

INFLUENCE OF DIRECT INSTRUCTIONAL TRAINING MODEL ON KNOWLEDGE AND SKILLS OF AGE WOMEN ABOUT THE SIGNIFICANT BREAST SPEEDING (BSE) IN THE WORKING REGION OF THE HEALTHY PUSKESMAS PADANG CITY

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ABSTRACT

Breast cancer cases in women every year an increase. According to WHO 8-9 percent of women have breast cancer. In Indonesia RISKESDAS survey results in 2013 of 1.4 per 1000 people suffer from breast cancer. While in the working area of Pauh health center in 2014 occurred 12 cases, in 2015 there were 15 cases and in 2016 increased again to 19 cases and in January and February 2017 there were 8 new breast cancer sufferers. One attempt to detect early incidence of breast cancer cases is to perform Breast Self Examination (BSE). The purpose of this study is to describe the Influence of Direct Instructional Model Training on Knowledge and Skills of Women of Child Age about Breast Self-Examination (BSE) in Working Area of Puskesmas Pauh Padang City. This Research Types Experiments. This research uses quasi experimental design design with pre-post test group design approach with control group. The study was conducted in May 2018. The population in this study were all women of childbearing age in the working area of Pauh Padang health center. The number of samples were 60 respondents, done by Purpose Sampling technique where the intervention group (n = 30) and control group (n = 30). The instruments used are test sheets and questionnaires, statistical tests using t-test. The results showed that there were differences in knowledge and skills of women of childbearing age to realize after being given direct instructional training (p = 0.000). Direct instructional training can improve the knowledge and skills of women of childbearing age. It is hoped that women of childbearing age may pass on knowledge and skills about Breast Self-Examination (BSE), so that breast cancer symptoms can be detected early on without the help of medical personnel.

Keywords: Knowledge, Skills, Direct Instructional

PRELIMINARY

Cancer is a disease with a fairly high prevalence in the world. The top five cancers in the world are lung cancer, breast cancer, colon cancer, gastric cancer, and liver cancer. In detail, the

World Health Organization (WHO) reports that the prevalence of cancer cases is as follows: lung cancer 1.59 million cases, liver cancer 745,000 cases, stomach cancer 723 000 cases, colorectal cancer 694. 000 cases, breast cancer 521,000 cases, and esophageal cancer 400,000 cases. The prevalence estimate for 2012 shows that there are 32.6 million people (over 15 years of age) living who have had a cancer diagnosis within the preceding five years (IARC, 2013). This suggests that the importance of detecting cancer early, for a better prognosis. Breast cancer is a malignancy derived from glandular cells, glandular and breast tissue support channels, excluding the breast skin of MOHRI (2009). Breast cancer is a malignant tumor that grows in breast tissue, in the form of a lump or a single mass often present in the quadrant region over the outside, this lump is hard and irregular shape and can be moved

Surveys have been done WHO states that 8-9 percent of women have breast cancer. According to the Center for Data and Information Ministry of Health, cancer is one of the main causes of death worldwide. In 2012, about 8.2 million deaths are caused by cancer (Anonymous, 2014). Globocan International Agency for Research on Cancer (IARC) (2012) reported 14.1 million new cases of cancer, of which 8.2 million deaths from cancer and 32.6 million people were living with cancer (within 5 years of diagnosis) in the year 2012 around the world. Breast cancer is the most common cancer in women with an estimated 1.67 million new cases of cancer diagnosed in 2012 representing 25 percent of all cancers.

Breast cancer is the most commonly diagnosed cancer in women worldwide, with more than 1.5 million cases reported in 2012. Although breast cancer appearances are higher in developed countries due to demographic trends, the incidence is increasing in most African and Asian countries. The incidence of breast cancer is increasing rapidly in Asia. In China and India, breast cancer rates have increased by 30% over the past 10 years, while in Japan, Korea and Singapore, the incidence rate has doubled or even tripled in the last few decades. In Malaysia, breast cancer is the most commonly diagnosed cancer among women of all ethnic groups. It accounts for 31% of newly diagnosed cancer cases in women. The peak age of breast cancer presentations for Malaysian women is between the ages of 40 and 49 years compared with the age of 50 and 59 in the West (Daliana, 2014).

Breast Self-Examination (self-examination) is an action that can be done alone, does not require a fee, but there are still many women of childbearing age who have not done so because many who still do not know about Breast Self Examination (BSE) and very difficult to invite for inspection BSE because women of childbearing age still embarrassed to do Breast Self Examination (BSE) and also no time to do so Breast Self Examination (BSE)(Vetter et al., 2016)

The number of cases of breast cancer can be caused by lack of understanding and breast cancer, not knowing the signs and symptoms of breast cancer can lead to a lack of prevention of the disease. The American Cancer Society has established screening guidelines for asymptomatic women, whose Breast Self-Check (SADARI) should be performed by every woman starting every 20 years, and mammography should be done every woman from 35 years of age at least once a year. Almost 85% of the disturbances or bumps are found by the patient himself by the examination correctly. With regard to the skills in Breast Self-Examination (SADARI) of the 10 questionnaires given in general women of childbearing age do not yet have the knowledge and skills in Breast Self-Examination (BSE), as there is nothing they can sample or guide in Breast

Self-Examination (BSE) if you feel ill usually women of childbearing age directly check the hospital (the spread of kuisoner in women of childbearing age 19 January 2018).

According to Yustiana Olfah (2013: 73) Realize is a breast self-examination that aims to megetahui no tidknya cancer in the female breast. This examination is done by using a mirror and done by women aged 20 years and over. Breast Self-Examination (BSE) plays an important role in the discovery of early-stage breast cancer. Breast cancer treated at an early stage may recover close to 95%. One effort that can be done for early detection of breast cancer is by performing Breast Self Examination (BSE) (Mohammad FA, Bayoumi M, Megahed MM, 2013). In fact, more early-stage breast cancer can be detected by breast self-examination (Kratzke, Amatya, & Vilchis, 2014). The efforts of young women in the prevention of early breast cancer is influenced by the knowledge of young women on how to perform Breast Self Examination (BSE)(Kamimura et al., 2016). Breast cancer is also called Ca Mamae is the growth of uncontrolled breast cells due to abnormal changes of genes that play a role in cell division. Breast cancer is still a problem because it is a type of cancer that the highest incidence rate in Indonesia. Pada 2010 incidence of breast cancer 711 cases, in the year 2011 the incidence of breast cancer 769 cases, in 2012 the incidence of breast cancer 809 cases, and in 2013 the incidence of breast cancer 819 cases (Early Detection and Health Promotion of Dharmais Cancer Hospital, 2010-2013).

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Counseling of Breast Self Examination (SADARI) conducted by Puskesmas Pauh has not been run effectively, because the program runs when the officers give counseling, and even then held 6 months, the factors that cause not run the program lack of community participation during the execution of counseling, the three officers provide counseling many came to follow the counseling. Breast Self-Examination is considered as the least expensive, safe and simple and important in detecting because about 75-85% of lumps in the patient's breast is found at the time of breast self-examination (Supriyanto, 2010). Recommended for many years, regular BSE practice every month in many countries is still low. A study in Iran found only 7.6% of women in Iran are practicing BSE every month on a regular basis (Noroozi et al, 2010). In Turkey, 51% of women do not practice BSE and only 5% do BSE every month on a regular basis (Nachivan et al, 2007).

According to Kuhn, Rosenshine & Stevens quoted by Eggen Kauchak 2012, the direct instruction model is a model that uses teacher demonstrations and explanations coupled with student exercises and feedback to help them gain real knowledge and skills needed for learning further. Arends (2001, p.264) also says the same thing: A teaching model that is aimed at helping students learn basic skills and knowledgethat can be taught in a step-by-step fashion. For our

purposes here, the model is labeled the direct instruction model. This direct instructional model is specifically designed to support students' learning processes related to well-structured procedural and declarative knowledge, which can be taught in a gradual, step-by-step pattern of activity. The same thing is proposed by Arends (2001, p.66) that: The direct instruction model was specifically designed to promote student learning of knowledge and declarative knowledge that is well structured and can be taught in a step-by-step. The fundamental thought of the direct teaching model is that students learn by observing selectively, recalling and imitating the teacher's behavior. The direct instruction teaching model emphasizes the declarative approach with emphasis on conceptual learning process and motor skills. Direct instruction teaching model creates a more structured learning atmosphere. The direct teaching model involves five stages or phases, namely: orientation phase, presentation / demonstration phase, structured training, guided training, and self-training (Susiana, Wening, &2015.)

The advantages of the Direct Instructional learning model is an effective teaching approach to physical or biological science, this learning method is able to provide consistent and supportive improvements in the development of motoric probability. Direct Instructional skills development of women of childbearing age as well as potential to increase the interaction between the students. Direct Instructional learning method also gives satisfaction to the planting of the concepts of the taught material (Todd, Begona, and carol, 2016). Direct Instructional can be applied effectively in small groups as well as large groups, it can be used to emphasize the difficulties encountered during the training process so that women of childbearing age can perform breast self-examination (BSE), in which case a module can be used women of childbearing age in breast self-examination (BSE) in accordance with the important phases that is at the beginning of the lesson, the trainer explains in advance the objectives and background of learning new material by reminding the abilities that women of childbearing age have then continued with the presentation of the material and demonstrating about the Breast Self-examination material (BSE), then the trainer gives opportunity to woman of child-bearing age to do the exercises and give feedback on the success of the cadre, in this phase the cadre is given the opportunity to relearn (Suyanto, 2013).

Knowledge is the result of "knowing" and it occurs after people have sensed a particular object. Renting of objects occurs through the five senses of the eyes of vision, hearing, smell, taste and touch with its own. At the time of sensing to produce such knowledge sangant influenced by the intensity of attention persebsi to the project. Much of human knowledge is obtained through the eyes and ears according to A Wawan and Dewi M in Notoatmodjo (2010: 11). The general objective of this study is to describe the Influence of Direct Instructional Model Training on Knowledge and Skills of Women of Child Age About Breast Self-Examination (BSE) In Puskesmas Puskesmas Working Area Padang City.

RESEARCH METHODS

This research uses the research design "Quasi Experimental Pre-Post Test With Control Group" with direct instructional intervention. This research was conducted to know the knowledge and skill of woman of fertile age before and after given perlakuan in the form of training with direct instructional technique. The population that met the criteria in this study were all women of childbearing age in the working area of Puskesmas Puskesmas Padang Padang. The sample is part of the population that is the most basic unit of data collected (Polit & Back, 2012). This research was conducted in the working area of Puskesmas Pauh Padang. This

study commences from January to April 2018. This study should also comply with some ethical principles and the provision of informed consent in women of childbearing age prior to the study. Data collection tool in this research using instrument: questioner and observation sheet. This univariate analysis aims to describe each of the variables studied. Bivariate analysis was conducted to test the research hypothesis that is Comparative analysis of knowledge and skill of intervention group and control group before and after training direct instructional model using t-test

RESEARCH RESULT

A. An overview of knowledge before and after direct intervention intervention in women of infertile age in Puskesmas Puskesmas working area Padang

Variable knowledge of women of childbearing age before and after given training of direct instructional dapat seen in tabel 1 following.

Table 1
 Distribution of Average Knowledge Before and After Intervention at
 Group Control and Intervention Group in women of childbearing age
 in Puskesmas Puskesmas Working Area

Variabel		Mean	SD	Min-Max	95% CI
Control Group	Before	5.63	2.143	3 – 9	5.03-6.22
	After	7.60	1.631	5 – 11	7.00-8.19
Intervensi Group	Before	5.73	1.337	3 - 8	5.40-6.59
	After	12.43	1.737	9 - 15	11.80-12.99

Based on Table 1 it is known that the average before being given knowledge about the awareness in the control group is 5.63 (95% CI 5.03-6.22) with standard deviation of 2,143, the lowest score 3 and the highest score 9, with the normality value kolmogrof smirnof 0.194 > 0.05 normal sedangkan rata after 7.60 (95% CI 7.00-8.19) with the standard deviation of 1.631, the lowest score 5 and the score 11th, the test value of Kolmogrof Smirnof is 0.567 > 0.05 with the normal category. Furthermore, the average knowledge realized in the intervention group before is 5.73 (95% CI 5.40-6.59) with the standard deviation of 1,337, the lowest score is 3 and the highest score 8, the normality test value Kolmogrof Smirnof 0.241 > 0.05 with normal category and average knowledge be aware of the intervention group after 12.43 (95% CI 11.80-12.99) with the standard deviation of 1,249, the lowest score is 9 and the highest score is 15, the normality test value of Kolmogrof Smirnof 0.088 > 0.05

Before and after Skills description is given direct Instructional intervention at Women Age at Suburban Working Area Puskesmas Pauh Padang Variable skill of women of childbearing age before being given direct instructional training can be seen in table 2 below.

Table 2
 Average Distribution of Skills Before Intervention in Control Groups and Interventions in Women of Childbearing Age in Work Area of Pauh Puskesmas

Variabel		Mean	SD	Min-Max	95% CI
Group Control	Before	5.30	1.943	1– 10	4.65-5.94
	After	7.366	1.519	3-10	6.71-8.07
Intervensi Group	Before	5.23	2.329	2 - 10	4.62-5.90
	After	12.166	1.416	10 - 15	12.45-13.74

Based on table 3 it is known that the average before being given the skills about the awareness in the control group is 5.30 (95% CI 4.65-5.94) with standard deviation of 1.943, the lowest score 1 and the highest score 10, with the normality value kolmogrof smirnof $0.480 > 0.05$ with normal category . Average sedangan after 7.362 (95% CI 6.71-8.07) with the standard deviation of 1,519, the lowest score 5 and the score is high 13, the test value of Kolmogrof Smirnof normality is $0.202 > 0.05$ with the normal category. Furthermore, the average skill conscious in the intervention group before is 5.23 (95% CI 4.62-5.90) with standard deviation 2,329, the lowest score is 2 and the highest score 12, the normality test value Kolmogrof Smirnof $0.369 > 0.05$ with the normal category and the average skill be aware of the intervention group after 12.166 (95% CI 12.45-13.74) with the standard deviation of 1,416, the lowest score is 10 and the highest score is 15, the normality test value of Kolmogrof Smirnof $0.537 > 0.05$.

Differences Knowing Know Before and After In The Control Group and Intervention Group Differences in the knowledge of women of childbearing age before the control group using the t-test statistics can be seen in table 3

Table 3
 Average Differences of Knowledge Conscious Before Intervention in Control Group of Aged Women in Puskesmas Pauh Working Area Padang Year 2018 (n=30)

Knowledge Realize	Intervention Group		Control Group		P -Value
	Mean	SD	Mean	SD	
Pre Test	5.23	2.329	5.30	1.943	0.222
Postest	12.16	1.416	7.36	1.519	0.000

The statistical test that has been performed by using t-test test shows that there is no knowledge difference before intervention in intervention group and control group at fertile age in Puskesmas Pauh Kota Padang working area because $sig > 0.05$ ($0.222 > 0,05$) did not change due to the lack

of special treatment given about the examination realized. The result of posttest after treatment is done then statistic test which has been done by using t-test test shows that there is a difference of awareness knowledge both in Intervention group and control group in fertile-age women in working area of Pauh Puskesmas Padang because sig value <0.05 (0.00) that is, by giving direct instructional training to the intervention group to increase the knowledge of women of child-bearing age in the working area of Pauh Padang health center.

Differences of Consciousness Know Before and After In Group Control and Intervention Group, Differences in the skills of women before and after childbearing age in the control group using t-test statistics can be seen in table 4

Table 4
 Differences in Average Skills Conscious Before and After Group Intervention and Control groups in Women of Ages at Work Area Puskesmas Pauh Padang Year 2018 (n=30)

Knowledge Realize	Intervention Group		Control Group		P -Value
	Mean	SD	Mean	SD	
Pre Test	5.23	2.329	5.3.0	1.416	0.427
Posttest	12.16	1.519	7.366	1.519	0.000

The statistical test that has been conducted by using t-test test shows that there is no difference of awareness skills before Intervention in intervention group and control group at reproductive age in Puskesmas Pauh Kota Padang working area because $\text{sig} > 0.05$ ($0.427 > 0,05$) means female age fertile at the time of the initial test do not have the same skills about breast self-examination. The test performed no differences in skills between the intervention group and the control group.

The result of posttest after treatment is done then statistical test which have been done by using t-test test shows there are differences of awareness skills both in intervention group and control group in woman of child-bearing age in Puskesmas Pauh Kota Padang because sig value <0.05 (0.00) that is, by providing direct instructional training in the intervention group to provide increased keter, women of childbearing age in breast self examination (SADARI) in the working area of Pauh Padang

Differences in knowledge of women of childbearing age in breast self-examination (SADARI) before and after direct intervention intervention given either control class or intervention class. The results of statistical tests that have been carried out illustrates that there is a difference in the knowledge of women of childbearing age in breast self-examination (SADARI) before and after given direct instructional intervention either control class or intervention class, because sig value <0.05 ($0.000 < 0.005$) knowledge of women of childbearing age in breast self-examination

(SADARI) before and after given direct instructional intervention both control class and intervention class at fertile age age in working area of puskesmas Pauh Padang year 2018.

Differences in the skills of women of childbearing age in breast self-examination (BSE) before and after direct intervention intervention were given for both control and intervention classes. The statistical tests that have been performed illustrate that there are differences in the skills of women of child-bearing age in breast self-examination before and after giving direct instructional intervention both control class and intervention class, because sig value <0.05 ($0.000 < 0.005$), it means there is difference of knowledge of woman of child's age in breast self examination before and after given direct instructional intervention either control class or intervention class in the fertile age of women in the working area of Pauh Padang health center in 2018

DISCUSSION

Limitations of the study discuss the limitations in conducting the research and the implications of the study explaining the impact or effect on nursing. The results above show that high or low level of education does not affect the knowledge and skills of women of childbearing age, although according to the theory Notoadmojo (2012) Level of education a person can support or affect a person's knowledge level and education is low then knowledge is also low, then knowledge will be higher. The results of this study is similar to the research conducted by Nurlela, 2013 where, found that the highest education of women of childbearing age is high school with a percentage of 53.9%. Research (Saptaningrum, 2015) of respondents in the control group most of the high school education as many as 10 people (50%) and the least educated college as many as 4 people (20%). In the experimental group, it is known that most respondents are high school educated as many as 9 people (42.9%) and the least educated college as many as 5 people (23.8%).

The results of this study indicate that the age range of women of childbearing age is located at the lowest age of 20 years and the highest 35 years with an average age of 25 for the intervention group. while for the control found the age range of women of childbearing age occurs at age 20 years up to 35 years. The results of this study are different from the research conducted by Nurhayati Abdullah, 2013 who found that the age of 19 years tends to suffer from breast cancer. This suggests breast cancer comes earlier than the results of this study (Nurlela 2013) the majority of cadres who provide counseling aged 21-35 years (67.1%). The result of this research shows that there is a change of knowledge and skill of woman of childbearing age after giving direct instructional training intervention. Related research conducted by Darto (2012) the application of direct teaching methods on the principal of sign language and symbol to improve the writing skill of English study field, the result show there is improvement of student ability in english writing skill. Direct teaching models can also be applied to cadres in providing information on breast self-examination (BSE). Previous research has shown that the knowledge of WUS on Breast Self Examination (BSE) is the most in the knowledge category is good enough that is 44.10%. The description of WUS's behavior in performing Breast Self-examination (BSE) at most in the category was never as much as 49.5%. There is a relationship of knowledge and attitude of WUS to the behavior of BSE (Ekanita & Khosidah, 2013)

Provision of training was conducted in order to improve the knowledge of women of childbearing age about BSE because in the training given material about BSE which is packed in the form of model book and guidance of use so as to give clear information, beside that in the

process of training also held question and answer so that respondents who have not memahamu BSE can directly ask questions and access information can be understood well by the respondents. The result of data analysis shows that there are differences of skill before and after given direct instructional intervention in women of reproductive age, the result of t-test statistic shows that the sig value <0.05 ($0.005 < 0.05$) means that there is difference of knowledge and skill before and after given direct instructional intervention in fertility wisdom in Padang Puskesmas Working Area. In this research, it was found out that the practice of practicing BSE in the respondents who have been given Direct Instructional training is better, this is in accordance with the theory that the success of direct instructional training. According to Notoadmodjo (2014) skills have the following levels: Perception that respondents know and choose various objects related to the action will be taken. Furthermore, respondents conduct a guided response that is to know and choose various objects related to the action to be taken.

Research (Gur et al., 2014) there were statistically significant differences found between the pre-training and post-training BSE skills. Moreover, given that 53.8% of the participants had never done BSE so far, and that 67.9% had improperly implemented BSE, practical training on BSE was accepted to be effective. Although only short-term feedback was received, it was identified that the participants acquired skills on this issue. This program is practiced by nurses encouraging women to participate in the style of this health promotion program. According to the results of this study that the number of women who perform routine self-examination is low. Nearly half of women do not do BSE either because they are afraid or because they do not know how to do BSE. Some women do not believe in the necessity of BSE. There are positive changes in women's information and practices on early diagnosis of breast cancer, with BSE training performed as part of the study.

CONCLUSIONS AND RECOMMENDATIONS

Characteristics Women of childbearing age in the working area of Pauh Padang health center in the control group and intervention form 20-24 years, high school education level and work in general is housewife. There were no differences in knowledge and skills prior to the control group and the intervention group in 2018. There was a difference in average knowledge and skills after direct instructional training was given to the control group and the intervention group. There is a difference of knowledge before and after given direct instructional interventions on women of childbearing age in the working area of Puskesmas Pauh Padang. There are differences in skills before and after direct instructional interventions are given to women of childbearing age in Pauh Padang Puskesmas working area.

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