


The Influence Of Health Education On The Knowledge And Attitude Of Wus About Early Detection Of Breast Cancer (SADARI) In The Work Area Of Sukaraja Public Health Center, Tasikmalaya Regency

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Article Info	ABSTRACT
<p>Keywords: Health education, WUS, SADARI</p>	<p>Breast cancer is a severe health problem due to its increasing number (20%) per year, and is the number one cause of death compared to cervical cancer. The prevention and finding of breast cancer at an early stage is an important effort because, in addition to freeing women from the incidence of breast cancer, it suppresses relatively expensive treatment costs. Early detection of breast cancer can be conducted by breast self-examination (SADARI) because by conducting SADARI, it can be recognized whether there is a tumor or abnormality in the breast. SADARI is the most effective and efficient method to detect breast cancer at an early stage. This study aimed to determine the effect of health education on WUS's knowledge and attitudes toward early detection of breast cancer (SADARI). The subjects in this study were WUS (Wanita Usia Subur) in the working area of the Sukaraja Health Center who met the inclusion criteria and by the signing of an informed consent sheet, totaling 30 people with inclusion criteria: not having breast cancer, married, age between 20-40 years. The research method used was a quasi-experiment using a pre-post-test design approach. Research subjects were given an intervention in the form of health education on early detection of breast cancer (SADARI). The results showed an increase in knowledge and attitudes of WUS after being given health education. This study concludes that there is an effect of health education on the knowledge and attitudes of WUS about early detection of breast cancer (SADARI).</p>
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INTRODUCTION

In 2015, the World Health Organization (WHO) stated that breast cancer is a very serious health problem, with an incidence rate that continues to increase by 20% each year. This cancer is the number one cause of death, far surpassing cervical cancer. In Indonesia, breast cancer ranks highest among cancers faced by women, with an incidence rate reaching 42.1 per 100,000 population and an average death rate of 17 per 100,000 population. On the other hand, cervical cancer recorded an incidence rate of 23.4 per 100,000 population, with an average death rate of 13.9 per 100,000 population (Maifita, 2020). Breast cancer is a

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lump in the breast that is abnormal and can grow slowly and is a dangerous disease (Mansyoer Arief, 2014). The cause of breast cancer is not yet known for certain. Early symptoms of breast cancer are often not realized or felt clearly by sufferers so that many sufferers seek treatment in an advanced state, this causes a high death rate due to cancer. (Kasdu Dini, 2015)

Tjindarbumi (2005) stated that breast cancer detected in the early stages, namely stage I or II, shows a fairly high life expectancy, ranging from 85 to 95%. However, it should be remembered that around 70-90% of sufferers actually come to the hospital after their disease has reached an advanced stage. The delay in treatment is often caused by a lack of awareness and knowledge of sufferers regarding their condition. Many of them still rely on traditional medicine and are afraid to undergo surgery. These factors contribute to the increasing number of breast cancer sufferers who are in severe condition (Despitasaki, 2017).

According to Tjindarbumi (2005), around one third to one half of all types of breast cancer can be prevented, while the other third has the possibility of being cured if detected at an early stage. Therefore, efforts to prevent and detect breast cancer early are very important. In addition to freeing women from the risk of breast cancer, these steps also help reduce the cost of treatment which is usually quite expensive (Despitasaki, 2017).

Early detection of breast cancer can be done through breast self-examination (BSE). By doing BSE, we can recognize lumps or abnormalities in the breast. Unfortunately, public knowledge about breast cancer is still minimal, making prevention and early treatment difficult to implement. This results in a lack of awareness to do BSE routinely. In fact, BSE is the most effective and efficient method for detecting breast cancer in the early stages. (Purba, A.R.T, Simanjutak, 2019). The main problem that causes breast cancer is the lack of regularity and the infrequent practice of self-examination of breasts (BSE) correctly.

The implementation of BSE (Breast Self-Examination) activities for all women must begin when they enter their childbearing age. This is important because around 85% of breast abnormalities are only discovered when they have already become cancer, especially if there is no mass screening carried out. Ideally, BSE should be done every month starting from the age of 20 (Rasjidi, 2009). According to Mikail (2011), BSE has proven to be very effective, with a breast cancer detection rate reaching 90%, including among women of childbearing age (Despitasaki, 2017).

Life expectancy of sufferers can increase between 85% and 95% if the disease is detected early (Hakimi, 2015). However, many women are less aware of the importance of immediately conducting a self-examination, due to various factors such as ignorance, anxiety, and fear of the possibility of finding abnormalities. Therefore, early detection of breast cancer is very important. With the right information, women can do early detection, so that the chances of recovery are greater.

METHOD

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The research method used in this study is quasi-experimental, with a one group pre-post-test design approach. The purpose of this study was to determine the effect of health education on the knowledge and attitudes of WUS about early detection of breast cancer (BSE). The study was conducted from December 2023 to February 2024 in the Sukaraja Health Center Working Area, Tasikmalaya Regency.

The subjects in this study were WUS (Women of Childbearing Age) who were in the Sukaraja Health Center working area, Tasikmalaya Regency, totaling 30 people with the following inclusion criteria: no breast cancer, married, age when participating in this study between 20-40 years. The data used are primary data, obtained through questionnaires filled out directly by respondents. The questionnaire was compiled to obtain data including: respondent characteristics, knowledge and attitudes. research subjects were given intervention in the form of health education about BSE. Univariable analysis was carried out statistical testing using the percentage formula for categorical data, while for numerical data using the mean, SD, median and range. Bivariable analysis was performed using the paired T-test for normally distributed numerical data. Meanwhile, non-normally distributed data were analyzed using the Wilcoxon test.

RESULTS AND DISCUSSION

Table 1 Characteristics Of Subjects Based On Age

Age	F	%
21-25 tahun	6	20
26-30 tahun	4	13,3
31-35 tahun	8	26,7
>36 tahun	12	40
Total	30	100

Table 2 Subject Characteristics Based On Educational Level

Age	F	%
SD	10	33,3
SMP	8	26,7
SMA	9	30,0
PT	3	10,0
Total	30	100

Table 3 Wus' Knowledge About Consciousness Before And After Health Education

Knowledge	Before Pendkes		After Pendkes	
	F	%	F	%
Enough	19	63	2	6,7
Good	11	36,7	28	93,3
Total	30	100	30	100

Table 4 Wus' Attitudes Regarding Consciousness Before And After Health Education

Attitude	Before Pendkes		After Pendkes	
	F	%	F	%
Positif	8	26,7	30	100
Negatif	22	73,3	0	0
Total	30	100	30	100

Table 5 The Effect Of Health Education On Knowledge

Variabel	Mean	Std. Deviation	Std.Error Mean	95%CI		T	df	Sig.(2-tailed)
				Lower	Upper			
Knowledge	0,567	,504	,092	-,755	0,378	6,158	29	,000
Attitude	,733	,450	,082	,056	,901	8,930	29	,000

The results of research involving 30 respondents showed that before health education was carried out, the majority had sufficient knowledge, with the number of respondents being 11 people, or 63%. A person's knowledge is influenced by various factors, such as education, age, interests, work, experience, culture and information (Pratiwi et al., 2018). In this research, information also plays an important role in influencing the results of the questionnaire. Limited sources of information regarding early detection of breast cancer (BSE) are believed to be one of the causes of the lack of knowledge of women of childbearing age (WUS).

After being given health education, the majority of respondents' knowledge increased in the good category, namely 28 respondents (93.3%). Notoatmodjo (2007) explains that knowledge is the result of a learning process, which occurs when respondents attend health education. Meanwhile, the Ministry of Health (2008) stated that an effective learning process involves participants being more active in listening, seeing and thinking when completing a task. It also includes the importance of awareness of the benefits of early breast cancer screening. (Nanda Widianingrum, 2017)

According to Diniar, Maliya, and Ambarwati (2013), increasing knowledge among respondents can occur through a health education process carried out using interactive methods. In this method, respondents are given the opportunity to ask questions regarding information they do not understand. explanations delivered in simple and easy to understand language are more effective than using health terms which may be difficult for respondents to understand.

Attitude is a predisposition or tendency learned by individuals to respond, both positive and negative, with moderate intensity to objects, situations, concepts or other people. Predispositions related to objects in the context of attitudes are acquired through the learning process. This definition explains that attitudes are predispositions or tendencies that influence an individual's response to an object. This tendency is acquired by individuals

through learning experiences, while attitude objects can include objects, situations or people.

Attitude can be interpreted as a person's hidden reaction or response to a stimulus or object. Even though attitudes have not yet taken the form of real actions or activities, they reflect a predisposition to carry out a behavior. In other words, attitudes are reactions that are still closed and not directly visible behavior. In this case, attitude shows a person's readiness to react to a certain object (Purba, A.R.T, Simanjutak, 2019).

Based on the research results, before health education was carried out, the majority of respondents showed a negative attitude, with 22 respondents (73.3%). This shows that respondents' understanding of early detection of breast cancer, or what is known as BSE, is still very low. This low level of knowledge has an impact on the attitudes of women of childbearing age (WUS) towards early detection of breast cancer. However, after being given health education, all respondents showed a good attitude, with 30 respondents (100%) falling into the positive category.

Health education is an important first step in increasing women's knowledge. Through health education, women can obtain useful information, including regarding breast self-examination. By carrying out BSE (Self Breast Examination), it is hoped that it can reduce the incidence of breast cancer in women (Jaya et al., 2020).

Notoatmodjo's theory (2007) states that health education is an effective approach to increasing knowledge and attitudes related to health. This is caused by the focus of health education which is more on prevention efforts (Nanda Widianingrum, 2017). The results of statistical tests on the influence of health education on the knowledge and attitudes of Women of Childbearing Age (WUS) regarding BSE were carried out on 30 respondents. From this analysis, a p value of 0.000 was obtained. Thus, it can be concluded that there is a significant influence of health education on WUS' knowledge and attitudes regarding BSE.

The results of this study are also supported by research (Pratiwi et al., 2018). Health education has a significant influence on the knowledge and attitudes of young women towards BSE. The results of this study, and previous studies, show that health education is an effective method in increasing knowledge and attitudes about BSE. By carrying out health education, respondents get information that can be accessed, which is then processed into knowledge. This knowledge, in turn, is able to form a positive attitude regarding BSE.

CONCLUSION

Based on the results and discussion, it can be concluded that health education has a significant influence on the knowledge and attitudes of women of childbearing age (WUS) regarding early detection of breast cancer (BSE). The suggestion that can be put forward in this research is that WUS can apply the early breast cancer detection method (BSE) which has been studied through health education. This is important to achieve the goal of health education, namely increasing women's awareness of early detection of breast cancer. Apart

from that, it is hoped that health workers, such as nurses, midwives and doctors, can provide more in-depth education about breast cancer and the importance of early detection to the public. Future researchers are also advised to carry out research with a wider scope, both in terms of sample size and methods used.

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