

# Evaluating the Effectiveness of a Video Assisted Teaching Program on Breast Self-Examination Knowledge Among College Girls in Jagdalpur, Bastar (Chhattisgarh)

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**Abstract:** *Breast Cancer remains a leading cause of mortality among women globally, with early detection via Breast Self-Examination (BSE) being a critical preventive measure. This quasi-experimental study assessed the effectiveness of Video-Assisted Teaching Program on Breast Self-Examination Knowledge among 60 Girls at Govt. Danteshwari Girls College, Jagdalpur, Bastar (C. G.), using a one-group pre-test post-test design, Convenience sampling was employed, and data were collected via demographic variables and a self-structured questionnaire. Pre-intervention, 33.33% of participants had poor knowledge, post-intervention, 81.67% demonstrated good knowledge ( $p < 0.001$ ). Significant associations were found between pre-test knowledge and demographic factors such as Age, Religion, Living Area. These findings underscore the value of Video-based education in enhancing Breast Self-Examination Awareness among Young Women." **Result:** The study results showed that knowledge level in the Pre-test was 20 (33.33%) of Girls had Poor Knowledge and 39 (65%) had Average Knowledge on Breast Self-Examination among Girls in Govt. Danteshwari Girls College at Jagdalpur Bastar (C. G.) before Video-Assisted Teaching. In Post educational test 11 (18.33%) of Girls had Average Knowledge and 49 (81.67%) had Good Knowledge. There is significant relation between Girls' Pre-intervention Knowledge of Breast Self-Examination and demographic variables like Girls Age, Religion, Marital status, Educational status, Father education, Mother Education, Father/Husband Occupation, Family income, Family type, Living area and Previous knowledge.*

**Keywords:** Breast Self-Examination, Video Assisted Teaching, Knowledge Enhancement, College Girls, Breast Cancer Prevention

## 1. Introduction

Cancer is a leading cause of Disease and Death Worldwide. According to the WHO, Breast Cancer is the most common cancer among women worldwide. One in eight Women will be diagnosed with Breast Cancer. Breast cancer was the most common cancer based on occupation diagnosed in women (25.2% of all new cases in women). So, it is necessary to detect early stage of Breast Cancer and preliminary screening for Breast will be done to prevent morbidity and death among women in selected wards of Arpookara Panchayat, Kottayam district, Kerala.

In 2020, there were 2.3 million women were diagnosed with Breast Cancer and 685000 deaths globally. As of the end of 2020, there were 7.8 million women alive who were diagnosed with Breast Cancer in the past 5 years, making it the world's most prevalent cancer.

Globally, Breast Cancer (BC) is the most frequently diagnosed cancer ranks fourth for both incidence and mortality. (44) Breast and cervical cancers are the two most common cancers among Indian women which contributed 39.4% to the total cancer in India for the year 2020. (31) Breast Cancer has ranked number one cancer among Indian females with age-adjusted rate as high as 25.8 per 100, 000 women and mortality 12.7 per 100, 000 women. Data reports from various latest national cancer registries were compared for incidence, mortality rates.

In India, the systematic collection of cancer data is being carried by the Population Based Cancer Registries (PBCR) established since 1981 under the National Cancer Registry

Programmer (NCRP)-National Centre for Disease Informative and Research (NCDIR) of Indian Council of Medical Research (ICMR), (ICMR-NCDIR-NCRP), Bengaluru.

According to the recently released NCRP 2020 report, Breast Cancer, Age Adjusted Incidence Rate (AAR) per 100, 000 population was high in Metro and Urban cities ranging from 48.0 (Hyderabad) to 7.0 (Meghalaya). AAR of CC was high in the northeast region followed by Bangalore and Barshi rural of India. It ranged from 27.7 (Papumpare district) to 4.8 (Dibrugarh).

## 2. Background of the Study

Background of death from cancer in women. Even though there is slight decline in deaths related to Breast. Breast Cancer is one of the most common malignancies and has become second leading cause of cancer, the incidence rate is increasing. Breast Self-Examination is a technique, which helps women to look for any changes that may develop in the Breast like lump, changes in Size or Shape, Rashes, Pain or discharge of the Nipple etc. Knowledge about BreastSelf-Examination can reduce the mortality rate from Breast Cancer and other Breast related disorders.

In present scenario, there is a lack of well-established population-based Cancer registry in the state of Chhattisgarh. Therefore, hospital records can play a major role in filling the gap. Cancer data from Chhattisgarh are very much limited. Hence, this study was planned based on hospital records of Cancer patients registered at regional cancer Centre, Dr. B. R. Ambedkar Memorial Hospital, Raipur, Chhattisgarh.

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Emphasizing Breast Self-Examination's role in reducing the Breast Cancer Mortality and addressing the lack of cancer data in Chhattisgarh.

### Objectives of the study

- 1) To assess the Pre-test and Post – test Knowledge regarding Breast Self-Examination, among College Girls in Jagdalpur Bastar (C. G.).
- 2) To determine the effectiveness of Video-Assisted Teaching Program on Knowledge regarding Breast Self – Examination among College Girls in Jagdalpur Bastar (C. G.).
- 3) To find out the association between Pre – test Knowledge Score of Girls regarding Breast Self-Examination with their selected demographic variables.

### Aim

“The main aim of the study is to evaluate the Effectiveness of a Video-Assisted Teaching Program on Knowledge regarding Breast Self-Examination among Girls.”

### Research hypothesis

**H1-** There will be a significant difference between Pre-test and Post- test level of Knowledge regarding Breast Self-Examination among Girls.

**H2-** There will be a significant relationship between Knowledge regarding Breast Self-Examination among Girls.

**H3-** There will be a Significant Association between the Post-test Knowledge Score with their selected demographic variables among Girls.

## 3. Methods

**Design:** An alternative Two group Pre-test Post-test design with a control group receiving no intervention with informed consent and confidentiality.

**Setting:** The study was conducted in Govt. Danteshwari Girls Collage at Jagdalpur Bastar (C. G.).

**Sample:** Girls those who are studied in Govt. Danteshwari Girls Collage at Jagdalpur Bastar (C. G.).

**Sample Size:** The sample size for this investigation was set at 60 Peoples.

**Sampling technique:** Convenience sampling technique was used to select the samples.

**Sample size calculation:** The sample size was based on previous study results and by Power Analysis. The supportive study used to calculate the sample size is "Evaluating the Effectiveness of Video-Assisted Teaching Program on Breast Self-Examination Knowledge Among College Girls in Jagdalpur Bastar (C. G.). This study finding was 36%. It is expected to improve 20% after intervention with 95% of confidence and 80% of power of the study.

### Tools for data collection

**Section 1: Demographic variables of girls:** Demographic data consist of Age, Religion, Marital status, educational status, Father education, Mother education, Father/Husband occupation, Family income, Family type, Living area and Previous knowledge.

**Section 2: Self-structured knowledge questionnaire:** The tool used to assess the knowledge on Breast Self-Examination among Girls. The tool consisting of 26 questions. Each correct answer carries '1' mark and wrong answer carries '0' mark. So total score is 26 Out of 26 marks, the knowledge level will be classified.

### Ethical consideration

Ethical Clearance was obtained from Institutional Ethics Committee Govt. Collage of Nursing Jagdalpur Bastar (C. G.). Dispatch No.1585 Date 09/03/2022. Informed consent was obtained from all the participants in the study. Explanation was given regarding the purpose of the study. Confidentiality was given regarding the purpose of the study. Confidentiality was ensured. Due permission from authorities was sought and obtained. The individual participant had the right to walk away from the study without assigning any reason to the investigator.

### Pilot study

A pilot study was conducted at Govt. Kaktiya PG College Dharampura No.2 Jagdalpur on 10% of the total sample. Pre-test was conducted on 09/03/2022 and intervention (Video-Assisted Teaching Program of Breast Self- Examination) also given on the same day. Post-test was conducted on 16/03/2022 (1 week interval) data with analyzed with the help of Descriptive and Inferential Statistics finding indicated that the Video- Assisted Teaching was effective for Girls in increasing their knowledge regarding Breast Self-Examination.

### Data collection procedure

The study's goal was presented to each sample in order to gain their full cooperation. The subject's consent was acquired. There was sufficient privacy. The Pretest has been done with the help of questionnaire. With the use of Video-Assisted Teaching Program has been implemented as an intervention. The Video-Assisted Teaching Program explains about how to perform Breast Self-Examination. In one week, interval post-test was conducted for the same Girls.

## 4. Conclusion

The study demonstrates that a Video-Assisted Teaching program Significantly Improves Knowledge of Breast Self-Examination among College Girls in Jagdalpur, Bastar (C. G.), with Post-test Scores rising from 44.69% to 80.12% ( $p < 0.001$ ). The findings suggest that such interventions are effective and feasible in resource-limited settings, particularly where cancer awareness is low. Associations with Living Area and Prior Knowledge highlight the need for targeted education. Future research should explore larger samples and long-term retention to solidify these gains.

## 5. Result Discussion

### Section I

- 1) Age group majority of the Girls 43.33% were within the 20-21 years, 25% within 18-19 years, 21.67% within 22-23 years and 10% within 24-25 years.
- 2) Religion majority of the Girls 90% were within the Religion of Hindu, 3.33% within the Religion of Muslim, 6.67% within the Religion of Christian and Others 0%.
- 3) Marital status majority of the Girls 90% were within the Unmarried and 10% within in married.
- 4) Education majority of the Girls of the Graduation 95% were within the Education of the Girls of Post-Graduation 5%.
- 5) Father Education majority 3.33% were within Literate, 11.67% within Primary, 8.33% within Middle 20% within High school, 15% within Higher secondary, 11.67% within Graduation and above.
- 6) Mother Education majority 43.33% were within Literate, 16.67% within Primary, 8.33% within Middle, 16.67% within High school, 10% within Higher Secondary and 5% Graduation and above.
- 7) Father/Husband Occupation majority 0% were within Unemployed, 21.67% within Private job, 23.33% Govt. job, 41.67% Self-Employed (Farmer/Self-Employed), 13.33% Laborer.
- 8) Family income/month majority of 60% were within 10, 000-15, 000, 13.33% within 15, 001-20, 000, 15% within 20, 001-15.000 and 11.67% within 25.001-30, 000.
- 9) Family type majority of the 30% within the Nuclear and 70% within Joint.
- 10) Living area majority of the 58.33% were within the Urban and 41.67% within Rural.
- 11) Previous knowledge majority of the Girls 43.33% were within the Yes and 56.67% within No.

### Section II

- 12) The 31.24% of Girls have Previous Knowledge by Breast Self-Examination within the Pre-test & 12.34% Post-test.
- 13) The Girls Scored 81.67% Good category, (21-30), 65% in Average (11-20), and 33.33 in Poor (0-10).
- 14) Significance of the observed difference in Pre-test and Post-test Knowledge Scores. On applying the test Highly Significant difference ( $P < 0.001$ ) was found in the knowledge score regarding Breast Self-Examination among Girls.
- 15) Find the association between the Pre-test Knowledge level with selected demographic variables. The finding shows that there was Living area in ( $X^2 = 7.10$ ,  $P < 0.05$ ) & Previous Knowledge ( $X^2 = 10.56$ ,  $P < 0.001$ ) Highly Significant association between Pre-test Knowledge level of among Girls regarding Breast Self-Examination & their Demographic variables.

Association between Pre – test Knowledge of Girls with their selected Socio-demographic variables.

There is No Significant association between Pre – test Knowledge Scores of the Girls with their Living Area Urban & Rural and the calculated value i. e.  $P < 0.05$  S than of chi

square 7.10 & difference is 2 & critical value is 5.99 at 0.05 Level of Significance.

There is No Significant association between Pre – test Knowledge Scores among Girls of Previous Knowledge as the calculated value i. e.  $P < 0.01$  HS than chi square 10.56 & difference is 2 & critical value is 9.21 at 0.001 is more than the table Level of Significance.

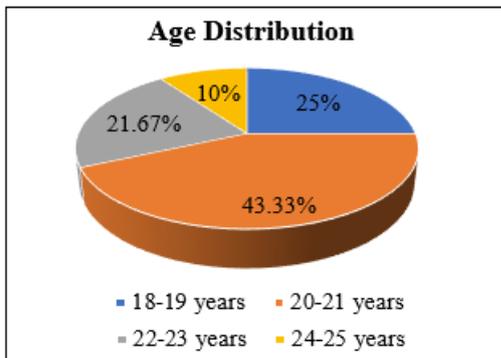
Rajkumari gunisana devi Conducted a study 2021 to assess the effectiveness of Video-Assisted Teaching Program on knowledge regarding Breast self-examination among College Girls. It is definitely detected by adolescent Girls in order that the priority is given to teaching all Girls how and when to examine their breasts. Regular Breast Self-Examination can identify any abnormal changes in the breasts to determine a good prognosis If the Young Groups of Girls are targeted with accurate information and encouragement, they are going to learn to look at themselves and detect every minute changes early in their later life. Methods: The research approach adopted within the present study was an evaluative approach, and the research design was one group pretest and posttest design which belongs to pre-experimental design. The purposive non sampling technique was wont to select the sample. The sample size was 40 adolescent girls aged 15 to 17 years. Data were collected by using a structured knowledge questionnaire schedule through multiple-choice questions and a Video-Assisted Teaching Program was intervened. again, after a gap of seven days, a Post-test was conducted with the same tool. Results: The Pretest mean score was 13.81 (SD 4216) and in the posttest, it was 27.71 (SD=7.894). The mean posttest knowledge score was higher than the mean pretest score which indicated an improvement in the knowledge level of the respondents after the Video-Assisted Teaching Program. The mean difference of (13.900), SD 3.678 of overall knowledge with paired 't' value (23.901). There is no significant relationship between Age, Education, Residential area., Type of family, Family monthly income, and Sources of information regarding Breast Self-Examination with Post-test Knowledge Scores of adolescent Girls regarding Breast Self-Examination.

### Section 1

**Table 1:** Demographic presentation percentage distribution of the Girls according to their Age, N=60

Age group	Frequency	Percentage (%)
18-19 Years	15	25%
20-21 Years	26	43.33%
22-23 Years	13	21.67%
24-25 Years	6	10%
Total	60	100%

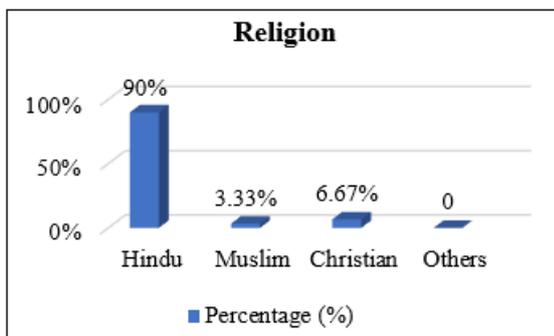
\* $P < 0.001$ HS



**Table 1:** Pie diagram with regards to the Age group majority of the Girls 43.33% were within the 20-21 years, 25% within 18-19 years, 21.67% within 22-23 years and 10% within 24-25 years., N=60

**Table 2:** Demographic presentation percentage distribution of the Girls according to their Religion, N=60

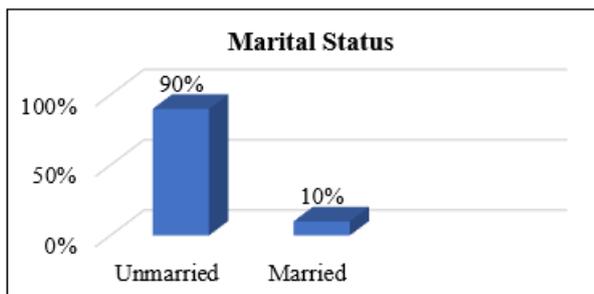
Religion	Frequency	Percentage (%)
Hindu	54	90%
Muslim	2	3.33%
Christian	4	6.67%
Others	0	0%
Total	60	100%



**Table 2:** Bar diagram with regards to the Religion majority of the Girls 90% were within the Religion of Hindu, 3.33% within the Religion of Muslim, 6.67% within the Religion of Christian and Others 0%., N=60

**Table 3:** Demographic presentation percentage distribution of the Girls according to their Marital Status, N=60

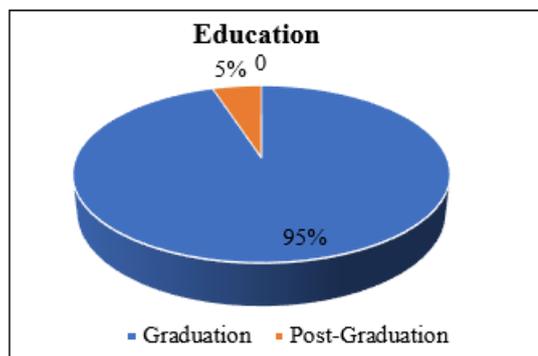
Marital Status	Frequency	Percentage (%)
Unmarried	54	90%
Married	6	10%
Total	60	100%



**Table 3:** Bar diagram with regards to the Marital status majority of the Girls 90% were within the Unmarried and 10% within in married, N=60

**Table 4:** Demographic presentation percentage distribution of the Girls according to their Education, N=60

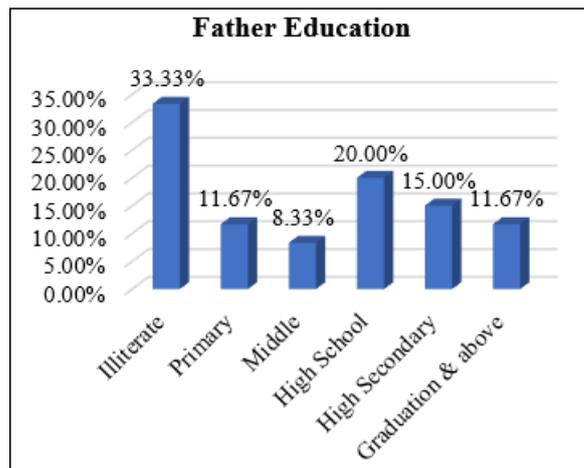
Current Education	Frequency	Percentage (%)
Primary	0	0%
Middle	0	0%
High School	0	0%
High Secondary	0	0%
Graduation	57	95%
Post-Graduation	3	5%
Total	60	100%



**Table 4:** Pie diagram with regards to the Education majority of the Girls of the Graduation 95% were within the Education of the girls of post-graduation 5%., N=60

**Table 5:** Demographic presentation percentage distribution of the Girls according to their Father Education, N=60

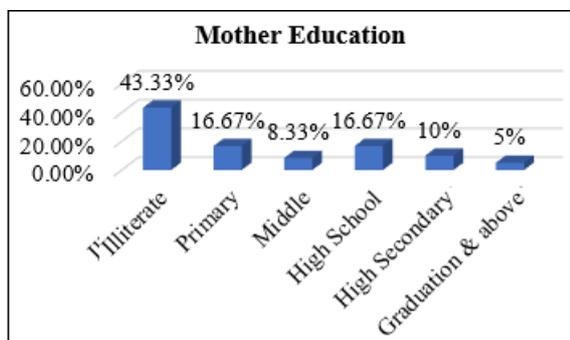
Father Education	Frequency	Percentage (%)
Illiterate	20	33.33%
Primary	7	11.67%
Middle	5	8.33%
High School	12	20%
High Secondary	9	15%
Graduation & above	7	11.67%
Total	60	100%



**Table 5:** Bar diagram with regards to the Father Education majority 33.33% were within literate.11.67% within primary, 8.33% within middle 20% within high school, 15% within higher secondary, 11.67% within Graduation and above., N=60

**Table 6:** Demographic presentation percentage distribution of the Girls according to their Mother Education, N=60

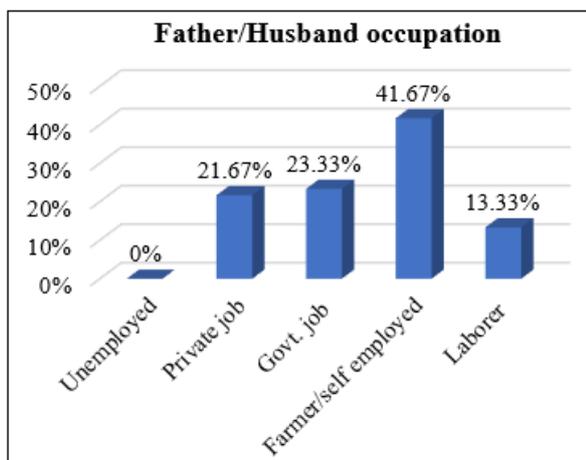
Mother Education	Frequency	Percentage (%)
Illiterate	26	43.33%
Primary	10	16.67%
Middle	5	8.33%
High School	10	16.67%
High Secondary	6	10%
Graduation & above	3	5%
Total	60	100%



**Table 6:** Bar diagram with regards to the Mother Education majority 43.33% were within literate, 16.67% within Primary, 8.33% within Middle 16.67% within High school, 10% within Higher secondary and 5% Graduation and above, N=60

**Table 7:** Demographic presentation percentage distribution of the girls according to their Father/Husband occupation, N=60

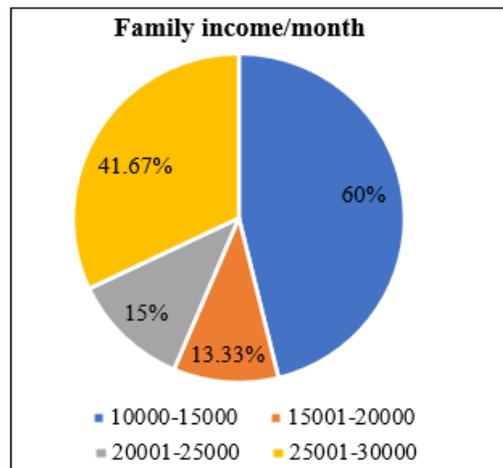
Father/Husband occupation	Frequency	Percentage (%)
Unemployed	0	0%
Private job	13	21.67%
Govt. job	14	23.33%
Farmer/self employed	25	41.67%
Laborer	8	13.33%
Total	60	100%



**Table 7:** Bar diagram with regards to the Father/Husband occupation majority 0% were within Unemployed, 21.67% within private job, 23.33% Govt. job 41.67% self-employed (Farmer/Self-employed), 13.33% Laborer.

**Table 8:** Demographic presentation percentage distribution of the Girls according to their Family income/month, N=60

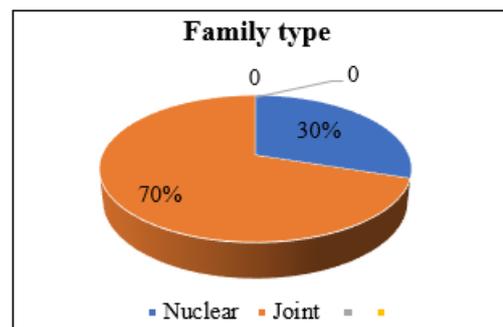
Family income/ month	Frequency	Percentage (%)
10000-15000	36	60%
15001-20000	8	13.33%
20001-25000	9	15%
25001-30000	25	41.67%
Total	60	100%



**Table 8:** Pie diagram with regards to the Family income/month majority of 60% were within 10, 000-15, 000, 13.33% within 15, 001-20, 000, 15% within 20, 001-15.000 and 11.67% within 25.001-30, 000, N=60

**Table 9:** Demographic presentation percentage distribution of the Girls according to their Family type, N=60

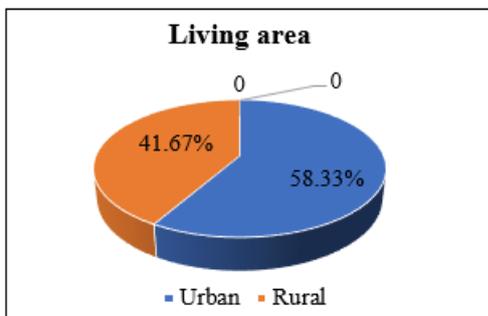
Family type	Frequency	Percentage (%)
Nuclear	18	30%
Joint	42	70%
Total	60	100%



**Table 9:** Pie diagram with regards to the Family type majority of the 30% within the nuclear and 70% within joint, N=60

**Table 10:** Demographic presentation percentage distribution of the Girls according to their Living area, N=60

Living area	Frequency	Percentage (%)
Urban	35	58.33%
Rural	25	41.67%
Total	60	100%



**Table 10:** Pie diagram with regards to the Living area majority of the 58.33% were within the Urban and 41.67% within Rural, N=60

**Table 11:** Demographic presentation percentage distribution of the Girls according to their Previous knowledge, N=60

Previous Knowledge	Frequency	Percentage (%)
Yes	26	43.33%
No	34	56.67%
Total	60	100%



**Table 11:** Pie diagram with regards to the Previous knowledge majority of the girls 43.33% were within the Yes and 56.67% within No., N=60

**Section II**

**Table 12**

**Objective 1:** To assess the Pre-test and Post-test Knowledge regarding Breast Self-Examination among College Girls in Jagdalpur, Bastar (C. G.), N=60

CV= Coefficient of variation or % deviation, N=60

	Knowledge Level					
	Max Score	Min-Max	Mean	Mean%	SD	CV (%)
Pre- Test	26	5-19	11.62	44.69	3.63	31.24
Post- Test	26	16-25	20.83	80.12	2.57	12.34

**Table 14**

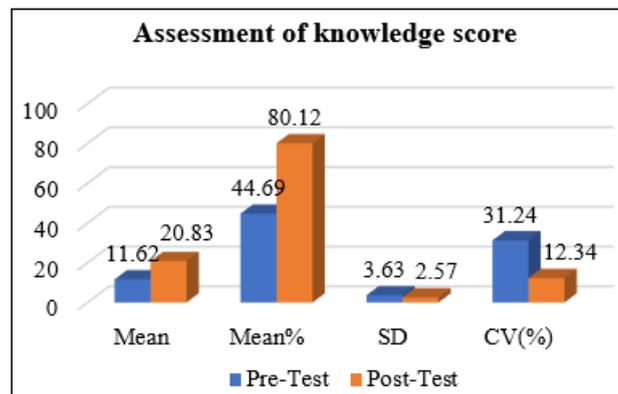
**Objective 2:** To determine the Effectiveness of Video-Assisted Teaching Program on Breast Self-Examination Knowledge among College Girls in Jagdalpur Bastar (C. G.)

**Table 14:** Paired t test has been used to test the Significance of the observed difference in Pre-test and Post-test Knowledge Scores. On applying the test Highly Significant difference (P<0.001) was found in the Knowledge Score regarding Breast Self-Examination among College Girls.

	Knowledge Score								
	Max Score	Mean	Mean%	SD	Mean difference (Gain %)	Paired 't' value	Degree of freedom	Critical t value	Significance
Pre-Test	26	11.62	44.69	3.63	9.21 (35.43%)	26.06	59	3.46	*P<0.001HS
Post-Test	26	20.83	80.12	2.57					

N=6

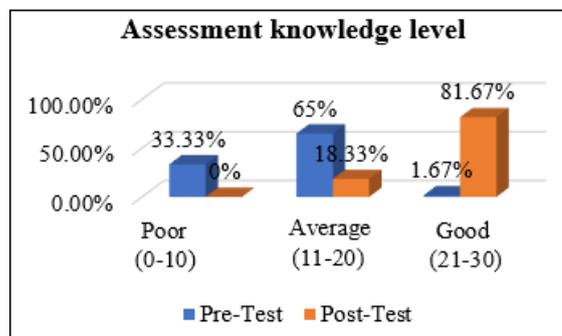
Note-P<0.001 Highly significant



**Table 12:** Bar diagram shows that 31.24% of the Girls have Previous Knowledge by Breast Self-Examination within the Pre-test& 12.34% Post- test

**Table 13:** Shows that the Girls Scored 81.67% Good category, (21-30), 65% in Average (11-20), and 33.33 in Poor (0-10), N=60

	Knowledge Level			
	Poor (0-10)	Average (11-20)	Good (21-30)	Total
Pre- Test	20 (33.33%)	39 (65%)	1 (1.67%)	60 (100%)
Post- Test	0 (0%)	11 (18.33%)	49 (81.67%)	60 (100%)



**Table 13:** Bar diagram shows that the Girls Scoring in 81.67% Good (21-30), 65% Average (11-20), 33.33 Poor (0-10), N=60

Table 15

**Objective 3:** To find out an association between Pre-test Knowledge Score of College Girls regarding Breast Self-Examination and demographic variables.

N=60

Demographic variables	Frequency pre-test knowledge score			Total	Chi-square X <sup>2</sup>	Degree Or Freedom	Critical Value at (P>0.05)	Inference
	Poor (0-9)	Average (10-18)	Good (19-26)					
<b>1. Age</b>								
18-19 years	5 (33.33%)	10 (66.67%)	0 (0%)	15 (100%)	1.44	6	12.59	<b>Not Significant</b>
20-21 years	9 (34.62%)	16 (61.54%)	1 (3.85%)	26 (100%)				
22-23 years	4 (30.77%)	9 (69.23%)	0 (0%)	13 (100%)				
24-25 years	2 (33.33%)	4 (66.67%)	0 (0%)	6 (100%)				
<b>2. Religion</b>								
Hindu	17 (31.45)	36 (66.67%)	1 (1.85%)	54 (100%)	0.89	4	9.49	<b>Not Significant</b>
Muslim	1 (50%)	1 (50%)	0 (0%)	2 (100%)				
Christian	2 (50%)	2 (50%)	0 (0%)	4 (100%)				
Others	0 (0%)	0 (0%)	0 (0%)	0 (0%)				
<b>3. Marital Status</b>								
Unmarried	18 (33.33%)	33 (64.81%)	1 (1.85%)	54 (100%)	9.77	8	15.0	<b>Not Significant</b>
Married	2 (33.33%)	4 (66.67%)	0 (0%)	6 (100%)				
<b>4. Education</b>								
Graduation	19 (33.33%)	37 (64.91%)	1 (1.75%)	57 (100%)	0.057	2	5.99	<b>Not Significant</b>
Post graduation	1 (33.33%)	2 (66.67%)	0 (0%)	3 (100%)				
<b>5. Father Education</b>								
Literate	8 (40%)	11 (55%)	1 (5%)	20 (100%)	10.34	10	18.31	<b>Not Significant</b>
Primary	2 (28.57%)	5 (71.43%)	0 (0%)	7 (100%)				
Middle	1 (20%)	4 (80%)	0 (0%)	5 (100%)				
High School	2 (16.67%)	10 (83.33%)	0 (0%)	12 (100%)				
Higher Secondary	6 (66.67%)	3 (33.33%)	0 (0%)	9 (100%)				
Graduation & above	1 (14.29%)	6 (85.71%)	0 (0%)	7 (100%)				
<b>6. Mother Education</b>								
Literate	0 (0%)	0 (0%)	0 (0%)	0 (0%)	10.57	10	18.31	<b>Not Significant</b>
Primary	7 (26.92%)	18 (69.23%)	1 (3.85%)	26 (100%)				
Middle	3 (30%)	7 (70%)	0 (0%)	10 (100%)				
High School	3 (60%)	2 (40%)	0 (0%)	5 (100%)				
Higher Secondary	1 (10%)	9 (90%)	0 (0%)	10 (100%)				
Graduation	3 (50%)	3 (50%)	0 (0%)	6 (100%)				
<b>7. Father/Husband Occupation</b>								
Unemployed	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4.72	6	12.59	<b>Not Significant</b>
Private Job	3 (23.08%)	9 (69.23%)	1 (7.69)	13 (100%)				
Govt. Job	4 (28.57%)	10 (71.43%)	0 (0%)	14 (100%)				
Farmer/Self employed	10 (40%)	15 (60%)	0 (0%)	25 (100%)				
Laborer	3 (37.5%)	5 (62.5%)	0 (0%)	8 (100%)				
<b>8. Family Income</b>								
Rs.10000-15000	12 (33.33%)	23 (63.89%)	1 (2.78%)	36 (100%)	3.27	6	12.59	<b>Not Significant</b>
Rs.15001-20000	2 (25%)	6 (75%)	0 (0%)	8 (100%)				
Rs.20001-25000	2 (22.22%)	7 (77.78%)	0 (0%)	9 (100%)				
Rs.25001-30000	4 (57.14%)	3 (42.86%)	0 (0%)	7 (100%)				
<b>9. Family type</b>								
Nuclear	4 (22.22%)	13 (72.22%)	1 (5.56%)	18 (100%)	4.16	2	5.99	<b>Not Significant</b>
Joint	16 (38.1%)	26 (61.9%)	0 (0%)	42 (100%)				
<b>10. Living area</b>								
Urban	7 (20%)	27 (77.14%)	1 (2.86%)	35 (100%)	7.10	2	5.99	<b>*P&lt;0.05 S</b>
Rural	13 (52%)	12 (48%)	0 (0%)	25 (100%)				
<b>11. Previous knowledge</b>								
Yes	3 (11.54%)	22 (84.62%)	1 (3.85%)	26 (100%)	10.56	2	9.21	<b>*P&lt;0.001 HS</b>
No	17 (50%)	17 (50%)	0 (0%)	34 (100%)				

**Nursing implication**

In active study search for knowledge regarding Breast Self-Examination among girls in Govt. Danteshwari Girls College at Jagdalpur Bastar (C. G.), the present study emphasizes the need for impacting knowledge by improving knowledge regarding Breast Self-Examination. The result of the study provides several implications for Nursing Practice, Nursing Administration & Nursing Research.

**Nursing practice**

Nurses in the health care setting should possess sound knowledge about Breast Self-Examination for better clinical practice.

**Nursing administration**

Nursing is an evolving profession to improve the quality of care & practice should be evidence based. The present study

showed that there is an effectiveness of Video assisted teaching programme on knowledge regarding Breast Self-Examination. the administrator can communicate this finding to the student & they can incorporate this in monthly practice of Breast Self- Examination. She can motivate the girls to participate in in-service education program on Breast Self-Examination.

### Nursing research

Practice emerges from research, evidence-based practice improves the quality of nursing care. This study focuses on improving the quality assessment among girls on Breast Self-Examination. Research add value to the comprehensive care the nurse involved in students care can educate the students & enrich the evidence-based care which will enhance the nursing research.

### Recommendation for Future Research

Based on the findings of the study the following recommendations are made –

The study can be replicated using a large sample to validate the findings on generalization. A similar study can be conducted by using comparative approach & comparison can be made between nurses with varying qualification. A study also be done to assess the practice & attitude of the female student regarding Breast Self-Examination. Study can be done with randomization for better result. The study can be conducted among different groups in urban & rural area & hospital community setting. The study can be conducted using various research design.

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