

Efforts to Increase Knowledge Through Health Education on Breast Self-Examination Skills in Women of Childbearing Age in Sumber Jaya Village, Kampung Melayu District, Bengkulu City in 2022

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Abstract

Data from the Bengkulu Provincial Health Office, Bengkulu Province is included in 10 provinces that have low coverage in clinical breast examination (SADANIS) and IVA examinations below 5%, Based on data from the Bengkulu City Health Office in 2020 of 62,160 women of childbearing age SADANIS examinations and IVA tests only 1967 person. The working area of the Padang Serai Health Center, Kampung Melayu Subdistrict, is the highest area that has the highest incidence of suspicion and tumors or breast lumps in Bengkulu City. The working area of the Padang Serai Health Center, Kampung Melayu Subdistrict, has 3 sub-districts, namely Sumber Jaya sub-district, Padang Serai sub-district and Teluk Sepang sub-district. The Padang Serai Health Center Working Area, Kampung Melayu District has 3,356 women of childbearing age, of which 331 people were examined. For suspicious data 12 people had breast cancer and 13 people had tumors or breast lumps. The incidence of breast cancer is in Sumber Jaya Village. Adolescent reproductive health problems in Indonesia do not receive enough attention because knowledge about early detection and breast self-care skills have not been socialized properly. Because of that, there is a need for awareness and participation from various related agencies to be able to provide knowledge as early as possible about the importance of early detection of breast cancer and breast self-care skills. This can be done in real terms through counseling efforts. In this community service activity there will be socialization, counseling, mentoring and group formation using the peer group method at women of childbearing age in Sumber Jaya Village, Kampung Melayu District.

Keywords: breast examination, health education, women of childbearing age

A. Introduction

Breast cancer is the leading cause of death in women worldwide [1]–[4]. The World Health Organization (WHO) estimates that 84 million people died from cancer in the 2005-2015 period. The WHO survey stated that 8 to 9 percent of women experience breast cancer. This makes breast cancer the most common type of cancer in women after cervical cancer [5], [6].

The incidence of cancer in Indonesia is 26/100,000 population [7]. This makes Indonesia ranked 8th in Southeast Asia, while in Asia it ranks 23rd. The highest incidence rate in Indonesia for women is breast cancer, which is 42.1 per 100,000 population with an average death rate of 17 per 100,000 population. The prevalence of tumors/cancer in Indonesia shows an increase from 1.4 per 1000 population in 2013 to 1.79 per 1000 population in 2018.

Data from Bengkulu Province states that out of 1967 women of childbearing age who underwent cervical and breast examinations, 24 women found breast cancer incidence in 2020 and 41 women had tumors or breast lumps and 70 women with positive IVA.

Causes of breast cancer to date Not yet known what causing these cells to turn into cancer cells. However, there are allegations that genetic, lifestyle, environmental, and hormonal factors are related to the formation of breast cancer.

Breast cancer has a great chance of being cured if it is found at an early stage by carrying out early detection of "breast self-examination" or known as BSE [8]–[10]. Early detection can reduce the mortality rate by 25-30%. By carrying out early detection such as realizing the need for interest and awareness of the importance of health to improve the quality of life while maintaining a better quality of life [11], [12].

The right time to do BSE is from the 7th to 10th day from the first day of menstruation or when the breasts are weak and not hard/swollen, it is recommended to do it yourself when you are 20 years old, and it doesn't cost money [13].

BSE socialization for women is carried out through educational activities using various methods including lectures, leaflets, booklets and mass media to provide visualization to women of childbearing age about breast cancer, signs and symptoms, risk factors, and prevention with conscious examination which is expected to influence the way women of childbearing age think about breast cancer so they become more vigilant.

BSE socialization activities, women of childbearing age will have better BSE skills as a first step to find out whether they have breast cancer or not, thus motivating women to improve their skills on early detection of breast cancer by doing BSE. If a woman is found with a pathological lump, she will be examined by a health worker, namely clinical breast examination (CBE) [15].

Data from the Bengkulu Provincial Health Office, Bengkulu Province is included in 10 provinces that have low coverage in clinical breast examination (CBE) and IVA examinations below 5%. Based on data from the Bengkulu City Health Office in 2020, out of 62,160 women of childbearing age, only 1967 clinical breast examination and IVA tests. The working area of the Padang Serai Health Center, Kampung Melayu Subdistrict, is the highest area that has the highest incidence of suspicion and tumors or breast lumps in Bengkulu City. The working area of the Padang Serai Health Center, Kampung Melayu Subdistrict, has 3 sub-districts, namely Sumber Jaya sub-district, Padang Serai sub-district and Teluk Sepang sub-district. The Padang Serai Health Center Working Area, Kampung Melayu District has 3,356 women of childbearing age, of which 331 people were examined. For suspicious data 12 people had breast cancer and 13 people had tumors or breast lumps. The incidence of breast cancer is in Sumber Jaya Village

Reproductive health is a complete physical, mental and social condition, not only free from disease or disability in all aspects related to the reproductive system, its functions and processes. Reproductive health can also be defined as a condition in which humans can enjoy their sexual life and are able to carry out their reproductive functions and processes in a healthy and safe manner (Health Law number 36 of 2009).

Reproductive health problems in Indonesia do not receive enough attention because knowledge about reproductive health is often considered taboo. Because of that, there is a need for awareness and participation from various related agencies to be able to provide knowledge about the importance of maintaining reproductive health. This can be done in real terms through counseling efforts.

B. Methods

Community service activities are carried out in Sumber Jaya Village, Kampung Melayu District, Bengkulu City. The number of participants who took part in the activity were 30 women of childbearing age from 30 RTs in the Sumber Jaya Village, Kampung Melayu District, Bengkulu City. The method of community service activities uses the concept of providing education and skills by going through the following stages:

1. Socialization of PE activities devoted to the target population is women of childbearing age in Sumber Jaya Village, Kampung Melayu District, Bengkulu City
2. Conducting a pretest to determine knowledge of women of childbearing age in Sumber Jaya Village, Kampung Melayu District, Bengkulu City
3. Media development women of childbearing age education and skills on breast self-examination for community service activities in Sumber Jaya Village, Kampung Melayu District, Bengkulu City.
4. Conducting a posttest to find out whether there is an increase in WUS knowledge in Sumber Jaya Village, Kampung Melayu District, Bengkulu City
5. Evaluation and monitoring.

Activity steps include:

1. Preparation phase
 - a. Look after permits for community service activities.
 - b. Media preparation education, measuring tools and instruments.

- c. Pedevolving educational media
- d. Coordinationwith the kelurahan to plan educational activities to increase knowledge and skills.
- e. SsurveyPreliminary to identify problems in the community by conducting public health assessments
- f. Utilization of regional potential data in forming women of childbearing age groups (data collection of families who have women of childbearing age, availability of facilities and infrastructure and community support)

2. Organizing Stage

Pada stage the organization will form a women of childbearing age coaching group. This team will be endorsed by the Lurah and known by the Health Center staff. Team members consist of community leaders and families who have women of childbearing age.

3. Stage education to increase women of childbearing age knowledge and skills.

Pestrength the role of women of childbearing age in conveying information to other women of childbearing age. Measurement of increasing women of childbearing age knowledge and skills by utilizing mentoring packages

4. Intervention Stage

- a. Conducting Education on women of childbearing age:
 - 1) Definition of breast cancer
 - 2) Causes of breast cancer
 - 3) Types of breast cancer
 - 4) Breast cancer triggers
 - 5) Several factors based on the level of risk associated with breast cancer
 - 6) Breast cancer symptoms and signs
 - 7) Breast cancer prevention
- b. Improve skills
 - 1) Breast self-examination (BSE)
 - 2) PemeasureWUS understanding of breast cancer.
 - 3) Develop a Follow-Up Plan (Schedule regular group meetings)

5. Monitoring and Evaluation Stage

PadaAt this stage an evaluation of the activities that have been carried out will include the success of the assistance in terms of short-term achievements, namely increasing women of childbearing age knowledge about the importance of early detection of breast cancer.

C. Result and Discussion

This service activity is carried out with the aim of increasing the knowledge and skills of women of childbearing age in early detection of breast cancer. Stages and details of activities include:

1. Preparation
 - a. Arrange for permits from the Bengkulu City Health Office, to the Kampung Melayu sub-district head and to the Sumber Jaya urban village head, Bengkulu city.
 - b. Identify the amountand the name of the women of childbearing age family who will be given counseling and provide assistance in community service activities
 - c. Determination of activity schedule
 - d. Meeting to form an activity plan.
2. Implementation
 - a. Day 1
 - 1) Opening by the Village Head of Sumber Jaya Village.



2) Welcome remarks from the Community Service Team Leader



3) Pre-test





- 4) Providing material on Efforts for Early Detection of Breast Cancer includes, Definition of breast cancer, Causes of breast cancer, Types of breast cancer, Triggers of breast cancer, Several factors based on the level of risk related to breast cancer, Symptoms and signs of breast cancer, Prevention of breast cancer. Breast self-examination (BSE)



- b. The second day
1) Demonstration of self-breast examination (BSE) by the community service team



- 2) Implementation of self-breast examination (BSE) by the community service team



c. The third day
1). Posttest



2) Formation of an early detection WUS group
3) Evaluation of material and practice





4) Closing



3. Monitoring/Evaluation

This stage includes two things namely observation and reflection.

- i. Observation of the process of implementing activities
Identify the progress that has been achieved and the difficulties encountered during the implementation of community service activities.
- ii. Evaluation of the results of community service activities:
Evaluate each stage of the activity, evaluate the benefits of activities by partners, and develop a follow-up plan.

D. Conclusion

The conclusions from the community service activities that have been carried out are: there is an increase in the knowledge of women of childbearing age after socialization, women of childbearing age have the skills to perform BSE, and the formation of groups of women of childbearing age to conduct education on early detection of breast cancer through increased knowledge and skills of breast self-examination.

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