

ORIGINAL ARTICLE

Effectiveness of Vedio assisted Technique Programme on knowledge regarding Technique of Breast self examination among Adolescent Girls at selected high school

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ABSTRACT

Background: Breast cancer is a leading cause of illness and death, with Breast Self-Examination (BSE) crucial for early detection. Adolescents need education and motivation to practice BSE regularly. Video-assisted teaching enhances awareness, understanding, and practice better than lectures, making schools and coaching centers effective platforms for implementing such health education programme.

Objectives:

- 1) To assess the knowledge of adolescent girls regarding the technique of Breast Self Examination.
- 2) To conduct an assisted technique programme regarding technique of BSE among adolescent girls.
- 3) To evaluate the effectiveness video assisted teaching programme regarding the technique of BSE.
- 4) To found association between the level of pretest knowledge and selected demographic variable.

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Material and method: The study followed a systematic research process using a non-experimental quantitative approach with descriptive design.

Setting of the study: The study was conducted in selected high school of Nagpur city and 40 adolescent girls were selected with probability convenient sampling technique. Pre-test to assess their knowledge about breast self-examination and after use of video-assisted teaching programme their knowledge increased in post-test.

Result: The Video-Assisted Teaching Programme was highly effective in improving adolescent girls' knowledge of Breast Self-Examination, especially among adolescent age groups of girls.

Conclusion: Out of five demographic variables analyzed using chi-square, only age showed a significant association with the level of knowledge ($p < 0.05$). The other variables type of family, area of residence, and socio-economic class showed no significant association with knowledge levels.

KEYWORDS

• Breast Self-Examination • Knowledge • Effectiveness of Video-Assisted Teaching programme • Assessment • Practice & Detection

INTRODUCTION

Breast self-examination (BSE) is a simple, cost-effective, and non-invasive method that empowers women to check their breasts for abnormalities such as lumps, changes in size or shape, or unusual discharge, thereby playing a crucial role in breast cancer awareness and early detection.¹ Although BSE cannot replace clinical methods like mammography, ultrasound, or biopsy, it is important in familiarizing women with the normal structure of their breasts and encouraging early medical evaluation when changes are noticed. Breast cancer is the most common cancer among women worldwide, with significant incidence in both developed and developing countries, including India, where GLOBOCAN (2020) reported over 1,78,000 new cases, making it the leading cause of cancer-related deaths among women. Risk factors for breast cancer include family history, obesity, smoking, alcohol consumption, early menarche, late menopause, nulliparity, sedentary lifestyle, and hormone replacement therapy, whereas protective factors include multiparity, breastfeeding, physical activity, and weight control. Its incidence continues to rise annually due to lifestyle changes such as increasing obesity and decreasing fertility. Breast cancer is more prevalent among women than men, with advancing age, race, and family history being significant determinants; women with a first-degree relative diagnosed with

breast cancer face a two-to threefold higher risk.² Although some lumps detected during BSE may be benign, the practice increases awareness and facilitates timely intervention. Healthcare professionals recommend monthly BSE, ideally a few days after menstruation, or on a fixed date for postmenopausal women, using both visual inspection in front of a mirror and manual palpation while lying down or standing. Proper technique and consistency are essential for effective outcomes, and nurses play an important role in educating women about BSE. While debates exist on its efficacy, BSE remains a valuable component of breast health strategies, especially in low-resource settings with limited access to screening technologies. Education on BSE is particularly crucial for adolescents, as instilling awareness and motivation early can promote lifelong healthy practices.³ Adolescents often lack adequate knowledge and training on BSE, underscoring the need for targeted educational interventions through schools, community programs, and nursing practice. The current study addresses this gap by using a video-assisted teaching programme and a structured questionnaire to assess adolescent girls' knowledge of BSE in Nagpur. By comparing pre-test and post-test scores, the study aims to determine the effectiveness of video-assisted teaching in enhancing knowledge, with the expectation of a positive outcome. This approach emphasizes the importance of structured, interactive, and

motivating educational activities in improving awareness, encouraging regular practice of BSE, and ultimately contributing to early detection and prevention of breast cancer among adolescents.⁴

METHODS

The present study was carried out to assess the effectiveness of a video-assisted teaching programme on knowledge regarding breast self-examination among adolescent girls.⁵ The research followed a systematic process beginning with topic selection and formulation of objectives. A non-experimental quantitative approach was adopted as it suited the purpose of evaluating knowledge levels, and a descriptive research design was chosen to provide a detailed account of the findings. The population for the study consisted of adolescent girls aged 10–25 years. The target and accessible population were adolescent girls from selected high schools of Nagpur city. From this population, the sample comprised adolescent girls aged 10–25 years who met the inclusion criteria and were selected using purposive sampling technique.⁶ The setting for the study was high schools of the Nagpur region, and the proposed sample size included adolescent girls attending the selected schools. The inclusion criteria specified girls aged 10–24 years, those present at the time of data collection, and those willing to participate, while the exclusion criteria ruled out those who were absent or unwilling. Data collection was carried out using a structured questionnaire, which served as the research tool. The tool was developed by the investigator after reviewing relevant literature, consulting experts in nursing, sociology, and statistics, and referring to textbooks, with further refinement through guidance from the research guide.⁷ A blueprint of the questionnaire was prepared, consisting of 20 multiple-choice questions focused on breast self-examination, designed to be simple, objective, and easy to administer and analyze. Thus, the methodology provided a systematic framework for assessing the knowledge levels of adolescent girls and evaluating the impact of the teaching intervention in the selected setting. Written consent is taken from every participant before starting the pre test questions were asking regarding demographic variables and assess the knowledge of breast self-examination of adolescent girls.⁸

Table 1: Percentage wise distribution of Adolescent Girls according to their demographic characteristics *n=40*

Demographic Variables	No. of adolescent girls	Percentage (%)
<i>Age(yrs)</i>		
10-14 yrs	35	87.5
15-17 yrs	5	12.5
<i>Educational Status</i>		
Below SSC	0	0
SSC	40	100
<i>Type of family</i>		
Joint	12	30.0
Nuclear	26	65.0
Single Parent	2	5.0
<i>Area of Residence</i>		
Urban	37	92.5
Rural	3	7.5
<i>Socio-economic Class</i>		
Low Class	3	7.5
Middle Class	37	92.5
Upper Class	0	0

STATISTICAL ANALYSIS

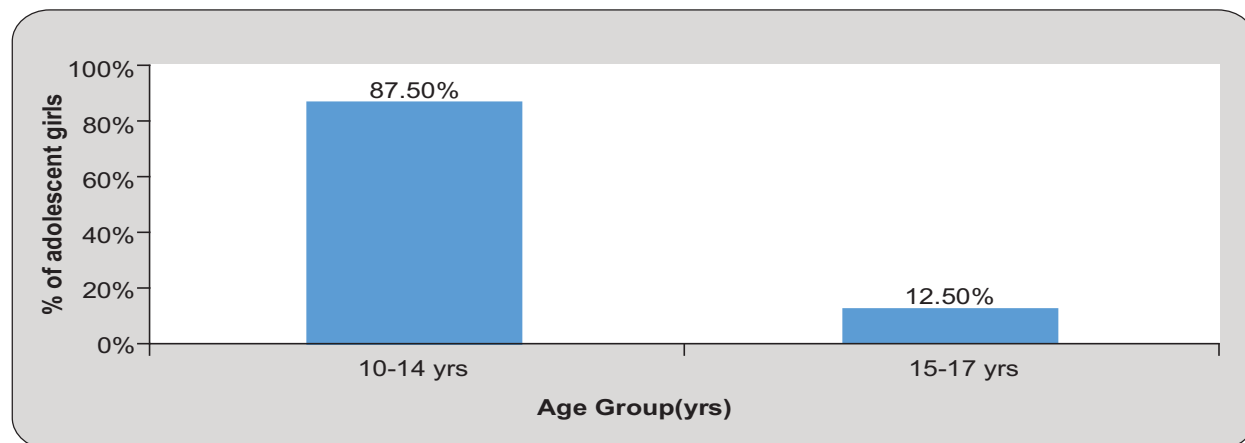
The study used descriptive and inferential statistics to analyze the effectiveness of a video-assisted teaching programme on breast self-examination among adolescent girls. Descriptive statistics (mean, SD, percentage, max/min values) summarized the data, while inferential statistics tested significance using Student's paired and unpaired t-tests, One-Way ANOVA, Pearson's correlation, and reliability analysis. Assumptions for each test were considered, and SPSS 24.0 and Graph Pad Prism 7.0 were used, with $p < 0.05$ set as the significance level.¹⁰

RESULT

This chapter deals with analysis and interpretation of the data collected from 40 samples who were people in selected area. The present study has been taken up to assess the effectiveness of Video Assisted Teaching Programme on knowledge regarding technique of Breast Self Examination among adolescent girls at selected high school of Nagpur. Analysis and interpretation is based on the objectives of the study.¹¹

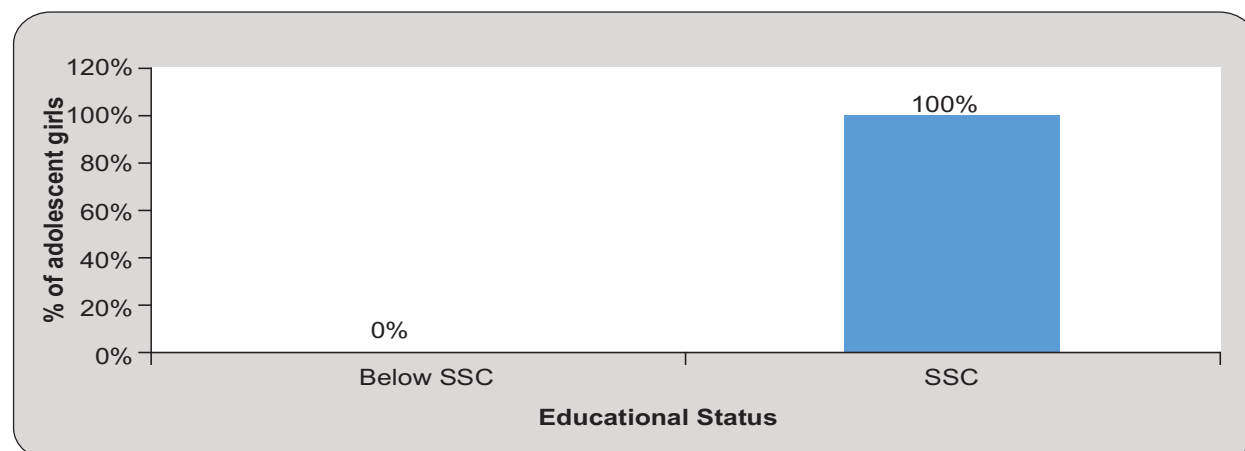
A structured questionnaire to collect the knowledge score was used for data collection.

The analysis was done with the help of inferential and descriptive statistics.



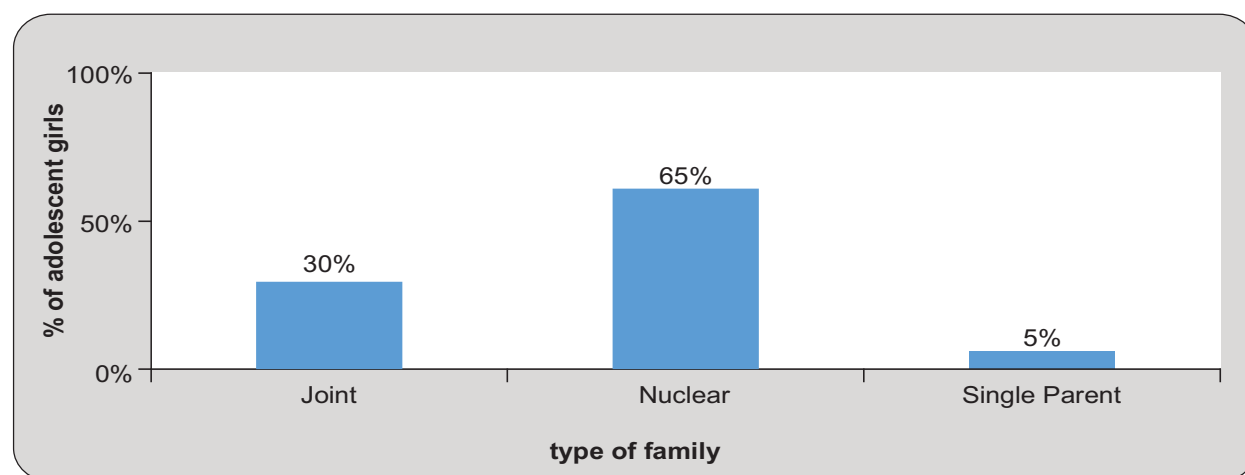
Graph 1: Percentage wise distribution of Adolescent Girls according to their age(yrs).

87.50% of adolescent girls were in the age group of 10-14 years and 12.50% of them were in the age group of 15-17 years.



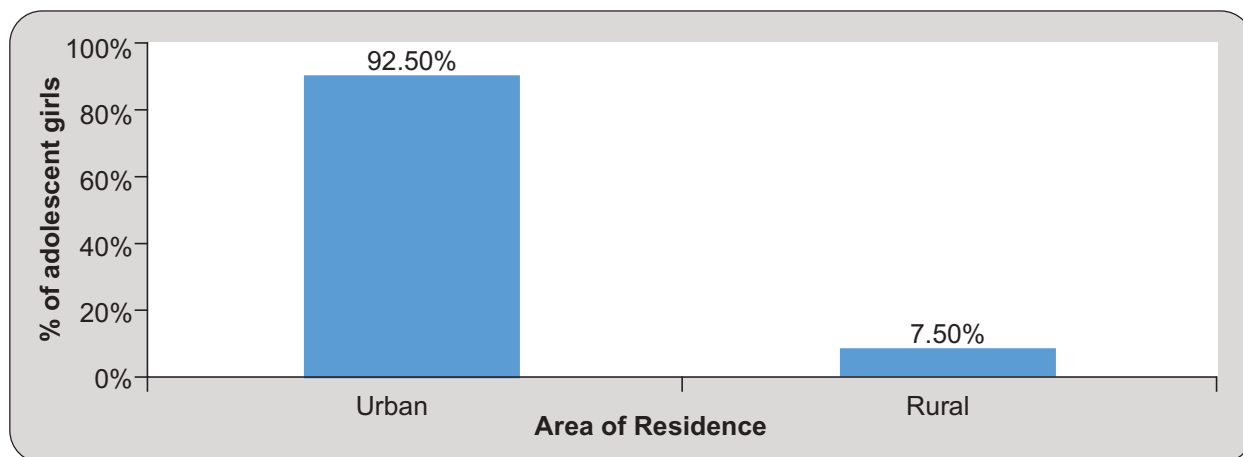
Graph 2: Percentage wise distribution of Adolescent Girls according to their educational status

All (100%) of adolescent girls were educated upto SSC.

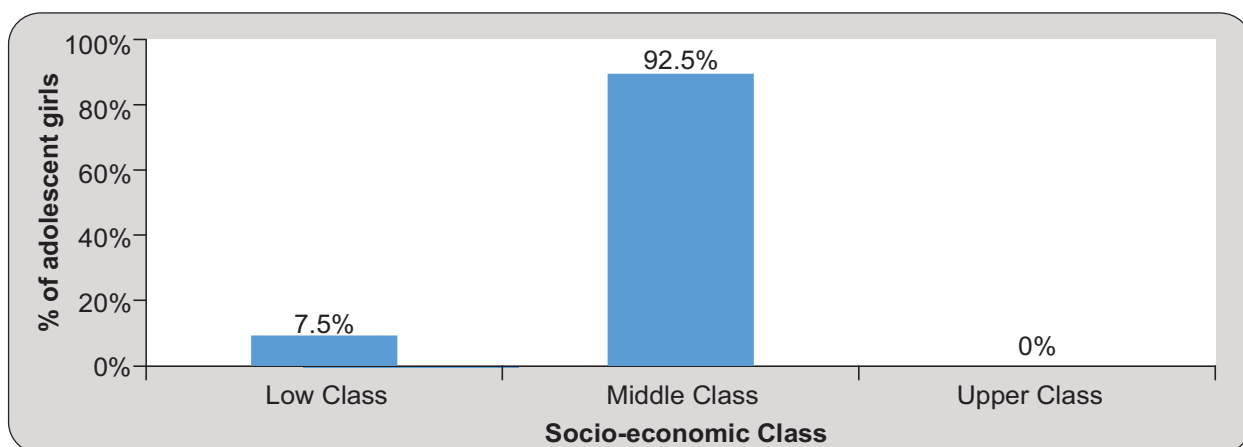


Graph 3: Percentage wise distribution of Adolescent Girls according to their type of family

30% of adolescent girls were from joint families, 65% were from nuclear and 5% of adolescent girls were from single parent family.



Graph 4: Percentage wise distribution of Adolescent Girls according to their area of residence
92.50% of adolescent girls were from urban area and 7.50% of them were from rural area.



Graph 5: Percentage wise distribution of Adolescent Girls according to their Socio-economic class.
7.5% of adolescent girls were from low class and 92.50% of adolescent girls were from middle class.

Assessment of level of knowledge regarding technique of breast self examination among adolescent girls at selected high school of nagpur

This section deals with the assessment of level of knowledge regarding technique of

Breast Self Examination among adolescent girls at selected high school of Nagpur. The level of knowledge score is divided under following heading of poor, average, good and very good respectively.

Table 2: Assessment with level of pre test knowledge

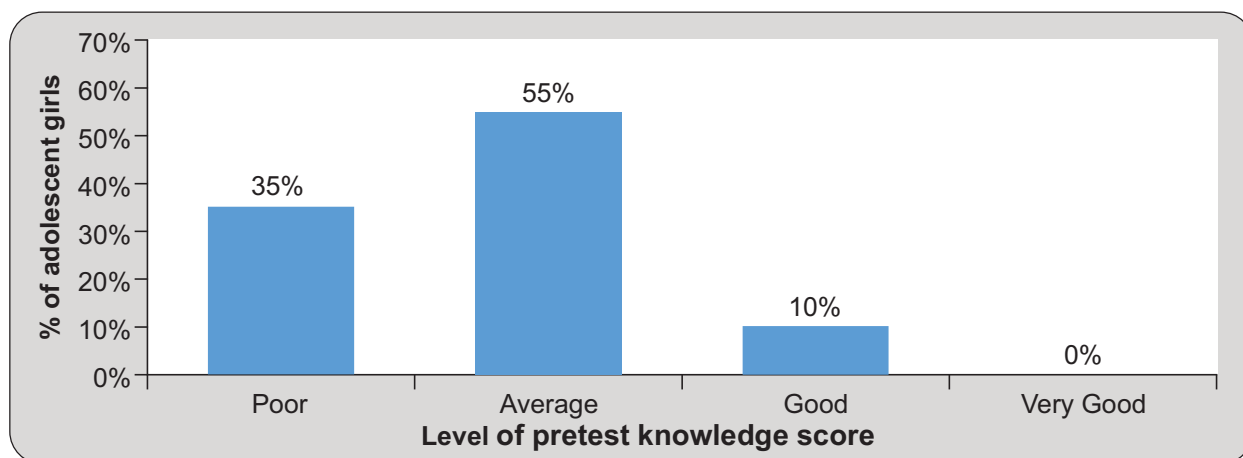
n=40

Level of pre test knowledge	Score Range	Level of Pre test Knowledge Score	
		No of adolescent girls	Percentage
Poor	0-20% (0-5)	14	35
Average	21-40% (6-10)	22	55
Good	41-60% (11-15)	4	10
Very Good	61-80% (16-20)	0	0
Minimum score		0	
Maximum score		14	
Mean knowledge score		6.32 ± 3.36	
Mean % Knowledge Score		31.62 ± 16.80	

The above table shows that 35% of the adolescent girls from selected high school of Nagpur had poor level of knowledge score, 55% had average and 10% of adolescent girls had good level of knowledge score.

Minimum knowledge score in pretest was 0 and maximum knowledge score in pre-test was 14.

Mean knowledge score in pretest was 6.32 ± 3.36 and mean percentage of knowledge score in pre test was 31.62 ± 16.80 .

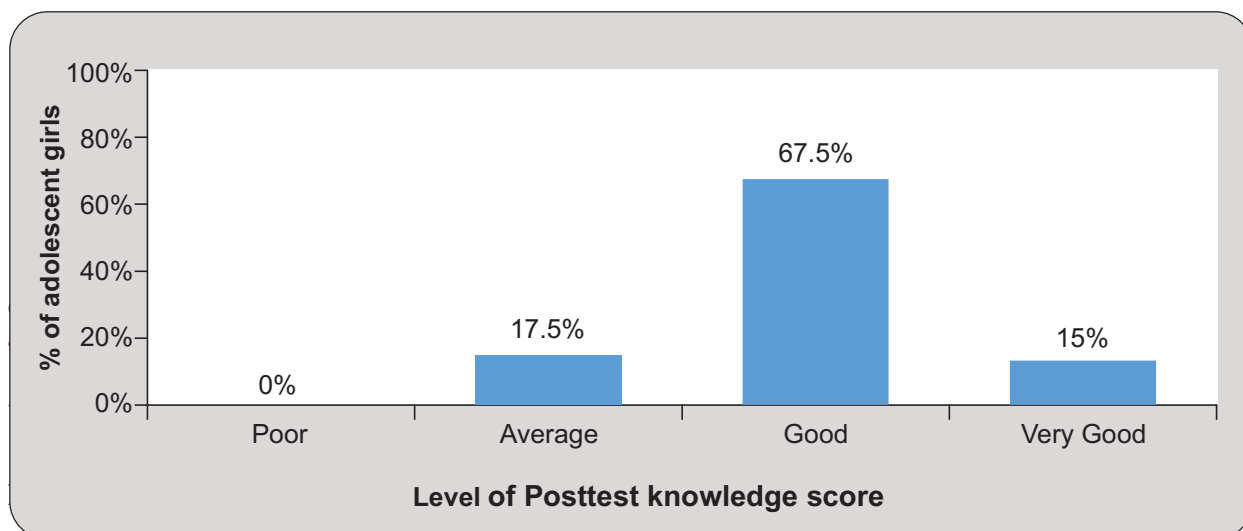


Graph 6: Assessment with pre-test knowledge score

Table 3: Assessment with level of post test knowledge

n=40

Level of post test knowledge	Score Range	Level of Post test Knowledge Score	
		No of adolescent girls	Percentage
Poor	0-20% (0-5)	0	0
Average	21-40% (6-10)	7	17.5
Good	41-60% (11-15)	27	67.5
Very Good	61-80% (16-20)	6	15
Minimum score		7	
Maximum score		17	
Mean knowledge score		12.45 ± 2.56	
Mean % Knowledge Score		62.25 ± 12.80	



Graph 7: Assessment with post test knowledge score

Evaluation of video assisted teaching programme on knowledge regarding techniques of breast self examination among adolescent girls from selected high school of nagpur

This section deals with the effectiveness of Video Assisted Teaching Programme on knowledge regarding techniques of Breast Self Examination among adolescent girls from selected high school of Nagpur. The hypothesis

is tested statistically with distribution of pretest and posttest mean, standard deviation and meanpercentage knowledge score. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of Video Assisted Teaching Programme. Significance of difference at 5% level of significance is tested with student's paired 't' test and tabulated 't' value is compared with calculated 't' value. Also the calculated 'p' values are compared with acceptable 'p' value i.e. 0.05.

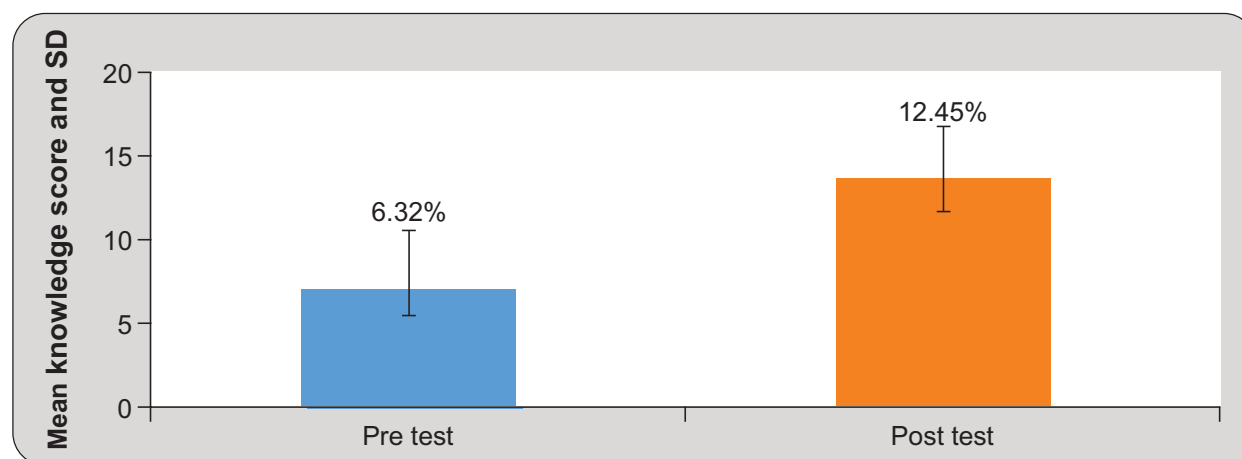
Table 4: Significance of difference between knowledge score in pre and post test of Adolescent Girls.

n=40

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre-test	6.32	3.36	9.89±4.10	10.51	0.0001 S,p<0.05
Post-test	12.45	2.56			

This table shows the comparison of pretest and post test knowledge scores of adolescent girls regarding techniques of breast feeding practices from selected school of Nagpur. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for n=40-1 i.e. 39 degrees of freedom was 2.02. The calculated 't' value i.e.

10.51 are much higher than the tabulated value at 5% level of significance for overall knowledge score of adolescent girls which is statistically acceptable level of significance. Hence it is statistically interpreted that the Video Assisted Teaching Programme on knowledge regarding techniques of Breast Self Examination among adolescent girls was effective. Thus the H_1 is accepted.



Graph 8: Significance of difference between knowledge score in pre and post test of Adolescent Girls

Association of level of post test knowledge score regarding techniques of breast self examination among adolescent girls from selected high school of nagpur" in relation to demographic variables

Table 5: Association of post test knowledge score regarding techniques of Breast Self Examination among adolescent girls in relation to age in years.

n=40

Age (yrs)	No. of adolescent people	Mean post-test knowledge score	t-value	p-value
10-14 yrs	35	12.05±2.35	2.77	0.008
15-17 yrs	5	15.20±2.48		S,p<0.05

This table shows the association of knowledge score with age in years of adolescent girls from selected high school of Nagpur. The tabulated 't' values was 2.02(df=38) which is less than the calculated 't' i.e. 2.77 at 5% level of significance. Also the calculated

'p'=0.008 which was less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of adolescent girls is statistically associated with their post test knowledge score.

Table 6: Association of post test knowledge score regarding techniques of Breast Self Examination among adolescent girls in relation to their type of family n=40

Type of family	No. of adolescent people	Mean post-test knowledge score	F-value	p-value
Joint	12	12.25±2.56	1.05	0.36 NS,p>0.05
Nuclear	26	12.34±2.54		
Single Parent	2	15±2.82		

This table shows the association of knowledge score with type of family of adolescent girls from selected high school of Nagpur. The tabulated 'F' values was 3.23(df=2,37) which is higher than the calculated 'F' i.e. 1.05 at 5% level of significance. Also the calculated

'p'=0.36 which was higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that type of family of adolescent girls is statistically not associated with their post test knowledge score.

Table 7: Association of post test knowledge score regarding techniques of Breast Self Examination among adolescent girls in relation to their area of residence n=40

Area of residence	No. of adolescent people	Mean post-test knowledge score	t-value	p-value
Urban	37	12.32±2.59	1.09	0.28 NS,p>0.05
Rural	3	14±1.73		

This table shows the association of knowledge score with area of residence of adolescent girls from selected high school of Nagpur. The tabulated 't' values was 2.02(df=38) which is higher than the calculated 't' i.e. 1.09 at 5% level of significance. Also the

calculated 'p'=0.28 which was higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that area of residence of adolescent girls is statistically not associated with their post test knowledge score.

Table 8: Association of post test knowledge score regarding techniques of Breast Self Examination among adolescent girls in relation to their socio-economic class n=40

Socio-economic class	No. of adolescent people	Mean posttest knowledge score	t-value	p-value
Low Class	3	14.66±2.51	1.58	0.12 NS,p>0.05
Middle Class	37	12.27±2.51		
Upper Class	0	0±0		

This table shows the association of knowledge score with socio-economic class of adolescent girls from selected high school of Nagpur. The tabulated 't' values was 2.02(df=38) which is higher than the calculated 't' i.e. 1.58 at 5% level of significance. Also the calculated 'p'=0.12 which was higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that socio-economic class of adolescent girls is statistically not associated with their post test knowledge score.

Reliability Analysis: Parallel Form method of reliability

Pearson's Correlation Coefficient	0.788
Reliability(%)	0.8814

By using Parallel form method of reliability, it is found to be 0.8814 and hence tool is reliable and valid.

DISCUSSION

The study findings were discussed with the references to the objectives stated in chapter 1 and with the findings of other studies in this section. The research study was an undertaken that is “effectiveness of video assisted technique programme on knowledge regarding technique of breast self examination among adolescent girl’s at selected high school

of nagpur city”

In the present study among, 40(100%) adolescent girls at selected high school of Nagpur city.¹³ In the present study researcher found an association in the demographic variable. Girls with the age group 10-25 years (Adolescent girls) have knowledge about techniques of breast self examination.

Table 9: Assessment with level of post test knowledge.

n=40

Level of post test knowledge	Score Range	Level of Post test Knowledge Score	
		No of adolescent girls	Percentage
Poor	0-20% (0-5)	0	0
Average	21-40% (6-10)	7	17.5
Good	41-60% (11-15)	27	67.5
Very Good	61-80% (16-20)	6	15
Minimum score		7	
Maximum score		17	
Mean knowledge score		12.45 ± 2.56	
Mean % Knowledge Score		62.25 ± 12.80	

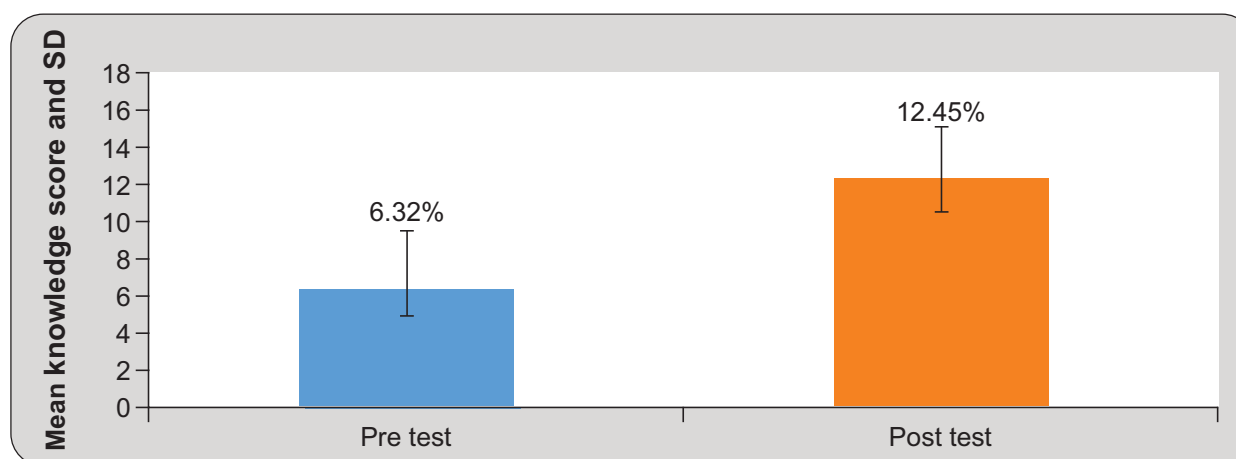
Distribution of adolescent girls with regards to demographic variables. Findings related to age (10-25 yr) 87.50% of adolescent girls were in the age group of 10-14 years and 12.50% of them were in the age group of 15-17 years.¹⁴ Findings related to education. All(100%) of adolescent girls were educated upto SSC. Findings related to type of family 30% of adolescent girls were from joint families, 65%

were from nuclear and 5% of adolescent girls were from single parent family.¹⁵ Findings of area of residence 92.50% of adolescent girls were from urban area and 7.50% of them were from rural area. Findings of socio-economic class 7.5% of adolescent girls were from low class and 92.50% of adolescent girls were from middle class.¹⁶

Table 10: Significance of difference between knowledge score in pre and post test of Adolescent Girls.

n=40

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre-test	6.32	3.36	9.89±4.10	10.51	0.0001 S,p<0.05
Post-test	12.45	2.56			



Graph 9: Significance of difference between knowledge score in pre and post test of Adolescent Girls

Table 11: Association of post test knowledge score regarding techniques of Breast Self Examination among adolescent girls in relation to age in years n=40

Age (yrs)	No. of adolescent people	Mean post-test knowledge score	t-value	p-value
10-14 yrs	35	12.05±2.35	2.77	0.008
15-17 yrs	5	15.20±2.48		S,p<0.05

Assessment of level of pre test and post test knowledge regarding technique of Breast Self Examination among adolescent girls at selected high school of Nagpur. This section deals with the assessment of level of knowledge regarding technique of Breast Self Examination among adolescent girls at selected high school of Nagpur. The level of knowledge score is divided under following heading of poor, average, good and very good respectively. The above table shows that 35% of the adolescent girls from selected high school of Nagpur had poor level of knowledge score, 55% had average and 10% of adolescent girls had good level of knowledge score. Minimum knowledge score in pretest was 0 and maximum knowledge score in pretest was 14. Mean knowledge score in pretest was 6.32 ± 3.36 and mean percentage of knowledge score in pre test was 31.62 ± 16.80 . The above table shows that 17.5% of the adolescent girls from selected high school of Nagpur had average level of knowledge score, 67.5% had good and 15% of adolescent girls had very good level of knowledge score. Minimum knowledge score in post test was 7 and maximum knowledge score in post test was 17. Mean knowledge score in post test was 12.45 ± 2.56 and mean percentage of knowledge score in post test was 62.25 ± 12.80 .¹⁷

Assessment of effectiveness of Video Assisted Teaching Programme on knowledge regarding technique of Breast Self Examination among adolescent girls at selected high school of Nagpur. This section deals with the effectiveness of Video Assisted Teaching Programme on knowledge regarding techniques of Breast Self Examination among adolescent girls from selected high school of Nagpur.¹⁸ The hypothesis is tested statistically with distribution of pretest and posttest mean, standard deviation and mean percentage knowledge score. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of Video Assisted Teaching Programme.¹⁹ Significance of difference at 5% level of significance is tested

with student's paired 't' test and tabulated 't' value is compared with calculated 't' value. Also the calculated 'p' values are compared with acceptable 'p' value i.e. 0.05. This table shows the comparison of pretest and post test knowledge scores of adolescent girls regarding techniques of breast feeding practices from selected school of Nagpur. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for $n=40-1$ i.e. 39 degrees of freedom was 2.02. The calculated 't' value i.e. 10.51 are much higher than the tabulated value at 5% level of significance for overall knowledge score of adolescent girls which is statistically acceptable level of significance. Hence it is statistically interpreted that the Video Assisted Teaching Programme on knowledge regarding techniques of Breast Self Examination among adolescent girls was effective.²⁰ Thus the H_1 is accepted. Association of post test knowledge score regarding technique of Breast Self Examination among adolescent girls at selected high school of Nagpur with their selected demographic variables. This table shows the association of knowledge score with age in years of adolescent girls from selected high school of Nagpur. The tabulated 't' values was 2.02(df=38) which is less than the calculated 't' i.e. 2.77 at 5% level of significance. Also the calculated 'p'=0.008 which was less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of adolescent girls is statistically associated with their post test knowledge score.²¹ This table shows the association of knowledge score with type of family of adolescent girls from selected high school of Nagpur. The tabulated 'F' values was 3.23(df=2,37) which is higher than the calculated 'F' i.e. 1.05 at 5% level of significance. Also the calculated 'p'=0.36 which was higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that type of family of adolescent girls is statistically not associated with their post test knowledge score. This table shows

the association of knowledge score with area of residence of adolescent girls from selected high school of Nagpur. The tabulated 't' values was 2.02(df=38) which is higher than the calculated 't' i.e. 1.09 at 5% level of significance. Also the calculated 'p'=0.28 which was higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that area of residence of adolescent girls is statistically not associated with their post test knowledge score. This table shows the association of knowledge score with socio-economic class of adolescent girls from selected high school of Nagpur. The tabulated 't' values was 2.02(df=38) which is higher than the calculated 't' i.e. 1.58 at 5% level of significance. Also the calculated 'p'=0.12 which was higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that socio-economic class of adolescent girls is statistically not associated with their post test knowledge score. By using Parallel form method of reliability, it is found to be 0.8814 and hence tool is reliable and valid.²⁴

CONCLUSION

The study conducted among adolescent girls at a selected high school in Nagpur revealed that the majority (87.5%) were in the age group of 10-14 years, all were educated up to SSC, most belonged to nuclear families (65%), and the majority resided in urban areas (92.5%) with middle-class socioeconomic status (92.5%). Pre-test findings showed that most girls had poor to average knowledge regarding Breast Self-Examination (BSE), with a mean score of 6.32, whereas post-test results after a Video Assisted Teaching Programme demonstrated significant improvement, with the majority achieving good to very good knowledge and a higher mean score of 12.45. Statistical analysis using paired 't' test ($t=10.51$, $p<0.05$) confirmed the effectiveness of the teaching programme, leading to acceptance of the hypothesis.²⁵ Among demographic variables, only age showed a significant association with post-test knowledge scores, while type of family, area of residence, and socio-economic status did not. The tool used was reliable ($r=0.8814$), validating the findings. Overall, the study concludes that Video Assisted Teaching Programme was effective in significantly improving the knowledge of adolescent girls regarding techniques of BSE.²⁶

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