

SADARI Method for Anticipating Breast Cancer in Indonesian Female Migrant Workers

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ABSTRACT Breast cancer rank first in term of the highest number of cancer in Indonesia and is one of the first contributors to cancer death women. Breast cancer prevention can be done by breast self-examination (BSE). The aim of this activity is to increase awareness of Indonesia female workers including women of childbearing age, and increase the ability to detect breast cancer through breast self-examination. The method used is providing education by providing health education. Evaluation of activities is carried out using pre-test and post-test question sheet. If he pre-test results showed 90% of participants didn't know about breast cancer and SADARI method. After being given health education and the practice of BSE, the post-test results increased to an average of 90 from a score of 10. It is hoped that after this activity the participants will continue to carry out the BSE method independently at home.

Keywords: Anticipating, Breast Cancer, Female Migrant Workers

1. INTRODUCTION

Cancer is the second leading cause of death in the world, an estimated 70% of deaths occur in developing countries. The biggest cancer problem that causes death in women is breast cancer. Global Cancer Observatory data from the World Health Organization (WHO) shows that the highest cancer cases in Indonesia are breast cancer, namely 58,256 cases or 16.7% of the total 348,809 cancer cases. In 2019, it is predicted that almost 9 million people will die worldwide due to cancer and this will continue to increase to 13 million people per year in 2030. (Rivanica & Dayanti, 2020). This is of course the most frightening type of cancer for women throughout the world, including Indonesia. There are still people who do not know how to detect early and the lack of awareness about checking the condition of their breasts means that many women know that they have breast cancer at

an advanced stage. In fact, if cancer cases can be identified as early as possible, they will have the opportunity to receive better treatment and will provide a cure rate so that they can increase life expectancy (Sari et al., 2020).

One way to anticipate breast cancer using a simple method that can be done in everyday life is breast self-examination (BSE). The BSE method can be done easily, does not require special equipment, is cheap because it is free, painless, harmless and comfortable to do. However, only about two-thirds of women want to practice it once a year, and one-third want to practice it every month, and about half can do it correctly. This is due to the lack of information and knowledge of young women about BSE. (Wardhani et al., 2017). This examination can help detect breast cancer early, thereby reducing the risk of its severity. Diagnosis of breast cancer at an early stage provides a good chance of long-term survival. Efforts to reduce the mortality rate from breast cancer require an effective screening program (Shiryazdi, S, Kholasehzadeh, 2014).

Early detection programs allow for more effective early diagnosis and increase the chances of successful treatment for breast cancer. There are three methods of early detection of breast cancer, namely breast self-examination (SADARI), breast self-examination (BSE), clinical breast examination (SADANIS), clinical breast examination (CBE) and mammography (Siddharth, Gupta, Narang, & Singh 2016). Early detection is the first and most important first step in cancer prevention. With early detection, it is hoped that mortality and morbidity rates, and health costs will be lower. Early detection and screening are the keys to a high survival rate in sufferers. Early detection can reduce the death rate by 25-30%. Apart from that, to improve recovery for breast cancer sufferers, the key is early discovery, early diagnosis and early therapy. For this reason, it is necessary to disseminate knowledge about breast cancer, and educate women to carry out breast self-examinations (Olfah 2019).

Breast self-examination (BSE) can be started when women have entered puberty. This needs to be done in order to find out as early as possible abnormalities that occur in the breasts. so that handling is faster and more precise. (Setyawan et al., 2019). BSE is more effective in women of productive age 15-49 years and on the 7-10th day of menstruation. This is because women of that age are at risk of developing breast tumors or cancer. Based on the results of the pre-test with a knowledge questionnaire about BSE among Indonesian female migrant workers at the Indonesian Embassy in Kuala Lumpur, of the twenty-six

people of productive age migrant workers, 90% of them did not know about breast self-examination (BSE) and had never done it at all and had never received it. education from health workers about BSE early detection of breast cancer.

The aim of this community service is to increase the knowledge of Indonesian female migrant workers about the BSE method to anticipate breast cancer and to be able to carry out BSE regularly once a month, namely on the 7-10th day of menstruation. Based on the above background, the service is interested in providing education about knowledge of the awareness method as well as teaching how to carry out breast self-examination to female Indonesian migrant workers at the Indonesian Embassy in Kuala Lumpur.

Even though SADARI is a simple, easy and economical screening method, many women do not perform SADARI or do not practice SADARI appropriately (Okolie 2018). Research conducted qualitatively by Taha et al. (2018) the fear of finding signs and symptoms of breast cancer such as lumps in the breast and fear of being diagnosed with breast cancer are barriers for women to carry out SADARI or other screening methods. According to Miller's (2015) research, respondents will undergo a health check if there are driving factors such as intervention. According to research entitled The Relationship between Knowledge and Attitudes with BSE Actions in Early Detection of Ca. Mammae in Women of Childbearing Age at the Nana Diana Clinic in Medan in 2018 stated that the results of research from 50 women of childbearing age showed that the majority of women of childbearing age had less knowledge, 34 (68%) of respondents, negative attitudes as many as 32 (64%) respondents and those who did not do BSE were 46 people (92%). Based on the chi square test analysis, there is a relationship between knowledge and BSE with a p value of 0.004 and there is a relationship between attitude and BSE with a p value of 0.001 (Sebayang, 2018).

According to Lawrence Green, quoted in Notoatmodjo (2020), health behavior is determined by 3 factors, namely (1) predisposing factors, which are manifested in knowledge, attitudes, beliefs, beliefs, values and so on, (2) supporting factors (enabling factors), which are manifested in the physical environment, the availability or unavailability of health facilities or facilities, (3) reinforcing factors, which are manifested in the attitudes and behavior of health workers or other officials who are the reference group for community behavior . These factors can influence women's breast self-examination behavior. Efforts that can be made to improve the knowledge, attitudes and

practices of SADARI respondents include health education or providing education as is done for Indonesian migrant workers at the Indonesian Embassy in Kuala Lumpur.

2. METHOD

The location of this Community Service activity is located at the Embassy of the Republic of Indonesia in Malaysia. This community service is carried out on Indonesian migrant workers in Malaysia. This activity held from September to December 2023. Activities are carried out in a hybrid manner (online in October and November and offline in December). The methods used are education, demonstrations and games. then provide education about breast self-examination along with practices on how to do it for early detection of breast cancer. There are three stages of activity.

Preparation.

At this stage, an initial survey of the place of implementation of activities is carried out, carrying out Observation and interviews with partners to determine priorities, problems that must be Immediately completed, carry out a data collection process to prepare materials in the process of designing screening activities, making proposals, preparing places and Methods for the implementation of activities.

Implementation.

At this stage, an analysis of community needs is carried out through communication with partners, system users and other parties who have interests, design plans Activities and implementation by implementing interventions education about breast self-examination along with practices on how to do it for early detection of breast cancer.

3. RESULT AND DISCUSSION

Community Service in October 2023



Figure 1. Online Community Service Activity Documentation October 2023

Community Service in November 2023



Figure 2. Community Service Activity Documentation in KBRI, November 2023

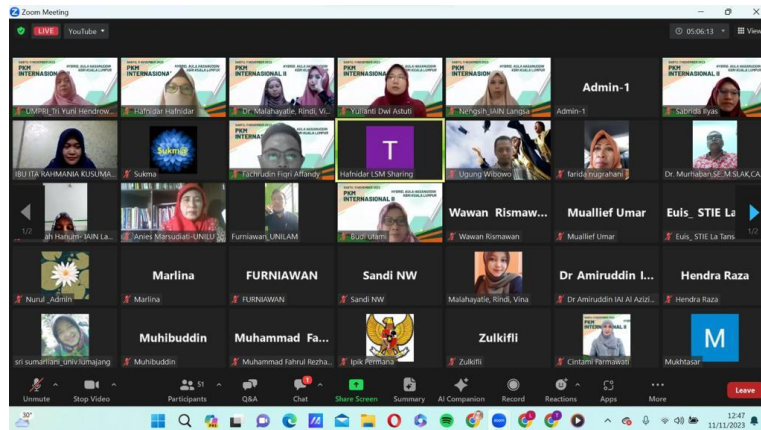


Figure 3. Online Community Service Activity Documentation October 2023

Community Service in Desember 2023



figure 4. Flyer of Community Service Activity Desember 2023



Figure 5. Community Service Activity Documentation held in KBRI, Desember 2023

The implementation of community service is carried out by: interventions education about breast self-examination along with practices on how to do it for early detection of breast cancer for 15 minutes performed simultaneously and then practice breast self-examination.

Monitoring and evaluation

Monitoring and evaluation (monev) is carried out directly to the target. Monitoring and evaluation is carried out by conducting discussions and questions and answers after community service activities are carried out in Embassy of The Republic of Indonesia in Malaysia. This evaluation aims to determine participants' understanding of breast examination SADARI. The results of the evaluation are both through questions and answers and the implementation of breast self-examination SADARI. All participants enthusiastic when participating in the activity and Overall this activity can be done by all Participants at the Embassy of The Republic of Indonesia in Malaysia.

Discussion

The results of this study showed that the majority of respondents after being given education had a good level of knowledge about BSE, namely 24 people (85.7%). Meanwhile, the level of knowledge about BSE was sufficient, namely 5 people (32.9%). This is because the respondent's educational background is already high, namely vocational school/equivalent. This can be caused by several things, including experiential factors that influence a person's knowledge and depending on a person's memory. This is in line with research by Hardiyanti D, (2018) community-based health education can increase respondents' knowledge about breast self-examination (BSE/SADARI). It is important to raise awareness about doing BSE. to motivate someone to regularly do BSE to identify abnormal lumps in their breasts early so that they can be treated immediately and reduce deaths from breast cancer

CONCLUSION

Community service activities in the form of asihema therapy management and te'undur technique. Conducted at the Embassy of The Republic of Indonesia in Malaysia one of the efforts to overcome health problems. Method of activities carried out by Implement interventions in the form of breast self-examination SADARI for 15 minutes are performed simultaneously. This examination can help detect breast cancer early, thereby reducing the risk of its severity.

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