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The Effectiveness of Breast Self-Examination Health Education (BSE) using Demonstrations and Lectures on The Level of Knowledge and Attitudes of Young Women

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ABSTRACT

Breast Self-Examination (BSE) is one of the easiest ways to detect breast cancer, but women's awareness of doing BSE is still very low. Breast Cancer patients with advanced stages, an estimated 70% visit a health facility. The purpose of this study was to determine the differences in the level of knowledge and attitudes of adolescent girls in providing BSE health education with demonstration and lecture methods. This research was conducted at SMA Negeri 1 Driyorejo, Gresik. This research method is *Quasi Experiment with Non Equivalent Control Group One Group Pretest-Posttest research design*. The sampling technique uses *Probability Sampling with Stratified Random Sampling*. Data analysis used the *Wilcoxon test*. The results showed that there was an influence on the level of knowledge and attitudes of young women before and after being given BSE health education with the demonstration method with a *p-value* of $0.001 < (0.05)$, there was an influence on the level of knowledge and attitudes of young women before and after being given BSE health education. with the lecture method with a *p-value* of $0.001 < (0.05)$, there is a significant difference in the level of knowledge of young women in the provision of BSE health education with demonstration and lecture methods with a *p-value* of $0.015 < (0.05)$ and there is no significant difference the attitude of young women in providing BSE health education with demonstration and lecture methods with a *p-value* of $0.491 > 0.05$. From the results of this study, it is hoped that students will be able to do BSE regularly and correctly in accordance with the 6 steps of BSE as an early detection of breast cancer, and the school will apply lecture and demonstration methods in teaching and learning activities.

Keywords: breast self-examination (BSE), attitude, knowledge levels, lecture, demonstration

Introduction

Cancer is a large group of diseases that can occur in almost any organ or tissue of the body when abnormal cells grow uncontrollably, beyond their normal limits to invade adjacent parts of the body and/or spread to other organs. Based on WHO data, cancer is the second cause of death globally, with an incidence of 9.6 million deaths and in 2018 there was an increase in the percentage of breast cancer with 46.3% new cases [1]. In Indonesia, based on 2018 Basic Health Research (Riskesmas) data, the prevalence of cancer in Indonesia is 1.8 per 1000 population, up from 1.4 per 1000 population in 2013. The highest cancer case in Indonesia in women is breast cancer. East Java Province ranked

number 4 in Indonesia in 2015 with the number of breast cancer cases in hospitals at 1485 after West Java with the number of breast cancer cases in hospitals, namely 1516 [2]. In 2018 in Gresik Regency there were 83 women (0.79%) who tested positive for tumors/lumps from breast examination results [3]. Reports from one of the referral hospitals in Gresik Regency, namely RSUD Ibnu Sina, there were 19 new cases of breast cancer

Breast cancer sufferers have an estimated presentation of 70% with an advanced stage of visiting a doctor or hospital. Currently, the age of breast cancer sufferers is not only in women over 35 years of age, but extends to young women [4]. (Case Fatality Rate) found in the early stages is only 7.2% so that early detection and diagnosis of breast cancer

malignancy is necessary, which plays an important role in improving the prognosis in addition to other clinical factors or as an initial step in preventing breast cancer [5].

Breast cancer prevention can be done with BSE, which is a routine self-examination of the breasts which can be done 7-10 days after menstruation (possibly when the breasts are not hard and painful), to detect any changes or find lumps in the breasts as an initial step in early cancer detection. breast [6]. Since April 21 2008, the Indonesian Government in collaboration with the Indonesian Ministry of Health and the Female Cancer Program (FCP), namely as the developer, has established BSE as a national program capable of reducing the death rate due to breast cancer by up to 20% with 7,122 times the risk of developing breast cancer for women who do not do BSE compared to women who routinely do BSE [7].

Knowledge can influence people's awareness and willingness to practice BSE and poor public knowledge about BSE will influence the low level of implementation of BSE practices. A study of the results of research conducted by [8] namely the effect of health education about BSE as an early detection of breast cancer in young women at SMA Negeri 1 Parepare, data analysis results showed that the level of knowledge before being given treatment had a mean value of 9.358, while after being given treatment it increased to 14.2462 . Supported by the results of research conducted by [9] that the level of knowledge before being given counseling about BSE was 15 students (65.2%) and as many as 22 students (95.7%) after being given BSE counseling out of a total of 23 respondents. From the research results Above, it can be concluded that knowledge influences people's awareness and willingness to do BSE.

Research conducted by [10] on the influence of breast cancer education on BSE attitudes among young women at the Al-Munawwir Islamic Boarding School showed that the attitudes of young women before being given counseling were only 25 respondents (33.8%) with a positive attitude out of a total of 111 respondents. whereas after being given counseling there was a significant change, namely 65 respondents (87.8%) had a positive attitude. The results of this research are in line with [11] at the Chemical Analyst Vocational School which shows that before being given health education, the majority of respondents had a poor attitude, 55 female students (68.8%) of the 80 total respondents, and after being given health education, the majority had a good attitude, 71 female students. (88.8%). This proves that there is an influence

between health education regarding breast self-examination (BSE) on adolescent attitudes.

A person's knowledge and attitudes can be influenced by health education. Health education about BSE can use demonstration methods and lecture methods. In accordance with the results of research conducted by [12], the research results show that the demonstration method is more effective than the group discussion method in improving a person's behavior. Supported by the results of research [13] regarding the influence of BSE counseling using the demonstration method on BSE skills in women of childbearing age in Ngabean Hamlet, Bantul, Yogyakarta, it is known that there is an influence of BSE counseling using the demonstration method. In line with research [14] regarding the abilities of female students conducted at Diponegoro Dampit High School after being given health education about BSE using the demonstration method, namely 70% of respondents were able to do BSE and 30% of respondents were not able to do BSE. So it can be concluded that there is an influence between health education using demonstration methods on the ability to do BSE. According to the results of research conducted by [15] that there are differences in the knowledge and skills of women of childbearing age (WUS) in carrying out breast self-examination (BSE) in the intervention group and the control group before and after being given BSE delivery using the lecture and demonstration method at the Bakunase Community Health Center, Kupang City. . In line with the results of community service carried out by [16] that the demonstration and lecture methods used in health education about BSE were very effective in implementation.

Based on the results of a preliminary survey conducted by researchers at the Driyorejo Community Health Center, the BSE counseling program is carried out once a year as an effort to prevent breast cancer in 10 villages in the working area of the Driyorejo Community Health Center in rotation for sub-age women. SMAN 1 Driyorejo is one of the senior high schools in the working area of the Driyorejo Community Health Center with more female students than male students. Researchers took data from 10 female students via Goggle Form regarding matters related to breast self-examination (BSE). From the survey results, it was found that 80% (8 female students) did not know about the practice of BSE, 20% (2 female students) already knew about the practice of BSE. And all of the female students have never practiced BSE. Considering the low level of knowledge and attitudes towards BSE among female students, it is very important to provide health education

regarding reproductive health, especially regarding breast self-examination (BSE). At SMAN 1 Driyorejo itself, currently no one has provided counseling or training given to female students regarding breast self-examination (BSE). Therefore, young women need to understand this so they can detect breast cancer early. Based on this background, researchers are interested in conducting research with the theme "Effectiveness of Breast Self-Examination Health Education (BSE) Using Demonstrations and Lectures on the Level of Knowledge and Attitudes of Young Women at SMAN 1 Driyorejo". Submission of ethical clearance in this research to the Chair of the Research Ethics Commission of the Ministry of Health Semarang Health Polytechnic and it was declared ethically appropriate after fulfilling certain requirements with the research ethics appropriateness statement number No.051/EA/KEPK/2021.

Research Methods

This type of research is quantitative research with a Quasi-experimental method, namely a type of experimental research that uses all intact subjects (intact group) to be given treatment (treatment) with a Non Equivalent Control Group research design.

The independent variables in this research are health education using demonstration methods and lecture methods regarding breast self-

examination (BSE). The dependent variable in this study is the level of knowledge and attitudes of adolescents regarding breast self-examination (BSE).

The population in this study was 696 female students with a sample of 70 female students divided into 2 intervention groups, namely health education with the demonstration method and the lecture method. The technique used was Stratified Random Sampling. Data analysis used the Wilcoxon test.

This research instrument uses a questionnaire. The questionnaire instrument in this research uses a questionnaire to measure the level of knowledge and attitudes about BSE.

The normality test for this research data used the Shapiro-Wilk test because the number of samples used in this research was <50 respondents (35 respondents in the demonstration method group and 35 respondents in the lecture method group) with the results on the pre-test variable knowledge of the lecture method being 0.054 (>0.05) and post-test 0.024 (>0.05), pre-test lecture method attitude variable 0.163 (>0.05) and post-test 0.002 (<0.05). In the pre-test the knowledge variable with the demonstration method was 0.001 (<0.05), in the post-test 0.000 (<0.05), in the pre-test the attitude variable with the demonstration method was 0.097 (<0.05), in the post-test 0.000 (<0.05).

Results and Discussion

Table 1.1
Frequency Distribution of Demonstration Method Knowledge Level

Category	Demonstration Method			
	Pre-Test		Post-Test	
	f	%	f	%
Good	20	57,1	34	97,1
Enough	13	37,2	1	2,9
Less	2	5,7	0	0
Total	35	100	35	100

Table 1.2
Frequency Distribution of Lecture Method Knowledge Level

Category	Lecture Method			
	Pre-Test		Post-Test	
	f	%	f	%
Good	10	28,6	25	71,4
Enough	24	68,6	9	25,7
Less	1	2,9	1	2,9
Total	35	100	35	100

Table 1.3
Attitude Frequency Distribution Using the Demonstration Method

Category	Demonstration Method			
	Pre-Test		Post-Test	
	N	%	N	%
Positive	0	0	34	97,1
Negative	35	100	1	2,9
Total	35	100	35	100

Table 1.4
Frequency Distribution of Attitudes Using the Lecture Method

Category	Lecture Method			
	Pre-Test		Post-Test	
	N	%	N	%
Positive	8	22,9	33	94,3
Negative	27	77,1	2	5,7
Total	35	100	35	100

Table 1.5
Results of Knowledge Variable Analysis Using the Demonstration Method

Variable	Implementation	N	P-Value
Knowledge	Before	35	0,001
	After	35	

Table 1.6
Results of Knowledge Variable Analysis Using the Lecture Method

Variable	Implementation	N	P-Value
Knowledge	Before	35	0,001
	After	35	

Table 1.7
Results of Analysis of Attitude Variables Using the Demonstration Method

Variable	Implementation	N	P-Value
Attitude	Before	35	0,000
	After	35	

Table 1.8
Results of Analysis of Attitude Variables Using the Lecture Method

Variable	Implementation	N	P-Value
Attitude	Before	35	0,000
	After	35	

Table 1.9
Differences in Knowledge Level Variables

Variable	Kelompok	N	P-Value
Knowledge	Lecture Method	35	0,015
	Demonstration Method	35	

Table 1.10
Differences in Attitude Variables

Variable	Kelompok	N	P-Value
Attitude	Lecture Method	35	0,491
	Demonstration Method	35	

Based on table 1.1, before being given health education about BSE using the demonstration method on the knowledge variable, there were 20 (57.1%) respondents with good knowledge and after being given health education there were 34 (97.1%).

Based on table 1.2, before being given health education about BSE using the lecture method on the knowledge variable, there were 10 (28.6%) respondents with good knowledge and after being given health education there were 25 (71.4%).

Based on table 1.3, before being given health education about BSE using the demonstration method on the attitude variable, 35 (100%) respondents had a negative attitude towards BSE and after being given health education, 34 (97.1%) respondents had a positive attitude towards BSE.

Based on table 1.4, before being given health education about BSE using the lecture method on the attitude variable, there were 8 (22.9%) respondents with a positive attitude towards BSE and after being given health education there was an increase of 33 (94.3%) respondents with a positive attitude towards BSE.

Based on table 1.5, the knowledge variable before and after being given health education about BSE using the demonstration method showed a p-value of 0.001. The results of statistical tests using the Wilcoxon test concluded that the p-value was <0.05 , so there was a difference in the level of knowledge of young women in providing BSE health education using the demonstration method.

Based on table 1.6, the knowledge variable before and after being given health education about BSE using the lecture method obtained a p-value of 0.001. The results of statistical tests using the Wilcoxon test concluded that the p-value was <0.05 , so there was a difference in the level of knowledge of young women in providing BSE health education using the lecture method.

Based on table 1.7, the attitude variable before and after being given health education about BSE using the demonstration method showed a p-value of 0.000, so the results of statistical tests using the Wilcoxon test concluded that the p-value was <0.05 , so there was a difference in the attitudes of young women towards providing health education with the Demonstration method

Based on table 1.8, the attitude variable before and after being given health education about BSE using the lecture method showed a p-value of 0.000, so the results of statistical tests using the Wilcoxon test concluded that the p-value was <0.05 , so there was a difference in the attitudes of young

women towards providing health education. REALIZE using the lecture method.

Based on table 1.9, the results of the Wilcoxon test can be seen that there is a difference in the level of knowledge in the use of lecture and demonstration methods for breast self-examination (BSE) with a p-value of $0.015 > 0.05$, so the research results can be concluded that there is no significant difference in the level of knowledge in use of lecture and demonstration methods for BSE.

Based on table 1.10, the results of the Wilcoxon test on the attitude variables of the lecture method and demonstration method groups showed that the p-value was $0.491 > 0.05$, so there was no significant difference in attitudes regarding the use of the lecture and demonstration methods towards BSE.

Knowledge level of young women before and after being given BSE health education using the demonstration method

Based on the knowledge variable category before being given BSE health education using the demonstration method to 35 respondents, there were 20 (57.1%) respondents with good knowledge and after being given health education there were 34 (97.1%) respondents. based on the distribution of items before being given health education about BSE using the demonstration method, the statement that was answered most incorrectly or reflected the respondent's lack of knowledge was statement number 14 regarding the tools used by BSE, namely 18 (51.4%) respondents and after being given health education with the demonstration method, 30 (85.7%) respondents answered correctly or reflected the respondent's level of knowledge as good.

Based on the results of research using the Wilcoxon test, it can be concluded that there is a difference in the level of knowledge of adolescent girls in providing health education about BSE using the demonstration method with a p-value of 0.001 (<0.05) so that the alternative hypothesis is accepted, namely providing health education using the demonstration method about BSE has an effect on increase the level of knowledge of young women.

Supported by research results [17] stated that there were differences in the level of knowledge of respondents before and after being given an explanation of BSE using the demonstration method. Similar research conducted [18] showed that the demonstration method regarding BSE influenced the level of knowledge of respondents before and after being given health education. The choice of health education method depends on

several factors, namely the characteristics of the target or respondents (number, socio-economic, age, gender), the time and place available and the specific goals to be achieved with health education such as changes in the level of knowledge and attitudes of respondents. The demonstration method is one of the methods used in health education that is appropriate to the development stages of adolescents. The demonstration method triggers young women to deepen their knowledge because the health education process is more interesting, easy for young women to understand, and can stimulate respondents to actively observe and adjust theory to reality.

Level of knowledge of young women before and after being given BSE health education using the lecture method

Based on the knowledge variable category before being given BSE health education using the lecture method to 35 respondents, there were 10 (28.6%) respondents with good knowledge and after being given health education there were 25 (71.4%) respondents. Based on the distribution of items, the statement most often answered incorrectly or reflects the respondent's lack of knowledge, namely statement number 10 regarding the time of implementing BSE, namely 9 (25.7%) respondents and after being given health education using the lecture method it was 33 (94.3%) the respondent answered correctly or reflected the respondent's level of knowledge as good

Based on the results of research using the Wilcoxon test, it can be concluded that there is a difference in the level of knowledge of adolescent girls in providing health education about BSE using the demonstration method with a p-value of 0.001 (<0.05) so that the alternative hypothesis is accepted, namely providing health education using the demonstration method about BSE has an effect on increase the level of knowledge of young women.

Supported by research conducted [19] stated that providing health education using the lecture method was able to increase respondents' knowledge. A person's knowledge will increase if they often receive information. The lecture method is very easy to use in providing information through BSE health education for targets with low and high education. The lecture method is effectively used in target groups with a number of more than 15. The effectiveness of the lecture method is very easy for teenagers to understand in conveying the topic so that there is a change in the respondent's level of knowledge according to the topic given.

Attitudes of young women before and after being given BSE health education using the demonstration method

Based on the attitude variable category before being given BSE health education using the demonstration method to 35 respondents, it was found that all 35 respondents (100%) had a negative attitude towards BSE and after being given health education there was an increase to 34 (97.1%) respondents with a positive attitude towards BSE.

Based on the results of research using the Wilcoxon test, it can be concluded that there are differences in the attitudes of young women towards providing health education about BSE using the demonstration method with a p-value of 0.001 (<0.05) so that the alternative hypothesis is accepted, namely providing health education using the demonstration method about BSE has an effect on improving attitude of young women

Supported by research conducted by [20] shows that the demonstration method is able to influence a person's attitude in implementing health education. The demonstration method is one of the methods used in health education with the aim of changing people's attitudes or actions from not doing it to routinely carrying out health activities as expected or in accordance with the research objectives because the demonstration method presents a procedure so that respondents are able to see directly the steps taken. BSE steps and explanations are complete and systematic.

Attitudes of young women before and after being given BSE health education using the lecture method

Based on the attitude variable category before being given BSE education using the lecture method to 35 respondents, the results showed that 8 (22.9%) respondents had a positive attitude towards BSE, after being given health education there was a difference, namely 33 (94.3%) respondents who had a positive attitude towards BSE. positive towards BSE.

Based on the results of research using the Wilcoxon test, it can be concluded that there are differences in the attitudes of young women towards providing health education about BSE using the lecture method with a p-value of 0.001 (<0.05) so that the alternative hypothesis is accepted, namely providing health education using the lecture method about BSE has an effect on improving attitude of young women.

This has been proven that the lecture method is able to change a person's attitude, proven by research conducted by [21] that health education using the lecture method about BSE given early to

teenagers will make it easier for teenagers to achieve a positive attitude towards BSE. The lecture method is a method of oral and easy health education delivered by the speaker in accordance with the research objectives. With good knowledge after being given health education through the lecture method, it will influence respondents' attitudes in carrying out BSE.

Differences in the level of knowledge in the use of lecture and demonstration methods for breast self-examination (BSE)

To find out the difference in the level of knowledge in the use of lecture and demonstration methods, the Wilcoxon test was carried out because the p-value was $0.015 > 0.05$, so it can be concluded that the hypothesis was rejected, which means there is no significant difference in the level of knowledge in the use of the lecture and demonstration method in breast self-examination (BSE).

The lecture method is a method used in health education with a target group of more than 15 which is delivered by the speaker to a group of people orally with a topic of discussion according to the objectives. The demonstration method is a method that provides examples of the flow of activities with the help of visual aids in accordance with the research objectives so that respondents understand more correctly [22].

The lecture method and demonstration method have an effective influence in achieving increasing a person's level of knowledge, especially about BSE. In accordance with research conducted by [23] that health education about BSE will increase awareness of early detection of breast cancer. The better knowledge a person has, the more positive steps they will take in carrying out breast self-examination regularly.

Differences in attitudes towards the use of demonstration methods and lecture methods towards breast self-examination (BSE)

Based on the research, it is known that there are differences in attitudes regarding the use of the demonstration method and the lecture method, this is shown by the p-value of $0.491 > 0.05$ in the Wilcoxon test so it can be concluded that there is no significant difference in attitudes towards the use of the demonstration method and the lecture method towards breast examination. yourself (BE AWARE).

A person's knowledge and attitudes are related to each other. Insufficient knowledge about BSE will have a negative impact on attitudes towards carrying out BSE regularly. Therefore, health education is needed to increase a person's level of knowledge by achieving a positive attitude

towards BSE. Supported by research conducted by [24] that the demonstration method is one of the methods that is easier to use in health education to show understanding, ideas and procedures for something that has been prepared to show how to carry out that action. Meanwhile, the lecture method is also very effective in health education because respondents receive explanations that have never been presented before

Conclusion

Based on the results of research entitled "Effectiveness of Breast Self-Examination Health Education (BSE) Using Demonstrations and Lectures on the Level of Knowledge and Attitudes of Adolescent Girls at SMAN 1 Driyorejo" with the Wilcoxon test presented, it can be concluded that there are differences in the level of knowledge of adolescent girls regarding examinations. breast self-examination (BSE) at SMA Negeri 1 Driyorejo before and after being given health education using the demonstration method, the statistical test results showed a p-value of $0.001 < \alpha (0.05)$. The lecture method was effectively used in health education regarding breast self-examination (BSE). At SMA Negeri 1 Driyorejo, research results showed that there were differences in the level of knowledge of young women before and after being given health education with statistical test results of a p-value of $0.0001 < \alpha (0.05)$.

Future researchers are expected to research further regarding health education methods and examine factors that influence the behavior of young women in carrying out BSE, especially regarding breast self-examination (BSE) as an early detection of breast cancer.

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