

## BREAST CANCER EARLY DETECTION TRAINING THROUGH CORRECT SADARI AND SADANIS TO MIDWIVES AND NURSES

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### ABSTRACT

*Breast cancer ranks first in terms of the number of cancers in Indonesia and is among the first contributors to cancer deaths. This is because 70% of the cases are detected at an advanced stage. After finding a lump in her breast, a patient does not necessarily see a doctor immediately. The cause of the problem is the lack of public knowledge about breast cancer. Therefore, prompt efforts are needed to solve this problem. Training for health workers, including midwives and nurses, in direct contact with the community regarding early detection and breast cancer therapy is essential. The hope is that midwives and nurses will become breast cancer health cadres through counseling, early detection, and treatment in the community. The results of this activity are increased knowledge among midwives and nurses about breast cancer, its early detection, and early treatment, which correlates with decreased delays in treatment.*

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### INTRODUCTION

Breast cancer ranks first regarding the highest number of cancers in Indonesia and is one of the first causes of death from cancer. According to Globocan data for 2020, the number of new breast cancer cases reached 68,858 (16.6%) of the total 396,914 new cancer cases in Indonesia. Meanwhile, the number of deaths reached more than 22 thousand, because 70% of the cases are detected at an advanced stage.<sup>1</sup>

In addition to the high mortality rate, the late treatment of cancer patients causes an increasingly excessive financial burden. For example, in 2019-2020, cancer treatment consumed BPJS financing of

approximately 7.6 trillion rupiahs.<sup>2</sup> The high rate of breast cancer in Indonesia is a priority for the government to handle. Indonesia's National Breast Cancer Management Strategy includes health promotion, early detection, and case management. In detail, the three pillars target 80% of women aged 30-50 years to be detected early in breast cancer, 40% of cases diagnosed at stages 1 and 2, and within 90 days to get treatment.<sup>3</sup>

Concerning the industrial sector, many industries have a majority of female workers. Workers who have breast cancer will undoubtedly disrupt production due to lengthy treatment. Moreover, breast cancer

is detected at an advanced stage, and recovery treatment is complex and requires a lot of money, which certainly affects the company's finances. Therefore, company health workers periodically conduct SADANIS is clinical Breast Examination carried out by health workers. In addition, they also encourage female workers in the company to do SADARI is breast examination that can be done by yourself.<sup>4</sup>

Because many people are reluctant to see a doctor when they notice a lump in their breasts, societal knowledge of breast cancer is still lacking. Most people seek alternative treatments or herbal remedies that do not apply to the guidelines. When they visit the doctor, they are already in an advanced stage.<sup>5</sup>

According to observations, midwives and nurses are the health workers most familiar with the community. As a result, the community service program aims to increase the knowledge of midwives and nurses, hoping the midwives and nurses will disseminate breast cancer knowledge.<sup>6</sup> In addition to understanding breast cancer and early detection, early therapy is also critical. Therefore, it is necessary to improve SADARI and SADANIS skills for early detection. This is significant because incorrectly performing SADARI or SADANIS cannot detect early-stage or stage 1 breast cancer.<sup>7</sup>

With the expectation of increasing knowledge and correct early detection techniques, midwives and nurses can socialize SADARI with the community and do SADANIS correctly to detect breast cancer as early as possible and immediately make referrals for further diagnostic processes.

## MATERIALS AND METHODS

The implementation method to become a solution was started with a focus group discussion between researchers and the management of Haji Surabaya Hospital by looking at the number of breast cancer cases admitted at Haji Hospital in an advanced stage. Formulating problems and finding solutions included forming health cadres for early detection and early breast cancer therapy. The first target was midwives and nurses, who will become health workers in the early detection and treatment of breast cancer.

The next step was to increase knowledge about breast cancer, early detection, and early therapy through seminars. Then, training on the correct SADARI and SADANIS was performed to detect breast cancer early.

The method used was providing learning and training for midwives and nurses to increase knowledge about breast cancer and to improve skills about SADARI and SADANIS. It was hoped that midwives and nurses, who are health workers at the forefront of early detection and treatment of breast cancer, could become facilitators of learning in the community.

## RESULTS

This community service activity was conducted on March 20, 2023, at the Hajj Hospital of East Java Province. This activity was carried out offline for 120 minutes. This activity was attended by 31 health workers, midwives, and nurses from Haji Surabaya Hospital, Surabaya, Indonesia. All participants were female, between the ages of 35 to 55. Female midwives and nurses are expected to be the

drivers of early detection of breast cancer in the work environment and the community.

Thirty-one people completed the pre-test and post-test questionnaires and then recapitulated them. Statistical tests were run to determine the mean scores and whether there was a significant difference in awareness. The recapitulation results revealed a 28% increase in scores from the pre-test to the post-test. The statistical analysis findings showed a significant difference in the average value of participants after education ( $p < 0.05$ ).



**Figure 1. Early detection and therapy of breast cancer**

**Table 1. Questionnaire results of community service participants**

	Pre-test Questionnaire	Post-test Questionnaire
Mean	74.68	95.62
Lowest Score	50	70
Highest Score	100	100

## DISCUSSION

The results of the breast cancer seminar and training on proper SADARI and SADANIS are significant for health workers to improve breast cancer treatment. This seminar and training emphasized the importance of early detection and early therapy. There has been a lot of counseling and training on SADARI and SADANIS, but less focus on the importance of early therapy. Therefore, many women have been able to find the presence of breast cancer in

their bodies. However, they do not see a doctor immediately due to various reasons, such as fear of surgery, chemotherapy, and the embarrassment of knowing the presence of the cancer. It is proven that 70% of breast cancer cases come to the doctor in an advanced stage, which certainly affects the success of the therapy and the prognosis of the disease. So, in the seminar and training, there was an emphasis on the importance of early treatment through increased knowledge about breast cancer.<sup>8,9,10</sup>

The findings were consistent with existing literature that indicates barriers to breast cancer detection are attributed to a number of complex but interacting factors, including low knowledge, beliefs, and inaccessibility to health facilities.<sup>11</sup> Barriers to early detection of breast cancer are complex and go beyond individual behaviors.<sup>12</sup> Early detection is critical to breast cancer survival.<sup>13</sup> When breast cancer is detected and treated early, the chances of survival are very high. However, women in many settings face complex barriers to early detection, including social, economic, geographic, and other interrelated factors.<sup>14</sup>

Screening for breast cancer has been widely promoted, especially in high-income countries (HICs), to reduce the disease's burden.<sup>15</sup> There remains uncertainty about the effectiveness of clinical breast examination (CBE) and there are also conflicting recommendations regarding its usefulness as a screening tool for breast cancer.<sup>16</sup> While mammography is the established screening tool in developed countries, the appropriate screening modality for low and middle-income countries remains undetermined.<sup>17</sup> A difference of opinion was present on whether CBE was necessary to complement mammography in the target age group.<sup>18</sup>

The findings from the seminar and training were considerable for compensating inadequate knowledge, unfavorable attitudes, and poor practice towards BSE among women.<sup>19</sup> Evidence suggests that getting regular physical activity, staying at a healthy weight, limiting the amount of alcohol consumed, avoiding the use of postmenopausal hormone therapy, breastfeeding, eating more fruits and vegetables, and eating fewer animal fats are linked with many health benefits and a lower risk of breast cancer.<sup>20</sup>

The community service team has provided seminars on breast cancer, early detection and early therapy, and training on SADARI and SADANIS correctly. It was hoped that health workers, trained midwives, and nurses would be able to counsel the community in the work environment or through community social activities such as PKK, *Dharma Wanita*, or directly involving the families. In addition, the trained midwives and nurses would also be able to teach the community, especially mothers, to do SADARI correctly. The trained midwives and nurses would conduct SADANIS for early detection of breast cancer in the community as well.

## CONCLUSION

Educational activities regarding SADARI and SADANIS carried out at RSU Haji Surabaya, Indonesia for midwives and nurses at the hospital were successful and received a positive response. In addition, based on the outcome of comparing pre-test and post-test scores, there was an increase in participants' understanding of the importance of breast cancer early detection with routine and

periodical SADARI and the importance of early therapy with SADANIS.

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## CONFLICT OF INTEREST

All Authors have no conflict of interest

## AUTHOR CONTRIBUTION

All authors have contributed to all processes in this research, including preparation, data gathering, analysis, drafting, and approval for publication of this manuscript.

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