

Effectiveness of Video Assisted Educational Programme Towards Breast Self Examination Among Rural Women

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Abstract--- *Appropriate protective strategies direction on both primary and secondary preventive mechanisms is needed to decrease the incidence of breast cancer. Objectives: To assess the women's knowledge on breast self examination before and after intervention. To find out an association with women's knowledge on breast self examination the demographic variables. Material & Methods. Evaluative research approach was used. Research design- Quasi experimental (one group pre & post test design). Study was done on 49 subjects from community Gondi, Karad. Using Non Probability Convenient sampling technique The data collected using pre tested questionnaire. Frequency distribution analysis was performed. Result: Among 49 Majority of the subjects 16 (32.6 %) age 41-50 year, Majority women's from Hindu family and women's from secondary school education 26 (53.6%) . 100% women's from rural community, majority samples is married ie 41 (83.6%) About occupation out of 49 women's 47 (95.9) % were housewife 27 (55.1%) from joint family. Out of 49 women's history of no breast cancer None 46(93.8%). And Habit of tobacco 40(81.6%) Mean, standard deviation of score obtained before and after administration of the video assisted educational programme on knowledge of women's on breast self examination Conclusion: Video assisted educational program was effective strategy to improve knowledge of women's on breast self examination*

Keywords: *Effectiveness, Video assisted Educational Program, knowledge, Breast Self Examination,*

I INTRODUCTION:

Appropriate preventive strategies direction on preventive mechanisms is required to reduce breast cancer. One key system is to evaluate the familiarity with Breast malignant growth and self-Breast Examination; the second significant strategy is to help climb Breast self-Examination among unsafe ladies particularly those in poverty stricken and asset constrained settings. Early uniqueness of Breast variation from the norm is significant activity for treating Breast disease and preventive dreariness and mortality cause by Breast threat. Clinical Breast Examination, Mammography are the backbones for early acknowledgment of Breast tumor. Self Breast Examination has a constructive outcome of limits the advancement of anomaly and handicap, So it improves the personal satisfaction

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and endurance [1]. Cancer of breast is disease which affects many dimensions of health as it gives physical, emotional, psychological as well as economical set back to the women affected. Among women breast malignant tumor is common cancer diagnosed globally [2].

Breast self-examination is an important screening measure for detecting breast cancer. There is information that ladies who precisely practice Breast self-examination month to month are progressively conceivable to recognize an irregularity in the beginning period of its advancement for better perseverance rate [3].

Breast malignancy among Indian ladies is second most regular reason for disease, stressed on network based instructive mediation which is exceptionally productive. Self Breast Examination via prepared female wellbeing labourers at the remote spots. Numerals of projects are led under National Rural Health Mission, sorting out direction and instruction for the wellbeing labourers with respect to clinical Breast Examination [4]. Self Breast Examination is a basic, reasonable, non-intrusive, and non-perilous mediation, which isn't just satisfactory yet additionally financially savvy and appropriate technique for early finding of Breast malignant growth. Urges ladies to assume a functioning liability in preventive Breast malignant growth. Right and intensive Breast self Examination must be guarantee, speedy and satisfactory clinical assistance should be accessible when required [7]. In Breast self Examination if any lumps, nodularity, hard mass or some other changes educate your physician. Breast disease is the most widely recognized malignant growth in ladies on the planet whose occurrence is expanding exceptionally in the creating nation because of expanded future and undesirable unpleasant lifestyles [9]. Study conducted by zagade et.al. The findings it is quite evidenced that the patients who received interactive video information showed significant reduction in the level of preoperative anxiety [10].

Self Breast Examination is the most reasonable strategy for Indian ladies. Then again, the act of Breast self Examination has been believed to enable ladies, taking risk for their own wellbeing. Breast cancer is leading cause of the death in many initial countries amongst middle age women [11].

II MATERIAL AND METHOD:

Research Approach: Evaluative approach

Research design: Quasi experimental (one group pre & post test design).

Setting of the study: Gondi, a rural community in Karad .

Study subjects: Above 30 years 49 women's from Gondi, a rural community in Karad

Sample Size: 49 women's

Sampling Technique: Convenient Sampling Technique

Data collection tool: Structured questionnaire was prepared and used for data collection.

Section I: Deals with demographic data of the sample

Section II: Questionnaire on women's knowledge of breast self Examination.

Data collection:

After all formal permission, the tool was administered to study subjects. A time schedule was planned for collecting the data .In order to obtain response each participant was assured about the confidentiality of their response. The average time taken for each data collection was 30 to 45 minutes.

Pre test: The questionnaire was administered. Intervention video assisted educational programme done after pre test to the subjects.

Post test: Post test was administered to assess the impact of video assisted educational programme. Data analysis inferential and descriptive statistics was used through instat software.

III RESULTS:

The result revealed that among 49 subjects, Majority of the subjects between age group 41-50 year 16(32.6 %) age, 15 (30.6%) subjects were 31-40 years. Majority of samples 45(91.8 %) were from Hindu religion, 26(53.06.%) women's were educated up to secondary school, and 13(26.5 %) women's educated primary school. 49(100%) women's were from rural family, and 41(83.6 %)women's married. widow 8(16.3%), 47(95.9%) of their women's were housewives and 45(91.8%) women's tacking mixed diet, 46(93.8%) women's had no history of breast cancer, 2(4.08%) had history of breast cancer of mother. 40(81.6%) women's having Habit of tobacco,9 (18.3%) women's no habit of tobacco. Maximum womens from joint family i.e. 27(55.1%) were nuclear family women's 22(44.8%).

In the pre test 73.46% women's having average knowledge14.28% women's having good knowledge and in the post test 95.91% women's having good knowledge.4.08% women's having average knowledge.

While comparing the pre test and post test knowledge of the women's the pre test mean was 8.79 and Standard Deviation is 2.58 whereas in post test mean 22.69 and Standard Deviation was 4.45Paired 't' Values is 18.88, (P<0.0001).

Table 1: Frequency and percentage distribution of socio-demographic variables of subjects (N=49)

sr no	variable	frequency	percentage
1	AGE		
	31 – 40	15	30.6%
	41 – 50	16	32.6%
	51 – 60	10	20.4%
	61 – 70	06	12.2%
	71 -80	02	4.08%

2	RELIGION		
	Hindu	45	91.8%
	Muslim	04	8.1%
	Christian	0	0%
3	EDUCATION		
	Primary school	13	26.5%
	Secondary school	26	53.06%
	Higher Secondary School	08	16.3%
	Graduate	02	4.08%
4	RESIDENCY		
	Rural	49	100%
	Urban	0	0%
5	Married	41	83.6%
	Unmarried	0	0%
	Widow	08	16.3%
	Separate	0	0%
6	House wife	47	95.9%
	Service	02	4.08%
7	Diet		
	Vegetarian	04	8.1%
	Non- Vegetarian	0	0%

	Mixed	45	91.8%
8	History Of Breast Cancer		
	Mother	2	4.080%
	Sister	0	0%
	Aunty	1	2.08%
	None	46	93.8%
9	Habit of Tobacco Chewing		
	Yes	40	81.6%
	No	09	18.3%
10	Type Of Family		
	Joint Family	27	55.1%
	Nuclear Family	22	44.8%

Table 1- Depicts that the majority samples from age group 41-50year 16(32.6%) 100% women's were rural community, 45(91.8%) women's taking mixed diet ,46(93.8%)had no history of breast cancer. Majority womens 40(81.6%) had habit of tobacco.

TABLE 2 Area wise distributions of subjects according pre-test scores regarding breast self examination and its knowledge.

Knowledge level	Score	Frequency	Percentage
Good	12-30	07	14.28%
Average	6-11	36	73.46%
Poor	0-5	06	12.24%

Table 2- Depicts that the 36(73.46%) subjects having average knowledge towards breast self examination. And 7(14.28%) having good knowledge where as 6(12.24%) having poor knowledge towards breast self examination.

Table 4 Area wise distributions of subject according post test scores regarding breast self examination and its knowledge.

Knowledge level	Score	Frequency	Percentage
Good	12-30	47	95.91%
Average	6-11	02	4.08%
Poor	0-5	0	0

Table 3: Depicts that the 47(95.91%) subjects having good knowledge towards breast self examination and it's 2(4.08%) having average knowledge and no women's having poor knowledge about breast self examination..

**Table 4
 Data Showing Values of Pre Test and Post Test:**

Sr. no.		MEAN	SD	"t" value	Significance
1	PRE TEST	8.79	2.58	18.88	Significant
2	POST TEST	22.69	4.45		

Table 3 :The above table shows the knowledge score of women's on breast self examination when video helped instructive program of 49 samples with pre test mean of 8.79 and Standard Deviation is 2.58 where as in post test mean 22.69 and Standard Deviation was 4.45. Paired't' values is 18.88 $P < 0.0001$.

Hence null hypothesis was rejected. Findings revealed that the video assisted educational program is very effective method for improving the knowledge level of women's on breast self examination.

IV DISCUSSION:

In present study 53.6% women under educated, and housewives 95.9% women's practicing after educational in the this study and similar study S Ahuija etc 60% were under educated housewives and 85% womens practicing after educational [5].

In this study the women's (n=49) most 32.6% women belonged to the age group of 41-50 and Majority 91.8% women from Hindu religion maximum 53.6% of women taking education till secondary School, majority 100% women resided ruler area. Most 91.8 % women's taking mix diet and 55.1 % women's where from joint family In present study the mean score of knowledge towards breast self examination pre-test was 8.79% and post-test 22.69% and it increased, the $t = 18.88$ of it is significant and study shown actual gain in knowledge towards breast

self examination. In similar study by [Hemalatha Kumarasamy](#), age of the study group was 36.9 ± 8.8 years. Majority (94.5%) belonged to reproductive age group. Dominant part of ladies was housewife and 23% of the ladies were utilized [6].

In present study Pre-test mean was 8.79% and post-test mean 22.69% and it increased, the $t = 18.88$ of it is significant and study shown actual gain in knowledge towards breast self examination. In similar study Examination of the Knowledge of Breast Cancer and Breast Self- Examination by mohite and et al found right now knowledge level among female students were poor, the paces of performing ordinary BSE, [8], The value of 'p' is < 0.001 and thus there is highly significant improvement by our intervention. Does breast feeding help in preventing breast cancer the correct answer was given by 23.5% in the pre-test and has increased to 49.5% in the post test [12] In present study Secondary school 53.06% what's more, the comparative examination Knowledge and Practices Related to Screening for Breast Cancer in Delhi, India by Neha Dahiya etc. Majority of the examples had finished instruction (59.4%) [13].

In present study 14.28% womens having good knowledge and 73.46% women's having average knowledge and 12.45% poor knowledge in the pre test towards breast self examination and 95.91% women's had good knowledge 4.08% having average knowledge no one is in poor knowledge in the post test regarding breast self examination.

In study uma et al concluded that Videos assisted teaching helps to remember the steps of focused clinical assessment yet may not take into consideration the feeling of touch expected to recognize the parts. [14].

V CONCLUSION:

The findings of the study showed that the knowledge of women's was less before the administration of the video assisted educational about breast self examination. The post-test knowledge scores showed significant increase in knowledge of women regarding breast self examination. Hence the video assisted educational is an effective educational method for providing information. All women's can prevent breast cancer, improve life style, and prevent complication with self-breast examination so it is very important for all women's to Promote the empowerment of women to obtain health car

VI ETHICAL CLEARANCE:

The study was approved by the Institutional Committee of KIMSDU Karad,

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IX CONFLICT OF INTEREST-NIL

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