

**“A STUDY ON INFLUENCE OF HEALTH EDUCATION
OF RURAL WOMEN IN BREAST CANCER SCREENING
BY BREAST SELF EXAMINATION”**



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SUMMARY AND CONCLUSION

SUMMARY

Breast cancer is the second most predominant disease in the world and the most successive cancer in ladies, representing 25% of all cancer cases (WHO, 2012). Breast cancer is the 6th driving reason for mortality among malignancies, representing 522 000 deaths in 2012. In emerging countries, it caused 324 000 cancer deaths in 2012.

The notion of screening is 'foreign' to most Indians, especially in large cities. In severe stages of the disease, these repercussions lead to lower survival times than in the west. In immature countries, BSE distinguishes 40% of breast masses early. BSE mindfulness, cognizance, and practice help direction. This study expected to dissect the effect of a health instruction intercession program on country ladies' breast cancer and BSE.

The study meant to research country ladies' breast cancer mindfulness and self-assessment rehearses in Kanchipuram, Tamil Nadu. (ii) To research the impacts of health instruction on breast cancer knowledge and breast self-assessment among rustic Tamil Nadu ladies.

A semi trial, pre-and post-test study at CHRI. With a 10% non-reaction rate, the assessed test size to look at two matched extents was 279. 266 females from 12 RHC, CHRI people group were randomly examined in two stages. The study has three phases. I Pre-intervention phase: data collection using TBSEI, which scored all domains. (ii) A health education course aims to increase their awareness of breast cancer and breast self-examination and boost their practice and performance of ACS 2015-adapted breast self-examination techniques. Interventional educational training

pamphlets, flip charts Audio-visual aids were used to demonstrate the five-step breast self-exam system. Evaluation: A house-to-house visit 3 months post-intervention evaluated the program's effects. Pre-test questions were the same for all 266 females.

Mean, median, and percentiles were derived for study scores pre- and post-test (frequency and percentages). Inferential statistics like 'McNemar test' were employed to compare pre- and post-test changes. Wilcoxon marked rank was utilized to analyze pre-and post-test scores, and Mann Whitney U was utilized to contrast segment qualities and post-test results.

266 females were studied; their mean age was 42.29 (SD 11.07). Females 223 were mostly married (83.8%) and upper middle class (36.7%). 99 (37.2%) of women sought unskilled labor (housewives, daily wage labourers). Females 130 (48.9%) have normal BMIs between 18.5 and 24.9. Most of the 266 research participants had heard about breast cancer. 10.9% had never heard of breast cancer. 71%(189) of 266 females had never heard of breast self-examination before intervention.

This study showed a significant ($P=0.0001$) improvement in respondents' BSE knowledge, saw weakness, thought processes by and by, and capability from pre-to post-test. After the preparation, breast cancer and BSE knowledge expanded by 71.8%. 64.6% of females performed (BSE) against 7.14% pre-test. After intervention, the research group had a 50.7% more positive attitude and 47.81% more BSE practice. Education, employment, and post-intervention practice results were correlated. Rural females had low understanding and practice of BSE and poor knowledge of early detection tools, although this improved after an intervention program.

Conclusion

Just 3.3% of rural women used BSE on a monthly basis prior to the intervention. 64.7% of females continued to practice BSE frequently after intervention. Knowledge, perceived vulnerability, perceived barriers, and practice competency all increased as a result of health education. Ratings following interventions were correlated with a few parameters.

Breast cancer early detection initiatives are widespread in urban and metropolitan areas, but information is scarce in rural areas, where the majority of women reside. The findings of this study underline the need for awareness among women and the sophisticated attempts to encourage the adoption of cancer screening programs. This research advises utilizing BSE to increase rural women's understanding of breast health.

BSE can be very important for early diagnosis and therapy since it increases a person's understanding of breasts. Knowledge and uptake of early cancer detection should change as a result of well-planned educational programs. The most recent information about breast cancer should be taught to healthcare professionals and community volunteers so they can inform others.

Cancer is a chronic disease with a high mortality rate that is gradually increasing. Therefore, it's imperative to spread awareness among all women through a variety of methods and platforms. The participation of family doctors, community health nurses, and public health professionals should be crucial.

Recommendations

- Further research is recommended to discover the motives of shortened knowledge and practice of BSE among the Females in the general population especially from rural areas where two-thirds of the Indian population resides and where liberty to approach for information is still a gainsay.
- • A "one to one method" should be used to spread the word about breast cancer and self-examination by organizing small groups at work, in the community, in colleges, etc. Utilizing the mass media and community involvement can help spread accurate and pertinent information regarding BSE and breast cancer.
- Behaviour change communication strategy must embrace celebrity woman from diverse facets of life to represent the reason and disseminate the relevant information. They can also be utilised for behaviour change among the Females pertaining to avoid preventable risk factors.
- Reproductive and life skills instructions to the pupils in high schools and colleges should include a structured educational program to upsurge awareness and aptitude in BSE.
- Research ought to be encouraged in various geographical areas, among various Females folks from different socio economic status and varied age groups to know the reasons for non-practising BSE in order to select suitable strategies to sustain regular practice overtime.
- Regular training sessions for health care personnel is recommended and implemented with the goal of capacity building, thus enabling them to disseminate the information on breast cancer facts, early screening methods and also performing BSE.
- To establish well equipped breast clinics in every PHC with trained health care professional to promulgate, screen and counsel the Females on early screening methods of breast cancer according to the need of the Females.