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"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED HEALTH TEACHING REGARDING BREAST CANCER AMONG WOMEN IN SELECTED COMMUNITY IN GAYA DISTRICT, BIHAR."

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Abstracts : Breast cancer is crucial because it's the most common cancer in women population worldwide with increasing incidence and mortality rates, necessitating studies to improve prevention, early detection, and treatment strategies, ultimately aiming to reduce disparities and improve patient outcomes. There is lack of knowledge among the women population regarding breast cancer in the country. **Method-** An evaluative approach with pre-experimental (one group pre-test post-test) design was used for the study. The sample consisted of 60 women selected by purposive sampling technique.Pre-test was conducted by administering a structured knowledge questionnaire. After the pre-test, health teaching programme were administered and on the eighth day post-test was conducted. The collected data was analyzed by using descriptive and inferential statistics ('t' test).**Results**:- The mean post –test knowledge score (17.57) was higher than the mean pre-test knowledge score (5.275) and mean post- test attitude score (49.88)was higher than the mean pre-test attitude score(42.75). The computed't' value (5.509) was higher than the table value (t_{59} = 0.252) at 0.05 level of significance, suggesting that the awareness programme was effective in increasing the knowledge of women on breast cancer.

INDEX TERMS: Health Teaching, breast cancer, women, community

INTRODUCTION:-

Breast cancer cells begin inside the milk ducts and the milk-producing lobules of the breast. The earliest form is not life-threatening and can be detected in early stages. Cancer cells can spread into nearby breast tissue. This creates tumours that cause lumps or thickening. In 2022, there were 2.3 million women diagnosed with breast cancer and 670 000 deaths globally. Breast cancer occurs in every country of the world in women at any age after puberty but with increasing rates in later life is common. Maintaining a healthy body weight, increasing physical activity, and minimizing alcohol intake are the best available strategies to reduce the risk of developing breast cancer. Early detection through mammography has been shown to increase treatment options and save lives, although this approach is cost prohibitive and not feasible in most economically developing countries. Recommended early detection strategies in these countries include the promotion of awareness of early signs and symptoms and screening by clinical breast examination.

This is because Rural women are not aware of breast cancer, early detection measures like breast self-examination, mammography. However there should be some sort of awareness programmed on breast cancer to educate rural women regarding cause, signs and symptoms and breast self examination, treatment. So that women health seeking behavior can be improved.

RESEARCH DESIGN:

A researcher's overall plan for obtaining answers to the research questions or for testing the research hypotheses is referred to as the research design.Pre -experimental (one group pre-test post-test) design (01X 02) was adopted for the study. The schematic representation of the research design is given below.

Group	Pre-test	Treatment	Post test
Women	**01**	**x**	**02**

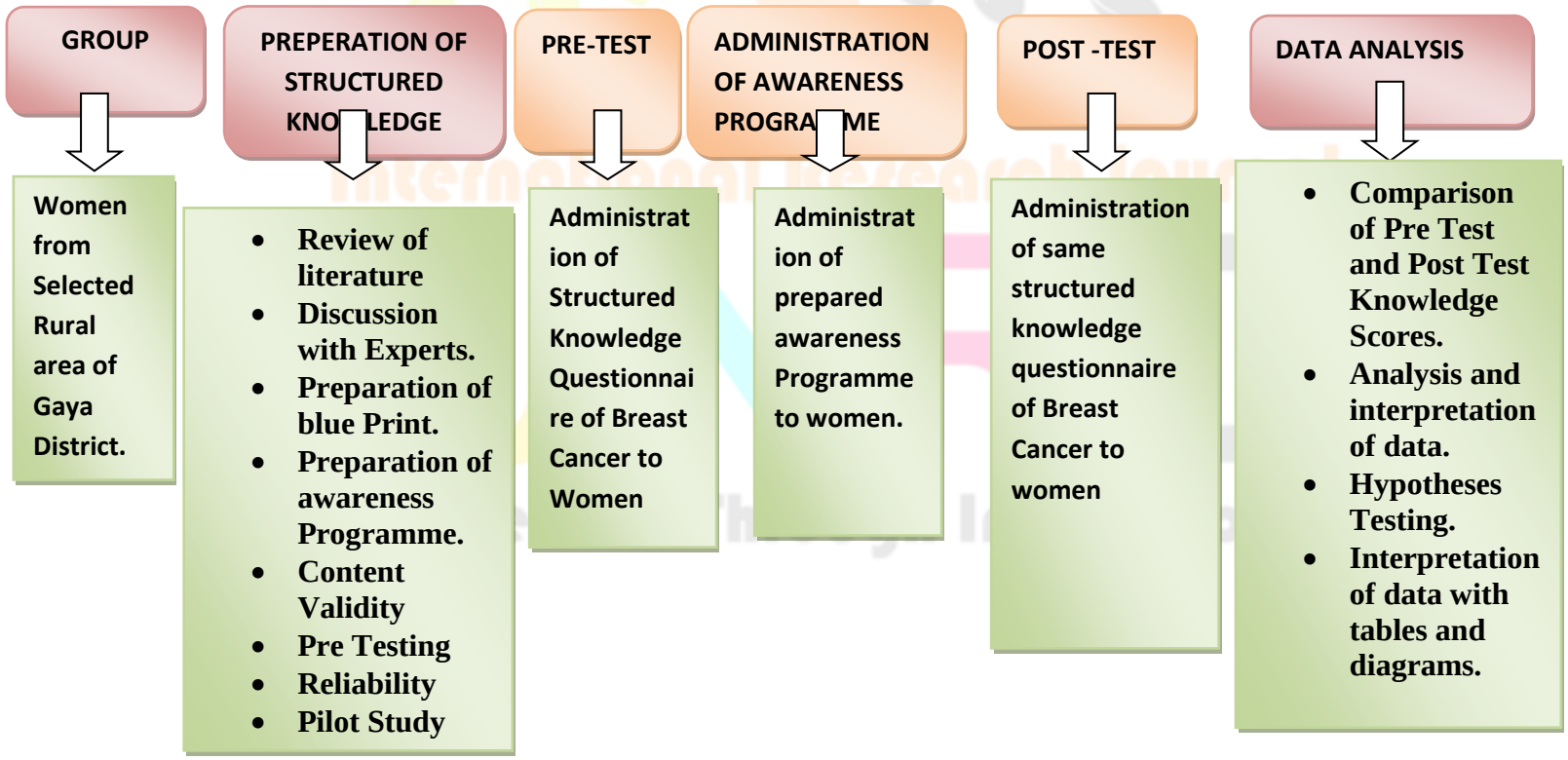
SAMPLE SIZE :

A sample is a subset or portion of the population that has been selected to represent the population of interest. The sample size for this study comprised of 60 women from the selected Community areas of Gaya District, Bihar

SAMPLING TECHNIQUE

Sampling is a process of selecting a group of people, events or portion of the population to represent the entire population.In this study, purposive sampling technique was adopted to select the sample. The purposive sampling is a method in which the researcher selects the participants based on personal judgment about which one will be most informative.

RESEARCH DESIGN:



POPULATION

Population is the entire aggregation of the cases that meet a designated set of criteria. It is the entire group to whom the researcher expects to be able to generalize the study results. In this study population includes all the women of age group between 20- 60yrs in Women.

SAMPLE

A sample is a subset or portion of the population that has been selected to represent the population of interest. The sample size for this study comprised of 60 women from the selected areas of Gaya District.

DATA COLLECTION INSTRUMENT

Data collection tools are the procedures or instruments used by the researcher to observe or measure the key variable in the research problem. Tools were prepared based on the objectives of the study. In this study, the data collection instruments was used .

TOOL I: Structured knowledge questionnaire on breast cancer.

Part I: Demographic Variables
Part II: Structured knowledge questionnaire on breast cancer.
Distribution of women according to the grading of pre test and post testknowledge score.
Effectiveness of awareness programme in terms of increase in attitudescore of women regarding breast cancer.

H_2: There will be no significant difference between the mean pre-test and post- test score of women at 0.05 level of significance.

Relationship between the mean pre test knowledge score and mean pretest attitude scores of women regarding breast cancer.

H_3: There will be significant relation between the mean pre-test knowledge score and pre-test attitude score of women regarding breast cancer.

Table :- 1 Relationship between mean pre-test knowledge score and pre-test attitudescore of women regarding breast cancer.

n= 60+60

Variable	Mean	SD	'r' value	'p' Value
Knowledge	9.082	5.275	0.818	0.05
Attitude	42.75	24.786		

r_{58} =0.252, p < 0.05

Data in table 8 reveals that the computed r value was higher than the tablevalue. There is a relationship between knowledge (r = 0.818, P< 0.05) of women in rural community. Hence null hypothesis is rejected and researcher hypothesis is accepted. **Table 2: Frequency, percentage and cumulative frequency distribution of pre-testand post-test knowledge score**

n=60

Knowledge Score	Pre-test			Post-test		
	F	%	CF%	f	%	CF%

3-6	13	21.66	21.66	0	0	0
7-9	21	35	56.66	0	0	0
10-12	14	23.34	80	2	3.33	3.33
13-15	11	18.34	98.34	17	28.33	31.66
16-18	1	1.66	100	16	26.68	58.34
19-21	0	0	0	17	28.33	86.67
22-24	0	0	0	6	10	96.67
25-27	0	0	0	2	3.33	100

Data in Table 2 reveals the women's knowledge score regarding breast cancer. There were 21.66% women who scored from 3-6, 35% of the women are scored between 7-9, 23.34% scored between 10 -12 and 13-15 scored between 18.34% in the pre-test.The maximum score gained in the pre-test was 17. However, in the post-test 28.33% of them scored between 13-15 and 19-21, 26.68% were scored between16-18. The maximum score gained in the post-test was 26 and none of them scored less than 10.

Table 3 : Range, mean, median and standard deviation of pre-test and post-testknowledge score of women regarding breast cancer.

Knowledge	Range	Mean	Median	Standard deviation	Df value	't'
Pre-test	3- 17	9.082	9	5.275	59	17
Post-test	11- 26	17.57	17	3.327		

The data presented in Table 5 show that mean (17.57), median (17) and range (11-26) in post-test were higher than the pre-test knowledge mean (9.08), median (9) and range (3-17). The significant difference between the mean pre-test and post-test knowledge score regarding breast cancer was analyzed by using paired 't' test. The computed 't' value (t_{59}=17) was higher than the table value(t= 1.67) ata0.05 level of significance. Hence the null hypothesis was rejected and research hypothesis was accepted and it was inferred that the mean post- test knowledge score of women on breast cancer is significantly higher than the mean pre- test knowledge scores. The indicates thatthe awareness program was effective increasing the knowledge level of the women.

Table 4: Area-wise mean, SD, mean percentage with 't' value of pre-test and posttest knowledge score of women regarding breast cancer.

Area	Pre-test			Post- test			't' value
	Mean	SD	Mean%	Mean	SD	Mean%	
Anatomy	0.533	0.596	17.76	1.03	1.31	67.66	11.557*
Risk factor	1.650	0.989	41.25	1.68	7.75	42	11.066*
Signs and Symptoms	0.862	0.791	28.9	1.72	1.468	57.33	4.678*
Early detection	4.216	1.658	35.13	8.24	5.089	68.66	27.149*
Measure Prevention of	1.816	1.241	22.7	4.35	3.968	54.37	18.675*
Treatment	9.077	5.275	35.14	18.02	19.56	58.04	73.125*

Section V: Effectiveness of awareness programme in terms of increase in attitude score of women regarding breast cancer.

H_2: There will be no significant difference between the mean pre-test and post- test score of women at 0.05 level of significance.

Table 5 : Relationship between mean pre-test knowledge score and pre-test attitude score of women regarding breast cancer.

n= 60+60

Variable	Mean	SD	'r' value	'p' Value
Knowledge	9.082	5.275	0.818	0.05
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Data in table 5 reveals that the computed r value was higher than the tablevalue. There is a relationship between knowledge (r = 0.818, P< 0.05) of women in rural community. Hence null hypothesis is rejected and researcher hypothesisis accepted.

MAJOR FINDINGS:-

Area-wise analysis of pre-test and post test knowledge scores of women regarding breast cancer.

The area wise mean percentage of pre-test knowledge score of women was 35.13% in early detection of breast cancer, 17.76% in anatomy of breast, 28.9% in signs and symptoms and 41% in risk factors of breast cancer and post test knowledge scores of women was highest (68.66%) in early detection of breast cancer and (67.66%) in anatomy, (57.33%) in signs and symptoms and least score (42%) in risk factor. These findings clearly indicate that the awareness program was effective in increasing knowledge in all areas.

The study findings were consistent with another study conducted in selected Area , the findings revealed that area-wise knowledge score of the school teachers on early detection of breast cancer showed that the overall knowledge score was average (41. 61%). The knowledge was poor regarding anatomy and meaning of breast cancer and site of occurrence (35 %), and risk factors and signs and symptoms (38.57%) and average (45.83%).in the area of early detection.[5]

Section VI: Relationship between mean pre test knowledge score and pretest attitude score.

The Correlation coefficient of the present study showed that there was significant relationship between knowledge and attitude of women at 0.05 level of significance(r = 0.818). This infers that there was positive relationship between knowledge depicts that as the knowledge increases.

The findings were consistent with the findings of another study the mean age of the women was 37.7 +/- 13.7. 49.2% of women were primary school graduates, 67.6% were married. Although 76.6% of the women in this study reported that they had heard orread about breast cancer, our study revealed that only 56.1% of them had sufficient knowledge of breast cancer, half of whom had acquired the information from health professionals. Level of breast cancer knowledge was the only variable significantly associated with the BSE and mammography practice (p = 0.011, p = 0.007). BSE performers among the study group were more likely to be women who exhibited higher confidence and perceived greater benefits from BSE practice, and

those who perceived fewer barriers to BSE performance and possessed knowledge of breast cancer.[60]

The findings were consistent with the findings of another study conducted among dental students. Overall, the total mean knowledge score was 14.22 ± 8.04 with the fourth year students having the maximum mean score (19.98 ± 3.68). The mean attitude score was 26.45 ± 5.97. For the practice score, the overall mean score and SD was 12.64 ± 5.92 with the highest mean score and SD (13.94 ± 5.31) noted for third years students. The study revealed a significant correlation between knowledge and scores only(p<0.05).

SUMMARY AND CONCLUSION

Breast cancer is responsible for 10.4% of the global burden of cancers in women and half of this occurs in developing countries. In the sphere of cancer control, much would be achieved if breast cancer were to be detected early. Since a large proportion of patients in India present with advanced disease, any down-staging due to early detection will considerably reduce treatment cost as well as morbidity even if mortality is unaffected. Several studies have shown that awareness programmes were effective in increasing the knowledge of women on breast cancer and will continue to increase the knowledge of women on breast cancer. The present study was undertaken to evaluate the effectiveness of awareness programme on knowledge of breast cancer among women in rural community.

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