THE 5th INTERNATIONAL CONFERENCE ON HEALTH POLYTECHNICS OF SURABAYA (ICOHPS)

2nd International Conference of Nursing and Public Health Science (ICoNPHS)

Case Study Of The Knowledge Of Female Teenagers About Breast Self-Examination (SADARI) In Kencat Bangkalan

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ABSTRACT

Adolescence is a period in which a transition from childhood. It is obvious that the knowledge of female teenagers to perform early detection of breast cancer through Breast Self-Examination (SADARI in Indonesia) is considerably limited. The study aims to identify the level of knowledge of female teenagers to perform SADARI. The study is conducted in Kencat village, Bangkalan. The population of the study is 201 students and using a purposive sampling procedure, 50 female teenagers were chosen as the sample. The variable of the study is the knowledge of female teenagers to perform SADARI. The data were collected using a set of questionnaires and descriptively analyzed. The results are presented in the table of frequency and narration. The analysis found that 20 (40%) of the respondents have a good general knowledge of SADARI. Also, 21 (42%) of the respondents have a moderate understanding of SADARI and poor knowledge of application level of SADARI (23 or 46%). The study concludes that the application of knowledge in performing SADARI is poor among the female teenagers at the research site. It is suggested that female teenagers need to perform SADARI on the 10th day at the date of menstruation.

Keywords: Knowledge, Breast Self-Examination, Female Teenagers

BACKGROUND

Knowledge is the result of knowing, and this occurs after people have sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2010). During adolescence, there are various changes, both physically, socially and spiritually, which at first were difficult to accept, but with increasing age and understanding, adolescents began to accept these changes. Public knowledge, especially for female teenagers in the Kencat village to detect early signs of possible breast cancer through breast self-examination (SADARI) is still very little, this happens due to lack of information about early detection of breast cancer likewise in the Kencat village, there wasn't any counseling about SADARI. Even though, there were quite a lot of women who had breast cancer or tumors. Dissemination of information about risk factors and early examination of breast cancer may be less spread out in the community, this is what makes a lot of women still not aware of the importance of early detection of breast cancer. In fact, if a lump is found in the breast early, the chances of recovery will be even greater and will not suddenly come to the hospital in an advanced stage (Handayani, 2008).

Global Cancer Observatory 2018 data from the World Health Organization (WHO) shows that the most common cancer cases in Indonesia are breast cancer, which is 58,256 cases or 16.7% of the total 348,809 cancer cases. The low awareness of early detection causes breast cancer cases in Indonesia to be quite high. Based on data presented by the Directorate General of Disease Prevention and Control of the Indonesian Ministry of Health (2019), it

is stated that the highest incidence rate for women is breast cancer, which is 42.1 per 100.00 population with an average death rate of 17 per 100.00 population. This means that from 100,000 population there are 17 women affected by breast cancer. Most breast cancer generally affects women aged 40 years and over. However, now breast cancer also attacks a lot of those who are younger and even teenagers (Kompas, 2011). Based on data released by the East Java Provincial Health Office, in 2019, the number of patients with tumors or breast cancer reached 12,186 cases (Kominfo Jatim, 2020). The results of preliminary data conducted through interviews with 3 feemale teenagers in the Kencat village aged 14-17 years showed that there was only 1 person who knew and understood about breast self-examination (SADARI) as an early detection of breast cancer.

The exact cause of breast cancer is not clearly known, but it could be due to lack of knowledge about ways to detect breast cancer early. What is known is the risk factors that can increase the occurrence of breast cancer, namely poor diet (high in fat and low in fiber, containing preservatives/dyes), first menstruation at the age of less than 12 years, menopause, having had surgery on the breast caused by benign tumor abnormalities or malignant tumor, and among family members there are breast cancer patient. The high mortality rate from breast cancer is caused by breast cancer patients who come to health services in an advanced stage that is difficult to cure. Whereas an examination of the possibility of breast cancer can be detected by herself by doing a breast self- examination (SADARI) to feel whether there is a lump in the breast or not which can be done herself at home at any time and at no cost, because this examination will affect the rise and fall of the cancer cases and mortality from breast cancer.

Promotive and preventive efforts in order to improve the degree of public health and to reduce the incidence of breast cancer can be done by implementing breast self-examination (SADARI) which can be done at any time. Breast self-examination or commonly referred to as SADARI is an effort made to find out any abnormalities that exist in the breast which should be done as early as possible to speed up treatment if there are abnormalities in the breast. Health workers play an important role to remind and recommend detecting breast cancer by conducting breast self-examination (SADARI), especially for women aged 20 years who are at risk of developing breast cancer. Nurses need to provide explanations about the importance of doing SADARI and nurses also need to demonstrate how to do it so that adolescents and women who are at high risk of breast cancer can recognize clinical signs of abnormalities in the breast.

RESEARCH METHODS

The design used based on the type of research is descriptive research with a case study approach. The population of this research is 201 female teenagers in Kencat village, Bangkalan with a sample of 50 people who were selected using purposive sampling method, namely sampling based on certain considerations such as population characteristics or previously known characteristics.

The research tool used by the researcher is a questionnaire. After the data is collected, data processing is carried out. The data that has been collected then recorded and grouped according to the research objectives. This research uses descriptive analysis in the form of narration and tables. Data collection activities were carried out by taking into account and emphasizing research ethics including informed consent, anonymity and confidentiality.

RESEARCH RESULTS

Table 1
Age Distribution of Female Teenagers in Kencat village, Bangkalan in January 2022

Age	Frequency	Percentage (%)
15	5	10
16	13	26
17	11	22
18	21	42
Total	50	100

Table 2

Distribution of Female Teenagers Education in Kencat village, Bangkalan in January 2022

Education	Frequency	Percentage (%)
SMP (Junior High School)	10	20
SMA (Senior High	40	80
Scool) Total	50	100

Table 3

Distribution of the General Knowledge Level of Female Teenagers about SADARI in Kencat village, Bangkalan in January 2022

Knowledge	Frequency	Percentage (%)
Good	20	40
Enough	19	38
Not Good	11	22
Total	50	100

Table 4

Distribution of Knowledge Level (Knowing Level) of Female Teenagers about SADARI in Kencat village, Bangkalan in January 2022

Knowledge	Frequency	Percentage (%)
Good	18	36
Enough	22	44
Not Good	10	20
Total	50	100

Table 5

Distribution of Knowledge Level (Understanding Level) of Female Teenagers about SADARI in Kencat village, Bangkalan in January 2022

Knowledge	Frequency	Percentage (%)
Good	19	38
Enough	21	42
Not Good	10	20
Total	50	100

Table 4
Distribution of Knowledge Level (Application Level) of Female Teenagers about SADARI in Kencat village, Bangkalan in January 2022

Knowledge	Frequency	Percentage (%)
Good	13	26
Enough	14	28
Not Good	23	46
Total	50	100

DISCUSSION

A. General Knowledge Level of Female Teenagers about SADARI

The results of the study in table 4 can be seen that the description of the general level of knowledge of female teenagers about SADARI in the Kencat village, Bangkalan is that most of the respondents are included in the good category, namely as many as 20 female teenagers (40%).

The results of this study included in the good category indicate that the level of general knowledge about SADARI in adolescent girls in the Kencat village, Bangkalan is influenced by the environment around the respondent lives, because actually the health facilities are quite good, namely the Kencat area is close to the Pustu, so to obtain information about health will be easier to get. Environmental factors are very influential on the process of entering knowledge into individuals who are in the environment, this happens because of reciprocal interactions or not which will be responded to as knowledge by each individual. This is also in line with the theory which states that the results of several experiences and observations in the field (society) that a person's behavior includes the occurrence of health behavior, begins with one's experiences and the presence of external factors (physical and non-physical environment) (Notoatmodjo, 2010).

B. Knowledge Level (Knowing Level) of Female Teenagers about SADARI

The results of the study in Table 5 can be seen that the overall description of the level of knowledge (knowing level) of female teenagers about SADARI in the Kencat village is that most of the respondents are included in the sufficient category, namely as many as 22 female teenagers (44%).

The level of knowledge with sufficient results can be influenced by factors of age and education because some of the respondents in this study were aged (15-17 years) within junior high school education level. A person's mindset and grasping power will develop with age so that the knowledge gained will be more and more, as well as a person's level of education, the higher a person's education level, the easier it is for a person to receive information. However, it should be emphasized that someone with low education does not mean absolutely low knowledge. Increased knowledge is not absolutely obtained from formal education, but also can be obtained from non-formal education. Apart from age and education factors, this sufficient level of knowledge can be influenced by the information obtained by female teenagers about SADARI, they only know about the meaning and abbreviations of SADARI and do not find out more about what is meant by SADARI.

In addition to information, other influencing factors are personal experiences and from their families. This is supported by the theory of (Notoatmodjo, 2010) which states that experience is the best teacher, the saying can be interpreted that experience is a source of knowledge or experience is a way to obtain a truth of knowledge. Therefore, personal experience can be used as an effort to gain knowledge. This is in accordance with the research (Berek, et al. 2019) with the title "Description of the Knowledge Level of Female Teenagers about Breast Self-Examination at SMA Negeri 1 Atambuta". With the results of the study at the level of

knowing that they had sufficient knowledge as many as 63 respondents (40.9%) of 154 respondents, this is because some of the teenagers are more likely to look for friends on social media just to make friends, get to know the opposite sex, search for identity, and use time to make friends. learn to achieve goals (academic education).

C. Female Teenagers Knowledge Level (Understanding Level) about SADARI

The results of the study in table 4.6 can be seen that the overall picture of the level of knowledge (level of understanding) of female teenagers about SADARI in the Kencat village is that most of the respondents are included in the sufficient category, namely as many as 21 female teenagers (42%).

The knowledge obtained by female teenagers about SADARI in the Kencat village area at the level of understanding is included in the sufficient category, because this is influenced by a person's level of understanding in obtaining information and knowledge about SADARI. Because if someone's understanding is included in the good category, there will be an increase in vigilance along with appropriate treatment in cases of breast cancer which is believed to reduce the number of deaths due to breast cancer.

Understanding an object is not just knowing, not just being able to mention, but must be able to interpret correctly about the known object. Adolescents who understand about breast self-examination (SADARI) will be able to explain and apply it in daily life as an effort to detect breast cancer-causing lumps. This is supported by the theory (Notoatmodjo, 2012) which states that understanding is defined as the ability to explain correctly about known objects and can interpret the material correctly. This is in accordance with research (Lubis, 2017) with the title "Female Teenagers Knowledge of Breast Self-Examination (SADARI) with SADARI's behavior at MA Alfatah Natar", the results showed that the level of knowledge at the understanding level was included in sufficient knowledge of 36 respondents (51.4 %) of 70 respondents due to the lack of intention of female teenagers in seeking information about SADARI and respondents never received teaching about reproductive health, especially early detection of breast cancer (health education about SADARI).

D. Knowledge Level (Application Level) Female Teenagers about SADARI

The results of the study in table 4.7 can be seen that the overall description of the level of knowledge (level of application) of female teenagers about BSE in the Kencat village is that most of the respondents are included in the less category as many as 23 female teenagers (46%).

This lack of knowledge is caused by the lack of female teenagers getting information about SADARI which should be obtained by finding out on social media. This may also be due to the fact that SADARI is an activity related to the female reproductive complementary organs, namely the breasts, so it is still a taboo subject (unusual to be discussed/done by female teenagers). This shows that female teenagers need to understand well about breast cancer and its application in conducting breast self-examination so that they understand the development and changes in the breasts early and correctly, to protect themselves from various risks that threaten their health and safety as an effort to prepare for the healthy and bright future and develop responsible attitudes and behaviors. So that it is still necessary to increase the knowledge of female teenagers about SADARI, namely by frequently implementing health education about SADARI in the village, with the intention that the potential for breast cancer attacks can be recognized early and get the right and correct solution.

The above statement is supported by the theory of (Notoatmodjo, 2012) which states that application is defined as the ability to use the material that has been studied in real situations or conditions. This is in accordance with research conducted by (Lubis, 2017) with the title "Female Teenagers Knowledge of Breast Self-Examination (SADARI) with SADARI's

behavior at MA Alfatah Natar", the results showed that the level of knowledge at the application level was included in the lack of knowledge, namely 56 respondents (80%) of 70 respondents due to many reasons expressed by respondents including lazy, not having time, shy, not knowing about SADARI techniques and some who think that SADARI is not important to do.

CONCLUSION AND RECOMMENDATION

The conclusion of the study from the level of general knowledge of female teenagers about breast self-examination (SADARI) in the Kencat village, Bangkalan area is in the good category, with the distribution of the level of knowledge, the results are: The level of knowledge (knowing level) is mostly classified in the level of knowledge of the sufficient category, the level of knowledge (understanding level) Bangkalan mostly belong to the level of knowledge of the sufficient category, and the level of knowledge (application level) mostly belongs to the level of knowledge of the category of less.

The results of the discussion and conclusion of the assessment about the level of knowledge of female teenagers about SADARI that have been described by researchers, it can be suggested for the researchers: It is hoped that this research can be useful as a means to apply knowledge, especially those related to knowledge about breast self-examination (SADARI) for early detection of breast cancer. The respondent: It is recommended for female teenagers to further optimize in doing SADARI at home, namely on the 7th to 10th day of menstruation counting from the first day of menstruation and are also expected to take part in health education activities about SADARI as early detection of breast cancer. Place of research: It is expected to carry out or conduct health education more often about SADARI as a form of breast cancer prevention efforts. Health workers: It is recommended for local health workers to conduct health education about SADARI so that prevention or detection of tumors or breast cancer can be overcome by the community early.

REFERENCES

Ariani, P. A., 2014. Aplikasi Metode Penelitian Kebidanan dan Kesehatan Reproduksi. Dalam: *Aplikasi Metode Penelitian Kebidanan dan Kesehatan Reproduksi*. Yogyakarta: Nuha Medika.

Arikunto, 2013. Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rineka Cipta.

Handayani, D., 2008. Hubungan antara tingkat pengetahuan dan sikap dengan perilaku para wanita dewasa awal dalam melakukan pemeriksaan payudara sendiri di Kelurahan Kecamatan Padan Klaten.. *Skripsi. PSIK FL UNDIP*.

Hardiyati, D., 2018. Pengaruh Pendidikan Kesehatan Berbasis Komunitas Terhadap Pengetahuan, Sikap dan Praktik Pemeriksaan Payudara Sendiri (SADARI) Pada Perempuan di Wilayah Puskesmas Martapura 1. p. 35.

Hendra, A., 2014. Ilmu Keperawatan Dasar Edisi ke-2. Dalam: *Ilmu Keperawatan Dasar Edisi ke-2*. Yogyakarta: Mitra Cendikia Press.

Heriyanto, B., 2012. *Metode Penelitian Kuantitatif, cetakan 4 edisi revisi*. Surabaya: CV. Perwira Media Nusantara.

Heriyanto, B., 2017. Metode Penelitian Kuantitatif. Surabaya: PNM.

Kominfo Jatim, t.thn. *Serviks dan Payudara, Dominasi Kanker Payudara Di Jawa Timur*. [Online] Available at: http://kominfo.jatimprov.go.id/read/umum/serviks-dan-payudara-dominasi-kanker-di-jawa-timur-

Lubis, U. L., 2017. JURNAL ILMU KESEHATAN. *PENGETAHUAN REMAJA PUTRI TENTANG PEMERIKSAAN PAYUDARA SENDIRI (SADARI) DENGAN PERILAKU SADARI*, p. 83.

Nasir, Muhith & Ideputri, 2011. *Buku Ajar Mrtodologi Penelitian Kesehatan*. Yogyakarta: Nuha Medika.

Notoatmodjo, 2010. Ilmu Perilaku Kesehatan. Dalam: *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.

Notoatmodjo, 2010. Promosi Kesehatan Teori dan Aplikasi. Jakarta: Rineka Cipta.

Notoatmodjo, 2012. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.

Notoatmodjo, 2012. Promosi Kesehatan dan Ilmu Perilaku. Jakarta: Rineka Cipta.

Nursalam, 2008. Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan. Jakarta: Salemba Medika.

Pieter, H. Z. & Lubis, N. L., 2017. *Pengantar Psikologi dalam Keperawatan, cetakan ke 3*. Jakarta: Kencana.

Sallika, 2010. Sera Serbi Kesehatan Perempuan Apa Yang Perlu Kamu Tahu Tentang Tubuhmu. Jakarta: Bukune.

Sallika, Serba Serbi Kesehatan Perempuan Apa Yang Perlu Kamu Tahu Tentang Tubuhmu. Jakarta: Bukune.

Sugiyono, 2013. Metode Penelitian Pendidikan. Bandung: Alfa Beta.

Sugiyono, 2016. Statistika Untuk Penelitian. Bandung: PT. Alfabeta.

Tim Edukasi Medis Kanker Payudara, 2017. *Cerdas Menghadapi Kanker Payudara, Cet.1.* Jakarta: Gema Insani.

Wahyuni, L., 2012. Gambaran Pengathuan Remaja Putri Tentang Pemeriksaan Payudara Sendiri (SADARI) di SMA Kawung 1 Surabaya.