



EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF-EXAMINATION AMONG STUDENT NURSES IN SELECTED NURSING COLLEGES OF BUDGAM KASHMIR

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Abstract

Breast self-examination is a common screening method which is done by the individuals by themselves as an effort to detect the presence of breast cancer in its earliest stages by physically examining both the breasts for the possibility of any lump, distortions, or swelling etc. Materials and Methods: The quotative research approach was used in this study. The present study was to evaluate the effectiveness of Structured Teaching Programme on knowledge score regarding Breast Self-Examination among student Nurses. Purposive sampling technique was used to select the sample, the sample size was 52. Results: The finding of the study revealed that a majority (42.3%) of the student nurses were between 21-23 years of age, followed by 36.5% in the 24-26 years range, with 21.2% falling between 18-20 years. Notably, no students were aged 26 years or above. In terms of family structure, 63.5% of students belonged to nuclear families, 28.8% to joint families, and 7.7% to extended families. Conclusion: the findings of the study concluded that there was a significant improvement in students' knowledge regarding BSE, with the pre-test knowledge score averaging 62.10 and the post-test score rising to 77.50. These findings indicate a substantial increase in knowledge of Breast Self-Examination following Structured Teaching Programme.

Keywords: Knowledge, STP, Breast self-examination, Nursing Students

1. Introduction

Breast diseases are very common and can be found in most women. As the female breasts have been regarded as the symbol of beauty, sexuality and motherhood, any actual or suspected disease or injury affecting breasts tends to reflect the prevailing societal view of the breast[1]. The threat of

mutilation or loss of a breast may be devastating for the women because of significant psychosocial, sexual and body image implication associated with it. Cancer of breast is disease which affects many dimensions of health as it gives physical, emotional, psychological as well as economical set back to the women affected. Breast cancer is ranked the number of cancer among Indian women with a rate

as high as 2.8% per 100000 women and morbidity of 12.7 per 10000 women, and mortality of 12.5 per 100000 women, according to health ministry report 2017 about 5.37 lakh Indian women breast cancer in 2012 and was a leading cause of death among women between age of 20 and 58 Worldwide[2]. Among Kashmiri women breast Cancer is second leading cancer. After esophageal cancer with an incidence rate of 12.6 per 100000 lakh women the incidence mortality and surviving creates of breast cancer[3] vary across the globe because of underlying difference in known risk factors, availability of organize, screening, programmes and assess to effective and affordable treatment modalities Breast cancer is the most prevalent malignancy among female populations and is responsible for the second-highest number of cancer-related deaths in American women[4]. Breast Self-Examination can help women detect breast cancer at an early stage, when it is more treatable and curable Studying BSE can increase women's awareness about their own breasts, making them more familiar with their normal breast tissue and more likely to notice any change. BSE can empower women to take charge of their own breast health, reducing their reliance on health care providers for routine breast exams. The breast self-examination gives each woman control over her health and awareness of how her breasts feel. BSE benefits women in two ways: first, it helps them become accustomed to how their breasts feel and appear, and second, it helps them identify any breast changes as soon as they can. According to research, 90% of the time, people learn that they have breast cancer. According to numerous studies, it is also possible to circumvent barriers to detection and treatment by taking advantage of and decreasing the awareness of breast cancer[5]. Furthermore BSE is a low cost, non-invasive method of breast cancer detection, making it an attractive option for women who may not have access to regular mammograms. Studies have shown that women who practice regular BSE has improved breast cancer survival rates. Early detection through BSE can lead to reduced breast

cancer mortality rates[6]. Studying BSE can increase women's confidence in their ability to detect breast abnormalities, leading to improved overall health and well-being[7]. Cancer that is diagnosed at an early stage when it is not too large and has not yet spread is more likely to be treated successfully, It is estimated that one-third of all cancers can be prevented, and a further third of all cancers may be cured if diagnosed at an early stage[8]. Interventions that target the threat of breast cancer and the benefits of breast self-examination may help improve knowledge and skills for performing breast self-examinations[9].

2. Objectives

- To assess the pre-test knowledge score of BSc nursing 2nd Semester students regarding the Breast Self-Examination of selected Nursing College of Budgam
- To assess the Post-test knowledge score of BSc nursing 2nd semester students regarding Breast Self-Examination of selected Nursing college of Budgam.
- To assess the effectiveness of structured teaching program by comparing pretest and posttest knowledge score of BSc nursing 2nd semester students regarding BSE of selected Nursing college of Budgam.
- To find out association of pre-test knowledge score of BSc nursing 2nd semester students regarding breast self-examination with their selected demographic variables (age (in years), educational status, type of family, place of living, mothers' educational status, mothers' occupation, fathers' occupation, family income per month (in rupees)).

3. Hypothesis

- H₁: There is significant increase in post-test knowledge score as compared to pre-test knowledge score regarding breast self-examination at 0.05 level of significance
- H₂: There is significant association of pre-test knowledge score of student nurses regarding

breast self-examination with their selected demographic variables

A. Research Methodology: Quantitative Research Approach., one group pre-test post-test research design was used the design can be presented as:

1. O₁: Pre-test of knowledge regarding selected breast self-examination
 2. X₁: Intervention. (Structured teaching program)
 3. O₂: Post-test of knowledge regarding selected breast self-examination.
- Variable under study: Independent variables, in this study the independent variables is the Structured Teaching Programme regarding breast self-examination.
 - Dependent variables, in this study dependent variables are knowledge of student nurses regarding breast self-examination.
 - Setting of The Study, The study was conducted in Ibn sina college of Nursing Budgam. The population of present study comprised of all girl Student Nurses who are studying in Ibn sina college of Nursing Budgam.
 - The sample size was 100 student nurses who are studying in Ibn sina college of Nursing.

Sampling Technique was Purposive sampling technique.

4. Description of the Tool

The tool has been divided into two parts.

Section A and Section B

4.1 Section A

A. Demographic pro-forma: Which contain socio Demographic data of the student nurses includes general characteristics such as: age (in years), gender, educational status, type of family, place of living, mothers educational status, mothers occupation, fathers occupation, family income per month (in rupees).

4.2 Section B

A. Self-Structured Knowledge Questionnaire: This section aims to assess the knowledge score of student nurses regarding breast self-examination. It comprises of 15 knowledge items pertaining to the BSE. The test items are in the form of multiple choices, with three distractors and a single correct answer. Every correct answer will be awarded a score of one point and every wrong answer and an un-attempted will be given zero score. Maximum score of the tool will be 15 and minimum score will be 0.

5. Findings of the Study

Table 1: Demographic characteristics of the participants (n=52)

Variables	Opts.	Percentage	Frequency
Age	18-20 years	21.2%	11
	21-23 years	42.3%	22
	24-26 years	36.5%	19
	Above 26 years	0.0%	0
Gender	Male	0.0%	0
	Female	100.0%	52
Type of family	Nuclear	63.5%	33
	Joint	28.8%	15
	Extended	7.7%	4
Education of mother	Illiterate	42.3%	22
	Primary	15.4%	8
	Secondary	30.8%	16
	Higher Secondary and Above	11.5%	6

Occupation of mother	Housewife	55.8%	29
	Govt. /Private employee	36.5%	19
	Businesswomen	7.7%	4
	Agriculture	0.0%	0
Occupation of father	Govt. Employee	28.8%	15
	Private sector employee	21.2%	11
	Businessmen	44.2%	23
	Agriculture	5.8%	3
Family Income	1 < Rs 10000/-	23.1%	12
	Rs 10000 to Rs 20,000/-	36.5%	19
	Rs 10000 to Rs 30,000	32.7%	17
	> Rs 31,000	7.7%	4
Source of information	Book	28.8%	15
	Social media	57.7%	30
	Family	13.5%	7

Table 2: Descriptive statistics of pre-test level of knowledge (n=52)

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
Pre-test knowledge	18.33	3.014	19	24	11	13	61.10
Maximum=30 Minimum=0							

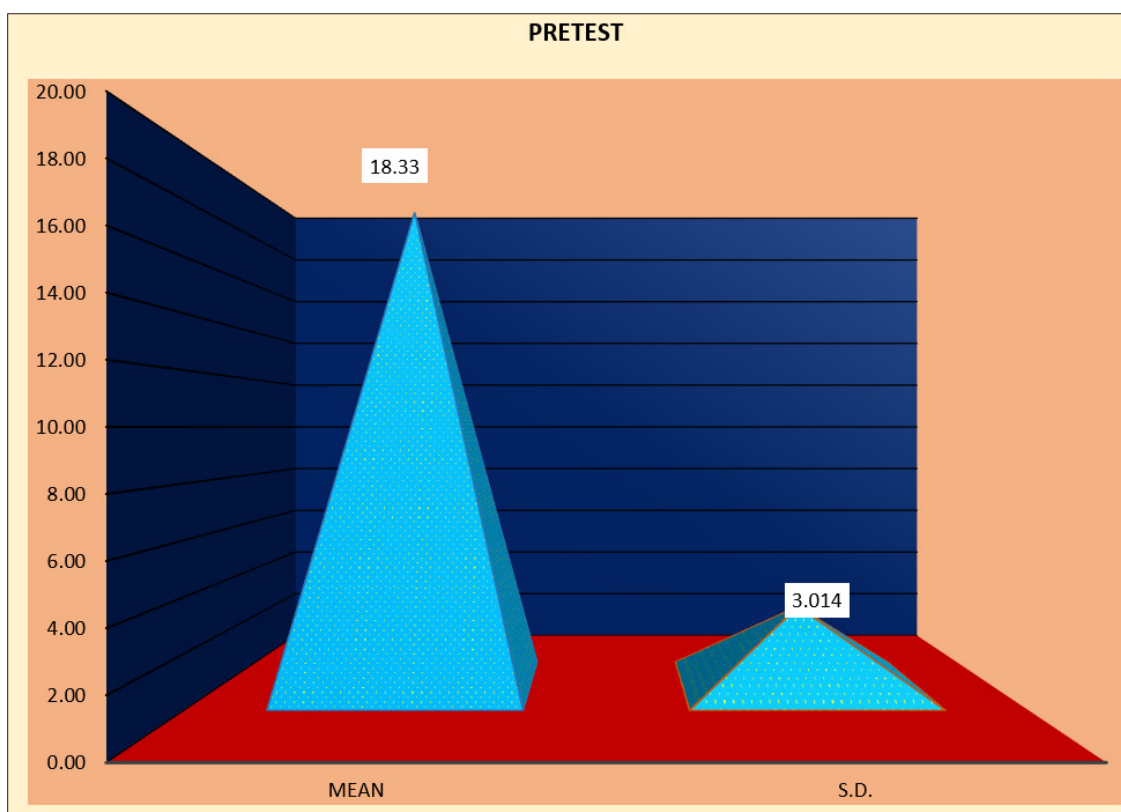


Figure 1: Triangle diagram representing descriptive statistics of pre-test level of knowledge

Table 3: Frequency & Percentage distribution of post-test level of knowledge (n=52)

Criteria measure of post-test knowledge score	
Score Level (N= 52)	Post-test f (%)
Inadequate Knowledge (0-10)	0 (0%)
Moderate Knowledge (11-20)	10 (19.2%)
Adequate Knowledge (21-30)	42 (80.8%)
Maximum Score=30 Minimum Score=0	

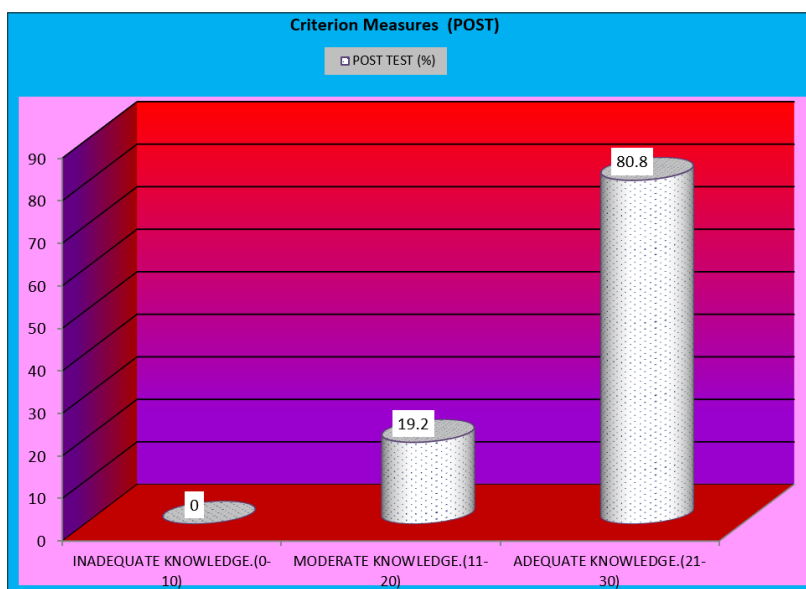


Figure 2: Cylindrical Diagram representing percentage distribution of post-test level of knowledge

Table 4: Descriptive statistics of post-test level of knowledge (n=52)

Descriptive Statistics	Mean	S.D.	Median Score	Maximum
Post-test Knowledge	23.25	2.950	24	28
Maximum=30 Minimum=0				

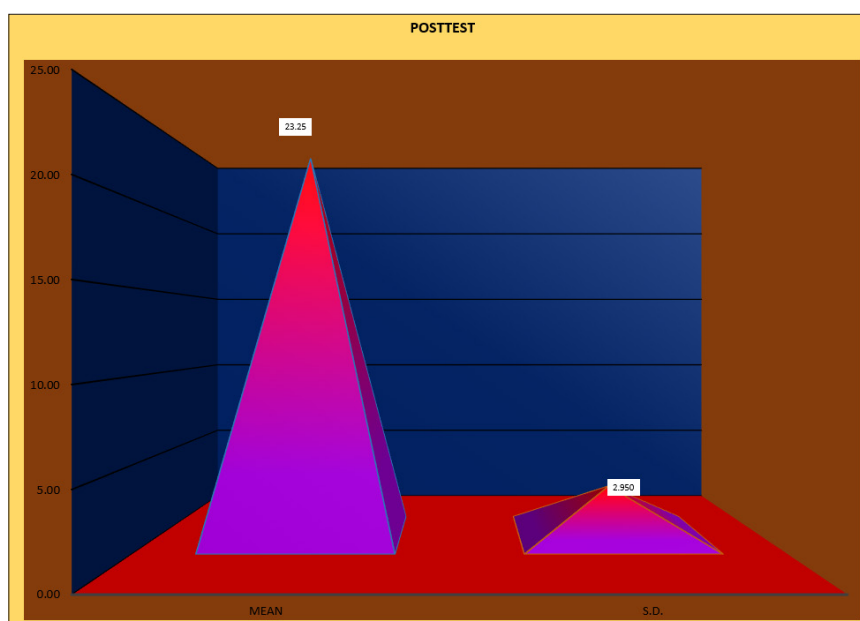


Figure 3: Triangle diagram representing descriptive statistics of post-test level of knowledge

Table 5: Comparison of frequency & percentage distribution of pre-test and post-test level of knowledge

Criteria measure of knowledge score		
Score Level (n= 52)	Pre-test f (%)	Post test f (%)
Inadequate Knowledge.(0-10)	0 (0%)	0 (0%)
Moderate Knowledge.(11-20)	42 (80.8%)	10 (19.2%)
Adequate Knowledge.(21-30)	10 (19.2%)	42 (80.8%)
Maximum Score=30 Minimum Score=0		

Table 6: Comparison of descriptive statistics of pre-test and post-test Scores of knowledges

Paired T-test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired T-test	P value	Table Value at 0.05
Pre-test Knowledge	18.33±3.014	61.10	11-24	4.920	8.899 *Sig	<0.001	2.01
Post-test Knowledge	23.25±2.95	77.50	16-28				
** Significance Level 0.05 Maximum=30 Minimum=0							

Table 7: Comparison of descriptive statistics of pre-test and post-test Scores of knowledge (n=52)

Mean%	Pre-test Knowledge	Post-test Knowledge	Difference	Pre-test Knowledge Score %	Posttest Knowledge Score %	Difference%
Average	18.33	23.25	4.92	61.09	77.50	16.41

Association of pretest knowledge scores with selected socio-demographic variables (N=52)									
Variables	Opts	Adequate knowledge	Moderate knowledge	Inadequate knowledge	Chi Test	P Value	df	Table Value	Result
Age	18-20 years	3	8	0	0.618	0.734	2	5.991	Non Significant
	21-23 years	4	18	0					
	24-26 years	3	16	0					
	Above 26 years	0	0	0					
Gender	Male	0	0	0		N.A			
	Female	10	42	0					
Type of family	Nuclear	5	28	0	3.227	0.199	2	5.991	Non Significant
	Joint	5	10	0					
	Extended	0	4	0					
Education of mother	Illiterate	5	17	0	2.446	0.485	3	7.815	Non Significant
	Primary	0	8	0					
	Secondary	4	12	0					
	Higher Secondary and Above	1	5	0					
Occupation of mother	Housewife	3	26	0	6.221	0.045	2	5.991	Significance
	Govt. /Private employee	7	12	0					
	Businesswomen	0	4	0					
	Agriculture	0	0	0					

Occupation of father	Govt. Employee	2	13	0	1.754	0.625	3	7.815	Non Significant
	Private sector employee	2	9	0					
	Businessmen	6	17	0					
	Agriculture	0	3	0					
Family Income	1 < Rs 10000/-	5	7	0	9.204	0.027	3	7.815	Significant
	Rs 10000 to Rs 20,000/-	2	17	0					
	Rs 10000 to Rs 30,000	1	16	0					
	> Rs 31,000	2	2	0					
Source of information	Book	2	13	0	0.740	0.691	2	5.991	Non Significant
	Social media	6	24	0					
	Family	2	5	0					

5. Conclusion

A. Based on findings of study following conclusions were drawn: Pretest findings showed that the majority of the study subjects had inadequate knowledge. It may be due to lack of previous exposure and education regarding BSE. So, there was a need to educate them. There was an improvement in the knowledge of study subjects after implementation of STP regarding BSE which was evident from post-test knowledge scores. No significant association was found between pretest knowledge score of study subjects regarding BSE and their selected demographic variables except occupation of mother and income.

6. Source of Funding: None

7. Conflict of Interest: None

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