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A study to assess the benefits of awareness programme on mammary gland self-observation to women residing at mappedu

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ABSTRACT

Mammary gland self-observation is still suggested as a universal reach. Mammary gland health awareness permits for early disclosure of any malformation. Mammary gland self-observation proceed to be suggested by physical protection practitioner because it is free of cost, easy, require small mechanics and teaching is workable. In the current review, a descriptive research design was handed down to execute the objectives of the study. The review was organized in Mappedu rural village. In the current review, the representative consists of 100 women. Self-design questions on knowledge about mammary gland self-observation have developed to learn the representative. Detailed and a prior census have being to examine the statistics.5(5%) women experiences adequate learning regarding mammary gland self-observation. 59(59%) women experience moderate learning regarding mammary gland self-observation. 36(36%) women experiences inadequate learning regarding mammary gland self-observation. This research shows that the organized education on awareness programme was successfully expanded the knowledge of women in Mappedu regarding mammary gland self-observation.

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INTRODUCTION

Worldwide, mammary carcinoma is the second majority repeated carcinoma and the 5th cause of carcinoma-associated impermanence. In low and middle-income country [LMICs], public health provocation has an incidence rate of increased annually by as ample as five per cent above 1 million proceeds current occurrence annually by 2020 (Ozgur-Erdem and Toktaş, 2016).

Mammary gland carcinoma is a kind of malign lump which begins in the cells of the mammary gland. The mammary gland self-observation is one of the screening methods which demand the women oneself focusing and feeling the mammary gland for any feasible nodule (American Cancer Society, 2015) recommends it for early detection of mammary gland carcinoma. American cancer society also suggests that female from the age of twenty years should be taught the advantage of executing mammary gland self-observation every month (Erdem *et al.*, 2016).

In India, mammary gland carcinoma reports for the 2nd nearly familiar carcinoma in the female. Throughout 80,000, occurrences are judged to arise yearly. The age-regulate occurrence rate of mammary gland carcinoma among Indian female is 22.9 per 100,000 female, and the impermanence amount is 11.19 per 100,000 female. In the present framework, nearly 1 in 26 female are predicted to be iden-

tified with mammary gland carcinoma in their lifespan (Jemal *et al.*, 2011).

Early finding plays a critical role for mammary gland carcinoma. Mammary gland carcinoma, mammography, and clinical mammary gland study are screening methods, which are used to notice prior mammary gland carcinoma. Notable observation should be paid to mammary gland self-observation to increase the chance of prior notification of changes in mammary gland tissue. However mammary gland self-observation alone is not adequate for prior notice of mammary gland carcinoma, it permits female to be accountable for their own health, to acknowledge mammary gland tissue, and to acquire preventive health performance. In spite of the absence of powerful verification of its effectiveness in minimizing the deaths from mammary gland carcinoma, standardized mammary gland self-observation has been nominated for the past 70 years. There is no verification on the outcome of screening through mammary gland self-observation. Anyhow, mammary gland self-observation increases mammary gland health realization of the female. Temporarily, mammography screening is the only screening method that has demonstrated to be successfully (Nayak *et al.*, 2011).

The need for this study has the association of understanding of mammary gland carcinoma and mammary gland self-observation. Research published that five years persist amount of mammary gland carcinoma client, 75% has been observed self-examiners and recommended that 50% of all breast cancer patients worldwide could obtain a prolongation by increasing public awareness (Punia *et al.*, 2018).

Objectives

1. To evaluate the quantity of understating women on risk factors of mammary gland carcinoma and mammary gland Self-observation.
2. To gain understanding regarding mammary gland carcinoma and mammary gland self-observation.
3. Evaluate the effectiveness of awareness programme on understanding regarding mammary gland carcinoma and mammary gland self-observation.
4. To find out the association between knowledge of mammary gland carcinoma among women With their selected demographic variables such as age, marital condition, occupation, Economic condition, and family history

MATERIALS AND METHODS

Samples of 100 women residing at Mappedu village were selected by purposive sampling technique. The collected statistics was ruled out the various sections. The examination was done by descriptive, inferential statistics. The descriptive research was conducted during a one week period. Data collection was conducted in Mappedu village. Demographic variables consist of age, marital status, family history of the disease, working status and economic status. The self-design question is used to evaluate the understanding regarding mammary gland self-observation. The questionnaire was used to get the understanding on mammary gland self-observation of women. The study investigator explained to the women residing in mappedu about objectives, rational and requirement of consent to engage in the research.

The investigators assuming instructions for filling the questionnaire, and then guided the women to understand each question was checked by asking the women to repeat the meaning. During the filling of questionnaires, the investigator helped the women through and helped to simplify the meaning of each question, clarifying doubts and checking for completeness of filling up the questions. After the pretest is calculated, an awareness programme is conducted in mapped village for women then again the question is provided as a post test. The study investigator explained to the women residing in Mappedu about post test and their objectives, rational and requirement of allow joining in the research. This time the women never asked a question to the investigator from the self-structured questionnaire. Therefore, the women got knowledge on breast self-examination. Chi-square test was used to test the association between categorical variables. $P< 0.05$ was taken as statistically significant

RESULTS AND DISCUSSION

The present study results show that Out of 100 samples about 11-20 years of women were moderately answered the question of 30%, 20-25 years of women were moderately answered the question 40% and 40-65 years of women were moderately answered the question 30%. 58% were married, and 42% were unmarried. 25%parents have a family history of mammary gland carcinoma, 35% has a history of mammary gland carcinoma in family members, and 40% has no history of breast cancer in the family. 28% was a worker, and 72% of women were a housewife. 40% were low economic status, 38% middle economic status and 22% were

Table 1: prevalence and percentage allotment of demographic variables

Demographic Variables	F	%
1. Age in years		
a) 11-21yrs	30	30%
b) 20-25yrs	40	40%
c) 40-65yrs	30	30%
2. Married status		
a) Married	58	58%
b) Unmarried	42	42%
3. Family history of mammary gland carcinoma		
a) Parents	25	25%
b) Family Members	35	35%
c) No History of Breast Cancer	40	40%
4. Occupation		
a) Worker	28	28%
b) House Wife	72	72%
5. Economic		
a) Low status	4	40%
b) Middle status	38	38%
c) High status	22	22%

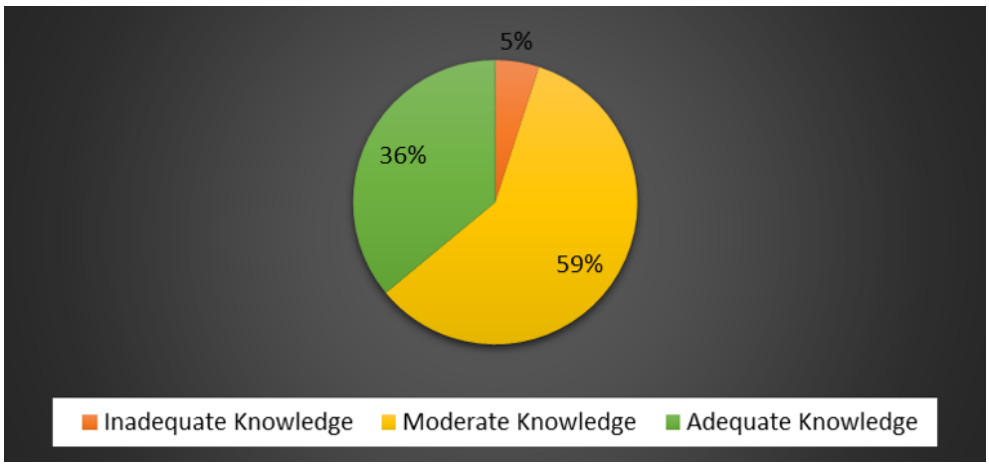

Figure 1: posttest percentage distribution of the quantity of knowledge regarding mammary gland self-observation

Table 2: Frequency and percentage distribution of post test on the quantity of knowledge concerning mammary gland self-observation

Level of knowledge	Frequency	Percentage
Adequate	5	5%
Moderate	59	59%
Inadequate	36	36%

high economic status (Table 1). Out of 100 samples, the post test shows that 5(5%) women are having adequate knowledge regarding mammary gland carcinoma. 59(59%) women are having moderate knowledge regarding mammary gland carcinoma. 36(36%) women were having inadequate knowledge regarding mammary gland self-examination (Figure 1), (Table 2). There was an association between the demographic variables. There was statistically non-significant found between age, marital status, family history of the disease, working status and economic status.

The present study evaluates the understanding on mammary gland self-observation. The result indicates that 5(5%) female having an adequate understanding regarding mammary gland self-observation. 59(59%) women are having a moderate understanding regarding mammary gland self-observation. 36(36%) women are having inadequate knowledge regarding mammary gland self-observation (Table 2). This is supported by (SuwarnaMadhukumar *et al.*, 2017) who developed a study on awareness on mammary gland carcinoma and practice of mammary gland self-observation. Pretest and post test were collected from 1030 students. The age of the study participants was ranged between 18 and 23 years. Most of them were aware of breast carcinoma, but half of them thought breast cancer affects the elderly. Regarding different aspects studied, 58% had knowledge of at least one of the symptoms, and 59% knew at least the risk factors of mammary gland carcinoma. Only 185 (18%) women knew about BSE, and 107 women practice it (Suwarna-Madhukumar *et al.*, 2017).

A related study was done by (Sama *et al.*, 2017) Awareness of breast cancer and breast self-examination among female undergraduate students. The mean age of the assenter was 22.5±3.2years, and a broad major (n = 304, 88.1%) get about mammary gland carcinoma essential from the television/radio (n=196, 64.5%). Worldwide, lesser part (n=65, 21.4%) of assenter who had heard about mammary gland carcinoma had enough understanding on its risk factors and signs/symptoms. A plural (53.3%) thought mammary gland carcinoma could be averted by vaccination while over a 3rd (38.7%) unlock the mammary gland carcinoma by treating physical. Below half (47%) of assenter who had to apprehend regarding mammary gland carcinoma had apprehend regarding mammary gland self-observation among only 55 (38.5%) had repeated it (SuwarnaMadhukumar *et al.*, 2017).

Another study conducted by (Obaji *et al.*, 2013) Awareness and Practice of Breast Self-Examination among Market Women. The age range of contributeeither20 or 65 years, with an express age of 34.3 (10.8) years. The age compass, either 20 or 29 years, constituted the highest age group, 35.3% (84/238). Mostly 54.2% (129/238) maintain the highest marginal teaching. About 238 contestants, 77.7% have apprehend the mammary gland carcinoma, were 73.9% concept of early observation intended cooperation treatment. Hardly 38.9% (6/195), 13% and 13.4% have apprehended of mammary gland self-observation, detached mammary gland inspection and mammography commonly, disinterested 23.9% have been educate to execute mammary gland self-observation, while 21.8% this done along go. One person 0.4% aware of the accurate frequency of mammary gland self-observation. There was a graphic difference, either the level of teaching and awareness on mammary gland self-observation, until there was no sgrafical difference between contributor age and awareness of mammary gland self-observation (Sama *et al.*, 2017).

A study conducted by (Nayak *et al.*, 2011) Awareness and Impact of Education on Breast Self-Examination among College Going Girls. Statistical analyzation shows the most (52%) of them was in the category of 18-19 years, and 72% of them were had mean knowledge on mammary gland self-observation in the pretest count. All over 40 contributors only one student was executed mammary gland self-observation occasionally (Obaji *et al.*, 2013).

CONCLUSION

This research shows that the organized education on awareness programme was productive in expanding the knowledge of women in Mappedu regarding mammary gland self-observation.

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