

Health Education with Booklet Increase Knowledge and Attitude of Female Adolescent in Performing SADARI (Breast Self-Examination) At Kuripan Senior Highschool

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Abstrak

Kanker payudara merupakan penyakit di mana sel kehilangan mekanisme kontrol normalnya sehingga mengakibatkan pertumbuhan jaringan payudara yang abnormal, cepat, dan tidak terkendali. Salah satu faktor penyebab tingginya angka kejadian kanker payudara adalah kurangnya edukasi deteksi dini yang diberikan kepada remaja. Akibatnya, pengetahuan dan sikap remaja dalam melakukan SADARI sebagai deteksi dini kanker payudara masih kurang. Bahkan, masih banyak remaja yang belum mampu melakukan SADARI karena belum mengetahui cara melakukan SADARI. Tujuan penelitian untuk mengetahui pengaruh edukasi kesehatan dengan booklet terhadap pengetahuan dan sikap remaja putri dalam melakukan SADARI di SMA Kuripan. Penelitian ini menggunakan desain penelitian pra eksperimen dengan menggunakan one group pre-posttest dengan jumlah responden 65 siswi. Teknik pengambilan sampel yang digunakan dalam penelitian ini adalah proporsional stratified random sampling. Data yang digunakan berupa data primer dan data sekunder yang dikumpulkan melalui wawancara dan kuesioner. Teknik pengolahan data menggunakan uji Non Parametrik yaitu Wilcoxon Sign Rank Test. Hasil penelitian menunjukkan bahwa sebelum diberikan pendidikan kesehatan sebagian besar responden memiliki pengetahuan kurang (36;56%) dan memiliki sikap negatif (36;55%). Setelah diberikan pendidikan kesehatan seluruh responden termasuk dalam pengetahuan baik (65;100%) dan memiliki sikap positif (37;57%). Dapat disimpulkan bahwa ada pengaruh pendidikan kesehatan menggunakan booklet terhadap pengetahuan dan sikap remaja putri dalam melakukan SADARI di SMA Negeri Kuripan.

Kata Kunci: Sikap; Booklet; Pendidikan Kesehatan; Pengetahuan; SADARI

Abstract

Breast cancer is a disease in which cells lose their normal control mechanisms resulting in abnormal, rapid, and uncontrolled growth of breast tissue. One of the factors causing the high incidence of breast cancer is the lack of early detection education provided to adolescents. Consequently, knowledge and attitude of adolescents in conducting SADARI as an early detection of breast cancer is still lacking. In fact, there are still many adolescents who are unable to perform SADARI because they do not know how to do SADARI. Purpose of the study to determine the effect of health education with *booklet* on the knowledge and attitudes of female adolescents in conducting SADARI at Kuripan Highschool. This research uses *pre-experimental* research design using *one group pre-posttest* with 65 female students as the respondents. The sampling technique used in this study was *proportional stratified random sampling*. The data consisted of primary and secondary data collected through interviews and questionnaires. The data processing technique used a *Non-Parametric test*, namely the *Wilcoxon Sign Rank Test*. The results showed that before given health education, most respondents had poor knowledge (36;56%) and had a negative attitude (36;55%). After given health education, all respondents were included in good knowledge (65;100%) and had a positive attitude (37;57%). It can be concluded that there is an influence of health education using *booklet* on the knowledge and attitudes of female adolescents in doing SADARI (Breast Self-Examination) at Kuripan Senior Highschool.

Keywords: Keywords: Attitude; Booklet; Health Education; Knowledge; Breast self examination

INTRODUCTION

Adolescents are a group of people aged 10 to 19 years. Adolescence is a transition period from childhood to adulthood that occurs at the age of 12 to 21 years (Salmiah, 2018). Adolescence can be divided into three stages, namely early adolescence starting from the age of 11-14 years, middle adolescence starting from 14-17 years, and late adolescence starting from 17-20 years (Mariyati et al., 2022). In female adolescent, there is physical development such as menstruation and also breast development which will be interesting for female adolescent to learn about, especially if something abnormal happens, such as breast cancer (Mariyati et al., 2022).

Cancer is an abnormal growth of body tissue cells that turn into malignant tumors (Tania, Soetikno, & Suparman, 2019). Breast cancer is a disease in which cells lose their normal control mechanisms resulting in abnormal, rapid, and uncontrolled growth of breast tissue (Afianty & Handayani, 2019). Breast cancer is also the number one killer of women (Nainggolan, 2020). Breast cancer which detected early has the possibility of getting better treatment or medication (Kunci, 2021).

One of the factors in the high incidence of breast cancer is the lack of education about breast cancer since adolescence in detecting and treating breast cancer early. Hence, attitudes and behaviors in performing SADARI as an early detection of breast cancer are still lacking. In fact, there are still many teenagers who are unable to perform SADARI because teenagers do not know how to do SADARI. This is what causes the incidence of breast cancer to increase (Kusumawaty et al., 2021).

The International Agency for Research on Cancer (IARC) estimates the number of breast cancer cases will increase every year. Breast cancer cases in 2020 amounted to 2,261,419 cases and in 2025 the number of breast cancer cases is estimated to increase to 2,467,243 cases (up 9.1%). In 2030, the number estimated to increase to 2,666,412 cases (up 17.9%). In 2040, the number estimated to be 3,025,471 cases (up 33.8%). If there is no special treatment such as early detection in women who are a high-risk population, the increase in new cases of breast cancer each year will increase (Ministry of Health. RI, 2019).

Indonesia ranks eighth in the world for breast cancer cases, with 213,546 new cases in 2020, and Indonesia also ranks eighth for breast cancer deaths in the world with 109,813 deaths in 2020. In the last 5 years, there were 556,448 Indonesian women suffering from breast cancer until 2020. In the last five years, Indonesia ranks fifth in the world for breast cancer cases in the 10-24 age group with 11,481 cases. In 2020, there were 4,354 cases of breast cancer in Indonesia in the 10-24 age group, this shows that the incidence of breast cancer in young women in Indonesia is quite high (Risksedas, 2018).

According to data from Risikesdas (2018) the prevalence of cancer in the province of West Nusa Tenggara (NTB) is 0.85% with the number of detected lumps in the breast of 2.45% with the second largest number of breast tumor cases of 15.6% after *ovarian* and *cervical tumors* (Romadonika & Amrah, 2021).

Based on data from the NTB Provincial Health Office in 2020, the coverage of early detection of cervical cancer and breast cancer with clinical examination (SADANIS) for women aged 30-50 years was 803,884 people. Cervical and breast examinations were 36,084 (4.5%). With a positive IVA of 165 (0.5 %) people, suspected breast cancer of 17 people (0.0%), and tumors/lumps of 34 (0.1%) people (NTB Health Office, 2021). In 2022, the coverage of early detection of cervical cancer and breast cancer with clinical examination (SADANIS) for women aged 30-50 years was 820,446. Cervical and breast examinations were 129,945 (15.8%) people. With a positive IVA of 57 (0.0 %) people, suspected breast cancer of 18 (0.0%) people, and tumors/lumps of 29 (0.0%) people (NTB Health Service, 2022).

Based on data from the NTB Provincial Health Office in 2020, 17 Health Centers in West Lombok carried out early detection activities of IVA & SADANIS, where the number of women aged 30-50 years was 109,891, then those who carried out cervical and breast examinations were 601 (0.5) and positive IVA 4 (0.7%). In 2022, all Health Centers in West Lombok carried out early detection activities of IVA & SADANIS, where the number of women aged 30-50 years was 112,724, then those who carried out cervical and breast examinations were 69,284 (61.5), positive IVA 4 (0.0%) and tumors/lumps 3 (0.0%) (NTB Health Office, 2022).

Based on a preliminary study conducted on November 22, 2023 through an interview with 10 students at Kuripan Highschool, that the students had never done SADARI because they did not know about it and did not know how to do SADARI. Then the interview stage conducted with the person in charge of the school health service (UKS) that there were no students suffering from breast cancer. However, until now there has been no counseling related to breast self-examination (SADARI).

The efforts of female adolescent in preventing breast cancer are influenced by their knowledge about breast self-examination (SADARI). Knowledge can make female adolescent better understand the importance of breast self-examination (SADARI) as an effort to find out whether there are lumps that can develop into cancer in the breast (Mariyati et al., 2022). Other factors that can influence are environmental factors, the lack of information received by female adolescent both from health workers and from online media, and the last factor is age where at a young age it results in limitations in accessing information about SADARI (Mariyati et al., 2022).

There is a gap in information related to early detection and breast cancer so that health education is needed to increase knowledge about breast cancer and SADARI. Providing health education is one of the efforts made by the government to change habits, for example healthy behavior so that they have the ability to recognize health problems of themselves, their families and groups in improving health (Lestari, P., 2019). In addition, providing health education is intended so that women gain skills, so that they are more sensitive if there are suspicious changes in the breasts. This examination is carried out by oneself without spending any money and creates awareness to make an early clinical diagnosis before there are further symptoms (Sihite, 2019).

There are several media that can be used in breast cancer education, such as *leaflets*, videos, and several other media. However, the most effective method in learning SADARI is to distribute reference

materials in the form of *booklets* and carry out simulations or demonstrations with information absorbed by 90%. Distributing *booklets* can help communication and attract the attention of young people in sharing learning. The use of the five senses verbally and visually simultaneously increases participant understanding 6 times and the information being known by 85% after 3 hours of Health learning (Alini & Indrawati, 2018).

METHODS

The research design used in this study is *Pre-Experimental* using *one group pre-posttest*, with only one treatment group. The sampling technique in this study was purposive random sampling with inclusion criteria of female students who were willing to be respondents, had never performed SADARI, had menstruated, and were in good health Kuripan.

Instruments used for measuring knowledge and attitudes using questionnaires, while the media used for intervention is *booklet*. The research procedures are:

- a. Conducting *a pretest* by distributing a questionnaire about SADARI (Breast Self-examination) before providing health education to determine the knowledge and attitudes of female adolescent in performing SADARI.
- b. Conducting health education using *booklet* with mini lecture and demonstration methods about SADARI.
- c. Conducting *a posttest* by distributing a questionnaire about SADARI after health education is provided to determine the knowledge and attitudes of adolescent girls in performing SADARI.

RESULTS

Table 1. Results of the Wilcoxon Sign Rank Test of Knowledge and Attitude before and after health education.

No	Knowledge	Results		P Value
		Mean	SD	
1	<i>Pre Test</i>	8.75	1,562	0,000
2	<i>Post Test</i>	13.23	.880	
No	Attitude	Results		P Value
		Mean	SD	
1	<i>Pre Test</i>	31.57	4.043	0,000
2	<i>Post Test</i>	56.83	1.790	

The statistical results show that the P Value is $0.000 < \alpha = 0.05$ means that there is an influence of health education with *booklet* on the knowledge and attitudes of female adolescents in doing SADARI at Kuripan Highschool. The results of the knowledge value before and after being given health education with *booklet* in female adolescents with an average value of 8.75 to 13.23, then the SD value of 1.562 to .880. Attitudes before and after being given health education with *booklet* in female adolescents with an average value of 31.57 to 56.83, then the SD value of 4.043 to 1.790.

Based on the results of the study before being given health education about SADARI with *booklet*, most respondents had insufficient knowledge with a percentage of (56%). With an average value of (8.75), In line with the results of research conducted by Astuti and Sakitri (2022), before given health education, it was showed that most respondents had poor knowledge (80%). This is in line with research conducted by Jama, et al (2020), that showed, before given health education intervention, 76.3% of respondents had knowledge at a low level regarding SADARI. Research conducted by Oktaviana, (2020) also showed that before given health education, most respondents (57%) had poor knowledge about SADARI.

Good knowledge will influence someone in determining their attitude, good attitude will influence someone in doing an action, where knowledge and attitude become the basis of someone's action/behavior. High knowledge will have an impact on the process of behavioral change that will be carried out in relation to the problems they face. Someone who has high knowledge in something will easily accept better behavior, conversely someone who has low knowledge will find it difficult to accept new behavior well (Hardiyanti & D, 2018).

Lack of knowledge is caused by lack of information related to SADARI. So that teenagers do not understand what to do in early breast cancer prevention. The characteristics of respondents were mostly 16 years old with a percentage (54%), they should have known about SADARI because at that age there has been development in the breasts. However, due to the lack of information from the mass media or from health workers about SADARI, teenagers think that doing SADARI is not an important thing to do. So teenagers need to be given health education about SADARI. Providing health education about SADARI changes knowledge that will affect a person's attitude and behavior towards SADARI (Alini & Indrawati, 2018). On the other hand, information about SADARI will increase a person's awareness to do SADARI detection every month.

Based on the results of the study after being given health education about SADARI with *booklet*, most respondents had good knowledge with a percentage (100%). With an average value (13.23), this shows an increase in knowledge after being given intervention through *booklet*. The *booklet* contains complete and detailed information about the SADARI implementation procedure (Ediana, et al, 2022). Sulistiyani's research, (2017) on the effectiveness of booklet on the knowledge of female adolescents in Karangwuni Village that *booklet* is effective in providing health education (Sulistiyani, 2017). *Booklet* is a health education approach that can significantly increase a person's knowledge of certain goals (Schiller, et al, 2019).

Based on the results of the study before being given health education about SADARI with *booklet*, most respondents had a negative attitude with a percentage of (55%). With an average value of (31.57). Knowledge, beliefs, emotions, and thoughts play an important role in forming a complete attitude. Good knowledge will make someone able to think and behave in forming something better. This can happen because in theory it is often stated that attitude is a determinant that gives rise to behavior that is in accordance with one's attitude. Attitudes grow because of knowledge that is perceived as something

good (positive) or not good (negative), then internalized into oneself (Herfanda & Heldi, 2018) .

Knowledge and attitudes towards breast cancer can support health behavior. Therefore, increasing information related to SADARI can be a solution to improve the quality and quantity of SADARI practices, one of which can be done is by conducting health education (Puspitasari et al., 2019) . This is in line with research conducted by Widiastini (2010) which states that health education has been shown to increase knowledge, attitudes, and behavior of female adolescents about SADARI. In line with research by Ulfa, (2018) health education is an effort or way to help individuals, groups or communities in improving their ability to behave and change attitudes for the better. With health education about SADARI using *booklet*, it can increase adolescent attitudes to be more positive and ready to do SADARI. Attitudes are divided into various levels, as explained in the book by Wawan & Dewi (2018), the first is accepting, namely, people (subjects) want and express the stimulus given (objects). The second is responding, namely someone wants to give an answer when asked. The third is appreciating, inviting others to solve a problem. Fourth, responsible for everything that has been done with all the risks and has the highest attitude. Improving attitudes is based on increasing knowledge, a person's attitude towards something is based on the knowledge of the results of studying material from several sources of information, where after someone gains good knowledge, they usually show a good attitude. In accordance with the purpose of health education with *booklet*, which is to increase knowledge that will influence changes in attitudes (Puspitaningrum, Agushyana, & Nugroho, 2017). Attitudes grow based on good knowledge as something good (positive) or bad (negative) which is then interpreted into oneself. Effective counseling will increase knowledge and can change a person's attitude.

CONCLUSION

It can be concluded that the average score of students' knowledge before given intervention was 8.75, and after given intervention through *booklet* it was increased to 13.25. The the average score of students' attitudes before given intervention was 31.57, and after given intervention through *booklet* it was increased to 56.83. This result showed that there is an influence of health education with *booklet* on the knowledge and attitudes of female adolescents in performing SADARI at Kuripan Highschool with a p value of 0.000. It is suggested for female adolescents to perform SADARI routinely for once in a month after the 7th-10th day of menstruation. It is also hoped that schools will periodically hold counseling related to SADARI to all female students of Kuripan Highschool.

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