The Socialization Of Breast Cancer Early-Detection Screening For Productive Women In Society Health Center Of Dono, Tulungagung District, Indonesia

Arika Indah Setyarini, Indah Rahaningtyas

Abstract: Breast cancer is the highest cancer disease suffered by women. In Indonesia, for example, East Java Province has the highest rate of breast cancer of all Indonesia provinces. Sadly, about 85% patients were treated at late cancer stadium (III and IV). Therefore, it is important to early detection of breast cancer to reduce mortality rate and improve patient treatment. In one of district in East Java, Tulungagung, breast cancer had increased case rate since 2010-2013. In order to increase social awareness of breast cancer, Indonesian Cancer Foundation (YKI), conducted socialization in Society Health Center of Dono, Tulungagung, to introduce early self-detection of breast cancer to productive 20’s years old women. This socialization was aimed to gain and train society awareness about breast cancer, detect the early symptoms of breast cancer, and giving the counselling to further treatments. The socialization of early-detection and further counselling of was conducted by college lecturer. In addition, screening early-detection of breast cancer and monthly evaluation was conducted by midwives and staffs of Society Health Center of Dono. The health counselling and evaluation to audience was conducted monthly for 3 months. From this socialization, the audience gained awareness to breast cancer early detection and understand the further medical treatment of cancer before it was too late.

Index Terms: breast cancer, early detection, self-detection

1 INTRODUCTION
Cancer is a global health problem worldwide. The impact caused by cancer includes many sectors. According to data in 2012, cancer is the cause of increasing death worldwide, the burden of cancer itself continues to rise unbalanced in low and middle income countries where 70% of all deaths from cancer and 60% of new cases are now happening (Brathwaite, et al, 2012) There are the most common types of cancer in developed and developing countries. Cancer that often occurs in developed countries is lung cancer, breast, colorectal and prostate. In developing countries, the most common types of cancer are gastric, breast, and cervical cancers (Bray, et al, 2015)

<table>
<thead>
<tr>
<th>High Income Countries</th>
<th>Secondary Income Countries</th>
<th>Low Income Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Breast</td>
<td>Cervical</td>
</tr>
<tr>
<td>Prostate</td>
<td>Lungs</td>
<td>Breast</td>
</tr>
<tr>
<td>Lungs</td>
<td>Cervical</td>
<td>Prostate</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Stomach</td>
<td>Heart</td>
</tr>
<tr>
<td>Cervical</td>
<td>Heart</td>
<td>Kaposisi Sarcoma</td>
</tr>
<tr>
<td>Stomach</td>
<td>Colorectal</td>
<td>Stomach</td>
</tr>
</tbody>
</table>

Source: Sutrisno, 2014

Tumors in breast tissue are the result of a complex process sequence of cellular changes that ultimately results in an uncontrolled cell growth that has the ability to spread to other organs. Clinically, breast cancer is classified into several subtypes based on the dominant hormone receptor expression levels in the tumor tissue, via estrogen (ER), progesterone (PR) and human epidermal growth factor factor receptor 2 (HER2). This hormonal receptor-based classification system is associated with a disease prognosis, in which breast cancer with ER + & / or PR +, HER2- is the largest subtype that accounts for about 50% of all breast cancer incidence. Triple negatives or subtypes where none of these three hormone receptors have a more aggressive split cell type and a worse prognosis than other subtypes. (Sutrisno, 2014) Age factors are also associated with the incidence of breast cancer which will be more common in women aged over 40 years. Therefore, mammography screening programs are recommended in this age group. Other factors that play a role are pregnancy in old age (> 30 years), nulliparity, premature menarche (<12 years), and late age of menopause (> 55 years) increase the risk of breast cancer. Oral contraceptive use is also a risk factor in which at least 25% of users are at risk of developing breast cancer later in life. History of previous primary breast cancer, the risk of cancer in the contralateral breast is 3-4x larger. In situ lesions such as pre malignant ductal carcinoma / lobular carcinoma will increase 8 to 10x incidence of breast cancer. Lifestyle includes diet and reproduction also plays an important role in the development of breast cancer. Breast cancer in Indonesia is the second highest case in Indonesia after cervical cancer. 85% of patients come in advanced (Stage III, IV). Early detection of breast cancer is important to understand when it is age to start early detection, who needs to do early detection, interval between detection, and what modalities are used for early detection. Recommended for women from the age of 20 to conduct breast self-examination every 1 month because it is considered still the easiest screening method and can decrease morbidity rate due to breast cancer. (Sutrisno, 2014)
Lecturer in his duty to implement Tri Dharma Higher Education is Community Service to help reduce the incidence of cervical cancer in Tulungagung District, the Poltekkes Kemenkes Malang in cooperation with the Department of Health Tulungagung District through the activities of “Screening Breast Cancer With Sarari Method In Women’s Age Group At Puskesmas Dono Kabupaten Tulungagung”.

2 METHODS
The research design used in this research is by giving pre test first on the respondent before given counseling and then given new counseling then done post test. The population in this study were all teenagers of women of childbearing age in Kecamatan Dono Tulungagung regency of 233 people, with a sample size of 35 people. The sampling technique used is Stratified Random Sampling. Data collection is done for two days. Pre test is done on the first day and on the second day the counseling is then continued post test. Measurement tool this research using questionnaire closed. T eknik analysis of the data used is Wilcoxon Pairs Test

3 RESULTS
Prior to the counseling, most of the respondents, ie 13 people (35%) have sufficient knowledge about breast cancer screening by SARARI method. After the counseling, y anki 32 people (92.5%) have good knowledge. Results obtained Wilcoxon test analysis Z count value is -43.71. With the price criticism of 95% confidence interval obtained Z price table 1.96 so Z count is greater than Z table thus H₀ rejected, this indicates that “There is a comparison of knowledge of women of childbearing age about breast cancer screening by SARARI method in Dono District Health Center Tulungagung in 2017.

4 DISCUSSION
Knowledge of respondent enough before conducted counseling about breast cancer screening by SARARI method caused by several factors, one of them is lack of information obtained by respondent. It is known that in a woman of childbearing age ordains her time to take care of the household so as to have less time to seek information that is important for her health. Utilization of technology such as television and magazines, prefer as a means of seeking entertainment rather than seeking information. Other factors cause the extension of health services or related institutions such as health institutions about breast cancer screening. Knowledge relates to success in collecting certain information or data, then the power of this knowledge is information or data owned a . Knowledge gained from appropriate sources such as counseling by health personnel through cooperation with health offices will be good information for someone. In obtaining the information should someone not wait for information, but must be active to get information. As explained by Soekidjo (2003) that knowledge is the result of knowing, and this happens after people do sensing of a particular object. Sensation occurs through the five senses of man, namely the sense of sight, hearing, smell, taste, touch and most of human knowledge obtained through the eyes and ears. So if the eyes and ears do not function properly then the information obtained will not be maximal. Counseling conducted during the study has provided additional information about breast cancer screening by the SARARI method shown with good knowledge obtained by 92.5% of respondents. Information obtained is one way to gain knowledge. As Nasrul Effendi argued in 1988 that counseling requires everything that can be used to channel the message from the sender (message) to the message recipient (target) so as to explain the thoughts, knowledge, attention and interests of the client in such a way that there is understanding, understanding of what is explained Counseling on this research using leaflets and flipcharts so that the client is expected to understand the material delivered by reading leaflets that are given so that more easily digested and facilitate understanding respondents in capturing the meaning of the material presented so that can be seen counseling will be more effective when using various media, kind of. As explained by Soekidjo (2003), the factors that influence the learning process are material, environment, instrumental, and learning subject. Instrumental here one of them is props, such as leaflets arranged based on the principle that the knowledge that existed in every human being was accepted or captured through the five senses. The more senses that are used to receive something the more and more clearly also the understanding or knowledge gained. Information obtained in this case comes from the extension conducted by researchers. As explained that the expected results in counseling is the change of knowledge, attitudes and behavior of the individual to be able to instill the principles of healthy living in everyday life to achieve optimal health degree (Nasrul Effendi, 1998: 235).

5 CONCLUSION
Prior to the counseling most of the high school students are knowledgeable enough that is 35% of respondents.
- After counseling, most of the high school teenagers were well knowledge of 92.5% of respondents.
- There is a comparison of knowledge of women of childbearing age about SARARI before and after counseling

REFERENCES