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"A study to assess the effectiveness of video assisted learning (VAL) programme on knowledge and practice regarding Breast self-examination (BSE) among women (30-50 years) at Nandyal, Andhra pradesh.

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INTRODUCTION

Breast Self-examination (BSE) is essential to assess the level of knowledge, attitudes, and practices among women, evaluate the effectiveness of health education interventions, and identify barriers that hinder its regular practice. Strengthening awareness and practice of BSE can contribute significantly to the early detection of breast cancer and thereby reduce the disease burden.

OBJECTIVES

1. To assess the level of knowledge and practice regarding Breast self - examination (BSE) among women (30-50 years) by pre-test.

2. To develop and validate the effectiveness of video assisted learning (VAL) programme regarding Breast self-examination (BSE) among women (30-50 years)

3. To evaluate the effectiveness of video assisted learning (VAL) programme regarding Breast self - examination (BSE) among women (30-50 years) by post-test.

4. To find out the association between pre-test knowledge and practice scores with the post-test knowledge and practice scores regarding Breast self-examination (BSE) among women (30-50 years).

METHODOLOGY

Methodology is the most important part of the research study. Research design is quasi experimental. The sample size was 100 women, selected by a non probability convenient sampling technique. This was conducted at Devanagar Nagar community area, Nandyal. The data was collected by structured questionnaire and consent was obtained from each women in a written form; as self consent.

RESULT

The study of the result reveals that the level of knowledge and practice regarding Breast self examination(BSE) among women is improved. Pre-test mean score is

11.53 with standard deviation 6.50 and Post-test mean score 25.50 with standard deviation 12.50. The obtained 't' value is 4.12 in knowledge and practice.

CONCLUSION

By using the video assisted learning program the knowledge and practice level of women get improved. So Video assisted learning program is effective for our study.

CHAPTER-1 INTRODUCTION

"THERE CAN BELIFE AFTER BREAST CANCER;

THE PREREQUISITE IS EARLY DETECTION" –ANNJILLIAN

There is an increasing trend in chronic diseases such as cancer,with an estimation of 6.7 billion cases. This can result in high costs on the healthcare system, consumer and family members. There is prevention and health promotion approaches such as healthy life style behaviours and early diagnosis to decrease the cost and burden of chronic diseases like Breast cancer.

For women who have breastfeed, breasts are linked to the nurturing role of motherhood. The emotional connection for breastfeeding and the experience of nurturing a child can make the breasts deeply significant.

Perception of breast cancer how informed people or about the diseases. The stigma surrounding breast cancer often by fear or misunderstanding can effect individuals the willingness to discuss symptoms. Reducing stigma helps in creating a more supportive environment positive perceptions can encourage regular screening, negative views may lead individuals from participating in preventive measures. Breast deeply significant cultural and societal norms often place importance on breast appearance, influencing how women feel about their bodies these norms can shape perceptions and emotional responses.

Physical structure can help in detecting abnormalities or diseases such as lumps or changes that might indicate condition like breast cancer regular self exams and screening or based on this knowledge.

Breast self-examination (BSE) is a simple, essential practice that allows individuals to become familiar with the normal look and feel of their breasts. By performing regular self-exams, typically once a month, individuals can detect any unusual changes early, such as lumps, skin dimpling, or nipple discharge, which may require medical attention.

This examination involves both visual inspection and physical palpation, using the finger tips to feel for any abnormalities. It can be done while standing, infront of a mirror ,or lying down, ensuring all areas of the breast and underarm are checked. While BSE is not a replacement for clinical breast exams or mammograms, it plays a crucial role in breast health awareness and early detection of potential concerns.

By incorporating BSE into a regular health routine, individuals take an active role in monitoring their well-being, helping to improve early diagnosis and outcomes in case of any abnormalities. If any changes are noticed, it is important to consult a healthcare professional promptly.

NEED FOR THE STUDY

Breasts are often associated with feminity and sexual identify they play a role in how women perceive themselves and or perceived by other.A change in the breast appearance loss can impact self image and personal identity.

Breast contribute to a women's overall body image. Alteration due to surgery or aging can affect how women feel about their bodies, impacting self esteem and confidence. The most immediate impact is the physical change. Losing a breast can affect body image and self-esteem.

The physiological impact can be profound. Women experience feeling of loss, anxiety, depression or a decreased sense of feminity.

The world-wide incidence of breast cancer is significant, with over 2 million new cases reported in2022. Breast cancer is the most common cancer in a woman globally and accounts for almost a quarter of new cancer cases among women. In 2022, there were 2,296,840 new cases of breast cancer among women worldwide. In its report "HER2- positive Breast cancer" epidemiology analysis and forecast to 2023 has estimated 68,846 cases by 2023. The world-wide prevalence of breast cancer in 2023 is estimated to be over 4.8 million women living with breast cancer (1 - year prevalence).

Around the world most of educated women are aware of Breast self examination in (BSE); even though only 32- 40% of women are there able to perform Breast self- examination (BSE) regularly.

One in 80 women in the world will be diagnosed with breast cancer in their lifetime and estimated 3,10,720 women and 2,800 men will be diagnosed with invasive breast cancer globally.

In 2023 the World health organization (WHO) released a new framework to reduce breast cancer by 25% annually. In India breast cancer is a common cancer accounting for 28.2% of all female cancers with an estimated 2,16,108 cases by 2022 ,In 2023 ,the incidence of breast cancer decreased 2.1%. Despite increasing awareness, the actual practice of BSE remains relatively low studies indicate about fewer than 30% of women in India regularly perform BSE.

Incidence of breast cancer in Andhra Pradesh 10,930 in 2019; 11,174 in 2020; 11,421 in 2021;11,669 in 2022; 11,921 in 2023. Incidence of morbidity Of Breast cancer in Andhra Pradesh is 4,066 in 2019 ; 4,157 in 2020 ; 4,249 in 2021; 4,341 in 2022 ; 4,435 in 2023. Breast Cancer increased cases were reported in Andhra Pradesh from 2019 to 2023.

Breast cancer incidence in local area urban areas have higher incidence rates than rural areas. In urban areas, the highest incidence is in women age of 32-50.In 2023 ,the screening practices for breast cancer were found to be very low 17.36%.

STATEMENT OF THE PROBLEM:

"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED LEARNING (VAL) PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING BREAST SELF EXAMINATION (BSE) AMONG WOMEN (30-50 YEARS) AT NANDYAL, ANDHRA PRADESH."

OBJECTIVES:

- To assess the level of knowledge and practice regarding Breast self - examination (BSE) among women (30-50 years) by pre-test.
- To develop and validate the effectiveness of video assisted learning (VAL) programme regarding Breast self-examination (BSE) among women (30-50 years) by pretest.
- To evaluate the effectiveness of video assisted learning (VAL) programme regarding Breast self - examination (BSE) among women (30-50 years) by post-test.
- To find out the association between pre-test knowledge and practice scores with the post-test knowledge and practice scores regarding Breast self- examination (BSE) among women (30-50 years) .

OPERATIONAL DEFINITIONS

- **STUDY:** A study is a systematic investigation or examination of the knowledge and practice of Breast self- examination among women (30-50 years).
- **ASSESS:** Refers the knowledge and practice among women about Breast self-examination.
- **EFFECTIVENESS:** Refers to significant difference between pre-test and post-test knowledge and practice of breast self examination after a video assisted learning programme.
- **VIDEO ASSISTED LEARNING (VAL):**It is a systematically planned or organized learning activity designed by the researchers with the help of video for educating women regarding Breast self- examination.
- **WOMEN:** It indicates for the women who are under 30-50 years of age women (30-50 years).

HYPOTHESIS:

H1: There is a significant difference in the knowledge and practice of regarding Breast Self-examination (BSE) among women (30-50years) after video assisted learning (VAL).

H2: There will be statistical difference in the level of knowledge and practice regarding Breast self examination (BSE) among women (30-50 years) after video assisted learning(VAL).

ASSUMPTIONS:

- It is assumed that women may not have adequate knowledge and practice of Breast self - examination.
- Video assisted learning programme (VAL) regarding Breast self-examination will improve the knowledge and practice of Breast self - examination among women (30-50years).
- The questionnaires will be sufficient enough to collect required data
- It is assumed that the sample will be cooperative to collect data.

LIMITATIONS:

- The study is limited to the women in selected areas in Nandyal.
- This study is limited to women (30-50years) who are available at the time of data collection.

DELIMITATIONS:

- Assesment of descriptive knowledge and practice of Breast self-examination (BSE) is measured by questionnaires.
- The study delimitation is in selected women in Nandyal.
- The sample should be taken who are available at the time of data collection.

PROJECTEDOUTCOMES

The result of the study would help in

- To improve the knowledge and practice on Breast self-examination.
- To determine existing level of knowledge and practice of women regarding Breast self - examination.
- To recommend implications for future research studies.

SUMMARY:

This chapter deals with the introduction, need for study, statement of the problem, Objectives, operational definitions, hypothesis, assumptions, limitations, delimitations, Projected outcomes etc.

CHAPTER-II REVIEW OF LITERATURE

The review of literature is extensive and the examination of publications relevant to the study was reviewed from published generals, textbooks and published thesis etc. A number of literatures have been made on the different aspects of assessing the knowledge and practice regarding breast self - examination and breast cancer the review of categories into the following,

I. Reviews related to Breast self-examination:

II. Reviews related to Breast Cancer:

I. Reviews related to Breast self examination:

1. BHOOMI KANJADHAV et.al (2024):

A cross- sectional study obtained data from 412 women from two rural localities of Vellore district, Tamil Nadu, India. The majority of the sample had inadequate knowledge (58%), unfavourable attitudes (73.8%) and poor practice (89.6%) of BSE. The results imply that girls and women should be educated and encouraged to practice BSE.

2. MAHA LAKSHMI SELVA Met.al(2024):

A descriptive cross sectional survey design was employed women ages 18_60 willing to take part were included. Data were collected through self developed questionnaire. A total of 433 rural women from Tirunelveli responded to knowledge, attitudes and practice. The study revealed that 58% women have knowledge that breast cancer was the most prevalent cancer among women, 52% knew what BSE is only 28% were practicing BSE .

3. MAMATHA CHOUDHARY, MEENA ARA, SEKKULANDI MOHANA SUNDARI PUBLISHED ON 2024:

A cross- sectional study was conducted 505 females attending outpatient department at selected tertiary care hospital were recruited in the study using simple random sampling. The questionnaire was designed to obtain information regarding socio demographic data, knowledge, awareness and practice regarding BSE. The study revealed that the largest proportion (49.06%) of subjects fill with in the age of 20-30years.Total mean score of knowledge and awareness regarding BSE was 9.68± 3.5 . Maximum 58.42% of the subjects had average knowledge and awareness regarding BSE.

4. MOHAMMED ALSHAFICE, ANAS BITAR MAHER SAFIO (2023):

A cross sectional study was conducted in the Medical facilities of Damascus University. The study utilized a structured questionnaire on google forms which four sections. Data from other students and incomplete data were excluded. 589 female medical students from three facilities filled out questionnaire. Only 57%of the students demonstrated a good attitude towards BSE and 79.6% of them agreed or strongly agreed that they avoid BSE due to fear of the consequences of breast cancer. The results indicate a moderate level

5. SUHADAHMAD, ALADEENALLOUBANI, RUBABUSADA (2023):

A cross sectional descriptive study 200 females participated in the study, employing convenient sampling. Most participants were married (f=128,64%) and the mean of the 73 participants (36.5%) and don't practice BSE. However, 53 participants (26.5%) plan to practice BSE in the future monthly.

6. DIPTI KOIRALA et.al (2023):

A cross- sectional descriptive study among 145 female community health volunteers area of the Pokhara Metropolitan questionnaire to obtain information on their socio demographic characteristics, Awareness on breast cancer and knowledge attitude practice of breast self-examination. The study results before intervention, around two third of respondents (67.6%) have in adequate and only 1_4% had adequate level of awareness. But after the intervention, 68.3% had adequate level of awareness. The post-test mean awareness score 23.87±4.7 was higher than pre-test mean awareness score (12.97±3.93)this study also found that there was difference in the mean pretest awareness score according to educational level of the respondents only.

7. NOORULNISA, RAJWANT KAUR RANDHAWA, PRIYANKA CHAUDHARY PUBLISHED ON 2022 :

A quasi experiment study to evaluate the effectiveness of planned teaching program on knowledge regarding breast self-examination among college girls in a selected college of Building, Chhattisgarh India with sample size of 30. A structured knowledge questionnaire was used as atool. The study results revealed that among 30 girls with 15 in experimental group and 15 in control group and after intervention the mean post- test knowledge and practice score were significantly increased in experimental group

8. DR.PRATHYUSHA T.VD,CHANDRASEKHAR VELLAPILLI, KONDAGUNTA NAGARAJ IN 2022 DECEMBER 22:

A community based cross sectional study was carried out in a rural of Tirupati. Systematic random sampling method was used to selected the study subjects. A pretested semi structured questionnaire was used to collect data chi square test was used for data analysis .A total of 210 women were included in the study. Mean age for the study participants was 41.88+12.66 yrs. Majority (86.7%) of women in this study have not heard about BSE. The knowledge of BSE is low and was significantly associated with women who had family history of breast cancer, family history of other cancers. Due to poor awareness of BSE among women in rural Tirupati, there is a need to raise their awareness through health education programme that integrate with primary health care facilities for appropriate care, treatment and referral.

9. SAMIRA AND ABO ALSHIEKH 2021:

A cross-sectional descriptive study to assess level of breast self-examination. Among female Universal student's Gaza. Data was collected from eighty six students. The study results show that (39.7 %) of them have no knowledge and practice among BSE. Roughly all the students (96.5%) have heard about BSE, but only 69.8% of them had sufficient knowledge about it.A statistically significant relationship existed between

knowledge about the steps of applying.

10. SHUBHANGINI SACHDEVA, SRIDHAR MANGALESH, SHARMILA DUDANI PUBLISHED ON 2021 MAY 6:

A cross-sectional study was conducted with a valid questionnaire, consisting

35 questions measuring knowledge, attitude and practice of breast self-examination was widely circulated amongst 1000 females throughout India responses were collected for a duration of 3 weeks from 2nd September 2020 to 23 rd September 2020. Despite having knowledge about the technique of performing BSE,the respondents don't have a positive attitude towards it and were reluctant to practice BSE.

11. ROSELINE HUDOH ET AL ARCH PUBLIC HEALTH (2020):

Cross sectional study conducted by Roseline hudoh involving 264 among 35 years women. 264 potentially eligible articles identified from 595, 144 only 21 met the inclusion criteria and were included for data extraction. These included studies were conducted in 7 countries of which 11 were conducted in Nigeria, two each in Ethiopia, Cameroon and Uganda and one each in Kenya and Sudan of the 21 included studies 18 studies reported evidence on BSE knowledge and practice; two on only knowledge; one on only practice only and six presented evidence on women's attitude towards BSE.The study findings suggest varying knowledge levels on BSE among women in SSA countries.

12. RAJANI RANGUNATH, JOHN MUTHUSAMI, MIRIAM SIMON, TATIYANA MANDAL, MEENA ANAND KUKKAMULLA PUBLISHED ON 2020 DECEMBER:

A quasi Experimental study was carry out for female 90Medical and 80 nursing students in Oman, in November 2019. Pre-test questionnaire Boss given before the training program and a post-test questionnaire bas administered after the training programme. Student knowledge, attitude, and the skills of practicing Breast self – examination were compared. Pretest and post test data were collected from 170 female students. significant improvement were observed in the post test scores for students knowledge, attitude and skills after the intervention. The study concluded skills can motivate participants to perform breast self- examination regularly, and may therefore help students to train other women to perform BSE For the early detection of breast cancer.

II. REVIEWS RELATED TO BREAST CANCER:

13. LAWSONJS , GLENN WK (2024):

Conducted case study to determine the viral origins of Breast cancer. Evidence has been developed that indicates a handful of viruses with known oncogenic capacity, have potential roles in Breast cancer. The viruses are mammary tumors, virus, human papiloma virus, Epstein bar virus and bovine leukemia virus. These viruses may act alone (or) in combination. Each of these viruses are significantly more prevalent in breast cancer than in normal and benign.

14. B.HARRISON, BRIANJ. CZEMIECID (2023):

We used the surveillance, epidemiology, and end results (SEER) Database provided by the national institutes of health to derive an analytic dataset of 250,195 female Patients with early-stage breast cancer who received RT before (n=2554;1.02%) or after (n=247,641; 98.98%) surgery. Partial and Complete mastectomies were performed in 94.4% &5.6% of patients, respectively in the largest cohort of estrogen receptors. Positive women who underwent partial masectomy, the HR of developing a second primary tumor after neo adjuvant compared with adjuvant RT was 0.64% (95%CL0.55-0.75; P<0.000). & overall survival was independent to radiation sequence (HR1; P=0.95).Neo adjuvant RT also resulted in a lower HR for secondary primary cancer among estrogen receptors. Positive Patients who underwent masectomy compared with those who received adjuvant RT (HR 0.48, 95% CL 0.26- 0.87;P=0.0162)

CONCLUSION: Neo adjuvant RT may significantly improve disease free survival without reducing overall survival, especially for estrogen receptor - positive Patients with early stage breast cancer. Breast tissue controls. The odd ratios of prevalence of these viruses in breast cancer compared to normal and benign Breast controls, are based on case control studies, MMTV13:40 HPV:- 5.56 , EBV, 4.43 & BLV 2.57. The odd ratios of MMTV are much greater compared the other three viruses. The evidence of causal role for MMTV and HPV in human Breast cancer is increasingly comprehensive. The evidence of EBV and BLV is more limited. Overall the evidence is substantial in support of a viral cause of breast cancer.

15. MAZNAHDAHLUI, MERAMAZZANI et.al (2023):

Conducted a comparative study to evaluate the quality of life of early stage breast cancer under going mastectomy and breast conserving surgery (BCS).In this prospective cohort study, the quality of life of 208 Patients who underwent mastectomy and BCS treatment were assessed. The questionnaire was administered at the baseline 6 & 12 months following diagnosis. One way ANCOVA was used for statistical analysis. A total 208 female survivors of stage 0-2 Breast cancer were included, among them 47.1% underwent BCS and 52.9% underwent mastectomy. At baseline, no significant differences were observed for quality of life in both treatment groups. At 6 months Patients who under went BCS had better social functioning scale (P=0.006) and worse symptom scale for dyspnea (P=0.031).compared to mastectomy Patients. One year after diagnosis the role functioning .score of the masectomy group was significantly among patients who had under tone chemotherapy (P=0.034). Patients who underwent BCS had better social functioning and worse dyspnea symptoms compared to Patients under going mastectomy at six months.

During One year , there are significant improvement in role functioning among masectomy BCS. So, providing social monitoring Patients for cancer women group compared try (or) others symptoms in long term survivorship Period would to important to ensure optimal quality of life.

16. KATHRYN J HUBER-KEENER (2022) :

Conducted descriptive study on the risk of developing Breast cancer is multifactorial and at times, modifiable, the risk imposed by family history and pathogenic variants in a persons genetic code is at present ,an important fixed variable. Therefore, it is imperative to identify Patients at risk for hereditary breast cancer and to Understand the current evidence based approach to the management of that risk. This focuses on How genes play and role in breast cancerandwhatarethespecificgenesandgeneticsyndromethatputpatientat risk for Breast cancer. Hereditary cancer susceptibility syndrome hereditary breast and ovarian cancer syndromes, cowden syndrome will be discussed along with individual genes not associated with particular syndrome (ATM, BARDI,CHEK2 & PAC B2).

17. BODEWES(2022):

This study to investigate and clarify the association between mammographic density , model, heterogeneity regarding Breast cancer risks were investigated using static . stratified and sensitivity analysis. In most countries, women between the age of 50 and69 are screened,these women are considered as the most appropriate group.

By observational studies were included. Having extremely dense Breast tissue resulted in a 2.11. Increased Breast cancer risk compared to having scattered dense Breast tissue.Sensitivity analysis that when only using data that had adjusted for age and BMI.The Breast cancer risk was 1.83(95%) Increased both results were statistically significant and homogeneous.

18. BEATAS MOLARZ (2022):

Breast cancer is the most commonly diagnosed malignant tumor in women in the world, as well as first cause of death from malignant tumors. Systematic therapies include hormones positive disease, chemotherapy, HER2 therapy and immunotherapy triple negative breast cancer is responsible for 15-20% of all breast cancer. An estimated 2.089 million were diagnosed in 2018. Classical mammography is characterized by 75.95% .In 2018, 234.087 cases (coude note.85/105) ,UK.(99/105) Japan (58/105).There is a Study increase in cases (1990,8000 new cases) Recently studies indicate increased risk of breast cancer is associated with long term use of estrogen only. And combined estrogen progesterone therapy. Finally assessment of the achievements over recent year in the treatment of patients with breast cancer, with the simulataneous lack of fully satisfactory results and satisfactory solutions.

19. WEIYINGTHAM, HUIMIAO (2021):

Medical records of 2492 patients treated with breast conserving therapy between 1989 & 2012 were reviewed. Patients ≤40 years old were more likely to have local regional recurrence than were older patient (hazard ratio =2.32, P<0.001) . Local regional recurrence rates decreased year on year by 4% for Patients with luminal type breast cancer, compared with 8% for those with triple negative cancers. Breast cancer free survival rates increased year on year by 4% versus 8% for luminal type and triple negative cancers, respectively. Breast cancer specific survival rates increased with age by 5% year on year .

20. SUMADI LUKMAN ANWAR, DARWITO (2021):

We analyzed all breast cancer patients who underwent surgery at Dr. Sardji to Hospital, Indoenesia in 2012-2020.Treatment administered and outcomes, as well as reproductive factors among patients younger than 40 years old, were collected and analyzed. From the total of 1259 breast cancer patients (median age 51 years), 144(11.4%) were younger than 40 years old (median age 37years)of the seyoung patients,19(13.2%). Moderate and pore differentiation of tumor more 20.8 & 78.5% respectively, and lympho vascular invasion was found in 90.3% around 40% were hormone receptor positive, 30.6% human epidermal growth factor receptor 2 positive and 38.2% triple negative patients, underwent radical surgery in 121 cases (84%) & breast conserving surgery in 7 cases (4.9%).

CONCLUSION: We found a high frequency of young breast cancer with biologically more aggressive tumors, late diagnosis ,frequent relapse and Poor prognosis. Further actions to improve clinical management and meet psychological needs in young breast cancer patient are warranted.

21. FATIMAZAHRAMOUH, YOUSSEF BAKRI (2021):

We have retrospectively studied all breast cancer cases diagnosed at the national oncology institute Robat between2005 and2010. We have collected 219 cases of women with metastatic and non metastatic IBC data have been obtained from patients. Personal medical files over a follow up period of 5 years.

The frequency of IBC cases is 4.05%, the majority of our patients (65.3%) were under 50 years old. During the follow up Period, 72 patients (32.9%) had recurrence and 40 patients (18.3%) died.

The 3 years OS and EFS of non metastatic patients were 70.4 and46.5% respectively, while in the metastatic disease, the 3 year OS was only 41.9%. We found that EFS rate is lower in patients presenting triple negative tumor when compared to other molecular subtypes (HR;3.54;95% CI:-1.13-11.05; P=0.02).We also found that selective estrogen receptor modulation treatment is associated with higher EFS rate (HR;0.48;95%CL:0.07-0.59;P=0.01).

CONCLUSION: IBC in Morocco shows similar characteristics to those in north African countries, however, survival rates are still the highest when compared with neighboring countries.

22. MOHAMED MANSOURI, ALILOUDIYI (2020):

We carried out are prospective study of 331 infiltrating breast cancer cases registered between January 2015 and December 2020, details of tumor pathology, treatment and outcome were collected DFS and OS were assessed by Kaplan analysis.

A total of 82 patients were diagnosed with breast cancer at the age of 40 or younger (24.8%). Median age was 36 years. Advanced stages accounted for 34.2% of cases. Median tumor diameter was 28cm, intermediate and high grade tumors represented 47.6%and40.2%. Nodal involvement was present in 58.5% & lympho vascular invasion was found in 47.7% of the patients. About

Two thirds (66.2%) of tumors were hormone receptors positive, 29.2% over expressed HER2 receptor and 23% were triple negative. Five year DFS and OS were respectively 88.9% & 75.6% locoergional recurrence occured in 28% cases and 8.3% of patients developed distant metastases.

CONCLUSION: Our findings are in accordance with previous studies that have shown a higher frequency of breast cancer among young women.

23. JOAIRABAKKACH, HASSAN BIHRI (2020):

we conducted a retrospective study of 279 patients diagnosed with breast cancer between January 2015 and January 2020. Clinical pathologic and prognostic features have been analyzed. Disease free survival (DFS) &overall survival (OS) have been estimated .

Forty-nine(17.6%)were identified as having triple negative breast cancer with a median age of 46years. The average tumor size was 3.6cm.The majority of patients have had invasive ductal carcinoma (91.8%) and 40.4%of them were grade III SBR. Nodal metastasis was detected in 38.9%of the patients and vascular invasion was found in 36.6% of them. About half of the patients had on early disease (53.1%) & 46.9% were diagnosed at an advanced stage. Patients with operable tumors(61.2%) under went primary surgery and adjuvant chemotherapy. DFS and OS at 5years were respectively 83.7 & 71.4% among 49, twelve had recurrences, found either when diagnosing then or after a follow_up local relapse was 6.1% lung and liver metastases accounted consecutively for 8.2 & 10.2% bone metastasis were found in 4.1% and brain metastasis in 2.1% of the cases.

CONCLUSION: Our results are in accordance with literature data particularly what concern young age and poor prognosis among TNBC Phenotype. Therefore, the identification of BRC. A mutations in our population seems to be essential in order to better adapt, management options for this aggressive form of breast cancer.

CONCEPTUAL FREAMEWORK

The conceptual framework for the study was based on because health belief model.

HEALTH BELIEF MODEL

The conceptual framework of the study was based on beckr' s health belief model. This model addresses the relationship between a person's believe and behaviors. It provides away of understanding and predicting how clients will have relation to their healthcare therapies.

Conceptual framework is the conceptual under pinning of a study it refers to an understanding of the phenomenon of interest and reflex the assumption and philosophical view of investigation.

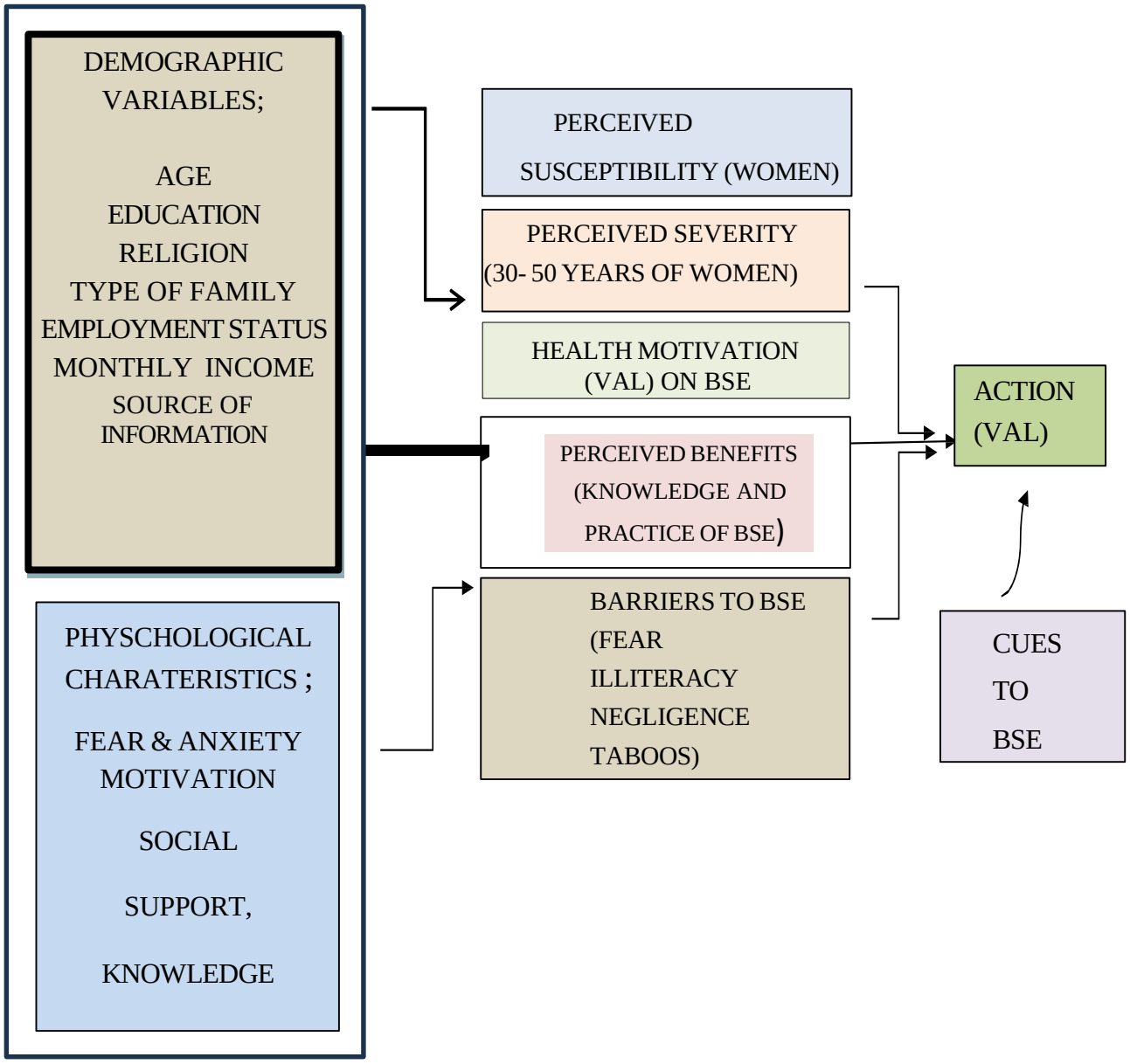
The first component of this model involves the individuals perception of susceptibility to an illness for example a client needs to recognize the familial risk for breast cancer after this link is recognised particularly when one parent and two siblings have died in their second decade from breast cancer the client may receive the personal risk of breast cancer.

The second component is the individuals perception of the seriousness of the breast cancer the perception is implants and modified by demographic variables like age release in education type of family place of living marital status. Pursued threads of the breast cancer and cues of action is administered learning programme.

The third component the likehood of a person will take preventive action it is assumed - that by performing Breast self- examination to find any mass or lump is detected at earlier stage.

THE HEALTH BELIEF MODEL

FIGURE 1:



CHAPTER-III RESEARCH METHODOLOGY

Research methodology:

Research methodology refers to the controlled investigation of the way obtaining, analyzing and organizing data. The chapter deals with the methodology adopted for this study.

A non – experimental one group pre-test and post-test study was conducted on knowledge and practice regarding Breast self- examination (BSE) among women (30-50 years) at Nandyal, Andra Pradesh. The required sample size was calculated from pilot study 10. A researcher decided to take 100 samples for main study according to feasibility and availability of sample. Non -probability purposive sampling technique was used to select the subject. The inclusion criteria included women age (30-50 years). Exclusion criteria included women who are having below 30 years an above 50 years.

Research Approach:

The selection of research approach is the procedure for conducting research; a research approach tells the research so as to what the data to collect is and how to analysis it. It also suggest possible conclusion to be drawn from the data. The research approach is any overall plan chosen to carried out the study. The research approach used in this study is a quantitive research approach.

Research Design:

Research design is an overall plan for addressing a research question including specifications for enhancing the study's integrity. In this study, a one group pre-test and post-test research design has been used to attain the objectives of the study.

Table-1Research Design

SUBJECT	PRE- TEST	TREATMENT	POST-TEST
30-50years women	01	x	02

- **01:** Administration of questionnaire to assess the pre-test knowledge and practice regarding Breast self-examination among women (30-50years).
- **X:** Administration of video assisted learning programme on knowledge and practice regarding Breast self-examination among women.
- **02:** Administration of the same questionnaire to assess the post-test knowledge and practice regarding Breast self–examination among women.

Variables

Variables are characteristics of a person, thing or situations that change or vary.

- Dependent variable: Knowledge and practice of women.
- Independent variable: Video assisted learning programme.
- Socio demographic variables: Age, Education, Religion, Type of family, Employment status, Monthly income, Sources of information.

Research Setting:

This study was conducted at Devanagar PHC, Nandyal. The reason for selecting the setting is to get adequate samples (100) number of women and also meet the inclusion and exclusion criteria for the present study.

Population:

The population of the study includes 5000 aggregate population, Among them 2700 are women at Devanagar PHC, Nandyal.

Target Population

It is aggregate of all the case with a certain phenomenon about which the researcher would like to make a generalization. In this study target population refers to women age of 30-50 years.

Assessable Population:

It is a aggregate of case, the confirmed designate criteria and also accessible as subjects of the study. In this study, accessible population refers to100 selected women in Nandyal.

Sample:

The entire population compraising the participants called as sample. The participants are 30-50 age women from Devanagar community area considered as sample for the study.

Sample Size:

It is the number of all elements or subject in the population from which the sample is drawn. The sample size of present study consists of 100 women at selected community area who meet sampling criteria.

Sample Technique:

Sample and result to the process of selecting the portion of population of present the entire population. Sampling technique used in this study was a non-probability purposive sampling technique.

Criteria for sample collection:

Inclusive criteria

- Women aged between 30-50 years.
- Women who are available during the time of study.

Exclusive criteria

- Women below 30 years and above 50 years.
- Women who are not present at the time of study.

Method and tool for data collection:

Development and selection of tool

The tool was prepared on the basis of the objectives of the study. The step includes in the development or selection of tool is based on review of literature.

Data collection tool and technique:

Section-A: Demographic variables

The socio demographic data used in this study are age, education, religion, type of family, employment status, monthly income, sources of information.

Section-B: Knowledge and practice questionnaires

Questionnaire is used to assess the knowledge regarding Breast self- examination. It consists of 20 questions of knowledge and 30 questions of practice. The level of knowledge and practice was assessed by the total.

Content validity of the tool:

The tool was validated by subject experts from medical and surgical nursing, obstetrics and gynecological nursing. According to their suggestion and recommendation the structural scale was modified. The final draft of the tool consists of the demographic variables, 20 knowledge questionnaires and 30 practice questionnaires. Hence the concept of the study is more valid.

Reliability of the tool

The study reliability of the tool was assessed by using test, Pre-test method. Knowledge score reliability correlation coefficient is very high and it is good tool for assessing effectiveness of video assisted learning (VAL) programme regarding Breast self- examination.

Pilot Study

Study carried out at the end of the planning phases of research in order to explore and test the research elements to make relevant modifications in research tool and methodology.

Here the pilot study is conducted among selected women from primary health centre, Moolasagaram, Gnanpuram, Nandyal.The study was conducted on 30/01/2025. Pre-test knowledge and practice on Breast self-examination by video assisted learning programme for one hour. Women followed in clarification of doubts.

The result of pre- test mean score was 10.8 with standard deviation 2.85. The post-test mean score was 15.2 with standard deviation 3.626.After pilot study, we found that tool was effective for assessing the knowledge regarding Breast self-examination knowledge and practice among women, finally it proved that tool was feasible to conduct this study.

Data Collection Procedure

Data was collected from the women under urban primary health centre, Devanagar, Nandyal. 8.2 km distance from Santhiram College to urban primary health centre. The data was collected on 25/02/2025 formal consent was obtained from principal of Santhiram college of nursing, Nandyal and also permission is taken from the medical officer urban primary health centre, Deva nagar, Nandyal for the data collection. 100 samples are collected through non probability convenient sampling technique used for selection of study subject a self-introduction was given to the women. Pre-test was conducted on 25-02- 205; video assisted learning programme was given by using video regarding the Breast self- examination. Pre-test knowledge mean

11.53 with standard deviation 6.50 and practice mean16.30 and standard deviation10.50. Post-test was conducted on 28-02-2025; Post-test knowledge mean 15.62 with standard deviation 7.50, and practice mean 25.50 and standard deviation 12.50. By comparing the score women improved their knowledge.

Plan for data analysis:

The data collected were organized and analyzed in terms of objectives of the study, using descriptive and inferential statistics. A master data sheet was prepared with response given by the women. The plan for data analysis was follows.

Descriptive statistics:

Frequency and percentage for demographic variables of women were calculated by use of measures of central tendency.

Inferential statistics:

The association between knowledge and practice regarding Breast self-examination among selected women with selected demographic variables.The effectiveness of video assisted learning was calculated and tested by the usage of paired t tests.

- Association between pre-test and post-test knowledge score calculated by obtaining chi- square.

Ethical consideration:

This study is conducted after the approval of principal of Santhiram college of nursing, Nandyal. Formal permission is obtained from the Medical officer of urban primary health centre, Devanagar, Nandyal.; consent was obtained from each women in a written form; as self consent.

Research Methodology

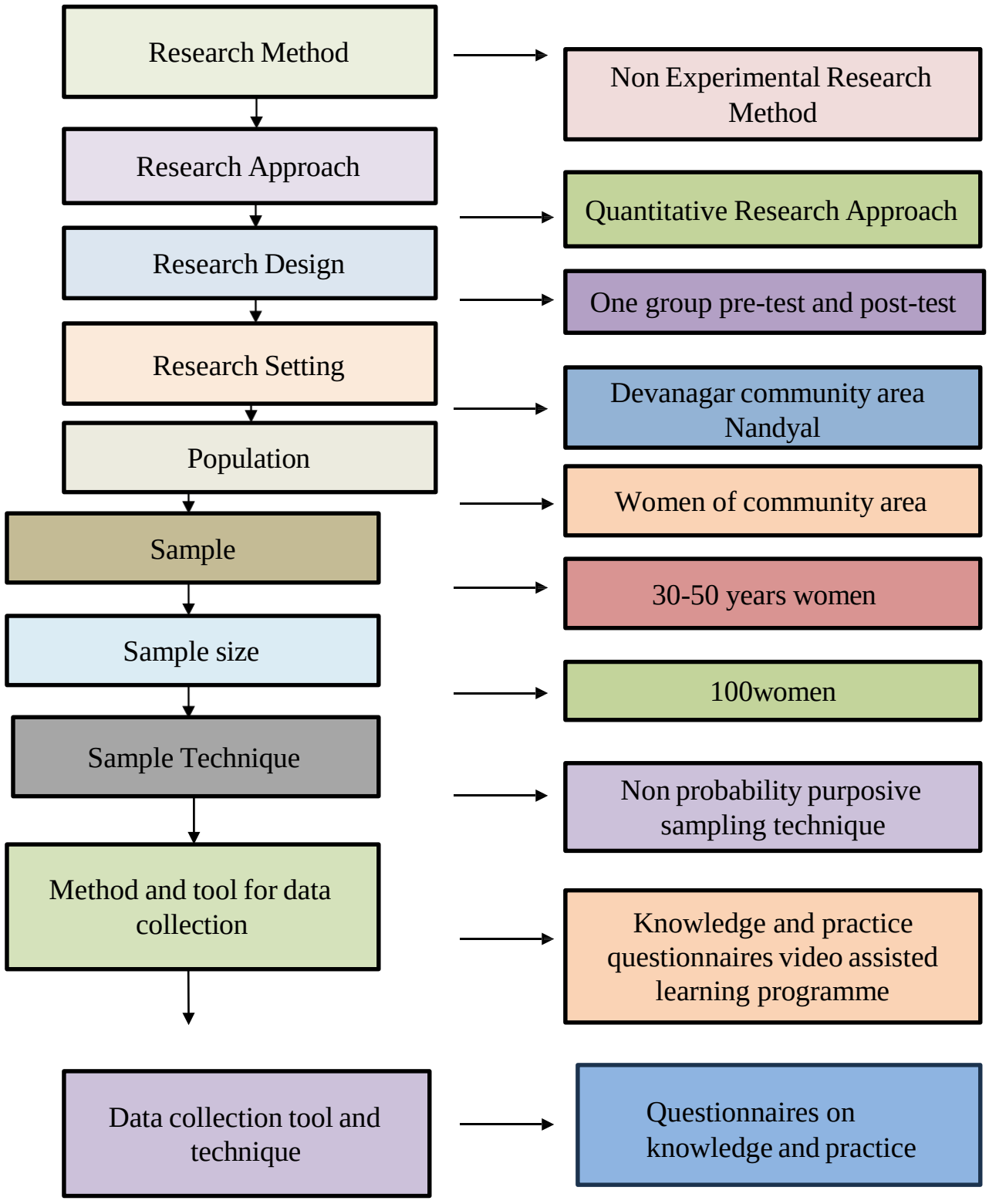


Fig.2 :Schematic representation of the study

CHAPTER–IV

DATA ANALYSIS AND INTERPRETATION

Analysis is a process of organizing and synthesizing the data so as to answer research question and the list hypothesis. This chapter deals with analysis and interpretation of data collected from 100 samples from the women, to collect and evaluate level of knowledge regarding the breast self-examination on breast status.

This chapter deals with the analysis and interpretation of data collected from 100 women in community area through structured questionnaire. The data collected or tabulated, analyzed and interpreted by using descriptive and inferential statistics the analysis and interpretation of data we are presented under 4 sections.

Section-A

Frequency and percentage distribution of women according to their age.

Section-B

Frequency and percentage distribution of the women according to their knowledge and practice.

Section-C

Comparison of pre-test and post-test of knowledge and practice regarding breast self-examination among 100 women.

Section-D

Association of demographic variable with pre-test and post-test of video assisted learning on breast self-examination among 100 women.

SECTION–A

Table:1

Frequency and percentage distribution of demographic variables Frequency and percentage distribution according to age

N=100

Age distribution of women			
	Age	**Frequency**	**Percentage**
variables	30-35	38	38%
	36-40	17	17%
	41-45	18	18%
	46-50	27	27%
	Total	100	100%

Table:1 This table shows that out of 100 women, (38%) of women belongs to age group of 30-35, (17%) of women belongs to age group of 36-40, (18%)of women belongs to age group of 41-45, (27%) of women belongs to 46-50 age group.

Figure:3

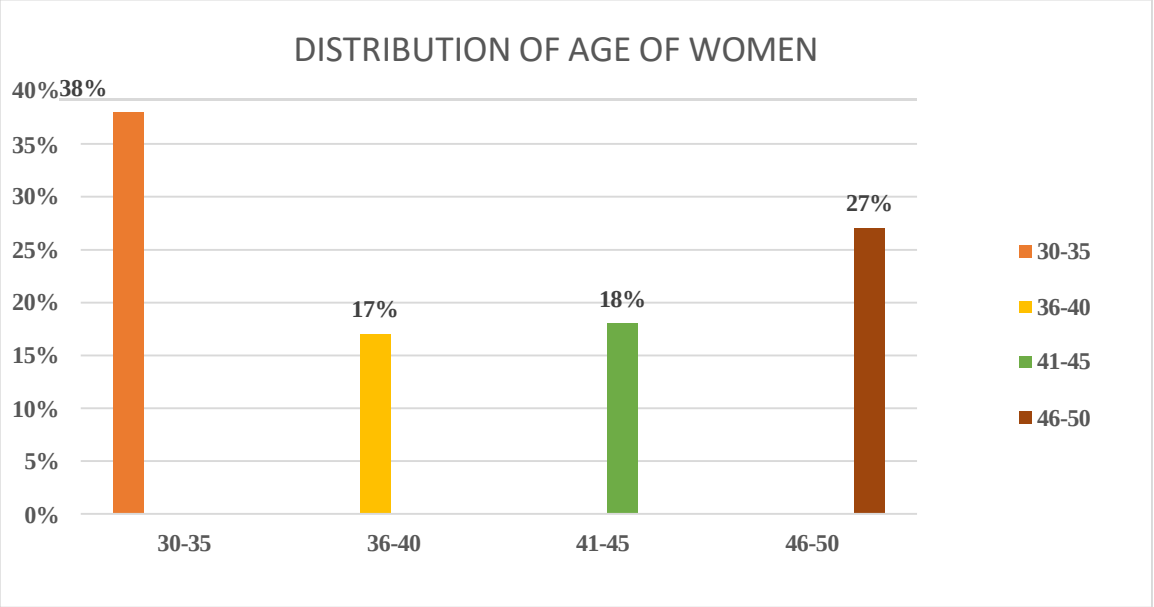


Table:2

Frequency and percentage distribution of women according to their education qualification.

N=100

Education qualification of women			
variables	**Education qualification**	**Frequency**	**Percentage**
	Primary(1-5)	26	26%
	Secondary(6-10)	19	19%
	Inter	25	25%
	Degree	30	30%
	total	100	100%

Table:2 This table shows that out of 100 women, 26 (26%) of women had primary education qualification,19 (19%) of women had secondary education qualification,

25(25%)of women had inter education qualification,30 (30%) of women had degree education qualification.

Figure:4

Percentage distribution of women according to their education qualification.

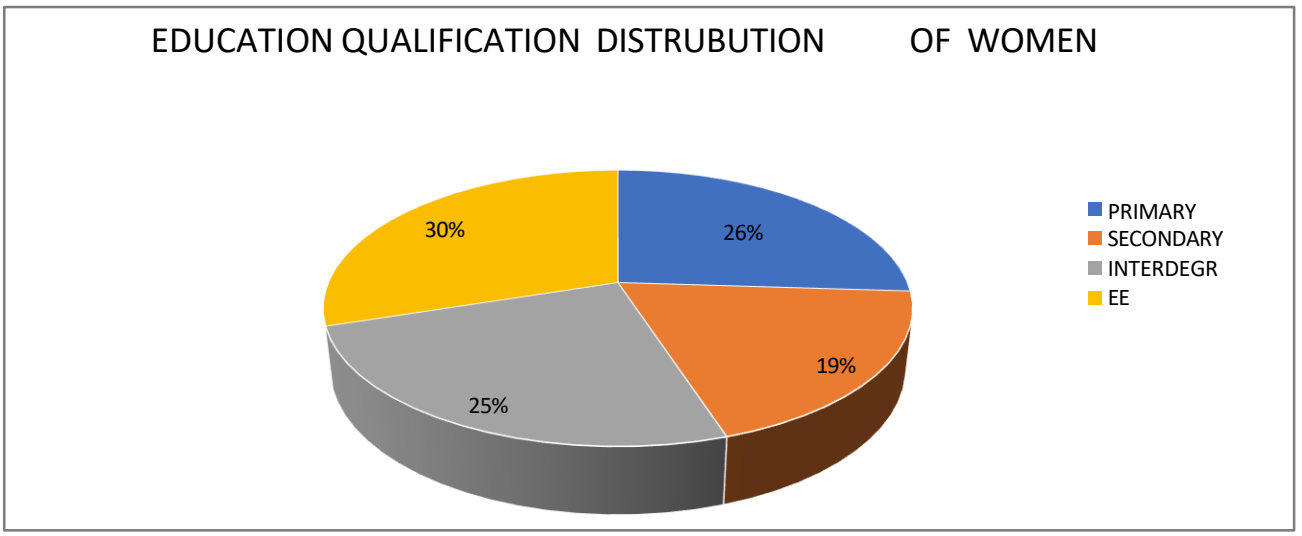


Table:3

Frequency and percentage distribution of women according to their religion.

N=100

Religion distribution of women			
variables	**Religion**	**Frequency**	**Percentage**
	Muslims	12	12%
	Christians	42	42%
	Hindu	38	38%
	Others	08	08%
	Total	100	100%

Table:3 This table shows that out of 100 women, 12 (12%) of women were Muslims,42 (42%)of women were Christians, 38 (38%) of women were Hindu, 08 (8%) of women were others.

Figure:5

Percentage distribution of women according to their religion.

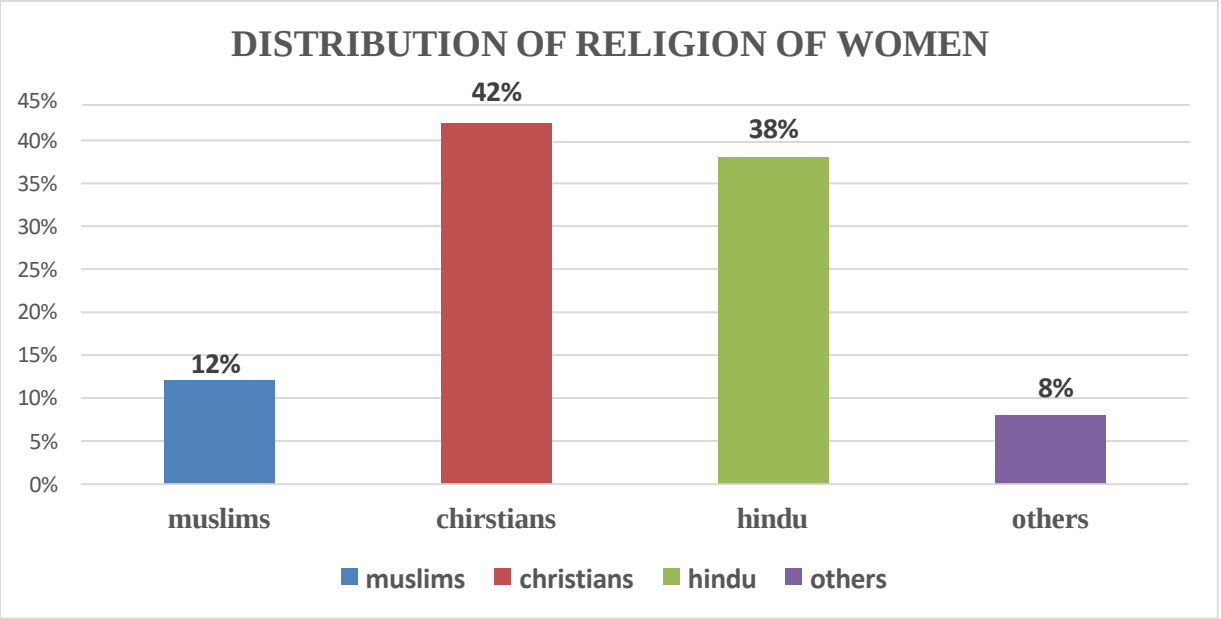


Table:4

Frequency and percentage distribution of women according to their family.

N=100

Type of distribution of Family women			
variables	**Family**	**Frequency**	**Percentage**
	Joint	39	39%
	Nuclear	49	49%
	Single parent	10	10%
	Others	02	02%
	Total	100	100%

Table:4 This table shows that out of 100 women, 39 (39%) of women belongs to joint family, 49 (49%) of women belongs to nuclear family, 10 (10%) of women belongs to single parent family, 02 (2%) of women belongs to others.

Figure:6

Percentage distribution of women according to their family.

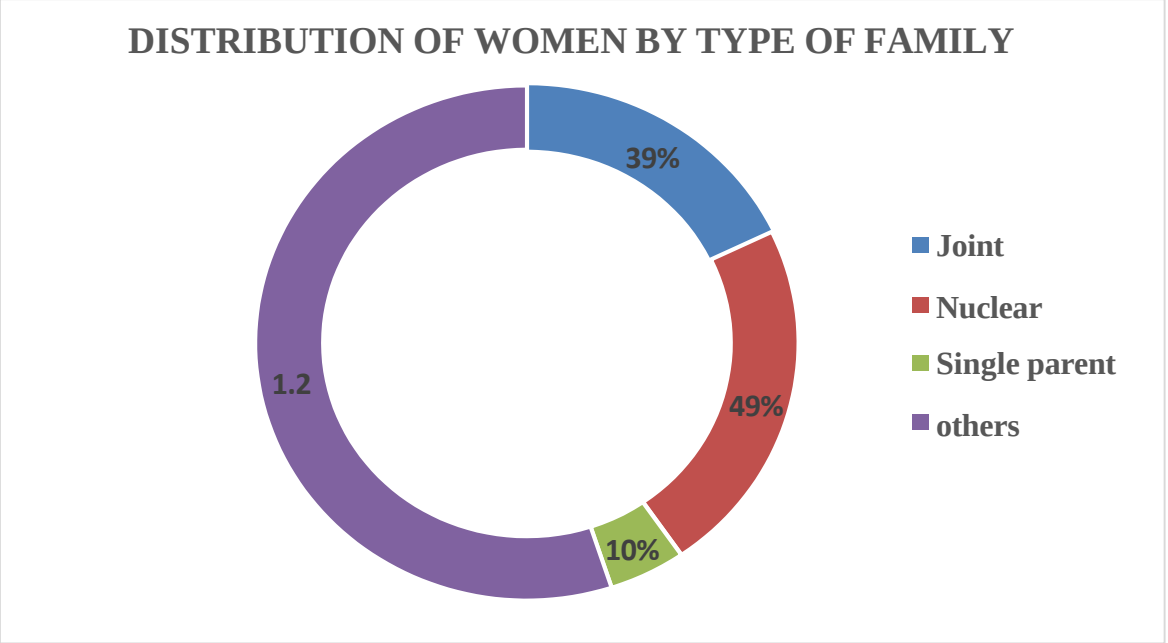


Table:5

Frequency and percentage distribution of women according to their occupation.

N=100

Occupation distribution of women			
	Occupation	**Frequency**	**Percentage**
variables	Business	21	21%
	Self-Employment	29	29%
	Unemployed	21	21%
	Dailylabor	29	29%
	Total	100	100%

Table: 5 This table shows that out of 100 women, 21 (21%) of women occupation was business, 29 (29%) of women occupation was self-employment, 21 (21%) of women occupation was unemployed, 29 (29%) of women occupation was daily labor.

Figure:7

Percentage distribution of women according to their occupation.

Table:6

Frequency and percentage distribution of women according to their income .

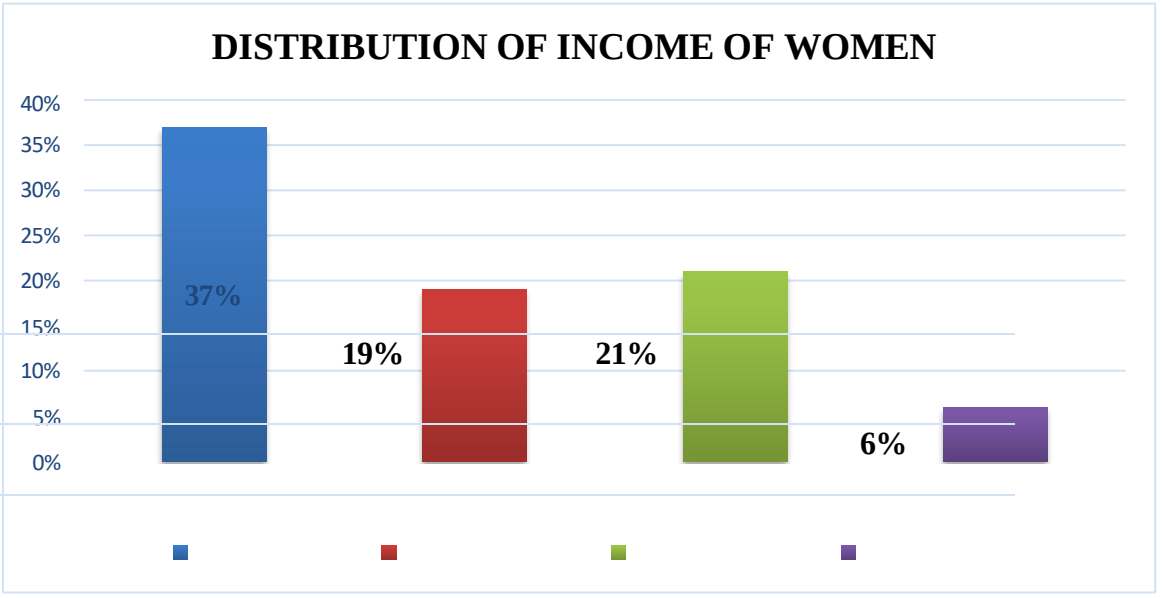
N=100

Income distribution of women			
variables	**Income**	**Frequency**	**Percentage**
	5000-10,000	37	37%
	10,000-20,000	19	19%
	20,000-30,000	21	21%
	No income	06	06%
	Total	100	100%

Table:6 This table shows that out of 100 women, 37 (37%) of women income is 5000-10,000 ,19 (19%) of women income is 10,000-20,000, 21 (21%) of women income is 20,000-30,000, 06 (6%)of women had no income.

Figure:8

Percentage distribution of women according to their income.



5000-10,000 10,000-20,000 20,000-30,000 No income

Table:7

Frequency and percentage distribution of women according to the sources of information.

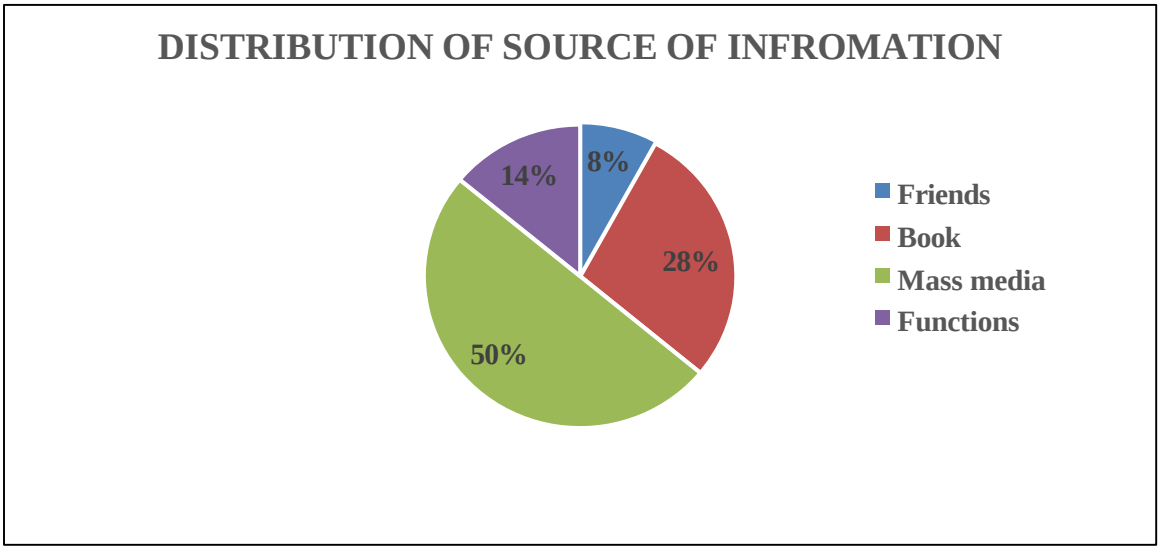
N=100

Source of information distribution of women			
	Source of information	**Frequency**	**Percentage**
variables	Friends	8	8%
	Book	28	28%
	Mass media	50	50%
	Functions	14	14%
	Total	100	100%

Table:7 This table shows that out of 100 women, 8 (8%) of women source of information was from friends, 28 (28%) of women source of information was from book 50 (50%) of women source of information was from massmedia, 14 (14%) of women source of information was from functions.

Figure:9

Percentage distribution of women according to the source of information.



SECTION-B

Table:8

Pre-test and post-test knowledge and practice questionnaires on breast self examination

Frequency and percentage distribution of pre-test knowledge and practice level

N=100

Knowledge and practice level (pre-test)			
valid		**Frequency**	**Percentage**
	Below Average	45	45%
	Average	54	54%
	Above Average	01	01%
	Total	100	100%

Table:8 This table shows that out of 100 women, 45(45%) of women having below Average level of knowledge and practice, 54 (54%) of women having Average level of knowledge and practice, 01(1%) of women having Above average level of knowledge and practice, on BSE.

Figure:10

Percentage distribution of pre-test knowledge and practice.

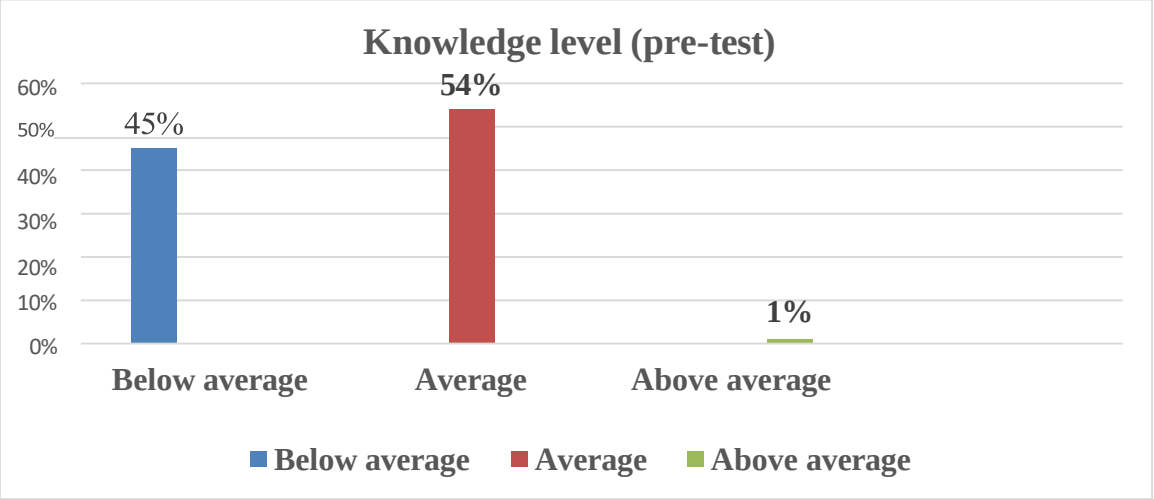


Table:9

Frequency and percentage distribution of post-test knowledge and practice level

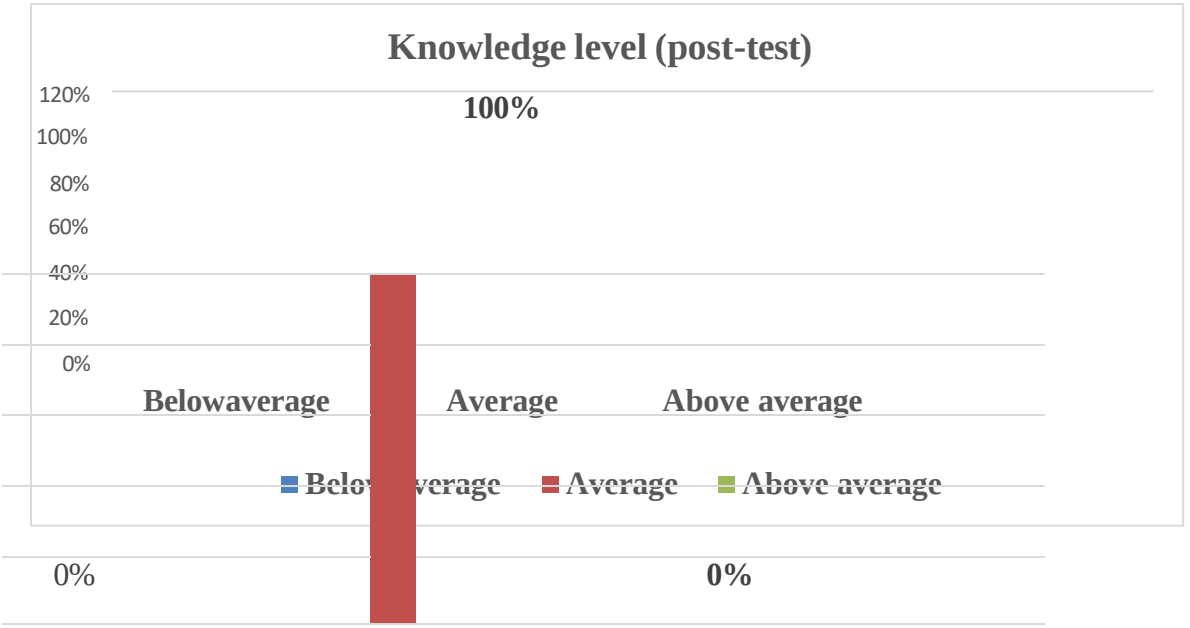
N=100

Knowledge and practice level(pre-test)			
valid		**Frequency**	**Percentage**
	Below Average	0	0%
	Average	100	100%
	Above Average	00	00%
	Total	100	100%

Table:8 This table shows that out of 100 women, 0 (0%) of women having below Average level of knowledge and practice, 100 (100%) of women having average level of knowledge and practice, 0 (0%) of women having Above average level of knowledge and practice, on BSE.

Figure:11

Percentage distribution of post-test knowledge and practice.



SECTION-C

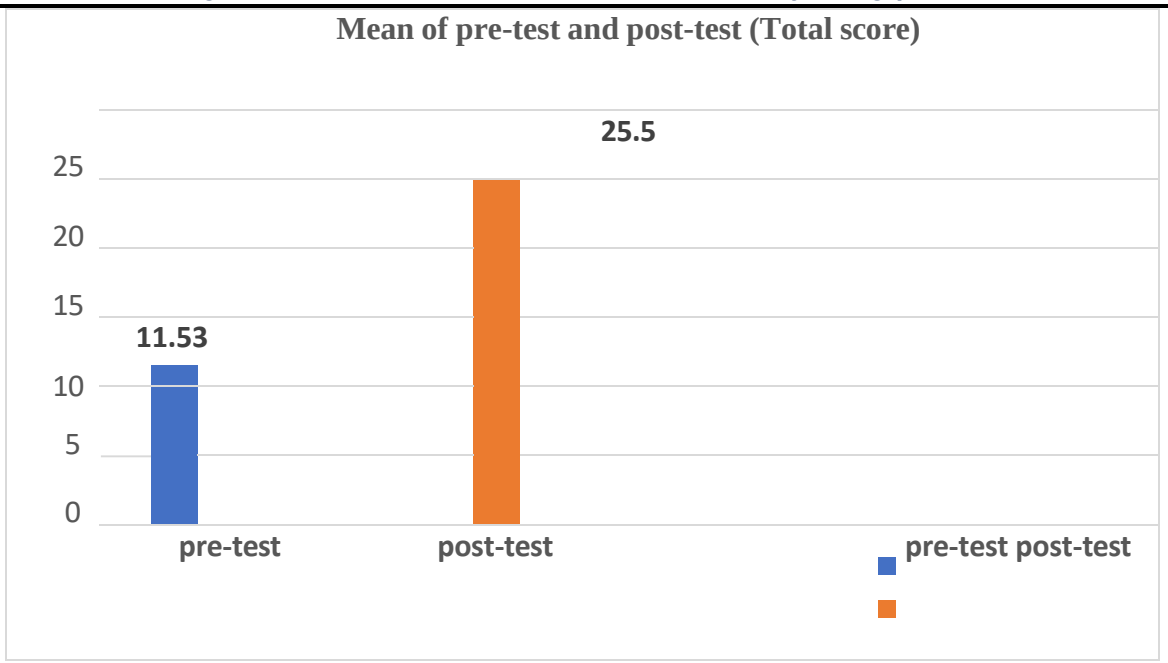
Table:10

Comparison of pre-test and post-test knowledge and practice score level. Table :10

Paired sample statistics of pre-test and post-test

Table:1 paired sample statistics				
	N	**Mean**	**Standard deviation**	**T-value**
Pre-test total	100	11.53	6.50	4.12
Post-test total	100	25.50	12.50	4.12

Table:10 reveals that mean and standard deviation of knowledge and practice of women on breast self-examination it shows that we test mean is 11.53 with the standard deviation 6.5 posted test means score for the level of knowledge and practice and Breast self-examination is to 25.5 with the standard deviation 12.50.



Association between pre-test and post-test knowledge and practice score level. Table :11

Association between age of women and knowledge and practice level.

(pre-test)

N=100

Table -11			Knowledge level(pre-test)			Total	P value
			Below average	Average	Above average		
Age of women	30-35	Count	17.48	20.52	-	38	0.432
		%	38%	38%	-	38%	
	36-40	Count	7.82	9.18	-	17	
		%	17.6%	17%		17%	
	41-45	Count	8.28	9.72	-	18	
		%	18%	18%	-	18%	
	46-50	Count	12.42	14.58	-	27	
		%	27%	27%	-	27%	

	Total	Count	Count	46	54	-	
		%	100.0%	100.0%	100.0%	100.0%	

Note: The above table reveals that P value is 0.432 so that is significant.

Association between education qualification of women and knowledge and practice level.

(pre-test)

N=100

Table-12			Knowledge level(pre-test)				
			Below average	Average	Above average	Total	P value
Education	Primary	Count	11.96	14.04	-	26	0.457
		%	26%	26%	-	26%	
	Secondary	Count	8.74	10.26	-	19	
		%	19%	19%	-	19%	
	Inter	Count	11..5	13.5	-	25	
		%	25%	25%	-	25%	
	Degree	Count	13.8	16.2	-	30	
		%	27%	30%	-	30%	
	Total	Count	46	54	-	100	
		%	100.0%	100.0%	100.0%	100.0%	

Note: The above table reveals that P value is 0.457 so that is significant.

Association between religion of women and knowledge and practice level.

(pre-test)

N=100

Table-13			Knowledge level(pre-test)				
			Below average	Average	Above average	Total	P value
Religion	Muslims	Count	5.52	6.48	-	12	0.783
		%	12%	12%	-	12%	
	Christian	Count	19.32	22.68	-	42	
		%	42%	42%	-	42%	
	Hindus	Count	17.48	20.52	-	38	
		%	38%	38%	-	38%	
	Others	Count	3.38	4.32	-	8	
		%	8%	8%	-	8%	
	TOTAL	Count	46	54	-	100	
		%	100.0%	100.0%	100.0%	100.0%	

Note: The above table reveals that P value is 0.783 so that is significant.

Association between Type of family of women and knowledge and practice level.

(pre-test)

N=100

Table-14			Knowledge level(pre-test)				
			Below average	Average	Above average	Total	P value
	Joint family	Count	17.94	21.06	-	39	
		%	39%	39%		39%	
	Nuclear family	Count	22.54	26.46	-	49	
		%	49%	49%		49%	
	Small family	Count	4.6	5.4	-	10	

		%	10%	10%		10%	0.0319
Type of Family	Others	Count	0.92	1.08	-	02	
		%	100.0%	100.0%	100.0%	100.%	
	Total	Count	46	54	-	100	
		%	100.0%	100.0%	100.0%	100.0%	

Note: The above table reveals that P value is 0.0319 so that is significant.

Association between occupation of women and knowledge and practice level.

(pre-test)

N=100

Table:15			Knowledge level(pre-test)				
			Below average	Average	Above average	Total	P value
Occupation	Business	Count	9.66	11.34	-	21	0.0042
		%	21%	21%		21%	
	Self employment	Count	13.34	15.66	-	29	
		%	29%	29%		29%	
	Un-employment	Count	9.66	11.34	-	21	
		%	21%	21%		21%	
	Daily labor	Count	13.34	15.66	-	29	
		%	29%	29%		29%	
	TOTAL	Count	46	54	-	100	
		%	100.0%	100.0%	100.0%	100.0%	

Note: The above table reveals that p value <0.05 ,is data is statistically significant.

Association between income of women and knowledge and practicel evel.

(pre-test)

N=100

Table-16			Knowledge level(pre-test)				
			Below average	Average	Above average	Total	P value
Income	5000-10000	Count	17.82	19.98	-	37	0.0028
		%	37%	37%		37%	
	10000-20000	Count	8.74	10.26	-	19	
		%	19%	19%		19%	
	20000-30000	Count	9.66	11.34	-	21	
		%	21%	21%		21%	
	No income	Count	2.76	3.24	-	6	
		%	6%	6%		6%	
	Total	Count	46	54		100	
		%	100.0%	100.0%	100.0%	100.0 %	

Note: The above table reveals that p-value is <0.05 is data statistically significant.

Association between Source of information and knowledge and practicelevel among women.

(pre-test)

N=100

Table17			Knowledge level(pre-test)				
			Below average	Average	Above average	Total	P value
Source of information	Friends	Count	3.68	4.32	-	8	0.0033
		%	8%	8%		8%	
	Book	Count	12.88	15.12	-	28	
		%	28%	28%		28%	
	Mass media	Count	23	27	-	50	
		%	50%	50%		50%	
	Program	Count	6.47	7.56	-	14	
		%	14%	14%		14%	
	Total	%	100.0%	100.0%	100.0%	100.0 %	

Note: The above table reveals that p- value is <0.05 is data statistically significant.

CHAPTER-V

DISCUSSION

- This chapter discuss the finding of the study derived from stastistical analysis.This persistence to the set to the study and related literatures of the study. The purpose of the study was designed " A study to Assess the effectiveness of Video-Assisted Learning (VAL) Programme on knowledge and practice regarding Breast self-examination (BSE) among women (30–50 years) at Nandyal, Andhra Pradesh".

The following objectives were set for study :-

- To assess the level of knowledge and practice regarding Breast self examination (BSE) among women (30-50 years) by pre-test.

- To develop and validate the effectiveness of video assisted learning (VAL) programme regarding Breast self-examination (BSE) among women (30– 50 years) by pre-test.

- To evaluate the effectiveness of video assisted learning (VAL) programme regarding breast self-examination (BSE) among women (30-50 years) by post-test.

- To find out association between post-test knowledge & practice scores with the post-test knowledge & practice score regarding breast self examination (BSE) among women (30–50 years) in the community area.

OBJECTIVE–1

- To assess the level of knowledge and practice regarding Breast Self Examination (BSE) among women (30-50 years) by pre-test.

The first objective was to assess the level of knowledge and practice Planned video assisted learning (VAL) programme among women. In this study, planned questionnaire was used to assess the pre-test knowledge score of women during the pre-test Knowledge is 4-12 and pre-test practice is 1.658.

OBJECTIVE–2

- To develop and validate the effectiveness of video assisted learning (VAL) programme regarding Breast self-examination (BSE) among women (30– 50 years) by pre-test.

The video assisted learning (VAL) programme was conducted & shown to women in Devanagar community area.Video assisted learning(VAL) was given for 2 days through video & pictures.It includes different aspects such as causes, risk factors, symptoms, procedure & step of breast self examination.

OBJECTIVE–3

- To evaluate the effectiveness of video assisted learning (VAL) programme regarding breast self-examination (BSE) among women (30-50 years) by post-test.

In this study planned questionnaire was used to conduct post-test, posttest knowledge is 5.63 and post-test practice is 2.660.

OBJECTIVE–4

- To find out association between post-test knowledge & practice scores with the post-test knowledge & practice score regarding breast self examination (BSE) among women (30–50 years) in the community area.

- To find out the association of pre-test knowledge scores with selected demographic variables.

- Association between age of the women and knowledge and practice level is 0.432 which is significant.

- Association between education qualification of the women and knowledge and practice level is 0.457 which is significant.

- Association between religion of the women and knowledge and practice level is 0.783 which is significant.

- Association between type of family of the women and knowledge and practice level is 0.0319 which is significant.

- Association between occupation of the women and knowledge and practice level is 0.00432 which is significant.

- Association between income of the women and knowledge and practice level is 0.0428 which is not significant.

CHAPTER–VI

SUMMARY, CONCLUSION NURSING IMPLICATIONS, LIMITATIONS , AND RECOMMENDATIONS SUMMARY

This Chapter Include the Summary of the study Nursing Implications like Nursing Practices, Nursing Educations, Nursing Administrations, Nursing Research Conclusion and Recommendations. Provide knowledge and practice regarding breast self-examination to 100 women.

The parallel study where conducted by collecting data from ten samples at **COMMUNITYAREA, NANDYAL** on the study should that it is using non probability convenient method of sampling at **COMMUNITY AREA**. Data was collected using a structured questionnaires and nursing interventions was conducted at **COMMUNITY AREA, NANDYAL.** Data was analyzed both descriptive and inferential statistics when the compared knowledge before and of ten planned nursing intervention. There is a significant increase in the level of knowledge and practice among women.

MAJOR FINDINGS

❖ The present study shows the distribution of out of 100 women, while considering the age of the women, (38%) belong to 30–35 years, (17%) belong to 36–40 years, (18%) belong to 41–45 years, (27%) belong to

46–50 years.

❖ While considering the educational qualification of the women,(26%) belong to primary (1–5), (19%) belong to secondary (6–10), (25%) belong to inter, (30%) belong to degree**.**

❖ While considering the religion of the women, (12%) belong to Muslims, (12%) belong to Christians, (68%) belong to Hindus, (8%) belong to others**.**

❖ While considering the type of family of women, (39%) belong to joint family, (49%) belong to nuclear, (10%) belong to single parent, (2%) belong to others.

- While considering the occupation of the women, (21%) belong to business,(29%) belong to self-employment, (21%) belong to unemployed, (29%) belong to daily labor.

- While considering the income of the women, (37%) belong to 5000-10000,19% belong to 10000-20000, (21%) belong to 20000-30000, (6%)

  belong to no income.

- While considering the source of information of the women,(80%) belong to friends, 28% belong to book, (50%) belong to Mass media, (14%) belong programs.

IMPLICATIONS

The findings of the study have implicated in the area of nursing practices, nursing educations, nursing administration, and nursing research.

NURSING PRACTICE

- The nurses play key role here to educate the women regarding breast self-examination.
- It helps to create awareness among women breast self-examination Implementation of video assistant learning (VAL) programme help to provide knowledge and practice regarding breast self-examination among women.

NURSING EDUCATION

- The present study would help the women to understand and gain the knowledge and practice regarding breast self-examination among women.
- The women and education can create awareness of breast self-examination
- The present study would help the women's, how to assess the knowledge and practice regarding breast self-examination.
- It will helpful for nursing students to educate the women.

NURSING ADMINISTRATION

- The nurse's administrator should take interest in providing information regarding Breast self-examination.
- The Nurse administrator should create awareness regarding Breast self-examination.
- Organization of such programmers require efficient teamwork, planning for manpower, money, material, and methods to conduct successful education programmers.

NURSING RESEARCH

- Research provides nurses to assess the knowledge and practice regarding Breast self-examination.
- Findings of the present study suggest that educators and administrators should encourage nurses read, discuss, conduct and utilize research studies so as to enable the nurses to make data collection and encourage evidence- based practice.

RECOMMENDATIONS

- Video assistant learning (VAL) programmed may be conducted by using different methods to improve knowledge and practice women regarding Breast self-examination.
- A similar study should be conducted in large samples.
- A similar study should be conducted by using different data collection methods.
- A similar study should be conducted in various community settings.

LIMITATIONS

- The study is limited to the women in selected areas in Nandyal.
- This study is limited to women (30 to 50 years) who are available at the time of data collection.

CONCLUSION

- The study findings revealed that out of 100 women. In this study, planned questionnaire was used to assess the pre-test knowledge and practice score of women the practice knowledge is 4.12and pre-test practice is 1.658; and the post-test knowledge and practice score of women the posttest knowledge is 5.63 and post-test practice is 2.660.
- This clearly shows that effectiveness of video assisted learning (VAL) programme regarding Breast self-examination (BSE) among women had significant improved in the level of knowledge and practice in the posttest.

BIBLIOGRAPHY

QUESTIONNAIRES

SECTION-A DEMOGRAPHIC DATA

Sl. NAME OF THE WOMEN:

1. Age of the women? ( )

a) 30-35 years b) 41-45years

c) 36-40 years d) 46- 50 years

2. Education of the women? ( )

a) Primary (1-5) b) Secondary (6-10)

c) Inter d) Degree and Above

3. Religion of the women? ( )

a) Christianity b) Muslim

c) Hinduism d) Others

4. Type of Family of the women? ( )

a) Joint family b) Nuclear family

c) Single parent d) Others

5. Employment status of the women? ( )

a) Business owner b) Self employment

c) Non- Employed /Housewife/Homemaker d) Daily Labor

6. Monthly income of the women? ( )

a) Rs.5,000-10,000 b) Rs.10,000- 20,000

c) Rs.20,000-30,000 d) No income

7. Source of information for the women? ( )

a) Friends b) Books

c) Mass media d) Programs

QUESTIONNARIES RELATED TO KNOWLEDGE OF BREAST SELF - EXAMINATION:

1. What is the most common type of cancer in Women? ( )

a) Lung cancer

b) Breast Cancer

c) Cervical cancer

d) Ovarian cancer

2. What do you mean by Breast Self-examination? ( )

a) Laboratory test

b) Surgical procedure

c) Medical procedure

d) Self-asssesing tool

3. What is the percentage of breast cancer found by women themselves? ( )

a) 70

b) 90%

c) 80%

d) 100%

4. What are factor that can affect the risk of breast cancer? ( )

a) Lifestyle

b) Dense breast tissue

c) Weight gain

d) Radiation therapy

5. What is the connection between breast cancer and breast self examination? ( )

a) It prevents breast cancer

b) It promote more breast awareness

c) It decrease the chance of breast cancer

d) BSE is the only method for detecting breast cancer

6. Do You know atleast one warning sign of breast cancer? ( )

a) Persistent cough

b) A lump in the breast/underarm

c) Fever

d) Sudden weight loss

7. Which of the following may indicate early signs breast cancer? ( )

a) Pain in the breast

b) A painless lump in the breast

c) Dehydration

d) Bruising

8. What is the most common non-modifiable risk factor for breast cancer? ( )

a) Diet

b) Physical activity

c) Age

d) Smoking

9. Which of the following is not a common symptom of breast cancer? ( )

a) Persistent pain in the breast or nipple

b) A lump that is hard,irregular,immovable

c) Fever/ chills

d) Swelling in the armpit

10. Which of the following could indicate an underlying breast issue? ( )

a) Clear or Blood strained nipple discharge

b) Increased Breast Size during Pregnancy

c) Painful lumps that go away after menstruation

d) No visible changes in breast tissues

11. Preventive measure of Breast cancer? ( )

a) Radiation exposure

b) Smoking

c) Lifestyle modification

d) Use of birth control pills

12. Have you ever performed/watched breast self –examination ( )

a) I have done

b) Ididn't

c) I have seen

d) No idea

13. Where did you learn About BSE? ( )

a) Health care provider

b) Online resources

c) Family Member

d) Newspaper

14. What is most common method of breast cancer detection? ( )

a) Mammography

b) Ultrasound

c) MRI

d) Breast self - Examination

15. At what age BSE be started? ( )

a) From birth

b) From puberty

c) From 20 years

d) 35 years

16. How often should a woman perform BSE ( )

a) Daily

b) Weekly

c) Monthly

d) Annually

17. What is the main purpose of BSE? ( )

a) To detect breast cancer early stage

b) To diagnose breast cancer

c) To treat breast cancer

d) To prevent breast cancer

18. BSE can be performed at? ( )

a) Family planning centers

b) Private hospital

c) Free screening Programme

d) At home

19. What is the benefit of keeping a breast self -examination record? ( )

a). To track any changes or abnormalities

b) To monitor your breast density

c) To determine your risk of breast cancer

d) To schedule appointment with your health care provider

20. What motivates You to perform BSE? ( )

a) Health care provider

b) Family history of breast cancer

c) Personal concern about breast cancer

d) Recent incidence of breast cancer

QUESTIONNAIRE RELATED TO PRACTICE OF THE BREAST SELF - EXAMINATION

1). When do you Practice BSE? ( )

a) During Menstrual flow

b) A week after periods

c) Before menstrual flow

d) During Breastfeeding

2). Do you know how to perform BSE? ( )

a) In front of mirror

b) Sitting position

c) In the shower

d) Skipping visual inspection

3). Do you Know How Many Step are Involved? ( )

a) 3

b) 5

c) 7

d) 8

4). How do you practice BSE? ( )

a) Palpate with one finger

b) Palpate with palm

c) Palpate with palm and 3 finger

d) Palpate with elbow

5). At What time of the Month do you perform BSE? ( )

a) During menstruation

b) 7-10 days after menstruation

c) Before menstruation

d) After menopause

6). Which of the following is a correct step in performing BSE? ( )

a) Begin by using the fingertips to feel for lumps in the breast.

b) Perform BSE only if you experience pain or discomfort in your breasts

c) Check the entire breast, including the upper chest and underarm areas

d) Perform BSE once a year during your annual check-up

7). Do you know Breast examination pattern? ( )

a) Circular motion

b) Random touching

c) Side- side motion

d) Zig zag motion

8). What do you look for when performing BSE? ( )

a) Smooth,even skin texture

b) mild redness

c) Dimpling or puckering

d) Slight rash

9). Which of the Following is the correct way to Examine your breast? ( )

a) Using the pads of your fingers

b) Using your fingertips

c) Using your palms

d) Using your wrists

10). Duration of BSE? ( )

a) less than 5 Minutes

b) 5-10 minutes

c) 10 -15 minutes

d) more than 15 minutes

11). When examining your breast do you examine both breast? ( )

a) Never examine both breast

b) Sometimes examine both breast

c) During pain examine, both breasts

d) Always examine both breast

12). How do you prepare yourself for BSE? ( )

a) Remove any clothing from the waist up and stand in front of a mirror

b) Wear tight clothing and stand in the crowd room

c) Take shower and get dress

d) Lie down and examine your breast

13).What is the recommended position for performing BSE? ( )

a) Standing in front of a mirror

b) Sitting in a comfortable position

c) Lying down

d) Skipping visual inspection

14). Which hand do you use to examine your breast? ( )

a) Use the right hand to examine the right breast and the left hand to examine the left breast

b) Use right hand for both breast

c) Use left hand for both breast

d) Use the right hand to examine the left breast and the left hand to examine the right breast you"

15). When examining the breast do you look at the mirror? ( )

a) Never look in the mirror

b) Sometimes

c) During pain

d) Always look into the mirror

16). How can you make sure you are examining your breast thoroughly during the breast self-examination? ( )

a) Use a systemic approach such as vertical strip method

b) Examine your breast randomly

c) Only examine one outer area of your breast

d) Only examine one inner area of your breast

17). When examining your breast do you move your fingers in ( ) Small circle?

a) Never use small circles

b) Sometimes

c) During pain

d) Always use small circles

18). Do you lie on your side when examining the outside area of your breast? ( )

a) Never lie on the side

b) sometimes lie on the side

c) during pain

d) always lie on the side

19). Do you lie on your back to examine your breast? ( )

a) Never lie on the back

b) Sometimes lie on the back

c) During pain

d) Always lie on the back

20). During The palpation step of BSE what is the correct technique? ( )

a) Use your fingertips to press deeply into the breast tissue

b) Use yours palms to feel the breast tissue

c) Use finger to poke of the breast tissue

d) Use your hands to squeeze breast tissue

21). During Palpation, what should you feel for in breast tissue? ( )

a) Only lumps and masses

b) Changes in breast texture

c) Nipple Discharge

d) Breast size or shape

22). What should you do if you notice any changes in your breasts during BSE? ( )

a) Ignore them

b) Try to treat them yourself

c) Consult a healthcare provider

d) Perform another BSE to Conform

23). How deeply should you press into the breast tissue during the palpation? ( )

a) Lightly, just touching the skin

b) Moderately, feeling the tissue beneath

c) Deeply, pressing into the chest wall

d) Very deeply, feeling the ribs

24). What is the correct way to examine your breast while standing during BSE? ( )

a) With your arms at your side

b) With your arms raised above your head

c) With your hands on your hip

d) With your hands behind your back

25). Which of the following is not a common mistake made during Breast self - examination? ( )

a) Not examine the entire breast

b) Not using the correct technique

c) Not checking for changes in the nipple -areola complex

d) Examining the breasts too frequently

26). What is the correct way to examine your breast while standing during a BSE? ( )

a) With your arms at your sides

b) With your arms raised above your head

c) With your hands on your hip

d) With your hands behind your back

27). What should you do if you find a lump or abnormality during a BSE that doesn't go away after your menstrual period? ( )

a) Ignore it and wait for your next mammogram

b) Schedule an appointment with your health care provider

c) Try to treat it yourself

d) Call a friend or family member for advice

28). How should you check for nipple discharge? ( )

a) Squeeze the nipple gently

b) Squeeze the nipple firmly

c) Pull the nipple gently

d) Pull the nipple firmly

29). What is the purpose of checking for changes in the skin of your breast during a BSE? ( )

a) To detect breast cancer

b) To diagnose breast cancer

c) To check for hormonal changes

d) To monitor breast density

30). Which of the following is NOT a step in breast self-examination? ( )

a) Looking for visible changes in the mirror

b) Feeling the breasts while lying down

c) Using the palm instead of fingers to detect lumps

d) Feeling the breasts while standing

Key–Questionnaire related to Practice on Breast Self- Examination

S. No	Question number	Answers
1	1	B
2	2	A
3	3	B
4	4	C
5	5	B
6	6	C
7	7	C
8	8	C
9	9	A
10	10	C
11	11	D
12	12	A
13	13	A
14	14	D
15	15	D
16	16	A
17	17	D
18	18	D
19	19	D
20	20	A
21	21	B
22	22	C
23	23	B
24	24	B
25	25	D
26	26	B
27	27	B
28	28	A
29	29	A
30	30	C

CODING SHEET ON BREST SELF-EXAMINATION AMONG WOMEN - DEMOGRAPHIC VARIABLES

	AGE				EDUCATION				RELIGION				TYPE OF FAMILY				OCCUPATION				INCOME				SOURCE OF INFORMATION			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
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CODING SHEET ON BREAST SELF- EXAMINATION AMONG WOMEN KNOWLEDGE PRE-TEST

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	total
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36	1	0	0	1	1	1	1	0	0	1	0	1	0	0	1	0	0	0	0	0	**8**
37	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	**16**
38	1	1	1	1	0	0	0	1	1	0	1	0	0	1	1	1	1	1	0	0	**12**
39	1	1	1	0	0	1	1	0	1	1	1	0	0	1	1	0	0	0	0	0	**10**
40	0	1	1	1	1	0	1	1	0	1	1	0	0	1	1	1	0	1	0	0	**12**
41	1	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	1	**8**
42	0	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	0	0	0	0	**10**
43	1	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	1	1	1	1	**10**
44	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	1	**16**
45	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1	0	0	1	0	**8**
46	0	1	0	1	1	0	1	1	1	1	0	1	0	1	1	0	1	1	1	1	**14**
47	1	0	1	1	0	1	0	1	0	0	1	0	1	1	0	1	0	1	0	0	**10**
48	1	0	0	0	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	**14**
49	0	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	**16**
50	1	0	1	0	1	0	1	1	0	0	1	1	0	1	1	1	0	1	0	1	**12**
51	0	1	0	1	0	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	**14**
52	1	0	1	0	1	0	1	0	1	0	1	1	0	1	1	0	1	0	1	1	**12**
53	1	1	0	1	0	1	0	1	1	1	0	0	1	1	0	1	0	1	0	1	**12**
54	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	**16**
55	0	1	0	1	0	1	0	1	1	1	0	1	0	1	1	0	1	1	0	1	**12**
56	1	1	1	1	0	1	0	1	1	1	1	1	0	1	0	1	1	0	1	0	**14**

57	1	0	1	1	1	0	1	1	1	1	0	1	1	1	0	1	1	1	1	1	**16**
58	0	1	0	1	0	1	0	1	0	1	0	1	1	0	1	0	1	0	0	1	**10**
59	1	0	0	1	0	0	1	0	0	1	0	1	0	1	0	1	0	0	0	1	**8**
60	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	**12**
61	1	1	1	1	1	0	1	0	1	1	1	0	0	1	1	1	0	0	0	0	**12**
62	1	1	1	0	0	1	0	0	1	0	1	0	1	0	0	1	1	0	0	1	**10**
63	1	0	1	0	1	0	1	0	1	1	0	0	1	1	0	1	0	1	1	1	**12**
64	1	1	1	0	1	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	**16**
65	1	0	1	0	1	0	0	0	1	0	0	0	1	0	1	0	0	1	0	1	**8**
66	1	0	1	0	1	0	1	0	1	0	1	1	1	1	1	0	1	1	1	1	**14**
67	0	1	0	1	0	1	0	0	1	0	0	0	1	0	0	0	1	1	0	1	**8**
68	0	1	1	1	0	1	1	1	0	0	0	1	0	1	1	1	1	1	1	1	**14**
69	1	1	1	1	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	1	**10**
70	1	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	1	**8**
71	1	0	1	0	1	0	1	0	1	0	0	1	0	1	0	1	1	1	1	1	**12**
72	0	1	0	1	0	1	0	1	0	0	1	0	0	1	0	0	1	1	1	1	**10**
73	0	0	1	0	1	0	0	1	0	1	0	0	1	1	1	1	0	0	0	0	**8**
74	0	0	0	1	0	1	0	0	1	1	0	1	1	1	1	0	0	0	0	0	**8**
75	0	0	0	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	**14**
76	1	1	0	1	0	0	1	0	1	1	0	1	0	1	0	1	0	1	1	1	**12**
77	0	1	0	1	0	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	**14**

78	1	0	1	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	**16**
79	1	1	0	1	0	0	0	1	1	0	0	1	0	0	1	0	1	1	1	0	**10**
80	1	0	1	0	0	1	0	1	1	0	0	1	1	0	0	1	1	1	1	1	**12**
81	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	**8**
82	1	1	0	1	0	1	1	0	1	0	1	1	1	0	1	1	1	0	0	0	**12**
83	0	1	1	0	1	0	1	1	1	1	1	0	1	0	1	0	1	1	1	1	**14**
84	1	1	0	1	1	1	1	0	1	1	0	1	1	1	0	1	1	0	1	0	**14**
85	1	1	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	1	1	1	**16**
86	0	1	1	1	0	1	0	1	0	1	1	0	1	1	1	0	1	1	1	1	**14**
87	1	1	1	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	1	1	**14**
88	0	1	1	0	1	1	0	1	0	1	1	0	1	0	1	0	1	1	1	0	**12**
89	1	1	1	0	1	0	1	0	1	1	0	1	0	1	0	1	1	1	1	1	**14**
90	0	1	0	1	1	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	**12**
91	1	0	1	0	0	0	1	0	0	1	0	1	0	1	0	0	1	0	1	0	**8**
92	0	1	0	1	1	0	1	0	1	0	1	0	1	0	0	1	0	0	0	0	**8**
93	1	1	1	0	1	0	1	1	0	1	0	1	0	1	0	1	1	1	1	1	**14**
94	0	1	1	0	1	0	1	0	1	1	0	1	0	1	0	1	1	1	0	1	**12**
95	0	1	0	0	0	1	1	0	1	0	1	0	0	1	0	1	0	1	1	1	**10**
96	1	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	1	0	0	1	**8**
97	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	**10**
98	1	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	**12**

99	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	**16**
100	1	0	0	1	1	0	1	0	1	0	0	1	0	0	1	0	0	0	1	0	**8**

CODING SHEET ON BREAST SELF- EXAMINATION AMONG WOMEN

KNOWLEDGE POST-TEST

S.NO	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**total**
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	0	**16**
2	1	1	1	1	1	0	1	1	1	0	1	1	1	1	0	0	1	1	1	1	**16**
3	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	**18**
4	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	0	0	**16**
5	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
6	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	**18**
7	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
8	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	0	1	0	**16**
9	1	1	1	1	1	1	1	1	1	0	0	1	1	1	0	1	1	1	1	0	**16**
10	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	**18**
11	1	0	0	1	0	1	1	0	0	1	1	1	1	0	1	1	1	1	1	1	**14**
12	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	**18**
13	0	1	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	**16**
14	0	0	0	1	0	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	**14**

15	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	**16**
16	0	0	0	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	**14**
17	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**16**
18	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	**18**
19	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
20	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	0	1	**16**
21	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	**18**
22	1	0	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	**16**
23	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**18**
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25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	18
26	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
27	1	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	16
28	0	1	1	0	0	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	14
29	1	0	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	16
30	1	0	1	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	16
31	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
32	1	0	0	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	16
33	1	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	16
34	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18

35	1	1	0	1	1	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	16
36	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
37	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
38	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
39	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
40	0	1	1	1	1	0	1	1	0	1	1	0	1	1	1	1	1	1	1	1	16
41	1	0	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	16
42	0	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	1	1	1	14
43	1	0	1	1	1	1	1	1	1	1	0	1	0	0	1	1	1	1	1	1	16
44	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
45	1	0	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	16
46	0	1	0	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	16
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48	1	0	0	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	16
49	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	18
50	1	0	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0	1	1	1	16
51	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	18
52	1	1	1	1	1	0	1	0	1	0	1	1	1	1	1	0	1	1	1	1	16
53	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	18
54	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	18

55	1	1	0	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1	16
56	1	1	1	1	0	1	0	1	1	1	1	1	0	1	0	1	1	1	1	16
57	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	18
58	1	1	0	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	16
59	1	0	0	1	0	0	1	0	0	1	1	1	1	1	1	1	1	1	1	14
60	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	1	1	1	1	14
61	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	18
62	1	1	1	0	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	16
63	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
64	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	18
65	1	0	1	0	1	0	0	0	1	0	1	1	1	1	1	1	1	1	1	14
66	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
67	0	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	16
68	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
69	1	1	1	1	1	0	0	0	1	0	1	1	1	1	1	1	1	1	1	16
70	1	0	1	0	0	1	0	0	1	0	1	1	1	1	1	1	1	1	1	14
71	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
72	0	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	16
73	0	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	16
74	0	0	0	1	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	14

75	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
76	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
77	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
78	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
79	1	1	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	16
80	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
81	0	1	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	16
82	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
83	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	18
84	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	18
85	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	18
86	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	18
87	1	1	1	0	1	1	1	1	1	1	0	1	0	1	0	1	1	1	1	16
88	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	18
89	1	1	1	0	1	0	1	1	1	1	0	1	0	1	1	1	1	1	1	16
90	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	18
91	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	1	14
92	0	1	0	1	1	0	1	0	1	0	1	0	1	1	1	1	1	1	1	14
93	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	18
94	1	1	1	1	1	0	1	0	1	1	0	1	0	1	1	1	1	1	1	16

95	1	1	1	0	0	1	1	1	1	0	1	0	0	1	0	1	1	1	1	1	14
96	1	0	1	0	0	1	1	1	1	0	1	1	0	0	1	1	1	1	1	1	14
97	1	1	1	1	1	1	0	1	1	1	1	1	0	1	0	1	0	1	1	1	16
98	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	18
99	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
100	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	1	16

CODING SHEET ON BREAST SELF-EXAMINATION AMONG WOMEN PRACTICE PRE-TEST

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	TOTAL
1	1	1	1	1	1	0	0	0	1	1	1	1	1	0	0	0	0	1	0	0	0	1	0	1	1	1	0	1	0	0	**16**
2	1	0	1	1	1	0	0	1	0	1	1	1	1	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	**14**
3	1	1	0	1	1	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0	1	0	1	1	0	0	1	0	1	1	**18**
4	1	1	0	1	1	1	1	0	1	1	0	1	1	0	0	0	0	0	0	1	1	0	0	1	0	1	1	1	0	0	**16**
5	1	1	1	0	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1	0	1	1	0	1	1	0	0	0	0	1	**20**
6	1	0	1	1	0	1	1	0	1	0	1	1	0	1	1	0	1	0	0	0	0	0	0	1	1	1	1	1	0	0	**16**
7	0	1	1	1	1	0	1	1	0	1	0	1	1	1	1	0	1	1	1	1	0	0	1	1	1	0	0	0	0	0	**18**
8	1	0	1	1	1	0	1	1	0	1	1	1	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	**12**
9	0	1	1	1	0	1	1	1	0	1	1	0	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**12**
10	0	1	1	0	1	1	0	1	0	1	0	1	0	0	1	0	1	1	0	1	1	0	0	1	1	1	0	1	1	1	**18**

11	1	1	0	1	1	0	0	0	0	1	1	0	0	1	1	1	0	0	1	0	1	1	0	0	1	0	0	1	1	1	**16**
12	1	0	1	1	0	1	0	1	0	1	1	1	0	1	0	1	1	0	0	0	1	1	1	0	0	0	1	1	1	1	**18**
13	1	0	1	1	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	1	0	1	1	0	1	0	1	1	1	**14**
14	0	0	1	0	1	1	0	1	1	0	1	1	1	0	1	1	0	1	1	1	0	1	0	1	0	0	0	1	1	1	**18**
15	0	1	0	1	0	0	1	1	1	0	0	1	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	0	0	0	**12**
16	0	0	0	1	1	0	1	0	1	0	1	1	0	0	0	1	1	0	0	1	0	0	1	1	1	1	1	0	0	0	**14**
17	1	0	0	1	1	0	0	1	0	1	0	0	1	1	0	0	1	1	0	1	1	0	1	1	1	0	1	1	1	1	**18**
18	1	0	1	0	1	1	1	1	0	0	0	1	0	0	1	0	0	1	1	1	0	1	1	1	1	1	0	0	0	0	**16**
19	1	0	1	1	0	1	1	1	0	0	1	1	1	0	1	0	1	1	0	1	1	1	0	1	1	1	0	0	0	0	**18**
20	1	0	1	0	1	0	0	1	1	1	0	1	1	0	0	0	1	1	1	1	0	1	1	1	0	1	1	1	0	0	**18**
21	0	1	0	1	1	1	0	1	0	0	0	1	0	0	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	1	**12**
22	0	0	0	1	1	0	0	1	1	1	1	0	1	0	1	0	0	0	1	0	1	0	1	0	1	0	0	1	0	1	**14**
23	0	1	1	0	0	1	1	0	1	1	1	0	0	0	1	1	1	0	0	0	0	1	0	0	0	0	1	0	1	1	**14**
24	0	1	1	0	0	1	0	1	1	1	1	1	1	1	0	0	0	1	1	1	0	0	1	1	1	1	1	0	0	0	**18**
25	1	1	0	0	1	0	0	0	1	0	1	1	0	1	0	1	0	1	0	1	0	0	1	1	1	1	0	1	0	1	**16**
26	0	0	1	1	1	0	0	0	1	1	1	0	1	1	1	0	1	0	0	1	0	1	0	0	1	0	0	0	0	1	**14**
27	0	1	1	1	0	0	0	1	1	0	1	0	1	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	1	0	**12**
28	1	0	1	1	1	0	0	0	0	1	0	1	1	1	0	1	0	0	1	0	1	0	1	0	0	0	0	1	0	1	**14**
29	1	0	1	1	0	0	0	0	1	1	1	0	0	1	0	0	1	1	1	0	1	0	1	1	0	1	0	1	1	0	**16**
30	1	1	0	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	0	0	0	0	0	0	1	1	**18**

31	0	0	1	1	1	1	0	0	0	1	1	0	1	1	0	0	0	1	1	1	0	0	0	1	1	1	0	0	0	0	**14**
32	1	1	1	1	1	0	0	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	**12**
33	0	1	1	0	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	0	0	1	0	0	0	0	0	1	**18**
34	0	0	1	0	1	0	1	0	0	1	0	0	1	0	1	0	0	1	1	0	1	0	1	1	1	1	1	0	1	1	**16**
35	0	1	1	1	0	0	1	1	0	1	0	1	1	1	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	1	**14**
36	1	1	0	0	1	0	1	1	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	**14**
37	0	1	1	1	1	0	1	0	0	1	1	1	1	1	1	0	1	1	0	1	0	0	0	0	0	1	0	0	0	1	**16**
38	0	0	1	1	1	1	0	1	1	0	1	1	0	1	1	0	1	0	1	1	1	1	0	0	1	0	0	0	1	1	**18**
39	1	0	0	1	0	0	1	1	1	0	0	1	1	0	1	1	1	1	0	0	1	1	1	0	1	1	0	1	1	0	**18**
40	0	1	1	1	1	0	1	1	0	0	1	1	0	1	0	1	0	1	1	1	0	1	1	1	0	0	0	0	1	1	**18**
41	0	1	0	1	0	0	1	1	0	1	0	1	0	0	1	0	0	1	0	1	0	0	0	1	0	0	1	0	1	0	**12**
42	1	0	1	0	1	0	0	0	1	0	1	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0	1	0	1	**12**
43	0	1	0	1	0	1	1	0	0	1	0	1	0	0	1	0	0	1	1	1	0	0	1	0	0	1	0	1	1	0	**14**
44	1	0	1	0	1	0	0	1	1	0	1	0	1	1	0	1	1	0	1	0	1	1	0	1	1	1	0	1	0	1	**18**
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46	1	0	1	0	1	0	1	0	1	0	1	1	1	1	0	1	0	0	1	0	1	1	0	1	0	0	0	1	0	1	**16**
47	0	1	0	1	0	1	0	1	0	1	0	0	0	0	1	0	1	1	0	1	0	0	1	0	1	1	1	0	1	0	**14**
48	0	1	0	1	1	0	1	1	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	1	0	1	**18**
49	1	0	1	0	1	0	1	1	1	1	1	1	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	0	**18**
50	1	0	1	0	1	0	1	1	1	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	1	0	**18**

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52	0	1	0	1	0	0	0	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	0	1	**14**
53	1	0	1	0	1	1	1	0	1	1	0	1	0	1	1	1	0	1	0	1	1	0	1	0	0	1	0	1	1	0	**18**
54	0	1	0	1	0	1	0	1	0	1	1	1	1	1	0	1	1	0	1	1	0	1	0	1	1	0	1	0	0	1	**18**
55	1	0	1	0	1	0	1	0	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	1	0	0	0	**14**
56	0	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	0	1	0	1	1	1	0	0	1	0	1	0	1	0	**18**
57	0	1	0	1	0	1	0	1	1	0	1	0	1	1	0	1	0	1	0	1	1	1	1	0	1	0	1	0	1	1	**18**
58	1	0	1	0	1	1	1	0	0	1	0	1	1	0	0	1	0	1	0	0	0	0	1	0	1	0	1	0	1	0	**14**
59	0	1	0	1	0	1	0	1	0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	1	0	0	**12**
60	1	0	1	0	1	0	0	1	1	0	1	0	1	0	1	0	1	0	0	1	1	0	1	1	1	1	0	1	0	0	**16**
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62	1	1	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	1	1	1	1	0	1	1	1	0	1	1	1	1	**16**
63	1	0	1	0	0	1	1	1	1	1	1	1	1	1	0	0	1	0	0	0	0	0	1	1	0	1	1	0	1	1	**18**
64	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	1	1	1	1	1	1	1	**22**
65	1	0	0	1	0	0	1	0	0	0	0	0	0	0	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0	1	**16**
66	0	1	0	1	0	0	1	0	0	1	1	0	0	1	1	1	1	0	1	1	0	1	0	1	0	1	1	1	1	1	**18**
67	1	0	0	1	1	0	1	0	1	0	1	0	1	1	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	**12**
68	0	1	0	1	0	1	0	1	0	1	0	1	0	0	1	1	1	1	1	0	1	0	1	0	1	0	1	1	1	1	**18**
69	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	0	1	0	0	0	0	0	0	1	**20**
70	0	1	0	1	0	0	1	0	1	0	1	0	1	0	1	1	1	0	0	0	0	0	0	1	0	0	1	0	0	1	**12**
71	0	1	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	**16**

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73	0	0	0	1	0	0	1	0	1	0	1	0	0	0	1	1	1	1	0	1	0	1	0	1	1	0	1	0	1	0	**14**
74	1	0	1	0	1	0	1	1	0	1	1	1	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	**12**
75	0	1	1	0	1	1	1	0	1	0	1	0	0	0	0	1	0	0	0	0	1	1	1	1	1	1	1	1	1	1	**18**
76	1	0	1	0	0	1	0	1	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	**18**
77	1	1	1	0	1	0	1	0	1	1	0	1	1	0	0	0	1	0	1	0	1	0	0	0	1	0	0	1	1	1	**16**
78	1	1	0	0	0	0	1	1	1	1	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**20**
79	1	1	0	1	0	0	1	0	1	0	0	1	1	1	1	1	1	1	0	1	1	1	0	0	1	0	0	0	0	0	**16**
80	0	0	1	1	1	1	0	0	1	1	1	1	1	1	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	0	**14**
81	0	1	0	0	1	0	0	0	1	0	1	1	0	1	0	1	0	1	0	1	0	0	1	0	1	1	0	1	0	1	**14**
82	0	1	0	1	0	1	0	0	0	1	0	1	0	1	1	0	1	0	1	0	1	1	0	0	1	0	0	0	0	0	**12**
83	1	1	0	1	1	0	1	0	1	1	0	1	0	1	0	1	1	0	1	1	0	1	0	1	0	1	0	1	0	1	**18**
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85	1	0	1	1	1	1	0	1	0	0	0	0	1	0	0	0	1	0	1	1	1	1	0	1	1	1	0	1	1	1	**18**
86	1	0	1	1	1	1	0	1	0	1	1	0	1	0	1	1	0	1	0	1	1	0	1	0	0	1	0	1	0	1	**18**
87	0	1	1	1	1	0	1	1	0	1	0	1	1	1	0	1	0	1	0	1	1	0	1	0	1	0	0	0	0	0	**16**
88	0	1	0	1	0	1	1	0	0	1	0	1	0	0	1	1	0	1	0	1	0	1	0	1	0	0	0	0	1	1	**14**
89	1	1	1	1	1	1	0	0	1	0	1	1	0	0	1	0	1	0	0	1	1	0	1	0	0	1	0	0	1	0	**16**
90	0	1	1	0	1	0	1	1	0	0	1	0	1	0	0	1	1	0	1	0	1	1	0	0	1	0	0	1	0	0	**14**
91	1	0	0	1	0	0	1	0	0	1	0	1	0	1	1	0	1	0	1	0	1	1	0	0	1	0	1	1	0	0	**14**
92	1	1	0	1	1	0	1	1	0	0	1	0	0	1	0	1	0	0	1	0	1	0	1	0	1	0	1	0	1	1	**16**

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94	1	0	1	1	1	0	1	1	0	1	1	0	1	0	1	1	0	1	0	1	0	1	0	1	0	0	1	0	0	0	**16**
95	1	0	0	1	0	1	0	0	0	0	1	0	0	1	1	0	1	0	0	1	0	1	0	1	1	1	0	1	0	1	**14**
96	0	0	1	0	1	0	1	1	0	1	0	0	1	0	1	0	1	0	1	1	1	0	0	1	1	0	1	0	0	0	**14**
97	0	1	0	0	1	0	1	0	1	0	0	1	0	1	0	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	**12**
98	1	0	1	1	1	0	1	1	0	1	1	0	1	1	0	1	0	1	0	1	0	0	1	0	1	1	0	1	1	0	**18**
99	1	0	1	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	**16**
100	0	1	1	1	0	1	1	0	1	0	1	1	0	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	**12**

CODING SHEET ON BREAST SELF -EXAMINATION AMONG WOMEN PRACTICE POST-TEST

S.NO	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**TOTAL**
1	1	1	1	1	1	0	0	1	1	1	1	1	1	0	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	**24**
2	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	0	0	0	0	1	1	1	**22**
3	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	**26**
4	1	1	0	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	1	1	1	**24**
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6	1	0	1	1	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	**26**
7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	**28**
8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	0	1	0	0	1	1	0	**24**
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13	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	1	0	1	1	0	1	0	1	1	1	**24**
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15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	0	**26**
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17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	**28**
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19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	**26**
20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	**28**
21	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0	1	0	0	1	1	1	1	1	**24**
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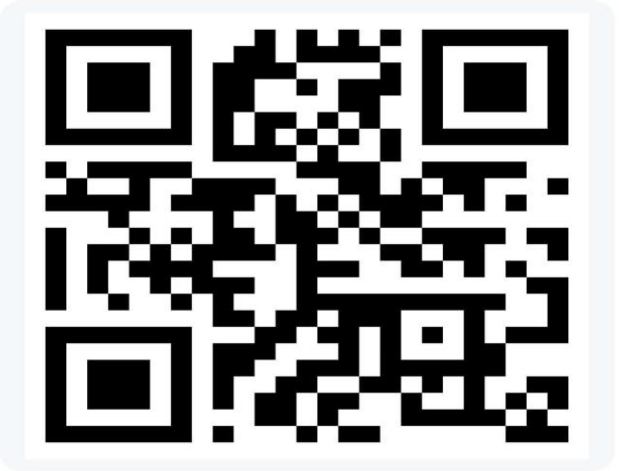
SCANNERS



VIDEOS OF BREAST SELF EXMINATION IN TELUGU AND ENGLISH

IMAGES OF BREAST CANCER