

**EFFECTIVENESS OF STRUCTURED TEACHING
PROGRAMME ON BREAST SELF EXAMINATION AMONG
ADULT WOMEN AT SELECTED AREA, CHENNAI**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING
2019-2023**



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BY

Ms.SWEETHA.S.B.

Ms,UMAMAHESWARI.G

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RESEARCH GUIDE

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BONAFIDE CERTIFICATE

This is a bonafide work done by Ms.Sweetha.S.B. and Ms.Umamaheswari.G B.sc (N) IIIrd year students from Sathyabama college of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL:

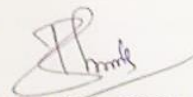


SIGNATURE OF THE DEAN:

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ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work entitled "Effectiveness of structured teaching programme on knowledge regarding breast self examination among adult women at selected area, Chennai." is a bonafide research work done by Ms.Sweettha.S.B and Ms.Umamaheswari.G in partial fulfillment of the requirement for the degree of the bachelor of science in nursing.



SEAL AND SIGNATURE

OF THE RESEARCH GUIDE

DECLARATION

We hereby declare that the present project report entitled “Effectiveness of structured teaching programme regarding breast self examination among adult women at selected area. Chennai”. Is the outcome of the original research work undertaken and carried out by us under the guidance of Ms. Bhuvaneswari Msc (N), Sathyabama College of Nursing, Chennai.

We also declare that the material of this project report as not formed anywhere, the basic for the award of any degree in the university or any other university.

By:

G. Umamaheswari

Sweettha 86

ACKNOWLEDGEMENT

“He makes all things beautiful in his time”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

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ABSTRACT

Problem statement of the study is to effectiveness of structured teaching programme on breast self examination among adult women at selected community area in Chennai. The objective of this study was To assess the knowledge regarding breast self examination, before and after structured teaching programme among adult women. To determine the effectiveness of structured teaching programme on knowledge regarding breast self examination adult women. To find out the association between knowledge score among women & with their selected demographic variables age, religion, education, type of family and marital status.

The methodology of the present study was conducted at selected community area chemmencherry at chennai. The sample for this study consisted of 100 adult women in selected community area. Stratified random sampling technique was used for the sample selection. The tools used for the data collection was self administered Multiple choice questionnaire which consist of two parts, part one was demographic data and part two was knowledge of breast self examination questionnaire. Descriptive statistics (frequency, percentage, mean, and standard Deviation) and inferential statistics (Chi square, paired „t“ test) were used to analyze the data and to test the hypotheses.

The following were the results of this study: As per demographic characteristic, majority of women 43 (43%) were between age group of 20-

30years,47 of them (47%) were Hindu religion,34 of them (34%) were no formal education, 60 of them (60%) were nuclear family members, 81 of them (81%) were married women. The frequency and percentage of pretest and post test level of knowledge regarding breast self examination shows Majority of female students in pretest 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self examination but in post test majority 77 of them (77%) had adequate knowledge,remaining 23 of them (23%) of them had moderately adequate knowledge and none of them inadequate knowledge regarding Breast self examination. Over all comparison of mean values between pre test 8.35 and post test 24.18 of knowledge regarding breast self examination and „t“ value 3.99 obtained was found to be significant at 0.05 level. This was conducted through structured teaching programme is effective in improving awareness regarding breast self examination.

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CHAPTER – I

INTRODUCTIO

CHAPTER – I

INTRODUCTION

Breast cancer is a global health concern and leading a cause of morbidity and mortality among women. It is one of the top leading causes of cancer and top five causes of the death of cancer in women. Globally breast cancer recent evidence exhibit about 30% of new cancer cases and 20% of cancer deaths among females in global are due to breast cancer. Breast cancer incidence rate constantly remains highest in the developed region and the mortality rate is much higher in the less developed countries. This emerged cause is due to lack of awareness among the common people and even in vulnerable groups. And lack of advanced laboratory investigation for the early diagnosis and screening for breast cancer.

NATIONAL CANCER INSTITUTE (NCI) estimates that endometrial, or uterine, cancer will be diagnosed in an estimated 39,080 American women this year, more than twice the number of women who will be diagnosed with cervical (lower part of the uterus) and ovarian (female reproductive glands) cancers combined. However, in terms of 2010 deaths, ovarian cancer is forecasted to kill 15,280 women, while deaths caused by uterine (7,400) and cervical (3,670) cancers are fewer than half that number. That is a combined 26,350 deaths in this country this year from cancers of the female reproductive system. To avoid these cancers, it's important to understand them.

- KARAYURT ET. AL., (2012)

Medical advances have shown that one-third of all cancers are preventable and a further one third, if diagnosed sufficiently early, is

potentially curable. This observation demands that cancer control should be of increasing priority in the health care programmed of developing countries. One potentially important strategy in reducing breast cancer mortality is the use of screening to achieve earlier detection of cancer.. This is very important because an excellent prognosis is directly associated with the stage at which the tumor is detected and how localized the lesion is. Early diagnosis usually results in treatment before metastasis and signifies a better outcome of management.

**- EUROPEAN JOURNAL OF SCIENTIFIC
RESEARCH,(VOL 30, NO 31, 2011)**

A women's breast is constantly changing throughout the menstruation, when breastfeeding, at a period of pregnancy and in menopause. Most breast changes are not cause for concern. But the women should know how her breasts look and feel normally, So that any changes that might indicate a problem can be detected. One way that can be done is through regular Breast self-examination.

1. Breast self-exams aid in the detection of breast cancer are considered optional by the American Cancer Society. Rather, women should be familiar with the normal consistency of the breasts and underlying tissue that she can be aware of any abnormal lumps or other changes. Women should, however, get a regularly scheduled mammogram and clinical breast exam, which are recommended to help detect breast cancer.

2. Breast problems usually are benign, such as fibrocystic changes, cysts (fluid-filled sacs), or fibro adenomas (solid lumps). Most women have lumps or changes in their breasts that fluctuate during their menstrual cycles. This is

normal, as is a firm ridge along the bottom of each breast. Breasts also may feel different in different places.

3. The best time to do a breast self-exam is on a monthly basis, usually about

three to five days after the end of your period. When the breasts are less tender or swollen. If women do not have a period, try to remember to do the exam on the same day every month.

4. Breast self-exams are an option for women starting in her 20s. They are not a substitute for regular screening mammograms or clinical breast exams to detect breast cancer. According to the American Cancer Society, women in their 20s and 30s should have a clinical breast exam at least once every three years. Beginning at age 40, women should have a clinical breast exam and screening mammogram every year. Women at high risk of developing breast cancer should add magnetic resonance imaging screening to their yearly mammogram.

**-CYPRESS FAIRBANKS MEDICAL CENTER
HOSPITAL.(2013)**

For health professionals who believe in evidence based practice, there is some good evidence that competently performed breast self- examination (BSE) is a screening behavior that will reduce the number of deaths from breast cancer. For health professionals who believe that screening is warranted only when the natural history of the target disease may be altered, there is no evidence whatsoever to support the promotion of breast self-examination in adolescents or women in their twenties. Breast self -examination is performed by woman herself. At consistent intervals, which are particularly important if she is still menstruating, the woman is supposed to look at her breasts for abnormalities, to palpate her breasts, and to identify any findings that require consultation with her physician.

- CORNELIA J.BAINES, MD (2013)

Screening methods such as mammography, clinical breast examination, and breast self-examination (BSE) are described as health improvement activities and play important roles in the early diagnosis of breast cancer.

Breast self-examination is recommended to be performed routinely on a monthly basis in all the women aged above 20 years and the importance of raising awareness on breast cancer via Breast self-examination is noted. Breast self-examination, is an easy-to-apply, economical, safe, non-invasive procedure with no special material/tool requirements; and it is an effective diagnostic method for breast cancer which only takes five minutes

- BEYDAG AND YURUGEN, (2010)

Prevention is better than cure, Measures should be taken to prevent cancerous lesion by detecting it at earliest stage. Breast screening in general population has shown to reduce mortality and helps to detect it at earliest stage. Breast self -examination is a technique that all women can use to assess their own breasts. Women familiar with their own normal breast characteristics can easily notice the development of abnormalities early. Each woman and girls should be aware of her own risk factors with regular breast self-examination; malignancy may be discovered early and effectively treated. Regular monthly breast self- examination is an essential health maintenance activity.

**– BEVERLY B. GREEN, MD, MPH,
STEPHEN H. TAPLIN, MD, MPH (2014)**

NEED FOR THE STUDY :

The World Health Organization (WHO) has predicted that by 2020 the number of breast cancer cases will jump to an alarming figure and one in every eight women would run the risk of developing the disease in her lifetime. The

Indian Council of Medical Research (ICMR) too, concluded that over the last two decades there has been a steep rise in the statistics pertaining to women being diagnosed with breast cancer.

Collectively, US, India and China account for almost one third of the

global breast cancer burden. Persistent efforts over last 40 to 50 years in the US have resulted in a large proportion of women presenting in early stages and there has been a consistent decrease in the death rates due to breast cancer, even though the incidence of breast cancer is rising steadily. These statistics from IARC (WHO) reflect the same, and offer a good insight for developing nations like India, as to what can be done. Threat of rise of breast cancer in India is so rampant, that if we do not act now, we are in for a major shock in the next twenty years.

For India, for the year 2012,

- 144,937 women were newly detected with breast cancer
- 70,218 women died of breast cancer
- $144937 / 70218 = 2.06 = \text{round it off to } 2.$

So roughly, in India, for every 2 Women newly diagnosed with breast cancer, one lady is dying of it. A few decades back: almost 65% to 70% of women suffering from breast cancer were above 50 years only 30 to 35% women were below fifty years of age. However, presently, breast cancer is more common in the younger age group and 49% of all women suffering from breast cancer in Chennai are below 50 years of age.

A significant number of patients are below 30 years. The reason is not that few decades back, it was not detected earlier and now it is being detected earlier. The reason is that there has been a very genuine rise in the incidence of breast cancer in younger women. Please understand that breast cancer is increasing even in the older population; it is just that the increase in younger population is more than that in the older population; maybe because of the predominant young population in India.

Breast cancer cases have doubled in India in the last two decades. The number of women estimated to be dying of breast cancer every year has also been steadily raising. 48,170 women died due to breast cancer in 2007 and the

number reached 50,000 in 2010. Delhi recorded an estimated 810 deaths due to breast cancer in 2010 compared to 779 in 2009 and 749 in 2008. Experts say women now marry late and give birth to fewer children have increased breast cancer rates in India.

Breast Self- Examinations aid in the detection of Breast Cancer are considered optional by the American Cancer society. 80% of breast cancers diagnosed clinically are found by the woman herself. American National organizations, institutes and commercial bodies provided lot of information and training on breast self -examination. Some private health institutes and commercial non health related organizations also developed breast self - examination training websites and videos.

Early diagnosis affords a better chance of survival and better prognosis in absence of an exact etiological agent for breast cancer, the most appropriate way of controlling it, will be early detection and treatment. Mammography is the method of choice but its use is limited due to high cost and unavailability. At present a simple inexpensive and early implant for the detection of breast cancer is breast self- examination. It is one of the simplest and most important health programmes to promote early detection. Regular breast self - examination can identify any abnormal changes in breast to establish good prognosis. If the young groups of women are targeted with accurate information and encouragement they will learn to examine themselves and detect every minute changes early in their later life.

Many women feel that doing a breast self- exam is an important part of their health care. It helps them learn how their breasts normally feel, so that if they find a lump they will know whether it is something to discuss with their health care provider. However, there is controversy about recommending

breast self -exams. .there is no evidence that doing breast self -exams saves lives from breast cancer. Even getting a yearly exam is controversial, but many women and their health care providers feel that this is still an important part of breast cancer screening.

The clinician palpates the breast during examination. In recent years emphasis has been placed on teaching adolescent girls to palpate their own breasts monthly. Early cancer of the breast is curable, and if every adolescent girls would take time to carefully examine her own breast at regular intervals, many benign and malignant tumour would be discovered easily and early. Nurses should become familiar with the procedure of breast self -examination so that they may teach adolescent girls, patients, friends or members of their families

PROBLEM STATEMENT:

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON BREAST SELF-EXAMINATION AMONG ADULT WOMEN”

OBJECTIVES:

1. To assess the knowledge regarding breast self -examination before and after the structured teaching programme among adult women.
2. To determine the effectiveness of structured teaching programme on knowledge regarding the breast self-examination among adult women.
3. To assess the post test level of knowledge with their demographic variable such as age, religion, education of the mother, type of family, and the marital status.

HYPOTHESIS:

H1: There will be a significant increase in the knowledge regarding breast self-examination after structured teaching programme among adult women

H2: There will be a significant knowledge association between the demographic variable such as age, religion, education of the mother, type of family and the marital status.

ASSUMPTION:

- Adult women have less knowledge about breast self-examination.
- Structured teaching programme will be effective in increasing the knowledge regarding the breast self-examination among adult women.

DELIMITATIONS:

This study is limited to

- Adult women at selected area in chemmencherry.
- Sample size limited to 30 adult women.
- This data collection is limited only for 15 days.

OPERATIONAL DEFINITIONS:

1. Effectiveness:

The degrees to which objectives are achieved and the extent to which targeted problems are solved. It is the capability of producing a desired result.

In this study

effectiveness refers to the improvement in level of knowledge regarding breast self-examination among adult women.

2. Knowledge:

Knowledge is a familiarity with someone or something, which can include facts, information, descriptions, or skills acquired through experience

or education .It can refers to the theoretical or practical understanding of a subject. In this study knowledge refers to the awareness and familiarity about breast self-examination among adult women.

3. Breast self-examination:

A Breast self- examination (BSE) is an inspection by a woman of her breasts to detect breast cancer early. In this study BSE refers to gain knowledge regarding Breast self -examination among adult women.

4. Structured teaching programme:

It refers to the systematically developed instructional programme using instructional aids, designed to provide information. In this study STP refers to teaching regarding breast self -examination among adult women.

CONCEPTUAL FRAMEWORK

The conceptual framework for this study was based on **“BECKER’S HEALTH BELIEF MODEL”**.

The conceptual Framework of this study was based on BECKER’S HEALTH BELIEF MODEL. This model addresses the relationship between a person’s beliefs and behaviours. It provides a way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies.

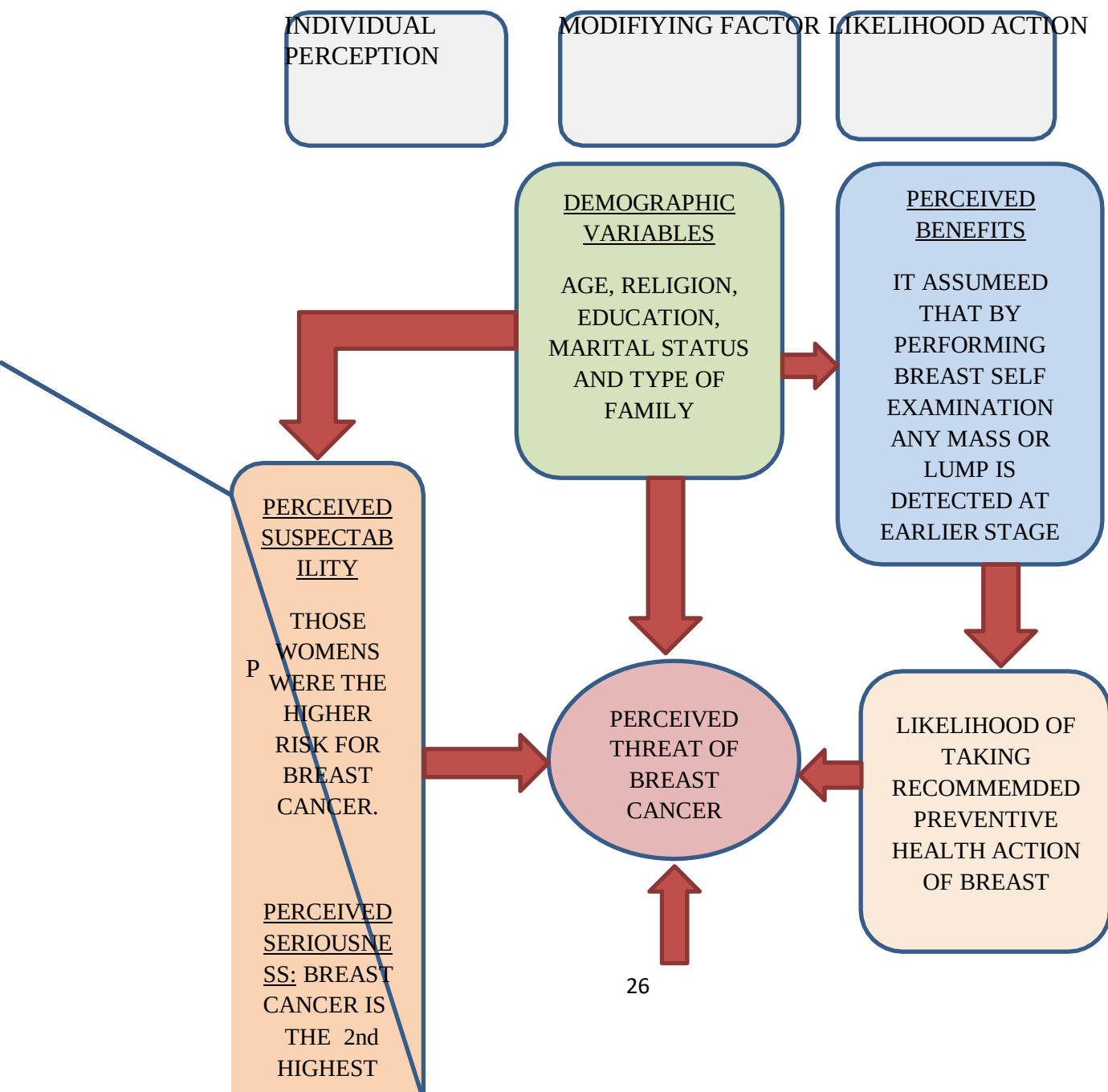
Conceptual Framework is the conceptual underpinning of a study. It refers to an understanding of the phenomenon of interest and reflects the assumptions and philosophical view of the investigation.

The first component of this model involves the individual’s perception of susceptibility to an illness. For example, a client needs to recognize the familial link for breast cancer. After this link is recognized, particularly when one parent and two siblings have died in their second decade from breast cancer, the client may receive the personal risk of breast cancer.

The Second component is the individual’s perception of the seriousness of the breast cancer. This perception is influenced and modified by demographic variables like age, religion, education of the mother, type of family, place of living, marital status. Perceived threat’s of the breast cancer and cues of action is administered video assisted teaching programme.

The Third component – the likelihood that a person will take preventive action- It assumed that by performing breast self-examination, to find any mass or lump is detected at earlier stage.

CONCEPTUAL FRAMEWORK (BECKERS HEALTH BELIEF MODEL)



CUES OF ACTION:

STRUCTURED TEACHING PROGRAMME REGARDING BREAST SELF EX

CHAPTER – II

REVIEW OF LITERATURE

CHAPTER – II

REVIEW OF LITERATURE

A literature review is a comprehensive summary of previous research on a topic. Literature review is an overview of previously published work on a specific topic. The term can refer to a full scholarly paper or a section of scholarly work such as book or an article.

Choumessi T. Aphrodite^{1*}, Tchamba T. G. Stephanie¹ , Ngwamenter Geayea¹ , Atabonkeng E. Philemon, November 2020, in the **title “Breast cancer and breast self-examination awareness among undergraduate students of the University of Bamenda, Cameroon”** the researchers tells that Breast self-examination (BSE) is an individual check-up to identify any health problem in the breast, especially breast cancer. However, though the university is the place of high education, the level of the student knowledge about breast cancer and BSE remains not quite known. This study aimed to identify awareness on breast cancer and BSE among the student population of The University of Bamenda, Cameroon.

Dot littlewood, Jane Jenkins in the title of “Breast self-examination and breast awareness”, may 2005 , tells that Over 41,000 women are diagnosed with breast cancer each year in the United Kingdom. Compared with other European countries, women in England have poor survival

prospects, for breast cancer, due in part to advanced disease at first presentation. In the United Kingdom, women are encouraged to be breast aware from the age of 18. However, the evidence suggests that women do not engage in breast awareness and are frightened and confused about their role in breast health promotion.

Helen Graham October 2005 in the title of “The nurse's role in promoting breast awareness to women” tells that, Breast awareness is now a

recognised part of health promotion and has replaced previous guidance on breast self-examination for women. Since it was introduced in the early 1990s, along with the breast awareness five-point code, it has become a key element in the strategy to detect breast cancer at an early stage. Despite this, confusion about breast awareness persists, with women still wanting to know how to examine their breasts properly

Rabia Hacıhasanoğlu Feb 2008 in the title of “**The effect of training on the knowledge levels and beliefs regarding breast self-examination on women attending a public education centre**” tells that The aim of this study was to evaluate the effect of subject training on the level of knowledge about breast self-examination (BSE) and breast cancer in women attending a public education centre. This research was structured according to pre-test-post test, one group research design principles. After training, the rate of correct answers increased to between 79.1% and 96.7% and attendees demonstrated an increase in the accuracy of their beliefs about breast cancer (health risk, susceptibility). The perception of self-efficacy, an important variable in the process of behaviour change, is a necessary component of changing and maintaining the practice of BSE. The results of this work and others demonstrate that education administered by nurses can increase positive perceptions about BSE self-efficacy. Education in BSE is easily administered, requires no special tools, could lead to early diagnosis of breast cancer if performed regularly and should be taught to all women aged 20 years and above

Wendy Y C Fung, Polly S Y Cheung May 2007 in the title **“Using a community-based outreach program to improve breast health awareness among women in Hong Kong”** tells that About half were aware of breast health and breast diseases (53.7%) and breast screening methods (48.6%) before the intervention. It was found that women who had received instruction on BSE practice, and those who were aware of breast screening methods, breast health, and breast diseases were more likely to have had prior BSE

practice. Most indicated their willingness to practice BSE regularly (93.3%) and to pass on the BSE knowledge to their relatives and friends (92%) in the posttest.

Hea Kung Hur, GiYon Kim 2009 May in the title “Effects of a cognition-oriented breast self-examination intervention for Korean women and their spouses” tells that This study evaluated the effectiveness of a cognition-oriented breast self-examination (BSE) intervention program that is based on the Transtheoretical Model and reflects individual characteristics according to BSE stage among Korean women and their spouses

Aase Hertz, Claire Gudex 2005 April in the title “Evaluation of a Danish teaching program in breast self-examination” tells that This study investigated the effect of a BSE training program on women's knowledge, attitudes, and behavior regarding BSE. Postal

questionnaires were sent to 629 women who had participated in 1998-2000 in the BSE training program run by Ribe County, Denmark, and to a local matched control group of the same size selected through personal registration numbers. Response rates were 77% and 56%, respectively. A significantly greater number of women who had attended BSE training reported that they knew how and when to do BSE, and what they should do if they discovered breast changes (97% compared to 66% in control group). Similar proportions in each group felt confident of finding any breast changes (57%) and believed that routine BSE can influence the chances of recovery from breast cancer (90%). There were also no significant differences between the intervention and

control groups in the reporting of anxiety as a result of performing BSE (24% and 17%, respectively). The intervention group was significantly more likely to perform BSE regularly (66% compared to 52% in control group) and to use a more correct technique (44% compared to 20% in control group). It was concluded that a formal training program increases the likelihood of regular BSE performance with a correct technique.

E A Coleman June 1991 in the title” **Practice and effectiveness of breast self examination**” tells breast self examination (BSE), it is evident that BSE functions as an effective preventive health behavior. Only 19% to 40% of women practice BSE on a monthly basis, and there is no strong evidence that women who practice monthly BSE perform the procedure correctly. Confidence in BSE performance, prior BSE instruction, and finding some way to remember to do BSE were the factors most positively associated with frequent BSE practice. Women need to be given the facts about breast cancer and information about early detection methods and also need to be taught BSE in such a way that they feel confident breasts. Since BSE is a skill, an accurate assessment of the learners' BSE techniques is necessary to adequately evaluate BSE teaching methods.

M A Maddox march 1991 in the title “**The practice of breast self-examination among older women**” tells that Mammography, professional breast examination (PBE), and breast self-examination (BSE) are viewed as very important screening techniques for the early detection of breast cancer. Mammography and PBE are performed on a routine basis at healthcare facilities, while BSE can be performed in the privacy of the home. The self-care practice of monthly BSE is important for women of all ages. Older women often feel unsure about their ability to perform BSE properly, and many know very little about this self-care practice. The purpose of this research study was to explore the validity of teaching older women the practice of BSE using the method of return demonstration. The inclusion of

actual practice opportunities with models into teaching sessions resulted in the older women feeling more confident about their ability to perform BSE.

Nursen O Nahcivan March 2007 in the title **“Health beliefs related to breast self-examination in a sample of Turkish women”** tells that Significant differences between performers and non-performers correlated to age, marital status, health insurance, regular gynecologic visits, and education about breast cancer and BSE. The mean scores of perceived benefits and

confidence were noticeably higher in performers. Stepwise logistic regression analysis yielded three significant predictor variables.

Denise Gasalberti October 2002 in the title **“Early detection of breast cancer by self-examination: the influence of perceived barriers and health conception”** tells that A wellness conception of health and frequency were not significantly related, nor did a significant relationship exist between a wellness conception of health and thoroughness of BSE. A negative relationship between barriers and thoroughness was highly significant. A statistically significant relationship did not exist between barriers and frequency of BSE.

D N Rutledge July 2007 in the title **“Breast cancer detection: knowledge, attitudes, and behaviors of women”** tells that Women reported moderate/high adherence to recommendations for early detection of breast cancer. Mammography behavior was predicted by older age, being encouraged by a doctor or nurse, and greater risk. CBE predictors were greater knowledge and risk along with greater benefits, social norms, and health motivation. BSE behavior was predicted by having had BSE technique checked, greater knowledge, greater risk, decreased barriers to BSE, and higher health motivation

D N Rutledge July 2007 in the title **“Breast cancer detection: knowledge, attitudes, and behaviors of women”** tells that Women reported

moderate/high adherence to recommendations for early detection of breast cancer. Mammography behavior was predicted by older age, being encouraged by a doctor or nurse, and greater risk. CBE predictors were greater knowledge and risk along with greater benefits, social norms, and health motivation. BSE behavior was predicted by having had BSE technique checked, greater knowledge, greater risk, decreased barriers to BSE, and higher health motivation.

Miri Cohen October 2006 in the title **“Breast cancer early detection, health beliefs, and cancer worries in randomly selected women with and without a family history of breast cancer”** tells that Rates of CBE were similar in women with and without a family history ($p>0.05$). For women over 40, rates of undergoing mammography screening were similar ($p>0.05$), but regular attendance was reported more by women with a family history ($p<0.05$). More women under 40 with a family history of breast cancer attended mammography ($p<0.05$), but only about 14% had ever undertaken mammography screening and 27% had ever undertaken CBE. More than 50% of the women had performed BSE, while significantly more women with a family history reported its over-performance ($p<0.01$). Women with a family history reported higher perceived susceptibility ($p<0.01$), higher cancer worries ($p<0.05$), and fewer barriers to mammography ($p<0.05$). According to logistic regression analysis, higher odds of EDP were significantly related to perceiving fewer barriers and having higher cancer worries. A positive family history was related to higher odds of women undergoing mammography. Perceived susceptibility was significantly related to higher odds of BSE only. Over-performance of BSE was significantly related to having a positive family history, higher susceptibility, and higher cancer worries.

K E Grady November 2002 **“The efficacy of breast self-examination”** tells that Literature related to the efficacy and to the definition and measurement of breast self-examination (BSE) is reviewed with particular

attention to its relevance for women over 65. Overall, data on the efficacy of BSE suggest that it has a small but measurable impact on earlier detection of breast cancer as measured by clinical stage and tumor size and sometimes by pathological stage. The largest differences are between some BSE and no BSE. An analysis of BSE suggests that instructions could be simplified for older women in order to increase the reliability and acceptability of the examination. A research agenda is proposed which includes (a) testing BSE instructions tailored for older women, (b) studying the intervening steps between BSE and cancer diagnosis, (c) testing methods to increase acceptance by older women,

and (d) investigating the relationship between BSE and earlier detection of breast cancer in older women.

CHAPTER – III

RESEARCH METHODOLOGY

CHAPTER-III

METHODOLOGY

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. A methodology does not set out to provide solutions - it is, therefore, not the same thing as a method. Instead, it offers the theoretical underpinning for understanding which method, set of methods or so called “best practices” can be applied to specific case, for example, to calculate a specific result.

The Methodology is the general research strategy that outlines the way in which a research project is to be undertaken and, among other things, identifies the methods to be used in it. These Methods described in the methodology, define the means or modes of data collection or, sometimes, how a specific result is to be calculated. Methodology does not define specific methods, even though much attention is given to the nature and kinds of processes to be followed in a particular procedure or to attain an objective.

The methodology consists of research design, setting, population and sampling, sample size, criteria for selection of samples, instruments and tools for measuring variables, techniques of data collection, method of data analysis, report of pilot study and needed changes to be incorporated for the main study.

Designing a research involves the development of plan or strategy that will guide the collection and analysis of the data. The study was designed to assess the effectiveness of structure teaching programme regarding knowledge and practice of breast self -examination.

RESEARCH APPROACH:

The research approach selected to accomplish the objectives of the

study was Quantitative educative and evaluative approach. Since the purpose of the study was to find out the effectiveness structure teaching programme on knowledge regarding breast self= examination among adult women the Quantitative educative and evaluative approach was found to be suitable for this research study.

RESEARCH DESIGN:

The research design used for the present study was pre-test and post-test which a **Quasi experimental research design** –is used to measure the effectiveness of the structured teaching programme on knowledge regarding breast self -examination among adult women.

The research design used in the study was pre experimental design to determine the Effectiveness of the structure teaching programme on knowledge regarding breast self- examination.

Schematic representation of the design is given

below Experimental research design

	Pre-test	treatment	Post-test
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Experimental group	O1	X	O2
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E O1 X O2

KEY

E : Experimental Group

O1 : Pre-test knowledge of breast self- examination among adult women.

X : Administration of structured teaching programme.

O2 : Post-test knowledge regarding breast self -examination among adult women.

VARIABLES OF THE STUDY

Variables are characters that can have more than one value. The categories of variables discussed in the present study .they are,

Independent variable:-

The independent variable is believed to cause or influence the behavior and ideas.The variables that are used to describe or measure the factors that are assumed to cause or at least to influence the problem are called the independent variables.

The independent variable in this study was **structured teaching Programme** regarding breast self- examination among adult women.

Dependent variable:-

Dependent variable is what will be measured; it's what the investigator thinks will be affected during the experiment. Dependent variables represent the effect or influence of the independent variable. They are sometimes referred to as outcome, output, or response variables. They are “dependent” in that the outcome depends on the effects of the variables being manipulated. The dependent variables in this study were knowledge regarding breast self - Examination among adult women.

RESEARCH SETTING

Research settings are specific places in a research where data collection is to be made. The selection of setting was done on the basis of the feasibility of conducting the study, availability of subject and permission of authorities

The Study was conducted among adult women at selected locality of chemmencherry.

POPULATION

Population is defined as the entire aggregation of cases that meet a designated set of criteria A research population refers to the entire group to which the results of the research are to apply it is all the member (or) objects of any defined group from which measurement might be taken (or) collected.

The target population for the present study was among adult women in chemmencherry locality.

SAMPLE

A sample is the portion of the population that has been selected to represent the Population of interest. In this study, sample was among adult women in chemmencherry area with the inclusion criteria.

SAMPLE SIZE

The proposed sample size is 100 adult women in chemmencherry area.

SAMPLING TECHNIQUE:

Sampling is the process of selecting a portion of the population who represent the entire population. In this study Stratified random sampling technique was used for adult women are selected for the data collection and met the criteria was taken as sample.

CRITERIA FOR SAMPLE SELECTION

The sample for the study was selected based on the following criteria,

Inclusion criteria:

1. Who are willing to participate.
2. Who are all present during data collection.

Exclusion criteria:

1. women who are not willing to participate.
2. Who have underwent breast surgeries.
3. Who have been exposed to previous teaching programme about breast self Examination

SELECTION OF RESEARCH INSTRUMENT:

Research instruments or tools are ways of gathering data. Without them data would be impossible to put in hand which is used by the researcher to observe or measure the key variables in the research problem. The major task of the researcher is to select instruments most accurately and precisely measure the variables of interest, Questioning allows gathering information or

data from a large number of samples, relatively, quickly and inexpensively. It avoids interviewer bias, offers anonymity and is cost effective.

The instrument is used in this study were semi structured multiple choice questionnaire to assess the level of knowledge regarding breast self – examination among adult women.

DATA COLLECTION METHOD

Self Administered Multiple choice Questionnaire used for data collection.

DATA COLLECTION INSTRUMENT

The structured questions was prepared by the investigator The following steps were carried out in formulating the tools.

- Related literature was reviewed.
- Blue print was prepared.
- Subject experts were consulted for their valuable suggestion regarding the tools and alterations were made accordingly.
- Statistician was consulted for the preparation of the plan for statistical data analysis.
- Reliability was checked by doing pilot study.
- Literature needed for the development of the tool was obtained journals, articles, books and research studies. The blueprint was prepared to construct the tools which consist 5 demographic variables, 15 questions related to knowledge of breast self –examination.

DESCRIPTION OF THE INSTRUMENT:

The questions related to demographic variables and semi structured questions related to knowledge regarding breast self- examination.

Part I : Demographic variable such as address, age, marital status, education and religion

Part II: It contains 15 questions related to breast self -examination.

TOTAL SCORE INTERPRATATION

Part II

1	1-5	INADEQUATE KNOWLEDGE
2	6-10	MODERATE KNOWLEDGE
3	10-15	ADEQUATE KNOWLEDGE

TESTING OF THE TOOL

CONTENT VALIDITY

The instruments were validated by 5 experts from the field of Nursing and Medicine. The experts suggested addition, deletion of certain items and re-organization of questions. Appropriate modifications were made and the tool was finalized.

RELIABILITY

Reliability is the extent to which the experiment, test, or any measuring procedure yields the same result on repeated trials. Without the agreement of independent observers able to replicate research procedures, or the ability to

use research tools and procedures that yield consistent measurements, researchers would be unable to satisfactorily draw conclusions, formulate theories, or make claims about the generability of their research.

DATA COLLECTION PROCEDURE

Data collection is the gathering of the information to address the research problem. The word “data” means information i.e. systematically collected in the course of study. Permission from the concerned authority Prior to the collection of the data, permission was obtained from group gathered for the study.

DATA COLLECTION PROCESS

1. The study was conducted in chemmencherry locality.
2. The period of data collection was from 20.07.2022 to 05.08.2022
3. Prior data collection permission was obtained from the concerned authorities.
4. Adult women who fulfilled the criteria were selected as a sample by using stratified random sample technique.
5. The researchers themselves introduced to the participants and established rapport with them.
6. The purpose of the study was explained to each participants.
7. The researcher assured for the confidentiality for their responses.
8. Oral consent was obtained from each participant in the study before starting data collection.
9. Pre test was conducted by with the help of self administered questionnaire.
10. Question distributed and data collected from adult women in chemmencherry locality.
11. Structure teaching program was given for adult women and after 15 days post test was conducted by the same questionnaire.
12. At the end of data collection, the researcher conveyed thanks to the all the participants of the study before winding up the session

DATA ANALYSIS

The collected data was organized, tabulated and analyzed by using descriptive and Inferential statistics.

- To assess the level of knowledge before and after structured teaching programme among experimental group frequency and percentage.
- To compare the effectiveness of knowledge among experimental group, paired, „t“ test were used for analysis
- To find the association between pre-test scores of knowledge among experimental group of adult women and with their demographic variables chi-square test was used.

PROTECTION OF HUMAN SUBJECTS

The proposed study was conducted after the approval of Dissertation committee of the college. Permission was obtained from the principal and all the departmental HODs.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

Research data must be processed and analyzed in an orderly fashion so that patterns and relationships can be discerned and validated, and hypotheses can be tested. Quantitative data analyzed through statistical analysis includes simple procedures as well as complex and sophisticated methods.

This chapter deals with the description of the analysis and interpretation of the data collected to evaluate the effectiveness of structure teaching programme regarding knowledge and practice of breast self examination among adult women at chemmencherry location.

The data collected was calculated based on the following objectives

- To assess the knowledge regarding breast self examination, before and after structure teaching programme among adult women.
- To determine the effectiveness of structure teaching programme on knowledge regarding breast self examination among adult women.

- To find out the association between knowledge among adult women and with their selected demographic variables video age, religion, education of the mother, type of family, place of living and marital status.

The data have been organized under the following sections: -

Section I : Distribution of samples in terms of demographic variables.

Section II : Assessment of pre-test and post-test level of knowledge regarding breast Self -examination.

Section III : Comparison of pre test and post test knowledge score regarding breast Self- Examination

Section IV : Association between post-test scores of knowledge regarding breast self-Examination with selected demographic variables.

SECTION I

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLE IN TERMS OF DEMOGRAPHIC VARIABLES.

TABLE 1.1.1

S.NO	SAMPLE CHARATERISTICS	Frequency	%
1.1	AGE		
	20 – 30	46	46%
	31 – 40	45	45%
	41 – 50	9	9%
	Above 50	0	0%

1.2	RELIGION		
	Hindu	54	54%
	Christian	42	42%
	Muslim	4	4%
	Others	0	0%
1.3	EDUCATION		
	Primary education	19	19%
	Higher education	19	19%
	Graduate	7	7%
	Post graduate	7	7%
	No formal education	48	48%
1.4	TYPE OF FAMILY		
	Nuclear family	80	80%
	Joint family	20	20%

1.5	MARITAL		
	STATUS	80	80%
	Married	20	20%
	Unmarried		

The data given in Table 1.1.1 shows that,

- According to age, majority 46% female were in the age group of 20-30years, remaining 45% of them were in the age group of 31-40years, and 9% of the female students were in the age group of 41-50years.

- Regarding religion majority 54% of them were Hindu's, remaining 42% of the female were Christian and 4% of the female were Muslim's. and 0% of them from other religion.
- Regarding education majority 48% of them had no formal education, remaining 19% of them had their primary education, 19% of the women had higher education and 7% of the women were graduates and remaining 7% of the women were post graduates.
- Regarding to type of family majority 80% of the women were in nuclear family remaining 20% of the female students were in joint family.
- Regarding of marital status majority 80% of the women were unmarried remaining 20% of the women were married.

SECTION II

ASSESSMENT PF PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE REGARDING BREAST SELF EXAMINATION

Table 2: pre test end post test level of knowledge regarding breast self examination.

(n=100)

LEVEL OF KNOWLEDGE	PRE TEST		POST TEST	
	Frequency	%	Frequency	%
Inadequate knowledge	95	95%	0	0%
Moderate knowledge	5	5%	23	23%
Adequate knowledge	0	0%	77	77%

The data presented in **Table 2** shows the frequency and percentage of pretest and post test level of knowledge regarding breast self -examination.

Majority of women in pretest shows majority 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self-examination but in post test majority 77 of them (77%) had adequate knowledge remaining 23 of them (23%) of them had moderate knowledge and none of them had inadequate knowledge regarding Breast self-examination.

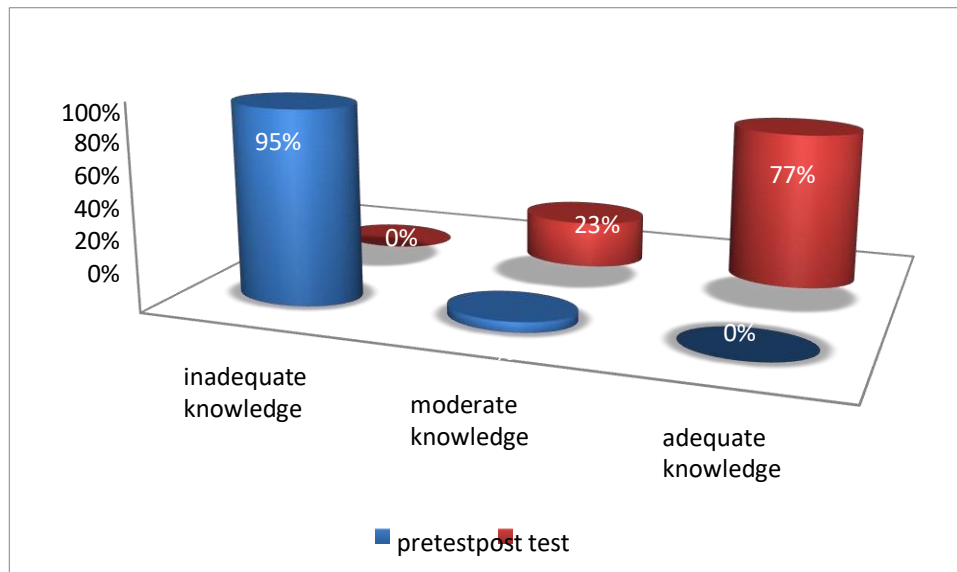


Figure 1: Assessment of pre-test and post-test level of knowledge regarding breast self examination. (n=100)

SECTION III

COMPARISON OF PRE-TEST AND POST –TEST SCORES OF KNOWLEDGE REGARDING BREAST SELF EXAMINATION

TABLE 3: Comparison of pre test and post test scores of knowledge regarding breast self examination.

Group	Test	Mean	SD	Paired “t” value
Experimental group (n=100)	Pre test	8.35	2.319	*3.9942
	Post test	24.18	2.591	

Significant at 0.05 level, df=99 (t=1.660)

The data presented in **Table 3** shows the mean post test scores of knowledge regarding breast self-examination **24.18** of the group were higher than mean pre-test scores of knowledge regarding breast self-examination **8.35**. The obtained Standard deviation of knowledge regarding breast self-examination during post test was **2.591** and the pre test standard deviation was **2.319**. The obtained ‘t’ value for the pre -test and post test scores of knowledge regarding breast self-examination is ***3.9942** when compared to table value (1.699) was found to be high found and significant at **0.05** level. So that the structured teaching program has a significant effect in increasing the knowledge regarding breast self-examination among adult women.

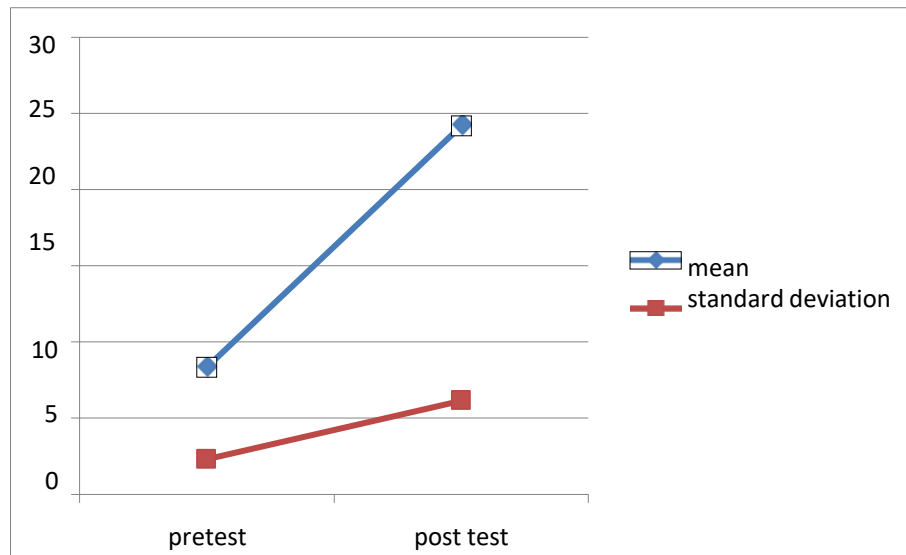


Figure 2: Comparison of pretest and post test level of knowledge regarding breast self-examination.

SECTION – IV

ASSOCIATION BETWEEN POST-TEST SCORES ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION WITH SELECTED DEMOGRAPHIC VARIABLES

**Table 4:- Association between post-test scores of knowledge regarding
breast self examination with selected demographic variables.**

Variable	Frequency	Percentage	df	χ^2 (calculate)	χ^2 (table value)
AGE					
20 – 30	46	46%	2	2.92	5.991
31 – 40	45	45%			
41 – 50	9	9%			
Above 50	0	0%			
RELIGION					
Hindu	54	54%	2	1.271	5.991
Christian	42	42%			
Muslim	4	4%			
Others	0	0%			
EDUCATION					
Primary education	19	19%	3	0.236	
Higher education	19	19%			

Graduate	7	7%			
Post graduate	7	7%			
No formal education	48	48%			
TYPES OF FAMILY					
Nuclear family	80	80%	1	0.339	3.84
Joint family	20	20%			
MARITAL STATUS					
Married	80	80%			
Unmarried	20	20%	1	4.17	3.84

From the above table it is evident that there is no significant association exist between post test score of knowledge regarding breast self-examination and selected demographic variables.

According to age $\chi^2 = 2.92$ were as the table value=7.815. Regarding

religion $\chi^2 = 1.271$ were as the table value=5.991 is less than the calculated value at **P>0.05 level**, related to education $\chi^2 = 0.236$ were as the table value =7.81 is less than the table value at **P>0.05**. In association to type of family $\chi^2 = 0.339$ were as the table value =3.84 is more than calculated value and the χ^2 of marital status =*4.17 were as the table value = 3.84 is more than the table value at **P>0.05 level** it is evident that there is significant association exist between post test score of knowledge regarding breast self examination and selected demographic variables such as age, religion, education, type of the family, except marital status

CHAPTER – V

DISCUSSION

CHAPTER – V

DISCUSSION

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objectives of the study, the conceptual frame work and the related literature. The aim of the study was to evaluate the effectiveness of structured teaching programme regarding knowledge and practice of breast self -examination among adult women at selected area in chemmencherry, Chennai.

OBJECTIVES:

- **The first objective of the study was to assess the knowledge regarding breast self -examination, before and after the structured teaching programme among adult women at selected area, in chemmencherry, Chennai.**

In the pretest on adult women majority 23 of them (77%) had inadequate knowledge remaining 7 of them (23%) had moderate knowledge and none of them had adequate knowledge regarding Breast self -examination, where as in the post test majority 28 of them (93%) had adequate knowledge regarding breast self-examination remaining 2 of them (7%) of them had moderately adequate knowledge and none of them had inadequate knowledge regarding Breast self- examination.

- **The second objective of the study was to determine the effectiveness if structured teaching programme on knowledge regarding breast self – examination on adult women.**

The mean score of the post test of knowledge regarding breast self-examination **58.6** of the group were higher than mean pre-test scores of

knowledge regarding breast self-examination **21.6**. The obtained Standard deviation of knowledge regarding breast self-examination during post test was **6.161** and the pre test standard deviation was **2.163**. The obtained „t“ value for the pre -test and post test scores of knowledge regarding breast self-examination is ***3.9942** when compared to table value (1.699) was found to be significant at **0.5** level. So that the structured teaching program has a significant effect in increasing the knowledge regarding breast self-examination among adult women.

H1; Structured teaching programme will be effective in improving the knowledge regarding breast self-examination of adult women, so the researcher accepted **H1** Hypothesis.

- **The third objective of the study was to assess the post test level of knowledge with their demographic variables such as age, religion, education, type of family and the marital status.**

Chi-square was calculated to find out the association between post test score of female student with their demographic variables such as age, religion, education, type of family and marital status. It is evident that there is no significant association exist between knowledge with the selected demographic variables, such as age ($\chi^2 = 2.92$). Regarding religion ($\chi^2 = 1.271$), related to education of the women ($\chi^2 = 0.236$). In association to type of family ($\chi^2 = 0.339$ and the χ^2 of marital status $= 4$ are more than the table value at $P > 0.05$ level it is evident that there is highly found to be a significant association exist between post test score of knowledge regarding breast self-examination and selected demographic variables such as age, religion, education of the women, type of the family, place of living and marital status.

RESULTS:

The following were the results of this study:

1. According to age, majority 46% of women were in the age group of 20 - 30years, remaining 45% of them were in the age group of 31 -40 years, and 9% of the female students were in the age group of 41 - 50years.
2. Regarding religion majority 54% of them were Hindu's, remaining 42% of the women were Christian and 4% of them were Muslim's.
3. Regarding education majority 48% of the women had no formal education, remaining 19% of the women had primary education and another 19% of the women had higher education and 7% of the women were graduates and 7% of women were post graduates..

4. Regarding type of family majority 80% of the women were in nuclear family remaining 20% of the women were in joint family.
5. Regarding of marital status majority 80% of the women were married and remaining 20% of the women were unmarried.
6. In the pretest and post test level of knowledge regarding breast self-examination. Majority of the women in pre-test 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self-examination, but in post test majority 77 of them (77%) had adequate knowledge, remaining 23 of them (23%) of them had moderately adequate knowledge and none of them inadequate knowledge regarding Breast self-examination.
7. The difference between overall pretest and post test mean scores of knowledge regarding breast self-examination **24.18** of the group were higher than mean pre-test scores of knowledge regarding breast self-examination 8.35 . The obtained Standard deviation of knowledge regarding breast self-examination during post test was **2.591** and the pre test standard deviation was **2.319**. The obtained “t” value for the pre -test and post test scores of knowledge regarding breast self-examination is ***3.9942** when compared to table value (1.699) was found to be significant at **0.05** level. So that the structured teaching program has a significant effect in increasing the knowledge regarding breast self-examination among the adult women.
8. There was an significant association between post test score of knowledge regarding breast self-examination and selected demographic variables such as age, religion, education, type of the family and marital status. According to age $\chi^2 = 2.92$. Regarding religion $\chi^2 = 1.271$, related to education of the women $\chi^2 = 0.236$. In association to type of family $\chi^2 = 0.339$ and the χ^2 of **marital status = 4.17** , it is evident that there is significant association exist between post test score of knowledge regarding breast self-examination and

selected demographic variables such as age, religion, education, type of the family and marital status.

CHAPTER VI

SUMMARY, RESULT, CONCLUSION, IMPLICATION AND RECOMMENDATION

This chapter deals with the summary, its finding, conclusion, implication of the nursing administrating, nursing practice, nursing education and nursing research. This study is started with few limitation and end with recommendation and suggestion for the future research.

SUMMARY

The present study was undertaken by the researcher with the main purpose to evaluate the effectiveness of structured teaching programme on knowledge regarding breast self examination among adult women at chemmencherry, chennai.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding breast self -examination before and after the structured teaching programme among adult women.
2. To determine the effectiveness of structured teaching programme on knowledge regarding the breast self-examination among adult women.
3. To assess the post test level of knowledge with their demographic variable such as age, religion, education of the mother, type of family, place of living and the marital status.

HYPOTHESIS

H1; There will be a significant increase in the knowledge regarding breast self -examination after structured teaching programme among adult women

H2; There will be a significant knowledge association between the demographic variable such as age, religion, education of the mother, type of family, place of living and the marital status.

RESULT

The following were the results of this study:

- ❖ As per demographic characteristic, majority of female students 46 (46%) were between age group of 20-30years, 54 of them (54%) were Hindu religion, 48 of them (48%) had no formal education, 80 of them (80%) were nuclear family members, 80 of them (80%) were married women .
- ❖ The frequency and percentage of pretest and post test level of knowledge regarding breast self-examination shows Majority of the women in pre- test 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self-examination, but in post test majority 77 of them (77%) had adequate knowledge, remaining 23 of them (23%) of them had moderately adequate knowledge and none of them inadequate knowledge regarding Breast self-examination.
- ❖ Over all comparison of mean values between pretest 8.35 and post test 24.18 of knowledge regarding breast self-examination and „t“ value 3.99 obtained was found to be significant at 0.5 level. This was conducted through structured teaching programme is effective in improving awareness regarding breast self-examination.

NURSING IMPLICATIONS

The findings of the study have implications related to nursing administration, nursing practice, nursing research and nursing education regarding the increase in level of knowledge regarding breast self-examination among adult women.

NURSING ADMINISTRATION

Nursing is an evolving profession to improve the quality of care and practice should be evidence based. The present study showed that there is an effectiveness of structured teaching programme regarding breast self-

examination. The administrator can communicate these findings to the students and they can incorporate this in monthly practice of breast self-examination. She can motivate the students to participate in in-service education program on breast self-examination.

NURSING PRACTICE

Nurses in the health care setting should possess sound knowledge about breast self-examination for better clinical practice.

NURSING RESEARCH

Practice emerges from research .Evidence based practice improves the quality of nursing care. This study focuses on improving the knowledge and practice among adult women regarding breast self-examination. Research add value to the comprehensive care. The nurse involved in students care can educate the students and enrich the evidence based care which will enhance the nursing research.

RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings of the study the following recommendations are made ;

- The study can be replicated using a large sample to validate the findings on generalization.
- A similar study can be conducted by using comparative approach and comparison can be made between nurses with varying qualifications.
- A study can also be done to assess the practice and attitude of the female students regarding breast self-examination.
- Study can be done with randomization for better result.
- The study can be conducted among different groups in hospital and community settings.
- The study can be conducted using various research design

REFERENCE

TEXTBOOK

- ❖ Adle pilliteri (2007) .Maternal and Child Health Nursing. (5th Ed) Published by Lippincott Williams and wilkins :London .
- ❖ Berck and Noval"s (2009) . Gynecology. (14th Ed) Published by Wolters Kluwer pvt Ltd : New Delhi.
- ❖ Lakshmi seshadri (2012) . Essentials of Gynecology. (3rd Ed) Published by Wolters Kluwer pvt Ltd : New Delhi. ▪

- ❖ D.C.Dutta's (2004) . Textbook of Obstetrics . (6th Ed) Published by New Central Book Agency pvt Ltd : London.
- ❖ Murray and Mc kinney (2006) . Foundations of Maternal – New Born and Women's Health Nursing . (5th Ed) Published by Saunders Elsevier:USA.
- ❖ Lowdermilk.K and Perry (2004) . Maternity and Womens Health Care.(8th Ed) Published by Mosby Elsevier: USA.
- ❖ Kozier's (2008) . Fundamentals of Nursing.(8th Ed) Published by Dorling Kindersby : South Asia.
- ❖ Myles (2005) . Textbook For Midwives.(14th Ed) Published by Livingstone Churchill : Toronto.
- ❖ James and Steer .et.al (2004) . High Risk Pregnancy Management Options . (4th Ed) Published by Elsevier Saunders : USA.
- ❖ Cunningham and Leveno.et.al (2010).Williams Obstetrics.(23rd Ed) Published by Medical Mc Graw Hill : NewYork.
- ❖ Varney (2005) . Textbook of Midwifery (4th Ed) Published by All India Publishers and Distributors : New Delhi.
- ❖ Singletary.Robb (2000).Advanced Therapy of Breast Disease (1st Ed) Published by B.C Decker Inc: London.
- ❖ Diane M.Fraser A. Cooper (2003) .Text Book of Midwives (2nd Ed) Published by Churchill Livingstone :New York.
- ❖ Annamma Jacob (2004) .Comprehensive text book of Midwifery (2nd Ed) Published by R.M.Brothers : New Delhi .

- ❖ Bobak.Jensen (1995) . Maternity and Gynaecology care (5th Ed) Published by Mosby : New York .

- ❖ D.S Dawn (1990) . Text Book of Obstetrics and Neonatology (11th Ed) Published by Arti Dawn Publication : Calcutta.

- ❖ David M.Luseley (2004) . Obstetrics and Gynaecology (21 Ed) Published by British Library catalogue : New York.

- ❖ Collette Clifford and Jenny Clark (2004) .Getting research into Practice (1st Ed) Published by Elsevier publications : USA.
- ❖ H.S Kasana and K.D Kumar (2005) . Introductory Operations Research,Theory and Applications (2nd Ed) Published by Springer International Publications : Delhi.
- ❖ Sanjeev B Sarmukkadam (2006) . Fundamentals of Biostatistics (1st Ed) Published by Jaypee Brothers medical publishers Pvt Ltd : New Delhi.

JOURNAL REFERENCE

- VF and Moiseenko VM(2011).Breast self examination for early detection of breast cancer; AUSSR/WHO Controlled trial in Leningrad Bulletin of WHO.; R Deepa (feb2011). Breast self examination for early detection of breast cancer. Nightingale nursing times. 6(11):39-42.
- Terasa C. Jacob and Nolan E Pen (july2010). Journal of the National medical association: the need and value of breast self examination; 80(7):777-787.
- Mary P,Brenda K.(2012). Breast Self Examination and experimental study. The regents of the university of Michigan;4(1):10-12. ▪

- Yelland MJ, Rice DE, Ward AE, Bain C, Siskind V, Schofield F. A profile of an Australian women practicing breast self examination. Department of special and preventive medicine, university of Queensland; Brisbane, Australia. Available from [URL:http://www.pubmed.com/1844220](http://www.pubmed.com/1844220)
- Jasmin J. Effect of STP on Breast cancer and BSE. Nightingale nursing times 2010 jun;3(1):12.
- Singh MM,Devi R, Wali J, Kumar R.BSE for Early detection of Breast cancer. Indian journal of medical science 2010;27(6):108-15
- Chandrasekharan S. There is life after Breast Cancer: a breast cancer alert every women should read. Woman's Era 2010 January 2; 37(867):118-20.
- Simi A, Yadollahie M, Habibzadeh F. Knowledge and attitudes of breast self examination in a group of women in Shiraz, Southern Iran. Post grad Med J 2009 June; 85(1004):283-7
- World health organization report 297, cancer, WHO 2006.
- Ayla akka et al. The effect of peer education on university students knowledge of breast self examination and health beliefs. The journal of breast health 2011; 5(3):135- 39.
- Bala D V, Hemant Gameti. An educational interventional study of breast self examination in 250 women beneficiaries of urban health centers of west zone of Ahmadabad. Health line 2011 July-December; 2(2):46-49.

NET REFERENCE

- Breast cancer cases deaths per year in US and in world. www.imaginis.com
- Breast cancer statistics. www.breastcancer.org.
- Breast self examination. www.wikipedia.com
- Breast self examination. www.breastcancerpreventionfund.org.
- The importance of breast self examination. www.mta.ca.com
- Breast cancer cases on the rise. www.articles.indiatimes.com
- The importance of breast self exams. www.cyfairhospital.com

- Breast self examination training through the use of multimedia: a bench mark multimedia development methodology for bio medical applications. www.dtic.mil.com.
- The komen foundation. www.komen.org.
- The memorial sloan - kettering cancer center. www.learnbse.com.
- Breast self exam. www.breastcancer.org.
- Estimated Effect of Breast Self-Examination and Routine Physician Examinations on Breast-Cancer Mortality. www.newenglandjournalofmedicine.org.
- The knowledge and practice of breast self-examination and mammography in a group of women in a rural area in western Turkey. www.biomedcentral.com.
- Patient education and counseling. www.dx.doi.org.
- Breast self examination abstract. www.scribd.com.
- www.anpublication.org.
- Television as a patient education tool: A review of its effectiveness. www.sciencedirect.com.
- www.google.com
- www.breastcancerindia.com
- URL:<http://www.pubmed.com/21545196>.
- URL:<http://www.pubmed.com/9361639/1228347>.
- URL:<http://www.pubmed.com/12581112>.

ANNEXURE – A

LETTER REQUESTING PERMISSION FOR CONDUCTING THE STUDY

From

Ms.S.B.Sweetha

Ms.G.Umamaheswari

III rd year, B.sc Nursing

Sathyabama college of Nursing.

To

The Dean

Sathyabama college of Nursing

Sathyabama Institute of Science & Technology

Chennai-119.

Respected Sir / Madam,

Sub.: Requesting for permission to conduct research study

We are third year, Bachelor of Nursing students studying in Sathyabama college of Nursing. We have selected the under mentioned topic for the research project to be submitted to Sathyabama Institute of Science & Technology in a partial fulfillment of university requirement for the award of the B.Sc, Nursing Degree.

Topic: “ EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG ADULT WOMEN AT SELECTED AREA, CHENNAI.”

Here by we assure that all the information collected for the research study will be kept confidentially. We kindly request you to grant permission to conduct this research study.

Thanking you

Date:

Yours faithfully

Place:

S.B.Sweetha & G.Umamaheswari

ANNEXURE – B

ETHICAL CLEARANCE

CERTIFICATE FOR ETHICAL CLEARANCE

This is to certify that Reg.no. 399040026 and 39904027, B.sc nursing III year students, Submitted the protocol on study as ,

“Effectiveness of structured teaching programme on knowledge regarding breast self-examination among adult women at selected area , Chennai.”

The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.

SIGNATURE OF THE CHAIRMAN

ANNEXURE – D

STRUCTURED QUESTIONNAIRE FOR

ASSESSING

KNOWLEDGE, REGARDING BREAST SELF

EXAMINATION ADULT WOMEN

Part – A

01. Age in years

a. 20 – 30years

- b. 31 – 40years
- c. 41 – 50years
- d. Above 50 years

02. Religion

- a. Hindu
- b. Christian
- c. Muslim
- d. Others

03. Education

- a. Primary education
- b. Higher education
- c. Graduates
- d. Post graduates
- e. No formal education

04. Marital status

- a. Married
- b. Unmarried

05. Type of family

- a. Nuclear family
- b. Joint family

Part – b: knowledge assessment

06. Do you aware that Breast cancer can be diagnosed early by Breast self examination

- a. Agree
- b. Neutral
- c. Disagree

07. Do you aware that beginning your period at younger age increase the risk of breast cancer

- a. Agree
- b. Neutral
- c. Disagree

08. What do you think is the age of menopause

- a. Below 40
- b. 41 – 50
- c. Above 50

09. Do you aware that lactating children will lower the risk of breast cancer

- a. Agree
- b. Neutral
- c. Disagree

10. How often you will do Breast self examination

- a. Monthly once
- b. Rarely
- c. None

11. Do you aware that when the women should start practising Breast self examination by herself

- a. Below 20 years
- b. After 20 years
- c. After menopause

12. What do you think the appropriate time to perform breast self examination

- a. before menstruation
- b. after menstruation

c. after menopause

13. Do you aware that smoking and drinking alcohol causes breast cancer

- a. Agree
- b. Neutral
- c. Disagree

14. Do you aware that having never been pregnant have a greater risk of breast cancer

- a. Agree
- b. Neutral
- c. Disagree

15. Do you aware about that a change in the size and shape of the breast can be a symptoms of breast cancer

- a. Agree
- b. Neutral
- c. Disagree

16. Are you aware that late marriage is also a cause for breast cancer?

- a. Agree
- b. Neutral
- c. Disagree

17. Do you aware about that any discharge from the nipple can be a symptoms of breast cancer

- a. Agree
- b. Neutral

c. Disagree

18. What do you think that using contraceptive pills may also increase the risk of breast cancer?

a. Agree

b. Neutral

c. Disagree

19. Do you think that using deodorant will cause the breast cancer

a. Agree

b. Neutral

c. Disagree

20. Do you aware about the purpose of breast self examination

a. Diagnosis of breast cancer

b. Prevention of breast cancer

c. Early detection of breast cancer

பெண் கள டை யே ம +ர க ச ு ே
ெ ர ய ஊ +த டை

ெ ற் ே 12 அ 1 டை மெத 4 பி னை 6 த ற்

ை க + கை டை மக கெ ெ ை ை ய க ள

வி த த + ள

01. வய F

i. 20 - 30 ഖഡF

- ii. 31 - 40 வயதில்
- iii. 41 - 50 வயதில்
- iv. 50 வயதில் மேல

02. வேலை

- i. இந்நிலை
- ii. கற்றல் நிலை வர
- iii. மூன்று முதல்
- iv. வேலை வேலை

03. கல்வி

- i. முதல் நிலை கல்வி
- ii. மேற்படிப்பு
- iii. பட்டதாரிகள்
- iv. மருத்துவ கல்வி பட்டதாரிகள்
- v. படிப்பறிவின் நிலை

04. திணை நிலை

- i. திணை வேலை
- ii. திணை வேலைகாத

05. கருவியைப் பவலக

- i. தனக்கருவியைப் பவலக
- ii. கருவியைப் பவலக கருவியைப் பவலக

06. க ச ுய பர"ம ஈ"ாதலன க புற்றுமநாலய
 ே"" ம ூல ே""
 ாரப ே"" ாரப

ஆர ே"" பத"திமலமய கண" டற"+ய
 ம">L"+ய"> ே"" என" பF உங்
 களுகக்கு ததர+ ே2ா?

- ஒப்புத்தகாள்
- ந&நிலல
- க" \$F மவற ுபா&

07. ே"" ாரபக சுய பர+ம ஈ"ாதலன ம ூ ேல்
 ே"" ாரபக ப">ற" ற ுமந"ாலய ஆர ே""
 பத"திமலமய கண" டற"+ய ம">L"+ய"> ே" என"
 பF உங்" கள ுக"கு ததர"+ய"> ே"" ா?

- ஒப்புத்தகாள்
- ந&நிலல
- க" \$F மவற ுபா&

08. ே"" ாதவ"+L"ாய" ந"+ற" க ு ே"" வயF என" ன என" று
 ந" ங" கள நிலனக்கிறீரகள

- 40 க்கு கீ ேம
- 41 – 50
- 50க்கு ேமல

09. ே"" க புற்றுமநாயின
 ப"ா க"> ே"ந"லதக
 ல ள"
 ">L& ே"" ாரப

அப"ாயத"லதக" க ுலறக" க ு ே"" என" பF உங்

கள஁க"க஁த" ததர஁2஁?

- i. ஒப்புத்தகாள்
- ii. ந&நிலல
- iii. க'' \$F மவறுபா&

10. நீங்கள் எத்தனை மூலம் வேளாரச்சுய
பரமஜாதலன தகய் வீரகள்

- வேளாதத்திற்கு ஒ" மூலம்
- அர்தாக
- இல் லல

11. தபண" கள்" எப"மப"ாF ச">யவே""ாக
வே""ாரபக சுய பர"மஜாதலன

தகய" ய ஆரவே"" ப"க"க மவண" ட">வே"" என"
பF உங" கள"க"கு ததர"ே2ா?

- 20 வயF க"கு க"வே""
- 20 வயF க"க"ப" ப"றகு
- வேளாதிடாய் நின் ற பிறகு

12. வேளாரச்சுய பரமஜாதலன தகய் ய ஈரயான மநே> எF
என்று நீங்கள் நிலனக்கிறீர்கள்

- வேளாதிடாய் முன்
- வேளாதிடாய் பிறகு
- வேளாதிடாய் நின் ற பிறகு

13. ப">லகப"ட"த"தல" வே"ற"ற"ே"" வே"F அர">ந"F தல"
வே""ாரபகப"

ப">ற"ற"மந"ாலய உண" ட"ாக"க"ே"" என"
பF உங"கள"க"கு ததர"ே2ா?

- ஒப்புத்தகாள்
- ந&நிலல
- க" \$F மவற"பா&

14. கரப "பே"ாக ளு க புற்றுமநாயின
இல" க"கு
ல"ாதவரக ே"ா
ரப

ஆபத "F அதிகே" என" பF உங"
களுக"குத"ததர"ய">ே"ா?

- ஒப்புத்தகாள்
- ந&நிலல
- க" \$F மவறுபா&

15. ே"ாரபகத்தின" அளவு ே"றற">" ே"
வட"வத"த"ல"ஏறப" ட">ே"

ே"ாற்றே ே"ாரபக புற்றுமநாயின் அறிகுறியாக
இர">க"கல"ாே" என" பF உங" களுக"குத"
ததர"ய">ே"ா?

- ஒப்புத்தகாள்
- ந&நிலல
- க" \$F மவறுபா&

16. த"ாே"தே"ான தி"ே"ணம">ே" ே"ாரபக
ப">ற்றுமந"ாய" "கக">"
ஒ"

க"ாரணே" என" பF உங" களுக"குத" ததர"ய">ே"ா?

- ஒப்புத்தகாள்
- ந&நிலல
- க" \$F மவறுபா&

17. ம">லலக"க"ாே" ப"+1 "ந"F தவளமயறுே" எந"த ஒ"

தவளமயற்றேழு தேர்பக பஹுமநாயின்
அறிகுறியாக இரங்கலாதே என பஃ உங்
களாகுகுத ததரயதேதா?

i. ஒப்புத்தகாள்

ii. ந&நிலல

iii. க" \$F மவற஁பா஁

18. கர">த"தலட ே""ாத"திலரகலளப" பயன" பட">த" F வF
ே""ாரபகப் ப஁ற஁மநாயின் அபாய\$லத
அதிகரகக்கக்க஁஁ என று நீ ங் கள் என் ன

ந"+லனக"க"+றீர
க ள் ?

- i. ஒப்புத்தகாள்
- ii. ந஁நிலல
- iii. க" \$F மவற஁பா஁

19. ட"+மய"ாடரன" ட" பயன" பட">த"தின"ால"
ே""ாரபக ப">ற஁மநாய"

வர">ே"" என
று ளா?
ந"+லனக"க"+றீரக

- i. ஒப்புத்தகாள்
- ii. ந஁நிலல
- iii. க" \$F
மவற஁பா஁

20. ே""ாரபக ச஁ய பர+ம஁"ாதலனயின் மநாக்஁க்
பறறி஁ங் களுக்஁ ததர+ே2ா?

- i. ப">ற"஁மநாய" கண" டற"+தல" பு
- ii. ற்றுமநாய் த஁ப்பு
- iii. ப">ற"஁மநாலய ம">ன" க">ட"ட"+மய கண" டற"+தல"

ANNEXURE – C

LESSON PLAN

ON

BREAST SELF EXAMINATION

NAME OF THE TOPIC : BREAST SELF

EXAMINATION DURATION : 30 MINUTES

SETTING :

PARTICIPANTS : ADULT WOMEN

LANGUAGE : ENGLISH AND TAMIL

NAME OF TEACHER :

METHOD OF TEACHING : STRUCTURED TEACHING PROGRAMME

AUDIO VISUAL AIDS : FLASHCARDS, CHARTS.

S.N O	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS	EVALUATION
1.	2 min	to introduce about self and topic	In females one of the leading cause of death with cancer is the breast cancer. Early detection is the key to cure a major responsibility for the nurses is to teach clients health behaviour such as breast self examination. Studies suggested that a minority of women actually perform BSE	Teaching	listening	narration	

2.	2 min	definition of breast cancer	Breast cancer is a malignant (cancerous) growth that begins in the tissue of the breast. Cancer is a disease in which abnormal cells grow in an uncontrolled way	Teaching	listening	Chart	What is breast cancer?
				85			

3	3	to list out the signs and symptoms of breast cancer	Signs & symptoms: Retracted / inverted nipple Breast / nipple pain Lumps Nipple discharge Swelling Redness / rash Changes in skin texture Lump around the collar bone / under arm. Armpit pain Changes in size and shape of the nipple. Dimpling	teaching	listening	Chart	List any 4 signs and symptoms
				86			

4.	3	to know the meaning of breast self - examination	A breast self exam is the check up a women does at home to look for the changes or problem in breast tissue. It is the early detection of breast cancer and best defense against breast cancer	teaching	listening	Narration	What is meaning of breast self-examination?
----	---	--	--	----------	-----------	-----------	---

5	5	to enlist the advantages of breast self - examination	Advantages of breast self - examination: Women can use BSE to assess their breasts. When they perform BSE properly and regularly, they cannot any changes in their breasts and seek further evaluation. Examination should be done every month and at the end of menses in all menstruating women. Barrier to BSE The major barrier to BSE is the lack of CONFIDENCE Physical assessment findings in a healthy adult A. By inspection B. By palpation	teaching	listening	flashcard	List the advantages of breast self-examination
---	---	---	---	----------	-----------	-----------	--

6.	10 min	Explain the steps of breast self-examination	Inspection before a mirror Stand and face a mirror with your arms relaxed at your sides or arms resting on your hips; then turn to the right and left for a side view look. (look for any flattening in the side view) Bend forward from the waist with arms raised overhead Stand straight with arms raised over the head and move the arms slowly up and down at the sides. (look for free movement of the breasts over the chest wall) Press your arm firmly together at the chin level while the elbows are raised to shoulder level. Palpation:Lying Position Place a pillow under your right shoulder and place the right	Teaching	listening	flashcard	What are the steps to examine the breast?
----	--------	--	--	----------	-----------	-----------	---

			hand behind your				
--	--	--	------------------	--	--	--	--

			head. This position distributes breast tissues more evenly on the chest. Use the finger pads (tips) of the three middle fingers (held together) on your left hands to feel the lumps. Press the breast tissue against the chest wall firmly enough to know how your breast feels. A ridge of firm tissue in the lower curve of each breast is normal. Use circular motions systematically all the way around the breasts as many times as necessary until the entire breast is covered. Bring your arm down to your side and feel under your armpit, where breast tissues are also located. Repeat the exam on your left				
--	--	--	---	--	--	--	--

			breast using the right finger pads of your right hand. Palpation: Standing or Sitting Repeat the examination of both breasts while upright with one arm behind your head. This position makes it easier to check the upper part of the breast and toward the armpit. Optional: Do the upright BSE in the shower. Soapy hands glide more easily over when wet Report any changes to your health care provider The next slide is a video about breast awareness and how to perform BSE The Breast is present, bilaterally, in the pectoral region, in both sexes. After puberty, the female				
--	--	--	---	--	--	--	--

			breasts are well-developed. The breast is a modified sweat gland				
--	--	--	--	--	--	--	--

7.	5 min	To understand the exact timings for performance of BSE	When to perform the BSE: The best time to perform BSE is 2 days after menstrual period ends. If women has achieved menopause she should check her breast the same time each month. A pregnant women can also check her breast.	teaching	listening	Flashcard	When to perform breast self examination?
----	-------	--	--	----------	-----------	-----------	--

ர% ட ஊ எ ண	யேர ம்	கூ1 % பி ை ை யே+க்க ங்கள்	உள் ளைக்கம்	ஆச2ரே% ர் பஊே ல் ெ + 6	கற்றெ஁ ர் பஊே ல் ெ + 6	ஆடியேய+ க +ை ச2 ' உதவி	மெ்த4பீ6
1.	2 நிம+L ே"	சுய ே"ற்ேற ு தலலப்பபப் பற்றி அறிமுகப்ப& \$த	புற்றுமநாயால் இறப்பதற்கு தபண" கள":ன" ம">க"க":ய க"ாரணே" ே""ாரப" க ப">ற"ற">மந"ாய"ாக">ே" ஆரே""பக"ால கண" டற":தல" என" பF தஊவ":ல":யரக" ள">க"கு ஓர"> ம">க"க":ய தப"ாற">ப"ப"ாக">ே" ே""ாரப" க சு ுய பர+மஊ"ாதலன மபான் ற சுகாதார நட\$லதகலள வ"ாட":க"லகய"ாளரக" ள">க"கு கற்பிப்பதாேகு. சிறுபான் ேலப் தபண" கள" உண" லே""யில" BSE ஐஊ" த ஊய" க":ற"ாரக" ள" என" று ஆய" வ">கள"	கற்பிதல்	கற்றல்	விவரப்பு	

	ே"	புற்றுமநாயின் வலரயலற	ே""ாரப" கத"த"ன" தரிச">க"கள"+ல" ததாடங் ேகூ ஒ"" வரீரேய் மகக்க (ப">ற"ற">மந"ாய") வளரஊ" சி"ய"ாக">ே"". ப">ற"ற">மந"ாய "என" பF அஊ"ாத"ாரண தஊல"கள" கட்ட">ப"ப"ாடற" ற ம">லறய"+ல" வளே"" ஒ"" மநாயாேகூ				ன?
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3.	3 நிம+ட ே"	ே""ாரப" க ப">ற"ற">மந "ாய"+ன" அற"+க">ற"+க லள பட"ட"+யல"+ட	அறிகுறிகள் பின் வாங்கப்பட்ட / தலலேகான முலலக்ேகாபு ே""ாரப"/ ம">லலக"க"ாே""பு வ 1 கடடி" கள" முலலக்ேகாபு தவள+மயற்ற வீக்ேக் சிவததல் / த ஈ"ாறி மதால் அலேப்பில் ே"ாற்றங்கள் கால> எேடலப ஈ" சுற்றி / லகயின் க"ே"" கட"ட". அக்குள் வ 1 முலலக்ேகாபு அளவு ே"றேேறுவடிவததில் ே"ாற்றங் கள் . ேடபிள்ளங்	கற்பிததல்	கற்ற ல்	விளகக்கப் பட ே"	ே""ாரப" க புற்றுமநாயின் ஏமத Fே"" 4 அறிகுறிகள பட"ட"+யல"+ஃங் "கள"
4.	3 நிம+ட ே"	ே""ாரப" க சுய பர+மஈ"ாத ல ன யின் அரதததலத அறிய	ே""ாரப" க ச">யபர"+மஈ"ாதலன என" பF ே""ாரப" க திச">க"கள"+ல" ஏற"பஃே"" ே""ாற"றங்"கள" அல"லF ப"+ரஈ" லனகலளக" கண" டற"+ய ஒ"" தபண"	கற்பிததல்	கற்ற ல்	விவரப்பு	ே""ாரப" க சுய பர+மஈ"ாதலன யின் அரதே\$ என் ன?

			வ"டடி" ல" தஈய" 2தே"" மஈ"ாதலன ஆதேக஁. இF தே""ாரப" க				
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			ப">ற"ற">மந"ாலய ம">ன" க ஁ டடி" மய கண"டற"தல" ே"ற"ற">ே"" ே""ாரப" க ப">ற"ற">மந"ாய"க"கு எதிர"ான ச"றந"த ப"ாFக"ாப"பு ஆக">ே""				
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5.	5 நிமட ே"	ே""ாரப" க சுய பரமஊ"ாத லன யின் நன் ேலகலளப" படடி"யல"+ட	ே""ாரப" க சுய பரமஊ"ாதலனய"+ன" நன் ேலகள் : தபண்" கள்" தங்"கள்" ே""ாரப" கங்"கலள ே"திப"ப"+ட">வதற"கு BSE ஐப" பயன" பட">\$தலாே"". அவரக"ள" BSE ஐ ஒழுங்காககேவு ஒழுங்காககேவு த ஈய" 2ே""மப"ாF, அவரக" ள" தங்"கள்" ே""ாரப" கங்"கள்"+ல" எந"த ே""ாற"ற\$லதய">ே"" த ஈய" ய ம">ட"+ய"ாF மே"ல">ே" ... ே"திப"ப"டல" L ந"ாட ம">ட"+ய"ாF. ஒவ் தவா" ு ே"ாதேம ற்ேறு ே" ே""ாதவ"+ட"ாய" ம">ட"+வலட2ே" ""அலனத"F	கற்பிததல்	கற்றல்	ஃபிளாஷ் அடல" L	ே""ாரப" க சுய பரமஊ"ாதலனய ின் நன் ேலகலள பட"ட"+யல"+ஈங்" கள்"
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			இர">ப"பF ஆமர"ாக"கியே"" ான வய F வந"தவர"+ன" உடல"ந"+லல ே" திப"ப"டடி" ன" ேIபிக்லகயின் குலறபாடி ஆகேகு. ஏ. ஆய் வு மூேல் பி. படபடப்பு மூேல்				
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6.	10 நிமிட ே"	ே""ாரப" க சுய பரமஊ"ாதல ன முலறகலள விளக்குவத ற்கு	கண ண +டி ம "ை ஆே வ': ந"ன" று கண" ண"ாட"+லய எத"ரத" க"ாள"ள">ங" கள" , உங"கள" லககலள உங"கள" பக"கவ"ாடடி" ல" தளரததி" அல"லF லககலள உங" கள" இஃப்பில் லவ\$தி""ங்கள் ; பின் ன> வலF ே"ற"ற">ே""இடF பக"கே"" த"ர">ே""பி ஒர"> பக"கக" க"ாடசி" லயப" ப"ாரக" "கவ">ே"". (பக"கக" க"ாடசி" யில" ஏமதFே"" தடல" டய"ானத"ா எனப"ப"ாரக" "கவ">ே"" லககலளேமமல உயர\$தி இஃப்பி 1 " IF ம஁ன் மனாகக்கி வலளக்கேவுலககலள தலலக்குேமல் உயரதத"யவ"ாறு மநர"ாக ந"ன"ற">, லககலள தே"Fவ"ாக மே"ல">ே""க"ழுே""	கற்பிதல்	கற்றல்	ஃபிளாஷ் அடல" ட	ே""ாரப" க பரமஊ"ாத ல ன முலறகலள விளக்க ேவு
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			பக"கவ"ாட"ட"ல" நகரததவுே"".(ே""ாரப" ச">வர">க"கு மே"ல" ே""ாரப"கங"கள"ன" இலவஊ அலஊவ">கலளப" ப"ாரக"				
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			"கவ">ே"") ம">ே"ங" லககள்" மத"ாள" படல" L ே"ட"டத"திற"கு உயர\$தப"பஃே""மப"ாF உங"கள்" லகலய கன"னே"" ே"LL" த"த"ல" ஒன் றாக அழு\$தேவஃ.				
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			ெெெெெ பூ:ெ 6த்த4ரூக்கும் ே %டல உங்"கள" வலF மத"ாள" படல" டக" கு க"கே "" ஒர"> தலலயலணலய லவத"F வலF லகலய பின் னால் லவகக்கேவு தலல. இந"த ந"+லல ே""ாரப" க திச">க"கலள ே""ாரபி" ல" ம"கவ">ே"" ஊேே""ாக வ"+ந"மய"ாக"க"க"றF. கடடி" கலள உணர உங்"கள" இடF லககள"+ல" உள்ள மூன் று நஃ விரல்களன் (ஒன் றாகப் பிடி\$F) விரல் படல"டகலளப" பயன" பஃத"தவுே"". உங்"கள" ே""ாரப"கே"" எப"படி வ"+ழுக"றF என"பலத அற"+ய ே""ாரப" க த"ச">க"கலள ே""ாரபு"ச">வர">க"கு எத"+ர"ாக அழ">\$தவுே"". ஒவ" தவ"ா " ே""ாரப" கத"த"ன"				
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			க"ே"" வலளவிேD உறுதியான திச">க"கள"ன" மே"&				
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			இயல்பான F. மூழ் > ேர்ப் கம >ே மூடப் படி ர >க >ே வலர, மதலவயான பல முலற ேர்ப் கங் கலளக் ச >ற றி வட இயக்கங்கலள முலறயாகப் பயன் ப & \$ தேவ்.				
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			உங்கள் லகலய உங் கள் பக"கத"திற"க">க" தக"ாண"ஃ வந"ஃ F, ே""ாரப" க தரிச">க"கள"ுே"" அலே"நF ள"ள உங்கள் அக்குள் ேகீ உணரேவு. உங்"கள்" வலF லகய"+ன" வலF வ"+ரல" படல"டகலளப" பயன" பஃத"தி உங்"கள்" இடF ே""ாரப" கதீத"+ல" பர:மஃ"ாதலனலய ம"ண" ஃே"" தஃய் யேவு ெ ஂ ெ ெ ெ ப ': ே %ை று அல லF உஂ க +ர்டே F உங்கள் தலலக்கு ப"+ன" ன"ால" ஓர"> லகய"ால" ந"+ம"+ரந" ஃF இர"> ே""ாரப" கங"கலளய">ே"" பர:மஃ"ாதரிக்கேவு. இ!த நிலல ே""ாரப" கத"த"+ன" மே"ல" பக">திலய2ே"" அக"க">ள"				
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			மந"ாக"கி2ே" ஊர"ப"ாரக" "க எள:த"ாக"க">கிறF. வ"+ர">ப"ப\$த":ற"க">ர"+யF:				
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			ஷுவர"ல" ந"ம"ரந" "F BSE தஈய" 2ங"கள". மஈ"ாப"பு லககள்" ஈரே""ாக இர">க"க">ே"" மப"ாF ம+கேவு ளள+தாக ஈ றுக்ேகுஉங்கள் சுகாதார வேங் குநரேட் ஏமத Fே"" ே""ாற"றங"கலளப"				
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			புகாரளக்கேவு அட">த ஸ" லலட"ல" ே""ாரப" க வ"ழ"ப"ப">ணரவு" ே" ற"ற">ே"" ப"எஸ" இ எப"படி தஈய" வF என" பF பற"ற"ய வீடிமயா ே""ாரப" கே"" இர">தரப"ப">, தபக"மட"ாரல" பக">த"யில", இர"> ப"ால"னர">க"க">ே"" உள"ளF. பர">வே"லடந"த ப"றக">, தபண" ே""ாரப" கங"கள" நன" கு வளரந""தலவ. ே""ாரப" கே"" ஓர"> ே""ாற"ற"யலே"க"கப" பட"வ"யரல" வ ச">ரப"பி				
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7.	5 நிமட ே"	சுய பரமஃ"ாத ல ன தஃய் ய ஃ ரயான மநரலத ப">ர"ந"ஃ தகாள்ள	ப ஃஸ இடே எெ யெ +ஃபஃே யண ட "ம : ே""ாதவ":ட"ாய"ம">ட"ந"த 2 ந"ாடக" ள">க"க">ப" பிறகு பிஎஸ் இ தஃய் ய சிறித மநே>. தபண" கள">க"கு ே""ாதவ":ட"ாய" நின் றி""தால, ஒவ்வா" ே"ாதேமஃ அமத மநரத"தில"	கற்பிதல்	கற்றல்	ஃபிளாஷ் அடல" ட	ே""ாரப" க சுய பரம ஃ"ாதலனல ய எப"மப"ாஃ தஃய" ய மவண" ஃே"" ?
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			ே""ாரப" க\$லத பர:மஊ"ாத":க"க மவண" &ே"". கரப" "ப":ண":ப" தபண" களுே"" ே""ாரப" க\$லத பர":மஊ"ாத":க"கல"ா ே"".				
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BIBLIOGRAPHY

- Lippincott “ manual of medical surgical nursing ” ,oncology pg.no-864-893.
- Brunner and suddarths “Textbook of medical surgical nursing”,south Asian edition,pg.no-652-730.

ANNEXURE – D

PHOTOGRAPH TAKEN DURING STRUCTURED TEACHING PROGRAMME



PRETEST IS CONDUCTED





STRUCTURED TEACHING PROGRAMME IS GIVEN



POST TEST IS CONDUCTED