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A Study to Assess the Effectiveness of STP on Knowledge and Practice Regarding Breast Self-Examination among Workingwomen in Selected Area of Jaipur

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ABSTRACT

BACKGROUNDOFTHE STUDY

Breast is the protruding organs on the upper front of a women body which containing the mammary gland which secret milk used to feed infant. The female breast has been regarded as a symbol of beauty, sexuality and motherhood. Any actual or suspected disease or injury affecting breast tends to reflect the prevailing societal view of the breast. The threat of mutilation or loss of a breast may be devastating for the women because of psychosocial, sexual and body image implications significance associated with it.

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INTRODUCTION

A woman breast is constantly changing. They change throughout the menstrual cycle, when breastfeeding, during pregnancy and in menopause. Some of the most common breast changes are normal during pregnancy such as enlargement of breast and visible veins on breast, nipple become more prominent and areola becomes darker, tiny bumps protruding on the areola surface, lumps also present, leakages of colostrum from breast. In menopause period due to hormone levels drop and breast tissue becomes less dense and fattier.

Most breast changes are not cause for concern. But you should know how your breasts look and feel normally so you can detect any changes that might indicate a problem. One way that can be done is through regular breast self-examination. Breast self-examination is an inspection by a woman to her breast to detect breast cancer. Breast cancer is an abnormal growth of cells which begins in breast tissue and it is the second leading cause of cancer death among women worldwide (American cancer society, 2007). Nearly 40% of the new cases identified each year. Breast cancer affects 1 in 19 women in Malaysia and it was the commonest cancer in women among all races.

By regularly examining her own breast, a woman is more likely to find any changes that may have occurred. The best time to perform breast self-examination is about a week after a woman periods ends, when her breast are not tender or swollen. If her periods are not regular, breast self-examination should be completed on the same day every month. Breast self-examination should also be regularly performed after breast implants. The study aimed at identifying the level of knowledge and practice of BSE among working woman, there working women can also teach their family members, neighbors, friends and the community to detect breast cancer in

early stage. The morbidity or mortality can be reduced by proper breast examination. Breast self-examination (BSE) is an important screening measure for detecting breast cancer. There is evidence that women who correctly practice BSE monthly are more likely to detect a lump in the early stage of its development, and early diagnosis has been reported to influence early treatment, to yield a better survival rate.

NEED OF THE STUDY

In the absence of an exact etiological agent for breast cancer, the most appropriate way of controlling it is by early detection and treatment. Mammography is the method of choice, but its use is limited due to the high cost and unavailability. Considering this, breast self-examination is an ideal method which can be performed by every woman at her leisure time, cancer is one of the leading causes of mortality and morbidity in the developed and developing countries. In females, breast cancer is the most common form of cancer. There were 1.7 million breast cancer cases diagnosed worldwide and 4,65,000 women died due to breast cancer in 2007. In India the incidence are 19.1 per 100000 population and death rate is 10.4 per 100000 population.

A wide range of literature suggests that Breast self-examination is Simple and effective in the early diagnosis of breast cancer. The lack of knowledge and skill is a barrier to Breast self-examination practice. Studies have shown that Structure teaching programme is one of the most effective teaching strategies which can be used for improving the knowledge and skill of the people. Reviewing of the literature and discussion with experts in the field of research made the investigator realize that breast self-examination is the best way for early detection of breast cancer and self-help group women are the persons who empower and disseminate the knowledge to others. So the researcher felt the need of teaching women regarding Breast self-examination.

OBJECTIVES

- To assess the pre-test knowledge of working women regarding breast self-examination.
- To assess the post-test knowledge of working women regarding breast self-examination.
- To assess the pre-test Practice score of working women regarding breast self-examination.
- To assess the post-test Practice score of working women regarding breast self-examination.
- To evaluate the effectiveness of structured teaching programme on knowledge and practice regarding breast self-examination among working women.
- To find out the association between pre-test level of knowledge and practice score of working women regarding breast self-examination with their selected demographic variables.

HYPOTHESES

All the following hypotheses will be tested at 0.05 level of significance.

- **H1:** The mean post-test knowledge score who received structured teaching programme regarding breast self-examination will be significantly higher than the mean pre-test knowledge score of working women regarding BSE.
- **H2:** Mean post-test practice score of working women who received structured teaching programme regarding breast self-examination will be significantly higher than the mean pre-test practice score.
- **H3:** There will be significant association between the pre-test knowledge score and selected demographic variables among working women, who received STP regarding Breast self-examination.
- **H4:** There will be significant association between the pre-test practice score and selected demographic variables among working women who received STP regarding Breast self-examination.

OPERATIONAL DEFINITIONS

- **Assess:** It is an organized, systematic and continuous process of collecting data. In this study it refers to systematic and continuous process of data collection in organized form regarding the knowledge and practice of working women on breast self-examination.
- **Effectiveness:** Effectiveness refers to producing intended result. In this study "effectiveness" means it is the outcome of structured teaching programme (STP) regarding Breast self-examination, which is measurable in terms of gaining knowledge and practice score of working women based on given questionnaire.
- **Knowledge:** Knowledge refers to the facts, information, awareness and skills acquired through experience or education. In this study, knowledge refers to the information and awareness that the working women possess regarding breast self-examination.
- **Practice:** Practice refers to do something again and again (regularly or constantly) in order to

become better or proficient. In this study practice refers to techniques followed by working women while doing breast self-examination.

- **Structured teaching programme:** Indicates to a material used for teaching working women which is prepared by researcher and content validated by experts. It is intended to provide information (or) knowledge. In this study, structured teaching programme refers to an instructional written material, prepared in the simplest manner, so that it can be understood by the working women regarding BSE.
- **Breast self-examination:** It refers to regular and systemic examination of both breasts and underarm areas by women visually and by palpation using her own hand on her breasts for the purpose of detecting any abnormality.
- **Working women:** All women between 30-50 years of age and who earns a salary, wages or other income through regular employment outside the home.

ASSUMPTIONS

The study assumes that:

1. Working women may have some knowledge and practice regarding breast self-examination.
2. Working women having proper knowledge and practice regarding breast self-examination may reduce the risk of complications.
3. Structured teaching programme is an accepted teaching strategy and evaluate knowledge and practice of working women regarding BSE.

RESEARCH APPROACH

In view of the nature of the problem selected for the study and the objectives to be accomplished, an evaluative research approach was used for the present study.

RESEARCH DESIGN

For the present study a pre-experimental one group pre-test post-test design adopted.

SETTINGS OF THE STUDY

The location for conducting the research is referred to as the setting. The present study was conducted in a Thikariya area, Jaipur (Rajasthan).

SAMPLE SIZE

The present study was conducted among 60 working women in Thikariya, Jaipur (Rajasthan).

SAMPLING TECHNIQUE

In this study non-probability convenient sampling technique is used for selecting the samples.

INCLUSION CRITERIA

- Working women of selected area, Jaipur in the age of 30-50 years.
- Women who are willing to participate in study.
- Working women who are available during the period of data collection.
- Working women who understand Hindi and English.

EXCLUSION CRITERIA

- Working women of selected area, Jaipur in the less and more age group of 30-50 years.
- Working women who are not willing to participate in this study.
- Working women who are on leave and sick during the time of data collection.

RESULT

The analysis shows that the total knowledge scores of the pre-test, out of 60 samples 53.33% (32) had inadequate knowledge, 33.33% (20) had moderate knowledge and 13.34% (8) had adequate knowledge level and in post-test score 3.33% (2) had inadequate knowledge, 41.67% (25) had moderate knowledge and 55% (33) had adequate knowledge level. Mean value and SD of pre-test is 12.53 and 5.37 and in post-test mean is 22.71, SD is 3.96. And „t‟ = 11.83, which is significant at $p < 0.005$ level. The total practice scores of the pre-test, out of 60 samples 73.33% (44) had inadequate, 18.33% (15) had moderate and 8.34% (5) had adequate practice level and in post-test score 5% (3) had inadequate, 18.33% (11) had moderate and 76.67% (46) had adequate practice level. Mean value and SD of pre-test is 5.71 and 2.39 and in post-test mean is 10.41, SD is 2. And „t‟ = 12.36, which is significant at $p < 0.005$ level. This was proved and accepted the formulated hypothesis. Chi square was computed the association between post-test level of knowledge and practice with selected variables in that the Age, religion, education, income, occupation and marital status of working women which is significantly associated at $P < 0.005$ level, hence it is tested and proved hypothesis.

TABLE-1- FREQUENCY & PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

S. No.	VARIABLE		FREQUENCY	PERCENTAGE
1	Age	31-35years	21	35
		36-40years	18	30
		41-45years	13	21.67
		46-50years	8	13.33
2	Religion	Hindu	25	41.67
		Christian	14	23.33
		Muslims	21	35
3	Education	Secondary	17	28.33
		Sen. Secondary	19	31.67
		Graduation	13	21.67
		Post-Graduation	11	18.33
4	Income	Below10,000	11	18.33
		10,000-20,000	19	31.67
		20,000-30,000	12	20
		Above30,000	18	30
5	Occupation	Administration	20	33.33
		Teaching	25	41.67
		Labor	15	25
6	Marital status	Married	42	70
		Unmarried	10	16.67
		Divorced	5	8.33
		Others	3	5

Table - 2- FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST LEVEL OF KNOWLEDGE REGARDING BREAST SELF-EXAMINATION (N=60)

S. No.	Level of Knowledge	Frequency	%
1.	Inadequate	32	53.33
2.	Moderate	20	33.33
3.	Adequate	8	13.34

Table - 3- FREQUENCY AND PERCENTAGE DISTRIBUTION OF POST-TEST LEVEL OF KNOWLEDGE REGARDING BREAST SELF-EXAMINATION (N=60)

S. No.	Level of Knowledge	Frequency	%
1.	Inadequate	2	3.33
2.	Moderate	25	41.67
3.	Adequate	33	55

TABLE-4- COMPARISION OF PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE (N=60)

S. NO.	Aspects of knowledge	Pre-test		Post-test	
		Frequency	%	Frequency	%
1	Inadequate	32	53.33	2	3.33
2	Moderate	20	33.33	25	41.67
3	Adequate	8	13.34	33	55
	Overall	60	100.00	60	100.00

Table-5- FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST LEVEL OF PRACTICE REGARDING BREAST SELF-EXAMINATION (N=60)

S. No.	Level of Practice	Frequency	%
1.	Inadequate	44	73.33
2.	Moderate	11	18.33
3.	Adequate	5	8.34

Table-6 - FREQUENCY AND PERCENTAGE DISTRIBUTION OF POST-TEST LEVEL OF PRACTICE REGARDING BREAST SELF-EXAMINATION (N=60)

S. No.	Level of Practice	Frequency	%
1.	Inadequate	3	5
2.	Moderate	11	18.33
3.	Adequate	46	76.67

Table-7 - COMPARISION OF PRE-TEST AND POST-TEST LEVEL OF PRACTICE (N=60)

S. No.	Aspect of practice	Pre-test		Post-test	
		Frequency	%	frequency	%
1	Inadequate	44	73.33	3	5
2	Moderate	11	18.33	11	18.33
3	Adequate	5	8.34	46	76.67
	Overall	60	100.00	60	100.00

TABLE: 8 - MEAN, SD., RANGE, MEAN SCORE PERCENTAGE OF KNOWLEDGE SCORE BEFORE STP (N=60)

S. No	Aspect of Knowledge	Max possible score	Mean	SD	Range	Mean%
1	Breast and breast cancer	8	3.28	1.06	3	41
2	Breast self-examination	20	9.25	4.50	15	46.25
	Overall	28	12.53	5.37	17	44.75

TABLE-9- MEAN, SD., RANGE, MEAN SCORE PERCENTAGE OF KNOWLEDGE SCORE AFTER STP (N=60)

S. No.	Aspect of Knowledge	Max possible score	Mean	SD	Range	Mean%
1	Breast and breast cancer	8	5.93	1.09	5	74.12
2	Breast self-examination	20	16.78	3.21	11	83.90
	Overall	28	22.71	3.96	15	81.10

TABLE-10 ASSESSMENT OF EFFECTIVENESS OF STP BY COMPARISION OF PRE AND POST TEST KNOWLEDGE SCORE (N=60)

Aspect of knowledge	Max. Score	Pre-test				Post-test				T Value
		Mean	Range	SD	%	Mean	Ran Ge	SD	%	
Breast and breast cancer	8	3.28	3	1.06	41	5.93	5	1.09	74.12	13.94
Breast self- examination	20	9.25	15	4.50	46.25	16.78	11	3.21	83.90	10.75
Overall	28	12.53	17	5.37	44.75	22.71	15	3.96	81.10	11.83

TABLE-11- SIGNIFICANCE DIFFERENCE BETWEEN PRE-TEST AND POST-TEST KNOWLEDGE SCORE (N=60)

S. No.	Score	Mean	SD	Std. Error	Mean Difference	DF	Calculated "t" value	Tabulate value
1.	Pre-Test	12.53	5.37	0.69	10.18	59	11.83	2.00

TABLE-12-MEAN, SD., RANGE, MEAN SCORE PERCENTAGE OF PRACTICE SCORE BEFORE STP (N=60)

S. No.	Aspect	Max Possiblescore	Mean	SD	Range	Mean score%
1.	Practice	13	5.71	2.39	9	43.92

TABLE-13-MEAN, SD., RANGE, MEANS CORE PERCENTAGE OF PRACTICE SCOREAFTERSTP (N=60)

S. No.	Aspect	Max Possible score	Mean	SD	Range	Mean score %
1	Practice	13	10.41	2	9	80.07

TABLE-14-ASSESSMENT OF EFFECTIVENESS OF STP BY COMPARISION OF PRE AND POST TEST PRACTICE SCORE (N=60)

Aspect	Maximum Score	Before STP				After STP				t value
		Mean	Range	SD	%	Mean	Rang e	SD	%	
Practice	13	5.71	9	2.39	43.92	10.41	9	2	80.07	12.36

TABLE-15-SIGNIFICANCE DIFFERENCE BETWEEN PRE TEST AND POST TEST PRACTICE SCORES (N=60)

S. No.	Score	Mean	SD	Std. Error	Mean Difference	DF	Calculated „t" value	Tabulate Value
1.	Pre-Test	5.71	2.39	0.30	4.7	59	12.36	2.00
2.	Post-Test	10.41	2	0.25				

TABLE-16.1- ASSOCIATION BETWEEN AGE AND PRE TEST LEVELS OF KNOWLEDGE OF WORKING WOMEN

S. No.	Level of Knowledge			Total	D.F.	Chi square	Result
Age	Inadequate	Moderate	Adequate				
31-35yr.	0	05	16	**21**	6	13.46	S
%	0	23.80	76.20	**100**			
36-40yr.	1	11	6	**18**			
%	5.55	61.11	33.34	**100**			
41-45yr.	1	3	9	**13**			
%	7.69	23.08	69.23	**100**			
46-50yr.	0	6	2	**8**			
%	0	75	25	**100**			
Total	**2**	**25**	**33**	**60**			
%	**3.33**	**41.67**	**55**	**100**			

S=Significantat5%level(p>0.05)

Table16.2-ASSOCIATION BETWEEN RELIGION AND PRE TEST LEVELS OF KNOWLEDGE OF WORKING WOMEN

S. No.	Level of Knowledge			Total	D.F.	Chi Square	Result
Religion	Inadequate	Moderate	Adequate				
Hindu	2	12	11	**25**	4	4.17	NS
%	8	48	44	**100**			
Christian	0	5	9	**14**			
%	0	35.71	64.29	**100**			
Muslims	0	8	13	**21**			
%	0	38.09	61.91	**100**			
Total	**2**	**25**	**33**	**60**			
%	**3.33**	**41.67**	**55**	**100**			

NS=NotSignificantat5%level (p<0.05)

Table16.3- ASSOCIATION BETWEEN EDUCATIONAL QUALIFICATION AND PRE-TEST LEVELS OF KNOWLEDGE OF WORKING WOMEN

S. No.	Level of Knowledge			Total	D.F.	Chi square	Result
Education	Inadequate	Moderate	Adequate				
Secondary	2	10	5	**17**	6	19.21	S
%	11.76	58.82	29.42	**100**			
Sen. Secondary	0	3	16	**19**			
%	0	15.79	84.21	**100**			
Graduate	0	9	4	**13**			
%	0	69.23	30.77	**100**			
Post Graduate	0	3	8	**20**			
%	0	27.27	72.73	**100**			
Total	**2**	**25**	**33**	**60**			
%	**3.33**	**41.67**	**55**	**100**			

S=Significantat5%level (p>0.05)

Table16.4- ASSOCIATION BETWEEN FAMILY INCOME AND PRE TEST LEVELS OF KNOWLEDGE OF WORKING WOMEN

S. No.	Level of Knowledge			Total	D.F.	Chi square	Result
Income	Inadequate	Moderate	Adequate				
<10,000	1	7	3	**11**			
%	9.09	63.64	27.27	**100**			
10,000-20,000	1	3	15	**19**			
%	5.26	15.79	78.95	**100**			
20,000-30,000	0	4	8	**12**			
%	0	33.33	66.67	**100**			
>30,000	0	11	7	**18**	6		S
%	0	61..11	38.89	**100**			
Total	**2**	**25**	**33**	**60**			
%	**3.33**	**41.67**	**55**	**100**			

S=Significantat5%level (p>0.05)

Table16.5- ASSOCIATION BETWEEN OCCUPATION AND PRE-TEST LEVELS OF KNOWLEDGE OF WORKING WOMEN

S. No.	Level of Knowledge			Total	D F.	Chi-square	Result
Occupation	Inadequate	Moderate	Adequate				
Administrate	0	10	10	**20**			
%	0	50	50	**100**			
Teaching	0	5	20	**25**			
%	0	20	80	**100**			
Labor	2	10	3	**15**	4	17.67	S
%	13.33	66.67	20	**100**			
Total	**2**	**25**	**33**	**60**			
%	**3.33**	**41.67**	**55**	**100**			

S=Significantat5%level(p>0.05)

Table 16.6 - ASSOCIATION BETWEEN MARITAL STATUS AND PRE-TEST LEVELS OF KNOWLEDGE OF WORKING WOMEN

S. No.	Level of Knowledge			Total	D.F.	Chi square	Result
Marital status	Inadequate	Moderate	Adequate				
Married	1	17	24	**42**			
%	2.38	40.47	57.14	**100**			
Unmarried	1	6	3	**10**			
%	10	60	30	**100**			
Divorced	0	1	4	**5**			
%	0	20	80	**100**			
Other	0	1	2	**03**	6	4.96	NS
%	0	33.33	66.67	**100**			
Total	**2**	**25**	**33**	**60**			
%	**3.33**	**41.67**	**55**	**100**			

S=NotSignificantat5%level (p<0.05)

Table 17.1-ASSOCIATION BETWEEN AGE AND PRE-TEST LEVELS OF PRACTICE OF WORKING WOMEN

S. No.	Level of practice			Total	D.F.	Chi square	Result
Age	Inadequate	Moderate	Adequate				
31-35yr.	3	8	10	**21**			
%	14.29	38.09	47.62	**100**			
36-40yr.	0	0	18	**18**			
%	0	0	100	**100**	6	18.34	S

41-45yr.	0	1	12	**13**			
%	0	7.69	92.31	**100**			
46-50yr.	0	2	6	**8**			
%	0	25	75	**100**			
Total	**3**	**11**	**46**	**60**			
%	**5**	**18.33**	**76.67**	**100**			

S=Significantat5%level (p>0.05)

Table17.2- ASSOCIATION BETWEEN RELIGION AND PRE-TEST LEVELS OF PRACTICE OF WORKING WOMEN

S. No.	Level of practice			Total	D.F.	Chi square	Result
Religion	Inadequate	Moderate	Adequate				
Hindu	1	6	18	**25**	4	7.08	NS
%	4	24	72	**100**			
Christian	2	0	12	**14**			
%	14.29	0	85.71	**100**			
Muslims	0	5	16	**21**			
%	0	23.81	76.19	**100**			
Total	**3**	**11**	**46**	**60**			
%	**5**	**18.33**	**76.67**	**100**			

NS=NotSignificantat5%level (p<0.05)

Table17.3-ASSOCIATIONBETWEENEDUCATIONALQUALIFICATIONANDPRE-TEST LEVELS OF PRACTICE OF WORKING WOMEN

S. No.	Level of practice			Total	D.F.	Chi square	Result
Educational Qualification	Inadequate	Moderate	Adequate				
Secondary	2	7	8	**17**	6	13.28	S
%	11.76	41.18	47.06	**100**			
Sen. Secondary	1	2	16	**19**			
%	5.26	10.53	84.21	**100**			
Graduate	0	2	11	**13**			
%	0	15.38	84.62	**100**			
Post Graduate	0	0	11	**20**			
%	0	0	100	**100**			
Total	**3**	**11**	**46**	**60**			
%	**5**	**18.33**	**76.67**	**100**			

S=Significantat5%level(p>0.05)

Table 17.4 - ASSOCIATION BETWEEN FAMILY INCOME AND PRE-TEST LEVELS OF PRACTICE OF WORKING WOMEN

S. No.	Level of practice			Total	D.F.	Chi square	Result
Income	Inadequate	Moderate	Adequate				
<10,000	2	5	4	**11**	6	15.40	S
%	18.18	45.46	36.36	**100**			
10,000-20,000	1	1	17	**19**			
%	5.26	5.26	89.48	**100**			
20,000-30,000	0	1	11	**12**			
%	0	8.33	91.67	**100**			
>30,000	0	4	14	**18**			
%	0	22.22	77.78	**100**			
Total	**3**	**11**	**46**	**60**			
%	**5**	**18.33**	**76.67**	**100**			

S=Significantat5%level(p>0.05)

Table17.5 ASSOCIATION BETWEEN OCCUPATION AND PRE TEST LEVELS OF PRACTICE OF WORKING WOMEN

S. No.	Level of practice			Total	D. F.	Chi-square	Result
Occupation	Inadequate	Moderate	Adequate				
Administrate	2	0	18	**20**	4	24.64	S
%	10	0	90	**100**			
Teaching	1	2	22	**25**			
%	4	8	88	**100**			
Labor	0	9	6	**15**			
%	0	60	40	**100**			
Total	**3**	**11**	**46**	**60**			
%	**5**	**18.33**	**76.67**	**100**			

S=Significant at 5% level (p>0.05)

Table17.6-ASSOCIATION BETWEEN MARITAL STATUS AND PRE-TEST LEVELS OF PRACTICE OF WORKING WOMEN

S. No.	Level of practice			Total	D. F.	Chi square	Result
Marital status	Inadequate	Moderate	Adequate				
Married	1	6	35	**42**	6	12.05	NS
%	2.38	14.29	83.33	**100**			
Unmarried	0	2	8	**10**			
%	0	20	80	**100**			
Divorced	1	2	2	**5**			
%	20	40	40	**100**			
Other	1	1	1	**18**			
%	33.33	33.33	33.33	**100**			
Total	**3**	**11**	**46**	**60**			
%	**5**	**18.33**	**76.67**	**100**			

NS=NotSignificantat5%level (p<0.05)

SUMMARY

The statement of the problem under taken was, "A study to assess the effectiveness of Structured teaching programme on Knowledge and practice regarding breast self-examination among working women in selected area of Jaipur."

The study conducted was based on the following objectives

- To assess the pre-test knowledge of working women regarding breast self-examination.
- To assess the post-test knowledge of working women regarding breast self-examination.
- To assess the pre-test Practice score of working women regarding breast self-examination.
- To assess the post-test Practice score of working women regarding breast self-examination.
- To evaluate the effectiveness of structured teaching programme on knowledge and practice regarding breast self-examination among working women.
- To find out the association between pre-test level of knowledge and practice score of working women regarding breast self-examination with their selected demographic variables.

The study attempted to tested the following research hypothesis at the level of P > 0.05

- **H1:** The mean post-test knowledge score who received structured teaching programme regarding breast self-examination will be significantly higher than the mean pre-test knowledge score of working women regarding breast self-examination.
- **H2:** Mean post-test practice score of working women who received structured teaching programme regarding breast self-examination will be significantly higher than the mean pre-test practice score.
- **H3:** There will be significant association between the pre-test knowledge score and selected demographic variables among working women, who received STP regarding Breast self-examination.
- **H4:** There will be significant association between the pre-test practice score and selected demographic variables among working women who received STP regarding Breast self-examination

The conceptual frame work adopted for this study was based on Wiedenbach‟s Helping Art of Clinical Nursing Model theory. In this study the related review of literature was divided into 5 parts based on section and enclosed as study support.

The research approach adopted for the study was evaluative approach with pre-experimental one group pre-test and post-test design to evaluate the effectiveness of STP on knowledge and practice regarding breast self-examination among working women. The pilot study was conducted at selected Shanjariya area, Jaipur and main study at selected Thikariya area, Jaipur with study sample and sample size 60. Convenience sampling method was used to select the samples.

Self-structured knowledge, check list and STP were developed, after validation by the experts‟ opinion modification was done. It consists of Section I comprised of 8 items related to demographic variables. Section II comprised of 28 knowledge items related to breast self-examination and 13 check list statements. The reliability of the tool was established by split half technique. The computer value of reliability co-efficient was found to be 0.81 of questionnaire and 0.83 of checklist. The tool was found to be reliable and valid. The STP on breast self-examination among working women was organized.

Pilot study was conducted and study methodology was found to be feasible, and main study was conducted. The self-administering questionnaire and check list method was used to collect pre and post-test level of knowledge and practice on breast self-examination among working women. After pre-test STP has been administered. A structured teaching programme regarding breast self-examination was implemented among working women. The post-test was conducted after 7 days. The collected data was analyzed by using descriptive and inferential statistics.

The overall observation showed that, out of 60 subjects 53.33% (32) had inadequate knowledge, 33.33% (20) had moderate and 13.34% (8) had adequate knowledge level regarding breast self-examination in pre-test. However, after administration of STP, post-test out of 60 subjects, 3.33% (2) had inadequate, 41.67% (25) had moderate knowledge and 55% (33) had adequate knowledge level regarding breast self-examination among working women and out of 60 subjects 73.33% (44) had inadequate practice, 18.33% (11) had moderate and 8.34% (5) had adequate practice level regarding breast self-examination in pre-test. However, after administration of STP, post-test out of 60 subjects, 5% (3) had inadequate, 18.33% (11) had moderate practice and 76.67% (46) had adequate practice level regarding breast self-examination among working women.

Hence the hypothesis (H3& H4) was proved and the result shows significant associations between pre test score level of knowledge and practice of working women regarding breast self-examination and with their selected demographic variables like age, education, family income and occupation. Hence the hypothesis (H1&2) was also accepted in knowledge and practice i.e. STP given on knowledge and practice regarding breast self-examination among working women in a selected college, Jaipur was effective in enhancement of knowledge and practice score.

CONCLUSION

So through the study it concluded that objective of study was achieved, research hypothesis was tested and accepted and also the study found effective of STP on breast self-examination. It suggest to improve the knowledge and practice of working women regarding breast self-examination and to bring best outcome of healthy citizen.

NURSINGIMPLICATIONSOFTHESTUDY

Nursing Education

The nursing curriculum should consist of increased depth, content and activities which help to develop knowledge and practice skill among working women in breast self-examination. As a nurse educator, there are abundant opportunities for nursing professionals to educate people regarding the breast self-examination. The study emphasizes significance of to conduct short term in-service education programme for nurses and peripheral health workers related to health education of working women regarding breast self-examination. Nursing personnel working should be given in service education and help them to abreast with recent trends. The nurse educator needs to conduct health campaigns and use different informational modalities, teaching strategies about breast self-examination. The nurse should educate about the utilization of local health services and voluntary health agencies availability which helps to promote better health and prevent complications among working women.

Nursing Practice

An implication of nursing practice derived from the study is that, in modern times, health care delivery system has changed from a care-oriented approach to promotion of health and prevention of illness oriented approach. Nurses are the key persons of the health team who play a major role in effective health promotion and maintenance. This study implies a basis for developing standards of lifestyle, health care

at home as well as in the care of community. Providing health education is one of the functions of nursing personnel, its accountability should be stressed. Nursing interventional programs can be used as a teaching strategy in the community. Health education can be imparted through mass media, i.e. through radio, television, documentary films, pamphlets, leaflets, information booklet and lesson plans. This will help the nursing profession to move towards the goal of providing holistic care.

Community Health Practice

Public awareness can be created by various community health programs regarding breast self-examination. Attention should be focus on prevalence and incidence of breast cancer, measures should take to prevent further complication as based upon secondary level care of early diagnosis and treatment of breast cancer.

Nursing Administration

The nurse administrator can take part in developing protocols, standing orders related to design of the health education programme to update nursing personnel‟s knowledge and practice regarding breast self-examination among working women. The nurse administrator can mobilize the available resource personnel towards the health education of the women regarding breast self-examination. They should take interest in providing information on selected aspects. They should be able to plan and organize programs, taking into consideration of cost effectiveness and carry out successful educational programs. The nurse administrator should plan and organize continuing education programme for the nursing staff to organize the camps regarding breast self-examination among working women. The nurse administrator should explore their potentials and encourage innovative ideas in the preparation of appropriate information and modalities. She should organize sufficient man power, money, and material for disseminating health information.

Nursing Research

The study helps the nurse researchers to develop appropriate health education tools for educating working women regarding breast self-examination. Nurses should come forward to take up unsolved aspects in the field of care to public. The study will motivate the beginning researchers to conduct some study with different variables on a large scale. The public and private agencies should also encourage research in this field through needed materials and funds.

RECOMMENDATIONS

On the basis of finding, the study recommendations are as follows:

Ø A similar study can be replicated on large sample in order to generalize the findings.

Ø An experimental study can be conducted with control group for the effective comparison of the results.

Ø A study can be conducted to evaluate the efficiency of teaching strategy like lesson plan shows on breast self-examination among working women.

Ø A study can be conducted to other samples.

LIMITATION OF THE STUDY

The study was limited to:

Ø Selected area at Jaipur.

Ø The working women who were available during the period of data collection.

Ø Only who can understand Hindi and English language.

The study finding cannot be generalized because the sample size was only 60.

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