



## The Effect Of Leaflet-Based Health Education On Breastfeeding On Increasing Knowledge

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**Abstract.** Breast Self-Examination (BSE) is an important action in the early detection of breast cancer. Early detection plays a crucial role in increasing the success rate of treatment and reducing mortality from breast cancer. This study aims to determine the effect of leaflet-based health education about BSE on increasing knowledge among Women of Childbearing Age in the Tarailu Health Center Work Area, Mamuju Regency. The research method used is quantitative research with a Quasi-Experimental research design and a "One Group Pretest-Posttest" design using a purposive sampling technique with a sample of 40 respondents. The results of the study show a significant increase in the respondents' knowledge after being given leaflet-based health education about BSE. Based on the paired sample t-test, a T value of -5.182 was obtained with a p-value of  $0.00 < 0.005$ . This indicates that the hypothesis is accepted, meaning there is an effect of health education about BSE on increasing knowledge among Women of Childbearing Age in the Tarailu Health Center Work Area, Mamuju Regency, in 2024. This study provides useful information to raise awareness about the importance of breast self-examination as an early detection step for breast cancer among women of childbearing age in the area.

**Keywords:** Health education, Knowledge, Leaflet, SADARI, Women of Fertile Age

### 1. INTRODUCTION

BSE (Breast Self-Examination) is a very important action in early detection of breast cancer. Early detection is a crucial step to increase the success rate of treatment and reduce the death rate from breast cancer. In Indonesia, breast cancer is the most common type of cancer in women, and the incidence and death rates from breast cancer continue to increase. Public awareness and knowledge, especially women of childbearing age, about the importance of BSE is still low (Purwati, 2023). The International Agency for Research on Cancer (IARC) estimates that there are 408,661 new cases of cancer in Indonesia with 242,988 deaths in 2022, and will continue to increase if no efforts are made to combat cancer. Breast cancer ranks first in terms of the number of cancers in Indonesia and is one of the first contributors to death from cancer. Globocan data in 2020, the number of new cases of breast cancer reached 68,858 cases (16.6%) of the total 396,914 new cases of cancer in Indonesia. Meanwhile, the number of deaths reached more than 22 thousand cases.

The cancer control strategy in Indonesia is implemented with a 4 (four) pillar approach, namely health education, early detection, specific protection, and standard management. Success in cancer control efforts can only be achieved if implemented massively, integrated and periodically by every stakeholder, including the community.

Health education regarding BSE is very important considering that breast cancer is one of the most common and deadly types of cancer among women. Based on data from the Global Cancer Observatory (GLOBOCAN) in 2020, breast cancer accounts for around 24.5% of all cancer cases in women worldwide. Increasing knowledge about early detection of breast cancer through health education is expected to reduce the death rate from this cancer (Al-Gburi & Alwan, 2019).

Health education is one of the important efforts in increasing public awareness of various health issues, including early detection of breast cancer. One effective early detection method is BSE (Breast Self-Examination). BSE is a breast examination carried out by women themselves to detect abnormalities in the breasts as early as possible.

Good knowledge of BSE is expected to improve the ability of women of childbearing age to detect changes or abnormalities in their own breasts. Research by (Sinaga, 2020) shows that women who have good knowledge of BSE are more likely to perform breast examinations regularly compared to those with low knowledge.

The importance of leaflet-based health education about BSE makes it easier for respondents to carry it out is also related to efforts to prevent breast cancer. With early detection through BSE, the likelihood of successful breast cancer treatment is higher, so that it can reduce the death rate from this cancer. According to the American Cancer Society, early detection of breast cancer increases the chances of recovery by up to 99% in the early stages (Yusran & Iriyanti, 2022).

### **Preliminaries or Related Work or Literature Review**

Studies conducted in several regions in Indonesia show that only around 30-40% of women of childbearing age know how to do BSE correctly, and only around 20-30% do it routinely every month (Hastuti, 2020). Based on data from the Tarailu Health Center, Mamuju Regency, in 2024 there were 87 women of childbearing age who did not understand health education about BSE, so it is very important, considering the low level of knowledge of women of childbearing age about BSE. Effective health education is expected to increase the

knowledge of women of childbearing age in doing BSE routinely. Based on a preliminary study, it was obtained that in 2024 there were 4 cases of breast cancer, so it is urgent for researchers to prevent it by providing health education about BSE early.

### Proposed Method

The research method used is quantitative research using a Quasi Experimental research design and a "One Group Pretest-Posttest" research design using a purposive sampling technique with a sample of 46 respondents. This research was conducted on October 2-December 30, 2024.

## 2. RESULTS AND DISCUSSION

The study was conducted by first distributing questionnaires to respondents as a pre-test then providing health education about being aware of increasing knowledge in WUS after that the questionnaires were distributed again with the same questions as a post-test. The data was then processed to be processed by editing, coding, scoring and tabulating. Then the frequency and percentage were determined in the form according to the variables that had been determined. The results of data processing from this study are as follows:

**Table 1 Distribution of Respondents Based on Level of Knowledge Before Being Given Leaflet-Based Health Education**

No	Pre-test Level of Knowledge	n	%
1	Good	12	26.0
2	Not Enough	34	74.0
<b>Total</b>		<b>46</b>	<b>100.0</b>

Based on table 1, it is known that from a total of 46 respondents, the distribution of knowledge levels before being given health education was grouped. There were 12 (26.0%) respondents with Good knowledge, while 34 respondents had Poor knowledge.

**Table 2 Distribution of Respondents Based on Level of Knowledge After Being Given Leaflet-Based Health Education**

No	Post-test Level of Knowledge	Jumlah	%
1	Good	31	67.3
2	Not Enough	15	32,7
<b>Total</b>		<b>46</b>	<b>100.0</b>

Source: Primary Data 2024

Based on table 2, it is known that from a total of 46 respondents, the distribution of knowledge levels was grouped after being given health education. 31 (67.3%) respondents had good knowledge, while 15 (32.7%) respondents had poor knowledge.

**Table 3 Results of the Paired T-test Statistical Test of the Effect of Leaflet-based Health Education on Awareness on Increasing Knowledge in WUS**

Knowledge level category	Mean	Standar Deviasi	T	p-value
Pretest	0.26	0.443	-5.182	0.000
Posttest	0.67	0.473		
<b>Source: Paired T Test</b>				

Table 3 shows that the knowledge of WUS before being given health education, the Mean result obtained was 0.26 and after education, the Mean result obtained was 0.67. Based on the paired sample t-test, the T value was -5.182 with a p value of 0.00 <a. 0.005. This shows that  $H_0$  is accepted that there is an effect of health education about Sadari on increasing knowledge in Women of Childbearing Age in the Tarailu Health Center Work Area, Mamuju Regency in 2024.

From the results of the study, data on the level of knowledge of respondents before and after being given health education increased from 12 (26.0%) to 31 (67.3%). This was because during the study, respondents were seen to be serious when the health education process was carried out, they were seen enthusiastically following the entire series of health education, in addition, it turned out that there were several respondents who had not received previous information so that many of the respondents asked about the BSE material provided, so that it became one of the supporting factors for the success of the health education provided. This is in accordance with the opinion of Ratna (2020) who stated that counseling affects women's knowledge about BSE as an early detection of breast cancer and in accordance with the theory put forward by Bloom which states that a person's knowledge is part of the "cognitive domain" namely knowing (know), understanding (comprehension), application (application), analysis (analysis), synthesis (Synthesis), and evaluation (evaluation). Knowledge or cognitive is also a very important domain in shaping a person's actions (over behavior). Knowledge will shape behavior which is the outcome of the learning process.

In this study, there is still a lack of knowledge about BSE. The researcher assumes that this could be caused by several things, including a person's experience factor that influences a person's knowledge and depends on a person's memory when filling out the questionnaire. Understanding is not just knowing the information but also being able to interpret it well and correctly. Therefore, even though respondents have received information about BSE but respondents do not perform sensing properly, this means that the respondents' understanding is not good.

Through this health education, it is expected to be able to provide information to respondents in their role as women who can perform BSE (every month) as an early detection of breast cancer. Moreover, respondents in this case are women of childbearing age so that they can perform BSE as early as possible.

The results of this study can provide us with an overview that knowledge increased after being given health education about BSE. This is evidenced by the results of the paired T statistical test conducted to determine the effect of health education on respondents. Where the paired t test obtained a p value of 0.000, the p value is less than 0.05 ( $p \text{ value} \leq \alpha$ , where  $\alpha$ , where  $\alpha = 0.05$ ), then the decision is  $H_a$  is accepted and  $H_0$  is rejected which means there is an increase in respondent knowledge after being given education about BSE. The results of this study are supported by Asni's research (2022) which states that there is an effect of health education on anxiety levels in pre-operative clients.

From the description above, the researcher assumes that out of 40 respondents, before being given health education, there were 12 respondents whose level of knowledge was good, this was due to work factors, because respondents who worked as housewives had less information, and those whose level of knowledge was lacking were 34, this was due to the lack of information obtained, while the level of knowledge after being given counseling, there were 31 respondents with a level of knowledge, where this was due to the education factor, where the higher a person's level of education, the easier it would be to understand the information they received when compared to people with low education.

## **CONCLUSIONS**

Based on the results and objectives of the study on the influence of health education about BSE on increasing knowledge in women of childbearing age in the Bulawa Health Center working area, Bone Bolango Regency, the researcher concluded that Ha was accepted and Ho was rejected, meaning that there was an influence of health education about BSE on increasing knowledge in women of childbearing age.

## **REFERENCES**

- Al-Gburi, A. S. A., & Alwan, N. A. S. (2019). Correlation between breast self-examination practices and demographic characteristics, risk factors, and clinical stage of breast cancer among Iraqi patients. *Open Access Macedonian Journal of Medical Sciences*, 7(19), 3216–3220. <https://doi.org/10.3889/oamjms.2019.805>
- Aseri, N. F. W., Nulhakim, L., & Siregar, N. (2023). Pengaruh pendidikan kesehatan tentang sadari terhadap pengetahuan, sikap, dan keterampilan wanita usia subur di Desa Silva Rahayu tahun 2023. *Aspiration of Health Journal*, 1(4), 618–628. <https://doi.org/10.55681/aohj.v1i4.226>
- Atriana Yuri Saputri, N. A. Fauziah, A. F. Fabella, C. Ardila, D. Dalina, D. Arisyah, F. R. Kusuma, M. Kurnia D., & H. Febriyanti. (2024). Peningkatan pengetahuan wanita usia subur tentang SADARI. *SELAPARANG: Jurnal Pengabdian Masyarakat Kemajuan*, 8(1), 890–896.
- Azkiya, F., & Fairuza, F. (2023). *Jurnal Ilmiah Kesehatan Delima*, 3(2), 45–51. <https://doi.org/10.60010/jikd/v4i1.58>
- Cane, P. S., Joharsah, J., & Lestari, F. (2021). Pengetahuan dan sikap tentang kanker payudara dengan tindakan sadari wus di kecamatan Lawe Bulan Aceh Tenggara. *Jurnal Maternitas Kebidanan*, 6(2), 57–65.
- Dewi, T. K., Ruitter, R. A. C., Ardi, R., & Massar, K. (2022). The role of psychosocial variables in breast self-examination practice: Results from focus group discussions in Surabaya, Indonesia. *Psycho-Oncology*, 31(7), 1169–1177. <https://doi.org/10.1002/pon.5905>
- Elis, A., Maryam, A., & Mustari, R. (2021). Eksklusif dan perawatan payudara dalam upaya. *JMM (Jurnal Masyarakat Mandiri)*, 5(4), 1–8.
- Erica, E. N. A., & Putri Azzahroh. (2022). Analisa perilaku pemeriksaan payudara sendiri pada wanita usia subur (WUS). *Jurnal Kebidanan*, 11(2), 79–87. <https://doi.org/10.35890/jkdh.v11i2.197>

Fernandez, N. C., Alang, E. L., & Satiti, D. A. D. (2023). Gambaran pengetahuan wanita usia subur tentang pemeriksaan payudara sendiri (SADARI) di wilayah kerja Puskesmas Oesapa tahun 2023. *DIAGNOSA: Jurnal Ilmu Kesehatan dan Keperawatan*, 1(2), 198–207.

Hastuti, P. (2020). Pengaruh penyuluhan tentang sadari terhadap peningkatan pengetahuan pada ibu-ibu kader kesehatan di Dusun Bangmalang Pendowoharjo Sewon Bantul. *Jurnal Kebidanan Khatulistiwa*, 6(2), 56. <https://doi.org/10.30602/jkk.v6i2.559>