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Research Article

Effectiveness of Video-assisted Teaching Program on Knowledge and Practice Regarding Breast Self-examination among Nursing Students at Chamoli

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Abstract

Aim: This study aims to assess the effectiveness of video-assisted teaching on knowledge and practice among basic B.Sc. Nursing 1st year students regarding breast self-examination (BSE). **Materials and Methods:** A pre-experimental study was conducted on the 1st year nursing students at Government College of Nursing, Gopeshwar, Chamoli, Uttarakhand. Data were analyzed using Chi-square and z-test. Correlation was analyzed using Karl Pearson correlation coefficient. The total scores for KAP were categorized into poor, average, and good. $P > 0.05$ was considered statistically not significant. **Results:** The result of the study shows that the frequency and percentage distribution of students regarding level of knowledge in pre-test revealed that no one were having good knowledge, 4 (9.09%) of them were having average knowledge, and 40 (90.9%) of them were had poor knowledge, whereas frequency and percentage distribution of students regarding level of knowledge in post-test revealed that 9 (20.45%) were having good knowledge, 25 (56.81%) of them were having average knowledge, and 9 (20.45%) of them were had poor knowledge. The frequency and percentage distribution of students regarding BSE in pre-test revealed that no one were having good practice, no one of them were having average practice, and 44 (100%) of them were had poor practice whereas frequency and percentage distribution of students regarding level of practice in post-test revealed that 4 (9.09%) were having good practice, 27 (61.36%) of them were having average practice, and 13 (29.54%) of them were had poor practice and the association of knowledge and practice with their demographic variable age, father's education, father's occupation, habitat, and previous knowledge regarding BSE is not significant. **Conclusion:** The study highlights that students were able to gain knowledge about the BSE.

Key words: Assess, breast self-examination, effectiveness, knowledge, nursing students, video-assisted teaching

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Introduction

Our relationship with the world starts from the mother breast milk. The female breast has been regarded as a symbol of beauty, sexuality. Breast is more important organ for every woman as they are symbol of motherhood and womenhood,[1] so any disease affecting breast particularly breast cancer is important.

Breast cancer is an uncontrolled growth of breast cell. Cancer occurs as a result of mutation, abnormal changes in genes responsible regulating growth of cells and keeping them healthy. It can spread to nearby lymph gland, pleura, bone, pelvis, and liver. It can spread to other parts of the body without invading the auxiliary nodes even when the primary breast tumor is small. Breast cancer is the third most common cancer in the world. In India, breast cancer is the second leading cancer in female.[2] Breast cancer can be detected and treated at an early stage. If detected early, the 5-year survival rate reached to 85%, whereas later detection decreased the survival rate to 56%. The preventive

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techniques to reduce breast cancer mortality and morbidity include breast self-examination (BSE), clinical breast examination, and mammography. BSE is an inexpensive tool which can be carried out by women themselves at home;[3] the magnitude of cancer problem is increasing day by day. The major risk factors for breast cancer are family history of breast cancer, menarche before 12 years of age, menopause after 55 years of age, obesity, and excessive exposure to the ionizing radiations before 30 years of age.[2]

Breast cancer is the most common cancer in women all over India and accounts for 25–31% of all cancer in women in Indian cities. According to the WHO, for the year 2012, 70,218 women died in India due to breast cancer.[2]

An estimated 1.38 million across the world were diagnosed with the breast cancer in 2008. Incidence is generally high in developed countries and markedly lower in developing country.

In our country, only 15% of patients present in the localized stage, in 75%, regional lymph nodes are already involved while 10% have distant spread at the time of reporting.[4] This is due to lack of awareness and non-existent breast cancer screening programs. The Indian Council of Medical Research showed that 10 out of every 100,000 women living in Delhi, Mumbai, Chennai, and Bangalore were diagnosed with breast cancer about 10 years ago, compared with 23 women per every 100,000. With an increasing number of younger women becoming susceptible to the disease, India faces a growing breast cancer epidemic.[2]

BSE is an ideal method for the early identification of breast abnormalities and this method can be performed by every woman at her leisure time. The diagnosis of breast cancer in early stage has significant impact on therapy, which, in turn, can improve the quality of life of a patient with breast cancer.[5]

India is likely to have over 17.3 lakh new cases of cancer over 8.8 lakh death due to the disease by 2020 by cancer of breast, lung, and cervix topping the list.[1]

Population-based cancer registry assists that various cities such as Mumbai, Delhi, Bengaluru, Bhopal, Kolkata, Chennai, and Ahmedabad. Breast cancer accounts for 25–32% of all female cancer. BSE involves the checking the breast to help detect the breast problem or changes. One's a woman knows what the breast normally looks and feels like any new lump or change in appearance should be evaluated by a doctor. The best time to do breast self-examination is about 3–5 days after your period starts.

BSE is simple, quick, and cost-free procedure. BSE involves feeling one's breast in specific way at the same time in each month and distinguishes suspicious lumps and bumps BSE is a procedure performed by an individual to physically and visually examine herself for changes in breast. BSE is an important component of health promotion and maintenance. Providing education and encouraging the women to perform BSE are recommended to decrease the mortality rates from breast abnormality disorder.[2]

Objectives

The objectives of the study were as follows:

1. To assess the pre-test level of knowledge and practice regarding BSE among B.Sc. Nursing 1st year student
2. To administer video-assisted teaching to B.Sc. Nursing 1st year student regarding BSE
3. To assess effectiveness of video-assisted teaching on knowledge and practice of B.Sc. Nursing 1st year nursing student regarding BSE
4. To find out the association between knowledge and practice of B.Sc. Nursing 1st year student with their sociodemographic variables regarding BSE.

Hypothesis

- H_1: There will be a significant difference between pre-test and post-test level of knowledge of B.Sc. Nursing 1st year student regarding BSE
- H_2: There will be a significant difference between pre-test and post-test level of practice of B.Sc. Nursing 1st year student regarding BSE
- H_3: There will be a significant association between level of knowledge of B.Sc. Nursing 1st year student regarding BSE with their selected sociodemographic variables
- H_4: There will be a significant association between level of practice of B.Sc. Nursing 1st year student regarding BSE with their selected sociodemographic variables.

Need of the study

Cancer is a leading cause of deaths for women between the ages of 35 and 54 years and BSE practice result in earlier detection of signs of breast cancer such as palpable lymph.

Methodology

Quantitative research approach, pre-experimental research design adopted for the study that focuses on obtaining information regarding knowledge and practice related to BSE. In this study, nursing 1st year student taken as population and sample consists of students of Government College of Nursing, Patiyaldhar, Gopeshwar (Chamoli). A total of 44 students selected conveniently. The tool developed for the study was questionnaire and checklist.

Statistics

The data are analyzed by descriptive statistics and inferential statistics. The Z-test and Chi-square are used for during the statistical analysis.

Results

Section A: Description of sociodemographic variable

The frequency and percentage distribution of students regarding knowledge and practice of BSE according to

their age group show that 32 (72.7%) students belong to the age group of 17–18 years, 11 (25%) belongs to the age group of 19–20 years, and 1 (2.27%) of them belong to the age group of 21–22 years and no one belongs to the age group of 23–24 years. The frequency and percentage distribution of students regarding knowledge and practice of BSE according to their father's qualification show that no one comes under illiterate group, 14 (31.81%) students fathers qualification is primary education, 18 (40.9%) students fathers qualification is higher secondary education, and 12 (27.27%) students fathers qualification is graduation. The frequency and percentage distribution of students regarding knowledge according to their fathers occupation show that 16 (36.36%) of them are farmer, 3 (6.81%) of them are labor, 15 (34.09%) are private employee, and 10 (22.72%) are government employee. The frequency and percentage distribution of students regarding knowledge according to their habitat show that 14 (31.81%) of them are from urban area and 30 (68.18%) of them are from rural area. The frequency and percentage distribution of students regarding knowledge on according to their previous knowledge regarding BSE show that 7 (15.9%) of them have previous knowledge and 37 (84.09%) do not have previous knowledge.

Section B

Table 1 represents the data which show that the post-test knowledge and practice of the nursing students was more than the pre-test knowledge and practice.

Section C

Section D

Tables 2 and 3 represent the data which show that the post-test knowledge and practice of the nursing students was more than the pre-test knowledge and practice due to video-assisted learning.

Section E

Table 4 shows that association of knowledge and practice to selected sociodemographic variable is not significant at 5% level ($P > 0.05$) because calculated value is greater than tabulated value, so null hypothesis is rejected.

Section F

Table 5 represents that Z value is greater than tabulated value. Therefore, the result is significant and there is a significant difference between pre-test and post-test practice.

Discussion

The study to assess the knowledge and practice of BSE among students of B.Sc Nursing 1st year, Patiyaldhar, Gopeshwar, Chamoli, was conducted among 44 students having age group from 17 to 22 were selected by convenient sampling and data were collected by questionnaire and checklist method from December 6, 2019. It deals with the discussion based on the finding of analysis and interpretation of the study.

The findings are discussed under the following heading

- Objective 1: To assess the pre-test level of knowledge and practice regarding BSE among B.Sc Nursing 1st year students

A study based on the assessment of knowledge and practice of BSE among reproductive age women in Akatsi South district of Volta region of Ghana. This study was a cross-sectional study involving 385 women between the ages of 15 and 49 years. Data were collected with a structured questionnaire and variables included sociodemographic characteristics, breast cancer knowledge, and BSE knowledge and practice. Descriptive statistics were used to analyze and present

Table 1: Comparison between pre-test and post-test frequency and percentage distribution of students regarding level of knowledge and BSE practice

Regarding knowledge					
Pre-test			**Post-test**		
Level of knowledge	**Frequency**	**Percentage**	**Aspect**	**Frequency**	**Percentage**
Poor	40	90.90	Poor	10	22.72
Average	4	9.09	Average	25	56.81
Good	0	0	Good	9	20.45
Total	44	100	Total	44	100
Regarding practice					
Pre-test			**Post-test**		
Aspect	**Frequency**	**Percentage**	**Aspect**	**Frequency**	**Percentage**
Poor	44	100	Poor	13	29.54
Average	0	0	Average	27	61.36
Good	0	0	Good	4	9.09
Total	44	100	Total	44	100

Table 2: Comparison of pre-test and post-test level of knowledge score of the B.Sc. Nursing 1st year students regarding breast self-examination with their sociodemographic variable

Demographical variable	Pre-test						Post-test					
	Poor		Average		Good		Poor		Average		Good	
	F	%	F	%	F	%	F	%	F	%	F	%
Age												
17–18	29	65.90	3	6.81	0	0	8	18.18	17	38.63	7	15.9
19–20	10	22.72	1	2.27	0	0	2	4.54	7	15.90	2	4.54
21–22	1	2.27	0	0	0	0	0	0	1	2.27	0	0
23–24	0	0	0	0	0	0	0	0	0	0	0	0
Father's qualification												
Illiterate	0	0	0	0	0	0	0	0	0	0	0	0
Primary education	13	29.54	1	2.27	0	0	3	6.81	8	18.1	3	6.81
Higher secondary education	17	38.6	1	2.27	0	0	4	9.09	10	22.7	4	9.09
Graduation	10	22.7	2	4.54	0	0	2	4.54	7	15.90	3	6.81
Father's occupation												
Farmer	16	36.3	0	0	0	0	5	11.36	8	18.1	3	6.82
Labor	3	6.81	0	0	0	0	0	0	1	2.27	2	4.54
Private employee	12	27.27	3	6.81	0	0	2	4.54	9	20.4	4	9.09
Govt. employee	9	20.45	1	2.27	0	0	2	4.54	6	13.6	2	4.54
Habitat												
Urban	13	29.5	1	2.27	0	0	1	2.27	8	18.1	5	11.3
Rural	27	61.36	3	6.81	0	0	7	15.9	18	40.9	5	11.3
Previous knowledge regarding BSE												
Yes	7	15.9	0	0	0	0	8	18.18	26	59.09	10	22.7
No	33	75	4	9.09	0	0	0	0	0	0	0	0

Table 3: Comparison of pre-test and post-test level of practice score of the B.Sc. Nursing 1st year students regarding breast self-examination with their sociodemographic variable

Demographic variable	Pre-test						Post-test					
	Poor		Average		Good		Poor		Average		Good	
	F	%	F	%	F	%	F	%	F	%	F	%
Age												
17–18	32	72.72	0	0	0	0	2	4.54	26	59.0	4	9.01
19–20	11	25	0	0	0	0	1	2.27	19	43.1	1	2.27
21–22	1	2.27	0	0	0	0	0	0	1	2.27	0	0
23–24	0	0	0	0	0	0	0	0	0	0	0	0
Father's qualification												
Illiterate	0	0	0	0	0	0	0	0	0	0	0	0
Primary education	15	34.09	0	0	0	0	0	0	11	25	3	6.81
Higher secondary education	16	36.36	0	0	0	0	3	6.81	14	31.81	1	2.27
Graduation	13	29.54	0	0	0	0	1	2.27	10	27.72	1	2.27
Father's occupation												
Farmer	16	36.36	0	0	0	0	2	4.54	12	27.27	1	2.27
Labor	3	6.81	0	0	0	0	0	0	2	4.54	0	0
Private employee	14	31.81	0	0	0	0	2	4.54	12	27.27	2	4.54
Govt. employee	11	25	0	0	0	0	1	2.27	8	18.18	2	4.54
Habitat												
Urban	14	31.81	0	0	0	0	2	4.54	9	20.45	3	6.81
Rural	30	68.18	0	0	0	0	2	4.54	26	59.09	2	4.54
Previous knowledge regarding BSE												
Yes	7	15.9	0	0	0	0	4	9.09	35	79.545	5	11.3636
No	37	84.09	0	0	0	0	0	0	0	0	0	0

Table 4: Association of knowledge and practice score of selected sociodemographic variable

Association of knowledge with demographic variables. n=44								
S. No.	**Demographic variables**	**Poor**	**Average**	**Good**	**df**	**χ^2**	**Tabulated value**	**Inference**
1.	Age				6	12.59	0.01427	Not significant
	17–18	29	3	0				
	19–20	10	1	0				
	21–22	1	0	0				
	23–24	0	0	0				
2.	Father's qualification				6	12.59	12.2451	Not significant
	Illiterate	0	0	0				
	Primary education	13	1	0				
	Higher secondary education	17	1	0				
	Graduation	10	2	0				
3.	Father's occupation				6	12.59	4.0768	Not significant
	Farmer	16	0	0				
	Labor	3	0	0				
	Private employee	12	3	0				
	Govt. employee	9	1	0				
4.	Habitat				2	5.99	0.11	Not significant
	Urban	13	1	0				
	Rural	27	3	0				
5.	Previous knowledge regarding BSE				2	5.99	0.895	Not significant
	Yes	7	0	0				
	No	33	4	0				
Association of practice with demographic variables. n=44								
S. No.	**Demographic variables**	**Poor**	**Average**	**Good**	**Df**	**χ^2**	**Tabulated value**	**Inference**
1.	Age				6	12.59	0	Not significant
	17–18	32	0	0				
	19–20	11	0	0				
	21–22	1	0	0				
	23–24	0	0	0				
2.	Father's qualification				6	12.59	0	Not significant
	Illiterate	0	0	0				
	Primary education	15	0	0				
	Higher secondary education	16	0	0				
	Graduation	13	0	0				
3.	Father's occupation				6	12.59	0	Not significant
	Farmer	16	0	0				
	Labor	3	0	0				
	Private employee	14	0	0				
	Govt. employee	11	0	0				
4.	Habitat				2	5.99	0	Not significant
	Urban	14	0	0				
	Rural	30	0	0				
5.	Previous knowledge regarding BSE				2	5.99	0	Not significant
	Yes	7	0	0				
	No	37	0	0				

Table 5: Significance difference between pre-test and post-test of knowledge and practice

Difference between pre-test and post-test level of knowledge of B.Sc. Nursing 1st year students regarding BSE. *n*=44			
Mean	**Standard deviation**	**Standard error**	**Z test**
Mean 1 – 13.568 Mean 2 – 22.1818	Standard deviation 1 – 3.3719 Standard deviation 2 – 3.7495	0.76021	11.3306
Difference between pre-test and post-test practice of B.Sc. Nursing 1st year students regarding BSE. *n*=44			
Mean	**Standard deviation**	**Sample error**	**Z test**
Mean 1 – 0.636364 Mean 2 – 10.36364	Standard deviation 1 – 0.837796 Standard deviation 2 – 2.86998	0.450	21.61

the data and Chi-square test of significance was used to determine association between sociodemographic variable and practice of BSE. The result of study shows that the mean age of the women was 24.54 ± 7.19. Only 3.1% of women had no formal education and 58.9% were single. Although 88.3% of the respondents were aware of breast cancer, 64.9% of the respondents had good or sufficient knowledge of breast cancer and only 94 (37.6%) practice BSE. Over 50% of the respondents did not know how to perform BSE. There was a significant association between knowledge on breast cancer and practice of BSE ($\chi^2 = 36.218$ $P = 0.000$). The higher the age of a participant, the lower practice of BSE and this was significant ($\chi^2 = 11.324$, $P = 0.003$).[6]

The result reveals that the level of knowledge in pre-test revealed that 0 (0%) were having good knowledge, 4 (9.09%) of them were having average knowledge, and 40 (90.90%) of them were had poor knowledge, whereas the BSE practice in pre-test revealed that 0 (0%) were having good practice, 0 (0%) of them were having average practice, and 44 (100%) of them were had poor practice.

- Objective 2: To administer the video-assisted teaching

The study was to assess the effectiveness of video-assisted teaching program on knowledge regarding BSE among adult women in selected hospital in Bengaluru.

Descriptive research approach which was evaluative in nature with one-group pre-test and post-test design was used for the study. Purposive sampling technique was used to select the subjects of 30 adult women in Vanivilas women and children hospital Bengaluru. The tool used for the study was self-administered questionnaire and video-assisted teaching regarding BSE. Results show that the study reveals that majority 26 (86.7%) of the subjects had inadequate knowledge during pre-test. In post-test, 5 (16.7%) of the subjects had adequate knowledge and 22 (73.3%) had moderately adequate knowledge. It shows that there was a significant difference between pre-test knowledge score (8.63) and post-test knowledge score (15.20). Paired t-test was used to assess the effectiveness of video-assisted teaching program on knowledge regarding BSE and was found to be effective ($t = 12.679$ $P < 0.05$) at 0.05 level of significance.[1]

The findings of the present study show the systematically developed instructional program used video design to provide information about BSE, anatomy and physiology of breast, purpose of BSE, abnormal breast changes, steps of BSE, and importance of BSE.

- Objective 3: To assess effectiveness of video-assisted teaching

A pre-experimental study was to assess the effectiveness of video-assisted teaching program on knowledge and practice of BSE among women of selected wards of Arpookara Panchayat, Kottayam district, Kerala. In this research study, research approach was quantitative and research design is pre-experimental, sample size was 40, sampling technique was purposive sampling. Framework used in Ludwig Von Bertalaffyis, general system theory. Tools used for data collection were sociopersonal data sheet. Structured questionnaire was to assess knowledge of women regarding BSE and checklist to assess the practice of women. The result revealed that majority of women (87.5%) were having average knowledge and none of women found to be having good practice of BSE (Lucyamma).[7]

The findings of the present study show that frequency and percentage distribution of students regarding level of knowledge in pre-test revealed that 0 (0%) were having good knowledge, 4 (9.09%) of them were having average knowledge, and 40 (90.9%) of them were had poor knowledge, whereas frequency and percentage distribution of students regarding level of knowledge in post-test revealed that 9 (20.45%) were having good knowledge, 25 (56.81%) of them were having average knowledge, and 9 (20.45%) of them were had poor knowledge. Frequency and percentage distribution of students regarding BSE in pre-test revealed that 0 (0%) were having good practice, 0 (0%) of them were having average practice, and 44 (100%) of them were had poor practice, whereas frequency and percentage distribution of students regarding level of practice in post-test revealed that 4 (9.09%) were having good practice, 27 (61.36%) of them were having average practice, and 13 (29.54%) of them were had poor practice.

- Objective 4: To find out the association of knowledge and practice with their selected sociodemographic variables.

A cross-sectional study was to assess the comparative assessment of knowledge, attitudes, and practice of BSE

among female secondary and tertiary school students in Ghana. In this research study, research approach was quantitative and research design is cross sectional. Sample size was 1036, sampling technique was a proportionate stratified sampling. Data were obtained using a pre-tested questionnaire to assess sociodemographic, knowledge, attitudes, and practice of BSE among the students. Most students were within the age of 15–24 years, 90.9% on BSE was found in 54.5% of students ($P = 0.002$). About 24.1% of students thought that BSE could be performed BSE anytime, however, only 8.1% of students performed BSE monthly as recommended while 41.8% had never practiced of these more secondary students which had never practiced BSE as compared to tertiary students. About 22/3% indicated that they would wait for a change in a detected breast lump before seeking medical attention. About 96.3% of participants agree that BSE is a good practice which must be encouraged (Fondijo *et al*., 2017).[8]

The findings of the present study show that frequency and percentage distribution of students regarding level of knowledge in pre-test revealed that 0 (0%) were having good knowledge, 4 (9.09%) of them were having average knowledge, and 40 (90.9%) of them were had poor knowledge, whereas frequency and percentage distribution of students regarding level of knowledge in post-test revealed that 9 (20.45%) were having good knowledge, 25 (56.81%) of them were having average knowledge, and 9 (20.45%) of them were had poor knowledge. Frequency and percentage distribution of students regarding BSE in pre-test revealed that 0 (0%) were having good practice, 0 (0%) of them were having average practice, and 44 (100%) of them were had poor practice, whereas frequency and percentage distribution of students regarding level of practice in post-test revealed that 4 (9.09%) were having good practice, 27 (61.36%) of them were having average practice, and 13 (29.54%) of them were had poor practice.

Conclusion

Breast cancer is an uncontrolled growth of breast cell. BSE is simple, quick, and cost-free procedure. Performing monthly BSE was first advocated by the Columbia University surgeon Cushman experts.

The study highlights that students were able to gain knowledge about the BSE.

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References

1. Parvathi U, Mathew R. Effectiveness of video assisted teaching programme on knowledge regarding breast self-examination among adult women in selected hospital in Bengaluru. Indian J Public Health Res Dev 2019;10:12.
2. Subha SL, Kiran MA, Immmaculate CJ, Mohan CS. Effective of structure teaching programme self breast examination among female of defence personal. IJSER 2015;2015:1-16.
3. Jose S. A pre experimental study to determine the effectiveness of video assisted teaching programme on knowledge regarding breast self-examination among B.Sc nursing students in a selected nursing college of Indore city. Int J Adv Res 2016;4:640-3.
4. Kommula AL, Borra S, Kommula VM. Awareness and practice breast self examination among women in South India. Int J Correct Microbiol Appl Sci 2018;3:391-4.
5. Arifa S, Siraj SS. Effectiveness of structured teaching programme on knowledge regarding BSE among Amphus 1st year student at Ramzan institute of paramedical science, Gulshan Nagar, Nowgom, Srinagar, Kashmir, India. J Paediatr Nurs Sci 2020;3:14.
6. Rita D. Knowledge and practice of breast self examination among reproductive age women in Akatsi South district of Votta region of Ghana. PLoS One 2019;14:12.
7. Lucyamma CV. Effectiveness of video assisted teaching programme on knowledge and practice of breast self examination (BSE) among women. Global J Res Anal 2019;8:3.
8. Fondijo LA, Owusu-Afriyie O, Sakyi SA, Wiafe AA, Amankwaa B, Acheampong E, *et al*. Comparative assessment of knowledge, attitude and practice of BSE among female secondary and tertiary school student in Ghong. Int J Breast Cancer 2018;2018:74-8.