

Effect of Self Instructional Module on Knowledge of Breast Self-Examination

Anuratha MD¹, Kokilavani²

Abstract

The present study was conducted on 30 women in the age group at PSG Hospitals, Coimbatore to assess the knowledge of women on self examination of breast that is considered important to identify any pathology and to see the effectiveness of self instructional module in enhancing knowledge. The pre-test and post-test scores showed that self instructional module was effective in raising their awareness about breast self examination.

Breast cancer is the commonest cancer of urban Indian women and the second commonest in the rural women. Owing to the lack of awareness of this disease and in absence of a breast cancer screening programme, the majority of breast cancers are diagnosed at a relatively advanced stage. The quality of care available for breast cancer patients varies widely according to place of treatment (Agarwal G, 2008). There is evidence that the screening for Breast cancer has a favourable effect on mortality from breast cancer (Indian Cancer Association, 2004).

The common medical problems occurring in women are heart attack, cervical cancer, breast cancer, endometrial cancer and ovarian cancer. Deaths due to breast cancer in India is likely to rise to 59,000 (Indian Cancer Association, 2007).

The number of breast cancer cases is estimated to have reached 1.2 million worldwide. Goa has the highest incidence of breast cancer in India : 35 cases per lakh population as against 23.3 in Delhi, 21.9 in Chennai and 24.1 in Mumbai. In Chennai, the total cancer burden is predicted to increase by 32 percent by 2012-16 due to changes in cancer risk and a further 13 percent due to the impact of demographic changes (Swaminathan et al, 2011).

Objectives

The objectives of this study were to: (i) assess the knowledge of the women on breast self examination; (ii) implement the self instructional module (SIM); (iii) Assess the effectiveness of SIM; and (iv) compare the effectiveness of SIM with selected demographic variables.

Hypothesis

- * There is significant difference between pre- and

The authors are: 1. Associate Professor, PSG College of Nursing, Coimbatore (TN) and 2. Principal, Adhiparasakthi College of Nursing, Melmaruvathur (TN).

post-test knowledge scores of the women regarding breast self examination.

- * There is significant association between post-test scores and selected demographic variables.

Theoretical Framework

Modified Wiedenbach's Prescriptive Theory - A Helping art of clinical nursing framework was used. Its central purpose was to assess the effectiveness of self-instructional module on breast self-examination. Step I: Identifying the need for help, pre-assessment of knowledge on breast self-examination among women; Step II: Ministering the needed help - administering SIM. Step III: Validating that the help was met- post assessment of knowledge on BSE. Adequate knowledge means positive outcomes, inadequate knowledge means negative outcomes.

Methodology

This pre-experimental design (one group pre- and post-test only design) study was conducted in PSG Hospitals, Coimbatore among 30 women in the age group between 35-55 years. Sampling Technique used was purposive sampling technique.

Method of data collection

Structured interview schedule was employed to assess the knowledge. Self instructional module on breast self-examination was used for teaching.

Data Collection Procedure

- ♦ Pre-test was conducted by using structured Interview Schedule to assess the knowledge.
- ♦ Immediately after pre-test, self instructional module was given to the women to read about the breast self examination.
- ♦ After 7 days post-test was conducted by using same structured interview schedule to reassess the knowledge.

Area-wise comparison of Mean, SD and Mean Percentage of pre- and post-test knowledge scores

Areas	Max. Score	Pre-test Scores			Post-test Scores			Difference in Mean %
		Mean	SD	Mean %	Mean	SD	Mean %	
Introduction of Breast Cancer	7	2.53	0.815	36.14	6.27	1.01	89.6	53.5
Definition & Importance	2	1	0.447	50	2	0	100	50
Ideal time & Duration of BSE	5	0.37	0.546	7.4	4.8	0.59	96	88.6
Techniques of BSE	9	0.63	1.079	7	8.43	0.72	93.7	86.7
Findings of BSE	4	1.23	0.762	30.8	3.37	0.49	84.3	53.5
Total	27	5.76	3.649	21.3	24.87	2.79	92.1	70.8

Validity and reliability: Split-half method was used to find the reliability of the interview schedule. Test-retest method was used to find out the reliability of the self instructional module.

Plan for data analysis: Descriptive Statistics: Percentage, Mean and Standard Deviation

Inferential Statistics: Chi-Square and paired 't' test.

Results

Majority of the women were in the age group of 46-50 years. Educational status reveals that most (47%) of them had primary education; 57 percent were housewives and their per capita monthly income was Rs. 300-499/-. Most of the women (53%) attained menopause and all of them had children; 90 percent of them had no pain while feeding their children and 40 percent of the women were on oral contraceptive pills. Area-wise mean post-test knowledge score of women

Fig 1: Area-wise comparison of pre- and post-test knowledge scores

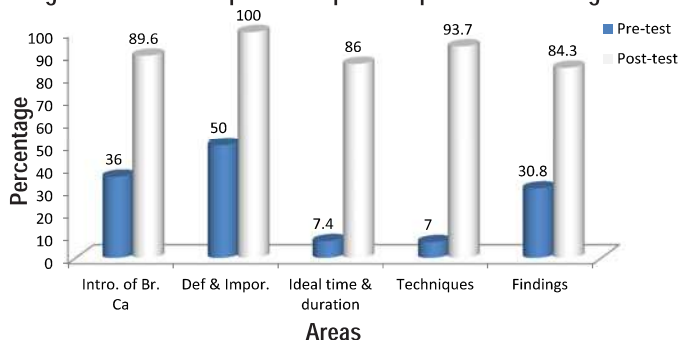
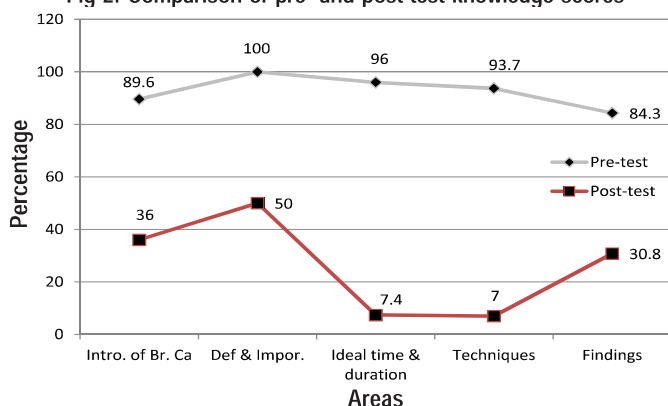


Fig 2: Comparison of pre- and post-test knowledge scores



was found significantly higher (24.87) than their mean pre-test knowledge score (5.76) as evident from 't' value (29) = 20.86 at $p < 0.05$ level (Fig 1 and Table 1). This suggested that the SIM was effective and it increased the knowledge of women on breast self examination.

Fig 2 shows that the post-test scores were consistently higher than the pre-test scores showing effectiveness of self instructional module. The Chi-square association revealed that there was no significant association of post test knowledge scores on breast self examination with the selected demographic variables, except in age, it was significant.

Conclusion

Prior to implementation of Self Instructional Module, women had poor knowledge on breast self examination, the effectiveness was evaluated by post-test scores. The mean knowledge score was improved from 5.76 to 24.87 after implementation of SIM. It shows that SIM was effective. Highly significant was found between pre-test and post-test knowledge scores. No significant association was found between post-test knowledge scores and demographic variables.

Implications

The study implied that mothers were not having adequate knowledge before implementing the self instructional module. The nurse educator should therefore educate the peripheral level health-workers to improve the mother's knowledge and motivate them towards breast self examination practice.

Recommendations

Similar study can be undertaken (i) with a large sample to generalise the findings, or (ii) by utilising other teaching strategies. A comparative study can be conducted on knowledge and practice of mothers in rural and urban areas.

References

1. Shirley. Oncology Nursing, 4th edn, Philadelphia, Mosby Company 2001
2. Lewis SM. Medical Surgical Nursing, USA, Mosby Publication 2003
3. MacDonald. Manual of Oncologic Therapeutics, 3rd edn, Philadelphia, JB Lippincott Company 1996
4. Bailey T. Nurses role in promoting Breast cancer Awareness, Nursing Standards, April 2000
5. Costers L. Regular Self Examination or Clinical Examination for Early Detection of Breast Cancer, Database system, August 2003
6. Carvantes M. Strategies for Teaching Self Examination of the Breast to Women in Reproductive Age, Salud Publication, January 2000
7. Kanadysek C. Breast Cancer Mortality. *Internal Medicine*, Sept 2002
8. Mehta P. Incidence of Breast Cancer. *Oncology Nursing*, Sept 2000