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"Effect of QR Coded Self-Instructional Module (Sim) on Knowledge Regarding Breast Self-Examination Among Womens in Selected Rural Area."

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Abstract:

Background: Every year International Womens Day is celebrated to inspire the women to stride ahead in life. While women had made progress in most of the field still, she tend to inexplicably neglect her own health.

Aim: to assess the effect of QR coded Self-Instructional Module (SIM) on knowledge regarding Breast Self-Examination among women in selected rural area.

Material and method: The research method adopted for the present study was pre-experimental one group pretest post-test research design with quantitative and evaluative approach. Convenient sampling technique was used to select 100 women from rural area. Tool consisted of 2 sections. Section I included demographic variables and section II included structured questionnaire. Data collection was done from 28th March 2024 to 4th April 2024.

Result: The sample distribution showed that out of 100 samples, 30% were from the age group of 31-35 years of age, 37% of them had secondary education, 86% of them were Hindu by religion, 95% of them were married & 36% of them had monthly income below Rs. 10,000/-. The data analysis related to level of exixting knowledge showed that, in pretest 37% of women had poor knowledge, 59% of them had average knowledge, 3% them had good knowledge and 1% of them had excellent knowledge. In Post-test, 96% women had excellent knowledge and 3% woman had good knowledge.

Conclusion: This study concluded that the SIM regarding Breast Self-Examination was effective among women.

Key Words: Assess, Effect, QR Code, Self-Instructional Module, Knowledge, and Breast Self-Examination.

1.   Introduction

Every year International Womens Day is celebrated to inspire the women to stride ahead in life. While women had made progress in most of the field still, she tend to inexplicably neglect her own health. The technological advancement, modernization, urbanization, economic liberation, and changing values of the society have been influencing the health care tremendously.[1]

Every year October month is considered as the Breast Cancer Awareness month, which is worldwide annual campaign involving thousands of organizations to highlight the importance of breast cancer awareness, education and research. Breast is the symbol of femineity, beauty, sexuality and motherhood, so any diseases most commonly cancer of breast is a life-threatening disease as it effects the organ intimately associated with self – image, reproductive and nurturing capacity.[1]

Cancer is one of the most important diseases which threaten human health. There are many types of cancer. Cancer can develop anywhere in the body and is named for the part of the body where it started. Cancer starts when cells

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begin to grow out of control. For instance, breast cancer that starts in the breast is still called breast cancer even if it spreads (metastasizes) to other parts of the body.[2]

Breast cancer is a leading cancer worldwide with more than 540000 new cases occurring each year. Incidence of breast cancer in India is estimated to be 20.1 per lakh population (2012). The natural history of breast cancer can be altered when early diagnosis and treatment will be undertaken. Therefore, the diagnosis of breast cancer in early stage has a significant impact on therapy, which in turn can improve the quality of life of a patient with breast cancer. In the world, Breast cancer is the most commonly seen type of cancer in women. Breast cancer is a significant health concern affecting womens worldwide, with early detection playing a pivotal role in reducing morbidity and mortality.[2]

Breast self-examination is a general screening method to diagnose breast cancer at earlier stage in order to decrease morbidity and or mortality.[3]

Breast self-examination is a simple, inexpensive, safe examination method which requires no invasive interventions or any apparatus and protects womens privacy and can be done comfortably alone at home.[4]

According to American Cancer Society, women should do monthly self-examination of the breast since the age of 21 years for early detection of the breast cancer. As earlier breast cancer is found and diagnosed, the better chance of treating it effectively. That is why BSE is useful health care practice for early detection of breast cancer.[5]

2. Objectives

1. To assess the level of knowledge regarding breast self-examination among womens.
2. To assess the effect of QR coded self-instructional module regarding breast self-examination on knowledge among womens.
3. To compare the pre-test and post-test knowledge scores of womens.
4. To find out the association of knowledge about breast self-examination with selected demographic variables.

3. Methods

The research approach adopted in this study was quantitative and evaluative approach and the research design used for this study was one group pretest post-test which is pre-experimental research design. The independent variable was QR Coded Self-Instructional Module regarding breast self-examination. The dependent variable was level of knowledge regarding breast self-examination**.** The study was conducted in Rural Area of Community at Alandi. The population used for this study were womens residing in rural area. The samples were women in the age group 21 to 50 years of age & convenient sampling was used.

Inclusion criteria

- Women belonging to age group of 21 to 50.
- Women who are willing to participate in the study.

Exclusion criteria

- Women not willing to participate.
- Women not belonging to age group 21 to 50 years of age.

In this study consent was obtained from study participants before data collection and then structured questionnaire regarding demographic variables & knowledge questionnaire was administered to assess the level of knowledge of womens regarding breast self-examination was used as tool. The questions related to demographic variables and structured questions related to knowledge of Breast Self-Examination.

Part I: Demographic variables such as Age, Educational Status, Religion, Marital Status,

Monthly Income.

Part II: It consists of 15 questions related to knowledge of Breast Self-Examination.

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Total Score Interpretation

SR. NO.	GRADE	PERCENTAGE	SCORE
1	Poor	25% & below	1 – 4
2	Average	26 - 50%	5 – 8
3	Good	51 – 75%	9 – 12
4	Excellent	76 - 100%	13 - 15

Reliability was assessed using the test-retest method. Pearson's correlation coefficient was found to be 0.91.

A pilot study was conducted on 10 samples from Dhyaneshwar Nagar in RPH Alandi. After obtaining consent from the study participants pretest was given. Then QR coded self-instructional module on BSE was shared and post-test was done after 7 days. Data was analysed by using differential and inferential statistics. The pilot study was conducted to assess feasibility of the study.

The collected data was analysed by using descriptive and inferential statistics.

4.   Results

Section I

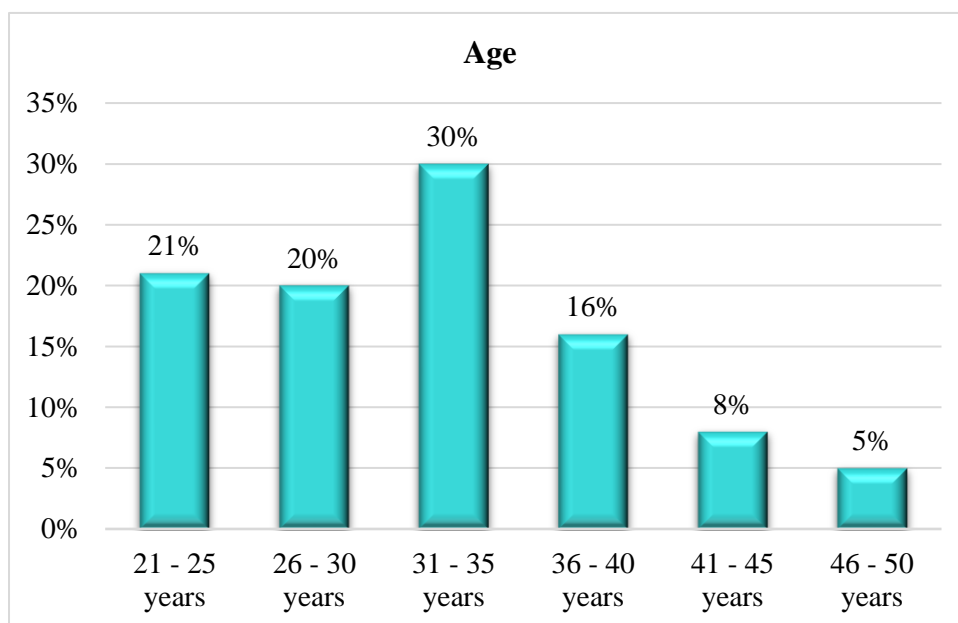### Description of samples (women) based on their personal characteristics

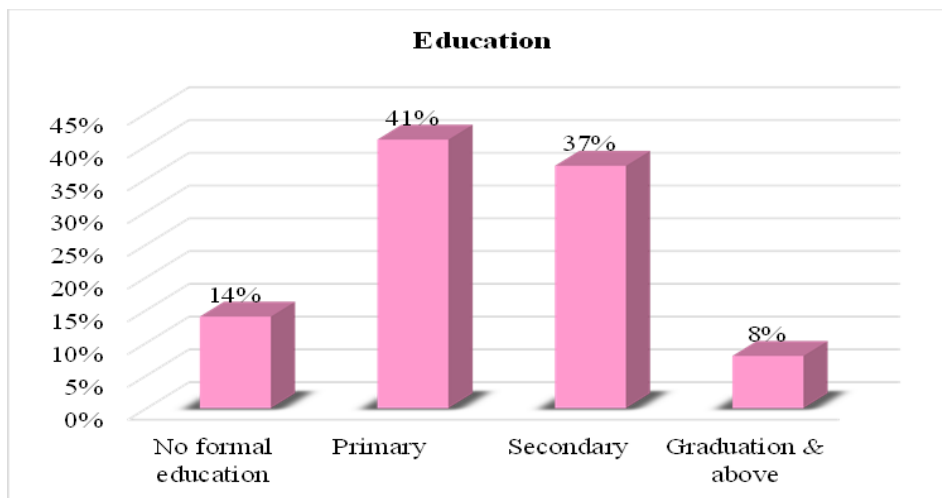**Figure 1: Description of samples based on their age.**

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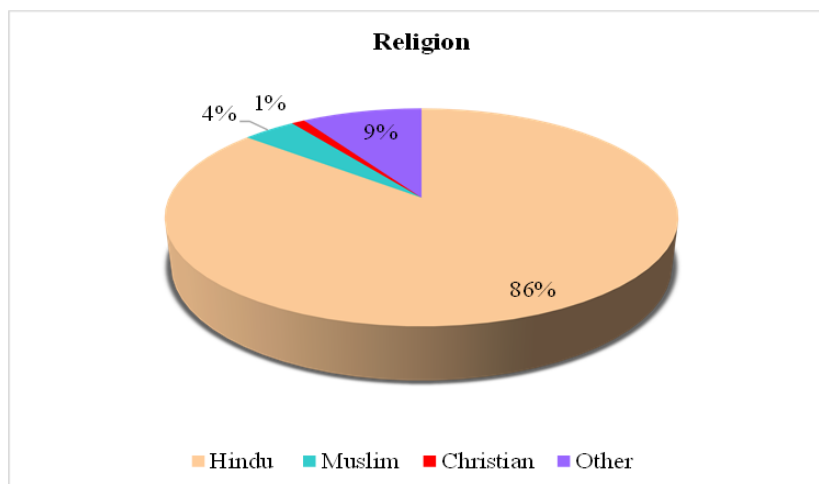**Figure 2: Description of samples based on their education.**

Figure 3: Description of samples based on their religion.
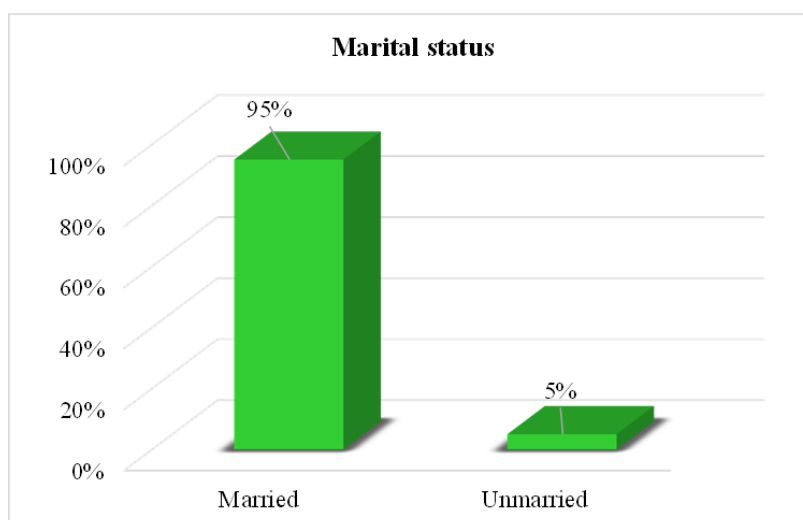

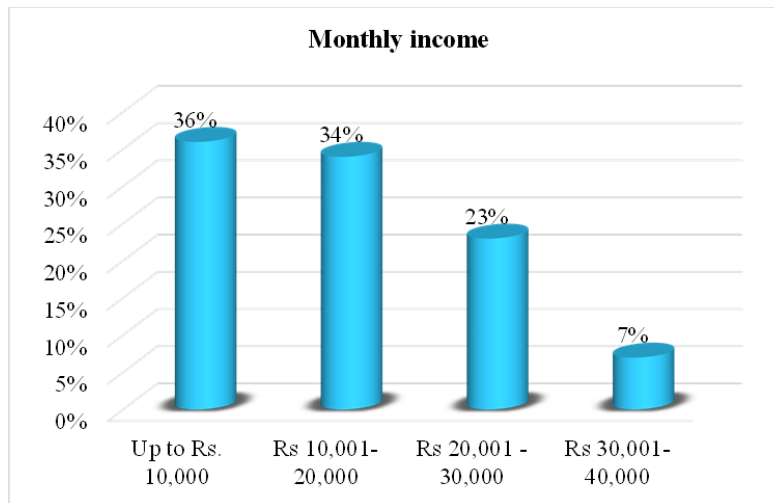**Figure 4: Description of samples based on their marital status.**

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Figure 5: Description of samples based on their monthly income.

Section II

Analysis of data related to the knowledge regarding breast self-examination among women

Table 1: Knowledge regarding breast self-examination among women

N=100

Knowledge	Pretest	
	Freq	**%**
Poor	37	37%
Average	59	59%
Good	3	3%
Excellent	1	1%

Table 1, shows that 37% of the women had poor knowledge, 59% of them had average knowledge, 3% of them had good knowledge and 1% of them had excellent knowledge regarding breast self-examination.
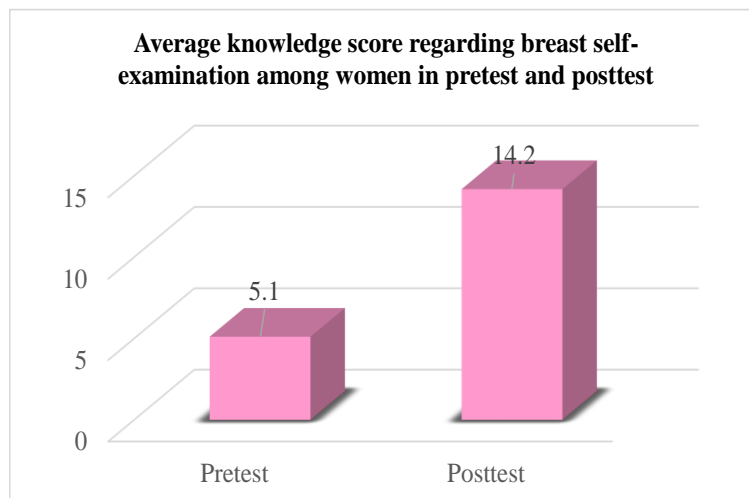

Figure 6: Comparison of Pretest and Posttest Average knowledge scores of regarding Breast Self-Examination.

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we applied Fisher's exact test for the association of knowledge about breast self-examination with selected demographic variables. p-values corresponding to all the demographic variables were large (greater than 0.05), none of the demographic variables was found to have significant association with the knowledge about breast self-examination with selected demographic variables.

5.   Discussion

A community-based study was conducted in the village. The study was done in womens aged between 0 to 60 years. Questionnaire was developed for demographic details. Post-test was done on the tenth day. A structured questionnaire was given to assess the level of knowledge of womens regarding breast self-examination. The questionnaire was consisting of 25 questions. The scale was consisting of 25 items, where 0-9 ($<35\%$) indicates inadequate knowledge, 10-17 (35%-70%) indicates moderate knowledge, 18-25 ($>70\%$) indicates adequate knowledge.[6]

Results showed that in pretest is 58.75% of women shoving inadequate knowledge, 42.25% of women shoving moderate knowledge regarding breast self-examination. In post test score was 73.75% of women shoving adequate knowledge and 26.25% of women shoving moderate knowledge regarding breast self-examination.[6]

'Chi square' were performed to find out the association between knowledge of womens with selected demographic variables. The data were analysed using descriptive and inferential statistics. Mean score of post-tests of planned teaching programme is 19.1. Hence, the planned teaching programme was effective in enhancing the knowledge of women regarding breast self-examination.[6]

Similarly in present study the samples were 100 women's residing in Alandi area conducted to assess the effectiveness QR coded self-instructional module on knowledge regarding breast self-examination among women's. Results of the study indicates that the knowledge among women regarding breast self-examination improved remarkably after QR coded self-instructional module.

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