EFFECT OF HEALTH EDUCATION USING DEMONSTRATION MEDIA FOR BREAST SELF-EXAMINATION MOTIVATION FOR WOMEN IN PREVENTING BREAST CANCER

Desy Fadilah Adina Putri* and Luh Putu Sri Yuliastuti

Diploma of Midwifery Study Program, STIKES Giya Husada Sumbawa, Sumbawa, Indonesia *Email: <u>desyfadilstikesghs@gmail.com</u>

Received: August 29, 2022. Accepted: September 27, 2022. Published: September 30, 2022

Abstract: The number of new breast cancer cases reached 68 thousand (16.6%) of the total 396 thousand new cancer cases in Indonesia. Meanwhile, the number of deaths reached more than 22.000 cases. So with several causal factors and research data on breast cancer, it is only natural that Indonesian women know Breast Self-Examination (BSE) from an early age. BSE is the most recommended early detection of breast cancer for every woman and can be done by yourself. This study aimed to determine the effect of health education with the demonstration method on the BSE motivation of women of childbearing age in preventing breast cancer at the Delima Putih Posyandu, Samapuin Village. The design in this study is a pre-experimental research design. The type used is the One Group Pretest Posttest. The research was conducted at the Delima Putih Posyandu, Samapuin Village. Data analysis used the Wilcoxon Matched Paired Test. The results showed an effect of health education with the demonstration method on the BSE motivation with the demonstration method on the BSE motivation with the demonstration of childbearing age with the Asymp value. Sig 0.000. The result indicates that many women still do not know about BSE, so it is essential to provide education through counseling by midwives or other health workers. Therefore, it is hoped that the role of midwives or other health workers as educators will increase BSE services in the community.

Keywords: Health Education, Breast Self-Examination (BSE), Women to Thrive, Motivation, Demonstration Media

INTRODUCTION

According to the World Health Organization (WHO), there are five major cancers worldwide, including breast, lung, liver, colon, and stomach cancer. The WHO estimates that around 84 million people worldwide died from cancer from 2005-2015. A survey conducted by the world health organization said that 8-9 percent of women experience breast cancer. It makes breast cancer the most common type in women after cervical cancer [1]. Indonesia has a breast cancer rate of 42.1 people per 100,000, with an average death from cancer of 17 people per 100,000 [2]. In addition, there was an increase in cancer cases, namely 1.4 per 100 thousand populations in 2013 to 1.79 per 100 thousand populations in 2018 [3]. The incidence of cancer in Indonesia (136.2/100,000 population) is number eight in Southeast Asia, while in Asia, it is 23. The highest incidence rate for women is breast cancer. Globocan data in 2020 shows that the number of new cases of breast cancer reached 68,858 cases (16.6%) of the total 396,914 new cancer cases in Indonesia.

Meanwhile, deaths reached more than 22 thousand cases [4]—polemic for Indonesian women who are the object of breast cancer attacks. So with several causative factors and research data on breast cancer, it is only natural that Indonesian women know breast cancer BSE early. The high rate of breast cancer in Indonesia is a priority for treatment by the government; however, this does not mean that treating other types of cancer is neglected. At the same time, the Ministry of Health continues to make efforts to control other cancers, as stated in the National Action Plan for Cancer 2022-2022 [4].

Breast cancer self-examination (BSE) is very important to be taught to the public, especially to women from the age of first menstruation to the age of menopause, because this examination is carried out alone without help from others [5]. BSE is the most recommended early detection of breast cancer for every woman. This action is very important because the sufferer finds almost 85% of lumps in a woman's breast. The method is easy because it is done yourself without spending any money. The role of midwives related to BSE is as an educator who provides health counseling. providing counseling including about the importance of BSE as an effort to detect breast cancer early. Health education about BSE will increase the knowledge of women of childbearing age to improve their health status [6]. In this health education, the method used is the demonstration method. The demonstration method is a way to show understanding, ideas, and procedures about something that has been carefully prepared to show how to carry out an action scene using props [7]. The implementation of health education should be carried out with the demonstration method because it is proven to increase the ability of mothers to breastfeed so that mothers can breastfeed with the correct technique [8]. Therefore, this study aimed to determine the effect of health education with the

demonstration method on BSE motivation for women of childbearing age in preventing breast cancer at the Delima Putih Posyandu, Samapuin Village.

RESEARCH METHODS

This study uses a pre-experimental design with the type of approach One Group Pretest Posttest. This study aims to determine the effect of BSE ability before and after health education. This research was conducted at the Delima Putih Posyandu, Samapuin Village, Sumbawa District. The research was conducted from October-December 2021. The population in this study was all women of childbearing age at the Delima Putih Posyandu, Samapuin Village. The sampling technique used in this study is total sampling. In this study, samples were taken from women of childbearing age in the Delima Putih Posyandu, Samapuin Village, who had to meet the basic criteria, where these criteria determine whether or not the sample can be used. These criteria include: being willing to be a respondent, being a cadre of the Delima Putih Posyandu, and Age of WUS 20-45 years. The sample in this study was 20 women of childbearing age at the Posyandu Delima Putih Samapuin Village. The research instruments used were questionnaires and observation sheets. The data analysis used is univariate and bivariate. Univariate analysis is the analysis used to describe or describe each variable, both independent and dependent variables, and the characteristics of the respondents. In contrast, bivariate analysis is data analysis to find correlations or influences between 2 or more variables studied [9]. Bivariate analysis with Wilcoxon signed test using SPSS version 23.

RESULTS AND DISCUSSION

Tables 1 and 2 show that motivation is lacking before being given the BSE technique to as many as 20 people (100%). Most of the high motivation after being given the BSE technique to as many as 17 people (85%).

Table 1. Motivation before being given the BSE technique

		Frequency	Valid Percent
Valid	Less	20	100.0

Table 2. Motivation after being given the BSEtechnique

		Frequency	Valid Percent
Valid	Enough	3	15.0
	Good	17	85.0
	Total	20	100.0

Table 3. The effect of health education with the demonstration method on the motivation of WUS

DSE		
postest- pretest		
-4.234 ^b		
.000		

Based on the results of the Wilcoxon Sign *Rank test* with Asymp Sig 0.000 < 0.005, there is effect of health education an with the demonstration method on BSE motivation, as shown in Table 3. It is shown from respondents' motivation before being given the awareness technique, which is less than 20 people (100%), while after being given the technique, they realize to be good 17 people (85%). This increase was triggered because previously, the cadres of the Delima Putih Posyandu had never received counseling on awareness techniques. Around 43% of cancer deaths can be defeated by routinely detecting early detection and avoiding risk factors that cause cancer [4]. These results are by the theory that knowledge and motivation are influenced by information providers, where information is provided through health education activities regarding the motivation to do breast selfexamination. Health education is an activity that is planned to influence others to change unhealthy or unhealthy behavior into healthy behavior [6]. In addition, the theory states that the success of training is influenced by several things, including age, education level, level of work, customs, community trust, and availability of time in the community [1]. All respondents are of productive age and easily accept the given stimulus. The more mature one is, the more mature a person will be in thinking and taking action [10]. It can be concluded that age can affect the increase in doing BSE. Moreover, some of the respondents are married, which means that their knowledge and experience are much more mature in preventing the potential for breast cancer. Most women aged 20-<50 years in Dusun Nganti, Sleman had mature thoughts needed to learn and adapt to new situations, such as remembering what they had learned and creative thinking [11]. Education for individuals is a dynamic influence on the development of the soul, body, feelings, and morals. Different levels of education will provide different types of experiences and values of life [12]. The education of women of childbearing age regarding the importance of BSE has an important contribution related to understanding the early detection of breast cancer.

Health education with the demonstration method can improve the ability of respondents because this method involves all the senses to receive information and is given directly by educators (researchers) about BSE examinations [13]. It follows the opinion that the more the five senses are used, the clearer the understanding or understanding is obtained so that WUS can practice BSE skillfully [14-17]. The results of this study are supported by previous research about the effect of health education on breast self-examination on knowledge and motivation to do it in women aged 30-50 years in Joho Mojo Laban Village. The results show that the knowledge difference test shows a p-value = 0.001 and motivation shows pvalue = 0.002 [7]. Another study that supports the results of this study was conducted by [8] that information affects the motivation of WUS in doing BSE. The motivation of WUS who had received information about BSE was higher at 40.2%, while WUS who had never received information about BSE had only 7.7% motivation. A person's high interest in the information they had never heard of before and got will be more motivated to provide health education. Health education with the demonstration method can improve the ability of respondents because this method involves all the senses to receive information directly from researchers about BSE examinations [18-21]. A positive attitude toward preventing breast cancer will increase motivation for early detection of breast cancer. Breast cancer prevention behavior can increase women's awareness to motivate them to do BSE [22-25].

CONCLUSION

This study concludes that most of the respondents were aged 25-30 years, as many as six people (30%). Most of the marital status is married to as many as 19 people (95%). The motivation of respondents before being given health education was mostly less by 20 people (100%), and the motivation of WUS after being given health education was mostly good by 17 people (85%). The demonstration method's effect of health education on the motivation of WUS BSE with Asymp. Sig 0.000 < 0.005

REFERENCES

- Hastuti, L., Noer, R., M., dan Agusthia, M.. (2020). Metode Demonstrasi Sadari Terhadap Kemampuan Melakukan Sadari Pada Wanita Usia Subur. *PREPOTIF: Jurnal Kesehatan Masyarakat*. 4(2), 141-148.
- [2] Pengpid, S., & Peltzer, K. (2018). Prevalence and risk factors for cervical and breast cancer screening among women in the general population in Indonesia. Gender and Behaviour, 16(3), 11994-12003.
- [3] Widiana, I. K., & Irawan, H. (2020). Clinical and Subtypes of Breast Cancer in Indonesia. Asian Pacific Journal of Cancer Care, 5(4), 281-285.
- [4] Anwar, S. L., Avanti, W. S., Nugroho, A. C., Choridah, L., Dwianingsih, E. K., Harahap, W. A., ... & Wulaningsih, W. (2020). Risk

factors of distant metastasis after surgery among different breast cancer subtypes: a hospital-based study in Indonesia. World Journal of Surgical Oncology, 18(1), 1-16.

- [5] Wahyuni, D., Edison, dan Harahap, W.A.. 2015. Hubungan Tingkat Pengetahuan dan Sikap terhadap Pelaksanaan Sadari pada Ibu Rumah Tangga di Kelurahan Jati. Jurnal Kesehatan Andalas, 4(1).
- [6] Waks, A. G., & Winer, E. P. (2019). Breast cancer treatment: a review. Jama, 321(3), 288-300.
- [7] Taufik, M. 2007. Prinsip-Prinsip Promosi Kesehatan Dalam Bidang Keperawatan. Jakarta: CV. Infomedik
- [8] Haider, R., Ashworth, A., Kabir, I., & Huttly, S. R. (2000). Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomised controlled trial. The lancet, 356(9242), 1643-1647.
- [9] Notoatmodjo, S. (2010). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta
- [10] Hutajulu, S. H., Prabandari, Y. S., Bintoro, B. S., Wiranata, J. A., Widiastuti, M., Suryani, N. D., ... & Allsop, M. J. (2022). Delays in the presentation and diagnosis of women with breast cancer in Yogyakarta, Indonesia: A retrospective observational study. PloS one, 17(1), e0262468.
- [11] Choridah, L., Icanervilia, A. V., de Wit, M. J. M., van Asselt, A. D., Kurniawan, W. T., Fahmi, Y. I., & Rengganis, A. A. (2021). Knowledge and acceptance towards mammography as breast cancer screening tool among Yogyakarta women and health care providers (Mammography screening in Indonesia). Journal of Cancer Education, 36(3), 532-537.
- [12] Utari, Sri. (2012). Pengaruh Penyuluhan Tentang Deteksi Dini Kanker Payudara Terhadap Keterampilan SADARI pada Wanita Usia Subur di Dusun Klumprit Caturharjo Sleman Yogyakarta.
- [13] Lestari, P. I., Mansyur, H., dan Wandi. (2020). Pengaruh Pendidikan Kesehatan Metode Demonstrasi Tentang Sadari Terhadap Kemampuan Melakukan Sadari Pada Remaja Putri SMA Diponegoro. Jurnal Pendidikan Kesehatan, 9(1), 1-10.
- [14] Aeni, N., & Yuhandini, D. S. (2018). The effect of health education with video media and demonstration methods on BSE knowledge. Journal of Care, 6(2), 162-174.
- [15] Notoatmodjo. (2012). Metode Penelitian Kesehatan. Jakarta: Renika Cipta.
- [16] Indryani. (2012). Gambaran Motivasi dan Tingkat Pengetahuan Mengenai Kanker Payudara Pada Perempuan yang Melakukan Mamograf. Jakarta: Universitas Indonesia.

J. Pijar MIPA, Vol. 17 No.5, September 2022: 679-682 DOI: 10.29303/jpm.v17i5.3993

- [17] Britt, K. L., Cuzick, J., & Phillips, K. A. (2020). Key steps for effective breast cancer prevention. *Nature Reviews Cancer*, 20(8), 417-436.
- [18] Sauter, E. R. (2018). Breast cancer prevention: current approaches and future directions. *European Journal of Breast Health*, 14(2), 64.
- [19] Cuzick, J., Sestak, I., Cawthorn, S., Hamed, H., Holli, K., Howell, A., ... & IBIS-I Investigators. (2015). Tamoxifen for prevention of breast cancer: extended longterm follow-up of the IBIS-I breast cancer prevention trial. *The lancet oncology*, 16(1), 67-75.
- [20] Zakaria, F., Ali, R. N., & Datau, O. (2021). The Effect of Demonstration Method on Breast Self-Examination in Young Women at SMAN 1 Telaga Biru. Journal of Community Health Provision, 1(2), 40-47.
- [21] World Health Organization. (2001). Health Research Methodology: A Guide for Training in Research Methods Second Edition (Vol. 5). World Health Organization.
- [22] Shapira, N. (2017). The potential contribution of dietary factors to breast cancer prevention. *European Journal of Cancer Prevention*, 26(5), 385.
- [23] Li, M. J., Yin, Y. C., Wang, J., & Jiang, Y. F. (2014). Green tea compounds in breast cancer prevention and treatment. *World journal of clinical oncology*, 5(3), 520.
- [24] Euhus, D. M., & Diaz, J. (2015). Breast cancer prevention. *The breast journal*, 21(1), 76-81.
- [25] Padamsee, T. J., Wills, C. E., Yee, L. D., & Paskett, E. D. (2017). Decision making for breast cancer prevention among women at elevated risk. *Breast Cancer Research*, 19(1), 1-12.