



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2020; 6(2): 212-214
www.allresearchjournal.com
Received: 04-12-2019
Accepted: 08-01-2020

Padmapriya D

Department of Obstetrics and
Gynaecological Nursing,
Saveetha College Of Nursing,
Saveetha Institute of Medical
and Technical Sciences,
Chennai, Tamil Nadu, India

Jagadeeswari J

Department of Obstetrics and
Gynaecological Nursing,
Saveetha College of Nursing,
Saveetha Institute of Medical
and Technical Sciences,
Chennai, Tamil Nadu, India

Resmy V

Department of Obstetrics and
Gynaecological Nursing,
Saveetha College of Nursing,
Saveetha Institute of Medical
and Technical Sciences,
Chennai, Tamil Nadu, India

Correspondence Author:

Padmapriya D

Department of Obstetrics and
Gynaecological Nursing,
Saveetha College of Nursing,
Saveetha Institute of Medical
and Technical Sciences,
Chennai, Tamil Nadu, India

Effectiveness of video assisted teaching programme on self-breast examination among women

Padmapriya D, Jagadeeswari J and Resmy V

Abstract

Thus breast cancer is most common cancer among women world by wide and it can be detected in right time at early stage through breast self- examination which increase chance of survival. The study aim is to assess the effectiveness of video assisted teaching programme on self-breast examination among women. A quantitative study was adopted for assessing effectiveness of video assisted teaching programme on self-breast examination among women. 100 samples who fulfilled the inclusion criteria was selected, using non probability purposive sampling technique. The data collection was carried out in three phases as pre assessment, intervention and post assessment phase. In the pre assessment phase. The pretest level of existing knowledge was assessed using a self-structured questionnaire consisted of 25 questions. In phase II, the women who completed pretest were given video assisted teaching program on breast self-examination using video which lasted for about 20minutes which included the signs and symptoms and steps of breast self-examination. In phase III, a post test was conducted after 7 days from the day of video assisted teaching program with the same self – structured questionnaire which was given in pretest. This table shows the frequency and percentage distribution of level of knowledge on breast self-examination among women. The pretest data illustrated that 90 (90%) of them had inadequate knowledge, 10 (10%) of them had moderate knowledge and none of them had adequate knowledge in post-test of women 88 (88%) had adequate knowledge, 12 (12%) had moderate knowledge and none of them had inadequate knowledge. Thus the study concluded that video assisted teaching program has an effect on improving the knowledge on breast self-examination among women.

Keywords: Video assisted teaching programme, self-breast examination and women

Introduction

A woman's breasts are constantly changing. They change throughout the menstrual cycle, when breastfeeding, during 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].

Globally breast cancer is the most frequent cancer among women, impacting over 1.5 million women each year, and also causes the greatest number of cancer-related deaths among women. In 2015, 570,000 women died from breast cancer – that is approximately 15% of all cancer deaths among women. While breast cancer rates are higher among women in more developed regions, rates are increasing in nearly every region globally^[2].

According to the American Cancer Society, about 1.3 million women will be diagnosed with breast cancer annually. Worldwide about 465,000 will die from the disease. Breast cancer incidence in women in the United States is 1 in 8(about 13%). In 2012, an estimated 192,370 new cases of invasive breast cancer were expected to be diagnosed in women in the U. S along with 62,280 new cases of noninvasive (in situ) breast cancer. In India, the incidence of breast 4 cancer is increasing, with an estimated 80,000 new cases were diagnosed annually. It is reported that one in 22 women in India is likely to suffer from breast cancer during her lifetime^[3].

An investigator in rural area of south India conducted study to assess the knowledge and practice of breast self-examination. A sample size of 314 women and intervention structured question were used for data collection. Result showed that only 30.89% of women were aware of BSE. It concluded that efforts should make to increase level of knowledge and practice on breast self-examination through health education program^[3].

An investigator from Trichy conducted a study to assess the awareness and practice of breast self-examination. Sample sizes of two hundred women in rural area were selected. A structured questionnaire was used for data collection. The results showed that 89.9 of women were aware of breast cancer, 5% of them practice it regularly. The study concluded that efforts should be made to increase the level of knowledge and practice of BSE through health education program [4-7].

Thus breast cancer is most common cancer among women world by wide and it can be detected in right time at early stage through breast self- examination which increase chance of survival. The Indian rural area women are less aware of breast cancer prevention techniques to communicate the importance of breast self- examination. When the investigators were posted in the clinical area they noticed that women who came for a routine health checkup will be advised to take a mammography to rule out any abnormal change in the breast. Most of the people enter the room with a happy face and come out with unhappy face as they were detected with an end stage breast cancer [8-10]. The researchers felt that this situation can be avoided if they would have taken initiative in doing BSE in a periodical manner and the researches also supported the same.

Materials and Method

The study was conducted at selected hospital in Chennai. Pre experimental one group pre-test post-test research design was used for the present study.

Inclusion criteria

Women aged between 30-50 years, women who are both unmarried and married, women who are willing to participate in the study, women who are available during the time of data collection, women who can able to understand, read and write Tamil and English.

Exclusion criteria

Women with ageless than 20 years and more than 50 years, women with history of breast abnormalities like breast lesions, lumps, fibroids, cyst, cancer. women who underwent breast surgeries, women who have been exposed to previous teaching programme about breast self-examination, women who are not available during the time of data collection.

Data collection procedure

The study was conducted after obtaining Institutional Ethical Clearance from Saveetha Medical College and Hospital. 100 samples who fulfilled the inclusion criteria was selected, using non-probability purposive sampling technique. A self-introduction was given to the samples and the written consent was obtained from the study samples and the confidentiality was assured. A brief and detailed explanation about the study was given. Privacy was provided and the demographic data was collected. The data collection was carried out in three phases as pre assessment, intervention and post assessment phase. In the pre assessment phase. The pretest level of existing knowledge was assessed using a self-structured questionnaire consisted of 25 questions. In phase II, the women who completed pre-test were given video assisted teaching program on breast self-examination using video which lasted for about 20minutes which included the signs and symptoms and steps

of breast self examination. In phase III, a post test was conducted after 7 days from the day of video assisted teaching program with the same self – structured questionnaire which was given in pretest. All collected data was examined and approved by the appropriate Institutional Ethics Committee

Result and Discussion

The study shows the frequency and percentage distribution of demographic variable women. Regarding age, 7 (7%) were in age group of 20-30yrs, 43 (43.%) were in the age group of 31-40yrs (23.3%), 16 (16.%) were in the age group of 41-50yrs (23.3%) and 34 (34%) were in the group of more than 50yrs. With regard to education, 15(15%) were have secondary education, 35 (35 %) were higher secondary education, 26 (26%) were graduates and 24(24%) were illiterate. Regarding the marital status 43(43%) were married, 37 (37%) were single, 13(13%) were widow and 7(7%) were divorced. Regarding family history of breast cancer 32 (32%) are having history of breast cancer and 68 (68%) had no family history of breast cancer. With regard to awareness to breast self-examination, 4(13.3%) had awareness and 26(86.6%) had no previous awareness on breast self-examination. With regard to practice on breast self-examination, 16(16%) practicing and 84 (84%) are not practicing.

Table 1: Frequency and percentage distribution of pretest and posttest level of knowledge on breast self-examination among women. N = 100

Knowledge	Inadequate Knowledge (<50%)		Moderate Knowledge (50-75%)		Adequate Knowledge (>75%)	
	No.	%	No.	%	No.	%
Pretest	90	90%	10	10%	0	0%
Post Test	0	0%	12	12%	88	88%

This table shows the frequency and percentage distribution of level of knowledge on breast self-examination among women. The pretest data illustrated that 90 (90%) of them had inadequate knowledge, 10 (10%) of them had moderate knowledge and none of them had adequate knowledge. In post-test of women 88 (88%) had adequate knowledge, 12 (12%) had moderate knowledge and none of them had inadequate knowledge.

Table 2: Mean and standard deviation of knowledge of women on breast self-examination N = 100

Test	Mean	Standard deviation
Pretest	8.95	2.31
Posttest	23.17	2.64

This table denotes the mean and standard deviation of knowledge on breast self-examination among women. The findings revealed that the pretest mean score was 8.95 with standard deviation of 2.31 and posttest mean score was 23.17 with standard deviation of 2.64

Table 3: Effectiveness of video assisted teaching program on level of knowledge on breast self-examination among women N = 100

Domain	Pre Test		Post Test		't' value
	Mean	SD	Mean	SD	
Knowledge	8.95	2.31	23.17	2.764	t=14.05 p=0.001S

This table denotes the effectiveness of video assisted teaching program on level of knowledge on breast self-examination among women. The finding revealed that the pretest mean score was 8.95 with standard deviations of 2.31 and posttest mean score was 23.17 with standard deviation 2.764. The calculated “t” value was 14.05, which was found to be higher than the table value at $p < 0.001$ which proved high level of statistical significance.

Conclusion

Thus the study concluded that video assisted teaching program has an effect on improving the knowledge on breast self-examination among women.

References

1. Adle Pilliteri. Maternal and Child Health Nursing. (5th Ed) Published by Lippincott Williams and Wilkins: London, 2007.
2. Berck, Noval's. 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, 2009.
3. Dutta's DC. Textbook of Obstetrics. (6th Ed) Published by New Central Book Agency Pvt Ltd: London, 2004.
4. Murray, Kinney MC. Foundations of Maternal – New Born and Women's Health Nursing. (5th Ed) Published by Saunders Elsevier: USA, 2006.
5. Lowdermilk K, Perry. Maternity and Womens Health Care. (8th Ed) Published by Mosby Elsevier: USA, 2004.
6. Kozier's. 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, 2008.
7. Cunningham and Levenoetal. Williams Obstetrics. (23rd Ed) Published by Medical McGraw Hill: New York. Varney (2005). Textbook of Midwifery (4th Ed) Published by All India Publishers and Distributors: New Delhi, 2010.
8. Singletary Robb. Advanced Therapy of Breast Disease (1st Ed) Published by B.C Decker Inc: London, 2000.
9. Diane M, Fraser A Cooper. Text Book of Midwives (2nd Ed) Published by Churchill Livingstone: New York, 2003.
10. Annamma Jacob. Comprehensive text book of Midwifery (2nd Ed) Published, 2004.