"A Pre-Experimental Study To Assess The Effectiveness Of Self-Instructional Module On Knowledge And Attitude Regarding Breast Self Examination Among Adolescent Girls 12 – 17 Years Age Group In A Selected School At Raipur (C.G.)."

Gitanjali Manik[1], Dr. Jitendra Chicholkar[2]
[1]Phd Scholar, [2]Research Supervisor
Index Nursing College,
Malwanchal Univerity, Indore M.P.

ABSTRACT

"The journey of a thousand miles begins with a single step"

Breast cancer is leading cause of death worldwide including India. Low awareness is one factor causing late diagnosis and eventually death in developing countries like India.Breast cancer is cancer that develops from breast tissue. Sign of this may include a lump in the breast, a change in the breast shape, dimpling of the skin, and fluid coming from the nipple or a red scaly patch of the skin. In those with distant spread of the disease, there may be bone pain, swollen lymph nodes, and shortness of breath or yellow skin. Palpation, pressure, pattern, perimeter, position are the five "P" of the breast cancer. Breast self-examination is a procedure performed by a woman herself to physically and visually examine her breasts and underarm areas to check for lumps, thickening, dimples in the breasts, or discharge from the nipple. Most cases of breast cancer are discovered by women doing self-examinations. When breast cancer is found early and treated right away, the chances for cure and much better. So, Breast self-examination takes little time but no cost. In present study pre-experimental research design was used to assess the knowledge and attitude regarding Breast self-examination among adolescent girls 12-17 year's age group. And setting of the study was Sahid Sanjay Yadav Government School Sanjay Nagar Raipur, C.G. Objectives of the study are, first objective is to assess the pre-test knowledge and attitude score, second objective is to assess the post-test knowledge and attitude score, third objective is to determine the effectiveness of self-instructional module on Breast self- examination, and fourth objective to find-out the association between pre-test knowledge score regarding vaccination of cervical cancer among college girls with their socio-demographic area.

The quantitative research approach with pre-experimental research design and sample size 60 was selected using purposive sampling technique. The finding of the present study was pre-test mean of knowledge score was 9.48 and post-test mean was 16.53. Pre-test mean of attitude score was 47.25 and post- test mean was 62.25. There marks show the increased knowledge level and change the attitude towards the Breast self-examination of adolescent girls after intervention. Paired t-test value of Knowledge was 15.207 and Paired t-test value of attitude was13.604 is highly significant. The knowledge score of religion, residential area, family income status, type of family, occupation area of mother, age of menarche, family history of breast cancer, previous knowledge regarding Breast self-examination, and source of previous knowledge regarding Breast self-examination are not significant. But age, education qualification, education of mother are significant. The Attitude score of age, age of menarche, and source of previous knowledge regarding Breast self-examination are not significant but religion, education qualification, residential area, family income

status, type of family, education of mother, occupation area of mother, family history of breast cancer, previous knowledge regarding Breast self-examination are significant.

Keywords: *Breast cancer, Breast self-examination, quantitative research*

INTRODUCTION

"Your positive action combined with positive thinking results in success"

Breast self-examination is a procedure performed by a woman herself to physically and visually examine her breasts and underarm areas to check for lumps, thickening, dimples in the breasts, or discharge from the nipple. Most cases of breast cancer are discovered by women doing self-examinations. When breast cancer is found early and treated right away, the chances for cure and much better. So, Breast self-examination takes little time but no cost. "According to Jacob Annamma procedure book"

NEED OF THE STUDY:

BSE is an easy, expedient, non-invasive and no-cost way to check out women's own breasts to find any changes in their breasts. BSE can identify symptoms of breast cancer at early stages of cancer, when the condition can be more successfully treated and thus increasing survival rate from breast cancer. BSE aids women by making them conversant about how their breasts should look and feel thus leading to 'breast awareness' and also enable them to identify changes in their breasts in the initial stage. It can be performed on a regular basis, at any age and is suitable for low resource countries like India. Conversely, mammography screening is not a practical approach to pursue breast cancer prevention due to its high costs for the health system and individual women (in terms of out-of-pocket costs). Although inappropriate or inaccurate BSE (Breast self-examination) enactment may produce both false positives and false negatives for women, BSE Breast self-examination) is still regarded as a legitimate and realistic alternative for early breast cancer screening in women. Adolescent girls have limited awareness regarding the normal and abnormal changes of breast and breast self-examination. Most of the adolescent girls do not have adequate knowledge about the breast self-examination in developing country like India, where very little attention is being paid to the Breast care, and breast assessment of adolescent girls. Majority of school going girls are not aware of the fundamental facts about Breast self-examination. The existing data from India show a rising trend in the prevalence and younger age of presentation of breast cancer. However, the data from different parts of the county are still lacking and the study was conducted to fill this data gap. The data might help in further research and planning healthcare policies for better care of breast cancer patients in central India.

PRPBLEM STATEMENT:

"A pre- experimental study to assess the effectiveness of self-instructional module on knowledge and attitude regarding breast self-examination among adolescent girls 12- 17years age group in a selected school at Raipur (C.G.)".

OBJECTIVES:

1.   To assess the pre - test knowledge and attitude score regarding the breast self-examination among adolescent girls 12 – 17 year's age group in a selected school at Raipur (C.G.).

2.   To assess the post- test knowledge and attitude score regarding the breast self-examination among

adolescent girls 12 – 17 year's age group in a selected school at Raipur (C.G.).

3. To determine the effectiveness of self-instructional module on knowledge and attitude regarding the breast self-examination among adolescent girls 12 – 17 years age group in a selected school at Raipur (C.G.).

4. To find out the association between the pre – test knowledge and attitude score regarding the breast self-examination among adolescent girls 12 – 17 year's age group with their socio demographic variables.

HYPOTHESIS:

H1: There will be significant difference between pre- test and post- test knowledge and attitude score regarding the breast self-examination among adolescent girls 12 – 17 year's age group in a selected school at Raipur C.G

H2: There will be significant association between pre- test knowledge and attitude regarding the breast self-examination among adolescent girls 12 – 17 year's age group with their socio-demographic variables.

METHODOLGY

RESEARCH DESIGN

Group	Pre-test	Intervention	Post-test
Pre-experimentalgroup	O1	X	O2

• O1- Pre-test

• O2- Post-test

• X- Self-instructional module on knowledge and attitude regarding Breast self- examination.

SETTING OF STUDY

The setting for the present study was conducted in selected school at Raipur (C.G.)

TARGET POPULATION

In the present study target population composed of only adolescent girls who are 12-17 years age.

ACCESSIBLE POPULATION

In the present study accessible population composed of 60 adolescent girls 12 – 17 years age group from selected school at Raipur (C.G.)

SAMPLE

In this present study is 60 sample School girls (12-17) years.

SAMPLE SIZE

In present sample 60 girls 12 – 17 year's age group in a selected school at Raipur (C.G.)

SAMPLING TECHNIQUE

According to William M (2010) Selection of components of the sample that will give sample was selected by using Non probability purposive sampling technique.

SAMPLING CRITERIA

Inclusion criteria:

• Girls who have 12- 17 years of age.

• Adolescent girls who were present throughout the study period.

• Adolescent girls can communicate in Hindi, English and local language Chhattisgarhi.

• The sample size is 60 adolescent girls.

Exclusion criteria:

• Girls who are below 12 years and above 17 years of age.

• Girls who are not willing to participate in the study.

• Lack of interest among adolescent girls was observed at the time of study.

• Adolescent girls who are not present at the time of study.

SOURCE OF DATA

The data collected from the girls (12-17) years in a selected school at Raipur (C.G.).

DEPENDENT VARIABLES

The dependent variable in this study are knowledge and attitude regarding breast self-examination.

INDEPENDENT VARIABLES

The independent variable in this study to evaluate the effectiveness of self-instructional module regarding Breast self- examination on knowledge and attitude.

Development of tool

Data collection tool is the instrument that could obtain the data significant to the study. The tool used for this study is structured interview questionnaire for assessment of knowledge and five- point Likert scale for assessment of attitude framed by the researcher. The tool was prepared based on the objectives of the study using the review of literature and related studies, books and opinion from the experts.

SCORING MEASURES:

KNOWLEDGELEVEL	SCORE RANGE	PERCENTAGE%
Poor knowledge score	1–10	1%-33%
Average knowledge score	11–20	34%-66%
Good knowledge score	21–30	67%-100%

SCORING MEASURES:

Measurement	Score	Percentage
Strongly disagree	1–15	1%-20%
Disagree	16–30	21%-40%
Neutral	31–45	41%-60%
Agree	46–60	61%-80%
Strongly agree	61–75	81%-100%

DEVELOPMENTOFSELF-INSTRUCTIONALMODULE

A self-instructionalmoduleonBreastself-examinationamongadolescentgirlsw as developed in the following sequences:

• Developmentofobjectives.

• Review ofliterature.

• Consultationwiththeexperts.

• ContentvalidityoftheSelf-instructionalmodule.

DATA COLLECTION PROCEDURE

The technique for data collection was self-structured knowledge questionnaire and a standard Likert scale for measurement of attitude towards the Breast self-examination.

 A written permission was obtained from the authorities' principal of our college of nursing Abhanpur, Raipur (C.G.) to conduct main study.

 A written permission was obtained from the authorities' principal of school at Raipur, (C.G.) to conduct main study.

 The researcher first introduced herself to respondents and explain the purpose of gathering information and also taken consent from them.

 Then taken pre-test regarding the Breast self-examination and administered the booklet as a self-instructional module.

 Then post - test taken after 7 days with same questionnaire and Likert scale to determine the effectiveness of the self-instructional module on knowledge and attitude regarding breast self-examination among the respondent.

 They assured that their response would be kept confidential for research purpose.

 The whole procedure of main study taken about one month.

PLAN FOR DATA ANALYSIS

The data was collected and analyzed in term of objectives using descriptive and inferential statistics.

The steps taken to analyzed the data were

ORGANIZATION OF THE DATA THE MASTER CODING SHEET

 Frequency and percentage distribution of subjects according to the sociodemographic variables of adolescent girls.

 Mean and standard deviation were used to analyze the knowledge of adolescent girl's area wise and item wise analysis.

 Data was presented in tables and diagrams

 Paired "t" test was used to determine the effectiveness of self-instructional module among adolescent girls by significant difference between pre-test and post-test knowledge score and attitude towards the Breast self-examination.

 "Chi square" was used to determine the association between pre-test and post-test knowledge level regarding Breast self-examination and attitude towards the Breast self- examination among Adolescent girls with socio demographic variables.

DISTRIBUTIONOFSUBJECTACCORDINGTOSOCIODEMOGRAFIC VARIABLES USING FREQUENCYAND PERCENTAGE.

Tableno.4frequencyandpercentagedistributionofsocio-demographic variables

S.N.	Sociodemographicvariables		Frequency	Percentage
1.	**Age**	**a.**12–13years	0	**0**
		b.14–15years	26	**43.33%**
		c.16–17years	34	**56.67%**
2.	**Religion**	**a.**Hindu	40	**66.67%**
		b.Muslim	12	**20%**
		c.Sikh	2	**3.33%**

		d.Christian	6	10%
3.	**Education qualification**	**a.** HighSchool	26	43.33%
		b.Highersecondaryschool	34	56.67%
4.	**Residentialarea**	**a.**Chemicalexposurearea	0	0
		b.Mechanicalexposurearea	0	0
		c.Gaseousexposurearea	9	15%
		d.Nuclearweaponsaffected area	0	0
		e.Ionizingradiationexposure area	0	0
		f.Noneofthese	51	85%
5.	**Family inco me status**	**a.**belowRs. 10000	4	6.67%
		b.10001or15000	7	11.66%
		c.15001or20000	10	16.67%
		d.20001orabove	39	65%
6.	**Typesoffamily**	**a.**Nuclearfamily	7	11.67%
		b.Jointfamily	22	36.67%
		c.Linealfamily	31	51.66%
		d.Compoundfamily	0	0
7.	**Education of mother**	**a.**Primaryleveleducation	0	0
		b.Middle leveleducation	0	0
		c.Highschooleducation	6	10%
		d. Highersecondaryeducation	43	71.67%
		e.Graduation	4	6.66%
		f. PostGraduation	7	11.67%
8.	**Occupationareaof mother**	**a.**Housewife	46	76.67%
		b.Industrialarea	3	5%
		c.Radiationdepartment	2	3.33%
		d. Medicalrepresentative	4	6.67%
		e.**Self-business**	**5**	8.33%

9.	Age of menarche	a.**10yearsto11years**	**4**	**6.67%**
		b.12yearsto13 years	54	90%
		c.14yearsto15 years	2	3.33%
10.	**Family history of breast cancer**	**a.**Mother	1	1.67%
		b.Grand mother	2	3.33%
		c.Aunty	0	0
		d.Sister	0	0
		e.Noanyhistory	57	95%
11.	**Previousknowledge regarding Breast self-examination**	**a.**Yes	7	11.67%
		b.No	53	88.33%
	Sourceofprevious knowledgeregarding Breas t- self examination	**a.Familymember**	2	28.58%
		b.Peergroup	5	71.42%
		c.Television	0	0
		d. Magazine	0	0
		e.Newspaper	0	0

	CATEGORY	FREQUENCY	PERCENTAGE
PRE-TEST SCORE	Stronglydisagree(1– 15)	0	**0**
	Disagree (16–30)	0	**0**
	Neutral(31–45)	20	**33.33%**
	Agree(46–60)	36	**60%**
	Stronglyagree(61–75)	4	**6.67%**
	Total	60	100%

Table no. 4.15 depict that 33.33% girls were responded on Neutral, 60% girls were responded on Agree and 6.67% girls were responded on Strongly agree.
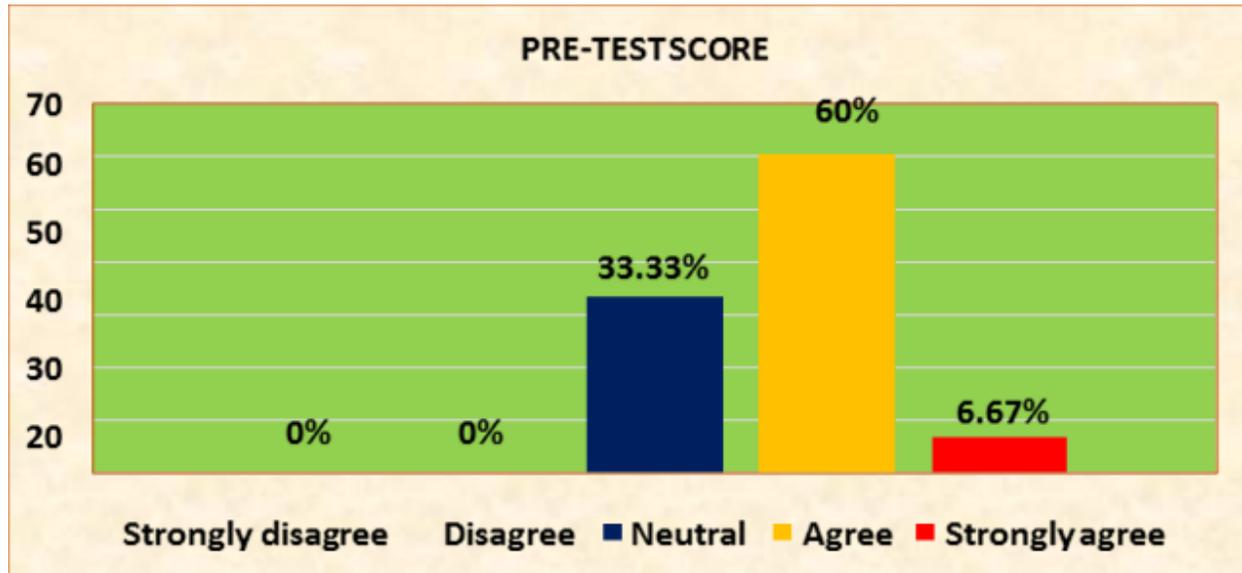
Figure no. 4.15 column diagram shows the percentage distribution of pre-test score on attitude towards Breast self-examination among adolescent girls.

- **Toassesspost-testscoreonattitudetowardsBreastself-examinationamong adolescent girls 12-17 years age group in a selected school at RaipurC.G.**

	CATEGORY	FREQUENCY	PERCENTAGE
PRE-TEST SCORE	Stronglydisagree(1– 15)	0	0
	Disagree(16–30)	0	0
	Neutral(31–45)	4	6.67%
	Agree(46 –60)	24	40%
	Stronglyagree(61–75)	32	53.33%
	Total	60	100%

Table no. 4.16 depict that minimum6.67% girls were responded on Neutral, 40% girls were responded on Agree and 53.33% were responded on Strongly agree.
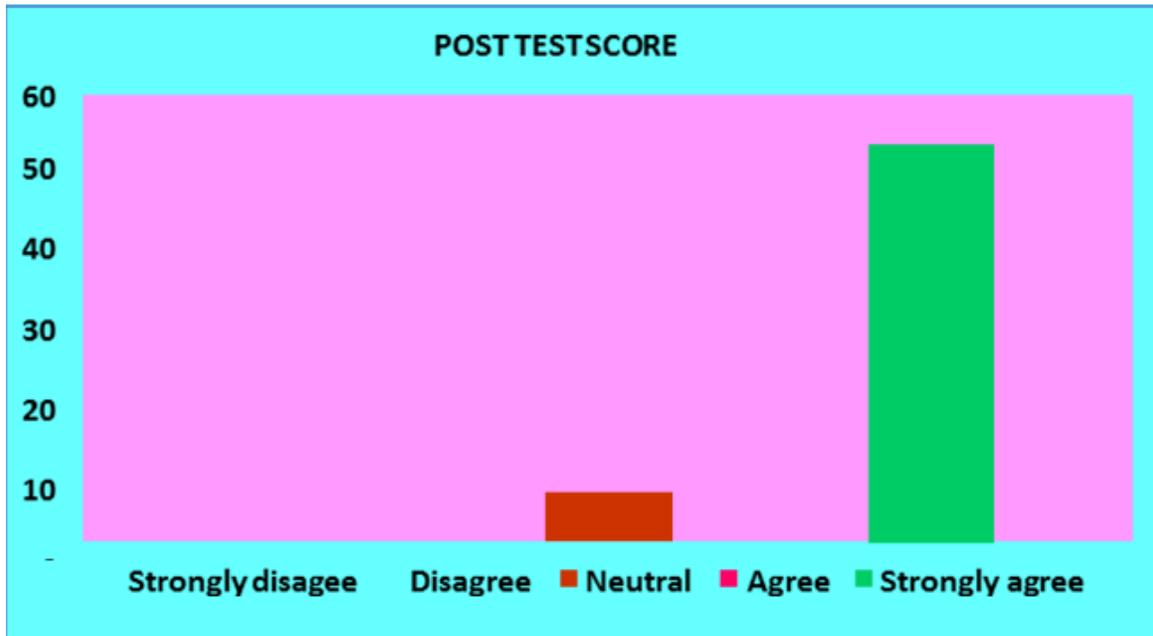
Figure no. 4.16 column diagram shows the percentage distribution of Post-test score on attitude towards Breast self-examination among adolescent girls.

Table no. 4.19 Description of effectiveness of Self-instructional module on Knowledge regarding Breast self-examination among adolescent girls.

Assessment	Mean	SD	Standard error	Calculated paired t- test	DF	Inference
Pre- test	9.48	2.30	0.29	15.207	59	**P<0.01 Significant**
Post-test	**16.53**	**4.20**	**0.54**			

The above table shows that description of effectiveness of Self-instructional module on knowledge regarding Breast self-examination among adolescent girls. The mean score of pre- test is 9.48 and post-test is 16.53, Standard deviation of pre-test is 2.30 and post-test is 4.20, standard error of pre-test is 0.29, post-test are 0.54, calculated paired t-test value are 15.207. as calculated t-value is greater than table t-value at 0.01 level, so that Self instructional module is effective and research hypothesis H1 accepted.

Table no. 4.20 Description of effectiveness of Self-instructional module on Attitude regarding Breast self-examination among adolescent girls.

Assessment	Mean	SD	Standard error	Calculated paired t- test	DF	Inference
Pre- test	47.25	6.80	0.87	13.604	59	**P<0.01 Significant**
Post-test	**62.25**	**8.18**	**1.05**			

The above table shows that description of effectiveness of Self-instructional module on Attitude regarding Breast self-examination among adolescent girls. The mean score of pre-tests is 47.25 and post-test is 62.25, Standard deviation of pre-test is 6.80 and post-test is 8.18, standard error of pre-test is 0.87, post-test is 1.05, calculated paired t-test value are 13.604. as calculated t- value is greater than table t-value at 0.01 level, so that Self-instructional module is effective and research hypothesis H1 accepted.

- **Association between pre-test score on knowledge regarding Breast self-examination among adolescent girls with their sociodemographic variables.**

Table 4.21

S. N.	Socio-Demographic variables	Pre-test knowledge level						Degree of Freedom	Calcu-lated chi value	Chi square Table value	P Value and Remark
		Poor		Average		Good					
		N	%	N	%	N	%				
1.	Age										
a.	12-13 years	0	0	0	0	0	0	1	8.938	6.64	**< 0.05 Significant**
b.	14-15years	22	36.66	4	6.67	0	0				
c.	16-17 years	16	26.67	18	30	0	0				
2.	Religion										
a.	Hindu	24	40	16	26.67	0	0	3	1.4354	2.37	**> 0.05 Not Significant**
b.	Muslim	8	13.33	4	6.67	0	0				
c.	Sikh	2	3.33	0	0	0	0				
d.	Christian	4	6.67	2	3.33	0	0				
3.	Education qualification										
a.	High School	22	36.66	4	6.67	0	0	1	8.9488	6.64	**<0.05 Significant**
b.	Higher Secondary School	16	26.67	18	30	0	0				

								df	value	table value	Significance
4.	Residential area										
a.	Chemical exposure	0	0	0	0	0	0	1	0.3361	0.46	>0.05 Not Significant
b.	Mechanical exposure	0	0	0	0	0	0				
c.	Gaseous exposure	4		5		0	0				
d.	Nuclear weapon affected	0	0	0	0	0	0				
e.	Ionizing radiation exposure	0	0	0	0	0	0				
f.	None of these	28		23		0	0				
5.	Family income status										
a.	Below Rs. 10000	2	3.33	2	3.33	0	0	3	3.4323	6.25	>0.05 Not Significant
b.	10001 – 15000	5	8.33	2	3.33	0	0				
c.	15001- 20000	4	6.68	6	10	0	0				
d.	20001 or above	27	45	12	20	0	0				
6.	Type of family										
a.	Nuclear family	3	5	4	6.67	0	0	2	1.5241	1.39	>0.05 Not Significant
b.	Joint family	14	23.33	8	13.33	0	0				
c.	Linear Family	21	35	10	16.67	0	0				
d.	Compound family	0	0	0	0	0	0				
7.	Education of mother										
a.	Primary level education	0	0	0	0	0	0	3	8.39569	7.82	<0.05 Significant
b.	Middle level education	0	0	0	0	0	0				
c.	High school education	2	3.33	4	6.67	0	0				
d.	Higher secondary education	32	53.33	11	18.33	0	0				
e.	Graduation	1	1.67	3	5	0	0				
f.	Post Graduation	3	5	4	6.67	0	0				
8.	Occupation area of mother										
a.	Housewife	33	55	13	21.67	0	0	4	8.5718	7.78	>0.05 Not Significant
b.	Industrial area	2	3.33	1	1.67	0	0				
c.	Radiation department	0	0	2	3.33	0	0				
d.	Medical representative	1	1.67	3	5	0	0				
e.	Self-business	2	3.33	3	5	0	0				

9.	Age of menarche									
a.	10 – 11 years	1	1.67	3	5	0	0	2	3.740	1.39	>0.05
b.	12 - 13 years	35	58.33	19	31.67	0	0				Not
c.	14 – 15 years	2	3.33	0	0	0	0				Significant
10.	Family history of Breast cancer									
a.	Mother	1	1.67	0	0	0	0				>0.05
b.	Grandmother	0	0	2	3.33	0	0	2	4.0946	3.36	Not
c.	Aunty	0	0	0	0	0	0				Significant
d.	Sister	0	0	0	0	0	0				
e.	No any history	37	61.67	20	33.33	0	0				
11.	Previous knowledge regarding Breast self-examination									
a.	Yes	4	6.67	3	5	0	0	1	0.1597	0.46	>0.05
b.	No.	34	56.66	19	31.67	0	0				Not
											Significant
	Source of previous knowledge regarding Breast self-examination									
a.	Family member	0	0	2	28.57	0	0				Sample
b.	Peer group	4	57.14	1	14.29	0	0	1	0	0	score is
c.	Television	0	0	0	0	0	0				less than 30
d.	Magazine	0	0	0	0	0	0				Chi
e.	**Newspaper**	**0**	**0**	**0**	**0**	**0**	**0**				**square not applicable.**

Table no. 4.21 It depict that the calculated chi square value of the religion, residential area, family income status, type of family, occupation area of mother, age of menarche, family history of breast cancer, previous knowledge regarding breast self-examination, and source of previous knowledge are more than tabulated chi square value at 0.05 level of significance, so that finding is not significant, calculated chi square value of age, education qualification, education of the mother are less than tabulated chi square value at 0.05 level of significance so, that finding is significant.

- **Association between pre-test score on Attitude regarding Breast self- examination among adolescent girls with their sociodemographic variables.**

Table 4.22

S. N.	Socio demographic variables	Pre-test Attitude score			Degree of Freedom	Calcu-lated Chi value	Chi square Table value	P Value and Remark
		Neutral	Agree	Strongly agree				

		N	%	N	%	N	%				
1.	Age										
a.	12 - 13 years	0	0	0	0	0	0	2	3.575	1.39	>0.05
b.	14 – 15	12	20	13	21.67	1	1.67				Not
c.	16 – 17	8	13.33	23	38.33	3	5				Significant
2.	**Religion**										
a.	Hindu	13	21.67	27	45	0	0	6	15.606	15.03	<0.05
b.	Muslim	6	10	4	6.67	2	3.33				Significant
c.	Sikh	0	0	2	3.33	0	0				
d.	Christian	1	1.67	3	5	2	3.33				
3.	Education qualification										
a.	High School	14	23.33	11	18.33	1	1.67	2	8.733	7.82	<0.05
b.	Higher Secondary School	6	10	25	41.67	3	5				Significant
4.	Residential area										
a.	Chemical exposure	0	0	0	0	0	0				<0.05
b.	Mechanical exposure	0	0	0	0	0	0	2	14.205	13.82	Significant
c.	Gaseous exposure	4	6.67	2	3.33	3	5				
d.	Nuclear weapon affected	0	0	0	0	0	0				
e.	Ionizing radiation exposure	0	0	0	0	0	0				
f.	None of these	16	26.67	34	56.66	1	1.67				
5.	Family income status										
a.	Below 10000	2	3.33	1	1.67	1	1.67	6	15.984	15.03	<0.05
b.	10001-15000	4	26.67	2	3.33	1	1.67				Significant
c.	15001-20000	5	8.33	3	5	2	3.33				
d.	20001 or above	9	15	30	50	0	0				
6.	Type of family										
a.	Nuclear family	3	5	2	3.33	2	3.33	4	20.333	18.47	<0.05
b.	Joint family	13	21.67	8	13.33	1	1.67				Significant
c.	Linear family	4	6.67	26	43.33	1	1.67				
d.	Compound family	0	0	0	0	0	0				
7.	Education of mother										
a.	Primary level education	0	0	0	0	0	0	6	12.819	12.53	<0.05 Significant

b.	Middle level education	0	0	0	0	0	0				
c.	High School education	2	3.33	3	5	1	1.67				
d.	Higher secondary education	14	23.33	29	48.33	0	0				
e.	Graduation	1	1.67	2	3.33	1	1.67				
f.	Post Graduation	3	5	2	3.33	2	3.33				
8.	Occupation area of mother										
a.	Housewife	14	23.33	30	50	2	3.33				
b.	Industrial area	2	3.33	1	1.67	0	0				**<0.05**
c.	Radiation department	2	3.33	0	0	0	0	8	15.685	15.51	**Significant**
d.	Medical representative	1	1.67	3	5	0	0				
e.	Self-business	1	1.68	2	3.33	2	3.33				
9.	Age of menarche										
a.	10-11 years	2	3.33	2	3.33	0	0	4	7.901	7.78	**>0.05**
b.	12-13 years	17	28.33	34	56.67	3	5				**Not**
c.	14-15 years	1	1.67	0	0	1	1.67				**Significant**
10.	Family history of breast cancer										
a.	Mother	1	1.67	0	0	0	0				**<0.05**
b.	Grandmother	0	0	0	0	2	3.33	4	30.947	18.47	**Significant**
c.	Aunty	0	0	0	0	0	0				
d.	Sister	0	0	0	0	0	0				
e.	No any history	19	31.67	36	60	2	3.33				
11.	Previous knowledge regarding Breast self-examination										
a.	Yes	0	0	3	5	4	6.67	2	33.3154	13.82	**<0.05**
b.	No	20	33.33	33	55	0	0				**Significant**
12.	Source of knowledge regarding Breast self-examination										
a.	Family member	0	0	1	14.28	1	14.28				**Sample score less than 30 chi square not applicable.**
b.	Peer group	0	0	2	28.58	3	42.86	1	0	0	
c.	Television	0	0	0	0	0	0				
d.	Magazine	0	0	0	0	0	0				

e.	Newspaper	0	0	0	0	0	0				

Table no.4.22 It depict that the calculated chi square value of age, age of menarche, and source of previous knowledge regarding Breast self-examination are more than tabulated chi square value at 0.05 level of significance, so that finding is not significant, but calculated chi square value of religion, education qualification, residential area, family income status, type of family, education of mother, occupation area of mother, family history of breast cancer, previous knowledge regarding breast self-examination are less than tabulated chi square value at 0.05 level of significance so that finding is significant.

CONCLUSION

On the basis of the findings of the present study, the following conclusion were drawn:

•   The pre-test knowledge score reveals that there was knowledge deficit regarding vaccination of cervical cancer.

• The pos-test knowledge score reveals that there was improved knowledge of adolescent girls after administered Self instructional module regarding Breast self-examination.

•   The pre-test Attitude score reveals that there was attitude of Adolescent girls were neutral and agree regarding Breast self-examination.

•   The post-test attitude score reveals that was changed the attitude of adolescent girls were agree and strongly agree and less in neutral.

•   Self-instructional module was effective in enhancing the knowledge and change the attitude of adolescent girls regarding Breast self-examination proven by Paired t-test.

SUMMARY:

This chapter was deals with the major findings of the study, all the objectives and hypothesis were proven in the study.

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