"Effectiveness of VAT on knowledge regarding BSE among women between 15-30 years"

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Abstract: Breast Self-examination is an easy way to understand body and know when something might not be quite right. Breast cancer affects women of all ages, including those under the age of 30 yrs. Awareness about breast cancer is important for all women, and regular selfexamination should be part of health routine to spot any changes in breasts. **Aim:** Assess the effectiveness of VAT on knowledge regarding BSE. **Methods and Materials:** In view of accomplishing the objectives, a quasi-experimental research was conducted among 60 rural and urban women at selected community areas of Vijayawada . **Results:** The data were analyzed by descriptive and inferential statistics. The effectiveness of VAT on knowledge regarding BSE revealed that the pre-test mean= 8.63, SD of ± 3.78 and post-test mean=17.16, SD of ±6.39 and the calculated paired t value was t= 11.97which was highly significant at p<0.01 level. When compare the rural and urban women posttest knowledge scores, the calculated unpaired t value was t=3.27 is considerably significant at p<0.01. **Conclusion:** Rural and urban women have difference in their knowledge levels regarding breast self-examination, after intervention the level of knowledge was increased. Education programmes are necessary for women in maximizing knowledge and improve quality life practice. **Key words: Knowledge, Video Assisted Teaching, Breast Self - Examination, Urban and Rural women.**

Introduction: Self-examination is an easy way to understand body and know when something might not be quite right. Breast cancer affects women of all ages, including those under the age of 30. Being breast aware is important for all women, and regular self-examination should be part of your health routine to spot any changes in your breasts. **Breast cancer** is the most common **cancer** in women in **India** and accounts for 14% of all **cancers** in women. Globocan **2018** data: New cases registered: 1,62,468, **Deaths**: 87,090.The incidence rates in India begin to rise in the early thirties and peak at ages 50-64 years. Overall, 1 in 28 women is likely to develop breast cancer during her lifetime. In urban areas, 1 in 22 women is likely to develop breast cancer during her lifetime as compared to rural areas where 1 in 60 women develops breast cancer in her lifetime. The reasons for late detection of breast cancer includes lack of awareness, presence of stigma, fear about pain during screening and fear about the disease, gender inequity, lack of screening test and infrastructure, low literacy, and lowincome levels. One potentially important strategy in reducing breast cancer mortality is the use of screening methods such as BSE, clinical breast

examination, and mammography for early detection. Early detection helps in the treatment before metastasis and associated with excellent prognosis. Breast cancer screening was found to reduce the risk of mortality by 20%. Despite the presence of various screening methods, majority of breast cancer cases are detected by women themselves, stressing the importance of BSE.

According to ICMR, in Andhra Pradesh, about 28,082 people died of cancer in 2015, which finds that breast cancer is common among women, followed by cervical cancer. It is projected that one in every 3000 people in urban areas above 40 years of age would have carcinoma breast.

Problem of the statement: A quasi experimental study to assess the effectiveness of VAT on knowledge regarding BSE among women age between 15-30 years in selected rural and urban community areas Vijayawada city AP.

Objectives:

1. To assess the knowledge scores regarding breast self examination among rural and urban women age between 15-30 years in selected areas of Vijayawada.

2. To evaluate the effectiveness of video assisted teaching programme on Knowledge regarding breast self examination among rural women age between 15-30 years.

Hypothesis:

H1: There will be a significant difference in the level of knowledge regarding breast self examination among rural women age between 15-30 years.

H2: There will be significant increase in knowledge regarding breast self examination among rural women age between 15-30 years.

Assumptions: ❖ Women may have lack of knowledge about breast self examination.

❖ Video assisted teaching programme will be effective in increase the knowledge regarding breast self examination among rural women age between 15-30 years.

Delimitations:

The study was limited to women in the age of 15-30 years who were:

❖ Willing to participate in the study.

❖ Sample size limited to 60 women

Materials and method:

Research approach: Quantitative educative and evaluative approach.

Research design: Quasi experimental research design.

Variables of the study

Independent variable:-Video assisted teaching Programme regarding breast self examination.

Dependent variable:- knowledge regarding breast self Examination.

Research setting: The Study was conducted at urban and rural area in Vijayawada.

Sample: women who were in the age of 15-30 years who are residing at urban and rural area in Vijayawada.

Sample size: 60 women who were in the age of 15-30 years.

Sampling technique: Non-probability convenient sampling technique.

Description of tool: The tool consists of two parts. Part-I is demographic proforma consist of 7 items. The characteristics included age, education, occupation, marital status, use of contraceptives, family history of breast cancer and previous knowledge. Part-II structured knowledge schedule on knowledge of breast cancer and breast self examination.

Procedure of the data collection: Ethical clearance

was obtained from the Research Ethics Committee; Nagarjuna College of nursing, Vijayawada The final data collection was done after obtaining formal written permissions from the Medical officer, Primary health center, Patamata and Penamaluru, Vijayawada, Andhra Pradesh. The investigator self-introduced to the respondent and willingness of participants was obtained. The data were collected from 60 women in which 30 from urban area Patamata and 30 from rural area Penamaluru who were selected through convenient sampling. The subject's knowledge regarding breast cancer and breast self examination was assessed by administering the structured knowledge questionnaire. Pre test was conducted by with the help of structured knowledge questionnaire. Questions distributed and data collected from women age between 15-30 years in rural and urban areas. Video assisted teaching program was given only for 30 rural women and after 15 days post test was conducted by the same questionnaire to both urban and rural women. The data was collected and recorded systematically from each subject and was organized on master data sheet to facilitate computer entry. Both descriptive and inferential statistics were used for data analysis.

Results and discussion: The demographic results revealed that out of 30 rural women 13 (44%) were in the age group of 15-20 years, 07 (23 %) were in the age group of 21-25 years, 10 (33%) were in the age group of 26-30 years. Out of 30 urban women 15(50%) were in the age group of 15-20 years, 11 (36%) were in the group of 21-25 years, 04(14%) were in the age group of 26-30 years.

In rural out of 30 women 18(60%) were illiterates, 12(40%) were literates. In urban out of 30 illiterates were 10(33%), 20(67%) were literates. Out of 30 rural women 13(44%) were employee, 17(56%) were unemployed. Out of 30 urban women 19(64%) were employee and 11(36%) were unemployed. Out of 30 rural women 14(47%) were married, 06(20%) were unmarried, 10(33%) were widows. Out of 30 urban women 13(44%) were married, 09(30%) were unmarried and 08(26%) were widows. Out of 30 rural women 14(48 %) were using barrier methods, 05(16%) were using IUD, 11(36%) were using hormonal pills. Out of 30 urban women 11(36%) were using barrier methods, 13(44%) were using IUD and 06(20%) were using hormonal pills. Out of 30 rural women 16 (53%) were having family history of breast cancer, 14(47%) were not having family history of breast cancer. Out of 30 urban women 17(56%) were having family history of breast cancer, 13(44%) were not having family history of breast cancer.

Table-1: Assessment of level of knowledge regarding BSE of rural and urban women (Pre test)   (n=60)

Level of knowledge	Rural women n=30		Urban women n=30	
	Fre	Per	Fre	Per
	(n)	(%)	(n)	(%)
Adequate (> 66%)	0	00	06	20
Moderate (34-66%)	11	36	15	50
Inadequate (<33%)	19	64	09	30
Total	**30**	**100**	**30**	**100**

Table 1: showed that some of the rural women were having knowledge regarding breast cancer and breast self examination out of 30 rural women 11 (36%) were having moderate level of knowledge, 19 (64%) were having inadequate knowledge and none of them having adequate knowledge. All women were aware regarding breast cancer and breast self examination, out of 30 06 (20%) were having adequate knowledge,

15 (50%) were having moderate knowledge, 9 (30%) were having inadequate knowledge.

Table 2: Assessment of level of knowledge of rural and urban women (Post test)   n=60

Level of knowledge	Rural women n=30		Urban women n=30	
	Fre (n)	Per (%)	Fre (n)	Per (%)
Adequate (> 66%)	15	50	08	27
Moderate (34-66%)	09	30	17	56
Inadequate (<33%)	06	20	05	17
Total	30	100	30	100

Table. 2: showed that rural women were having knowledge regarding breast cancer and breast self examination after VAT the post test values, out of 30 rural women 15 (0%) were having adequate level of knowledge, 09 (30%) were having moderate knowledge and 06(20%) were having inadequate knowledge. All urban women were aware regarding breast cancer and breast self examination without VAT, out of 30, 08 (27%) were having adequate knowledge, 17 (56%) were having moderate knowledge, 5 (17%) were having inadequate knowledge.

Table 3: Comparison of pre test knowledge scores of urban and rural women age between 15-30 years   n =60

Level of knowledge of women	Pre-test Mean	Mean Difference	SD	Un Paired t value
Rural	8.63	4.27	3.85	3.27
Urban	12.87		5.95	

Data in table 4 shows that pre test mean scores of rural and urban women are 8.63 and 12.87 respectively. Standard deviation was 3.85 and 5.95 respectively. The mean difference was 4.27. The unpaired t value is 2.52 this indicates that there is a significant difference between pre test scores of urban and rural women knowledge scores. Hence hypothesis H1 is accepted.

Table-4: Effectiveness of VAT among rural women between 15-30 years   n=60

Level of knowledge of women	Pre-test Mean	Post-test Mean	Mean Difference	SD	Un Paired t value
Rural	8.63	17.16	8.53	3.78	11.97

Table.4: shows that the mean value of rural women in pre test mean is 8.63 and post test mean is 17.16.The mean difference is 8.53 and calculated t value is 11.97. The result is significant at p<0.05. Hence the hypothesis II is accepted.

Conclusion: Rural and urban women have difference in knowledge levels regarding breast selfexamination, after intervention knowledge was increased. Education programmes are necessary for women to maximizing knowledge and quality practice in their life.

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