A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Breast Cancer Among Adolescent Girls at Selected School in Barabanki

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ABSTRACT

This study has been under taken to investigate the effectiveness of structured teaching program on knowledge regarding breast cancer among adolescent girls at selected school in Barabanki. Pre-experimental design was adopted for this study. 50 samples participated in structured teaching program on knowledge regarding breast cancer. The study showed that there is the difference between pretest and posttest knowledge regarding breast cancer among research sample. This study concludes that there is an effectiveness of structured teaching program in the improvement of knowledge regarding breast cancer among students.

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INTRODUCTION:

Breast cancer is an uncontrolled growth of breast cell, Cancer occurs as a result of mutation or abnormal changes. Genes responsible for regulating the growth of cells and keeping them healthy. The genes are in each cell's nucleus, which acts as the "control room" of each cell. Normally, the cells in our bodies replace themselves through an orderly process of cell growth: healthy new cells take over as old ones die out. But over time, mutation can turn on certain genes and turn off others in a cell. Changed cell gain the ability to keep dividing without control or order, producing more cells just like it and forming a tumor. A tumor can be benign or malignant.

NEED OF STUDY

In India, the number of new breast cancer cases is about 115,000 per year and this is expected to rise to 250,000 new cases per year by 2015. It needs to be noted that breast cancer is leading in the age group of 15-34 years which is a cause of concern as this denotes the need for educative and awareness programs targeting younger member of the society, to implement early practices of breast examination. This study was carried out with the intention of assessing the level of knowledge and awareness of carcinoma breast and breast self – examination (BSE) in female school student.

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. The common sites for cancer in India for females are cervix, breast, and oral cavity. Breast cancer account for 19% -34% of all cancer cases among women in India. According to the national cancer Registries and Regional cancer center, it is the most common cancer in Delhi, Mumbai Ahmadabad, and Kolkata. In India, the number of new breast cancer cases is about 115,000 per year and this is expected to rise to 250,000 per year by 2015.

Cancer in the young (15-30 years) tend to be more aggressive which is a cause of concern as this denotes the need for educative and awareness programs targeting younger members of the society, as early as 18 years, to implement early practices of breast self – examination (BSE) into their lifestyle.

Breast cancer study open the door to finding better ways to prevent, detect' and treat breast cancer, and to improve the quality of life of both cancer patient and survivors.

Through the study we find out causes of breast cancer, cancer researcher is actively studying what causes breast cancer. Studies continue to uncover cancer contributing factor such as lifestyle habits as well as inherited genes that may increase the risk of breast cancer.

POPULATION

Target Population

The target population of the study included all the student studying in IX-X standard

Accessible Population

The accessible population of the study included all the students from IX-X standard who were studying in Subhash Adarsh School, Kurauli, Barabanki, 20-50 students were studying in each class.

SAMPLE

The Adolescent girls who studying in Subhash Adarsh School kurauli, Barabanki, who satisfied the inclusion criteria and were available in the selected setting at the time of data collection, were sample of the study.

DESCRIPTION OF THE TOOL

Data collection tools are the procedure or instrument used to observe are measure key variables in the research problem.

Structured knowledge questionnaire was constructed after extensive review of literature and discussed with

experts as a tool to collect the data. The tool consists of two sections.

SECTION A:

Personal data sheet on the demographic characteristics of students which includes Age, Religion, Type of family, Residential area, Dietary pattern, Education of mother, Previous knowledge about breast cancer, Source of knowledge, Any history of breast cancer in family member.

SECTION B:

It consists of 18 open ended question.

S.NO	COMPONENTS	ITEM
1.	Basic knowledge	6
2.	Breast cancer risk and cause	6
3.	3. Sign and symptom, prevention and management	
	TOTAL	18

Scoring and interpretation:

The overall score is 50 with a minimum score of 0, and maximum is 18.

- 1. Correct answer was score of (1) one.
- 2. Wrong answer was scored as (0) zero

Score	Total	Interpretation
0-6 um	<33%	Inadequate knowledge
7-12	34-66%	Moderate adequate knowledge
13-18	67-100%	Adequate knowledge

Develop Part II: Intervention Tool

The intervention tool was prepared by the investigator, including, lesson plan, power point preparation for teaching method, containing teaching contents with pictures.

CONCEPTUAL FRAMEWORK

The conceptual frame work selected for this study is based on the general system theory developed by Von Ludwig Bertalanffy (1968)

DATA ANALYSIS

Analysis of data presented in following sections.

Section A: Description of sample characteristics of adolescent girls

Section B: Assessment of pretest and post level of knowledge regarding breast cancer.

Section C: Effectiveness of knowledge regarding breast cancer among adolescent girls.

Section D: Association between pre-test level of knowledge regarding breast cancer among preexperimental group of adolescent girls with their selected demographic variables. Section A: Description of sample characteristics of adolescent girls.

TABLE: 1 Distribution of sample characteristics in term of frequency and percentage.

Demo Graphic Variables	Frequency	Percentage
AGE IN YEAR	Trequency	1 creentage
13-14 Years	14	28.0%
15-16 Years	33	66.0%
17-18 Years	3	6.0%
RELIGION	-	
Hindu	37	54.0%
Muslim	23	46.0%
Sikh	0	0
Other	0	0
TYPE OF FAMILY		
Nuclear Family	27	54.0%
Joint Family	23	46.0%
RESIDENTIAL AREA		
Rural	27	54.0%
Urban	8	16.0%
Semi Urban Scien	itis 15	30.0%
DIRTRY PATTERN	· · · · · · · · · · · · · · · · · · ·	5
Vegetarian	24	48.0%
Mixed Diet	26	52.0%
EDUCATION OF MOTHER	Journal 🐪	
Primary Education Trend in S	cien25c	50.0%
Middle School Research	n and 18	36.0%
High School	ment 6	<u>12.0%</u>
Graduate And above SSN: 2458	-6470 1	2.0%
PREVIOUS KNOWLEDGE	مالاً وهوا	H
Yes	15	30.0%
No	35	70.0%
SOURCE OF KNOWLEDGE		
Television	4	8.0%
News Paper	5	10.0%
Society	6	12.0%
FAMILY HISTORY		
Yes	3	6.0%
No	47	94.0%

SECTION B

Assessment of pre-test and post-test level of knowledge regarding breast cancer among adolescent girls.

TABLE 2: FREQUENCY AND PERCENTAGE DISTRIBUTION ON KNOWLEDGE REGARDING BREAST CANCER AMONG ADOLESCENT GIRLS.

N(n1+n2) = 50

Observation	Category	Ade	equate	Mod	derate	Inadequate		
		f	%	F	%	f	%	
Pre-test	Pre-experimental	0	0%	21	42%	29	58%	
Post-test	Pre-experimental	28	56%	22	44%	0	0%	

SECTION - C

Effectiveness of knowledge regarding breast cancer among adolescent girls.

TABLE 3: COMPARSON OF MEAN PRE – TEST AND POST – TEST KNOWLEGDE SCORE AMONG PRE- EXPERIMENTAL GROUP.

(N=50)

	Paired Difference							
	Mean	Std. Deviation	Std. Error	95% Confidence Interva of the Difference		t	df	Sig (2-tailed)
		Deviation	Mean	Lower	Upper			taneu)
Pair Level of								
Knowledge- Level of	-7.0400	3.53963	.50058	-8.04595	-6.03405	-14.064	49	.000
Knowledge Post Test								

SECTION-D

Association between pre-test level of knowledge regarding breast cancer among pre-experimental group of adolescent girls with their selected demographic variables.

TABLE 4: ASSOCITION OF PRE-TEST LEVEL OF KNOWLEGDE WITH DEMOGRPHIC OF PRE-EXPERIMENTAL GROUP.

N = 50

Association Between Pretest Level of Knowledge with Their Selected Demographic Variable										
Variable		Level of knowledge								
		Inadequate		Moderate		Adequate		Chi Square	df	Sig
		F	%	F	%	f	%	Square		
	13-14 Year	7	14%	7	14%	0	0%	1.547	2	461
Age in year	15-16 Year	21	42%	12	24%	0	0%			.461 NS
	17-18 Year	t I <u>r</u> ei	2%	e ₂ ti	4%	0	0%			
Daligion	Hindu 7	18	36%	9	18%	0	0%	1.810	1	.252 NS
Religion	Muslim 🗸 🍃 🐪	11	22%	12	24%	0	0%		1	
Type of family	Nuclear 🕠 🔪	13	26%	414	28%	0	0%	2.339	1	.158 NS
Type of failing	Joint	16	32%	7	14%	0	0%			
	Rural	15	30%	12	24%	0	0%	.157	2	.924 NS
Residential Area	Urban	5	10%	3	6%		0%			
	Semi Urban	9	18%	6	12%	0	0%			
Di atawa Battawa	Vegetarian	14	28%	10	20%	0	0%	.002	1	1.000 NS
Dietary Pattern	Mixed	15	30%	11	22%	0	0%			
	Primary	14	28%	11	22%		0%		3	.803 NS
Education of	Middle School	11	22%	7	14%	0	0%	.994		
Mother	High School	3	6%	3	6%	0	0%	.994		
	Graduate & above	1	2%	2	2%	0	0%			
Previous exposure	Yes	11	22%	4	8%	0	0%	2.069	1	.215
of knowledge	No	18	36%	17	34%	0	0%	2.068		NS
	Television	4	8%	0	0%	0	0%		2	.360 NS
Source of knowledge	Newspaper	3	6%	2	4%	0	0%	2.045		
	Society	4	8%	2	4%	0	0%	2.045		
	Others	0	0%	0	0%	0	0%			
Family History	Yes	2	4%	1	2%	0	0%	.98	1	1.000
Family History	No	27	54%	20	40%	0	0%			NS

DISCUSSION

The analysis results revealed that there is no statistically significant association between pre-test knowledge score of pre- experimental group regarding breast cancer among adolescent girls with their demographic characteristics.

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