



Overview of Sources of Information and Knowledge About Self-Breast Examination (Sadari) and Ingenious Programs in Non-communicable Disease (PMT) Cadres

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Abstract. Background: Changes in people's lifestyles due to a lack of attention to their health and their families are among the causes of Non-Communicable Diseases (NCDs), especially breast cancer.

Aim: This study aims to explore an overview of sources of information and knowledge about self-breast examination and ingenious programs in non-communicable disease cadres.

Methods: The research method includes an overview of sources of information and knowledge about self-breast examination (SADARI) and the CERDIK program for PTM (Non-Communicable Diseases) cadres in the working area of the Lebdosari Public Health Center, Kalibanteng Kulon, Semarang.

Results: The results of this study are respondents with a good category of knowledge about SADARI, as many as 67.2% or as many as 39 people and respondents with a good category in the knowledge of CERDIK, as many as 98% or as many as 57 people.

Conclusion: It is concluded that a relationship between education and exposure to information sources can affect the level of knowledge about SADARI and the level of knowledge about CERDIK.

Keywords: Sources of information · Knowledge · SADARI · CERDIK · breast cancer

1 Introduction

Breast cancer is a type of cancer that has the highest contribution to the prevalence of cancer in women in Indonesia and has a high mortality rate due to delays in early detection followed by delays in treatment. Breast cancer ranks first by incidence (43.3%) and second by cancer mortality worldwide (12.9%) [1].

ACS (American Cancer Society Survivors of breast and cervical cancer) are generally detected and come to the health care facility already in an advanced stage. The results of the examination for early detection of breast cancer in women aged 30–50 in Indonesia

in 2018–2020, early detection of breast cancer found 26,550 lumps and 4,685 suspected breast cancer [1–3].

The existence of information about SADARI and breast cancer motivates women to increase their knowledge about the breast area [4]. This is the primary basis for increasing knowledge about breast examination. The increasing knowledge about breast self-examination will affect women's behaviour to realize the importance of breast self-examination to prevent the risk of breast cancer.

SADARI plays an essential role in the discovery of early-stage breast cancer. 90% of breast cancers are found by women themselves when doing SADARI, and there are fewer deaths from breast cancer in women who do SADARI than those who do not [5, 6].

Changes in people's lifestyles due to a lack of attention to their health and their families are among the causes of Non-Communicable Diseases (NCDs), especially breast cancer [1, 7, 8]. Efforts to prevent PTM are applying CERDIK behaviour, an acronym for regular health checks, getting rid of cigarette smoke, diligent physical activity, healthy diet and balanced calories, adequate rest, and managing stress [9].

Health cadres are the pillars and spearheads in carrying out government programs in the health sector and mobilizing the community primarily in developing clean and healthy living behaviours. Health cadres are needed to improve women's ability to do SADARI as people who are considered closest to the community. Therefore, health cadres must also be equipped to provide information about breast cancer and SADARI through PTM counselling [10, 11].

The Lebdosari Health Center, in handling PTM, collaborates with the relevant agencies to provide counselling and equip cadres to care for and understand various non-communicable diseases, and from 2021 women who died of breast cancer amounted to 5 people. With this background, it is necessary to obtain an overview of sources of information and knowledge about self-breast examination (SADARI) and the CERDIK program for PTM (Non-Communicable Diseases) cadres in the working area of the Lebdosari Public Health Center, Kalibanteng Kulon Semarang.

2 Methods

The research method includes an overview of sources of information and knowledge about self-breast examination (SADARI) and the CERDIK program for PTM (Non-Communicable Diseases) cadres in the working area of the Lebdosari Public Health Center, Kalibanteng Kulon, Semarang.

The data will be analyzed using a statistical test, namely SPSS, and will then be described quantitatively and qualitatively. The sample in this study was 58 cadres in the working area of the Lebosari Health Centre Semarang.

3 Results and Discussion

The results in Table 1 show that cadres with the age category of 20–30 years are 8.6% or 5 people, the age category of 31–40 years is 27.6% or 16 people, the age category is

Table 1. Age

	Frequency	Percent
20–30 years	5	8.6
31–40 years	16	27.6
41–50 years	23	39.7
51–60 years	12	20.7
>61 years	2	3.4
Total	58	100.0

Table 2. Last Education

	Frequency	Percent
Not Study	1	1.7
Elementary School	2	3.4
Yunior School	6	10.3
High School	33	56.9
Institution	16	27.6
Total	58	100.0

41–50 years is 39.7%. or 23 people, age category 51–60 years as many as 20.7% or 12 people, age category > 61 years as much as 3.4% or 2 people.

The study results in Table 2 show that 1.7% of cadres with no schooling or 1 person, 3.4% of cadres with the last education at the elementary level or 2 people, 10.3% of cadres with the last education at the junior high school level or 6 people., 56.9% or 33 cadres with the latest education at the high school level, 27.6% or 16 cadres with education at the tertiary level.

The results of the study in Table 3 show that cadres get information about SADARI from health workers as much as 36.2% or 21 people, get information from the internet/online newspapers as much as 13.8% or 8 people, get information from social media (Whatsapp, Facebook, Instagram, etc.) as many as 22.4% or 13 people, getting information from friends as much as 25.9% or 15 people, getting information from newspapers/magazines/newspapers as much as 1.7% or 1 person.

The study results in Table 4 show that cadres’ knowledge about SADARI in the good category is 67.2% or 39 people. Meanwhile, cadres with less knowledge about SADARI are 32.8% or 19 people.

Table 3. Information about SADARI

	Frequency	Percent
Health Workers	21	36.2
Internet/Online Newspapers	8	13.8
Social Media (Whatsapp, Facebook, Instagram etc.)	13	22.4
Friend	15	25.9
Newspapers/Magazines/Newspapers	1	1.7
Total	58	100.0

Table 4. Knowledge of SADARI

	Frequency	Percent
Level Good Knowledge of SADARI	39	67.2
Level Lack of knowledge about SADARI	19	32.8
Total	58	100.0

Table 5. Knowledge about CERDIK

	Frequency	Percent
Level Good Knowledge of CERDIK	57	98.3
Level Lack of knowledge about CERDIK	1	1.7
Total	58	100.0

The study results in Table 5 show that cadres with good knowledge about CERDIK are 98.3% or 57 people. Meanwhile, cadres with less knowledge about CERDIK are 1.7% or 1 person.

4 Discussion

Based on the research results, respondents with a good category of knowledge about SADARI are 67.2% or as many as 39 people, and respondents with a good category of

knowledge about CERDIK are 98% or as many as 57 people. This is in line with the last education level of respondents at the high school level, which is 56.9% or 33 people. This is in line with the theory put forward by Notoatmodjo, knowledge is the result of human senses or the result of someone knowing about an object from his senses. Several factors affect the level of knowledge. Factors influencing knowledge include age, education, information or social media, social, cultural, economic environment, and experience [4, 12].

Based on the study results, most respondents were in the age category of 41–50 years, as many as 39.7% or 23 people. However, this is not in line because the age of the majority of respondents, 20–30 years, is of productive age to easily absorb health information, so it contributes to the knowledge of the majority of respondents in the good category [12].

Based on the results of the study, it was found that respondents received information about SADARI, most of which was obtained from health workers, namely 36.2% or 21 people. The level of knowledge can be influenced by exposure to information sources [8, 13].

5 Conclusion

Based on the results of research on the relationship between the level of knowledge of health cadres about SADARI and the CERDIK program in the work area of the Lebdosari Health Center, Semarang concluded that health cadres in the work area of the Lebdosari Health Center, Semarang, mostly have a good level of knowledge about SADARI (67.2%) and knowledge of the PINTAR program well (98.3%). However, factors that affect the level of knowledge of health cadres in the work area of the Lebdosari Health Center, Semarang, include education and information source facilities.

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