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The Efficacy of Focus Group Discussions in Helping Teenage Female Students

Rosalinda Suripatty
Puskesmas Wayer Papua Barat Daya
Email: rosalinda@gmail.com

ABSTRACT

Breast cancer ranks first among all cancers that occur in women. One effort to find out the symptoms of breast cancer is by doing BSE (Breast Self-Examination). Data from the West Nusa Tenggara Provincial Health Service (2018) recorded that there were 12,023 cases of breast tumors. Suspected breast cancer as many as 3,079. Data from the Sumbawa District Health Service for 2017 recorded that there were 21 cases of tumors/lumps in the breast in 2017. The aim of this research is to determine the effectiveness of focus group discussions on BSE skills. This research design uses quantitative Pre Experimental using a One Group Pre Test-Post Test design. The population in this study were all young women with a sample size of 30 respondents taken using a simple random sampling technique. The independent variable in this research is the Effectiveness of Focus Group Discussion while the dependent variable is BSE skills. Data analysis uses Spearman Rank. The research results showed that the value of sig (p) = 0.000, $\alpha = 0.01$, $p < \alpha$, then H0 was rejected, meaning that there was a very strong influence between the Effectiveness of the Focus Group Discussion on BSE Skills in Young Female Students. The conclusion of this research is that there is a positive relationship and a strong correlation between the level of BSE skills before the FGD and the level of BSE skills after the FGD.

Keywords: adolescent, effectiveness, female, students

BACKGROUND

Breast cancer is the most common cancer in women, it is recorded that 2.1 million women suffer from breast cancer every year. In 2018, an estimated 627,000 women died of breast cancer, which is about 15% of all cancer deaths among women. The incidence of breast cancer is higher in developed countries, and in general the incidence continues to increase.
Based on GLOBOCAN 2018 data, of all cancer cases throughout the world, breast cancer is in second place, namely 2,088,849 cases (11.6%). The incidence of breast cancer deaths is in sixth place among all cancer deaths worldwide, namely 626,676 cases (6.6%). The latest incidence rate of breast cancer for Asia is 911,014 cases (10.4%) with a death rate of 310,577 cases (5.7%). Meanwhile, the incidence of breast cancer in Indonesia is in first place with 58,256 cases (16.7%) with the second highest death rate, namely 22,692 cases (11%).
Breast cancer resulted in the deaths of more than 508,000 women in 2011 worldwide. Nearly 50% of breast cancer cases occur in developed countries and 58% of deaths occur in less developed countries. Breast cancer is the most common cancer in women, affecting 2.1 million women every year, and is also the largest cause of cancer-related deaths in women. In 2018, an estimated 627,000 women died from breast cancer, which is approximately 15% of all cancer deaths among women (WHO, 2018).

Based on data from the Indonesian Ministry of Health in 2019, the incidence rate of cancer in Indonesia (136.2/100,000 population) is in eighth place in Southeast Asia, while in Asia it is 23rd. The highest incidence rate in Indonesia for women is breast cancer, namely 42.1 per 100,000 population with an average death of 17 per 100,000 population, followed by cervical cancer at 23.4 per 100,000 population with an average death of 13.9 per 100,000 population. The prevalence of tumors/cancer in Indonesia shows an increase from 1.4 per 1000 population in 2013 to 1.79 per 1000 population in 2018.

Data from the West Nusa Tenggara Provincial Health Service (2018) recorded that there were 12,023 cases of breast tumors. Suspected breast cancer as many as 3,079. Data from the Sumbawa District Health Service for 2017 recorded that there were 21 cases of tumors/lumps in the breast in 2017, of which 4 were found in Empang District (19.0%), 8 (18.33%) in Plampang District, 2 in Moyo Hilir District. (3.13%), Sumbawa District 4 (0.22%), Buer District 3 (0.83%). 2018 data recorded 29 cases, of which Plampang District had 2 (5.13%), Lopok District 1 (0.00%), Moyo Hilir District 16 (66.67%), Batu Lanteh District 2 (100.00%), Sumbawa District 7 (0.93%), and Buer District 1 (1.19%). (Sumbawa District Health Service, 2018).

A recent incident that occurred in 2020 was experienced by a teenager living, who experienced one of the symptoms suspected of being breast cancer. The teenager had experienced pain around the breasts for approximately 4 months and there was a lump in the breast. This incident was immediately noticed so an examination was immediately carried out at the Sumbawa Regional Hospital. The teenager then underwent further examination at Husada Jember Main Hospital, the doctor at the hospital provided immediate treatment by suctioning out the fluid so that no surgery was needed.

According to Sutjipto, currently many breast cancer sufferers have been found at a young age, such as teenagers, and quite a few 14 year old girls are even suffering from tumors in their breasts. Where the tumor that occurs can become cancer, if it is not detected early. Even though not all of them are malignant, this shows that currently there is a trend of increasing breast cancer symptoms in teenagers. Breast cancer resulted in the deaths of more than 508,000 women in 2011 worldwide.

One of the organs that develops in teenagers, especially women, is the breast. Women must be more sensitive and start paying special attention to the breast organs. At this time, many Indonesian teenagers are still not sensitive to caring for their own breasts, they are more sensitive to acne appearing on their face than to the symptoms of breast cancer.

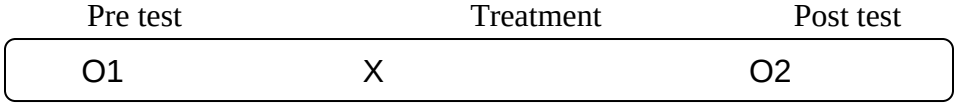
This insensitivity is also motivated by a lack of information and a willingness to explore information regarding breast cancer prevention. Adolescent girls have a low level of knowledge and understanding about breast cancer and how to detect it. Even though they know breast cancer is a serious disease, they only think that age and genetic factors can cause breast cancer so they think that they are not at risk of developing breast cancer. There are several risk factors that are known to cause breast cancer, namely age, genetic factors, and reproductive factors. Several other risk factors such as obesity, smoking, consuming foods high in fat and consuming alcohol can also increase the risk of breast cancer.

The causal factors are thought to be lifestyle changes such as the habit of eating fast food, frequent exposure to radiation from electronic media and changes in environmental conditions. Another cause of the high incidence of breast cancer is the limited public knowledge about the dangers of breast cancer, early signs, risk factors and how to overcome it (Ministry of Health of the Republic of Indonesia, 2016).

METHODS

In this research, researchers used a Pre Experimental type of quantitative research using a One Group Pre Test-Post Test design. In this design there is no comparison group (control), but at least a first observation (pretest) has been carried out which allows the researcher to test the changes that occur after conducting the research (experiment). According to Notoatmodjo (2012) this design also does not have a comparison group (control), but at least the first observation (pretest) has been carried out which makes it possible to test the changes that occur after the experiment.

The form of this research design is as follows.
Figure 2.4. One group pre-post test design



Information:

- O1 : Measurements before treatment/intervention are carried out to determine knowledge about BSE Skills using a checklist
- O2 : Measurement after treatment/intervention is carried out using a Focus Group Discussion method on BSE Skills using a checklist
- X : Providing Focus Group Discussions on BSE Skills using lecture and question and answer methods with the treatment group

This research aims to determine the comparison of skill levels before and after the Focus Group Discussion on BSE Skills. Measurements were carried out twice, namely through the first checklist (pre-test) which was carried out before the Focus Group Discussion was carried out and the second checklist (post-test) which was used to see the extent of changes in skills after being given health education.

Research Population and Sample

Population

The population is the entire research object or objects studied (Notoatmodjo, 2012). The population in this study were all female students in class VII, VIII, IX, totaling 118 students and who were already menstruating.

Sample

The sample is the object being studied and is considered to represent the entire population (Notoatmodjo, 2012). The samples for this research were some female students from class VII and VIII of SMP Negeri 2 Plampang, during the research carried out from April to May 2022, there were 30 female students.

Sampling Techniques

The sampling technique in this research was carried out using probability sampling, random sampling type with the formula:

$$n = \frac{N}{1 + Ne^2}$$

Information :
n = Number of Samples
N= Total Population
e = The tolerable level of error in selecting sample members

This sampling method is carried out randomly, carried out when members of the population are considered homogeneous. The drawing can be done by lottery, but the drawing is given a certain serial number (Hidayat, A. Aziz Alimul, 2014). With the lottery method, each member of the population is given a number and then the number is chosen randomly. This

random selection can use methods such as a lottery or social gathering. The randomly selected number represents the selected member of the population. For example, a member of the population named A is given the number 3. Then during the lottery the number 3 comes out, then the member of the population named A is selected to be the sample. and so on, a lottery is carried out until the sampling quota is met.

Sampling technique

When taking samples, use the following formula:

$$n = \frac{N}{1 + Ne^2}$$

Information :
n = Number of Samples
N= Total Population
e = The error rate in selecting sample members is tolerated at 5%

$$n = \frac{118}{1 + 118\ (0{,}05)^2}$$

$$n = \frac{118}{1 + 118\ (0{,}025)}$$

$$n = \frac{118}{1 + 2{,}95}$$

$$n = \frac{118}{1 + 2{,}95}$$

$$n = \frac{118}{3{,}65}$$

$$n = 29{,}9 \approx \mathbf{30}$$

Thus, the samples obtained were 30 random samples.

According to Cohen, et al (2007), the larger the sample from the existing population, the better, however, there is a minimum limit that researchers must take of 30 samples. As stated by Baley in Mahmud (2011) which states that for research that uses statistical data analysis, the minimum sample size is 30. So the sample taken in this study was 30 junior high school students who had experienced menstruation at the time the research took place using the technique probability sampling is a type of simple random sampling.

RESULTS

Informant Characteristics
Based on Age
Table 2.1. Age of Students at SMP Negeri 2 Plampang

No.	Student Age	Frequency	%
1	13 Years	0	0
2	14 Years	16	53,3
3	15 Years	14	46,7
Total		30	100

Based on Table 2.1, it is known that almost half of the respondents were 15 years old, namely 14 (46.7%) of the 30 respondents.

By Class

Table 2.2. Student Classes

No.	Student Class	Frequency	%
1	Class VII	7	23
2	Class VIII	12	40
3	Class IX	11	37
Total		30	100

Based on Table 2.2, it is known that class VII students were 7 (23%) respondents from 37 female students, class VIII were 12 (40%) respondents from 42 female students and class IX were 11 (37%) respondents from 39 female students. A total of 30 respondents from 118 female students. Based on BSE Skills Before FGD.

Table 2.3. Level of BSE Skills Before FGD among Female Adolescent Girls.

No.	BSE Skill Level Before FGD	Frequency	%
1	Unskilled	17	56,7
2	Skilled	13	43,3
Total		30	100

Based on Table 2.3, it is known that the BSE Skill Level before the FGD was less than 50% unskilled, namely 13 (43.3%) of the 30 respondents. Based on BSE Skills Before FGD.

Table 2.4 Level of BSE Skills After FGD among Female Adolescent Girls

No.	BSE Skill Level After FGD	Frequency	%
1	Unskilled	11	36,7
2	Skilled	19	63,3
Total		30	100

Based on Table 2.4, it is known that the BSE Skill Level after the FGD is more than 50% skilled, namely 19 (63.3%) of the 30 respondents.

Research result

Cross Tabulation of Research Variables

Table 3.1. Cross Tabulation of Age with Class of Teenage Female Students

No.	Student Age	Class of Girls at SMP Negeri 2 Plampang						Total	
		Class VII		Class VIII		Class IX			
		f	%	f	%	f	%	f	%
1.	13 Years	0	0	0	0	0	0	0	0
2.	14 Years	5	16.7	6	20	5	16.7	16	53.3
3.	15 Years	0	0	7	23.3	7	23.3	14	46.7
Total		5	16.7	13	43.3	12	40	30	100

Based on table 3.1, most of the 14 year olds were in class VIII, namely 14 (46.7%) of the 30 respondents.

Table 3.1. Cross Tabulation of Age on BSE Skills Before FGD among Female Adolescent Girls

No.	Teenage Student Age	Realize Skills Before FGD				Total	
		Skilled		Unskilled			
		f	%	f	%	f	%
1.	13 Years	8	26,7	8	26,7	16	53,3
2.	14 Years	5	33,3	9	16,7	14	46,7

3.	15 Years	0	0	0	0	0	0
Total		13	56,7	17	43,3	30	100

Based on table 3.2, adolescent girls aged 14 years had less than 50% awareness skills before the FGD, namely 14 (46.7%) of the 30 respondents.

Table 3.3. Cross Tabulation of Age on BSE Skills After FGD among Female Adolescent Girls

No.	Teenage Student Age	Realizing Skills After FGD				Total	
		Skilled		Unskilled			
		f	%	f	%	f	%
1.	13 Years	12	40,0	4	13,3	16	53,3
2.	14 Years	7	23,3	7	23,3	14	46,7
3.	15 Years	0	0	0	0	0	0
Total		19	63,3	11	36,7	30	100

Based on table 3.3, most of the skills 14 years old realized after the FGD were unskilled, namely less than 50%, namely 14 (46.7%) of the 30 respondents.

Table 3.4. Cross Tabulation of BSE Skills Before FGD with BSE Skills After FGD among Teenage Female Students

No.	Realize Skills before FGD	Realizing Skills After FGD				Total	
		Skilled		Unskilled			
		f	%	f	%	f	%
1.	Unskilled	11	36,7	6	20	17	56,7
2.	Skilled	0	0	13	43,3	13	43,3
Total		11	36,7	19	63,3	30	100

Based on table 3.4, more than 50% realized skills after the FGD, namely 19 (63.3%) of the 30 respondents.

Statistical Test Results

Table 4.1. Effect of Focus Group Discussion Effectiveness on BSE Skills in Young Women

Variable	*Correlation Coefficient*	*p value*
The Influence of the Effectiveness of Focus Group Discussion on BSE Skills in Young Women at SMP Negeri 2 Plampang N = 30 α = 0,01	0,665	0,000

Based on table 4.1, it is known that there is an influence of the effectiveness of Focus Group Discussion on BSE skills in young women (Spearman p value 0.000 < 0.01, so Ho is rejected).

The level of relationship includes a strong correlation and the direction of the relationship is positive (Correlation Coefficient +0.665), meaning that the Effect of Focus Group Discussion Effectiveness on BSE Skills in Young Women has a strong correlation or vice versa.

DISCUSSION

BSE Skills Before FGD in Young Women

Based on Table 2.3, it is known that the BSE Skill Level before the FGD was less than 50% unskilled, namely 13 (43.3%) of the 30 respondents.

Focus Group Discussion (FGD) is a data collection technique that can fulfill research objectives and its various characteristics. FGD is a technique used in social science research to collect quantitative data. FGD can influence BSE skills in young women. In line with Hikmatul Khayati's research, there was an increase in knowledge about cancer which often occurs in the reproductive system from 30% to 90% after education. There was an increase in BSE skills by 90%. This research is also in line with Hidayati's research, where there were differences in the average knowledge and practice of BSE before and after being given counseling. After being given counseling, the students' ability to practice BSE correctly was 100%. Another research was conducted by Wahyuningtyas, where a significant factor influencing the skills of doing BSE is knowledge. This can be explained that with increasing knowledge, a person's skills will also increase. Knowledge basically consists of a number of facts and theories that enable someone to solve the problems they face. This knowledge is obtained both from direct experience and through the experience of other people (Notoatmodjo, 2002 p. 210). Notoatmodjo (2003, p. 1721) also added that health education is aimed at raising awareness, providing or increasing people's knowledge about maintaining and improving health for themselves, their families and others. Apart from that, education or health promotion also provides an understanding of traditions, beliefs and so on, both those that are detrimental and beneficial to health. This form of education can be done through health education, health exhibitions, health service advertisements, banners and others. Health promotion does not only improve oneself by increasing knowledge, attitudes and health practices in order to maintain and improve their health. Respondents who had insufficient knowledge could be due to limited health promotion facilities and infrastructure.

BSE Skills After FGD on Young Women

Based on Table 2.4, it is known that the BSE Skill Level after the FGD is more than 50% skilled, namely 19 (63.3%) of the 30 respondents.

Carey (1994) explains that information or data obtained through FGD is richer or more informative than data obtained using other data collection methods. After the FGD was carried out, there was an increase in skills among young women. In line with Yolanda's research, the results showed that there were differences before and after being given BSE education and training by peer educators in the intervention group, knowledge (P=0.000), attitudes (P=0.000) and skills (0.000). Based on this research, it can be concluded that peer education regarding breast self-examination (BSE) is very important to be able to detect early symptoms of breast cancer. It is recommended that policy makers related to health in schools can empower peer counselors to teach about BSE to other friends. Knowledge about breast cancer and BSE skills among mothers in Dusun Semutan Jatimulyo Dlingo was seen to increase after attending education and training, based on the results of their pretest and posttest achievements. During the pre-test, the average score obtained was 56.875 ± 9.310. This illustrates that the level of knowledge before this activity was still lacking. The average post test score after the activity was completed was 92.813 ± 6.342.

Analysis uses a paired t test to see the difference in average tests before and after the activity. There is a significant difference in test scores before and after the activity with p=0.00. Based on these results, it can be seen that there is an increase in knowledge about breast cancer and knowledge about BSE examinations among mothers in Semutan Jatimulyo Dlingo Hamlet after attending education and training. This illustrates that this education and training activity provides good benefits for mothers in Semutan Jatimulyo Dlingo Hamlet so it is hoped that it will increase awareness of BSE behavior among mothers. According to previous research, BSE behavior is influenced by several factors, namely the level of knowledge, availability of information, and accessibility of health services (Arafah & Notobroto, 2018). There is a significant relationship between level of knowledge (p=0.001), attitude (p=0.001), and level of education (p=0.001) with early detection behavior of BSE (Fatimah, 2018). Other research

results that are in line are that there is an effect of providing health education on knowledge (p=0.000) and attitudes (p=0.000) of women of productive age regarding BSE in efforts to detect breast cancer early (Purba & Simanjuntak, 2019). The results of this activity are also in accordance with the education and training activities carried out in Cipayung sub-district, Depok, which increase knowledge about breast cancer and BSE (Pulungan & Hardy, 2020). Increasing BSE behavior can provide early detection of breast cancer, so that in the early stages you can get the right medical treatment.

According to researchers' assumptions, the knowledge a person has cannot be separated from the amount of information received either through sight, hearing or witnessing it directly. This is in accordance with the theory of Soekidjo Notoadmodjo (2007) which says that knowledge is the result of knowing and this occurs after people sense a particular object. Sensing occurs through the five human senses, namely sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. What is meant by sensing in this case is providing education or health education. Health education is basically a way of conveying information through two-way communication to increase knowledge so as to produce good understanding which then reflects good behavior. If communication techniques are carried out correctly and well in sufficient frequency and time, it will be able to increase knowledge and understanding about BSE.

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 was still a lack of knowledge about BSE. Researchers assume that this could be caused by several things, including a person's experience factors that influence a person's knowledge and depending 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 the respondent had received information about BSE, the respondent did not perceive it properly, this means that the respondent's understanding was not good.

The Influence of the Effectiveness of Focus Group Discussion on BSE Skills in Young Women

Based on table 4.1, it is known that there is an influence of the effectiveness of Focus Group Discussion on BSE skills in young women (Spearman p value 0.000 < 0.01, so Ho is rejected).

The level of relationship includes a strong correlation and the direction of the relationship is positive (Correlation Coefficient +0.665), meaning that the Effect of Focus Group Discussion Effectiveness on BSE Skills in Young Women has a strong correlation or vice versa.

Based on research, Holander (2014) defines the FGD method as a method for obtaining data or information products through social interaction or a group of individuals where in this interaction, fellow individuals influence each other. In line with Holander's (2004) research, it is explained that the social interactions of groups of individuals influence each other and produce data/information if they have similarities in terms of, among other things, having general individual characteristics, similar social status, similar issues/problems and similar social relations/relationships.

According to the researcher's assumption, the influence of the effectiveness of focus group discussions on BSE skills in young women is influenced by a lack of knowledge and understanding as well as a lack of health education information for young women.

CONCLUSION

Based on Table 2.3, it is known that the BSE Skill Level before the FGD was less than 50% less skilled, namely 7 (23.3%) respondents. Based on Table 2.4, it is known that the BSE Skill Level after the FGD is more than 50% quite skilled, namely 17 (56%) respondents.

There is a positive relationship and strong correlation between the level of BSE skills before the FGD and the level of BSE skills after the FGD, meaning that the influence of the effectiveness of focus group discussion on BSE skills in young women has a strong correlation or vice versa.

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