Effectiveness Of Structured Teaching Programme On Knowledge Regarding Breast Cancer Among The Reproductive Age Group Womens At Mailam Village, Villupuram, Tamilnadu".

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ABSTRACT

"To assess the level of knowledge regarding breast cancer among the reproductive age Group womens at mailam village, Villupuram, tamilnadu".

Objectives

(i) To assess and compare the pre test and post test level of knowledge regarding breast cancer among reproductive age. (ii) To assess the effectiveness of structured teaching programme on knowledge regarding breast cancer among reproductive age. (iii) To find the association between post test level of knowledge regarding breast cancer among reproductive age with their selected demographic variables.

Methodology:

A Pre experimental one group pre and post test research design was carried out in this study.50 samples were selected by using non probability convenient sampling technique. The pre and post test level of knowledge was assessed by using structured knowledge questionnaires.

Results: The finding reveals that pre test mean was 8.44 with the standard deviation of 2.6561 and the post test mean was 21.96 with the standard deviation of 2.551. The mean difference of pre and post test is 13.52, standard error is 1.254. The 't' value of 13.126 is Highly Significant at $p < 0.05$ it indicates that the knowledge level of women's is improved after structured teaching programme.

Conclusion: The study concluded that structured teaching programme on breast cancer was effective in improving the knowledge level among Reproductive Age Group Womens .

Keys Words: breast cancer.

INTRODUCTION

"Cancer can touch you, but not your soul; neither your thoughts, nor your heart."

"Health is the greatest gift, contentment the greatest wealth, faithfulness and thousands of candles can be lit from a single candle and the life of the candle will not be shortened. Happiness never decreases by being shared" (Buddha)

Every human being is born with the responsibility to protect one's own health. This responsibility cannot be carried out if one is ignorant. Curtailing the ignorance of the fellow human being in the field of health is the moral obligation of each health professional. This is possible only by educating the public.

The term **"breast cancer"** refers to a malignant tumour that has developed from cells in the breast.Usually breast cancer either begins in the cells of the lobules, which are the milk-producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Less commonly, breast cancer can begin in the stromal tissues, which include the fatty and fibrous connective tissues of the breast. Over time, cancer cells can invade nearby healthy breast tissue and make their way into the underarm lymph nodes, small organs that filter out foreign substances in the body. If cancer cells get into the lymph nodes, they then have a pathway into other parts of the body.

Invasive, or infiltrating, breast cancer has the potential to spread out of the original tumor site and invade other parts of your breast and body. There are several types and subtypes of invasive breast cancer.

Breast cancer is always caused by a genetic abnormality (a "mistake" in the genetic material). However, only 5-10% of cancers are due to an abnormality inherited from their mother or father. About 90% of breast cancers are due to genetic abnormalities that happen as a result of the aging process and the "wear and tear" of life in general.

Initially, breast cancer may not cause any symptoms. A lump may be too small for you to feel or to cause any unusual changes you can notice on your own. Often, an abnormal area turns up on a screening mammogram (x-ray of the breast), which leads to further testing. In some cases, however, the first sign of breast cancer is a new lump or mass in the breast that you or your doctor can feel. A lump that is painless, hard, and has uneven edges is more likely to be cancer. But sometimes cancers can be tender, soft, and rounded.These changes also can be signs of less serious conditions that are not cancerous, such as an infection or a cyst. It's important to get any breast changes checked out promptly by a doctor.

Breast cancer is fairly common. Because of its well-publicized nature, and potential for lethality, breast cancer is arguably the most frightening type of cancer diagnosis someone can receive. However, it is important to keep in mind that, if identified and properly treated while still in its early stages, breast cancer can be cured.

Breast cancer awareness in developing countries is not well documented, and what is known is far from encouraging, as comparatively few women in these areas have adequate knowledge of the risk factors and preventive measures or screening techniques for early detection. The lack of knowledge and incorrectly held beliefs about breast cancer prevention among females are responsible for the negative perception of the curability of cancer detected early and of the efficacy of the screening tests.It is, therefore, important to assess the level of awareness of risk factors in our communities. This study aimed to assess awareness of breast cancer, and practice of breast cancer screening among female womens.

Breast Cancer is one of the most well-known cancers in today's society. What does society know about breast cancer other than it obviously is cancer of the breast? Breast cancer is very well advertised with the pink ribbons, the commercials and advertisements, the Breast Cancer walks, and the promotional information given out regarding mammograms. In today's world there are several cancers, but breast cancer is very prevalent among women and men. This paper is designed to research what breast cancer is, in order to bring awareness through education.

Statement of the Problem

A study to assess the Effectiveness Of Structured Teaching Programme On Knowledge Regarding Breast Cancer Among The Reproductive Age Group Womens At Mailam Village, Villupuram, Tamilnadu".

Objectives of the Study

1. To assess and compare the pre test and post test level of knowledge regarding Breast Cancer among Reproductive Age Group Womens.
2. To assess the effectiveness of structured teaching programme on knowledge regarding Breast Cancer among Reproductive Age Group Womens.
3. To find the association between post test level of knowledge regarding Breast Cancer among Reproductive Age Group Womens with their selected demographic variables

HYPOTHESIS

H1: There will be a significant difference in the post test level of knowledge than the pretest after administration of structured teaching programme on Breast Cancer.

H2: There will be a significant association between post test knowledge score Breast Cancer among Reproductive Age Group Women's with their selected socio demographic variables.

MATERIAL ANDMETHODS

A Pre experimental one group pre and post test research design was carried out in this study**.**50 samples were selected by using non probability convenient sampling technique. The pre and post test level of knowledge was assessed by using structured knowledge questionnaires.

RESULT AND DISCUSSION

Percentage and Distribution of pre and post test level of knowledge regarding Breast Cancer among Reproductive Age Group Womens in At Mailam Village, Villupuram.

Table 1.1: Distribution of pre test Level of Knowledge on breast canceramong Reproductive Age Group Womens . N=50

Level of Knowledge	Pre-Test Score		Post-Test Score	
	Frequency	Percentage	Frequency	Percentage
ADEQUATE	0	0	48	96%
MODERATE	23	46%	1	2%
INADEQUATE	27	54%	1	2%

The above table reveals that pre-test level of knowledge 27(54%) of the womens had inadequate level of knowledge, 23(46%) of the womens had moderate level of knowledge and of the women's had adequate level of knowledge; and the Post-test level of knowledge 1(2%) of the women's had inadequate level of knowledge, 1(2%) of the women's had moderate level of knowledge and 48(96%) of the women's had adequate level of knowledge.

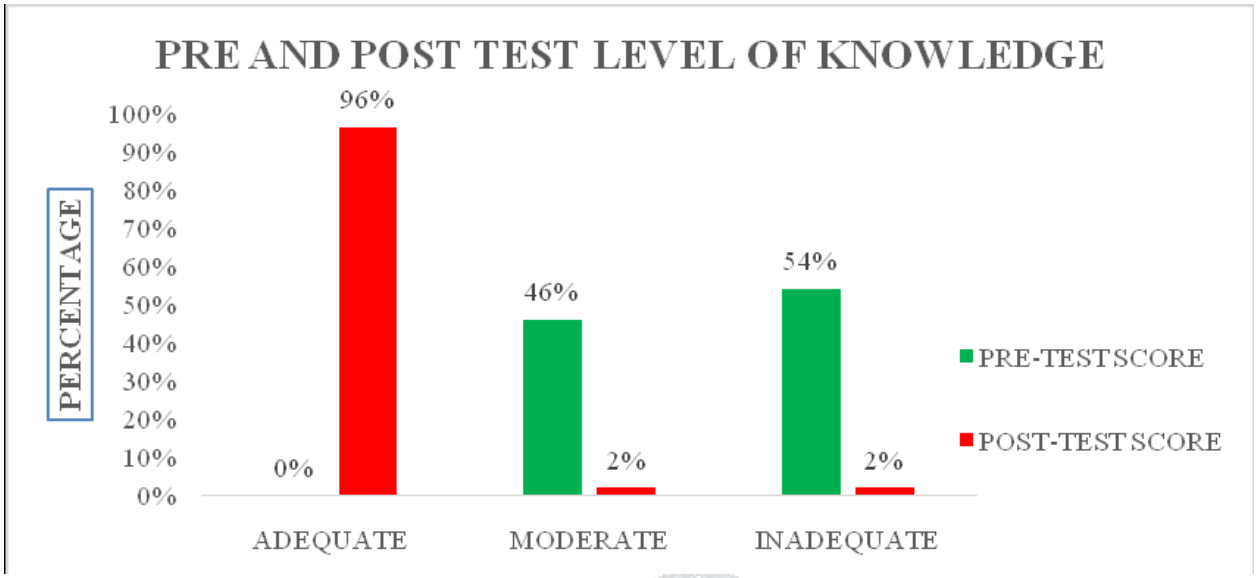

Figure1.1 shows Percentage Wise Distribution of Pre and Post Test Level Of Knowledge

Table:4.3 effectiveness of structured teaching programme on knowledge regarding breast cancer. N=50

Pre test		Post test		Mean difference	Standard error	t value
Mean	Standard deviation	Mean	Standard deviation			
8.44	2.6561	21.96	2.551	13.52	1.254	13.12* HS

***Significant at p<0.05**

The above table reveals that pre-test mean was 8.44 with the standard deviation of 2.6561 and the post test mean was 21.96 with the standard deviation of 2.551. The mean difference of pre and posttest is 13.52, standard error is 1.254. The 't'value of 13.126 is Highly Significant at p <0.05 it indicates that the knowledge level of women's is improved after structured teaching programme. Hence hypothesis H1 is accepted.

Table 4.4: association between post test level of knowledge with their selected socio demographic variables. N= 50

S. No	Demographic Variables	Inadequate knowledge	Moderately adequate	Adequate Knowledge	Chi Square	P Value
1.	Age				50.013 DF=4	0.00001 * S
	a) 15-25 years	**0**	**1**	**13**		
	b) 26-35 years	**1**	**0**	**18**		
	c) 36-45 years	**0**	**0**	**0**		
2.	Religion				10.553 DF=6	0.1032 NS
	a) Hindu	**0**	**1**	**22**		
	b) Muslim	**0**	**0**	**15**		
	c) Christian	**0**	**0**	**7**		
	d) others	**1**	**0**	**4**		

3.	Educational status of women				9.86 DF=6	0.1306 NS
	a) Illiterate	**1**	**0**	**14**		
	b) Primary education	**0**	**0**	**15**		
	c) Secondary education	**0**	**0**	**14**		
	d) Degree and above	**0**	**1**	**5**		
4.	Marital status?				27.483 DF=6	0.0001* S
	a) Married	**1**	**0**	**15**		
	b) Un married	**0**	**0**	**16**		
	c) Widow	**0**	**0**	**16**		
	d) Separated	**0**	**1**	**1**		
5.	Occupation of women				20.549 DF=6	0.0022* S
	a) House wife	**1**	**0**	**6**		
	b) Salaried	**0**	**1**	**27**		
	c) Business	**0**	**0**	**5**		
	d) Daily wages	**0**	**0**	**10**		
6.	Total number of pregnancy				135.621 DF=6	0.00001 * S
	a) Nil	**1**	**1**	**45**		
	b) 1-2	**0**	**0**	**3**		
	c) 3-4	**0**	**0**	**0**		
	d) 5 and above	**0**	**0**	**0**		
7.	Income of the family per month				137.02 DF=6	0.0001* S
	a) Rs/-<5000	**0**	**0**	**3**		
	b) Rs/-5001-10000	**0**	**1**	**20**		
	c) Rs/-10001-15000	**0**	**0**	**10**		
	d) Rs/->15001	**1**	**0**	**15**		
8.	Diet pattern				420.6 DF=4	0.0001* S
	a) Vegetarian	**1**	**0**	**22**		
	b) Non- vegetarian	**0**	**1**	**25**		
	c) Mixed diet	**0**	**0**	**1**		
9.	Previous knowledge on breast cancer				11.506 DF=2	0.0317* S
	a) Yes	**1**	**1**	**42**		
	b) No	**0**	**0**	**6**		
10.	Source of information regarding breast cancer				19.35 DF=6	0.03612 * S
	1. Teachers	**0**	**0**	**13**		
	2. Mass Media	**0**	**0**	**22**		
	3. Health care providers	**0**	**0**	**6**		
	4. Others	**1**	**1**	**7**		

***Significant at p<0.05**

The above table shows that there is significant association between post test level of knowledge on breast cancer with selected socio demographic variables of age, Marital status and Occupation of the mother, Total number of pregnancy and Income of the family per month at p<0.05 and there is no significant association between post test level of knowledge with Educational status of women, Religion.

DISCUSSION

The first objective of the study is to asses and compares the pre-test and post test level of knowledge regarding breast cancer among Reproductive Age Group Womens .

The pre-test level of knowledge 27(54%) of them had inadequate level of knowledge, 23(46%) of them had moderate level of knowledge and none of them had adequate level of knowledge.
The Post-test level of knowledge 1(2%) of them had inadequate level of knowledge, 1(2%) of them had moderate level of knowledge and 48(96%) of them had adequate level of knowledge.

The second objectives of the study are to assess the effectiveness of structured teaching programme on knowledge regarding breast cancer among Reproductive Age Group Womens .

The pre test mean was 8.44 with the standard deviation of 2.6561 and the post test mean was 21.96 with the standard deviation of 2.551. The mean difference of pre and post test is 13.52, standard error is 1.254. The 't' value of 13.126 is Highly Significant at $p < 0.05$ it indicates that the knowledge level of women's are improved after structured teaching programme. Hence hypothesis H1 is accepted.

The third objectives of the study are to find the association between post test level of knowledge regarding breast cancer among Reproductive Age Group Womens with their selected demographic variables.

There is significant association between post test level of knowledge on breast cancer with selected socio demographic variables of age, religion, Educational status, Marital status and Occupation of the mother, Total number of pregnancy and Income of the family per month at $p<0.05$ and there is no significant association between post test level of knowledge with Educational status of women, Religion.

CONCLUSION

The study concluded with result that out of 50(100%) of samples 1(2%) had inadequate level of knowledge, 1(2%) had moderate knowledge and 48(96%) had adequate knowledge. In association, there is a significant association with selected socio demographic variables of age, religion, Educational status, Marital status and Occupation of the mother, Total number of pregnancy and Income of the family per month at $p<0.05$.

The study finding shows that, the post-test level of knowledge is better than the pre-test knowledge. Hence it can be concluded that, structured teaching programme on breast cancer was effective in improving the knowledge level among Reproductive Age Group Womens.

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