

**EFFECTIVENESS OF INFORMATION EDUCATION  
COMMUNICATION PACKAGE ON KNOWLEDGE  
AND ATTITUDE REGARDING BREAST SELF  
EXAMINATION AMONG WOMEN.**



*Dissertation Submitted To*

**THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY  
CHENNAI**

IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE AWARD OF  
DEGREE OF

**MASTER OF SCIENCE IN NURSING**

**OCTOBER 2017**

**A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATION  
EDUCATION COMMUNICATION PACKAGE ON KNOWLEDGE  
AND ATTITUDE REGARDING BREAST SELF EXAMINATION  
AMONG WOMEN WORKING IN SELECTED EXPORT  
COMPANY AT CHENNAI, 2016-2017.**

Certified that this is the bonafide work of

**Mrs. BRINDHA.S**  
**MADHA COLLEGE OF NURSING,**  
**KUNDRATHUR, CHENNAI - 600 069**

**COLLEGE SEAL**

**SIGNATURE** : \_\_\_\_\_

**Dr.TAMILARASI. B, M.Sc. (N). M.Phil., Ph.D.**  
Principal,  
Madha College of Nursing,  
Kundrathur,  
Chennai – 600 069, Tamil Nadu.



*Dissertation Submitted To*

**THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY**  
**CHENNAI**

IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE AWARD OF  
DEGREE OF

**MASTER OF SCIENCE IN NURSING**

**OCTOBER 2017**

**A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATION  
EDUCATION COMMUNICATION PACKAGE ON KNOWLEDGE  
AND ATTITUDE REGARDING BREAST SELF EXAMINATION  
AMONG WOMEN WORKING IN SELECTED EXPORT  
COMPANY AT CHENNAI, 2016-2017.**

Approved by Dissertation Committee on: 09.06.2016

- Research Guide** : Dr. TAMILARASI.B, M.Sc. (N), M.Phil., Ph.D.,  
Principal,  
Madha College of Nursing,  
Kunrathur,  
Chennai – 600 069, Tamil Nadu.
- Clinical Guide** : Prof. Mrs. KANIMOZHI.M, M.Sc., (N),  
Department of Medical Surgical Nursing  
Madha College of Nursing,  
Kunrathur,  
Chennai – 600 069, Tamil Nadu.
- Medical Guide** : Prof. Dr.G. SHALINI, M.B.B.S., M.D., D.G.O.,  
Head of the Department,  
Department of Obstetrics and Gynecology,  
Madha Medical College & Research Institute,  
Kunrathur Road, Thandalam,  
Chennai – 600 122, Tamil Nadu.

*Dissertation Submitted To*

**THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY  
CHENNAI**

IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE AWARD OF  
DEGREE OF

**MASTER OF SCIENCE IN NURSING**

**OCTOBER 2017**

## ACKNOWLEDGEMENT

**The LORD is my strength and my shield; my heart trusts in Him,**

**And I am helped. My heart leaps for joy and**

**I will give thanks to Him in song.**

**Psalm 28:7**

I thank the **God almighty** for all he has done for this study, for the good health, for the support through people, finance and materials. Without his Grace and Mercy nothing would be possible.

My hearty thanks to **Founder Dr. S. Peter, Chairman, Madha Group of Academic Institutions, Chennai** for giving me an opportunity to carry out this study successfully.

It is my honour to express my sincere indebtedness to **Dr.Tamilarasi. B, R.N., R.M., M.Sc. (N), M.Phil, Ph.D., Principal, Madha College of Nursing**, for providing me an opportunity to conduct this study and for the expert guidance and encouragement without which I would not have completed the dissertation successfully.

I express my sincere gratitude to **Prof. Grace Samuel, R.N.,R.M., M.Sc.(N), Vice Principal, Madha College of Nursing**, for her splendid guidance and perusal in the study.

My immense gratitude to **Prof. Mrs. Kanimozhi. M, R.N., R.M., M.Sc.(N).** Department of Medical Surgical Nursing, Madha College of Nursing and for guiding and correcting various documents of mine with attention and care. She has taken pain to go through the project and made necessary correction as and when needed to help at all times for the successful completion of the research work.

My special word of thanks to **Prof. Mrs.Vathana.V, R.N, R.M., M.Sc. (N),** Department of Medical Surgical Nursing, Madha College of Nursing for her valuable suggestion and support throughout this study.

I am indeed grateful to **Mrs. Kanagavalli.P, R.N, R.M., M.Sc.(N),** Department of Obstetrics and Gynecology, Class Coordinator for her constant encouragement and being as our social support throughout the study

With special references, I thank the Manger of Export Company in Kundrathur, **Mr. P. Swamy, M.A.** and to conduct the study and successful completion of the study.

It's my privilege to thank the experts who had validated the study tool with their constructive and valuable suggestions. My special word of thank to **Mrs. Hema Suresh, R.N., R.M., M.Sc. (N) Principal,** Faculty of Nursing, Dr.MGR Educational and Research Institute University and **Mrs. Jayasri.N, R.N.,R.M., M.Sc.(N), Principal,** MIOT College of Nursing.

I wish to acknowledge my heartfelt gratitude to **all the Head of the Departments and Faculty members** of Madha College of Nursing. I extend my gratitude to **the statistician,** for his expert support in statistical analysis amidst in his hectic schedule. I extend my special thanks to **the librarians** of Madha College of Nursing and the Tamil Nadu Dr. M.G.R Medical University.

I express my deep sense of gratitude to **all the participants** in this study for their tremendous cooperation without whom this study would have been impossible.

I am grateful to my husband **Mr.S.Alwin Isaac** for his patience, support, boundless love and encouragement. I am so grateful to my son **Master. A. Shaun Denzil** for his love and support.

My deepest gratitude to my parents **Mr. Sundarm** and **Mrs. Padma Sundaram** and also my brother **Mr. Manoharan** and my Father in law **Mr. Sornam** and mother in law **Mrs. Rani Sornam** as no suitable word can fully describe their everlasting love to me. During this work I have collaborated with my friends, **Ms.Thresa and Ms.Divya** who helped me in completion of this research work. An ovation of thanks to all the persons who have helped with me and involved in the successful completion of this dissertation.

## TABLE OF CONTENTS

<b>CHAPTER</b>	<b>CONTENTS</b>	<b>PAGE No.</b>
<b>I</b>	<b>INTRODUCTION</b>	1
	Need for the study	3
	Statement of the problem	7
	Objectives	7
	Operational definitions	7
	Hypothesis	8
	Delimitations	8
<b>II</b>	<b>REVIEW OF LITERATURE</b>	9
	Review of related literature	9
	Conceptual framework	19
<b>III</b>	<b>METHODOLOGY</b>	23
	Research Approach	23
	Research Design	23
	Research Variables	23
	Setting of the study	24
	Population	24
	Sample	24
	Sample size	24
	Sampling Technique	24
	Criteria for sample selection	24
	Description of the instrument	25
	Validity	26
	Reliability	26
	Ethical consideration	27
	Pilot study	27
	Data collection procedure	27
	Data Analysis	28
<b>IV</b>	<b>DATA ANALYSIS AND INTERPRETATION</b>	30
<b>V</b>	<b>DISCUSSION</b>	64
<b>VI</b>	<b>SUMMARY, CONCLUSION, NURSING IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS</b>	69
	<b>REFERENCES</b>	74
	<b>APPENDICES</b>	

## LIST OF TABLES

<b>TABLE No.</b>	<b>TITLE</b>	<b>PAGE No.</b>
1	Frequency and percentage distribution of demographic variables among women.	32
2	Frequency and percentage distribution of pre test level of knowledge regarding breast self examination among women.	44
3	Frequency and percentage distribution of post test level of knowledge regarding breast self examination among women.	46
4	Frequency and percentage distribution of pre test level of attitude regarding breast self examination among women.	48
5	Frequency and percentage distribution of post test level of attitude regarding breast self examination among women.	50
6	Comparison of mean and standard deviation of pretest and post test level of knowledge regarding breast self examination among women.	52
7	Comparison of mean and standard deviation of pretest and post test level of attitude regarding breast self examination among women.	54
8	Association of pre test level of knowledge regarding breast self examination among women with their selected demographic variables	56
9	Association of post test level of knowledge regarding breast self examination among women with their selected demographic variables.	58
10	Association of pre test level of attitude regarding breast self examination among women with their selected demographic variables.	60
11	Association of post test level of attitude regarding breast self examination among women with their selected demographic variables.	62

## LIST OF FIGURES

<b>FIGURE No.</b>	<b>TITLE</b>	<b>PAGE No.</b>
1	Conceptual Framework	22
2	Schematic representation of research methodology adapted in this study.	29
3	Percentage distribution of age among women	34
4	Percentage distribution of educational status among women	35
5	Percentage distribution of income among women	36
6	Percentage distribution of religion among women	37
7	Percentage distribution of structure of family among women	38
8	Percentage distribution of age of attaining menarche among women.	39
9	Percentage distribution of marital status among women	40
10	Percentage distribution of number of children among women.	41
11	Percentage distribution of duration of breast feeding among women.	42
12	Percentage distribution of family history of breast cancer among women.	43
13	Percentage distribution of pre test level of knowledge regarding breast self examination among women.	45
14	Percentage distribution of post test level of knowledge regarding breast self examination among women.	47
15	Percentage distribution of pre test level of attitude regarding breast self examination among women.	49
16	Percentage distribution of post test level of attitude regarding breast self examination among women.	51
17	Comparison of mean and standard deviation of pre test and post test level of knowledge among women.	53
18	Comparison of mean and standard deviation of pre test and post test level of attitude among women.	55



## LIST OF APPENDICES

<b>APPENDIX No.</b>	<b>TITLE</b>	<b>PAGE No.</b>
A	Instrument	i
B	Consent letter	ii
C	Permission letter	iii
D	Certificate for content validity	iv
E	Certificate for editing	v
F	Ethical Clearance Certificate	vi
G	Information Education Communication Package	vii

# *Abstract*

## **ABSTRACT**

Breast self examination is a screening method used in an attempt to detect early breast cancer. The method involves the women herself looking at and feeling each breast for possible lumps, distortions or swelling.

A study was conducted to assess the effectiveness of information education communication package on knowledge and attitude regarding breast self examination among women working in Export Company at Chennai. The objective of the study was to assess the effectiveness of information education communication package among women working in Export Company at Chennai. The hypothesis of this study was there is significant association between information education communication package with the level of knowledge and attitude regarding breast self examination among women working in Export Company at Chennai. Extensive review of literature facilitated the investigator to collect the relevant information of facts to support the study. The conceptual framework used for this study was based on Rosen stock's and beckers health belief model (1974).

The research design used for this study was pre experimental one group pre test post test design with 30 women who fulfilled the inclusion criteria. Random sampling technique was used to select the samples. Each day the investigator collected data from 5 women working in Export Company to assess the level of knowledge and attitude on breast self examination. A structured questionnaire was distributed to the women working in Export Company to assess the pre test level of knowledge on breast self examination and the attitude scale was used to assess the level of attitude on breast self examination. Then followed by the information education communication package on breast self examination was explained. A post test was conducted to assess the level of knowledge and attitude with the same tool provided in the pre test.

Analysis revealed that the paired 't' test value of knowledge 10.14 was highly significant at the level of  $p < 0.001$ . Thus it indicates the effectiveness of information

education communication package on level of knowledge regarding breast self examination among women working in Export Company. Analysis revealed that the paired t test value of attitude was 11.14 highly significant at the level of  $p < 0.001$ . Thus it indicates the effectiveness of information education communication package on level of attitude regarding breast self examination among women working in Export Company.

# ***Introduction***

*Review*  
*of*  
*Literature*

# *Methodology*

*Data analysis and  
Interpretation*



# *Discussion*

*Summary,  
Conclusion, Nursing  
Implications,  
Recommendations &  
Limitations*

# *References*

# *Appendices*

# CHAPTER-I

## INTRODUCTION

*"In all the work we do, our most valuable asset can be the attitude of self examination.*

*It is forgivable to make mistakes, but to stand fast behind a wall of self-righteousness and make the same mistake twice is not forgivable."*

*-Dr. Dale E. Turne*

Cancer is one of the most serious disease threatening to human life. It is caused by an uncontrolled division of abnormal cells in a part of the body. That develops from breast cells is known as breast cancer. Breast are the important organs for each women as these are the symbols of motherhood and womenhood. Breast cancer is probably the most feared cancer in women because its frequency and psychosocial impact. Breast cancer is a global health issue and a leading cause of death among women internationally.

The term "breast cancer" refers to a malignant tumor that has developed from cells in the breast. Usually breast cancer either begins in the cells of the lobules, which are the milk producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Less commonly, breast cancer can begin in the stromal tissues, which include the fatty and fibrous connective tissues of the breast. Over time, cancer cells can invade nearby healthy breast tissue and make their way into the underarm lymph nodes, small organs that filter out foreign substances in the body. If cancer cells get into the lymph nodes, they then have a pathway into other parts of the body.

Breast cancer is the most common cancer diagnosed in women in United States. The major risk factors for breast cancer are family history of breast cancer, menarche before 12 years of age, menopause after 55 years of age, obesity, excessive exposure to the ionizing radiations before 30 years of age, hormonal dysfunction, stress and nulli parity or first child after 30 years of age.

Early diagnosis of breast cancer is vitally important to successful treating and reducing its mortality and care cost burden. In our country, the major causes of mortality and other unfavorable complications of the disease are due to late referring of women. About 80% of breast cancers not discovered by mammography are discovered by women themselves. Breast cancer is sometimes found with symptoms, but many women with breast cancer have no symptoms.

Breast self examination is one of the important steps for identifying breast cancer of an early stage. Screening tests are used to find breast cancer before it causes any symptoms. It include breast self exam and mammography. Women of all ages are encouraged to perform a breast self exam at once a month. The method involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling. Breast self examination is a simple, very low cost, non invasive, comfortable, and adjuvant screening. It can be done by pregnant women, breast feeding women and women with breast implants.

Health behaviors like breast self examination can help empower women to take some control and responsibility over their health promotion. A breast exam is a self inspection of the breasts and can be performed by every woman at her leisure time. It 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. The examination should be done each month soon after the menstrual period ends as normal physiological changes that they confuse results occur in the premenstrual period. Prevention is better than cure measures should be taken to prevent cancerous lesion by detecting it at earliest stage. Regular monthly breast self examination is an essential health maintenance activity.

There is an evidence a women who correctly practices breast self examination monthly to detect lump at the early stages of its development and early diagnosis has been reported to influence early treatment and to yield a better survival rate. Early diagnosis means a better chance of successful treatment. Several reasons like lack of time, lack of knowledge, lack of self confidence in their ability to perform the technique correctly, fear of possible discovery of a lump, and embarrassment

associated with manipulation of the breast have been cited as reasons for not practicing breast self examination.

World Health Organization promotes breast cancer control within the context of comprehensive national cancer control programmes that are integrated in to non communicable diseases and other related problems. Comprehensive cancer control involves prevention, early detection, diagnosis and treatment, rehabilitation and palliative care. According to WHO supports estimated that 1,050,000 new cases of breast cancer arise annually in the world. Control of modifiable breast cancer risk factors such as maintaining a healthy weight, regular exercise and reducing alcohol intake could eventually have an impact in reducing the incidence of breast cancer. Increasing awareness and education are effective ways for early detection of breast cancer.

Nurses play a pivotal role in teaching the breast self examination to the women's to identify the breast abnormalities. The nurses who can promote monthly breast self examination should be perfect by supporting realistic believes about early detection and prevention of breast abnormalities as well as demonstrating breast self examination, so that the women can do it themselves without consulting physician.

#### **NEED FOR THE STUDY**

***“Progress is impossible without change, those who cannot change their minds cannot change anything”***

**-George Bernard**

Every country in the world is focusing towards the Destiny of “Health for all”. The incidence of breast cancer varies between countries, the highest rates occur in the United States and Canada and the lowest rate is found in Asia. Although breast cancer is thought to be a disease of the developed world, almost 50% of breast cancer cases and 58% of deaths occur in less developed countries. Breast cancer survival rates vary greatly worldwide, ranging from 80% or over in North America, Sweden, and Japan to around 60% in middle income countries and below 40% in low income countries.

Breast cancer is the most common malignancy in women throughout the world. According to WHO in the year of 2015, more than 1.2 million people was diagnosed with breast cancer in world wide and over 50,000 will die from the disease.

According to American Cancer Society in the year of 2016 about 1.3 million women was diagnosed with breast cancer annually in worldwide, about 4,65,000 was died from this disease. About two million breast cancer survivors are alive in America today. By the year of 2014, 236,968 women in the United States were diagnosed with breast cancer and 41,211 women died from breast cancer. By the year of 2016 U.S estimated new cases 29%and death rate is 14%.

In India, the incidence of breast Cancer is increasing with an estimated 80,000 new cases were diagnosed annually and one in 22 women is likely to suffer from breast cancer during her life time. In females, breast cancer is the most common form of cancer. In India the incidence are 19.1 per 100000 populations and death rate is 10.4 per 100000 populations. 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. In 2015, an estimated 231,840 new cases of invasive breast cancer was diagnosed among women and 40,290 women was died by breast cancer. About 88,847 new cancer cases were detected in Tamil Nadu by 2016.

In India, witnessing more and more numbers of patients being diagnosed with breast cancer to be in the younger age groups this is most common type of cancer found in women of developed countries. It is considered to be a highly alarming health problem in Indian women and over the past two decades have attacked the Indian women population quite badly. The ICMR has found on 2017 , Breast cancer has ranked number one cancer among Indian females with age adjusted rate as high as 25.8 per100,000 women and mortality 12.7 per 100,000 women. The age adjusted incidence rate of cancer of the breast was found as high as 41 per 100,000 women for Delhi, followed by Chennai 37.9, Bangalore 34.4 and Thiruvananthapuram District 33.7.



Breast Cancer organization believes that breast self examination is a useful and essential screening strategy used in combination with regular physical exams by a doctor and mammography. The first stage of breast tumors were detected 53.8% by routine physical examination, 37.7% by self examination and only 27% detection were accidental. And breast cancer mortality might reduced by 18.8% to 24.4% through self examination or routine physical examination.

The Indian Council of Medical Research (ICMR) stated on 2016 the total number of new cancer cases is expected to be around 14.5 lakh and the figure is likely to reach nearly 17.3 lakh new cases in 2020. Better health awareness and availability of breast cancer screening programmes and treatment facilities would cause a favorable and positive clinical picture in the country.

About 88.84% new cancer cases are detected in Tamil Nadu by 2016. The total cancer burden in Chennai is predicted to increase by 32% in 2012 to 2016, about 55,000 new cancer cases detected per year in Tamil Nadu.

Simi, A., et al., (2015) conducted a quasi experimental study on knowledge and attitude towards breast self examination among adolescents girls. Sample was selected from the schools participating in an education program provided by a regional health education center. The sample consisted of 137 adolescent girls. The study findings suggested that an one hour education can improve knowledge and attitudes of adolescent girls with respect to breast self examination and early detection of cancer. Thus the study concluded that knowledge and attitude improved by education.

Legesse, B., et al., (2014) conducted a study on knowledge and attitude of breast self examination in 300 women aged 18-45 years in southern Iran by using interview schedule. The study result shown that 53.3% women performed Breast Self Examination. Among them 5.6% of women did Breast Self Examination correctly and they have learned it from medical personnel, their relatives, television, books, radio, journals and pamphlets. Thus the study concluded that lack of knowledge will abstract the attitude.

When an investigator noticed that one of her neighbour had suffered from breast cancer for the past three years. After communicating with her, the investigator felt that she had lack of knowledge regarding early identification and prevention of breast abnormalities. But all her treatments were in vain. Considering these facts the investigator felt that it is important to motivate the women make them aware of breast self examination.

## STATEMENT OF THE PROBLEM

A study to assess the effectiveness of Information Education Communication Package on knowledge and attitude regarding Breast Self Examination among women working in selected Export Company at Chennai.

## OBJECTIVES

1. To assess the pre test level of knowledge and attitude regarding breast self examination among women.
2. To assess the post test level of knowledge and attitude regarding breast self examination among women .
3. To determine the effectiveness of information education communication package regarding breast self examination among women.
4. To find the association between pretest and post test level of knowledge and attitude regarding breast self examination among women with their selected demographic variables.

## OPERATIONAL DEFINITIONS

**Effectiveness:** Refers to the extent to which the information education communication package will achieve the desired effect in improving the knowledge of women working in the Export Company regarding breast self examination.

**Information education communication package:** Refers to a systemically developed information regarding breast self examination in powerpoint presentation that is designed to teach the women.

**Knowledge:** Refers to the correct responses obtained from the women regarding breast self examination.

**Attitude:** Refers to the way of thinking and beliefs of women regarding breast self examination.

**Breast self examination:** Refers to the technique of assessing the breast to find out the abnormalities by the women herself.

**Women:** Refers to the females within the age group of 18-45 years working in Export Company.

## **HYPOTHESIS**

There is a significant association between the information education communication package with level of knowledge and attitude regarding breast self examination among women working in Export Company.

## **DELIMITATIONS**

- The sample size was delimited to 30 women working in Export Company at Chennai between the age group of 18-45 years.
- The data collection period was delimited to 1 month.

## **CHAPTER – II**

### **REVIEW OF LITERATURE**

The review of relevant literature is nearly always a standard chapter of the thesis or dissertation. The review forms an important chapter in a thesis where its purpose is to provide the background to and justification for the research undertaken (Bruce, 1994). A literature review is a “critical analysis of a segment of a published body of knowledge through summary, classification and comparison of prior research studies, reviews of literature, and theoretical articles”

This chapter deals with review of literature related to the problem statement it has helped the researcher to design the study to develop the tool and plan for data collection procedure and analyse the data.

#### **PART I: REVIEW OF RELATED LITERATURE**

Breast cancer is a common cause of cancer morbidity and mortality in women. Breast self examination have been promoted for many years as screening methods to diagnose breast cancer at an early stage, in order to decrease the risk of dying from breast cancer. Breast self examination is important not only for early detection of malignant lesion but also as a way to make nursing students responsible for their own health care.

A breast self exam is a self inspection of the breasts. During a breast exam, eyes used to see and hands to observe the appearance and feel the breast. Breast exams may help to identify potential breast problems. Breast awareness is being familiar with the normal consistency of breasts and the underlying tissue, as well as inspecting the breasts for new changes.

The review of literature consists of the following domains

- Literature related to knowledge regarding breast self examination
- Literature related to attitude regarding breast self examination
- Literature related to information education communication package

#### **PART II: CONCEPTUAL FRAMEWORK**

## PART I

### REVIEW OF RELATED LITERATURE

#### Literature related to knowledge regarding breast self examination

**Rohini.T.S., et al., (2016)** conducted a descriptive study on knowledge and practice regarding breast self examination as a method of early detection among 100 antenatal clinic attendees in South Eastern Nigeria. Data was collected by using a structured questionnaire. The results showed that 78% of the respondents practiced breast self-examination regularly, but only 34% of them knew the reason for practicing breast self-examination. The knowledge about breast self examination practice was mostly ineffective. Only 3% of the respondents knew about a mammogram. 97% of the respondents had heard of cancer of the breast. Thus the study concluded that the breast self examination was positively associated with educational level attained.

**Biata, A. T., et al., (2015)** conducted a cross sectional study to determine the level of knowledge regarding breast cancer and to measure breast self-examination performance in a group of 80 women aged 40 years were selected. Total 80 women were interviewed by means of a structured questionnaire, attitude towards breast self examination was also evaluated. The study findings revealed that the breast cancer awareness was found to be 52%. In this group of women even though 95% women claimed to have heard of the disease only 12% of all women had received information about breast cancer. About 38% women had never heard of breast self examination and among those that had heard of it, 15% were regular while 23% were irregular performers. Thus performance of breast self examination was found to be inadequate in this group. The study concluded that inadequate knowledge was the reason for lack of attitude and practice on breast self examination.

**Acheampong. D., et al., (2014)** conducted a study to investigate the awareness of breast self examination among women and other female attendees visiting a teaching hospital for 2 months. Total 300 women were studied. A semi structured questionnaire about the awareness of breast self examination and source of information was administered by the investigator to collect the data. Mean age of the

participants was 26.5 years. About 2% women were aware about breast self examination. Main information and source was health workers in 50% of aware women. The study concluded that the knowledge of women about breast self examination improved through various means like health workers, breast health care programs and targeting girl students

**Shifera. A., et al., (2013)** conducted a cross sectional study to determine the level of knowledge and attitude about breast self examination and mammography. There were 244 women aged 20-64 in rural area of western turkey were selected for the study. Cluster sampling technique was used to select the samples. Four trained doctors collected the data by face to face interview between January and February 2005. The study results showed that, 23.4% of them had no knowledge about breast cancer, 27.9% had no concept about breast self examination. Only 10.2% performed monthly breast self examination regularly 76.6% reported that they heard about breast cancer, but only 56.1% of them had sufficient knowledge about it. Television or radio programs were the main source of information about breast cancer, and 23.4% sample mentioned health professionals as a source of information. Thus the study concluded that the breast self examination is effective to detect breast cancer

**Adeyomoye. M., et al., (2012)** conducted a descriptive study to determine the knowledge and frequency of breast self examination among Middle Eastern Asian Islamic Immigrant women residing in a metropolitan U.S. city. The purposive sampling technique was used for the study. There were 39 samples was selected with the age group of 18-45 years. Data was collected by Champion's breast self examination. The results indicated that 33 women (85%) had heard of breast self examination and 29 women 74% had not examined their breasts for lumps. The study concluded that Middle Eastern Asian immigrant women might be a population overlooked by health care professionals in the education of breast self examination. Suggestions to improve breast cancer screening practices among this population were provided.

**Golicnik. B., et al., (2011)** conducted a descriptive study to assess the knowledge and practice of breast self examination among female undergraduate students of Hamada Bello University Zaria, Northeastern Nigeria. There were 221

female students aged 16-18 years old studying at Hamada Bello University Zaria were examined using self administered questionnaires. It was found that nearly three quarter of the respondents (87.7%) had heard of breast self examination, only 19.0% of them were performing breast self examination monthly. Media was found to be the most common sources of information of breast self examination followed by health workers accounting for 45.5% and 32.2% respectively. Thus the study concluded that high disparity was observed between high levels of knowledge of breast self examination compared to a low level of practice.

**Kovac. P., et al., (2010)** conducted a cross sectional study to determine levels of knowledge about breast cancer and to evaluate health beliefs concerning the model that promotes breast self examination and mammography in a group of women aged 18-45 in a rural area of western Turkey. There were 244 women were recruited by means of cluster sampling technique. The questionnaire consisted of socio-demographic variables, a risk factors and signs of breast cancer form and the adapted version of Champion's Health Belief Model Scale. Among the 76.6% of the women reported that they had heard or read about breast cancer, but the study revealed that only 56.1% of them had sufficient knowledge of breast cancer only variable significantly associated with the breast self examination and mammography practice. Thus the study concluded that the breast self examination perform among the study group were more likely to be women who exhibited higher confidence and perceived greater benefits from breast self examination practice and those who perceived fewer barriers to breast self examination performance and possessed knowledge of breast cancer.

**Parajul. M., et al., (2010)** conducted a quasi- experimental study to investigate the effectiveness of various training methods for breast self examination knowledge, practice, and health beliefs in an area where two community health care centers are located, in the city of Trabzon, Turkey. There were 1,342 women were instructed in breast self examination using individual or group training or by way of pamphlets. Datas were gathered in four stages: during the pre-training, one month, six months and twelve months after training. The study showed a significant increase in the participants' breast self examination knowledge, but individually trained women scored higher than did the others. The variables influencing breast self examination



practice were found to be breast self examination practice at the pre- training period, perceived confidence and benefits from breast self examination six months after breast self examination instruction, and health motivation one year after training. Thus the study concluded that no significant difference was found in women's breast self examination performance scores one year after training.

**Clement. J., et al., (2009)** conducted a descriptive co relational study to identify knowledge levels and performance frequency of breast self-examination and variables related to breast cancer screening behaviors among 103 Muslim female workers in Turkey. The result showed that 26.2% of the women had adequate knowledge about breast self examination and 4.3% performed breast self examination. Higher health motivation, higher perceived self efficacy of breast self exam, marital status, and familial breast cancer history were significantly associated with breast self exam performance. Thus the study concluded that significantly associated with knowledge and performance level.

**Kaur. W., et al., (2007)** conducted a cross sectional study to investigate the knowledge and practices of breast self examination among nursing students in the month of Sept 2005 at National Institute of Nursing Education, Post Graduate Institute of Medical Education And Research, Chandigarh. The mean age of the participants was  $21.2\text{yrs}\pm 4.17$ . Maximum expected knowledge score was 12. Participants pursuing M.Sc. Nursing had maximum knowledge score ( $11.6\pm 0.55$ ) followed by the scores of B.Sc. Nursing-interns ( $11.5\pm 0.66$ ) and B.Sc. Nursing-Post Basic ( $9.8\pm 1.3$ ). There was a statistically significant difference in knowledge score as per the professional qualification of the subjects ( $F= 40.66$ ,  $p=0.00$ ). Out of the total, 57.9% participants were practicing breast self examination on monthly basis (51.2%). Thus the study concluded that high level of knowledge will help to practice breast self examination.

**Jahan. S., et al., (2006)** conducted a descriptive study to assess the knowledge of breast self examination among women in Quasar region of Saudi Arabia. 300 females were selected and interviewed. Result showed that, 69.7% of the participants had never heard of breast self examination. Study revealed that, the level of awareness of the females of question region regarding breast cancer and breast self

examination was not adequate and a health education program should be introduced. Thus the study concluded that health education programme will increase the level of knowledge on breast self examination.

**Hagimahmoodi. H., et al., (2005)** conducted a cross sectional study to examine the knowledge of breast cancer, attitudes towards breast self examination and practice of breast self examination among a sample of female health care workers at Tehran, Iran. Among 410 women selected from 7 health centers. 63% of the respondents claimed that they know how to examine their breast but only 6% performed breast self examination monthly. The study findings concluded that the knowledge and behaviors of female health workers concerning breast cancer and breast self examination was relatively poor and it needs to be improved.

#### **Literature related to attitude regarding breast self examination**

**Bassey. B., et al., (2014)** conducted a cross sectional study to assess level of knowledge, attitude and practice of breast self-examination among nursing students of Lagos University Teaching Hospital. The respondent's knowledge of breast cancer and breast self examination was high ranged 97.3%; 85.6% they knew how to carry out breast self examination correctly. Majority, 58.6% obtained their information from television and radio. The attitude of respondents to breast self examination was good, most of the respondents, 98.5% thought breast self examination was necessary and 84.3% claimed to have carried out breast self examination before. Respondents' practice of breast self examination was also good with 80.2% of the respondents claiming to carry out breast self examination regularly. The study concluded that the awareness of breast cancer and breast self examination was high among nursing students of the Lagos University Teaching Hospital.

**Fazarinc. D., et al., (2010)** conducted a cross sectional study to assess the attitude of undergraduate midwifery students towards teaching other women in methods of breast self examination. The study was performed at the beginning and at the end of students' study at the Faculty of Health Sciences in Ljubljana, Slovenia. It was carried out during the academic year 2002 to 2003 and involved 28 first and 25 third year undergraduate midwifery students. Results showed that all study participants were of the opinion that teaching other women in methods of breast self

examination was great importance for an early detection of breast cancer and that this task ought to be one of their duties. Thus the study concluded that there were no significant differences between the two groups when the readiness to upgrade their own knowledge of or when the optimism regarding the progress in breast cancer detection and therapy in the future were concerned.

**Olowoyeye. M., et al., (2009)** conducted a cross sectional study to investigate the knowledge, attitude and practice of breast self-examination among female medical students in University of Lagos. Results showed that majority of the respondents, 40.7% were from the age group 21-22 drawn from first to sixth year medical students 97.3% had heard of breast cancer and breast self examination 54.8% of the respondents heard of breast cancer from television and radio. Most of the respondents, 85.8% knew how to perform breast self examination correctly. Only 65.4% of the respondents thought that breast self examination was necessary. 43.5% of the respondents said that the last time they performed breast self examination less than a year ago. Majority of the respondents, 69.6% preferred to perform breast self examination in the morning while 47.7% of the respondents preferred to carry out breast self examination in front of the mirror. Thus the study concluded that the knowledge, attitude, and practice of breast self examination was improved.

#### **Literature related to information education communication package**

**Nepal. D., et al., (2016)** conducted a quasi experimental study to assess the effectiveness of structured teaching programme on knowledge and performance ability of breast self examination among 40 women in selected rural communities of Ludhiana, Punjab. Structured questionnaire and check list were used for data collection. The data analyzed by mean, standard deviation, 't' test and Chi-square test and Co efficient correlation. The study result shown that there is no statistically significant different between pre test breast self examination knowledge score of experimental group and control group and breast self examination performance ability score of experimental group and control group .Thus the study concluded that statistically significant increase in post-test knowledge breast self examination score of experimental group at 0.001 level. Breast self examination performance ability score of experimental group .

**Marincho. L. A., et al., (2015)** conducted an experimental study to assess the effectiveness of breast self examination training programme on knowledge attitude and practice in 122 working women was conducted in Egypt. Data collected by using self administered questionnaire, attitude rating scale and observation checklist. Results shown that only 10.6% and 11.5% of the total sample had satisfactory knowledge about breast cancer and breast self examination, respectively 39.3% have negative attitude towards breast cancer and breast self examination. 91.8% mentioned lack of knowledge, 50% of responses fear and worries to discover breast cancer. After the training programme implementation, a remarkable improvement in participants' level of knowledge, attitude and practice was observed. Public health programme teach and encourage the women to regularly examine their breast and to seek early treatment for any detected lesions. Thus the study concluded that the breast self examination was positively associated with educational level attained.

**Sarfo. P., et al., (2014)** conducted a quasi experimental study among 250 students from different university departments excluding health departments were chosen randomly 200 students took part in education session, however only 180 students were contacted one month after training session. 32 students took part in individual instruction and 148 students took part in the group education. The data collected by questionnaire and Champion Health Belief Scale .the study result shown that the knowledge of breast self examination came from radio and television (36.9%), other people(20.2%), doctors(13.1%) and nurses(9.5%).only 5.6% students performs doing breast self examination and the first reason for not doing breast self examination was lack of knowledge about it. All students pre education mean score was  $15.4 \pm 10.7$  and post education mean score was  $38.0 \pm 8.7$ . And also found that students instructed in groups by peers showed higher degree of breast self examination knowledge when compared with those taught as individually. Thus the study concluded that the breast self examination was positively associated with educational level attained

**Onajole. H., et al., (2013)** conducted a descriptive study to evaluate the effectiveness of peer education model in teaching breast self examination among late adolescence female students attending second class of Boca Educational faculty of Dukes Yell University. 15 volunteer students received breast self examination

training by the researcher and qualified as peer educators. Then this each one reached 10peers and conveyed the information about breast self examination. The Maurer evaluation forms for regular breast self examination practice and skills were used and evaluated with 100 points. Paired 't' test , students t test, McNamara test, Pearson correlation test used for statistical analysis. The study result shown that the students average point of knowledge on breast self examination before training was  $43.0 \pm 11.7$ , it became  $88.9 \pm 8.15$  after a week and  $86.9 \pm 9.69$  after four weeks. Similarly the practice of practicing breast self examination increased from 2.6% to 66% and breast self examination practice skills became  $91.5 \pm 7.25$  at four weeks( $r=0, 70$ ). Displayed a 50 minutes video demonstration programme about breast self examination.

**Shaikh. M., et al., (2011)** conducted a quasi experimental study to assess the effectiveness of video demonstration programme on knowledge and intentions about breast self examination technique among 255 ninth grade girls. A pretest was conducted to determine the knowledge about breast cancer and breast self examination. After intervention delayed post test conducted later between 5-6 weeks in 211 girls. The study result shown that the experimental group participated in video demonstration programme increase in their knowledge score than the control group. The experimental group girls reported performing breast self examination from the past month as well and they had a higher intention to perform breast self examination in future. Thus the study concluded that demonstration programme will increase the knowledge to practice breast self examination.

**Srikanth. R., et al., (2010)** conducted a cross sectional study in Udupi district of Karnataka to determine the effectiveness of a planned teaching programme on the prevention of breast cancer among women of a selected village. The sample was 50 women aged between 30-60 years. The data was obtained using a structured knowledge questionnaire and an observation checklist on the performance of breast self-examination. Majority of women had perceived knowledge that breast cancer was not curable. The planned teaching programme was found to be effective in increasing the knowledge of women on the prevention of breast cancer and the ability to perform breast self examination. There was significant correlation between the knowledge score and ability to perform breast self examination. Thus the study concluded that the breast self examination was positively associated with educational level attained.

**Demirkiran. F., et al., (2009)** conducted a study to evaluate the effectiveness of a community based health education program via a mobile van to promote the awareness of breast cancer and breast self examination practice. There were 777 women in Hong Kong by using self-administered questionnaire before and after a breast health education program. Among them 53.7% were aware of breast health and breast diseases and 48.6% knew about the breast screening methods before the intervention. After intervention it was found that women who had received instruction on breast self examination practice, and those who were aware of breast screening methods, breast health, and breast diseases were more likely to practice breast self examination. 93.3% told that they are willing to practice breast self examination regularly and 92% are willing to pass the acquired breast self examination knowledge to their relatives and friends in the posttest. Thus the study concluded that breast self examination is awareness of breast cancer.

**Bincy. F., et al., (2008)** conducted a qualitative study to determine the effectiveness of a structured teaching programme on the knowledge, attitude and practice of breast cancer and breast self examination to women admitted to the gynecological ward of Christian Medical College and Hospital, Vellore. Using simple random sampling 40 subjects were selected. Data was collected through an interview method. The selected sample was given a pre test after which a structured teaching programme on breast cancer and demonstration on breast self examination was given. The post test was conducted on the third day to assess the effectiveness of the structured teaching. It was found that there was a gross inadequacy (98%) in the patients' knowledge regarding breast self examination in the pre test. Thus the study concluded that the structured teaching programme showed a significant improvement ( $P < 0.001$ ) in the knowledge regarding breast self examination.

## **PART II**

### **CONCEPTUAL FRAME WORK**

Theories and conceptual models are the primary means of providing a conceptual context for the study. The aim of the study is to assess the knowledge and attitude regarding breast self examination. Conceptualization is the process of forming ideas which are utilized for the development of research design. It helps the researcher to know what data to be collected and also gives direction to an entire research process. Rosenstoch's and Beckers Health Belief Model (1974) address the relationship between persons belief and behaviors, it is the way of understanding and predicting how clients will behave in relation to their health care. This model helps the nurses to understand the various behaviors including industrial workers perceptions, beliefs and various actions in order to promote good health among the export company workers.

The conceptual frame work for the study is based on health belief model. Health beliefs are person's ideas and attitude about breast self examination. They may be based on factual information or wrong information. The health belief usually results from within a person.

#### **Individual perception**

A process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment. Individual perception is the perception of women working in Export Company regarding breast self examination.

#### **Modifying factors**

It includes personality variables , patient satisfaction and socio demographic factors. The modifying factors of women working in Export Company are demographic variables like age, educational status, income, religion, structure of family, age of attaining menarche, marital status, number of children, duration of breast feeding, family history of breast cancer.

**Perceived susceptibility**

It refers to a person's perception that a health problem is personally relevant or that a diagnosis of illness is accurate. It includes the women are susceptible to breast cancer.

**Perceived threat of disease**

Even when one recognizes personal susceptibility, action will not occur, unless the individual perceives the severity to be high enough to have serious organic or social complication. In perceived threat of disease the demographic variables can affect the person, it will create disease like breast cancer.

**Likely hood of action**

The action taken to reduce the susceptibility. It includes by doing breast self examination can detect the breast cancer.

**Perceived benefits**

It refers to the patient's belief that a given treatment will cure the illness or help to prevent it. Perceived benefits means acquiring knowledge regarding breast self examination among women working in Export Company.

**Cues to action**

It involve stimuli that motivate an individual to engage in the health behavior. Cues to action like distribution of Information education communication package on knowledge and attitude regarding breast self examination among women working in Export Company.



**Likely hood of behavior change**

Provide training, guidance in performing action. It means develop knowledge and attitude regarding breast self examination among women working in Export Company.

The researcher selected the Rosenstoch's and Beckers Health Belief Model as suitable conceptual frame work for this study.

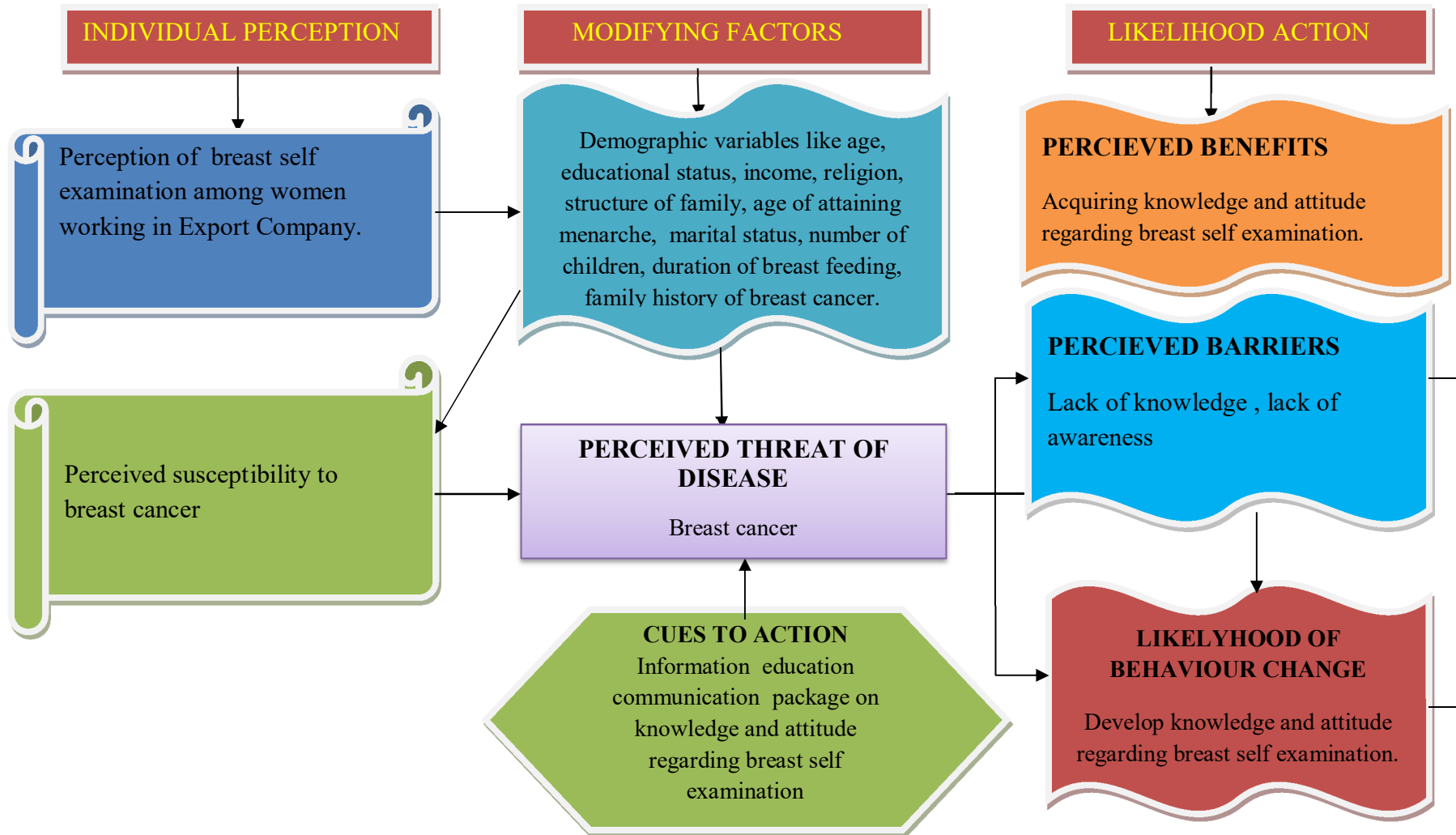


Fig. 1: ROSENSTOCH'S AND BECKERS HEALTH BELIEF MODEL, (1974).

## **CHAPTER-III**

### **METHODOLOGY**

The methodology of the research study is defined as the way the information is gathered in order to answer the question or analyze the research problem. It includes aspects like research design, setting of the study, population, sample, sample size, sampling technique, criteria for sample selection, description of the tool, pilot study, data collection procedure and data analysis.

#### **RESEARCH APPROACH**

The research approach used for this study is quantitative research approach.

#### **RESEARCH DESIGN**

Pre experimental one group pre test post test design was used for the study.

Experimental group	$O_1$	X	$O_2$
--------------------	-------	---	-------

$O_1$  - Assessment of knowledge and attitude regarding breast self examination among women before information education communication package.

X – Information Education Communication package.

$O_2$  . Assessment of knowledge and attitude regarding breast self examination among women after information education communication package.

#### **RESEARCH VARIABLES**

##### **Independent variables**

In this study information education communication package is the independent variables.

**Dependent variables**

The knowledge and attitude of women regarding breast self examination is the dependent variable in this study.

**SETTING OF THE STUDY**

The study was conducted in Amudha shoe Export Company at Manikandan Nagar, Kundrathur, Chennai. The Company was running for the past 13 years in which they were manufacturing shoes and exporting to other states. There are 60 employees working. Among them 45 women employed in shift basis and supervisors allotted for monitoring the work process. Women works in various departments such as cutting, machining, making and finishing departments.

**POPULATION**

The population of the study consists of women working in Export Company.

**SAMPLE**

Women working in Export Company, Kundrathur who fulfilled the inclusion criteria.

**SAMPLE SIZE**

Sample size consist of 30 women working in Export Company, Kundrathur.

**SAMPLING TECHNIQUE**

Simple Random sampling technique was used and the sample were selected by Lottery method.

**CRITERIA FOR SAMPLE SELECTION****Inclusion criteria**

- Women working in selected Export Company at Chennai in the age group of 18 – 45 years.

- Women who were willing to participate in the study.
- Women who could read and write Tamil or English

#### **Exclusion criteria**

- Women who had been diagnosed as having breast cancer and had undergone mastectomy.
- Women who had previous exposure to breast self examination.

### **DESCRIPTION OF THE INSTRUMENT**

The tool consist of four parts.

#### **PART I**

It consist of demographic variables of women working in Export Company which includes age, educational status, income, religion, structure of family, age of attaining menarche, marital status, number of children, duration of breast feeding and family history of breast cancer.

#### **PART II**

It includes assessment of level of knowledge regarding breast self examination among women working in Export Company. It consist of 25 multiple choice questions regarding definition, purpose and steps of breast self examination. The correct response carries 1 mark and wrong answer carries 0 marks.

The scores were interpreted as follows:

76-100%	-	Adequate knowledge
51-75%	-	Moderately adequate knowledge
≤50%	-	Inadequate knowledge

#### **PART III**

It includes the assessment of attitude towards breast self examination among women working in Export Company. It consist of 10 items based on 5 points likert scale. It has positive scoring and negative scoring, the positive scoring is strongly

disagree 1, disagree 2 , uncertain 3, agree 4, strongly agree 5.the negative scoring is strongly disagree 5,disagree 4, uncertain 3, agree 2,strongly agree 1.

The score were interpreted as follows:

76-100%	-	Good attitude
51-75%	-	Fair attitude
≤50%	-	Poor attitude

#### **PART IV**

It includes information education and communication package regarding breast self examination. It consists of information about definition of breast self examination, purpose, inspection of the breast while standing, palpate the breast while standing, palpation of the breast while lying down, palpate the breast while bathing and symptoms of breast cancer. A.V. aids like pamphlets, Powerpoint presentation were used for the information education communication package.

#### **VALIDITY**

The content validity of the instrument was obtained from the experts in the field of Medical Surgical Nursing. The expert suggested that the simplification of language, reduction and reorganization of certain items in the tool. Appropriate modification was made accordingly and the tool was finalized.

#### **RELIABILITY**

The study was conducted to assess the effectiveness of information education communication package on knowledge and attitude regarding breast self examination among women working in selected Export Company at Chennai. Reliability was measured by test re test method. The correlation coefficient value was found to be 0.9 and 0.8 for the knowledge and attitude respectively. So the tool was considered highly reliable to conduct this study.

## **ETHICAL CONSIDERATION**

The study was conducted after the approval of ethical committee. Formal written permission was obtained from the Managing Director of Export Company. The purpose of the study was explained to the women working in Export Company. The formal written consent was taken from the samples. The usual assurance of anonymity and confidentiality was obtained.

## **PILOT STUDY**

The refined tool was used for pilot study to test the feasibility, appropriateness and practicability. The pilot study was conducted in Amutha shoe Export Company in Kundrathur from the duration of 26.10.2016 to 02.11.2016. A formal written permission from the concerned authorities and a written consent from the working women was obtained. It was carried out with 30 working women who fulfilled the inclusion criteria by simple random sampling method.

Pre test was given for 15 to 20 minutes by using a structured questionnaire and the attitude scale was assessed. Followed by information education communication packaged on breast self examination was explained for 25 to 30 minutes. Worker's doubts and questions were clarified by the investigator. After words the post test was conducted using the same tools.

The collected data was tabulated and statistically analyzed the instrument used for the study was reliable and test retest method was used. The correlation coefficient value for knowledge and attitude was found to be 0.9 and 0.8 respectively. The trial run revealed that clarity, feasibility, reliability, practicability in all aspects to conduct the main study.

## **DATA COLLECTION PROCEDURE**

A formal written permission was obtained from the manager of Export Company. The data was collected over a period of 4 weeks in the month of December from 01.12.16 to 31.12.16. The study was carried out with 30 participants who fulfilled the inclusion criteria. The purpose of the study was explained to the subjects. Samples were selected by simple random method. Pre test was conducted with the

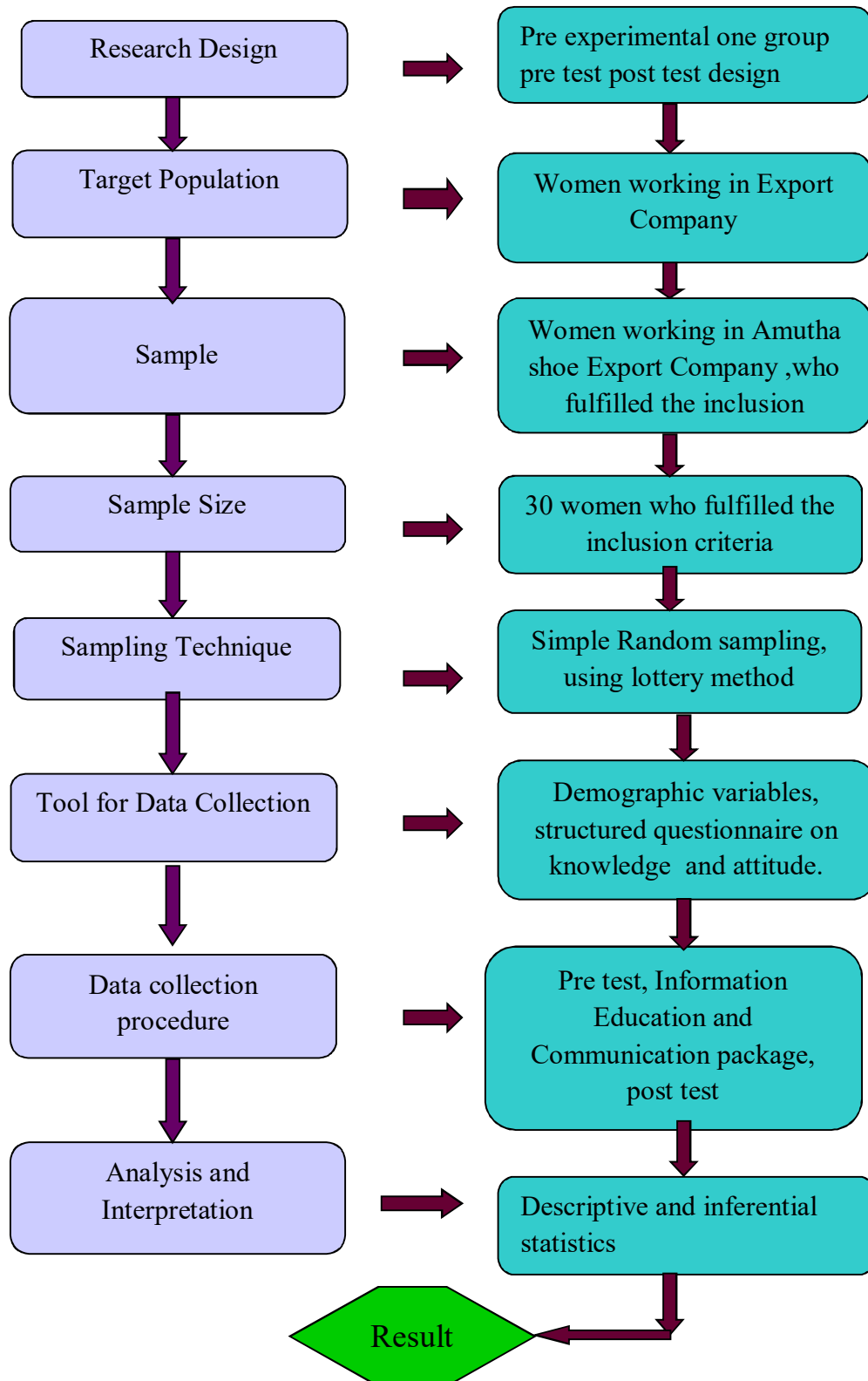
structured knowledge questionnaire and attitude scale. It was followed by the administration of the information education communication package. Post test was conducted after seven days by using the same structured knowledge questionnaire and attitude scale. In each session 5 samples were participated.

#### **PLAN FOR DATA ANALYSIS**

Descriptive and inferential statistics was used to analyse the data. Demographic data was presented in terms of frequency, percentage, mean, and standard deviation. Effectiveness of the information education communication package was analyzed using paired t test. Chi square test was used to find out the association between the level of knowledge and attitude among women working in Export Company with their demographic variables.



**A study to assess the effectiveness of information education communication package on knowledge and attitude regarding breast self examination among women working in selected Export Company at Chennai.**



**Fig.2: Schematic representation of research methodology adapted in this study**

## CHAPTER IV

### DATA ANALYSIS AND INTERPRETATION

Abdellah and Levine mentioned that interpretation of tabulated data could bring light to the real meaning of the findings of a study. According to Kerlinger, “Analysis is the categorizing, ordering, manipulating and summarizing of data to obtain answer to the research questions”. The analysis of the data was done using descriptive and inferential statistical methods, organized and presented in the form of tables and graphs. The data analysis was done based on the objectives of the study.

- Section A:** Frequency and percentage distribution of demographic variables among women.
- Section B:** Frequency and percentage distribution of pre test level of Knowledge regarding breast self examination among women.
- Section C:** Frequency and percentage distribution of post test level of knowledge regarding breast self examination among women.
- Section D:** Frequency and percentage distribution of pre test level of attitude regarding breast self examination among women.
- Section E:** Frequency and percentage distribution of post test level of attitude regarding breast self examination among women.
- Section F:** Comparison of mean and standard deviation of pretest and posttest level of knowledge regarding breast self examination among women.
- Section G:** Comparison of mean and standard deviation of pre test and post test level of attitude regarding breast self examination among women.

- Section H:** Association of pre test level of knowledge regarding breast self examination among women with their demographic variables.
- Section I:** Association of post test level of knowledge regarding breast self examination among women with their demographic variables.
- Section J:** Association of pre test level of attitude regarding breast self examination among women with their demographic variables.
- Section K:** Association of post test level of attitude regarding breast self examination among women with their demographic variables.

## SECTION - A

**Table 1: Frequency and percentage distribution of demographic variables among women.**

N=30

Sl.No	Demographic variables	Frequency	Percentage
<b>1</b>	<b>Age</b>		
	a) 18-21 years	8	26.7
	b) 21-30 years	17	56.6
	c) Above 30 years	05	16.7
<b>2</b>	<b>Educational Status</b>		
	a) No formal education	13	43.3
	b) Primary education	15	50.0
	c) Secondary education	02	6.7
<b>3</b>	<b>Income</b>		
	a) Rs5000/month	7	23.3
	b) Rs5001-Rs10000/month	16	53.4
	c) Above Rs 10000/	7	23.3
<b>4</b>	<b>Religion</b>		
	a) Hindu	8	26.7
	b) Muslim	14	46.6
	c) Christian	8	26.7
<b>5</b>	<b>Structure of Family</b>		
	a) Joint family	7	23.3
	b) Nuclear family	23	76.7
<b>6</b>	<b>Age of attaining menarche</b>		
	a) 10-12 years	11	36.6
	b) 13-15 years	16	53.4
	c) Above 15 years	3	10.0
<b>7</b>	<b>Marital status</b>		
	a) Married	25	83.3
	b) Unmarried	5	16.7
<b>8</b>	<b>Number of children</b>		
	a) No child	2	6.6
	b) 1 child	15	50.0
	c) 2 and above	8	26.7
	Not applicable (Un married)	5	16.7
<b>9</b>	<b>Duration of breast feeding</b>		
	a) 1 year	5	16.7
	b) Above 1 year	20	66.6
	c) Not applicable, No child, (Unmarried)	5	16.7
<b>10</b>	<b>Family History of Breast cancer</b>		
	a) Yes	18	60
	b) No	12	40

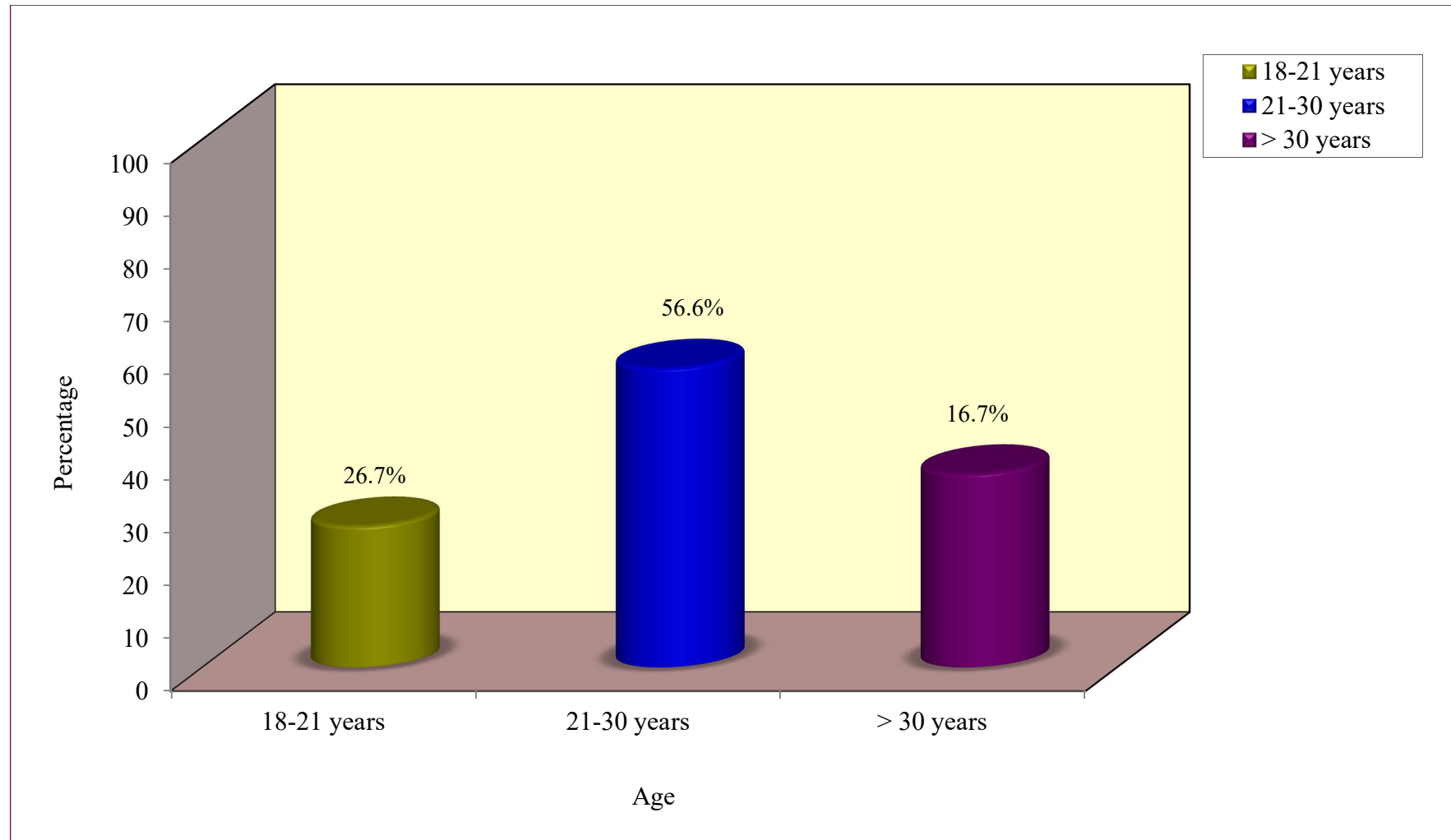
Table 1 represents frequency and percentage distribution of demographic variables among women.

With respect to the age of working women, 8(26.7%) were in the age group of 18-21 years, 17(56.6%) were in the age group of 21-30 years and 5(16.7%) were in the age group of above 30 years. Considering the educational status of working women, 13(43.3%) had no formal education, 15(50%) had primary education and 2(6.7%) had completed secondary education.

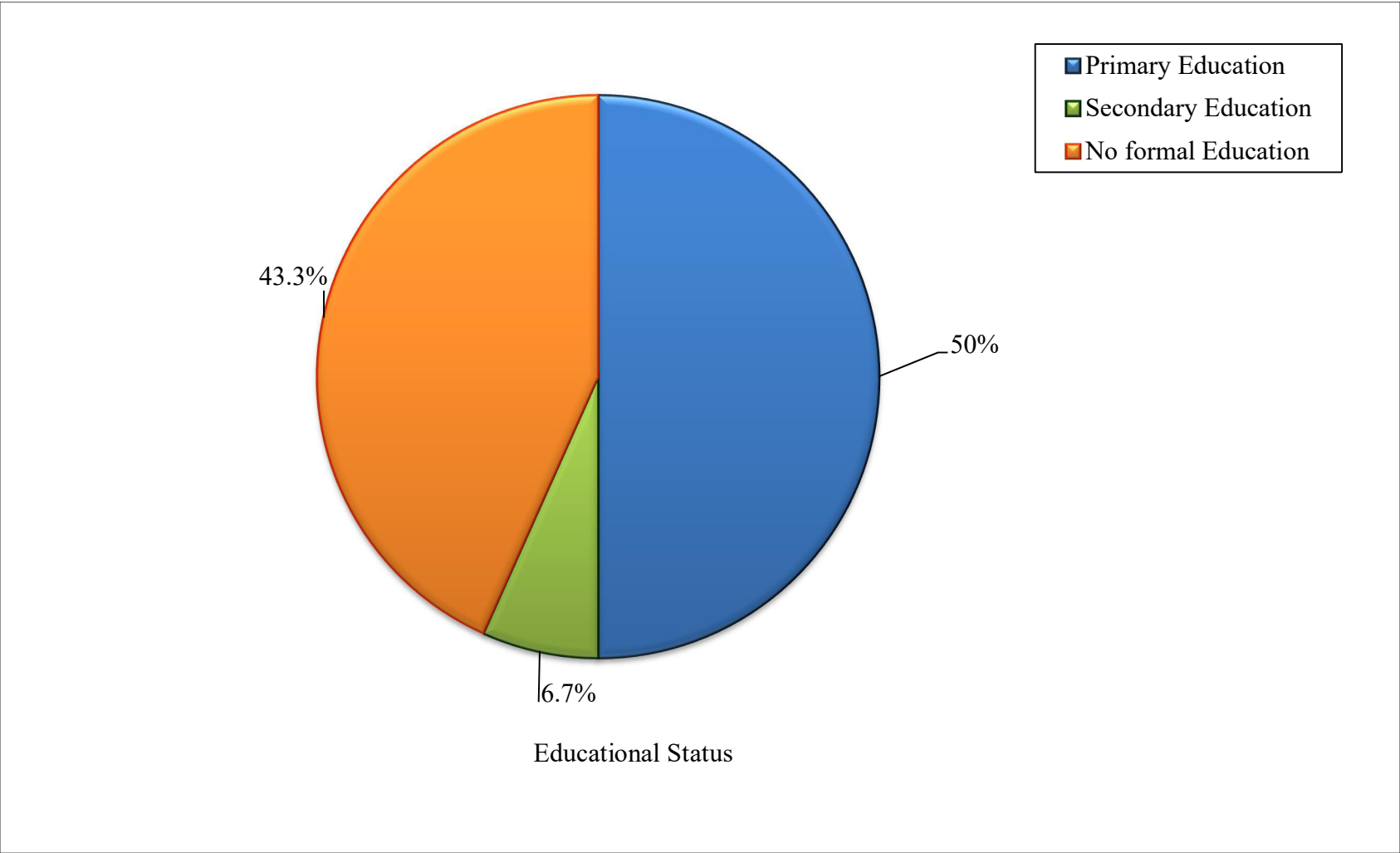
Regarding income of working women 7(23.3%) were earning Rs5000/ month, 16(53.4%) were earning between Rs5001/-Rs10000/ month and 7(23.3%) were earning above Rs10000/ month. Related to the religion, 8(26.7%) were Hindus 14(46.6%) were Muslims and 8(26.7%) were Christians.

Regarding structure of family, 7(23.3%) were from joint family and 23(76.7%) were from nuclear family. Regarding age of attaining menarche, 11(36.6%) have attained menarche at the age of 10-12 years and 16(53.4%) have attained menarche between the age group of 13-15 years and 3(10%) have attained menarche after 15 years of age. Related to marital status, 25(83.3%) were married and 5(16.7%) were unmarried.

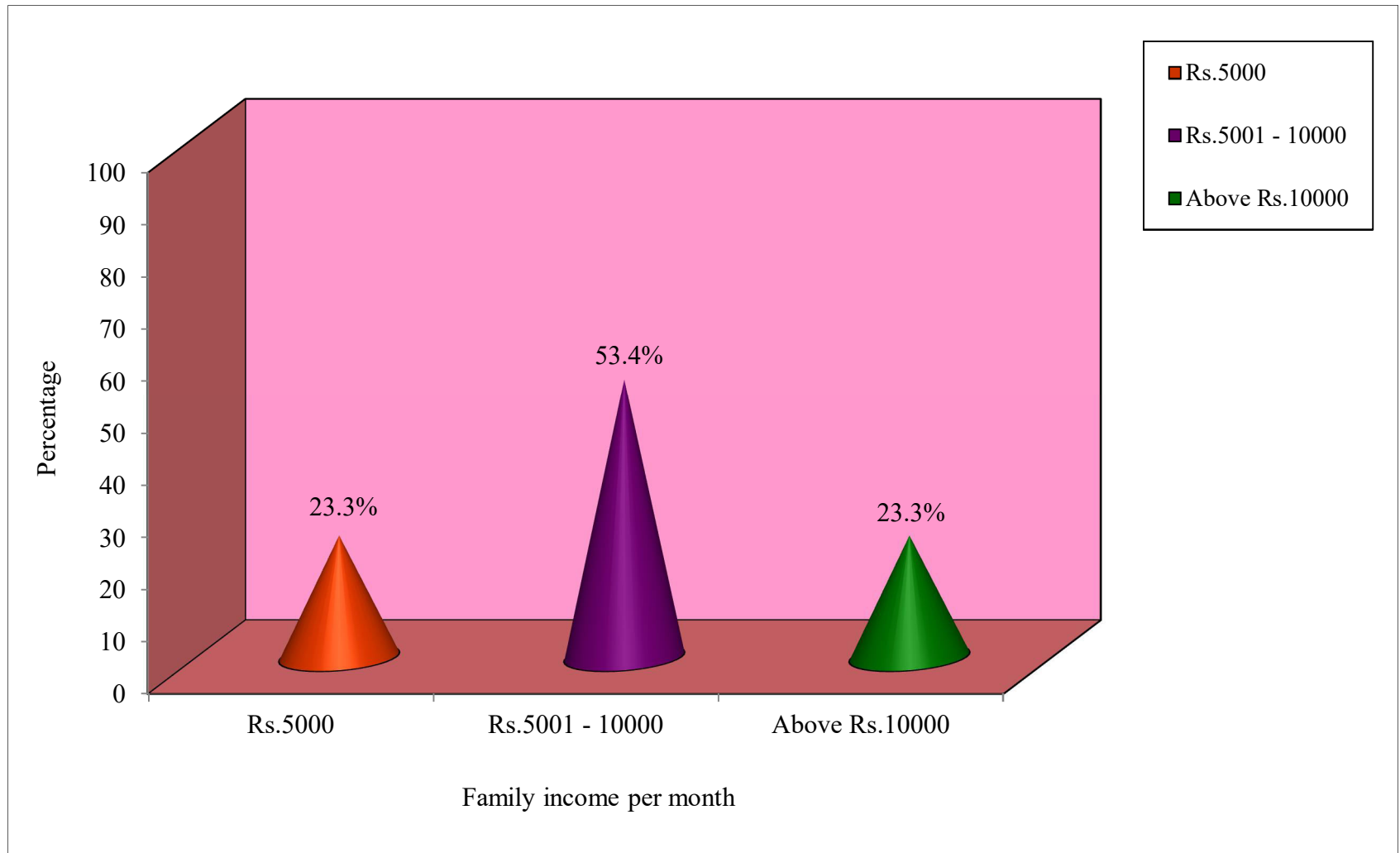
Regarding number of children 2(6.6%) did not have child 15(50%) had 1 child and 8(26.7%) had more than 2 children and 5(16.7%) were not applicable since they were unmarried. Regarding duration of breast feeding 5(16.7%) have breast fed their children for 1 year and 20(66.6%) have breast fed their children more than 1 year and 5(16.7%) were not applicable since they were unmarried. Related to family history of breast cancer 18(60%) had family history of breast cancer and 12(40%) had family history of breast cancer.



**Fig. 3: Percentage distribution of age among women.**

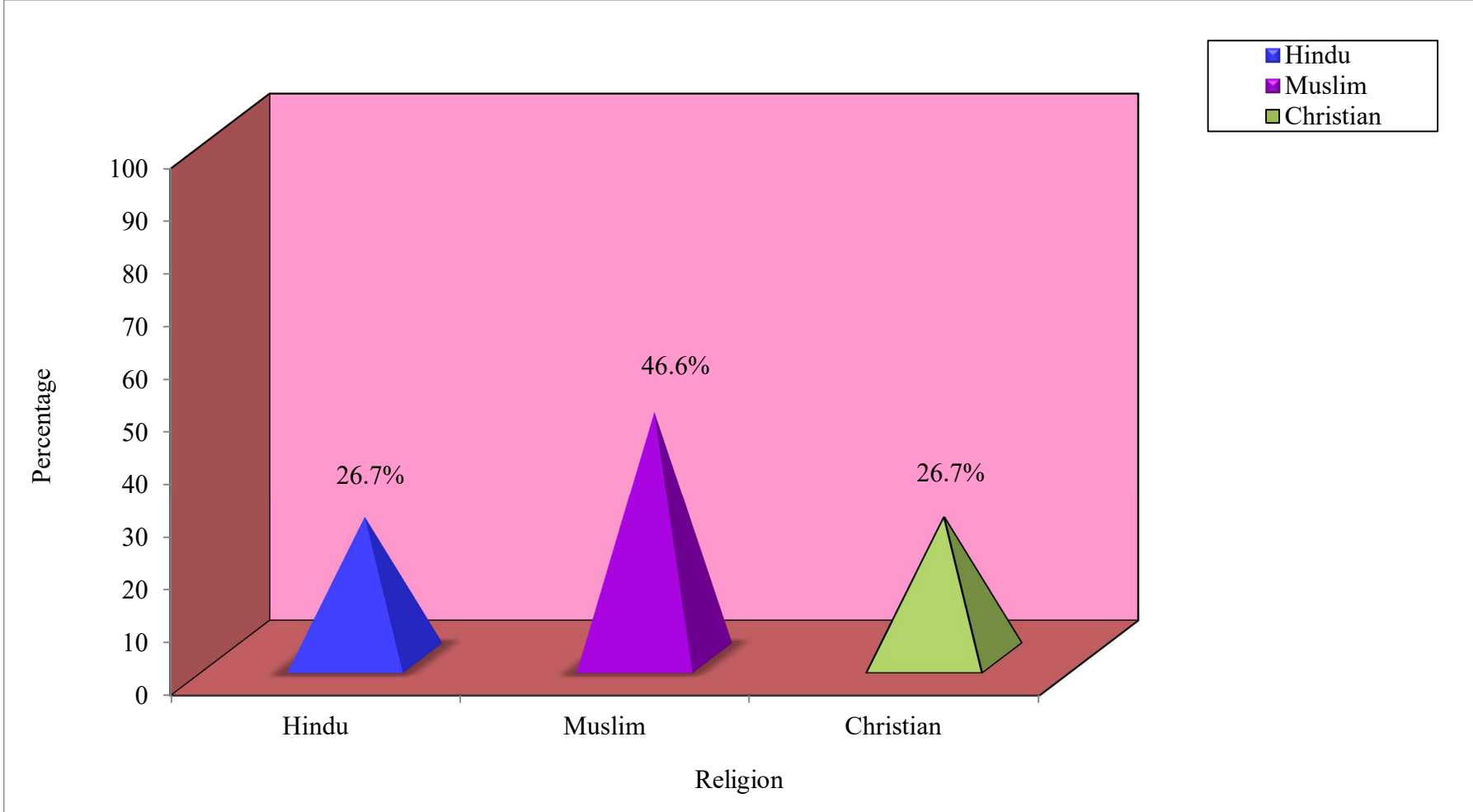


**Fig. 4: Percentage distribution of educational status among women.**

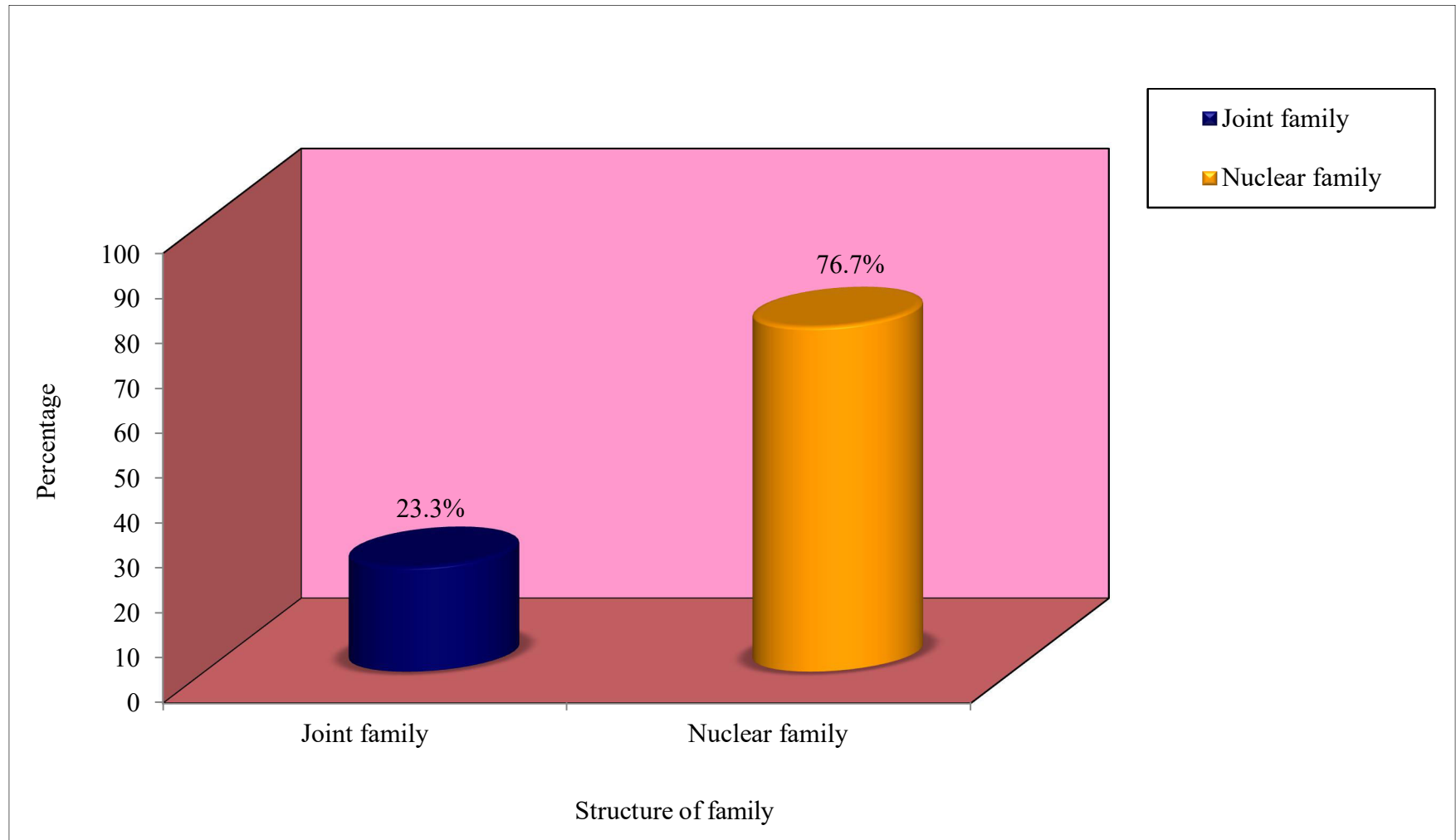


**Fig. 5: Percentage distribution of family income per month among women.**

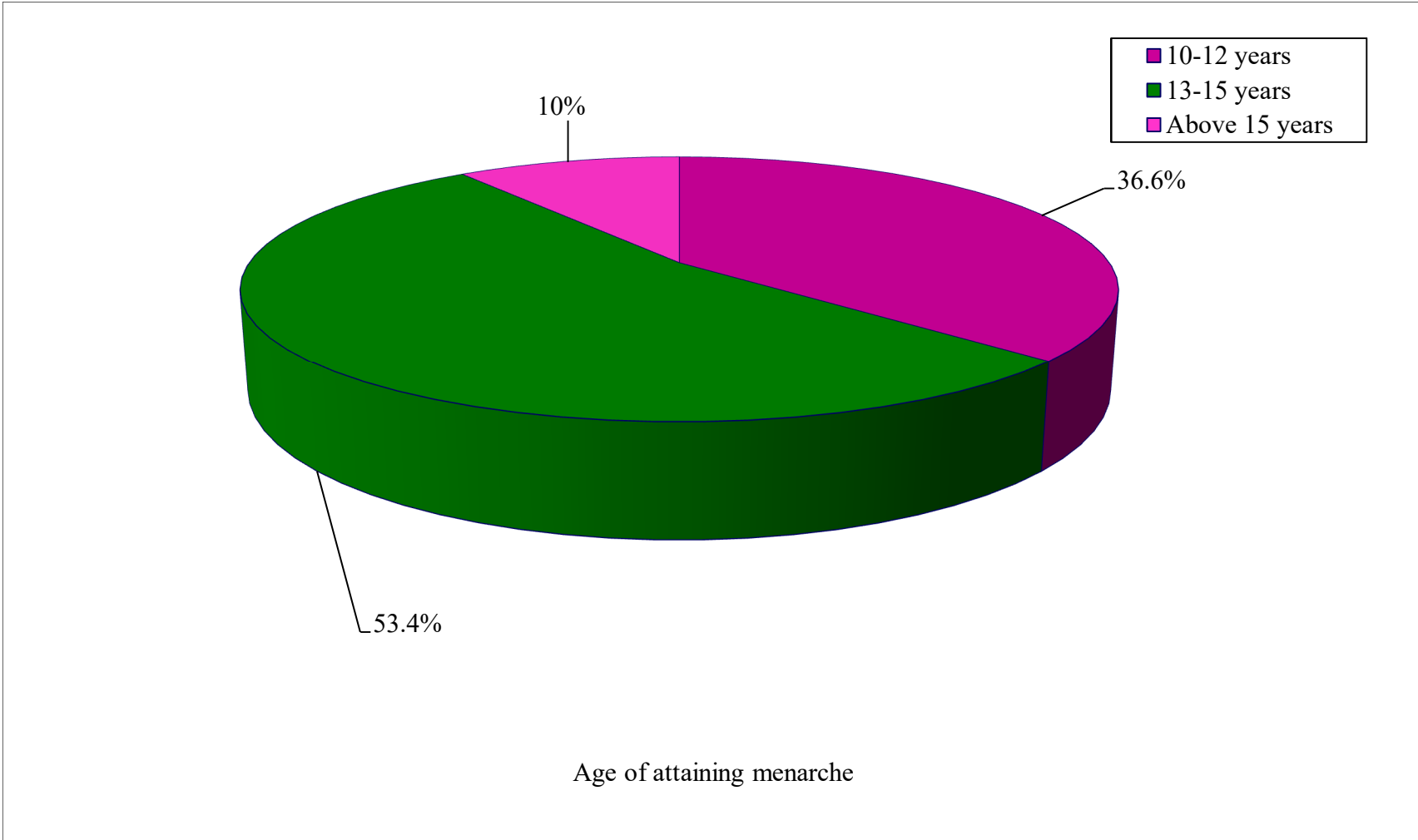




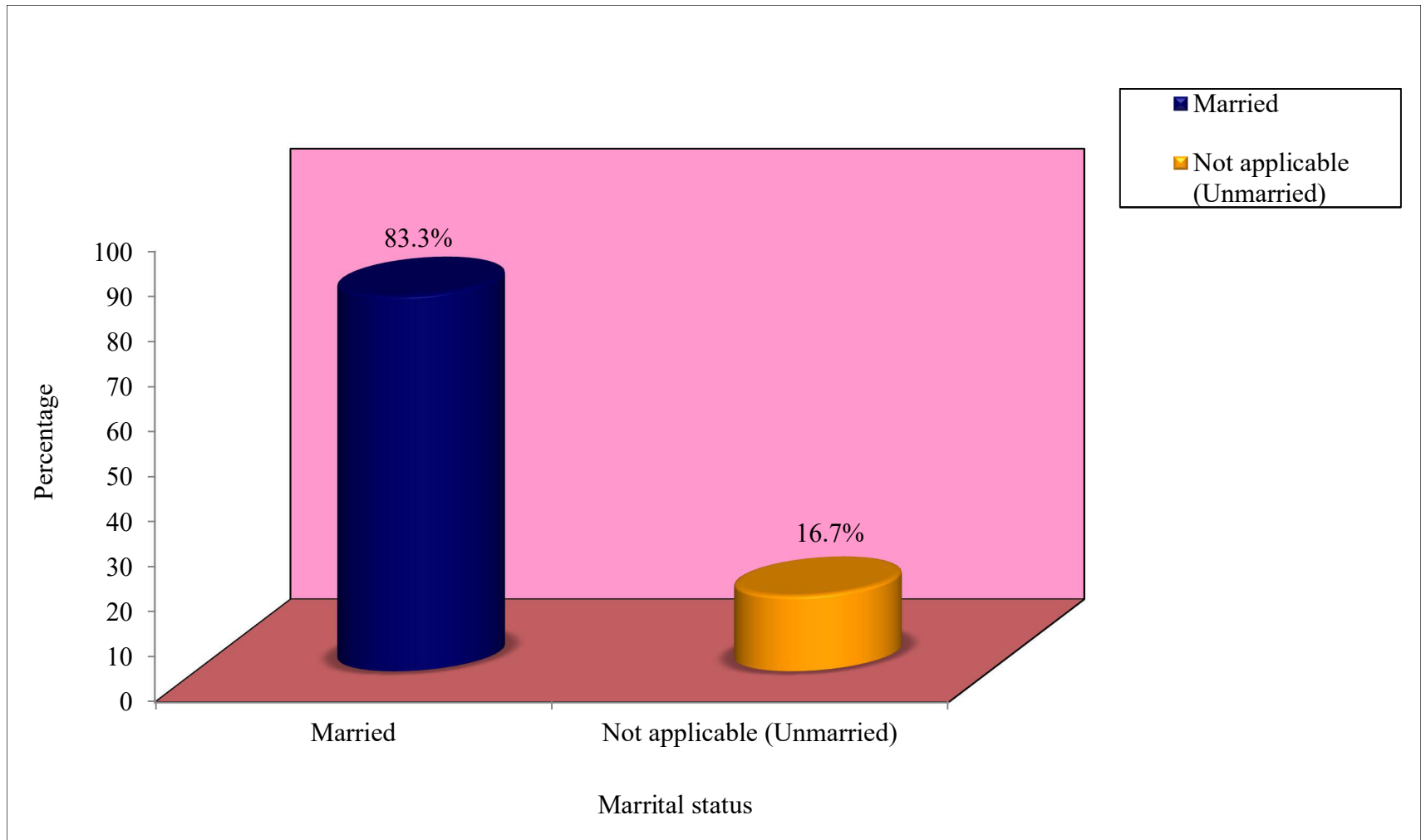
**Fig. 6: Percentage distribution of religion among women.**



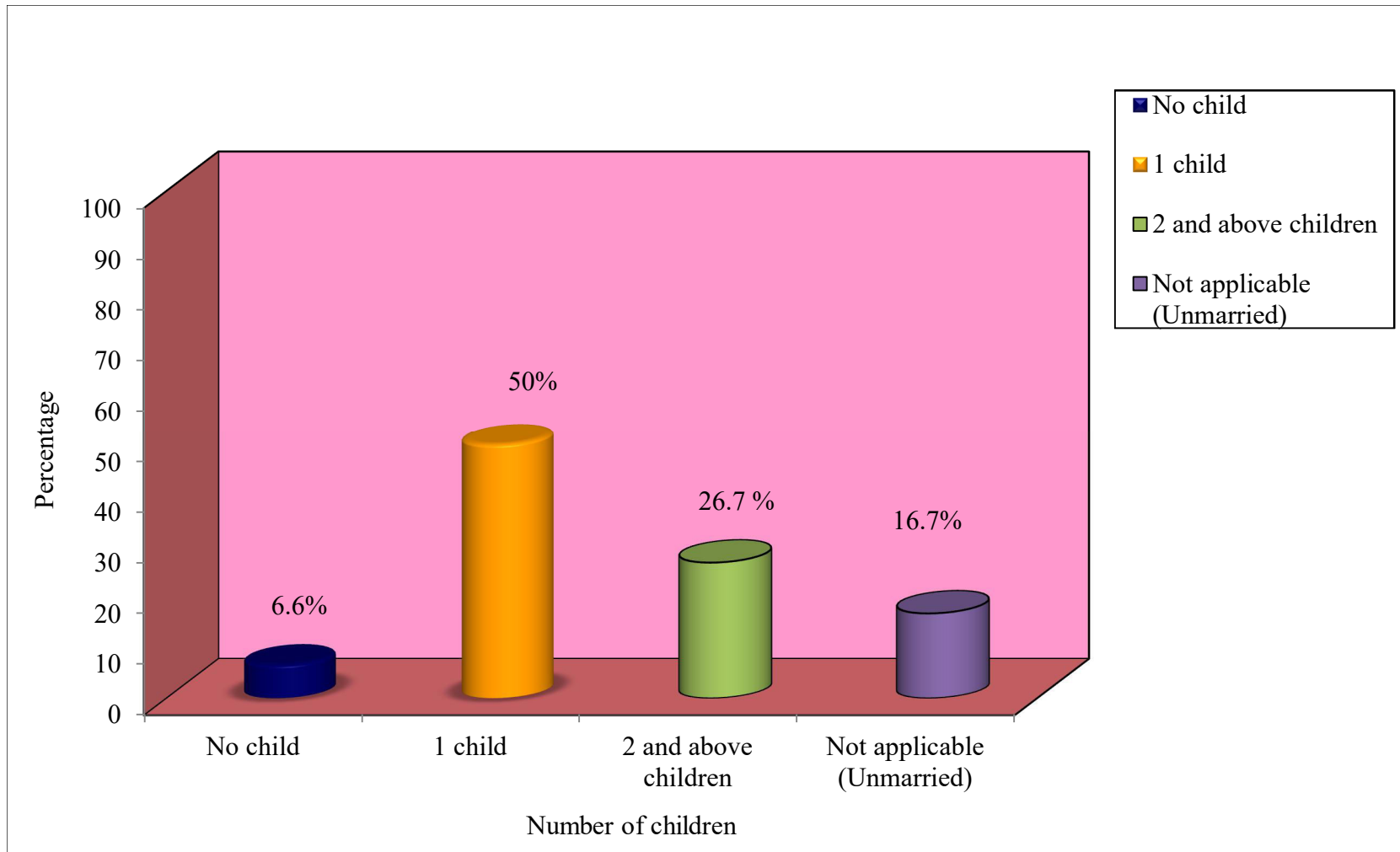
**Fig. 7: Percentage distribution of structure of family among women.**



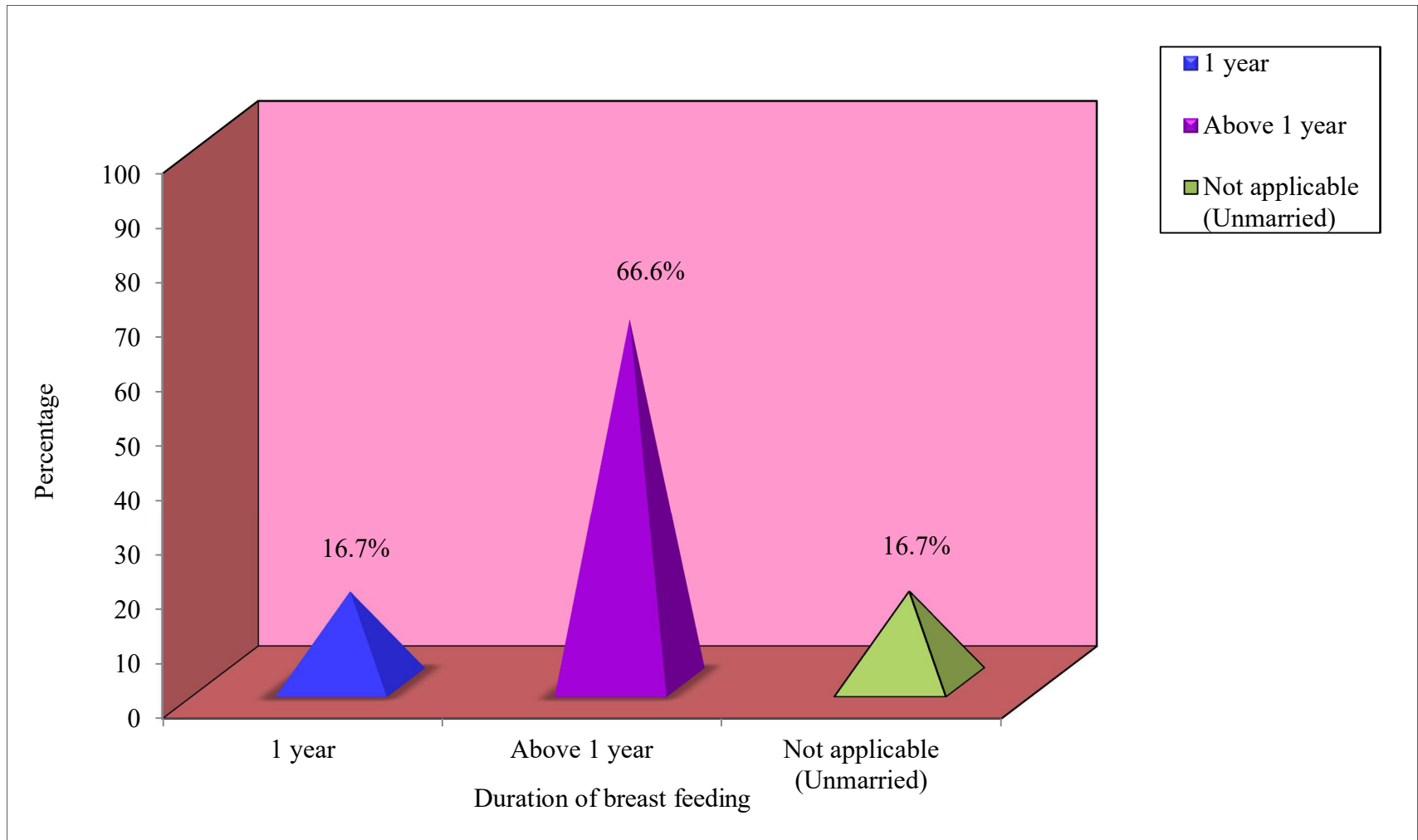
**Fig. 8: Percentage distribution of age of attaining menarche among women.**



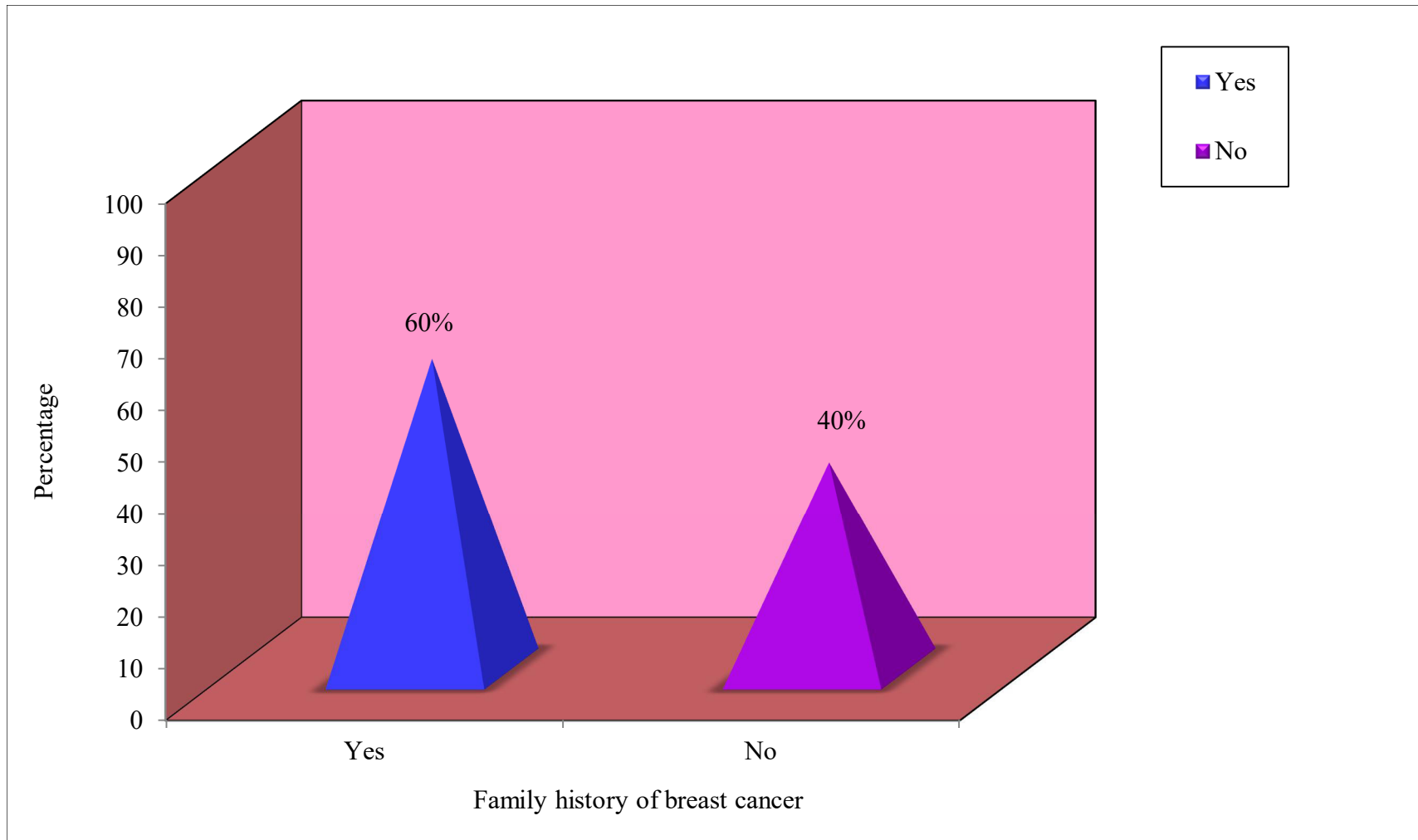
**Fig. 9: Percentage distribution of marital status among women.**



**Fig. 10: Percentage distribution of number of children among women.**



**Fig, 11: Percentage distribution of duration of breast feeding among women.**



**Fig. 12: Percentage distribution of family history of breast cancer among women.**

## SECTION – B

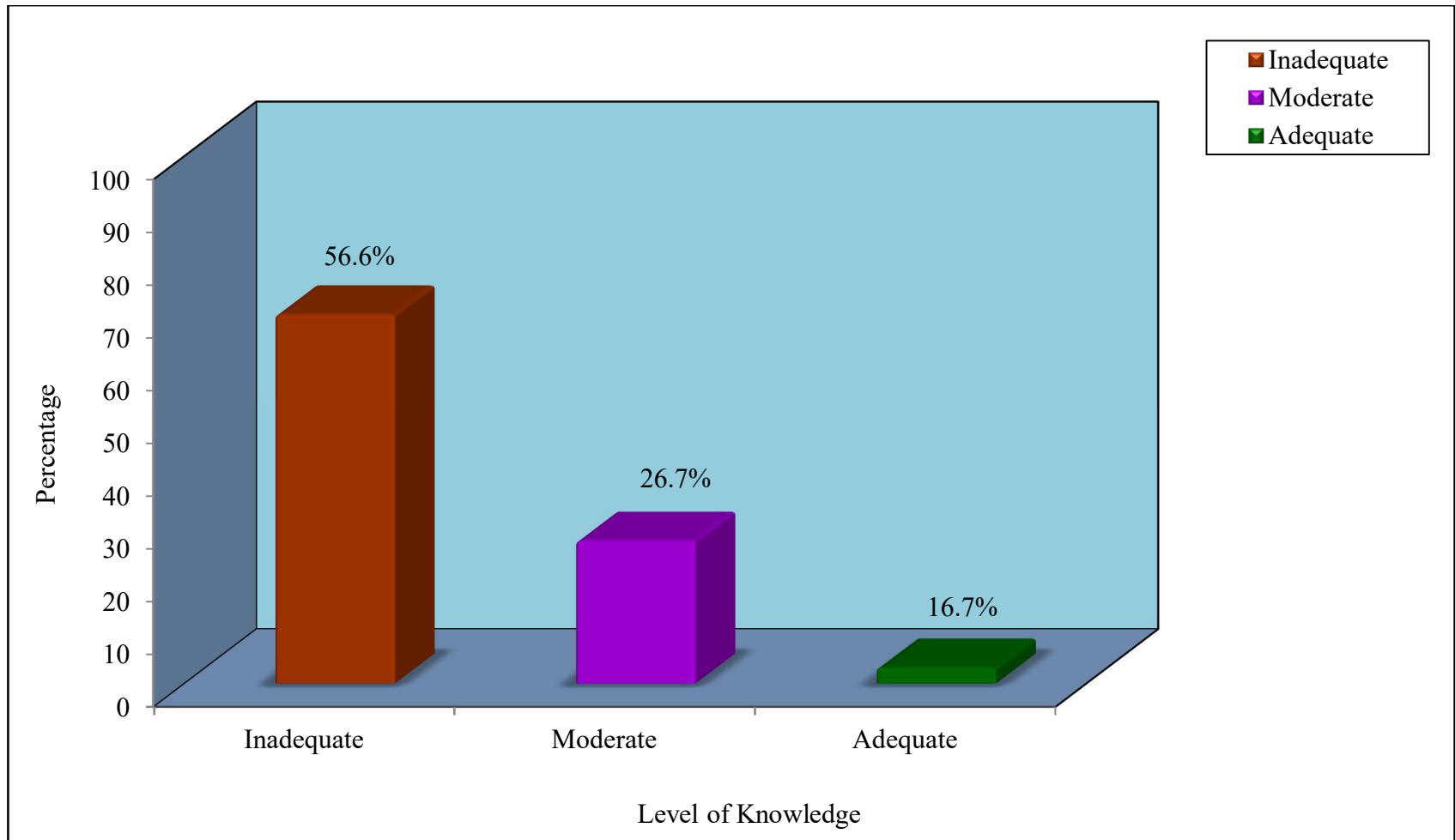
**Table 2: Frequency and percentage distribution of pre test level of knowledge regarding breast self examination among women.**

**N=30**

<b>Level of knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Inadequate	17	56.6
Moderate	8	26.7
Adequate	5	16.7

Table 2 represents the frequency and percentage distribution of pre test level of knowledge regarding breast self examination among women. In pre test 17(56.6%) of working women had inadequate knowledge and 8(26.7%) of them had moderate knowledge and only 5(16.7%) of them had adequate knowledge.





**Fig. 13: Percentage distribution of pre test level of knowledge regarding breast self examination among women.**

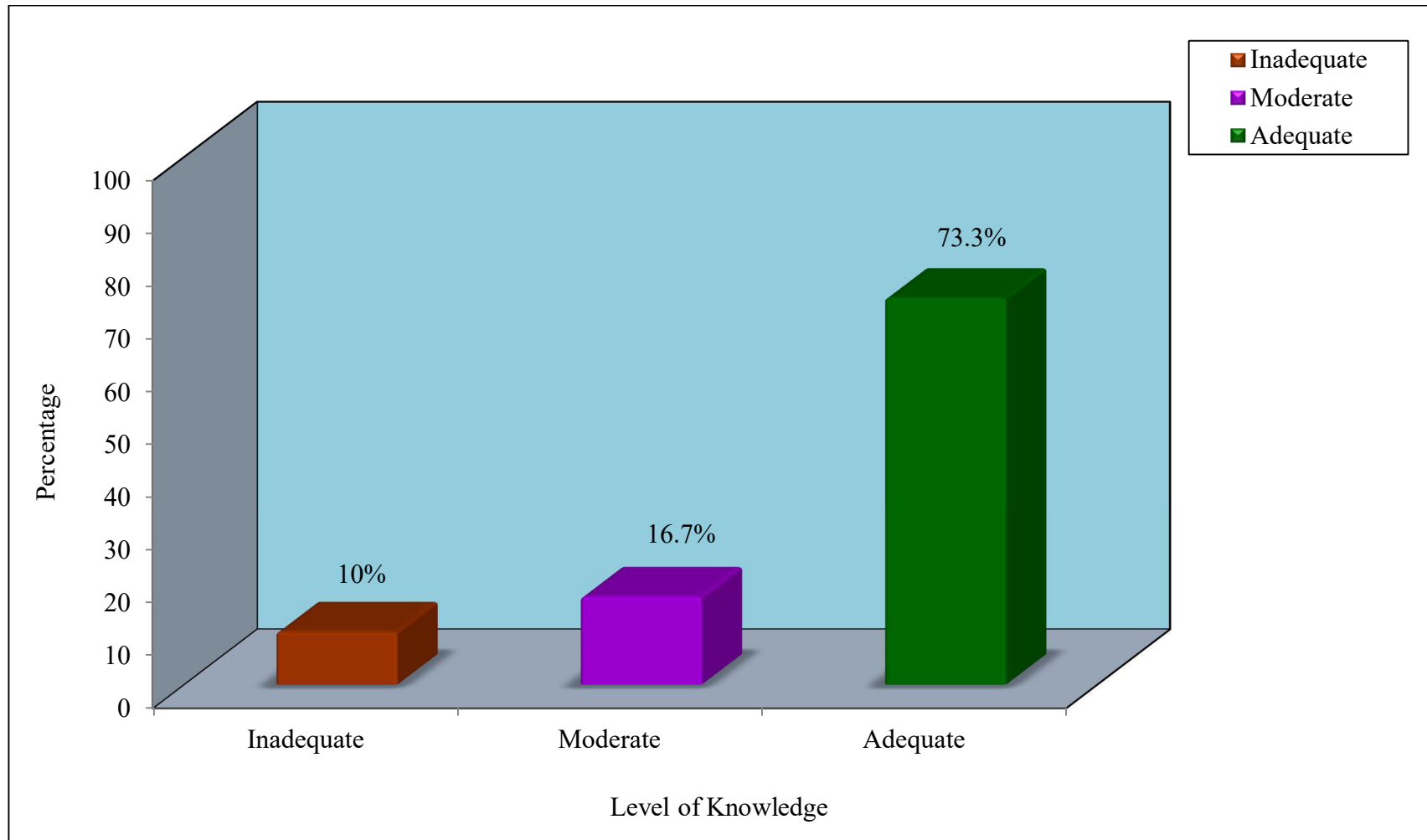
## SECTION – C

**Table 3: Frequency and percentage distribution of post test level of knowledge regarding breast self examination among women.**

N=30

<b>Level of knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Inadequate	3	10
Moderate	5	16.7
Adequate	22	73.3

Table 3 represents the frequency and percentage distribution of post test level of knowledge regarding breast self examination among women. In post test only 3(10%) of working women had inadequate knowledge, 5(16.7%) of them had moderate knowledge and 22(73.3%) of them had adequate knowledge.



**Fig. 14: Percentage distribution of post test level of knowledge regarding breast self examination among women**

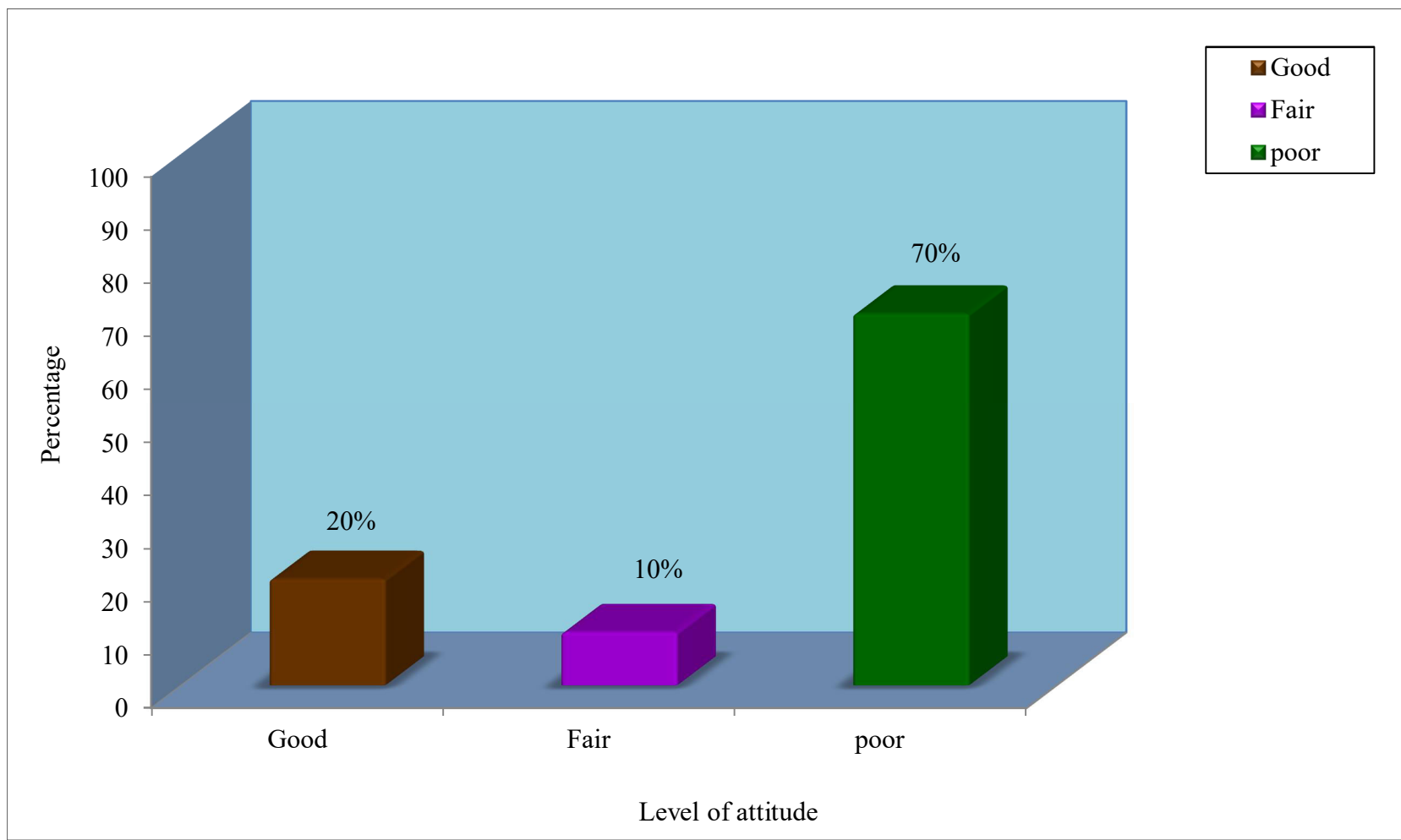
## SECTION – D

**Table 4: Frequency and percentage distribution of pre test level of attitude regarding breast self examination among women.**

**N=30**

<b>Level of attitude</b>	<b>Frequency</b>	<b>Percentage</b>
Good	6	20
Fair	3	10
Poor	21	70

Table 4 represents the frequency and percentage distribution of pre test level of attitude regarding breast self examination among women. In pre test only 6(20%) of working women had good attitude, 3(10%) of them had fair attitude and almost 21 (70%) of them had poor attitude.



**Fig.15: Percentage distribution of pre test level of attitude regarding breast self examination among women.**

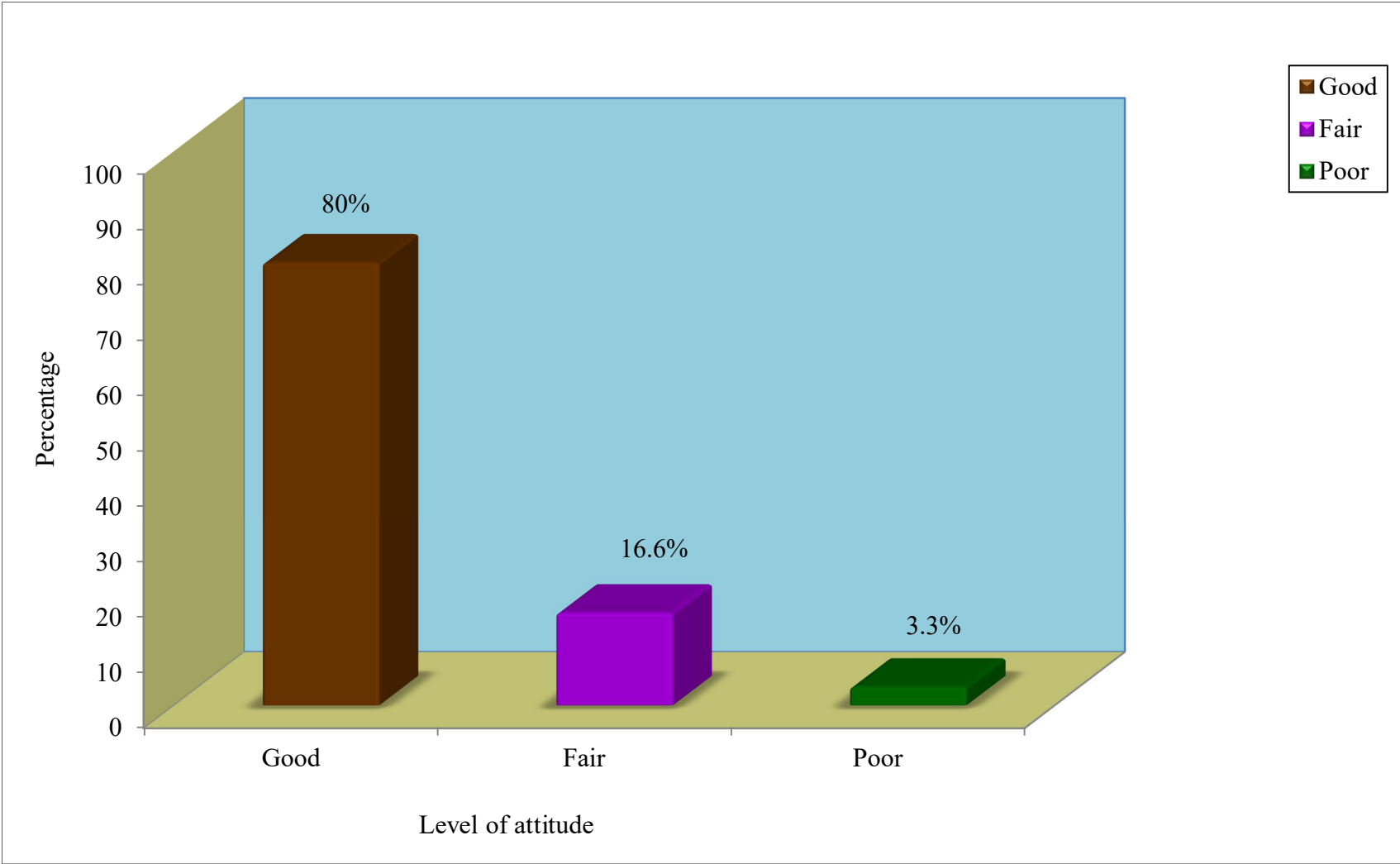
## SECTION – E

**Table 5: Frequency and percentage distribution of post test level of attitude regarding breast self examination among women.**

N=30

Level of attitude	Frequency	Percentage
Good	24	80
Fair	5	16.7
Poor	1	3.3

Table 5 represents the frequency and percentage distribution of post test level of attitude regarding breast self examination among women. In post test 24(80%) women had good attitude, 5(16.7%) of them had fair attitude and only 1 (3.3%) of them had poor attitude.



**Fig. 16: Percentage distribution of post test level of attitude regarding breast self examination among women.**

## SECTION – F

**Table 6: Comparison of mean and standard deviation between pre test and post test level of knowledge regarding breast self examination among women.**

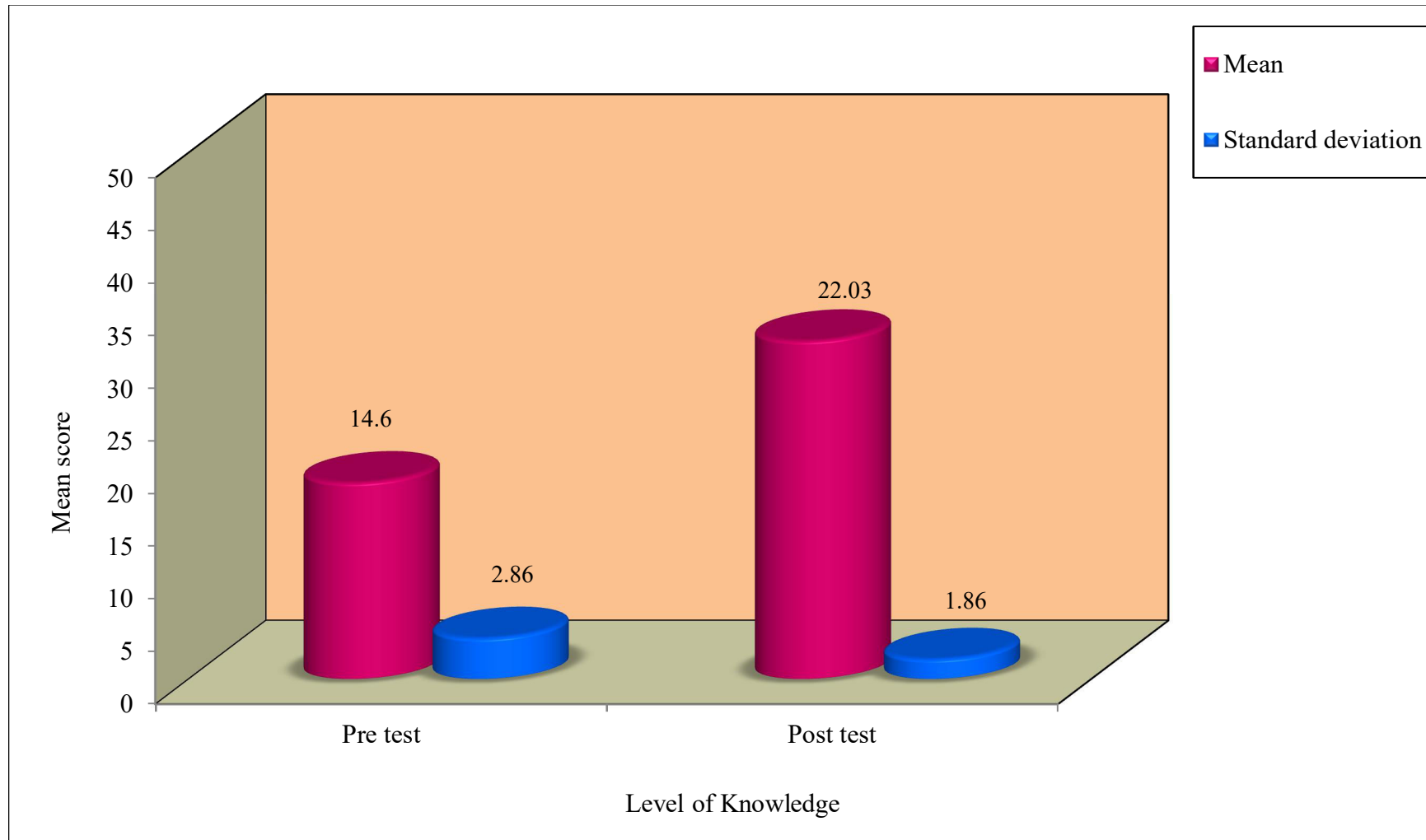
N=30

Assessment	Mean	Standard deviation	Paired 't' value
Pre test	14.6	2.86	10.14***
Post test	22.03	1.86	

\*\*\* p&lt;0.001

Table 6 depicts the comparison of mean and standard deviation between pre test and post test level knowledge regarding breast self examination among women. The mean score was increased from 14.6 to 22.03 which showed a marked difference of 8.03 and the standard deviation was decreased from 2.86 to 1.86 after the administration of information education communication package. The paired t' test value of 10.14, was very highly significant at p<0.001 level. It indicates the effectiveness of information education communication package on increasing the level of knowledge on breast self examination among women working in Export Company.





**Fig. 17: Comparison of mean and standard deviation between the pre test and post test of knowledge among women.**

## SECTION – G

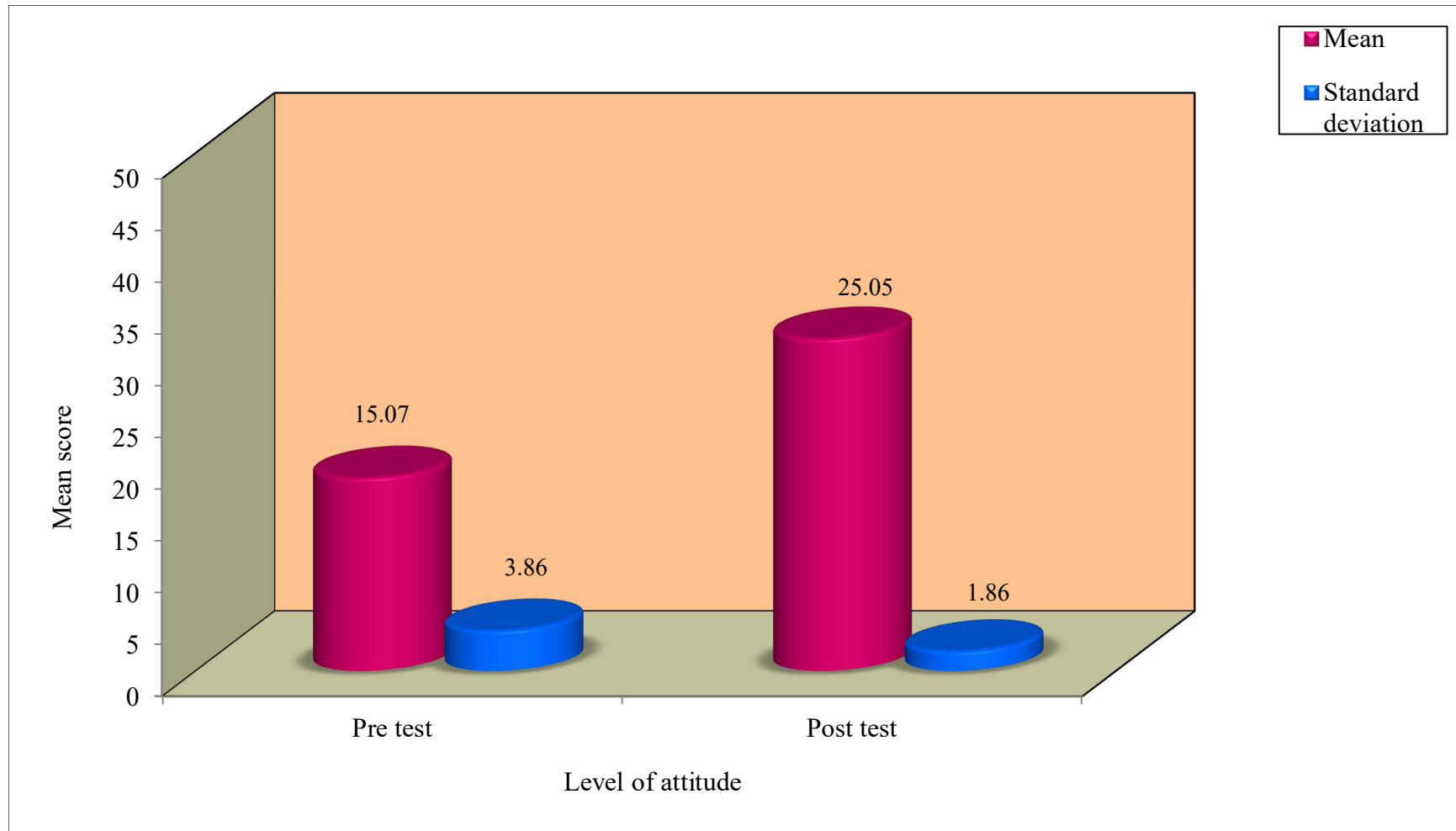
**Table 7: Comparison of mean and standard deviation between pre test and post test level of attitude regarding breast self examination among women.**

**N=30**

Assessment	Mean	Standard deviation	Paired 't' value
Pre test	15.07	3.86	11.14***
Post test	25.05	1.86	

\*\*\* p<0.001

Table 7 depicts the comparison of mean and standard deviation between pre test and post test level of attitude regarding breast self examination among women. The mean score was increased from 15.07 to 25.05 which showed a marked difference of 10.2 and the standard deviation was decreased from 3.86 to 1.86 after the administration of information education communication package. The paired t test value of 11.14, was very highly significant at p<0.001 level. It indicates the effectiveness of information education communication package on increasing the level of attitude regarding breast self examination among women working in Export Company.



**Fig. 18: Comparison of mean and standard deviation between the pre test and post test level of attitude among women.**

## SECTION – H

**Table 8: Association of pre test level of knowledge regarding breast self examination among women with their demographic variables.**

N=30

Sl. No	Demographic Variables	Pretest level of knowledge						Chi square $\chi^2$
		Inadequate		Moderate		Adequate		
		N	%	N	%	N	%	
<b>1.</b>	<b>Age</b>							
	a) 18-21 years	3	10	5	16.6	0	0	$\chi^2=3.79$ df= 4 NS
	b) 21-30 years	10	33.3	3	10	4	13.3	
c) Above 30 years	4	13.3	0	0	1	3.3		
<b>2</b>	<b>Educational Status</b>							
	a) No formal education	8	26.6	5	16.6	0	0	$\chi^2=1.16$ df= 4 NS
	b) Primary education	7	23.3	3	10	5	16.6	
c) Secondary education	2	6.6	0	0	0	0		
<b>3</b>	<b>Income</b>							
	a) Rs5000/month	7	23.3	0	0	0	0	$\chi^2=9.03$ df= 4 NS
	b) Rs5001-Rs10000/month	10	33.3	3	10	3	10	
c) Above Rs 10000/	0	0	5	16.6	2	6.6		
<b>4</b>	<b>Religion</b>							
	a) Hindu	5	16.6	3	10	0	0	$\chi^2=0.90$ df= 4 NS
	b) Muslim	5	16.6	5	16.6	4	13.3	
c) Christian	7	23.3	0	0	1	3.3		
<b>5</b>	<b>Structure of Family</b>							$\chi^2=2.80$ df= 2 NS
	a) Joint family	7	23.3	0	0	0	0	
	b) Nuclear family	10	33.3	8	26.6	5	16.6	
<b>6</b>	<b>Age of attaining menarche</b>							
	a) 10-12 years	10	33.3	1	3.3	0	0	$\chi^2=0.39$ df= 4 NS
	b) 13-15 years	7	23.3	7	23.3	2	6.6	
c) Above 15 years	0	0	0	0	3	10		
<b>7</b>	<b>Marital status</b>							$\chi^2=0.39$ df= 2 NS
	a) Married	17	56.6	3	10	5	16.6	
	b) Unmarried	0	0	5	16.6	0	0	
<b>8</b>	<b>Number of children</b>							
	a) No child	2	6.6	0	0	0	0	$\chi^2=3.03$ df= 6 NS
	b) 1 child	15	50	0	0	0	0	
	c) 2 and above	0	0	8	26.6	0	0	
Not applicable (Un married)	0	0	0	0	5	16.6		
<b>9</b>	<b>Duration of breast feeding</b>							$\chi^2=0.90$ df= 4 NS
	a) 1 year	5	16.6	0	0	0	0	
	b) Above 1 year	12	40	8	26.6	0	0	
	c) Not applicable, No child, (Unmarried)	0	0	0	0	5	16.6	
<b>10</b>	<b>Family History of Breast cancer</b>							$\chi^2=0.39$ df= 2 NS
	a) Yes	10	33.3	4	13.3	4	13.3	
	b) No	7	23.3	4	13.3	1	3.3	

NS- Non Significant

Table 8 showed the association of pre test level of knowledge among women with their demographic variables. None of the demographic variables were significantly associated with their pre test level of knowledge score.

## SECTION – I

**Table 9: Association of post test level of knowledge regarding breast self examination among women with their demographic variables.**

N=30

Sl.No	Demographic Variables	Posttest level of knowledge						Chi square $\chi^2$
		Inadequate		Moderate		Adequate		
		N	%	N	%	N	%	
<b>1. Age</b>	a) 18-21 years	3	10	5	16.6	0	0	$\chi^2=0.47$ df= 4
	b) 21-30 years	0	0	0	0	17	56.6	
	c) Above 30 years	0	0	0	0	5	16.6	
<b>2 Educational Status</b>	a) No formal education	1	3.3	2	6.6	10	33.3	$\chi^2=11.8$ df= 4 S**
	b) Primary education	1	3.3	3	10	11	36.6	
	c) Secondary education	1	3.3	0	0	1	3.3	
<b>3 Income</b>	a) Rs5000/month	3	10	3	10	1	3.3	$\chi^2=2.46$ df= 4 NS
	b) Rs5001-Rs10000/month	0	0	2	6.6	14	46.6	
	c) Above Rs 10000/	0	0	0	0	7	23.3	
<b>4 Religion</b>	a) Hindu	3	10	5	16.6	0	0	$\chi^2=0.95$ df= 4 NS
	b) Muslim	0	0	0	0	14	46.6	
	c) Christian	0	0	0	0	8	26.6	
<b>5 Structure of Family</b>	a) Joint family	2	6.6	5	16.6	0	0	$\chi^2=2.90$ df= 2 NS
	b) Nuclear family	1	3.3	0	0	22	73.3	
<b>6 Age of attaining menarche</b>	a) 10-12 years	3	10	5	16.6	3	10	$\chi^2=0.49$ df= 4 NS
	b) 13-15 years	0	0	0	0	16	53.3	
	c) Above 15 years	0	0	0	0	3	10	
<b>7 Marital status</b>	a) Married	3	10	5	16.6	17	56.6	$\chi^2=11.2$ df= 2 S**
	b) Unmarried	0	0	0	0	5	16.6	
<b>8 Number of children</b>	a) No child	1	3.3	1	3.3	0	0	$\chi^2=9.93$ df= 6 NS
	b) 1 child	1	3.3	4	13.3	10	33.3	
	c) 2 and above	0	0	0	0	8	26.6	
	Not applicable (Un married)	1	3.3	0	0	4	13.3	
<b>9 Duration of breast feeding</b>	a) 1 year	0	0	5	16.6	0	0	$\chi^2=0.90$ df= 4 NS
	b) Above 1 year	1	3.3	0	0	19	63.3	
	c) Not applicable, No child, (Unmarried)	2	6.6	0	0	3	10	
<b>10 Family History of Breast cancer</b>	a) Yes	3	10	5	16.6	10	33.3	$\chi^2=10.04$ df= 2 NS S**
	b) No	0	0	0	0	12	40	

NS- Non Significant, S-Significant

Table 9 showed the association of post test level of knowledge among women with their demographic variables. The chi square value of 11.8 showed that there was a significant association of educational status and post test level of knowledge after information education communication package at the level of  $p < 0.01$ .

With regard to the marital status, chi square value of 11.2 showed that there was significant at the level of  $p < 0.01$ . In concern with the family history of breast cancer chi square value of 10.04 was significant at the level of  $p < 0.01$ .

There was no significant association was found with other demographic variables such as age, income, religion, structure of family, age of attaining menarche, number of children, duration of breast feeding.

## SECTION – J

**Table 10: Association of pre test level of attitude regarding breast self examination among women with their demographic variables.**

N=30

S.No	Demographic Variables	Pretest level of attitude						Chi square $\chi^2$
		Good		Fair		Poor		
		N	%	N	%	N	%	
<b>1. Age</b>	a) 18-21 years	4	13.3	3	10	1	3.3	$\chi^2=2.79$ df= 4 NS
	b) 21-30 years	0	0	0	0	17	56.6	
	c) Above 30 years	2	6.6	0	0	3	10	
<b>2 Educational Status</b>	a) No formal education	2	6.6	3	10	8	26.6	$\chi^2=1.06$ df= 4 NS
	b) Primary education	2	6.6	0	0	13	43.3	
	c) Secondary education	2	6.6	0	0	0	0	
<b>3 Income</b>	a) Rs5000/month	6	20	1	3.3	0	0	$\chi^2=9.03$ df= 4 NS
	b) Rs5001-Rs10000/month	0	0	2	6.6	14	46.6	
	c) Above Rs 10000/	0	0	0	0	7	23.3	
<b>4 Religion</b>	a) Hindu	2	6.6	0	0	6	20	$\chi^2=0.36$ df= 4 NS
	b) Muslim	2	6.6	3	10	9	30	
	c) Christian	2	6.6	0	0	6	20	
<b>5 Structure of Family</b>	a) Joint family	3	10	3	10	1	3	$\chi^2=2.90$ df= 2 NS
	b) Nuclear family	3	10	0	0	20	66.6	
<b>6 Age of attaining menarche</b>	a) 10-12 years	6	20	3	10	2	6.6	$\chi^2=0.90$ df= 4 NS
	b) 13-15 years	0	0	0	0	16	53.3	
	c) Above 15 years	0	0	0	0	3	10	
<b>7 Marital status</b>	a) Married	4	13.3	3	10	18	60	$\chi^2=0.50$ df= 2 NS
	b) Unmarried	2	6.6	0	0	3	10	
<b>8 Number of children</b>	a) No child	2	6.6	0	0	0	0	$\chi^2=3.50$ df= 6 NS
	b) 1 child	4	13.3	3	10	8	26.6	
	c) 2 and above	0	0	0	0	8	26.6	
	Not applicable (Un married)	0	0	0	0	5	16.6	
<b>9 Duration of breast feeding</b>	a) 1 year	5	16.6	0	0	0	0	$\chi^2=2.70$ df= 4 NS
	b) Above 1 year	1	3.3	3	10	16	53.3	
	c) Not applicable, No child, (Unmarried)	0	0	0	0	5	16.6	
<b>10 Family History of Breast cancer</b>	a) Yes	6	20	3	10	9	30	$\chi^2=0.40$ df= 2 NS
	b) No	0	0	0	0	12	40	

NS- Non Significant



Table 10 showed the association of pre test level of attitude among women with their demographic variables. None of the demographic variables were significantly associated with their pre test level of attitude score.

## SECTION – K

**Table 11: Association of post test level of attitude regarding breast self examination among women with their demographic variables****N=30**

S.No	Demographic Variables	Posttest level of attitude						Chi square $\chi^2$
		Good		Fair		Poor		
		N	%	N	%	N	%	
<b>1.</b>	<b>Age</b>							$\chi^2=2.96$ df= 4
	a) 18-21 years	8	26.6	0	0	0	0	
	b) 21-30 years	11	36.6	5	16.6	1	3.3	
	c) Above 30 years	5	16.6	0	0	0	0	
<b>2</b>	<b>Educational Status</b>							$\chi^2=11.8$ df= 4 S**
	a) No formal education	13	43.3	0	0	0	0	
	b) Primary education	9	30	5	16.6	1	3.3	
	c) Secondary education	2	6.6	0	0	0	0	
<b>3</b>	<b>Income</b>							$\chi^2=3.02$ df= 4 NS
	a) Rs5000/month	7	23.3	0	0	0	0	
	b) Rs5001-Rs10000/month	10	33.3	5	16.6	1	3.3	
	c) Above Rs 10000/	7	23.3	0	0	0	0	
<b>4</b>	<b>Religion</b>							$\chi^2=0.90$ df= 4 NS
	a) Hindu	8	26.6	0	0	0	0	
	b) Muslim	10	33.3	4	13.3	0	0	
	c) Christian	6	20	1	3.3	1	3.3	
<b>5</b>	<b>Structure of Family</b>							$\chi^2=3.40$ df= 2 NS
	a) Joint family	7	23.3	0	0	0	0	
	b) Nuclear family	17	56.6	5	16.6	1	3.3	
<b>6</b>	<b>Age of attaining menarche</b>							$\chi^2=0.90$ df= 4 NS
	a) 10-12 years	11	36.6	0	0	0	0	
	b) 13-15 years	11	36.6	4	13.3	1	3.3	
	c) Above 15 years	2	6.6	1	3.3	0	0	
<b>7</b>	<b>Marital status</b>							$\chi^2=10.20$ df= 2 S**
	a) Married	20	66.6	5	16.6	0	0	
	b) Unmarried	4	13.3	0	0	1	3.3	
<b>8</b>	<b>Number of children</b>							$\chi^2=3.80$ df= 6 NS
	a) No child	2	6.6	0	0	0	0	
	b) 1 child	15	50	0	0	0	0	
	c) 2 and above	3	10	5	16.6	0	0	
	Not applicable (Un married)	4	13.3	0	0	1	3.3	
<b>9</b>	<b>Duration of breast feeding</b>							$\chi^2=3.48$ df= 4 NS
	a) 1 year	5	16.6	0	0	0	0	
	b) Above 1 year	14	46.6	5	16.6	1	3.3	
	c) Not applicable, No child, (Unmarried)	5	16.6	0	0	0	0	
<b>10</b>	<b>Family History of Breast cancer</b>							$\chi^2=11.24$ df= 2 NS S**
	a) Yes	18	60	0	0	0	0	
	b) No	6	20	5	16.6	1	3.3	

NS- Non Significant ,S-Significant

Table 11 showed the association of post test level of attitude among women with their demographic variables. The chi square value of 11.8 showed that there was a significant association between educational status and post test level of attitude of the level of  $p < 0.01$

With regard to the marital status, chi square value of 10.20 was significant at the interval of  $p < 0.01$ . In concern with the family history, chi square value of 11.24 was significant at the level of  $p < 0.01$

There was no significant association was found with other demographic variables such as, age, income, religion, structure of family, age of attaining menarche and number of children, duration of breast feeding.

## CHAPTER – V

### DISCUSSION

This chapter describes the result with respect to the objectives of the study and also compares the similar study with the present study findings. The findings of this study has provided an insight information on knowledge and attitude among women working in study area, which could help in designing appropriate interventions and as a base for further wide scale studies in other part of the country.

The study aimed to assess the effectiveness of information education communication package on knowledge and attitude regarding breast self examination among women working in Export Company at Chennai. The hypothesis formulated was that there was significant association between the information education communication package with knowledge and attitude regarding breast self examination. The review of literature included related researches which provide a strong foundation for the study including the basis for conceptual framework and formation of tool.

The conceptual framework of this study was developed based on Rosenstock's and Beckers Health Belief Model (1974). This framework includes three interactive systems such as individual perception, Modifying factors and likelihood actions.

The study was conducted by adopting a pre experimental one group pre test post test design. The study was carried out with 30 women working in Export Company who fulfilled the inclusion criteria. Simple random sampling technique was used to select the sample .The investigator introduced herself to the working women and explained the purpose of the study to ensure better cooperation. Written consent was obtained from the working women.

Each day the investigator collected data from 5 working women to assess the level of knowledge and attitude on breast self examination. A structured questionnaire was distributed to the women to assess the pre test level of knowledge and attitude scale was used to assess the pretest level of attitude among women working in Export

Company. Then it was followed by information education communication package on breast self examination among women working in Export Company. A post test was conducted to assess the level of knowledge and attitude with the same tool provided in the pre test.

The frequency and percentage distribution of demographic variables ,revealed that majority 17(56.6%) were in the age group of 21-30 years, regarding educational status 15(50.0%) of the working women have completed primary education. Related to income 16(53.4%) belong to the income group of Rs 5001/-Rs 10000/-. Related to religion 14 (46.6%) were Muslims. In accordance with the structure of family 23(76.7%) were from nuclear family. 16(53.4%) were in the age group of 13-15 years were attained menarche. 25(83.3%) were married, regarding the number of children 15(50.5%) had 1 child. Regarding the duration of breast feeding 20(66.6%) were given breast feed. 18(60%) were had the history of breast cancer.

***The first objective was to assess the pre test level of knowledge and attitude regarding breast self examination among women working in Export Company.***

In pretest 17(56.6%) of women had inadequate knowledge, 8(26.6%) of them had moderate knowledge and only 5(16.6%) of them had adequate knowledge.

In pretest 6(20 %) of women had good attitude, 3(10%) of them had fair attitude and 21 (70%) had poor attitude.

The study findings were consistent with the results of Rohini.T.S., et.al., (2016) who conducted descriptive study on knowledge and practice on breast self examination as a method of early detection among 100 antenatal clinic attendees in South Eastern Nigeria. Data was collected by using a structured questionnaire. The results shown that 78% of the respondents practiced breast self-examination regularly, but only 34% of them knew the reason for practicing breast self examination. This means that the knowledge about breast self examination practice were mostly ineffective. Only 3% of the respondents knew about a mammogram. 97% of the respondents had heard of cancer of the breast.

Biate. A.T., et al., (2015) conducted a cross sectional study to determine the level of knowledge regarding breast cancer and to measure breast self examination

performance in a group of 80 women aged 40 years and above. Total 80 women were interviewed by means of a structured questionnaire and attitude towards breast self examination was also evaluated. The study findings revealed that breast cancer awareness was found to be 52% in this group of women even though 95% women claimed to have heard of the disease. Only 12% of all women had received information about breast cancer. About 38% women had never heard of breast self examination among those that had heard of it, 15% were regular while 23% were irregular performers. Thus performance of breast self examination was found to be inadequate in this group.

The above literature concludes that the women. So the responsibility relies with the nurse to create awareness among women working in Export Company.

***The second objective was to assess the post test level of knowledge and attitude regarding breast self examination among women working in Export Company.***

In the post test only 3 (10%) women had inadequate knowledge 5 (16.6%) of them had moderate knowledge and almost 22 (73.3%) of them had adequate knowledge.

In post test 24(80%) of working women had good attitude 5 (16.6 %) of them had fair attitude and only 1 (3.3%) of them had poor attitude.

The study findings are consistent with the results of Shifera.A et al, (2011) who conducted a cross sectional study to determine the level of knowledge and attitude about breast self examination and mammography among 244 women aged 20-64 in rural area of western turkey. The samples selected by cluster sampling. Four trained doctors collected the data by face to face interview between January and February 2005. The study results showed that, 23.4% of them had no knowledge about breast cancer, 27.9% had no concept about breast self examination. Only 10.2% performed monthly breast self examination regularly.76.6% reported that they heard about breast cancer, but only 56.1% of them had sufficient knowledge about it. Television or radio programs were the main source of information about breast

cancer, and 23.4% sample mentioned health professionals were mentioned as a source of information.

***The third objective was to determine the effectiveness of information education communication package regarding breast self examination among women working in Export Company.***

The comparison of pre test and post test level of knowledge and attitude regarding breast self examination among women working in Export Company was done by using paired t' test. The mean score of level of knowledge was increased from 14.6 to 22.03 which showed a marked difference of 8.03 and the standard deviation was decreased from 2.86 to 1.86. The mean score of level of attitude was increased from 15.07 to 25.05 which showed a marked difference of 10.02 respectively the standard deviation was decreased from 3.86 to 1.86 after the administration of Information education communication package. The paired 't' test value of knowledge was 10.14 highly significant at the level of  $p < 0.001$ . Thus it indicates the effectiveness of information education communication package on level of knowledge regarding breast self examination among women working in Export Company. The paired t test value of attitude was 11.14 highly significant at the level of  $p, 0.001$ . Thus it indicates the effectiveness of information education communication package on level of attitude regarding breast self examination among women working in Export Company.

***The fourth objective was to find the association between pretest and post test level of knowledge and attitude regarding breast self examination among women working in Export Company with their selected demographic variables.***

In the pre test there was no significant association between the level of knowledge regarding breast self examination among women working in Export Company with any of their demographic variables such as age, educational status, family income per month, religion, structure of family, age of attaining menarche, number of children, marital status, duration of breast feeding, family history of breast cancer.

In the post test there was a significant association between the level of knowledge with their demographic variables such as, educational status, marital status ,family history of breast cancer with the chi square value of 11.8, 11.2 and 10.04 respectively at  $P<0.01$ .

There was no significant association was found between post test level knowledge with other demographic variables such as age, income, religion, structure of family, age of attaining menarche, number of children, duration of breast feeding.

In the pre test there was no significant association of the level of attitude regarding breast self examination among women working in Export Company with any of their demographic variables.

In the post test there was a significant association between the level of attitude with their demographic variables such as educational status, marital status, family history of breast cancer with the chi square value of 11.80, 10.20 and 11.24 respectively at  $P<0.01$ .

There was no significant association was found between post test level of attitude with other demographic variables such as age, income, religion, structure of family, age of attaining menarche, number of children, duration of breast feeding.



## **CHAPTER – VI**

### **SUMMARY, CONCLUSION, NURSING IMPLICATIONS, RECOMMENDATION AND LIMITATIONS**

The heart of the research project lies in reporting the findings of the study. This is the most creative part of the study. This chapter gives a brief account of the present study including the conclusion drawn from the findings, recommendations, limitations of the study, suggestions for the study and nursing implications.

#### **SUMMARY**

Breast self exam is a screening method used in an attempt to detect early breast cancer. The method involves the woman herself looking at and palpates her breast with the pad of fingers to feel for lumps, distortion or swelling. Regularly examining her own breasts allows a woman to become familiar with how her breast normally look, feel and help her more readily detect any changes it may occur such as new lumps, thickness, new dimples, crease or folds, changes in shape or size, red or hot areas, orange peel texture, fluid leaking from nipple etc .

The control of breast cancer in most developing countries. it is under the auspices of national control programmes promoted by the WHO and this involves educating and screening young women for signs of breast cancer.

Breast cancer is preventable if it is detected early. There are several methods by which the early onset of breast cancer can be detected including breast self examination. Although there are some controversies regarding the techniques used in performing breast self examination, the method is still considered as relevant and is therefore recommended in developing countries where access to diagnostic and curative facilities may be a problem.

**The objectives of the study were**

1. To assess the pre test level of knowledge and attitude regarding breast self examination among women.
2. To assess the post test level of knowledge and attitude regarding breast self examination among women.
3. To determine the effectiveness of Information education communication Package regarding breast self examination among women.
4. To find the association between pretest and post test level of knowledge and attitude regarding Breast self examination among women with their selected demographic variables.

The focus of the study was to assess the effectiveness of information education communication package on knowledge and attitude regarding breast self examination among women working in Export Company.. The formulated hypothesis of this study was that there was significant association between the information education communication package and the level of knowledge and attitude regarding breast self examination among women working in Export Company. The conceptual framework developed for the study was based on the Rosen stock's and Beckers health belief model. An extensive review of literature, professional experience and expert's guidance helped the investigator to design the methodology.

The study was conducted by adopting a pre experimental one group pre test post test design. The study was carried out with 30 samples who fulfilled the inclusion criteria. Simple random sampling technique was used to select the sample. The investigator introduced herself to the workers and explained the purpose of the study to ensure better cooperation. Written consent was obtained from the workers.

Each day the investigator collected data from 5 workers to assess the level of knowledge and attitude regarding breast self examination. A structured questionnaire which consists of 25 multiple choice questions and attitude scale was used to assess the pre test level of knowledge and attitude regarding breast self examination among women working in breast self examination. Then followed by the pre test a information education communication package regarding breast self examination among women working in Export Company. Then it was followed by information

education communication package on breast self examination among women working in Export Company. A post test was conducted to assess the level of knowledge and attitude with the same tool provided in the pre test.

In pretest 17(56.6%) of women had inadequate knowledge, 8(26.6%) of them had moderate knowledge and only 5(16.6%) of them had adequate knowledge. In pretest 6 (20 %) of women had good attitude and 3(10%) of them had fair attitude and also 21 (70%) had poor attitude

In the post test only 3(10%) women had inadequate knowledge 5 (16.6%) of them had moderate knowledge and almost 22 (73.3%) of them had adequate knowledge.

The comparison of pre test and post test level of knowledge and attitude regarding breast self examination among women working in Export Company was done by using paired t' test. The mean score of level of knowledge was increased from 14.6 to 22.03 which showed a marked difference of 8.03 and the standard deviation was decreased from 2.86 to 1.86. The mean score of level of attitude was increased from 15.07 to 25.05 which showed a marked difference of 10.02 respectively the standard deviation was decreased from 3.86 to 1.86 after the administration of Information education communication package. The paired 't' test value at 11.14, was very highly significant at  $p < 0.001$  level. It indicates the effectiveness of information education communication package on increasing the level of knowledge and attitude regarding breast self examination among women working in Export Company.

In the post test there was a significant association between the level of knowledge with their demographic variables such as, educational status, marital status, family history of breast cancer with the chi square value of 11.8, 11.2 and 10.04 respectively at  $P < 0.01$ .

In the post test there was a significant association between the level of attitude with their demographic variables such as educational status, marital status ,family history of breast cancer with the chi square value of 11.80, 10.20 and 11.24 respectively at  $P < 0.01$ .

## **CONCLUSION**

The study was done to assess the effectiveness of Information education communication package on knowledge and attitude regarding breast self examination among women working in Export Company.

Thus, it is the responsibility of a health care provider to create awareness about breast cancer among the women working in Export Company. The result of this study showed of that there was an improvement of knowledge and attitude regarding breast self examination after the information education communication package. Hence the research hypothesis was accepted.

## **NURSING IMPLICATIONS**

The present study emphasized on knowledge and attitude regarding breast self examination among women.

### **Nursing practice**

Health education is an important aspect of nursing practice. For effective health education the nurses should gain an understanding of workers knowledge about breast self examination and also attitude. Thus the educative role of the nurses could be implemented in the nursing practice.

### **Nursing Education**

The curriculum is responsible for preparing the future nurses with more emphasis on preventive and promotive health practices. The result of the study emphasizes the need for correlating the concepts in order to understand and advice on breast self examination attitude. Students should take a positive step to impart health education in the community during their study period. In service education programmes, workshops and seminars have to be conducted to meet the health challenges

### **Nursing administration**

The nursing administrator who is the member in the planning committee must provide suggestions. The nurse administrator should take interest in disseminating the information through instructional materials such as pamphlets, posters, modules that impart health information to the working women.

### **Nursing research**

The survey provides base line data for conducting other research studies. Research should be done on steps to improve the knowledge and attitude regarding breast self examination. The researcher may have to take up a role in preparing the women to do breast self examination.

### **RECOMMENDATIONS**

- A similar study can be replicated on a larger sample.
- An evaluative study may be conducted to investigate the effect of breast self examination.
- A comparative study can be carried out between the urban and rural areas to find out the difference in knowledge and attitude.
- A comparative study can be conducted between working and non working women.

### **LIMITATIONS**

The investigator was unable to take larger samples for the study due to time constraints.

## REFERENCES

### BOOKS

- Basavanthappa. B. T. (2008). *Nursing research*. (2<sup>nd</sup> ed.). New Delhi, Jaypee brothers publication
- Joice .M. B., et al., (2005). *Medical Surgical Nursing* (7<sup>th</sup> ed). Missouri Saunders Publishers.
- Lewis. L. S., et al., (2010). *Medical surgical Nursing* (7<sup>th</sup> ed). Missouri Saunders Publishers
- Suzanne. C. S., et al., (2004). *Brunner and Sudharth's Text book of medical surgical nursing*(10<sup>th</sup> ed). Philadelphia, Lippincott Williams and Wilkins Publishers
- Cascito. S., et al., (2013). *Rehabilitation of cancer* (2<sup>nd</sup> ed). New Delhi; Japee Brothers Medical Publishers (P) Ltd.
- Gansohow. P., (2000). *Breast health and common breast problem; a practical approach*. (1st ed.). A C P publication.
- Kerlinger. F. N., (1983). *Foundation of behavioural research*. (2<sup>nd</sup>ed.). New Delhi, Surject Publication.
- Kothari. C. R., (2004). *Research methodology*. (2nd ed.). New Delhi, New age international publication.
- Polit. D. F., et al., (2008). *Nursing research principles and methods*. (6<sup>th</sup>ed.). Philadelphia, Lippincott.
- Rinaldi. D., (1995). *Qualitative research in nursing*. (1<sup>st</sup>ed.). London, J.B. Lippincott company.
- Riordan. J., (2005). *Breast feeding and human lactation*. (1<sup>st</sup> ed.). Newyork, Jones and Bartlett Publication.
- Dennis.A. C., et al., (2012). *Manual of clinical oncology* Philadelphia, Lippincott Williams and wilkins publishers
- Gerad. J., (2011) *Principles of anatomy and physiology*. New York: Herpercollines College Publisher.

- Sharma. S.K., (2011) *Nursing Research and statistics*. Haryana; Rajkamal electric press.
- Sundar, R., (1985). *The introduction of Bio Statistics*. (4<sup>th</sup> ed) Orient Longman Publications.
- Geri.W., (2014) *Nursing Research: Methods and critical appraisal for Evidence Based Practice*. Elsevier Publication.
- Potter. P.A., (2006) *Fundamentals of Nursing*. (14<sup>th</sup> ed) Mosbey's Publication.
- Wesley, L., (1995) *Nursing theories and models*. (2<sup>nd</sup> ed) spring house corporation publishers.

## JOURNALS

- Rohini, T.S., (2015). Breast self-examination among women: A quantitative study. *Indian Journal Fundamental Applied Life Sciences*: P.3089–3096.
- Biate, A.T., (2016). Cancer incidence and mortality worldwide: sources, methods and major patterns *breast Cancer*;136(5):359–386.
- Brenner, H., (2010).Cancer survival in Africa, Asia, and Central America: a population-based study,*The Lancet Oncology*, vol. 11, no. 2, pp. 165–173,
- World Health Organization, “*Counrty Cancer profile 2014*”.
- Acheampong, D., (2017). Knowledge and attitudes about breast cancer in limpopo, South Africa, *Journal of Global Oncology*, pp. 1–6,
- Shifera, A., (2005). Global trends in breast cancer incidence and mortality .P.405–412(2010). Quality of care, *BMC Oncology in nursing*, P.1 – 7.
- Anya, S. E., (2009). Information, education, and communication services in care provided at an urban health center. *Indian J Community Med* 2009;34,298-300.
- Naariyong, S., (2002). Increasing awareness of breast cancer in *Medical surgical nursing* 6(1), 19-28.

- John, Y., (2011). X, *American Journal of breast cancer*,204(3), 230.
- Matsuyama, A., (2008) breast cancer *SAGE health and nursing journals*, 18 (2), 196-208.
- Yang, J., (2004). breast self exam, *American Journal of Epidemiology*, 160 (2), 118-125.
- Marincho, L .A., (2011). Improving breast cancer control via the use of community health workers in South Africa: *A critical review. Journal of Oncology*pp: P.150-423.
- Kovac, P., (2009). Jordanian nurses' knowledge and practice of breast self examination. *Journal of Advanced Nursing* 65: 412-416.
- Parajul, M., (2001). Breast cancer: Knowledge, attitudes, and practices of female schoolteachers in Lagos, Nigeria. *The Breast Journal* 7: 171-175.
- Adeyomoye, M., (2012). Comparison of Knowledge and Practices of Breast Self Examination .*Cancer prevention*.P. 2010;11:1417–20.
- Haji-Mahmoodi ,M., (2005). Breast self-examination: Knowledge, attitudes, *Prevention of Breast cancer* p.2010;60:205–8.
- Fazarine, D., (2010).Section of Cancer Information. *Journal of nursing*.P.17-19
- Olowoyeye,M., (2009). *Jouranl of Nursing Care Quality*.vol -5. 56-60
- Onajole, H., (2013). *Journal of Advanced Nursing* 2010;1.
- Clement, J., (2014). Clinical Oncology Publishes Findings from First-Ever Initiative on Sustainable. *Breast Cancer Treatment in the Developing World*. p 178,179
- Jahan, S., (2009). Women's awareness, knowledge and perceived magnitude regarding common female cancers in Yangon, Myanmar. *Asian Pacific Journal of Cancer Prevention* 10:1047-1050.
- Bassey, B., (2001). Clinical relevance of biologic factors in female breast cancer. *Breast Cancer Research and Treatment* 68:249-260.



- Golicnik, B., (2005). Knowledge, Attitude and Practice of Breast Self - Examination among Female Secondary School Teachers in Ilorin, Nigeria. *European Journal of Scientific Research* 10.
- Legesse, B., (2014). Knowledge on breast cancer and its prevention among women household heads in Northern Ethiopia. *Open Journal of Preventive Medicine* 4:32-40.
- Simi, A., (2005). *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.
- American Cancer Society cancer facts and Figures, 2005-2006.
- Nanda Kumar. National Cancer Registry Programme. The times of India Feb 2007.

#### NET REFERENCES

- <http://www.ncbi.nlm.nih.gov/pubmed>.
- <http://healthfreedom.org>.
- <http://www.deakin.edu.au/library>
- <http://www.beststart.org/resources>
- <http://www.medscape.com>
- <http://humrep.oxfordjournals.org>
- <http://www.idealssociety.org>
- <http://www.unfpa.org>
- <http://www.biomedcentral.com>

## SKELETAL PLAN ON BREAST SELF EXAMINATION

Sl. No.	Behavioral objective	Content	Teaching Activity	Learning activity	Audio visual aids
1	define Breast self examination	<p><b>DEFINITION OF BREAST SELF EXAMINATION</b></p> <p>Breast self-examination (BSE) is a screening method used in an attempt to detect early breast cancer. The method involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling.</p>	Explaining	Listening	Booklet
2	describe the anatomy of breast	<p><b>ANATOMY OF BREAST</b></p> <p>Breasts contain many tissues, including:</p> <p>The glandular tissue in the upper, outer part of the breast.</p> <p>Surrounding fat tissue, felt in the inner and lower parts of the breast.</p> <p>The glandular tissue usually feels firm and slightly rope-like or bumpy. The surrounding fat tissue is soft. Breast tissue changes as you age. It typically becomes fattier and less dense over time</p>	Explaining	Listening	powerpoint
3	describe the purpose of breast self examination	<p><b>PURPOSE OF BREAST SELF EXAMINATION.</b></p> <ul style="list-style-type: none"> <li>-early detection of breast cancer</li> <li>-detect the majority of breast abnormality</li> <li>-potentially life saving</li> </ul>	Explaining	Listening	Hand out

Sl. No.	Behavioral objective	Content	Teaching Activity	Learning activity	Audio visual aids
4.	Describe the signs of breast cancer	<p><b>SIGNS OF BREAST CANCER</b></p> <ul style="list-style-type: none"> <li>• Feeling a thick mass</li> <li>• Indentation</li> <li>• Skin erosion</li> <li>• Redness or heat</li> <li>• Unexpected fluid</li> </ul>	Explaining	Listening	Whiteboard
5.	Enlist the screening test for breast cancer	<p><b>SCREENING FOR BREASTCANCER</b></p> <ul style="list-style-type: none"> <li>▪ Mammography</li> <li>▪ Craniocaudal</li> <li>▪ Mediolateral</li> </ul>	Explaining	Listening	Whiteboard
6.	Enumerate the duration of breast self examination	<p><b>DURATION OF BREAST SELF EXAMINATION</b></p> <p>The best time to practice breast self examination is a few days after the menstrual period or the day that begin hormone replacement therapy each month. The breasts will be less tender and swollen. Postmenopausal women should choose the most convenient or easily remembered time, such as the first or last day of the month. Choose a day each month that will be easy to</p>	Explaining	Listening	Leaflet

Sl. No.	Behavioral objective	Content	Teaching Activity	Learning activity	Audio visual aids
		remember and make breast self-examination a regular part of the good health routine			
7	Enlist the preparation of breast self examination	<p><b>PREPARATION FOR BREAST SELF EXAMINATION</b></p> <ul style="list-style-type: none"> <li>▪ Privacy should maintain</li> <li>▪ Stand in front of the mirror</li> <li>▪ remove all the cloths</li> </ul>	Explaining	Listening	Blackboard
8	Listout the steps of breast self examination	<p><b>STEPS OF BREAST SELF EXAMINATION</b></p> <p><b>STEP- I(VISUAL INSPECTION)</b></p> <p><b>STEP_II</b></p> <p><b>STEP_III</b></p> <p><b>STEP_IV</b></p> <p><b>STEP_V</b></p>	Explaining	Listening	Booklet
		<p><b>TIPS FOR BREAST SELF EXAMINATION</b></p> <ul style="list-style-type: none"> <li>▪ Try to get in the habit of doing a breast self-examination once a month</li> <li>▪ Examine several days after the period ends, when the breasts are least likely to be swollen</li> </ul>			

Sl. No.	Behavioral objective	Content	Teaching Activity	Learning activity	Audio visual aids
		<p>and tender.</p> <ul style="list-style-type: none"> <li>▪ If longer having periods, choose a day that's easy to remember, such as the first or last day of the month.</li> </ul>			
9.	Describe the findings of breast self examination	<p><b>FINDINGS OF BREAST SELF EXAMINATION.</b></p> <ul style="list-style-type: none"> <li>▪ lump or thickening</li> <li>▪ Changing size or shape of the breast</li> <li>▪ Nipple discharge</li> <li>▪ Dimpling ,buckering or dryness of skin or nipple</li> <li>▪ Breast pain</li> </ul>	Explaining	Listening	Blackboard
10.	List out the barriers of breast self examination	<p><b>BARRIERS OF BREAST SELF EXAMINATION</b></p> <ul style="list-style-type: none"> <li>▪ Lack of time</li> <li>▪ Forget full to do</li> <li>▪ unknown knowledge</li> </ul>	Explaining	Listening	Blackboard

# BREAST SELF EXAMINATION

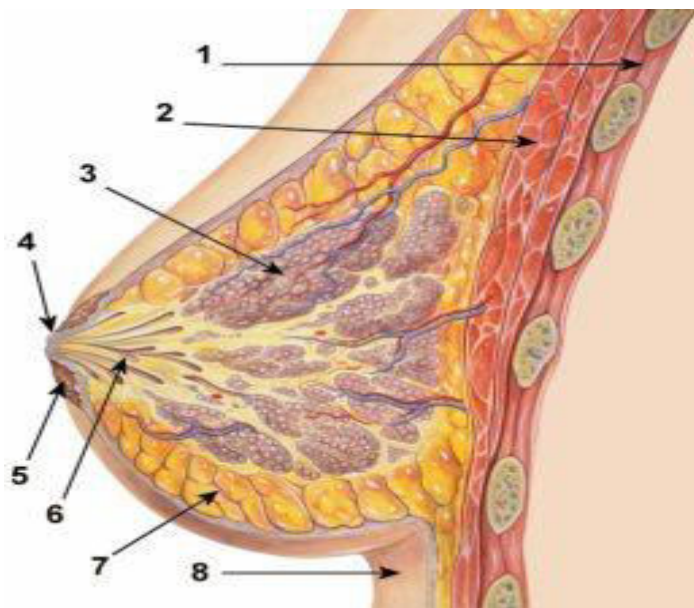
## INTRODUCTION

A breast self exam, or BSE, is a check-up that a woman does at home. During a breast self examination, a woman checks for any changes in her breast tissue. Doing breast exams can help to learn the normal feel and appearance of the breasts. This makes it easier to notice small changes that may happen.

## ANATOMY OF BREAST

Breasts contain many tissues, including

The glandular tissue in the upper, outer part of the breast . Surrounding fat tissue, felt in the inner and lower parts of the breast. The glandular tissue usually feels firm and slightly rope-like or bumpy. The surrounding fat tissue is soft. Breast tissue changes as you age. It typically becomes fattier and less dense over time



Each breast is made of 15 to 20 lobes. Every lobe is made of tiny glands called lobules. The lobules are affected by female hormones, such as estrogen and progesterone. Lobules make and secrete breast milk after a pregnancy. Lobules secrete milk into ducts. Ducts are tubes or vessels through which fluids pass. The

ducts carry the milk to the nipple. The milk is secreted to the outside of the breast through special ducts that open up in the nipple. The ring of darkened skin around the nipple is called the areola. The lymphatic system normally drains excess breast fluid. The fluid is drained into the lymph nodes in the axilla, or armpit. From there, it goes back into the bloodstream. The breasts lie over muscles that allow movement of the arm. The breasts also lie over muscles involved in breathing

## DEFINITION

Breast self-examination is a screening method used in an attempt to detect early breast cancer. The method involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling

## PURPOSE

- Early detection of breast cancer
- Detect the majority of breast abnormality
- Potentially life saving

## SIGNS OF BREAST CANCER



- Feeling a thick mass
- Indentation
- Skin erosion
- Redness or heat

- Unexpected fluid
- Dimpling
- Bumb
- Growing vein
- Retracted nipple
- New shape ,size
- Orange peel skin
- Hidden lump

### **SCREENING FOR BREASTCANCER**

- Mammography
- Craniocaudal
- Mediolateral
- Auxillary
- clinical examination
- breast self examination

### **DURATION OF BREAST SELF EXAMINATION**

The best time to practice breast self examination is a few days after the menstrual period or the day that begin hormone replacement therapy each month. The breasts will be less tender and swollen. Postmenopausal women should choose the most convenient or easily remembered time, such as the first or last day of the month. Choose a day each month that will be easy to remember and make breast self-examination a regular part of the good health routine.

### **PREPARATION FOR BREAST SELF EXAMINATION**

- Privacy should maintain
- Stand in front of the mirror
- remove all the cloths
- women should perform breast self examination once a month
- It should be done also after a warm bath or shower.



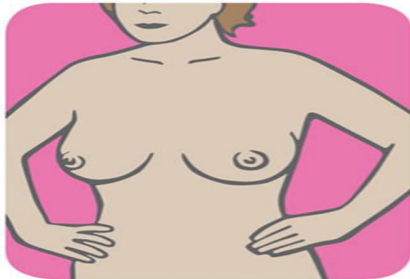
## **STEPS OF BREAST SELF EXAMINATION**

### **STEP- I (VISUAL INSPECTION)**

Begin by looking at the breasts in the mirror with shoulders straight and arms on the hips. Breasts that are their usual size , shape, and color. Breasts that are evenly shaped without visible distortion or swelling

Abnormal findings of

- Dimpling, puckering, or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash, or swelling



### **STEP-II**

Raise the arms and look the same changes  
That is size, shape, and color and abnormal findings.



### **STEP - III**

Raise the arm in front of the mirror and look the changes

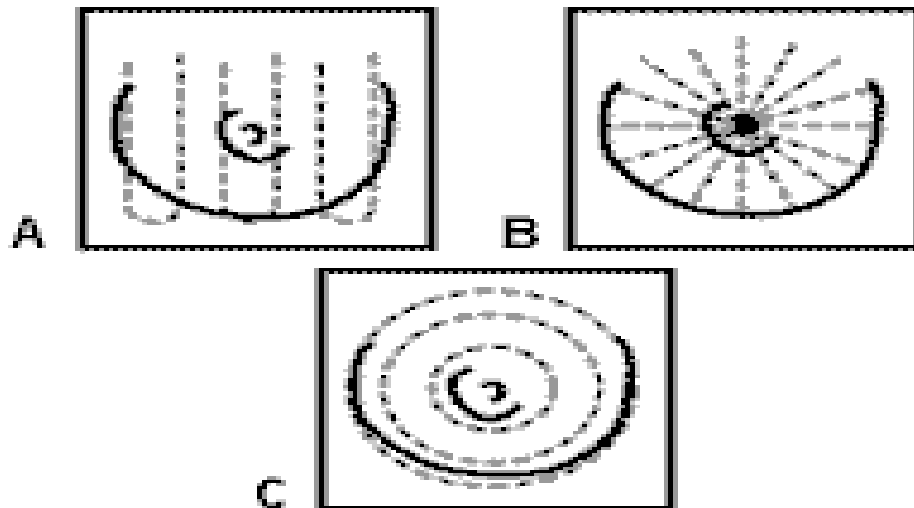
While seeing at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).

Place the left hand on the waist, roll the shoulder forward and reach into the underarm area and check for enlarged lymph nodes (small glands that fill with fluid when have an infection). An enlarged node would feel like a corn kernel or a bean. Also check the area above and below the collar bone. Repeat on the right side.

Raise left arm. Use the pads of three or four fingers of right hand to examine left breast. Use three levels of pressure (light, medium, and firm) while moving in a circular motion. Check breast area using a set pattern. (1) lines, (2) circles or (3) wedges .

1. Lines Beginning at the outer edge of the breast move the fingers downward using a circular motion until they are below the breast. Then move the fingers slightly toward the middle and slowly move back up. Go up and down until go over the entire breast area.
2. Circles Beginning at the outer edge of breast use the flat part of fingers, moving in circles slowly around the breast. Gradually make smaller and smaller circles toward the nipple. Be sure to cover the entire breast and check behind the nipple.
3. Wedges Starting at the outer edge of the breast, move the fingers toward the nipple and back to the edge. Check the entire breast, covering one wedge-shaped area at a time.

Should not lift the fingers while feeling the breast to make sure no area is missed. Whatever method choose, make sure to cover the entire area including the breastbone, collarbone, upper chest area, and bra line. Pay special attention to the area between the breast and the armpit itself. Feel for any unusual lump, mass or thickening under the skin. Repeat on the right side.



#### STEP-IV

Next, feel the breasts while lying down, using the right hand to feel the left breast and then the left hand to feel the right breast. Use a firm, smooth touch with the first few finger pads of the hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter.

Cover the entire breast from top to bottom, side to side, from the collarbone to the top of the abdomen, and from the armpit to the cleavage.

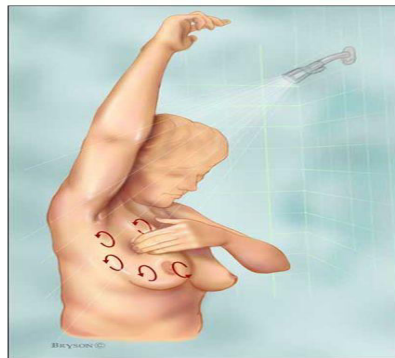
Follow a pattern to be sure that cover the whole breast and can begin at the nipple, moving in larger and larger circles until reach the outer edge of the breast. Move your fingers up and down vertically, in rows, as if were mowing a lawn. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of the breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of the breasts; use firm pressure for the deep tissue in the back. When have reached the deep tissue, should be able to feel down to the ribcage.



#### STEP-V

Finally, feel the breasts while standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover the entire breast, using the same hand movements described in step 4.

### Breast Self Exam - Step 5



- Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in Step 4.

#### TIPS FOR BREAST SELF EXAMINATION

- Try to get in the habit of doing a breast self-examination once a month
- Examine several days after the period ends, when the breasts are least likely to be swollen and tender.

- If longer having periods, choose a day that's easy to remember, such as the first or last day of the month.
- Don't panic if feel a lump. Most women have some lumps or lumpy areas in their breasts all the time.

### **FINDINGS OF BREAST SELF EXAMINATION**

A breast arecomposed of firm glandular tissue and soft fatty tissue .they make the breast tissue feel lumpy and bumpy with hills.

- lump or thickening
- Changing size or shape of the breast
- Nipple discharge
- Dimpling ,buckering or dryness of skin or nipple
- Breast pain

### **BARRIERS OF BREAST SELF EXAMINATION**

- Lack of time
- Forget full to do
- unknown knowledge

## மார்பக சுய பரிசோதனை

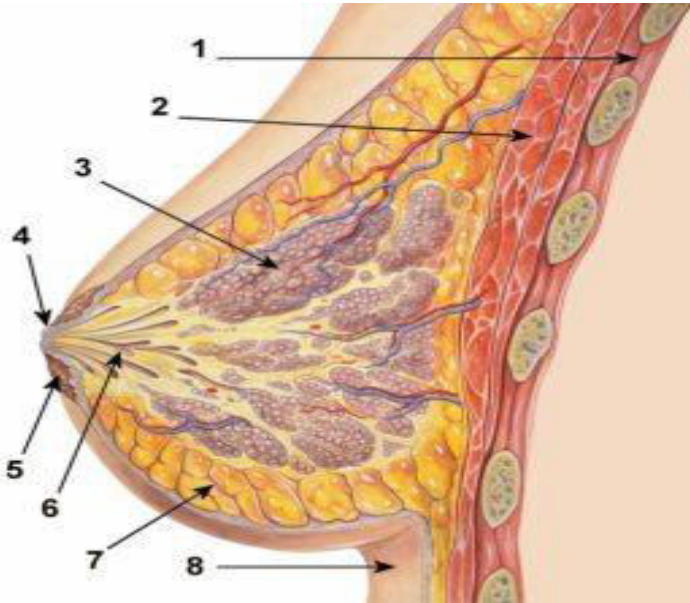
### முன்னுரை

மார்பக சுய பரிசோதனை போது, ஒரு பெண் தனது மார்பக திசு மாற்றங்களைக் கவனிக்க உதவுகிறது மார்பகப் பரிசோதனைகள் செய்வது மார்பகங்களின் சாதாரண உணர்வையும் தோற்றத்தையும் கற்றுக்கொள்ள உதவும். இது நடக்கும் சிறிய மாற்றங்களைக் கவனிக்க உதவுகிறது

### மார்பக உடல்கூற்றியல்

மார்பகங்களில் பல திசுக்கள் உள்ளன மார்பின் மேல், வெளிப்புறத்தில் உள்ள சுரப்பியின் திசு. கொழுப்பு திசு, சுற்றியுள்ள ரத்தத்தின் உள் மற்றும் கீழ் பகுதிகளில் உள்ளது.

சுரப்பி திசு பொதுவாக உறுதியானது, சற்று கயிறு போன்றது அல்லது சமதளம். சுற்றியுள்ள கொழுப்பு திசு மென்மையாக உள்ளது. வயதிற்கு ஏற்ப மார்பக திசு மாற்றங்கள் நடக்கும். இது பொதுவாக காலப்போக்கில் குறைந்த அடர்த்தி ஆகிறது.



ஒவ்வொரு மார்பகமும் 15 முதல் 20 சிறு மடலங்களால் ஆனது. ஒவ்வொரு மடலமும் சிறு குடல்களால் ஆனது. எஸ்ட்ரோஜன் மற்றும் புரோஜெஸ்ட்டீரோன் போன்ற பெண் ஹார்மோன்களால் குடல்கள் பாதிக்கப்படுகின்றன. கர்ப்பகாலத்திற்கு பிறகு மார்பக பால் சுரக்கும். குழாய்களில் திசு பால் சுரக்கும் குழாய்களின் வழியாக திரவங்கள் கடந்து செல்கின்றன. இலைகள். முலைக்காம்புகளில் திறந்திருக்கும் சிறப்புக் குழாய்களின் வழியாக பால் மார்பின் வெளிப்புறத்தில் சுரக்கிறது. முலைக்காம்பு சுற்றி இருண்ட வளையம் காணப்படுகிறது. நிணநீர் மண்டலம் பொதுவாக அதிக மார்பகத் திரவத்தை வடிகட்டுகிறது. இந்த திரவம் அக்ஸாலாவிலுள்ள நிணநீர் முனைகளில் வடிகட்டப்படுகிறது. அல்லது கவசம். அங்கு இருந்து, அது இரத்த ஓட்டத்தில் மீண்டும் செல்கிறது. கையில் இயக்கம் அனுமதிக்கும் தசைகள் மீது. மார்பகங்கள் மூச்சுக்குழாய் சம்பந்தப்பட்ட தசைகள் மீது பொறிக்கப்பட்டுள்ளன.

#### வரையறை

மார்பக சுய பரிசோதனை ,ஆரம்ப மார்பக புற்றுநோயை கண்டறியும் முயற்சியில் பயன்படுத்தப்படும் ஒரு திரையிடல் முறையாகும். முறை தன்னை பார்க்க முடியும் மற்றும் சாத்தியமான கட்டிகள், சிதைவுகள் அல்லது வீக்கம் ஒவ்வொரு மார்பக உணர்வையும் ஈடுபடுத்துகிறது

#### நோக்கம்

- மார்பக புற்றுநோயின் ஆரம்பக் கண்டறிதல்
- மார்பக இயல்பு கண்டறிய
- சாத்தியமான வாழ்க்கை சேமிப்பு

## மார்பக புற்றுநோயின் அறிகுறிகள்



- ஒரு தடித்த கட்டி
- உட்குழிவான
- தோல் அரிப்பு
- சிவப்பு அல்லது வெப்பம்
- எதிர்பாராத திரவம்
- மார்பில் பம்பு
- வளர்ந்து வரும் நரம்பு
- அகற்றப்பட்ட முலைக்காம்பு
- புதிய வடிவம், அளவு
- ஆரஞ்சு தலாம் தோல்
- மறைக்கப்பட்ட கட்டி

## மார்பக புற்றுநோயின் திரையிடல்

- மாமோகிராஃபி
- கிரானியோகாடால்
- மீடியோ பரிசோதனை
- துணை பரிசோதனை



- மருத்துவ பரிசோதனை
- மார்பக சுய பரிசோதனை

#### மார்பக சுய பரிசோதனை காலம்

- மார்பக சுய பரிசோதனை செய்வதற்கான சிறந்த நேரம் ,மாதவிடாய் காலம். மார்பகங்கள் மென்மையாக மற்றும் குறைந்த வீக்கம் இருக்கும். மாதவிடாய் நின்ற பெண்கள் மாதத்தின் முதல் அல்லது கடைசி நாள் போன்ற மிகவும் வசதியான அல்லது எளிதான நினைவைத் தேர்வு செய்ய வேண்டும். மார்பக சுய பரிசோதனை நல்ல சுகாதார வழக்கமான பகுதியாக நினைவில் மற்றும் எளிதாக இருக்கும் என்று ஒவ்வொரு மாதமும் ஒரு நாள் தேர்வு செய்ய வேண்டும்

#### மார்பக சுய பரிசோதனைக்கு தயாராகுதல்

- தனியுரிமை பராமரிக்க வேண்டும்
- கண்ணாடியில் முன் நிற்கவும்
- அனைத்து துணிகளை நீக்க
- ஒரு மாதத்திற்குள் ஒரு நாள் மார்பக சுய பரிசோதனை செய்ய வேண்டும்
- இது குளிக்கும் போதும் செய்யப்பட வேண்டும்.

#### மார்பக சுய பரிசோதனையின் படிகள்

##### படி I (கண்டு ஆய்தல்)

இடுப்பு , தோள்பட்டை நேராக கண்ணாடியில் மார்பகங்களைப் பார்க்க தொடங்குங்கள். அவற்றின் வழக்கமான அளவு, வடிவம் மற்றும் வண்ணம் என்று மார்பகங்கள். தோற்றமளிக்கும் விலகல் அல்லது வீக்கம் இல்லாமல் சமமாக இருக்கும் மார்புகள் அசாதாரண கண்டுபிடிப்புகள்

- மடங்குதல், உட்குழிதல் அல்லது தோல் வீக்கம் செய்தல்
- ஒரு நிலையை மாற்றிக் கொண்டது அல்லது ஒரு தலைகீழ் முலைக்காம்பு மாறிவிட்டது.
- சிவப்பு, புண், துர்நாற்றம், வீக்கம்



படி 2

கைகளை உயர்த்தி, அதே மாற்றங்களைப் பாருங்கள் அந்த அளவு, வடிவம் மற்றும் நிறம் மற்றும் அசாதாரண கண்டுபிடிப்புகள்



படி 3

கைகளை உயர்த்தி கண்ணாடியின் முன் மாற்றங்களை பாருங்கள்

கண்ணாடியில் பார்க்கையில், ஒன்று அல்லது இரண்டு முலைக்காம்புகளிலிருந்து வெளியேறும் திரவத்தின் அறிகுறிகளைக் காணவும் (இது ஒரு தண்ணீர், பால் அல்லது மஞ்சள் திரவம் அல்லது இரத்தம் இருக்கலாம்).

இடுப்பு மீது இடது கையை வைக்கவும், தோள்பட்டை முன்னோக்கி நகர்த்தவும்,சுரப்பிகள் சரிபார்க்கவும். ஒரு விரிந்த முனை அல்லது அக்குள்,சரிபார்க்கவும். காலர் எலும்புக்கு மேலேயும் கீழேயுள்ள பகுதியும் சரிபார்க்கவும். வலது புறத்தில் திரும்பவும்.

இடது கையை உயர்த்துங்கள். இடது மார்பைப் பரிசோதிக்க மூன்று அல்லது நான்கு விரல்களின் வலது கையைப் பயன்படுத்தவும். ஒரு வட்ட இயக்கத்தில் நகரும் போது அழுத்தத்தின் மூன்று நிலைகள் பயன்படுத்தவும். ஒரு அமைப்பைப் பயன்படுத்தி மார்பக பகுதியைச் சரிபார்க்கவும். (1) வரிகள், (2) வட்டங்கள் அல்லது (3) ஆப்பு இயக்கம்.

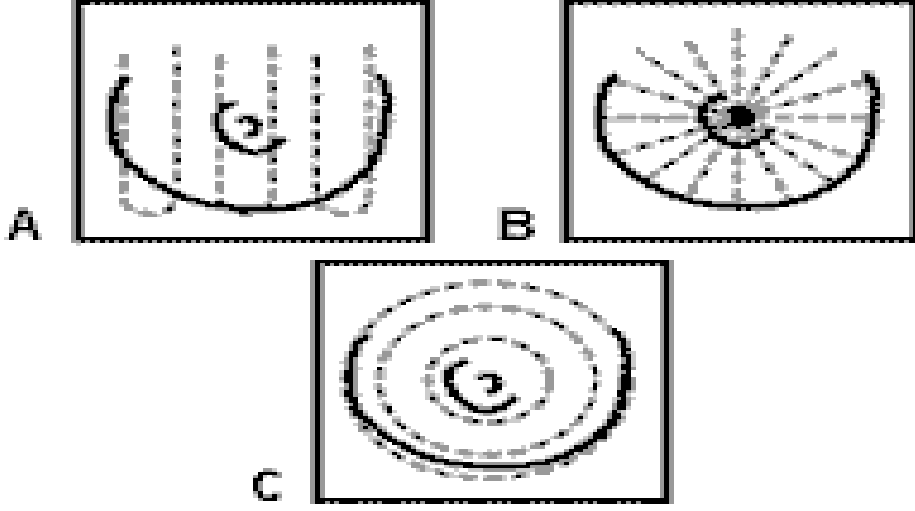
மார்பகத்தின் வெளிப்புற விளிம்பில் தொடங்கும் வரிகள் மார்பின் கீழே இருக்கும் வரை சுழற்சியை விரட்டுகின்றன. பின் நடுத்தர திசையில் விரல்களை நகர்த்தி மெதுவாக மீண்டும் மேலே நகர்த்தவும். முழு மார்பகப் பகுதிக்குச் செல்லும் வரை மேலே செல்லுங்கள்

மார்பின் வெளிப்புற விளிம்பில் தொடங்கி வட்டங்கள் விரல்களின் பிளாட் பாகத்தைப் பயன்படுத்துகின்றன, மார்பில் மெதுவாக சுற்றி வட்டங்களில் நகரும். படிப்படியாக சிறிய மற்றும் சிறிய வட்டங்கள் முலைக்காம்பு நோக்கி. முழு மார்பகத்தை மூடி, முலைக்காம்பு பின்னால் சரிபார்க்கவும்

மார்பகத்தின் வெளிப்புற விளிம்பில் தொடங்கி , விரல்களை விளிம்பு நோக்கி நகர்த்தவும். முழு மார்பகத்தையும் ஒரு நேரத்தில் ஒரு ஆப்பு வடிவில் சரிபார்க்கவும்

எந்த பகுதியும் தவறவிடாமல் இருப்பதற்கு மார்பகத்தை உணர்ந்தபோது விரல்களை உயர்த்தக்கூடாது, மார்பகம், மேல் மார்பு பகுதியில், மற்றும் மார்பகத்திற்கும் கவசத்திற்கும் இடையிலான பகுதிக்கு

சிறப்பு கவனம் செலுத்துங்கள். எந்த அசாதாரண கட்டி, தோல் கீழ் வெகுஜன அல்லது தடித்தல் சரிபார்க்கவும்.



படி 4

அடுத்து, இடது மார்பை உணர வலது கையைப் பயன்படுத்தி வலது மார்பை உணர இடது கையைப் பிடித்து, மார்பகங்களை உணரலாம். விரல்கள் பிளாட் மற்றும் ஒன்றாக வைத்து, கையில் முதல் சில விரல் பட்டை வைத்து மென்மையான தொடுதல் பயன்படுத்தி ஒரு வட்ட இயக்கத்தைப் பயன்படுத்தவும்.

முழு மார்பகத்தையும் மேலே இருந்து கீழே, பக்க பக்கமாக, மார்பகத்தின் வெளிப்புற விளிம்பை எட்டும் வரை, முழு மார்பகத்தையும் ,

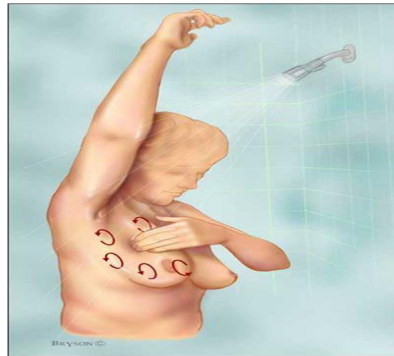
உங்கள் விரல்களையும், செங்குத்தாக வரிசைகளையும் நகர்த்தவும். இந்த முன்னால் இருந்து மார்பகத்தின் பின்புறம் அனைத்து திசுக்களையும் உணர வேண்டும்: தோல் மற்றும் திசுக்கு கீழே ஒளி, அழுத்தம் பயன்படுத்த; மார்பகங்களின் மத்தியில் திசுக்களுக்கு நடுத்தர அழுத்தத்தை பயன்படுத்தவும்; மீண்டும் ஆழமான திசுக்கு உறுதியான அழுத்தத்தை பயன்படுத்துங்கள். ஆழமான திசுக்களை அடைந்த போது, ரிப்பேஜ் கீழே உணர முடியும்.



படி 5

இறுதியாக, மாற்பகங்கள் நின்று அல்லது உட்கார்ந்திருக்கும்போது உணரவும். பல பெண்கள் தங்கள் மாற்பகங்களை உணர எளிய வழியைக் கண்டுபிடித்துள்ளனர், அவற்றின் தோலை ஈரமாகவும் வழுக்கும்போதும் முழு மாற்பகத்தையும் உணர முடியும்., படி 4 இல் விவரிக்கப்பட்ட அதே கையை இயக்கவும்

## Breast Self Exam - Step 5



- Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in Step 4.

## சுய பரிசோதனைக்கான உதவிக்குறிப்புகள்

- ஒரு மாதத்திற்கு ஒரு மார்பக சுய பரிசோதனை செய்து பழக்கம் பெற முயற்சி
- முடிவடைந்த பல நாட்களுக்குப் பிறகு, மார்பகங்களை வீக்கம் மற்றும் மென்மையாயிருக்கும் வாய்ப்பு குறைவாக இருக்கும்போது சோதிக்கவும்.
- நீண்ட காலங்கள் இருந்தால், மாதத்தின் முதல் அல்லது கடைசி நாள் போன்ற நினைவிழக்க எளிதான நாள் ஒன்றைத் தேர்வுசெய்யவும்.
- ஒரு தொடை உணர்ந்தால் பீதியடைய வேண்டாம். பெரும்பாலான பெண்கள் தங்கள் மார்பகங்களில் சில கட்டிகள் அல்லது அரைப்புள்ளி பகுதிகளில் அனைத்து நேரம்.சுயபரிசோதனைமுடிவு ஒரு மார்பக உறுப்பு சுரப்பியின் திசு மற்றும் மென்மையான கொழுப்பு திசுக்களைக் கொண்டிருக்கும். அவை மார்பக திசுக்களை மெலிந்த மற்றும் மலைகள் நிறைந்ததாக உணர வைக்கின்றன.
- கட்டி அல்லது தடித்தல்
- மார்பின் அளவு அல்லது வடிவத்தை மாற்றுதல்
- நிப்பிள் வெளியேற்றம்
- சருமம் அல்லது சருமத்தின் மங்கலான அல்லது வறண்ட தன்மை
- மார்பக வலி

## சுய பரிசோதனை தடைகள்

- நேரம் இல்லாதது
- செய்ய மறத்தல்
- அறிவு இல்லாமை

# LESSON PLAN

<b>COURSE</b>	:	M.Sc. (N) I <sup>ST</sup> YEAR
<b>SUBJECT</b>	:	NURSING RESEARCH AND STATISTICS
<b>TOPIC</b>	:	BREAST SELF EXAMINATION
<b>GROUP</b>	:	WOMEN WORKING IN EXPORT COMPANY
<b>VENUE</b>	:	AMUTHA SHOES UNIT
<b>DURATION</b>	:	20 min
<b>TEACHING METHODS</b>	:	LECTURER CUM DISCUSSION
<b>TEACHING METERIALS</b>	:	VEDIOS ,POWERPOINT, PAMPHLETS

## **CENTRAL OBJECTIVE**

The group will gain adequate knowledge regarding Breast self examination, develop desirable attitude towards it and practices through out of their life.

## **BEHAVIORAL OBJECTIVES**

At the end of the teaching, the group will be able to

- define breast self examination.
- describe the anatomy of breast.
- List out the purpose of breast self examination.
- describe the signs of breast cancer.
- enlist the screening test for breast cancer.
- enumerate the duration of breast self examination
- list out the preparation of breast self examination
- explain the steps of breast self examination.
- enumerate the tips for breast self examination.
- enlist the findings during breast self examination.
- list out the barriers of breast self examination.



## INTRODUCTION

My name is S.BRINDHA, I am doing my msc(n) in madha college of nursing kundrathur. I am going to take the lesson plan on Breast self examination.

A breast self exam, or BSE, is a check-up that a woman does at home. During a BSE, a woman checks for any changes in her breast tissue. Doing breast exams can help you learn the normal feel and appearance of your breasts. This makes it easier to notice small changes that may happen.

**10 Easy Steps**  
**For Monthly Breast Exams**



**In Front Of A Mirror**

1. Inspect both breasts with your arms at your sides.
2. Raise your arms slowly, paying close attention to any swelling, or change in your breast or nipples.



**In Front Of A Mirror**

3. Place hands on your hips, flex your chest muscles and again visually compare both breasts.



**In The Shower**

4. Extend right arm upward and examine right breast.
5. Extend left arm upward and examine left breast.



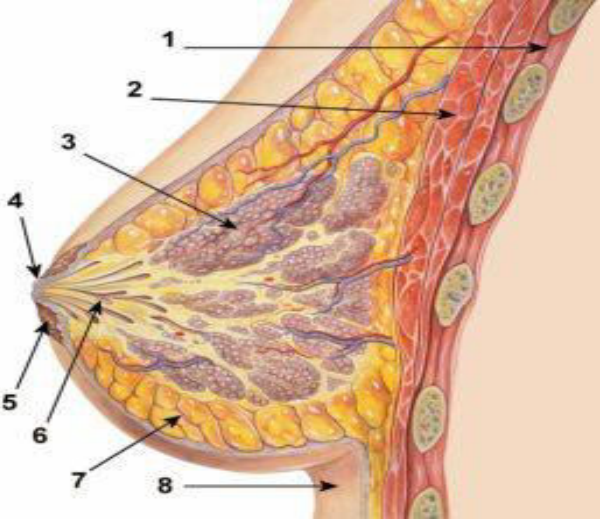
**On The Bed**


6. Lie down on a bed or floor on your back.
7. Insert your pillow under your right shoulder so that your right breast is flat.
8. Examine your right breast with right arm under head.



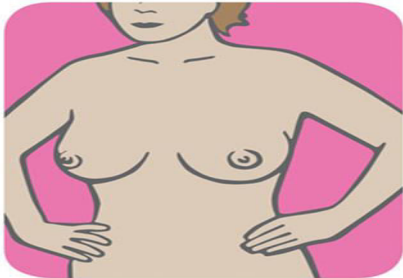
**On The Bed**

9. Insert your pillow under your left shoulder so that your left breast is flat.
10. Examine your left breast with left arm under head.

S. No	Behavioral Objectives	content	Time	Teacher's Activity	Learner's Activity	A.v aids
1	define breast self examination	<p><b>DEFINITION OF BREAST SELF EXAMINATION</b></p> <p>Breast self-examination (BSE) is a screening method used in an attempt to detect early breast cancer. The method involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling.</p>	2 mts	Explaining	Learning	Powerpoint
2	describe the anatomy of breast	<p><b>ANATOMY OF BREAST</b></p> <p>Breasts contain many tissues, including:</p> <p>The glandular tissue in the upper, outer part of the breast.</p> <p>Surrounding fat tissue, felt in the inner and lower parts of the breast.</p> <p>The glandular tissue usually feels firm and slightly rope-like or bumpy. The surrounding fat tissue is soft. Breast tissue changes as you age. It typically becomes fattier and less dense over time</p> 	2 mts	Explaining	Learning	Powerpoint

S. No	Behavioral Objectives	content	Time	Teacher's Activity	Learner's Activity	A.v aids
		<p>Each breast is made of 15 to 20 lobes. Every lobe is made of tiny glands called lobules. The lobules are affected by female hormones, such as estrogen and progesterone. Lobules make and secrete breast milk after a pregnancy. Lobules secrete milk into ducts. Ducts are tubes or vessels through which fluids pass. The ducts carry the milk to the nipple. The milk is secreted to the outside of the breast through special ducts that open up in the nipple. The ring of darkened skin around the nipple is called the areola. The lymphatic system normally drains excess breast fluid. The fluid is drained into the lymph nodes in the axilla, or armpit. From there, it goes back into the bloodstream. The breasts lie over muscles that allow movement of the arm. The breasts also lie over muscles involved in breathing</p>				
3.	describe the purpose of breast self examination	<p><b>PURPOSE OF BREAST SELF EXAMINATION.</b></p> <ul style="list-style-type: none"> <li>-early detection of breast cancer</li> <li>-detect the majority of breast abnormality</li> <li>-potentially life saving</li> </ul>	2 mts	Explaining	Learning	Powerpoint
4,	describe the signs of breast cancer	<p><b>SIGNS OF BREAST CANCER:</b></p> 	2 mts	Explaining	Learning	Powerpoint

		<ul style="list-style-type: none"> <li>▪ Feeling a thick mass</li> <li>▪ Indentation</li> <li>▪ Skin erosion</li> <li>▪ Redness or heat</li> <li>▪ Unexpected fluid</li> <li>▪ Dimpling</li> <li>▪ Bumb</li> <li>▪ Growing vein</li> <li>▪ Retracted nipple</li> <li>▪ New shape ,size</li> <li>▪ Orange peel skin</li> <li>▪ Hidden lump</li> </ul>				
5.	enlist the screening test for breast cancer	<p><b>SCREENING FOR BREAST CANCER</b></p> <ul style="list-style-type: none"> <li>✓ Mammography</li> <li>✓ Craniocaudal</li> <li>✓ Mediolateral</li> <li>✓ Auxillary</li> <li>✓ clinical examination</li> <li>✓ breast self examination</li> </ul>	2 mts	Explaining	Learning	Powerpoint
6.	enumerate the duration of breast self examination	<p><b>DURATION OF BREAST SELF EXAMINATION</b></p> <p>The best time to practice breast self examination is a few days after your menstrual period or the day you begin hormone replacement therapy each month. Your breasts will be less tender and swollen. Postmenopausal women should choose the most convenient or easily remembered time, such as the first or last day of the month. Choose a day each month that will be easy to remember and make breast self-examination a regular part of your good health routine.</p>	2 mts	Explaining	Learning	Powerpoint

7.	list the preparation of breast self examination	<p><b>PREPARATION FOR BREAST SELF EXAMINATION</b></p> <ul style="list-style-type: none"> <li>• Privacy should maintain</li> <li>• Stand in front of the mirror</li> <li>• remove all the cloths</li> <li>• women should perform breast self examination once a month</li> <li>• It should be done after a warm bath or shower.</li> </ul>	2 mts	Explaining	Learning	Powerpoint
8.	Explain the steps of breast self examination	<p><b>STEPS OF BREAST SELF EXAMINATION</b></p> <p>STEP- I(VISUAL INSPECTION)</p> <p>Begin by looking at the breasts in the mirror with shoulders straight and arms on the hips.</p> <p>Breasts that are their usual size, shape, and color</p> <p>Breasts that are evenly shaped without visible distortion or swelling</p> <p>Abnormal findings of</p> <ul style="list-style-type: none"> <li>• Dimpling, puckering, or bulging of the skin</li> <li>• A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)</li> </ul> <p>Redness, soreness, rash, or swelling</p> 	10 mts	Explaining	Learning	Pamphlets

**STEP-II**

Raise the arms and look the same changes

That is size, shape, and color and abnormal findings.



**STEP-III**

Raise the arm in front of the mirror and look the changes

While seeing at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).

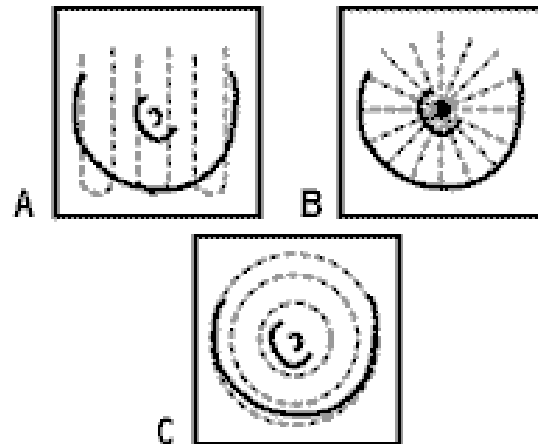
Place your left hand on your waist, roll your shoulder forward and reach into your underarm area and check for enlarged lymph nodes (small glands that fill with fluid when you have an infection). An enlarged node would feel like a corn kernel or a bean. Also check the area above and below the collar bone. Repeat on the right side.

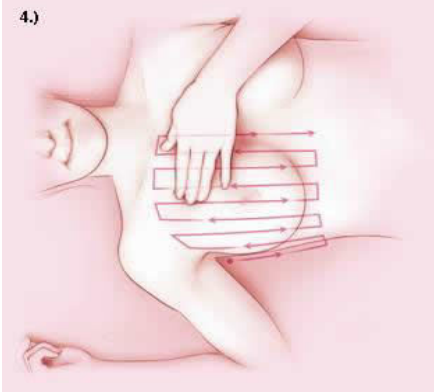
Raise left arm. Use the pads of three or four fingers of right hand to examine left breast. Use three levels of pressure (light, medium, and firm) while moving in a circular motion. Check breast area using a set pattern. (1) lines, (2) circles or (3) wedges

1. Lines Beginning at the outer edge of your breast move your fingers downward using a circular motion until they are below the breast. Then move your fingers slightly toward the middle and slowly move back up. Go up and down until you go over the entire breast area.

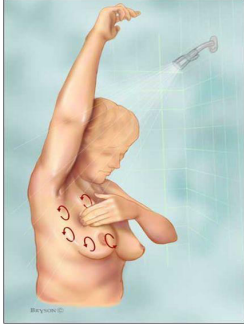
2. Circles Beginning at the outer edge of breast use the flat part of fingers, moving in circles slowly around the breast. Gradually make smaller and smaller circles toward the nipple. Be sure to cover the entire breast and check behind the nipple.

3. Wedges Starting at the outer edge of the breast, move your fingers toward the nipple and back to the edge. Check your entire breast, covering one wedge-shaped area at a time should not lift the fingers while feeling the breast to make sure no area is missed. Whatever method choose, make sure to cover the entire area including the breastbone, collarbone, upper chest area, and bra line. Pay special attention to the area between the breast and the armpit itself. Feel for any unusual lump, mass or thickening under the skin. Repeat on the right side.



		<p>STEP-IV</p> <p>Next, feel the breasts while lying down, using the right hand to feel the left breast and then the left hand to feel the right breast. Use a firm, smooth touch with the first few finger pads of the hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter.</p> <p>Cover the entire breast from top to bottom, side to side, from the collarbone to the top of the abdomen, and from the armpit to the cleavage.</p> <p>Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your fingers up and down vertically, in rows, as if you were mowing a lawn. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of your breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. When you've reached the deep tissue, you should be able to feel down to your ribcage.</p>				
		<p>4.)</p>  <p>The illustration shows a woman lying on her back. Her right hand is placed on her left breast. Red arrows indicate the path of the fingers, moving in horizontal rows across the breast, similar to mowing a lawn. The arrows start from the center and move outwards towards the armpit and side.</p>				



		<p>STEP-V</p> <p>Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in step 4.</p> <p style="text-align: center;"><b>Breast Self Exam - Step 5</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <ul style="list-style-type: none"> <li>• Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in Step 4.</li> </ul> </div> </div>				
9.	enumerate the tips for breast self examination	<p style="text-align: center;"><b>TIPS FOR BREAST SELF EXAMINATION</b></p> <ul style="list-style-type: none"> <li>• Try to get in the habit of doing a breast self-examination once a month</li> <li>• Examine several days after the period ends, when the breasts are least likely to be swollen and tender.</li> <li>• If longer having periods, choose a day that's easy to remember, such as the first or last day of the month.</li> <li>• Don't panic if feel a lump. Most women have some lumps or lumpy areas in their breasts all the time.</li> </ul>	2 mts	Explaining	Learning	Powerpoint

10.	enlist the findings	<p><b>FINDINGS OF BREAST SELF EXAMINATION</b></p> <p>A breast arecomposed of firm glandular tissue and soft fatty tissue .they make the breast tissue feel lumpy and bumpy with hills.</p> <ul style="list-style-type: none"> <li>-lump or thickening</li> <li>-Changing size or shape of the breast</li> <li>-Nipple discharge</li> <li>-Dimpling ,buckering or dryness of skin or nipple</li> <li>-Breast pain</li> </ul>	2 mts	Explaining	Learning	Powerpoint
11.	list out the barriers of breast self examination	<p><b>BARRIERS OF BREAST SELF EXAMINATION</b></p> <ul style="list-style-type: none"> <li>-Lack of time</li> <li>-Forget full to do</li> <li>-unknown knowledge</li> </ul>	2 mts	Explaining	Learning	Powerpoint

## CONCLUSION

Breast self examination is a screening method. It is used to detect breast cancer in early stage. 5 steps is there to detect the symptoms of breast cancer. Now we learned the topics are definition, purpose, steps and barriers of breast self examination.

# **APPENDIX – A**

## **PART-I**

### **BREAST SELF EXAMINATION**

#### **DEMOGRAPHIC VARIABLES**

**1. Age**

- a) 18-21 years
- b) 21-30years
- c) above 30 years

**2. Educational qualification**

- a) No formal education
- b) Primary education
- c) Secondary education

**3. Income**

- a) Below Rs 5000/
- b) Rs5000- Rs 10000/
- c) Above Rs 10000/

**4. Religion**

- a) Hindu
- b) Muslim
- c) Christian

**5. Structure of family**

- a) Joint family
- b) Nuclear family

**6. Age of attaining menarche**

- a) 10- 12 years
- b) 13-15 years
- c) Above 15 years

**7. Marital status**

- a) Married
- b) Unmarried

**8. Number of children**

- a) 1 Child
- b) 2 and above Children
- c) Not applicable (Unmarried)

**9. Duration of breast feeding**

- a) 1 year
- b) above 1 year
- c) Not applicable (No child, un married)

**10. Family history of breast cancer**

- a) Yes
- b) No

**PART II**

**ASSESSMENT OF KNOWLEDGE REGARDING**

**BREAST SELF EXAMINATION**

**1. What is the definition of breast self examination?**

- a) Looking and feeling the breast changes from normal
- b) Examine the functions of breast
- c) Examine the secretion of breast milk

**2. Which is not a part of breast?**

- a) Nipple
- b) Nail
- c) areola

**3. What is the purpose of breast self examination?**

- a) Early detection of mouth cancer
- b) Early detection of breast cancer
- c) Early detection of anemia

**4. Which is not the sign of breast cancer?**

- a) vomiting
- b) nipple retraction
- c) Bleeding and elevated nipple

**5. What is the screening test for breast cancer?**

- a) Electro cardio gram
- b) Breast self examination
- c) Neurological assessment

**6. When will you do breast self examination?**

- a) monthly once
- b) Daily
- c) Yearly once

**7. How many steps in breast self examination?**

- a) 1-3 Steps
- b) 1-8 Steps
- c) 1-5Steps

**8. What is the first step of breast self examination?**

- a) Inspect the breast
- b) Palpate the breast
- c) Give pressure to breast

**9. How do you perform breast self examination?**

- a) Infront of chair
- b) Infront of Tv
- c) Infront of mirror

**10. What is the position for the first step of breast self exam?**

- a) Lying
- b) Standing
- c) Bending forward

**11. What will you assess in first step of breast self exam?**

- a) Size and Shape
- b) Watery leakage
- c) Fever

**12. What is the second step of breast self examination?**

- a) Inspection with raise the arms
- b) Give pressure to the breast
- c) Palpate the breast

**13. What is the third step of breast self examination?**

- a) Assess the vomiting
- b) Assess the watery ,milky fluid leakage
- c) Assess the fever

**14. Which is the surrounding of breast have to be palpated in third step?**

- a) Auxiliary tail
- b) Abdomen
- c) Arm

**15. How to felt the enlarged lymph node?**

- a) Like bean
- b) Like stone
- c) Like wood

**16. How to apply pressure for superficial breast tissue?**

- a) Light
- b) Medium
- c) Deep

**17. Which part of hand is used to palpate the breast?**

- a) Finger pad
- b) Finger tips
- c) palm

**18. How will you palpate the breast in third step?**

- a) Palpate with triangular motion
- b) palpate with square motion
- c) Palpate with circular motion

**19. What is the fourth step of breast self examination?**

- a) Inspect the breast
- b) Feel the breast while lying down
- c) Feel the breast while standing

**20. What is the fifth step of breast self examination?**

- a) Feel the breast when the skin is wet
- b) Inspect in front of mirror
- c) Palpate the breast

**21. What is the position in fifth step of breast self examination?**

- a) Standing
- b) Lying down
- c) Bend forward

**22. What is the abnormal findings in breast self examination?**

- a) Dimpling ,bulging of nipple
- b) Vomiting
- c) Fever

**23. What is the easiest method of detecting breast lump?**

- a) Breast self examination
- b) Laparoscopy
- c) Stethoscope

**24. What is the ideal age to perform breast self examination?**

- a) 25 years
- b) 30 years
- c) Above 18 years

**25. What is the barrier to perform Breast self examination?**

- a) Lack of time
- b) Fever
- c) Vomiting



### PART III

#### ASSESSMENT OF ATTITUDE REGARDING BREAST SELF EXAMINATION

No	Items	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	All women should do breast self exam					
2	I really care about my breast					
3	Doing breast self exam is wasting time					
4	Doing breast self exam makes me feel unpleasant					
5	Interested in doing breast self exam					
6	I am not afraid to think about the breast cancer					
7	Feel uncomfortable, cant do breast self exam once in a month					
8	Not adequate time to do breast self exam					
9	Breast self exam will be embarrassing to me					
10	Discuss with my friends about breast self exam					

## ESV &I

### ©ŌŒP\_ - ŒŒŒ\ ŒŒ ŒUPŒŒ ©UPŒ ŒŒŒ P©ŒŒPŒ

#### 1. வயது

- a) 18-21 வயது
- b) 21-30 வயது
- c) 30 வயதுக்கு மேல்

#### 2. கல்வித் தகுதி

- a) முறையான கல்வி இல்லை
- b) முதல்நிலைக் கல்வி
- c) இரண்டாம் நிலைக் கல்வி

#### 3. ஆண்டு வருமானம்

- a) 5000 ரூபாய்
- b) 5001 ரூபாய்-10000 ரூபாய்
- c) 10000 ரூபாய்க்கு மேல்

#### 4. மதம்

- a) இந்து
- b) முஸ்லீம்
- c) கிரிஸ்துவர்

#### 5. குடும்ப அமைப்பு

- a) கூட்டுக் குடும்பம்
- b) தனிக்குடும்பம்

#### 6. எட்டப்பட்ட பூப்பு வயது

- a) 10-12 வயது
- b) 13-15 வயது
- c) 15 வயதுக்கு மேலாக

#### 7. திருமண நிலை

- a) திருமணம் ஆனவர்
- b) திருமணம் ஆகாதவர்

8. எத்தனை குழந்தைகள்

- a) 1 குழந்தை
- b) 1 குழந்தைக்கு மேலே
- c) பொருந்தாது (இன்னும் திருமணமாகவில்லை)

9. தாய்ப்பால் ஊட்டிய காலம்

- a) 1 ஆண்டு
- b) 1 ஆண்டுக்கு மேலே
- c) பொருந்தாது (இன்னும் திருமணமாகவில்லை)

10. மார்பக புற்றுநோய் குடும்ப வரலாறு

- a) ஆம்
- b) இல்லை

## £S v &II

### மார்பக சுய பரிசோதனை பற்றிய அறிவு மதிப்பீடு

1. மார்பக சுய பரிசோதனையின் வரையரை என்ன?
  - a) மார்பக மாற்றங்களை பார்த்து உணர்தல்
  - b) மார்பக செயல்களை சோதனை செய்தல்
  - c) தாய்ப்பால் சுரப்பதை சோதனை செய்தல்
2. எது மார்பக பகுதியாக இல்லை?
  - a) மார்பகக் காம்பு
  - b) நகம்
  - c) மார்பக சிற்றிடம்
3. மார்பக சுய பரிசோதனையின் பயன்பாடு என்ன?
  - a) வாய் புற்று நோயின் ஆரம்ப நிலை கண்டறிதல்
  - b) மார்பக புற்று நோயின் ஆரம்ப நிலை கண்டறிதல்
  - c) இரத்த சோகையின் ஆரம்ப நிலை கண்டறிதல்
4. எது மார்பக புற்றுநோயின் அறிகுறிகள் இல்லை?
  - a) வாந்தி
  - b) மார்பகக் காம்பு பின் நோக்கிச் செல்லுதல்
  - c) இரத்தம் கசிதல் மற்றும் உயர்ந்த மார்பகக் காம்பு
5. மார்பக புற்றுநோயின் திரை சோதனை என்ன?
  - a) இதய மின்னல் வரைவு
  - b) மார்பக சுய பரிசோதனை
  - c) நரம்பியல் மதிப்பீடு
6. எப்போது மார்பக சுய பரிசோதனை செய்ய வேண்டும்?
  - a) மாதத்திற்க்கு ஒருநாள்
  - b) நாள்தோறும்
  - c) ஆண்டிற்க்கு ஒருநாள்
7. எத்தனை மார்பக சுய பரிசோதனை படிக்க உள்ளன
  - a) 3 படிக்க
  - b) 8 படிக்க
  - c) 5 படிக்க

8. மார்பக சுய பரிசோதனையின் முதல் படி என்ன?
  - a) மார்பக ஆய்வு
  - b) மார்பகத்தை தொட்டுத்தெரிந்து கொள்ளல்
  - c) மார்பக அழுத்தம் கொடுத்தல்
9. எப்படி நீங்கள் மார்பக சுய பரிசோதனை செய்ய வேண்டும்
  - a) நாற்காலியின் முன்
  - b) தொலைக்காட்சியின் முன்
  - c) கண்ணாடியின் முன்
10. மார்பக சுய பரிசோதனையின் முதல் படி நிலைப்பாடு என்ன?
  - a) படுக்கையில் படுத்து கொண்டு
  - b) நின்று கொண்டு
  - c) முன்னோக்கி வளைத்து கொண்டு
11. மார்பக சுய பரிசோதனையின் முதல் படியில் என்ன மதிப்பீடு செய்ய வேண்டும்?
  - a) அளவு மற்றும் வடிவம்
  - b) நீர்க் கசிவு
  - c) காய்ச்சல்
12. மார்பக சுய பரிசோதனையின் இரண்டாவது படி என்ன?
  - a) கைகளை உயர்த்தி கொண்டு பரிசோதனை
  - b) மார்பக அழுத்தம் கொடுத்தல்
  - c) மார்பகத்தை தொட்டுத்தெரிந்து கொள்ளல்
13. மார்பக சுய பரிசோதனையின் மூன்றாவது படி என்ன?
  - a) வாந்தி மதிப்பிடுவது
  - b) நீர், பால் திரவம் கசிவு மதிப்பிடுவது
  - c) காய்ச்சல் மதிப்பிடுவது
14. மூன்றாவது படியில் மார்பகத்தை சுற்றி எந்த பகுதி தொட்டுத்தெரிந்து கொள்ள வேண்டும்?
  - a) அக்குள் வால்
  - b) வயிறு
  - c) கை
15. நிணணீர் முடிச்சின் வீக்கத்தை எப்படித்தெரிந்து கொள்ள வேண்டும்?
  - a) அவரை வடிவில்
  - b) கல் வடிவில்
  - c) கட்டை வடிவில்

16. மார்பகத் திசுக்களுக்கு எப்படி நீங்கள் அழுத்தம் கொடுத்தல் வேண்டும்?
- லேசாக அழுத்தம்
  - நடுத்தர அழுத்தம்
  - ஆழமான அழுத்தம்
17. மார்பகத்தை தொட்டுத்தெரிந்து கொள்ள பயன்படுத்தப்படும் கையறுப்
- நக திண்டு
  - நக நுனி
  - உள்ளங்கை
18. மூன்றாவது படியில் மார்பகத்தை தொட்டுத்தெரிந்து கொள்வது எப்படி?
- முக்கோண வடிவில் தொட்டுத்தெரிந்து கொள்ளல்
  - சதுர வடிவில் தொட்டுத்தெரிந்து கொள்ளல்
  - வட்ட வடிவில் தொட்டுத்தெரிந்து கொள்ளல்
19. மார்பக சுய பரிசோதனையின் நான்காவது படி என்ன?
- மார்பக ஆய்வு
  - படுத்திருந்து மார்பகத்தை உணர்தல்
  - நின்று மார்பகத்தை உணர்தல்
20. மார்பக சுய பரிசோதனையின் ஐந்தாவது படி என்ன?
- மார்பகம் ஈரமான மற்றும் வழக்கும் போது தொட்டுத்தெரிந்து கொள்ளல்
  - கண்ணாடி முன் ஆய்வு
  - மார்பகத்தை தொட்டுத்தெரிந்து கொள்ளல்
21. மார்பக சுய பரிசோதனையின் ஐந்தாவது படியில் உடல் நிலை என்ன?
- நின்று
  - படுத்து
  - முன்னோக்கி வளைத்தல்
22. மார்பக சுய பரிசோதனையின் அசாதாரண நிலை என்ன?
- மார்பகக் காம்பு வீக்கம் சிறுகுழிவு
  - வாந்தி
  - காய்ச்சல்
23. மார்பகத்தின் கட்டி கண்டறியும் எளிய முறை என்ன?
- மார்பக சுய பரிசோதனை
  - வயிற்றறை நோக்கியல்
  - இதயத்துடிப்பு மாணி

24. எந்த வயதில் மார்பக சுய பரிசோதனை செய்ய வேண்டும்?

- a) 25 வயதுக்கு மேல்
- b) 30 வயதுக்கு மேல்
- c) 18 வயதுக்கு மேல்

25. மார்பக சுய பரிசோதனை செய்ய. என்ன தடைகள்?

- a) நேரமின்மை
- b) வாந்தி
- c) காய்ச்சல்

## £Sv &III

### மார்பக சுய பரிசோதனை செயல்பாட்டின் அறிவு மதிப்பீடு

எண்	பொருள்	கடுமையாக முரண் படுகிறோம்	முரண் படுகிறோம்	நிச்சயமற்ற	ஏற்கிறேன்	கடுமையாக ஏற்கிறேன்
1	அனைத்து பெண்களும் மார்பக சுய தேர்வு செய்ய வேண்டும்.					
2	நான் உண்மையில் என் மார்பகங்களை கவனிக்கிறேன்					
3	மார்பக சுய பரிசோதனை செய்வது நேரத்தை வீணாக்குவது					
4	மார்பக சுய பரிசோதனை என்னை விரும்பத்தகாத உணரவைக்கும்					
5	மார்பக சுய தேர்வு செய்வதில் ஆர்வம்					
6	நான் மார்பக புற்றுநோய் பற்றி யோசிக்க பயப்படவில்லை					
7	மாதத்தில் ஒரு முறை மார்பக சுய பரிசோதனை செய்யவதை கஷ்டமாக உணர்கிறேன்					
8	மார்பக சுய தேர்வு செய்ய போதுமான நேரம் இல்லை					
9	மார்பக சுய தேர்வு எனக்கு சங்கடமாக இருக்கும்					
10	மார்பக சுய தேர்வு பற்றி என் நண்பர்களுடன் விவாதிக்கிறேன்					



## ANSWER KEY

<b>Question</b>	<b>Answer</b>	<b>Question</b>	<b>Answer</b>
1	A	16	A
2	B	17	A
3	B	18	C
4	A	19	B
5	B	20	A
6	A	21	A
7	C	22	A
8	A	23	A
9	B	24	C
10	B	25	A
11	A		
12	A		
13	B		
14	A		
15	A		

**APPENDIX - B****Letter seeking consent of the subjects for the participants in the research study**

I am voluntarily willing to participate in the study conducted by Mrs.S.Brindha on A Study to assess the effectiveness of information education communication on knowledge and attitude regarding breast self examination among women working in selected export company at Chennai .I will also co-operate with the researcher in providing necessary information.I was explained that the information provided would be kept in confidential and used only for above mentioned study purpose.

*S.Brindha*  
Signature of the investigator

*A. SUT*  
Signature of the worker

Place: *KUNDRATHUR*

Place: *KUNDRATHUR*

Date : *7/12/2016*

Date : *7/12/2016*

## APPENDIX – C

**AMUDHA SHOES UNIT**

## PERMISION LETTER

**NO.100 ABDUL KALAM STREET,****MANIKANDAN NAGAR,****KUDRATHUR,**

Date...23.11.16

TO

Madha College Of Nursing  
Somangalam Road,  
Kundrathur  
Chennai;600069

Madam,

Sub: MCON – Permission to carry out project  
Regarding your reference letter dated

23.11.16

With reference to the letter cited above, you are permitted to have the project during their course of study as a partial fulfillment of M.Sc Nursing Student Mrs.S.Brindha,I year M.sc of your “ Madha College of nursing”, Kundrathur,Chennai-600069,in our Export Company during the period of one month (01.12.2016 - 30.12.2016 ).

Thanking you

Yours Cordially

For AMUTHA SHOES UNIT  
  
Proprietor

## **APPENDIX – D**

### **LIST OF EXPERTS FOR CONTENT VALIDITY**

**Prof.Mrs. HEMA SURESH**

R.N., R.M., M. Sc.(N),

Principal

Faculty of Nursing,

Dr.M.G.R Educational and Research Institute University

Chennai - 95.

**Prof. Mrs. N. JAYASRI**

R.N., R.M., M.Sc.(N)., M.Phil.,

Principal,

MIOT College of Nursing,

Chennai - 89.

## CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem “A study to assess the effectiveness of INFORMATION EDUCATION COMMUNICATION PACKAGE on knowledge and attitude regarding BREAST SELF EXAMINATION among women working in selected export company at Chennai” prepared by Mrs. S.BRINDHA, M.Sc (N) student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of his dissertation at Madha College of Nursing, Kundrathur, Chennai – 69 is found to be valid to the best of my knowledge.



*Syena*  
PRINCIPAL  
FACULTY OF NURSING  
Dr M G.R  
EDUCATIONAL AND RESEARCH INSTITUTE  
UNIVERSITY  
(DECL U/S 3 OF UGC ACT 1956)  
CHENNAI-95.

## APPENDIX – E

### CERTIFICATE FOR ENGLISH EDITING

### TO WHOMSOEVER IT MAY CONCERN

This is to certify that that the dissertation “**A study to assess the effectiveness of planned teaching programme on knowledge and practice regarding safe medication administration among staff nurses working in selected hospital at Chennai**” prepared by Ms. Brindha. S II year M.Sc. (N) student of Madha college of nursing, Kunrathur, Chennai-69, is edited for English language appropriateness

SIGNATURE:



NAME:

S. BAGRUDEEN.

S. BAGRUDEEN, MA., BSc., M.Ed.,  
P/T. Professor of English  
(I-Year BSc Nursing)  
Madurai Medical College  
Madurai - 625020.

**CERTIFICATE FOR TAMIL EDITING**

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the dissertation “ **A study to assess the effectiveness of information education communication package on knowledge and attitude regarding breast self examination among women working in selected export company at Chennai**” prepared by Mrs. S.Brindha ,II year M.Sc (N) student of Madha college of nursing, Kundrathur, Chennai-69, is edited for Tamil appropriateness.

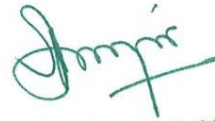
Name: *U. HJ @Lea 21/01*

*CJ*

Signature: **B. PARAMESWARAN, B.E.,  
Vocational Instructor  
Govt. Hr. Sec. School  
Bhuthapandy,  
K.K.Dist.**

## CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem “A study to assess the effectiveness of INFORMATION EDUCATION COMMUNICATION PACKAGE on knowledge and attitude regarding BREAST SELF EXAMINATION among women working in selected export company at Chennai” prepared by Mrs. S.BRINDHA, M.Sc (N) student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of his dissertation at Madha College of Nursing, Kundrathur, Chennai – 69 is found to be valid to the best of my knowledge.



Prof. Mrs. N. JAYASRI,  
M.Sc.,(N), M.Phil.,Ph.D.,  
PRINCIPAL  
MIOT COLLEGE OF NURSING  
4/112, Mount Poonamallee Road,  
Manapakkam, Chennai-600 089.



## APPENDIX - F




## CERTIFICATE OF ETHICAL CLEARANCE

<p style="text-align: center;"><b>MADHA COLLEGE OF NURSING</b> <b>ETHICAL COMMITTEE</b></p> <p style="text-align: right;">College Campus : Madha Nagar, Somangalam road, Kunrathur, Chennai -69</p>	<i>Date:</i> 09.06.2016
	<p><i>Chairman of Committee:</i></p> <p>Dr. S. Madan Kumar. M.D., Dip. A &amp; E Director, Madha Medical College &amp; Research Institute, Thandalam.</p> <p><i>Members:</i></p> <p>Dr. K. Gajendran. M.D., D.V., Principal, Madha Medical College &amp; Research Institute, Thandalam.</p> <p>Dr. A. Dhanikachalam. M.S., Mch Medical Superintendent, Madha General Hospital, Madha Medical College &amp; Research Institute, Thandalam.</p> <p>Dr. V. Vijay Krishna. M.P.T., Principal, Madha College of Physiotherapy, Kunrathur</p> <p>Dr. B. Tamilarasi, M.Sc. (N), Ph.D., Principal, Madha College of Nursing, Kunrathur</p> <p>Mrs. Grace Samuel, M.Sc. (N), Vice Principal, Madha College of nursing, Kunrathur</p>

**CERTIFICATE OF ETHICAL CLEARANCE**

This is to certify that the research proposal,  
“**Effectiveness of information education and communication  
package on knowledge and attitude regarding  
breast self examination among women working  
in selected export company at Chennai**”, submitted by  
Mrs. S.BRINDHA. student of 1 year M.Sc. Nursing (Medical Surgical  
Nursing) is hereby approved and granted ethical clearance by the  
Ethical Committee of the institute.

This clearance is valid for the period of 2 years.

  
**PRINCIPAL**  
**MADHA COLLEGE OF NURSING**  
**MADHA NAGAR, KUNDRATHUR,**  
**CHENNAI - 600 069**  
**PHONE : 24780738**

APPENDIX - G

INFORMATION EDUCATION COMMUNICATION PACKAGE  
ON  
BREAST SELF EXAMINATION

