KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG SCHOOL TEACHERS.

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Abstract

The present study was aimed at assessing the level of knowledge regarding breast self-examination among school teachers in selected schools at Aluva. The study was conducted among 30 school teachers at selected schools at Aluva. The tool used was structured knowledge questionnaire prepared by the investigators. The main study data was collected on 17. 07. 2017, 19.07.2017 in selected schools at Aluva. The study results revealed that the knowledge of school teachers regarding the breast self-examination was 'no one had excellent knowledge', 26.7% had 'very good knowledge', 50% had 'good knowledge', 23.3% had 'average knowledge', and 'no one had poor knowledge'. There was no significant relationship between knowledge and demographic variables.

Keywords: *Breast self-examination, school teachers.*

Introduction

Breast cancer is a global health issue and a leading cause of death among women internationally. In India, it accounts for the second most common cancer in women. Around 80, 000 cases are estimated to occur annually. Recommended preventive techniques to reduce breast cancer mortality and morbidity include breast self-examination, clinical breast examination and mammography. Clinical breast examination and mammography require hospital visit and specialized equipment and expertise whereas breast self-examination is an inexpensive tool that can be carried out by women themselves. Even though breast self-examination is a simple and quick procedure, the practice of breast self-examination is low and varies in different countries, like in England, a study by Philip et al, reported that only 54% of the study population practiced breast self-examination.

Early cancer of the breast is curable, and if every adolescent girl would take time to carefully examine her own breast at regular intervals, many benign and malignant tumor will be discovered easily and early. Nurses should become familiar with the procedure of breast self-examination so that they may teach adolescent girls, patients, friends or members of their families.

Thus, the investigator felt the need to design a descriptive study to assess the knowledge regarding breast self-examination among school teachers in selected schools at Aluva, with a view to develop the information leaflet.

Statement of the problem

A study to assess the level of knowledge regarding breast self-examination among school teachers in selected schools at Aluva, with a view to develop an information leaflet.

Objectives

- Assess the knowledge regarding breast self-examination among school teachers in selected schools at Aluva.

- Find out the association between the knowledge and selected demographic variables.

- Develop an information leaflet about breast self-examination.

Hypothesis

- **H₁:** There is a significant association between the knowledge regarding breast self-examination among school teachers and selected demographic variables.

Research Approach: Quantitative non-experimental exploratory approach was used and the data were collected in the numerical form.

Research Design: Descriptive survey design was adopted for this study.

Setting: The breast study was conducted at Christava Mahilalayam Higher Secondary School, Thottumugham Aluva, Christava Mahilalayam Public School Thottumugham Aluva, and St. Joseph U. P. School Chunamghamveli.

Population: The population of this study comprised of school teachers of selected schools at, Aluva.

Sample: The population in the study consisted of school teachers at Christava Mahilalayam Higher Secondary School Thottumugham Aluva, Christava Mahilalayam Public School Thottumugham Aluva, and St. Joseph U.P. School Chunamghamveli, who are fulfilling the inclusion criteria.

Sample Size: In this study the sample size was 30.

Sampling Technique: A systematic random sampling technique is adopted to select samples for the present study.

Sampling Criteria

Inclusion Criteria

- Teacher who are available during the period of data collection.

- Teacher who are willing to practice in the study.

- Teacher who can communicate in English.

Exclusion Criteria

- Teacher who are not willing to participate.

Description of the tool: A self-administrative questionnaire developed by the researcher. It consists of 2 sections.

Section A: Demographic data: First part consisted of 4 items to collect the base line characteristics of school teachers such as age, religion, education, breast changes in the last 3 months.

Section B: Multiple choice questionnaire to assess the knowledge of school teachers regarding Breast self-examination. It consisted of 25 open ended questions regarding breast self-examination.

Scoring and grading of the knowledge: Each correct answer is given a score of 1 and each wrong answer carries 0 marks. The maximum score was 25 and grading of the knowledge score is Poor Knowledge (1-5), Average (6-10) Good (11-15), Very good (16-20), Excellent (21-25).

Result

Description of demographic characteristics of the sample.

Majority of subjects, 36.66% belonged to the age group of 31 – 40 years, were as 33.34% which belonged to the age group between 21 – 30 years. And 20% belonged to 41 -50 years of age and 10% belonged to >50 years of age. Majority of subjects, 73.33% belongs to Christian group, 23.34% belongs to Hindu group and 3.33% belongs to Muslim group. About 60% belongs to the education category B.ed., whereas 33.34% belongs to TTC and 6.66% belongs to M.Ed. All the subjects (100%) have no changes in the breast since last three months.

Table 1:
Association of knowledge and selected demographic variables. (N = 30)

Demographic Variables		Knowledge Score		Chi square	df	Table Value	Level of Significance
		<13.16	≥13.16				
Age	21-30	5	3				
	31-40	6	7	2.18	3	7.82	NS
	41-50	2	4				
	> 50	1	2				
Religion	Hindu	2	5				
	Muslim	0	1	4.199	2	5.99	NS
	Christian	13	9				
Education	TTC	6	2				
	B.Ed	8	12	5.508	2	5.99	NS
	M.Ed	2	0				
Breast changes in last three months	Lump	0	0				
	Nipple discharge	0	0	0	4	9.49	NS
	Pain	0	0				
	None of the above	15	15				

Table 1 reveals that there is no significant relationship between knowledge and age of subject (chi square = 1.4659 P > 0.01), religion of the subject (chi square =7.918 P > 0.01), education of the subject (chi square = 1.5793 P > 0.01), breast changes in last three months (chi square = 1 P >0.01). Hence, the research hypothesis is rejected, and the null hypothesis is accepted.

Conclusion

The following conclusion was drawn based on findings the study. The majority of school teachers (50%) have good knowledge. Also, there is no significant relationship between knowledge and demographic variables.

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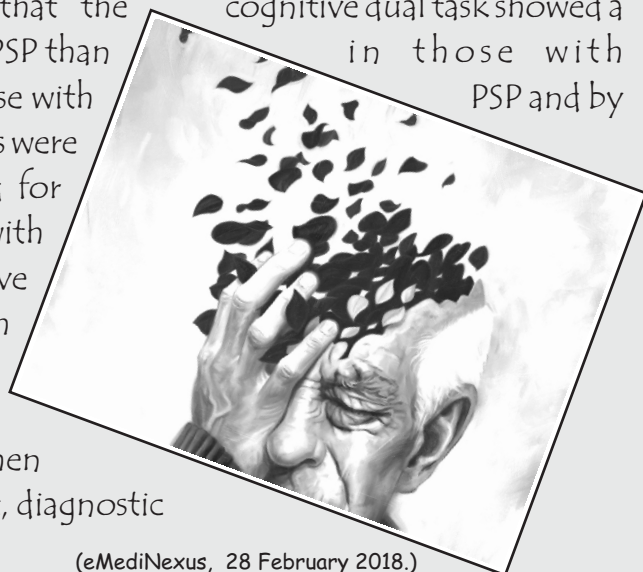knowledge- breast- self – examination – among –women –reproductive – age – group.

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POINT OF CARE BED SIDE WALKING TEST TO DIAGNOSE TREATABLE CAUSE OF DEMENTIA

A simple walking test may help identify reversible cause of dementia due to idiopathic normal-pressure hydrocephalus. It can often be reversed with the insertion of a ventriculoperitoneal shunt. It shares symptoms with other neurologic conditions, such as walking and balance dysfunction and cognitive impairment. The other condition most often confused with iNPH is progressive supranuclear palsy. Researchers from Germany have reported new results suggesting that these two conditions can be distinguished from each other by a dual-task walking test. This involves assessing how fast a person can walk while doing something else at the same time, such as counting backwards or carrying a tray.

A simple walking test may help determine if a person has iNPH or PSP relatively early in the course of the disease. For the test, all participants walked along a 22-foot-long pressure-sensitive carpet to assess their gait. They were asked to walk at three different speeds and then to also perform another task involving cognitive function, counting backwards, or motor function (carrying a tray). Results showed that the cognitive dual task showed a greater reduction of walking speed in those with PSP than in those with iNPH. Walking speed was reduced by 34% in those with PSP and by 17% in those with iNPH. In addition, when patients were engaged in the motor dual task, gait worsened for those with PSP but actually improved for those with iNPH. People with PSP appear to be more sensitive to these dual-task walking tests than people with iNPH. By just assessing gait, researchers were able to accurately differentiate between patients with PSP and those with iNPH 82% of the time. But when both dual-task tests were added to the assessment, diagnostic accuracy increased to 97%.

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