

Get to Know SADARI Better

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Article Info

Article history:

Received April 6, 2025

Revised April 22, 2025

Accepted May 18, 2025

Keywords:

Breast Cancer

SADARI

Early Detection

Knowledge

ABSTRACT

Breast cancer, also called mammary carcinoma, is a type of cancer that can affect both women and men. Breast cancer develops in the mammary glands, fatty tissue, and connective tissue of the breast. Until now, breast cancer is still a frightening specter, especially for women, because breast cancer is one of the malignant tumors that can lead to death. The risk level of cancer and breast cancer is the same. It's just that the number of breast cancer patients is higher (around 90%) than that of breast cancer patients. This community service activity is conducted in three stages, beginning with the initial assessment to determine the level of knowledge among female students. This is followed by interactive health counseling on Early Detection of Breast Cancer, titled "Get acquainted with SADARI," which utilizes PowerPoint presentations, videos, and phantoms for simulation. This activity will conclude with a question-and-answer session and a post-test evaluation using Google Forms.

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INTRODUCTION

Breast cancer, also called mammary carcinoma, is a type of cancer that can affect both women and men. Breast cancer develops in the mammary glands, fatty tissue, and connective tissue of the breast. Until now, breast cancer is still a frightening specter, especially for women, because breast cancer is one of the malignant tumors that can lead to death. The risk level of cancer and breast cancer is the same. It's just that the number of breast cancer patients is higher (around 90%) than that of breast cancer patients. (Kusumawaty et al., 2021)

According to the WHO report in 2011, the number of women, especially adolescents, who have breast cancer reached 1,150,000 people, of which 700,000 lived in developing countries, including Indonesia. Data from Dharmais Cancer Hospital in 2018 shows that the highest number of cancer cases is breast cancer at 19.18%. (Pangribo, 2019) It is estimated that breast cancer cases will continue to increase until 2030, reaching 26 million people, and 17 million people will die from it. Breast cancer has the highest number of deaths after neck cancer, with 231,840 cases diagnosed with breast cancer, and 40,290 women diagnosed with breast cancer. (Hamid & Elektrina, 2023)

For this reason, to prevent breast cancer in women, especially in adolescence, it is necessary to do SADARI. This method is also used for the early detection of breast cancer. Still, not all women are unwilling to practice it, and only two-thirds of women practice it, even then, only once a year. One-third of these women want to practice every month, while the other half do it well. (Siregar, 2022)

Improving self-awareness is crucial for maintaining a healthy women's health status. Self-awareness is the ability to recognize and understand the situation that occurs, knowing the normal limits that need to be maintained, and thinking to manage the emotions felt so that one's behavior remains within the standard threshold. When a person is self-aware, they are more likely to change and control their health behavior. (Rahmat & Purwarini, 2023)

According to Notoatmodjo, knowledge is a series of processes resulting from knowing, which occurs when someone senses a particular object. (Notoatmodjo, 2010) Sensing can occur through the five senses that humans have, namely the senses of hearing, vision, smell, touch, and taste. Humans acquire most knowledge through the results of sensory perception, such as sight and hearing. Knowledge is the most critical component in the realization of a behavior. Based on experience and research, it has been proven that behavior grounded in good knowledge is more lasting than behavior that is not. (Sihite et al., 2019)

Health education about SADARI in adolescent girls can increase their knowledge and awareness of the condition. Health education also has a positive influence because the more positive aspects obtained, the more breast cancer prevention behavior will arise, namely by SADARI. (Manila et al., 2021)

A lack of knowledge about breast self-examination (SADARI) will result in a reduced attitude of anxiety towards breast self-examination efforts (SADARI). Conversely, a less anxious attitude towards breast self-examination efforts (SADARI) will make a student more enthusiastic. They have weak actions in early detection for breast cancer prevention. (Purwarini & Utami, 2024)

Therefore, the author wants to increase the awareness of adolescent girls about activities related to SADARI, which aims to maintain reproductive health and conduct early detection of breast cancer.

The reason young women do not always perform SADARI is also because many Indonesian adolescents are not yet sensitized to the idea of breast care in terms of early detection of breast cancer. They are more sensitive to pimples that appear on the face, changes in body shape, and hairstyle than to symptoms of breast cancer, and this is also driven by a lack of information and desire to learn about breast cancer prevention. Lack of knowledge about breast self-examination (SADARI) will result in a less anxious attitude towards breast self-examination efforts (SADARI), a less anxious attitude towards breast self-examination will encourage a student to refuse and not want to get information about early detection of breast cancer. Based on the formulation of the problem above, it is hoped that health education and simulations regarding breast self-examination (SADARI) can be provided to SMK students, enabling them to increase their knowledge and awareness related to SADARI as a monthly routine in their lives, thereby facilitating early detection.

METHOD

This community service activity is conducted in three stages, beginning with the initial assessment to determine the level of knowledge among female students. This is followed by interactive health counseling on Early Detection of Breast Cancer, titled "Get acquainted with SADARI," which utilizes PowerPoint presentations, videos, and phantoms for simulation. This activity will conclude with a question-and-answer session and a post-test evaluation using Google Forms.

RESULTS

Community service activities were carried out smoothly on January 31, 2025, from 09:00 to 11:00 WIB. The activity was held at the Auditorium of SMK Hutama Pondok Gede. The number of students who attended the health counseling session was 51. The activity began at 09.00, which was opened with an introduction from the school, presented by the BP Teacher and the Curriculum Section. After that, the participants were directed to fill out a pretest via Google Forms <https://bit.ly/3WAFHMC>.

Baharika Sudi Dwi Aningsih, S.Keb, Bd, M.Keb delivered the first material. This material explained puberty, physical changes, and several ways to maintain women's reproductive health. When the material was delivered, the participants looked very enthusiastic and asked several questions throughout the presentation. The majority of participants said that they began to experience changes as stated by the speaker, including physical changes experienced and complaints that usually occur in adolescents, including menstrual pain. During the discussion, many participants shared tips on coping with the physical and psychological changes that occur during puberty.

Ns Justina Purwarini, M.Kep., Sp.Mat., DNSc delivered the second material. This material describes the definition, benefits, and how to perform SADARI. When the material was delivered, the participants looked very enthusiastic and asked several questions throughout the presentation. The majority of participants reported that they began to experience changes as stated by the speaker, and they were very enthusiastic about attempting to carry out the SADARI examination.

Table 1. Distribution of Participants by Class

No	Class	Distribution	
		f	%
1	X	11	21,56 %
2	XI	21	41,17 %
3	XII	19	37,25 %

Based on Table 1, it is known that the counseling was attended by female students only. Fifty-one students participated in this activity, divided into three classes: Class X, with 11 participants (21.56%); Class XI, with 21 participants (41.17%); and Class XII, with 19 participants (37.25%).

Table 2. Distribution of participants by age

No	Age	Distribution	
		f	%
1	12-15	8	15,68 %
2	16-18	41	80,39 %
3	>18	2	3,92 %

Based on Table 2, it is evident that the characteristics of participants vary by age. Fifty-one students participated in this activity, with participants aged 12-15 years comprising eight individuals (15.68%), those aged 15-18 years comprising 41 individuals (80.39%), and those aged 18 years or older comprising two individuals (3.92%).

Table 3. Knowledge Distribution Before and After Counseling

No.	Knowledge	Highest Score	Lowest Score	Average Value
1.	Pretest	65	30	50
2.	Posttest	100	80	100

From the evaluation results of 51 participants who filled out the post-test, it was found that there was an increase in knowledge among the participants after being given information related to SADARI. Thus, this counseling can enhance participants' understanding. Participants said that they had never received education on reproductive health topics and had read from other media, but had never received material about SADARI. This indicates that the education provided by the lecture method, supplemented with PowerPoint and discussion, was effective in increasing the participants' knowledge. This aligns with numerous studies that demonstrate a significant relationship between knowledge and health education.

Based on the test results, it was found that there was an increase in the average knowledge value before and after counseling, as well as an increase in the interest of WUS in conducting early detection of breast cancer with SADARI. It was found that the average value of WUS before counseling was 60.6, and the average value after counseling was 96.9. In addition to increasing knowledge about breast cancer, the interest of WUS in conducting early detection of breast cancer with SADARI also increased.(Andini et al., 2025)

Adolescent girls aged 9-15 years are adolescents who have entered puberty, which is the occurrence of body changes in an adolescent. One of these changes is characterized by enlarged breasts, which occur hormonally. Adolescents who have experienced puberty are at very high risk of developing breast cancer, so they must be given health education about SADARI to prevent breast cancer. Adolescent girls aged 15 years fall into the category of middle adolescence, characterized by high curiosity. At that age, they can absorb the information provided, especially in terms of reproduction, and discover every change that has occurred since experiencing puberty. Because their curiosity is very high, when given information, they will be more enthusiastic and apply it as much as possible in their daily lives. Information about reproductive health is essential for adolescents because it can enhance their knowledge in this area.

These results are also in line with Marfianti (2021), which states that there is an increase in knowledge about breast cancer and the SADARI examination among mothers in Semutan Jatimulyo Dlingo Hamlet after attending education and training. This illustrates that the activities of providing education and training offer significant benefits to mothers in Semutan Jatimulyo Dlingo Hamlet, thereby increasing awareness of SADARI behavior among mothers. According to pr, previous research, SADARI behavior is influenced by several factors, including the level of knowledge, availability of information, and accessibility of health services.(Marfianti, 2021) Several factors, including education, age, interests, culture, the surrounding environment, and access to information, can influence a person's knowledge.(Pratama, 2020)

Counseling is a form of health education to increase knowledge. Health education can be conducted through various methods, one of which is the lecture method. A lecture is a speech delivered by a speaker to a group of listeners. This method is suitable for both highly educated and less educated facilities. The lecture method is a way of presenting learning material through oral narration. The advantage of this method is that it is well-suited for targets with high and low educational backgrounds, does not require complicated preparations, and can be conducted simply by preparing the classroom and seating for the audience. (Andini et al., 2025)

This is in line with research conducted by Lestari et al., 2021 there is a significant relationship between health education using leaflet media in increasing student knowledge with a pvalue of $0.000 < 0.05$ with the results of this study there is an average value before being given a leaflet of 8.6 and after being given a booklet of 11.1. (Lestari et al., 2021)

Good knowledge about SADARI is essential for adolescent girls because knowing about SADARI is one of the reasons that causes teenage girls to apply SADARI as a routine habit to detect breast cancer early. Knowledge is the result of knowing, and this occurs after people have sensed a particular object. The intensity of attention has a significant influence on the perception of an object. (Sugarni, 2025) According to Rika Agustina et al. (2023), increasing adolescents' knowledge about breast self-examination is more effective if health education is carried out regularly. Several factors, such as the environment and the provision of health education, influence increased knowledge. (Agustina et al., 2023).



CONCLUSION

Community service in collaboration with SMK Hutama Pondok Gede was a success. The students who participated in the counseling activities numbered 51. Counseling material provided interactively includes knowledge about physical changes in adolescents and the SADARI examination.

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