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Understanding of Breast Cancer and SADARI Through Audio-Visual Health Education for Adolescents at Mutiara 2 High School Bandung

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A B S T R A C T

Lack of knowledge about breast cancer and never having a breast examination are factors that cause delays in breast cancer diagnosis. Proper education in health education is one of the primary keys to influencing knowledge. The implementation of this service activity aims to provide health education with audio-visual so that the insight and knowledge of adolescents will be better. Health education is carried out through WhatsApp group media which contains information about breast cancer and SADARI examination with the stages of making leaflets about breast cancer and SADARI, making videos about SADARI steps, measuring adolescent student knowledge by giving several questions in the form of a questionnaire about breast cancer and SADARI, evaluates health education for adolescent students by discussing and assessing the answers to the questionnaires that have been filled out by students. This service activity show an increase in the knowledge of young women before and after being given health education. The school can consider this activity to provide information support and motivation with various learning methods so that young women continuously get updated information in education and health knowledge. There is an increase in respondents' knowledge after being given health education using audio-visual (60.0%) in the good category, which was previously only (13.3%) and the sufficient category (40.0%) and no less category.

INTRODUCTION

Cancer is one of the leading causes of death worldwide. According to the world health organization (WHO), cancer is a large group of diseases that can begin in almost any organ or tissue of the body when abnormal cells grow uncontrollably beyond their usual limits to invade adjacent body parts or spread to other organs. Cancer is also a significant health problem for the community; according to GLOBOCAN data (2018), there were 18.1 million new cases with a death rate of 9.6 million, where 1 in 5 men and 1 in 6 women in the world experienced cancer. The data also states that 1 in 8 men and 1 in 11 women die of cancer (Kemenkes RI, 2019).

The incidence of breast cancer in adolescents can be detected early. Early detection can be done with the SADARI program (Breast Self-Examination) or the SADANIS (Clinical Breast Examination) program (Kemenkes RI, 2019). The purpose of doing SADARI is to detect the abnormalities in the breast early. Every woman has a different breast size. If routinely done breast examinations, women can feel normal breast shape, and if there are changes, they can be detected easily (Krisdianto, 2020). Breast self-

examination will increase awareness of how important it is to be aware of abnormal lumps in the breast. Breast examinations are carried out regularly every month after complete menstruation (Saragih, 2020). Several factors that cause a delay in breast cancer diagnosis are that patients do not know or understand breast cancer. Proper education in health education is one of the primary keys to influencing the level of knowledge. Health education needs to be carried out in a planned manner and use appropriate methods to deliver educational goals optimally. The use of visual video media as a learning method is a tool and a provider of information about the message to be conveyed. The use of visual video media can help in the student learning stage to be more active because students not only listen but can immediately see correctly and appropriately.

Mutiara 2 High School is a private high school located in Jalan Cempaka, Andir District, Bandung City, West Java. The number of students in the 2020/2021 academic year is 60 students in class X, 58 students in class XI, and 54 students in class XII. SMA Mutiara 2 Bandung had never previously provided information and education about health in general and breast cancer and SADARI in particular to students, so students did not have sufficient knowledge about breast cancer and SADARI. From interviews conducted with five students, four students said they often complained of breast pain during menstruation and did not know about BSE examinations. Another student said that she felt a hard and small lump on the top of her breast and had never had an examination with a health worker.

METHOD

Based on the analysis faced by partners, the authors offer activities as a form of solution to partners. The solution offered is to provide information about breast cancer and BSE to SMA Mutiara 2 Bandung students. During the COVID 19 pandemic, learning at SMA Mutiara 2 Bandung cannot be done face-to-face due to the limitations of students' devices and internet quota; activities was carried out online, namely through WhatsApp group. The development of internet-based evaluations of school-based health promotion programs proved to be efficacious and not inferior to face-to-face (Ferlay et al., 2019). The study showed that health education conducted online with WhatsApp groups also has good benefits in conveying information to students at the school level. So, we offer a solution to partners to provide education about SADARI to adolescent students in grades X and XI with an age range of 16-17 years.

Health education materials are delivered through animated videos and leaflets shared through WhatsApp groups media. The first material is about breast cancer which is presented with leaflet media which includes understanding, etiology, types, triggers, signs and symptoms, staging, prevention, and medical examination. The second material is about SADARI, which is delivered of leaflets. The material presented includes the meaning of SADARI, the purpose of SADARI, the benefits of SADARI, and how to do SADARI. The third material is animated videos about the screening and the causes of breast cancer,

risk factors for breast cancer, breast cancer care and treatment, breast cancer prevention, and how to do SADARI. This animated video screening aims to give students a more robust understanding of doing SADARI properly.

Partner participation is carried out by actively paying attention to the breast cancer and BSE material. Partners participate in learning materials through videos that have been shared through WhatsApp groups. One homeroom teacher helps in the course of this health education, making it easier for the author to educate about breast cancer and BSE. After the students finished filling out the questionnaire, the team evaluated it by assessing the questionnaire to see if there was an increase in knowledge after being given health education.

RESULT AND DISCUSSION

In the initial survey conducted at SMA Mutiara 2 Bandung, it was found that students' knowledge about BSE and breast cancer was still lacking. Furthermore, from the analysis of the problems that occurred, we held discussions with the school through long-distance communication or online communication to hold health education as a solution to partner problems. In the end, the school was allowed to carry out breast cancer education and BSE through the WhatsApp group because all activities at school were limited during the covid 19 pandemic.

In the Covid-19 pandemic situation, our community service team conducted health education by conveying information about breast cancer and SADARI. On June 28, 2021, the community service team conducted Covid-19 education activities for 30 class X and XI teenage students. The online education to students was started by providing questionnaire related to breast cancer and SADARI to the students to find out how far children understand breast cancer and SADARI. Education about breast cancer and SADARI to adolescent students is given online through WhatsApp groups with leaflets accompanied by pictures and videos that make it easier for students to understand explanations about the steps for doing SADARI.

The evaluation was carried out by questionnaire after explaining to the students the material that had been delivered. In addition, it provides an opportunity for students to ask questions about breast cancer and SADARI. This activity lasts for 30 minutes. After the discussion session, the community service team gave out a questionnaire containing questions related to breast cancer and SADARI. Students were given 30 minutes to answer the questions on the questionnaire. After the answers from the questionnaire were checked by the community service team.

Table 1. SADARI and Breast Cancer Knowledge Questionnaire Grid

No	Component	favorable	Unfavorable	Total
1	Definition of breast cancer	1		1
2	Cancer Signs and Symptoms breast	4,5	3	3
3	Breast cancer risk factors	6,7,8,9	10	5
4	Breast cancer stage	2,11,13		3
5	Cancer management breast	12,14		2
6	Definition of SADARI	18		1
7	SADARI Objectives	23	16,17,21,	4
8	Time and place of implementation SADARI	30	19,20,22,28	5
9	How to SADARI	24,25,26,27,29,31,	15	7
10	Follow Up SADARI		32,33	2
	Total	21	12	33

The instrument used is a questionnaire totaling 33. The questions include positive and negative questions. The questionnaire in this study contained written questions to obtain knowledge information from respondents.

Table 2. Frequency Distribution of Respondents' Knowledge Level

Knowledge	Before intervention	Percentages (%)	After intervention	Percentages (%)
Good	2	13,3 %	9	60,0
Enough	12	80,0 %	6	40,0
Less	1	6,7 %	0	0%
Total	15	100 %	15	100 %

The knowledge of the experimental group respondents before attending the counseling was in the good category as many as two people (13.3%). The enough category was 12 people (80.0%). The less category was 1 person (6.7 %); after attending the counseling, the respondents' knowledge experienced an increase in the use of audio-visual (60.0%) in the good category, which previously was only (13.3%) and the sufficient category (40.0%), and there was no less category. Most of the questions could be answered correctly by the students, which indicated an increase in the knowledge of adolescent girls about breast cancer and SADARI at Mutiara 2 High School, Bandung. The results of this community service are by Pratiwi's 2019 research show that health education with compelling videos increase the knowledge of young women where a teenager can receive messages quickly and easily remember can be received with good, so teenagers are very enthusiastic about the content of the video and see until it has finished, through a teenage video it will be explained clearly about SADARI in the form of understanding, goals, time and steps SADARI (Pratiwi et al., 2019).



Picture. 1 (a) Breast Cancer Leaflet, (b) SADARI Leaflet. (c) SADARI Videos
 Source: Indonesian Breast Cancer Foundation (2021)

CONCLUSION

There is an increase in respondents’ knowledge after being given health education using audio-visual (60.0%) in the good category, which was previously only (13.3%) and the sufficient category (40.0%) and no less category. It is recommended for health workers to be more able to develop health programs, especially for schools, so that students get sufficient knowledge about health.

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