer includes mammography ,clinical breast examination by a physician (CBE) and breast self examination. Although mammography has been established as an effective technique for early detection of breast pathologies, mammographic screening of an outsized population cannot be supported as a priority in India owing to its high cost.BSE on the other hand is simple, self generated, repeatable at monthly intervals and cost free. This technique will enable a woman to familiarise herself with the structure of her own breasts so that she may readily recognize any deviation in the way they look or feel. It is therefore important for us to first gauge the level of knowledge regarding breast cancer among the women in our study samples and more importantly, to empower them with the correct information and demonstrate the correct method of

performing BSE. With the intention of creating an awareness regarding breast cancer and early detection practices (BSE) this study was designed.

AIM

- To assess the effectiveness of structured teaching programme on self breast examination among families of defence personnel

OBJECTIVES

- To assess the knowledge regarding self breast examination before administering the structured teaching programme among families of defence personnel.
- To assess the knowledge regarding self breast examination after structured teaching programme among families of defence personnel.
- To determine the association between knowledge and selected socio-demographic variables.

METHODS

This is a quasi experimental study done in 40 samples who were families of defence personnel age group between 25-50 years. It is an experimental study, the tool used was structured questionnaire for pre test as well as post test ,and the intervention was a structured teaching programme which was assisted by a video, recommended by Tata Memorial Hospital, Cancer unit. The study basically aimed to assess the effectiveness of structured teaching programme.

RESULT

Our study revealed that the STP administered to the samples significantly increased the knowledge regarding the Breast cancer and the knowledge regarding the practice of breast self examination. In the pre test 47.5% of the samples scored poor whereas in the post test none was poor,52.5% answered satisfactorily in pre test against 27.5% in post test & none scored good in the pre test whereas in the post test 72.5% of the samples scored good after the STP.

ANALYSIS & INTERPRETATION

After completion of the questionnaire by the samples, the questionnaire was evaluated. The demographic data was tabulated. The Knowledge, and the knowledge on practice questionnaire was scored according to the scoring procedure. Correct answers were scored 1 and wrong technique 0. The knowledge ,knowledge on practice scores were tabulated for analysis.

The data collected was then analysed by appropriate statistical methods. Frequency table was prepared in accordance with various characteristics under study and percentage analysis was done.

Analysis of variance was used to associate knowledge ,practices with demographic variables such as age, sex, education, socioeconomic status and people who already were aware of Self breast examination.

DISCUSSION & CONCLUSION

The conclusion of the study were significant. The study shows that the structured teaching programme was very effective in improving the knowledge regarding self Breast Examination. The increase in knowledge in all samples was quite significant irrespective of their educational status and where as, those who were less educated gained more knowledge.

KEY WORDS

Breast Cancer

Self Breast Examination

RECOMMENDATIONS

- It is recommended that the study can be done in all women in the age group of 20-60 years.
- It is recommended that the study should be expanded outside the service OPD including the community people.
- The husbands of the women also can be involved in the study to create awareness about breast cancer and its early detection, and their involvement in the education bring the more positive results.
- It is recommended that men also can be included in the study along with women as breast cancer is common in both the genders.
- It is observed that the awareness of breast cancer and breast self examination is low amongst women, therefore it is recommended that public education on breast cancer and breast self examination should be conducted on a regular basis in the health centres .

- It is recommended that the study can be conducted among the health personnel so that in service educations can be conducted accordingly.
- It is recommended that the study should be conducted to assess the practice of breast self examination among the women.
- It is recommended that clinical breast examination should be carried out at health centres by health professionals on a regular basis.
- A similar study can be conducted in large sample, thereby findings can be generalised for a large population.
- A study can be conducted to access the psychosocial impact associated with breast cancer and practicing breast self examination for the early detection of breast cancer.