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Effectiveness of health education on knowledge regarding awareness of breast cancer and its prevention among women

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Abstract

A Quasi experimental one group pre-test and post-test design was used for present study and 40 women old age group 15-35 were selected using simple random sampling technique. The purpose of the study was introduced to the group and pretest was conducted with the help of knowledge questionnaire to check the knowledge. After the pretest, brief structural health education was given to the women about breast cancer and its prevention. After the prior period of 14 days, the investigator took the post test. Descriptive and inferential statistics were used to analyze the data. The analysis and data were based on the objective and hypothesis. Paired t-test was used to assess the pre and post informational knowledge of women regarding breast cancer and its prevention. The mean for pre and post test was 8.85 and 21.38 subsequently. The finding of the study showed that there is increase in the knowledge level of women after giving health talk and no association found between demographic variables and knowledge of women regarding awareness of breast cancer and its prevention. The study was indicated that Health education improved the knowledge of women regarding breast cancer and its prevention.

Keywords: assess, effectiveness, knowledge, health education

Introduction

“Fighting cancer is our goal. We can do it, its in our soul.”

Breast cancer is an uncontrolled growth of breast cell. The term breast cancer refers to malignant tumour that has developed from the cells in the breast. The breast cancer occurs anywhere in the breast, but the most are found in the upper outer quadrant, where the most breast tissue is located. Usually the breast cancer either begins in the cells of lobules, which are milk producing gland, or duct, the passage that drain milk from the lobules to the nipples. Less commonly, the breast cancer begin in the stromal tissues, which include the fatty and fibrous connective tissue of breast.¹ The ACS (American cancer society) also recommends that women perform monthly breast self-examination(BSE) beginning at 20 years of age. Knowledge of the causes of cancer seems an obvious route of prevention. It is clear from many studies that the risk of breast cancer is related to women lifetime oestrogen even if the key to reducing the death rate from cancer is preventing it in the first place, earlier diagnosis creates the potential to cure more patients. When patient are diagnosed with a cancer on the basis of symptoms, the cancer may have already spread in a significant proportion, so that loco-regional treatment (usually surgical) may be insufficient for a cure. Earlier identification of cancer in a symptomatic population could therefore “catch” more cancers before they spread. This is the concept behind screening for malignancy, which has now been successfully applied to a population.

So, purpose of this study is to improve a knowledge of womens regarding awareness and prevention of breast cancers through health education.

Statement of the problem

“Effectiveness of health education on knowledge regarding awareness of breast cancer and its prevention among women.

Objectives

- To assess the pre-informational knowledge of breast cancer and its prevention among women.

- b. To assess post-informational knowledge of breast cancer and its prevention among women.
- c. To determine the effectiveness of health education on knowledge regarding awareness of breast cancer and its prevention among women.
- d. To find association between pre and post informational knowledge of awareness of breast cancer and its prevention with selected demographic variables.

Research methodology

Research Approach: Quantitative research.

Research Design: Quasi experimental one group pretest posttest design

Setting: This study will be conducted in selected areas of Nandgaon village

Duration of study: 1 year.

Study population: Women above age of 18 years of age

Sample technique: Simple random sampling technique

Sample size: As per prevalence 40 cases identified
Calculated sample size is 34 at 95% confidence level

Data collection duration: Pre-test—structural teaching programme—post test (after 14 days)

Inclusive criteria

Women who are

- 1 Present in selected areas of Ahmednagar district.
- 2 Willing to participate in discussion (health education).
- 3 Present during data collection.
- 4 Able to understand Marathi and Hindi.
- 5 In the age group of 18 to 35 years.

Exclusive criteria

1. Womens who are unwilling to participate.
2. Women who are having lack of communication skill.
3. Womens who are on treatment of breast cancer.

Description of tool

1. **Section A:** socio demographic profile of women.
2. **Section B:** Knowledge Questionnaire

Feasibility of the study

The purpose of feasibility is to prevent an expensive fiasco. The tool has been tested on 15 subjects that were eligible for the study and investigator found that the study is feasible in terms of time, money, ethics and availability of subjects, equipment required and the cost of study.

Validity

Tool was validated by nursing experts, Obstetrician, librarian and statistician.

Reliability

Data collection method

- a. **Permission from concerned authorities:** Formal permission was obtained from the respective principal of college of nursing. Written informed consent was obtained from subjects before completing the tool and confidentiality.
- b. **Period of data collection:** 15 days
- c. **Process of data collection:** It was planned to select the subjects for the study knowledge of women. To collect the sample needed for the study the investigator approached the proper authorities for obtaining the necessary permission and cooperation. The nature of the study was briefly explained and it was ensured by

the investigator that the normal routine of the women won't be disturbed. Demographic data of the women between 18-35 years were collected. On the first day introduction about the study were explained followed by pre test about breast cancer and its prevention. After the pre test, brief structural health education was given to the women about knowledge related to breast cancer and its prevention. After the prior period of 14 days, the investigator took the post test. Data was recorded in the format developed for the purpose.

Data analysis plan

The data analysis was planned to include descriptive and inferential statistics and present them in form of tables, graphs and figures. The data was planned to be set in excel file and analysis done by using statistical test.

Results

Organization of Data: The collected data is tabulated, organized and analyze under the following heading.

Section –I

Description of samples according to demographic data of women.

Section - II

Description of analysis of data to assess the knowledge regarding awareness of breast cancer and its prevention among the women.

Section 3

Description of analysis of data to assess effectiveness of health education and knowledge regarding awareness of breast cancer and its prevention among women.

Section–I

Description of samples according to demographic data of women.

- a. Age - Majority 50% of womens are seen in age group of 25-34 years, 27.5% are in age group of 18-24 years, and 22.5% are seen in ≥ 35 .
- b. Religion – majority 80% womens are Hindu, 12.5% were Christian and 7.5% were Muslim
- c. Marital status - majority 75% womens were married and only 25% were unmarried
- d. Education- majority 55% womens were completed education upto 12th std. 25% womens were graduate. 20% womens were completed education upto 10th std.
- e. Occupation- majority 42.5% womens were housewife, 32.5% womens had their own business, 10% were government employees, 10% were not having any occupation, 5% were farmers.
- f. No. of children's – majority 30% womens had 2 children's, 25% had 1 child, 25% had no child and 20% had 3 children's.
- g. History of breast cancer- 85% womens were not have any history of breast cancer and only 15% womens have history of breast cancer.
- h. Contraceptive history- majority 55% womens had contraceptive history and 45% had no contraceptive history

Section 2: Description of analysis of data to assess the pre and post informational knowledge of breast cancer and its prevention among women.

It showed that mean of pre test is 8.85 where as of post test is 21.38. There is significant difference in mean scores of pre and post intervention as p value by using paired t-test is 0.000. So there is increase in the knowledge level of womens after giving health education.

Section III: Description of analysis of data to assess the association between pre information knowledge score and demographic variables.

It was proven that, no association found between demographic variables and knowledge of women regarding awareness of breast cancer and its prevention. Such as age, religion, marital status, occupation, number of childrens, history of cancer, type of diet and contraceptive history of women.

Discussion

Study concluded that planned teaching intervention on knowledge and breast self-examination of students has resulted in an increment of both knowledge and the practice of breast self-examination. Teaching breast self-examination with demonstration to all at risk groups as a secondary prevention for breast cancer and large scale studies on heterogeneous groups is important. It was proven that, no association found between demographic variables and knowledge of women regarding awareness of breast cancer and its prevention. Such as age, religion, marital status, occupation, number of children's, history of cancer, type of diet and contraceptive history of women.

Following study also supports the present study

Befikadu Legesse, Teferi Gedif (2014) ^[2] conducted a cross-sectional study to assessed knowledge and practice on BREAST CANCER among women household heads. Sample size was 845 women and it was divided among five randomly selected kebeles (smallest government administrative units) proportional to the number of households. Systematic sampling technique was used. Data were collected by trained data collectors through a face-to-face interview using pre-tested, semi-structured questionnaire from female household heads. Pearson chi-square and logistic regression tests were used to assess the determinants of BREAST CANCER knowledge and breast cancer self examination (BSE) practice. The Results shown that Only 86 (12.7%) of the respondents had a high breast cancer knowledge. Even though 304 (45%) of the breast cancer informed participants had information on BSE, only 163 (53.6%) of them have ever done it. This study concluded that, majority of women household heads in Mekelle town had low knowledge and insufficient BREAST CANCER related practices. The region's health bureau and local mass-media need to work on breast cancer awareness and practice of the women in the town.

Shalini, Divya varghese, and Malathi Nayak (2011) ^[3], a quantitative approach with pre experimental design was used to asses the impact of health education. Pre-experimental one group pretestpost-test design was carried out among 40 degree female students by using cluster sampling method from selected colleges of udupi district. The objective of the study is to assess the level of knowledge of degree college female students on bse, to determine the effectiveness of planned teaching program among degree college female students on bse, to find the association between pretest knowledge and selected demographic variables. In the result the data analyzed

showed that majority (52%) of them was in the age group of 18-19 years and 72% of them were had average knowledge on bse in the pretest score. Out of 40 participants only one student was performing bse occasionally. By which it is concluded as awareness regarding breast self-examination among young generations is useful and it is the most important viable tool for early detection.³⁰

Doaa gharieb Moustafa, Eman Shokry Abd-Allah, Nadia Mohamed Taha (2015) ^[4], a study conducted on the effect of a health education intervention on "breast self-examination" regarding for knowledge, attitude, and practice among female students. Quasi-experimental study was carried out on 180 female student's sitting in the faculty of physical education at Zagazig University and its affiliated hostel. The data collection tools included a self-administered questionnaire and an observation checklist to assess student's performance of breast self-examination before and after the intervention. The results showed that these students have deficient knowledge and low perceptions regarding breast cancer and breast self-examination; although the majority had positive attitudes, their practice of breast self-examination is very deficient. The study concluded that the university students at the faculty of physical education have deficient knowledge, low perceptions and inadequate practice regarding breast cancer and BSE. The educational intervention is effective in improving their knowledge, perceptions, attitudes, and practice.³¹

Implication:

The implication of the study can be discussed in five broad areas namely; clinical nursing practice, nursing education, nursing research and in community setting.

Clinical practice

Nursing practice includes promotive, preventive and rehabilitative services.

Nurses plays an important role in rendering supportive and educative care to all subjects.

This study provided evidence for effectiveness of health education for awareness of breast cancer and its prevention.

Nursing education

- Nursing education is the means through which nurses are prepared for practice in various setting.
- The education curriculum must include imparting knowledge as well as emphasize on developing skills which are required to identify and prevent complications.
- Nursing education should help inculcating values and sense of responsibility in practising cost effectiveness to improve the knowledge and awareness of breast cancer and its prevention among women.

Nursing research

- Nursing research is an essential component of today's nursing education.
- The research is the only possible method to generate evidence for carrying out nursing care.

Community

- Assessment of knowledge by using pre informational test is easy and fast.
- All community worker as well as nurses will advice for preventive measures of breast cancer.

Recommendation

- Similar study can be done on a larger sample to generalize the finding.
- Similar study can be conducted with long duration.
- A comparative study can be conducted with control group.
- Further studies can be conducted to see effects of health education on psychological changes due to breast cancer.

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