

**Thesis Title** The Effectiveness of Health Education Teaching Using  
Video Tape and Leaflet Combined with Prompting on  
Breast Self-Examination of Suansumandha and Suandusit  
College students, Teachers' College Students of breast lumps or breast  
Name and selected group 1 and experimental group 2.  
**Degree** Master of Science in Public Health (Health Education)  
**Thesis Supervisory Committee** group were Suansumandha teachers' college  
Roongrote Poomriew, M.P.H., Ph.D.

**The Inst** Nirat Inamee, M.P.H., Ph.D. data were questionnaires  
behavioral. Rossukhōn Makaramani, B.ED., M.ED., Ph.D. education  
teaching using Voravit Sriwatanawongsa, B.Sc., M.D., Diplomate, up 2  
received a monthly mail prompting for American Board of Surgery. xi  
**Date of Graduation** 18 May B.E. 2532 (1989) education teaching and after  
prompting.

**ABSTRACT** and breast cancer, knowledge, derivation,  
Student's t-test, pairs t-test and multiple classification analysis.

Breast cancer is one of the causes of cancer death in women.  
Breast Self-Examination (BSE), if used routinely, represents an important  
opportunity for each woman to protect herself from the possibly devastating  
effects of breast cancer. In addition, a number of women don't practice  
BSE because lack of information and neglect. Health education teaching  
may help solve the problems related to Breast Self-Examination.

The main objective of this research was to examine the  
effectiveness of health education teaching using video tape and  
leaflet combined with prompting on BSE, by applying Health Belief Model  
to produce video tape. Breast cancer and BSE knowledge, beliefs  
concerning susceptibility, severity, benefit, barrier and routinely BSE  
were considered. The relationship between each selected factor: age,

marital status, and experience regarding breast cancer and BSE and routinely BSE were explored.

The sample were 96 female Suansunandha and Suandusit teachers' college students, ages 20 to 50, no history of breast lumps or breast cancer, and selected to experimental group 1 and experimental group 2. The experimental group 1 consisted of 40 Suandusit teachers' college students and the other group were Suansunandha teachers' college students. All group 1 at  $p\text{-value} < 0.001$ .

The instruments used for collecting data were questionnaires and behavioral record forms. Both groups received health education teaching using video tape and leaflet. Only the experimental group 2 received a monthly mail prompting for 3 months. Data were collected from the two groups before, after health education teaching and after prompting.

Percentage distribution, arithmetic means, standard deviation, student's  $t$ -test, pairs  $t$ -test and multiple classification analysis were used to analyse the data.

The result revealed as follows:

1. In experimental group 2, after prompting, the result revealed as follows:

1.1 Breast cancer and BSE knowledge was significantly higher than before teaching at  $p\text{-value} < 0.001$  and higher than the experimental group 1 at  $p\text{-value} = 0.041$ .

1.2 Belief concerning susceptibility of breast cancer was significantly higher than before teaching and was not higher than the experimental group 1.

1.3 Belief concerning severity of breast cancer was lower than before teaching at  $p\text{-value} = 0.014$  but was not significantly lower

than the experimental group 1. Only BSE of two groups were influenced differently. 1.4 Belief concerning benefit of BSE was not significantly lower than before teaching and was not lower than the experimental group 1. Suggestions for further research

1.5 Belief concerning barrier of BSE was not significantly lower than before teaching but higher than the experimental group 1.

1.6 Routinely BSE was significantly higher than the experimental group 1 at p-value  $< 0.001$ . Combined with prompting should be

2. Of the sample groups, after prompting the relationships were found among routinely BSE and breast cancer and BSE knowledge, beliefs regarding susceptibility and severity of breast cancer and benefits and barriers of BSE, age, marital status and experience regarding breast cancer and BSE, as follows:

2.1 About 51 percent (the experimental group 1) and 36 percent (the experimental group 2) of the variation in routinely BSE could be explained by their breast cancer and BSE knowledge, beliefs regarding susceptibility and severity of breast cancer and benefits and barriers of BSE, age, marital status and experience regarding breast cancer and BSE.

2.2 Approximately 34 percent (the experimental group 1) and 28 percent (the experimental group 2) of the variation in routinely BSE could be explained by their breast cancer and BSE knowledge, beliefs regarding susceptibility and severity of breast cancer and benefits and barriers of BSE.

2.3 Approximately 22 percent (the experimental group 1) and 18 percent (the experimental group 2) of the variation in routinely BSE could be explained by their age, marital status and experience regarding breast cancer and BSE.

2.4 Their routinely BSE of two groups were influenced differently by those variables in 2.1

### Suggestions for further research

1. The longer period of experiment (e.g. 6 months), the experiment without prompting should be studied.
2. Other health preventive behavioral researchs (e.g. immunization, physical examination) combined with prompting should be investigated.