

Video Assisted Teaching Programme on Breast Self Examination

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Abstract

Background: The most common type of cancer in women is breast cancer. The latest data of 2021 depicts that breast cancer most frequently diagnosed in women ages 65 to 74 followed by young adult ages 15 to 39. The first noticeable symptom of breast cancer is a lump that feels different from the rest of the breast tissues. Breast Self-Examination is one of the best techniques to find any lump or nodule at initial stage. The present study aimed to teach breast self-examination technique to young girls.

Methodology: The quasi-experimental research design was adopted to achieve study objectives. Simple systematic randomization sampling technique was followed to select 60 senior secondary school girls as study participants. Self-structured questionnaire administered to senior secondary school girls and pre and post-test were evaluated to assess effectiveness of video assisted teaching programme regarding breast self-examination.

Results: Paired t-test computed pre-test ($\bar{X} = 12.43$, $SD = 3.18$) and post-test ($\bar{X} = 23.15$, $SD = 3.04$) values and found statistically significant difference ($t = 23.66$, $df = 59$) at 0.05 level of significance. Hence, study results revealed that video assisted teaching programme regarding breast self-examination was significantly effective among senior secondary school girls.

Conclusion: After the detailed analysis, this study leads to the conclusion that senior secondary school girls do have a dire need to get awareness regarding breast cancer and breast self-examination to promote regular self-check for any type breast change. Moreover, this study advocated that to teach effectively different teaching learning techniques such as video assisted teaching programme should be followed for most effective results.

Keywords: Video Assisted Teaching Programme; Breast Self-Examination; Senior Secondary School Girls.

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INTRODUCTION

Cancer is a large group of diseases with one thing in common: They all happen when normal cells become cancerous cells that multiply and spread. Cancer is the second most common cause of death worldwide. Early detection and innovative treatments are curing and helping people with cancer to live longer. Cancer is a complicated

disease, sometimes for years cancer develops without any symptoms. Other times, cancer may cause noticeable symptoms that get worse very quickly. The most common type of cancer in women is breast cancer. It is reported that breast cancer most frequently diagnosed in women ages 65 to 74 followed by young adult ages 15 to 39. Breast cancer is a type of cancer originating from breast tissue, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk. Breast cancer is more than 100 times more common in women than breast cancer in men.¹

There are several different types of breast cancer, including:

Infiltrating (invasive) ductal carcinoma: This type of cancer breaks through the wall of duct and spreads to surrounding breast tissue. Making up about 80% of all cases, this is the most common type of breast cancer.

Ductal carcinoma: It is also called Stage 0 breast cancer. This condition is very treatable. However, prompt care is necessary to prevent the cancer from becoming invasive and spreading to other tissues.

Infiltrating (invasive) lobular carcinoma: This cancer forms in the lobules of breast, where breast milk production takes place and has spread to surrounding breast tissue. It accounts for 10% to 15% of breast cancers.

Lobular carcinoma: It is a precancerous condition in which there are abnormal cells in the lobules of breast. It is not a true cancer, but this marker can indicate the potential for breast cancer later on. So, it's important for women with lobular carcinoma in situ to have regular clinical breast exams and mammograms.

Triple negative breast cancer: Making up about 15% of all cases, triple negative breast cancer is one of the most challenging breast cancers to treat. It's called triple negative because it doesn't have three of the markers associated with other types of breast cancer. This makes prognosis and treatment difficult.

Inflammatory breast cancer: Rare and aggressive, this type of cancer resembles an infection. People with inflammatory breast cancer usually notice redness, swelling, pitting and dimpling of their breast skin. It's caused by obstructive cancer cells in their skin's lymph vessels.

Paget's disease of the breast: This cancer affects the skin around the nipple and areola.

There are four stages of cancer on the basis of condition of disease at time of diagnosis of case.

Stage 1. When breast cancer is small and only in the breast tissue, or it might be found in lymph nodes close to the breast.

Stage 2. The cancer is either in the breast or in the nearby lymph nodes or both. It is also an early-stage breast cancer.

Stage 3. The cancer has been spread from the breast to lymph nodes close to the breast or to the skin of the breast or to the chest wall.

Stage 4. The breast cancer means that the cancer has spread to other parts of the body.

Indications of breast cancer other than a lump may include changes in breast size or shape, skin dimpling, nipple inversion, or spontaneous single nipple discharge. Breast Self-examination is one of the best methods used in an attempt to detect early breast cancer. It helps to find cancer at a more curable stage.²

The best time to perform BSE is 3-5 days after menstrual period starts, when breasts are the least tender and lumpy. Always use pads of hands instead of tip of fingers and put a gentle and firm pressure and follow circular pattern on breast area and armpit to detect lump or hard knot. Perform a visual inspection for whole area to note swelling, warmth, redness, changes in size or shape, dimpling or puckering of skin, itching or scaly sores on nipples. Squeeze the nipple to check for discharge.³

Step 1: Stand in front of a mirror with straight shoulders and keep hands on hips.

Step 2: Raise both arms and inspect for the same changes.

Step 3: Look for fluid coming out of one or both nipples; it could be watery, milky, yellow fluid or blood.

Step 4: Lie down, placing right arm behind head. Use left hand to feel right breast and vice-versa.

Video-assisted teaching programme is defined as a strategic teaching approach to using videos either educational or conceptual to improve a student's comprehension, cognitive ability, or social-emotional skills. Video assisted teaching is a planned teaching material of lecture combined with video with duration of 45 minutes. It allows

students to have an active role in the teaching and learning process. It provides teachers with more options to teach and more time to evaluate progress of activities. It prevents barrier such as when, where, and limited resources. Breast self-examination is a technique that people can try at home. The signs of the disease are the presence of lumps or thickening in the breast or armpit, discharge from the nipple, discolouration or change in the texture of the skin overlying the breast and change in the direction of the nipple.⁴

Need of Study: Breast cancer cases in young adult girls are like an alarm bell to widen the protection ring to cover young girls. The first noticeable symptom of breast cancer is a lump that feels different from the rest of the breast tissues. Breast Self-Examination is one of the best techniques to find any lump or nodule at initial stage. The present study aimed to teach breast self-examination technique to young girls with a purpose to get acquainted them about any change in breast tissues.

Problem Statement: An Evaluative Study to assess effectiveness of Video Assisted Teaching Programme on Breast Self-Examination among students of Khalsa college senior secondary girls' school, Amritsar, Punjab.

OBJECTIVES

1. To assess pre-test knowledge of senior secondary school girls regarding breast self-examination.
2. To assess post-test knowledge of senior secondary school girls regarding breast self-examination.
3. To assess the effectiveness of video assisted teaching program me on Breast Self-Examination among senior secondary school girls.

METHODOLOGY

Research Approach and design: The quasi-experimental research design was adopted under quantitative approach to achieve study objectives.

Target Population: Senior Secondary School Girls

Research Setting: Khalsa College Sr. Sec. Girls School, Amritsar, Punjab

Sample and sampling technique: Simple systematic randomization sampling technique was followed to select 60 senior secondary school girls as study participants.

Research Tool: Self-structured questionnaire was prepared to check pre-test and post-test knowledge. Content validity was checked by experts and split-half method was applied to measure reliability of tool.

Ethical Considerations: Permission from school authorities and written consents from students was taken.

Procedure of Data Collection: Self-structured questionnaire was administered to students to check their knowledge before teaching. Next day video assisted teaching program organized in school, for all senior secondary school girls. After 5 days post-test was taken from only those students who were selected as study participants to assess effectiveness of video assisted teaching programme regarding breast self-examination.

RESULTS

Objective 1: To assess pre-test knowledge of senior secondary school girls regarding breast self-examination.

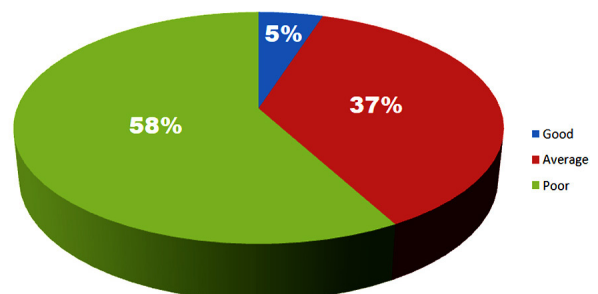


Fig. 1: Percentage distribution of senior secondary school girls as per scores obtained in pre-test

In pre-test only 5% of senior secondary school girls were good followed by 37% of girls' strength who were at average and huge number of girls.

(58%) were evaluated as poor in knowledge regarding breast self-examination. Hence it is observed that teenage girls do not have much sufficient knowledge regarding breast cancer and breast self-examination.

Objective 2: To assess post-test knowledge of senior secondary school girls regarding breast self-examination.

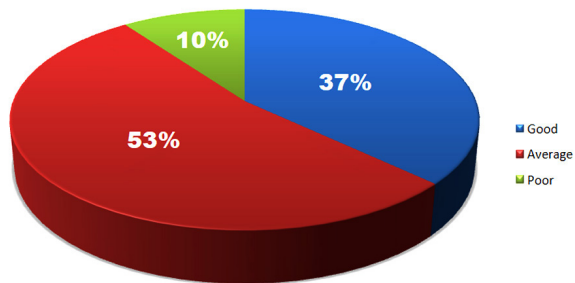


Fig. 2: Percentage distribution of senior secondary school girls as per scores obtained in post-test

In post-test evaluation drastic changes were seen maximum (53%) girls obtained goods marks followed by 37% of girls who were at average level and only 10% got poor scores after attending video assisted teaching programme regarding breast self-examination.

Objective 3: To assess the effectiveness of video assisted teaching programme on Breast Self-Examination among senior secondary school girls.

Table 1: Depicting effectiveness of video assisted teaching programme on Breast Self-Examination among senior secondary girls.

Test	Mean	SD	Calculated t-value	df	Table value	p-value	Level of significance
Pre-test	12.43	3.18					
			23.66	59	2	0.003	P<0.05
Post-test	23.15	3.04					

Hyderabad, Andhra Pradesh, India with an aim to assess the knowledge, attitude, and practice regarding breast self-examination. This study involved a cohort of 203 female dental students. Overall, the total mean knowledge score was 14.22 ± 8.04 and study highlights the need for educational programs to create awareness regarding regular breast self-examination.⁵

The present study findings revealed a significant increase in knowledge score (pre-test 12.43 ± 3.18 , post-test 23.15 ± 3.04), which concluded that video assisted teaching programme is one the best teaching method ($t = 23.66$, $df = 59$, $p < 0.05$) to provide knowledge regarding breast self-examination to senior secondary school girls. These findings are congruent with results of study conducted to assess effectiveness of video assisted teaching programme on self-breast examination among women. In this study researcher found that

Fig. 1,2 and table 1 show there is significant difference between pre-test and post-test knowledge score interpreting effective video assisted teaching programme regarding breast self-examination among senior secondary school girls. Mean SD values are compared and paired t-test applied at 0.05% level of significance. It is evidenced by calculated value 23.66 is greater than tabulated value 2.00 at 5% level of significance.

Hence, it is revealed that there is significant increase in knowledge score of students evaluated in pre-test and post-test.

DISCUSSIONS

Pre-test data of present study illustrated that a very less number (5%) of senior secondary school girls have good knowledge regarding breast self-examination with mean, SD (12.43 ± 3.18). These findings are supported by the findings of a cross-sectional study which was conducted on dental students at Panineeya Institute of Dental Sciences,

(90%) of women had inadequate knowledge, (10%) of them had moderate knowledge and none of them had adequate knowledge. However, in post-test (88%) of women had adequate knowledge, (12%) had moderate knowledge and none of them had inadequate knowledge. Thus, the study concluded that video assisted teaching program has a good effect on improving the knowledge on breast self-examination among women.⁶

CONCLUSION

Research literature and current data conveying that nowadays teenagers also diagnosing with breast cancer. The breast self-examination is one of the best techniques to detect signs and symptoms which can progress as cancer. The study inferences show that senior secondary school girls do not have enough knowledge regarding breast self-examination. They have dire need to learn about breast cancer

and breast self-examination to prevent fatal disease like cancer at initial stage. Moreover, study also manifests that video assisted teaching programme is an effective way to teach senior secondary school students. Therefore, eventually it can be said that to teach teenagers about techniques like breast self-examination, one should prefer to select video assisted teaching learning techniques.

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