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Correlation of attitude and knowledge towards sadari in dayak tribe community in samarinda

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ABSTRACT

Sadari is an early detection method for breast cancer. Information on Sadari may motivate the Dayaks to enhance their knowledge of Sadari. Through increasing knowledge, their awareness of the importance of Sadari could be affected and make them practicing the Sadari regularly. According to the Dayak;s believe, whenever they catch a signal of certain bird or other animal, they should perform ritual by delivering offers in order to chase a supernatural force away. Parung Maya is a supernatural force that is very feared by the community because it is believed to cause immediate death. There are still many in the Dayak Kenyah tribe who think that swollen breasts accompanied by dimpling signs and discharge is a curse that must be treated traditionally. Thus, they performed Parung Maya during sunset, a supernatural force, using a machete with Linjuang leaves that look like a single legged knife. This study aimed to identify correlation between Attitude and knowledge of The Dayak Tribe in Pampang, Samarinda, East Kalmantan, towards Sadari.

Research Design

This study was using a quasi experimental design with one group pretest and posttest model. The sample was consisted of 122 woman from Dayak Kenyah tribe that obtained from Cluster Random Sampling and Simple Random Sampling. Data collection was carried out by distributing questionnaires to respondents. Data analysis techniques using univariate analysis and bivariate analysis using the Marginal Homogeneity test and Mc Nemar test.

The results showed that there was a significant correlation between Sadari and knowledge in the community of Dayak Kenyah Tribe (*p value* (0,0001) < α (0,05). There was also significant correlation between Sadari and attitude of the Dayak with *p value* (0,002)) < α (0,05), indicating significant differences of the Dayaks attitude and knowledge before and after health education dissemination.

Summary

It is recommended that The Dayak Kenyah need to be encouraged to implement Sadari in their daily lives and be motivated to find information about their reproductive health.

Keywords: Knowledge, Dayak tribe, Sadari, Attitude

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INTRODUCTION

Dayaks have a profound contact with myths, namely an event that is considered sacred, or an event experienced directly by the ancestors. Although the time of occurrence of the incident cannot be ascertained historically, but the history of the event for the Dayaks serves as the norm of life. All kinds of objects are considered to have supernatural power that can provide good or bad. Believing in talismans, in the form of objects made with certain rules, either the paper, the ink, and time of production, the techniques and the verses written in the form of numbers or certain sentences [1-5].

Non-contagious diseases, including cancer, are the main problems both in the world and in Indonesia. According to data from WHO (2013), cancer cases increased from 12.7 million in 2008 to 14.1 million cases in 2012. Meanwhile, the number of deaths increased from 7.6 million people in 2008 to 8.2 million in 2012. Cancer is the number 2 cause of death in the world by 13% after cardiovascular disease. It is estimated that in 2030 cancer cases can reach 26 million, in which 17 million of them die. This rate will be faster in poor and developing countries (Ministry of Health, 2014).

Believes in supernatural power: Mostly occur in the countryside and the city. These supernatural powers are magical and having positive or negative forces that are usually called white magic or black magic. The white is not always good, so does the black is not always evil. The source of this belief comes from the local indigenous culture, namely from Kahariangan or hills, in which there are supernatural power can be used to kill or to destroy people's lives. Parung Maya is a supernatural force that is very feared by the Dayaks since this power may kill people immediately. Those who do the Maya parung with magical powers, usually use machetes with linjuang leaves that look like a single legged knife at dusk. Believes in supernatural power, so that if they experience swelling in the breast or breast, the pain is caused by spirit intrusion [6-11].

Based on the data obtained from Dharmais Cancer Hospital (2010), breast cancer was in first rank of the 10 largest cancers. Almost 85% of breast cancer patients come to the hospital in an advanced stage. This will affect the patient's prognosis and cure rate, if breast cancer is found in the early stages, the patient's recovery rate will be very good. One way to detect breast cancer very easily and without having to incur costs is to check it regularly, Dharmais Hospital, (2016).

The Head of the Division of Disease Control and Environmental Health of the East Kalimantan Provincial Health Office said that the cancer case is one of the deadliest diseases and causes a huge burden for the community where the prevalence reaches 1.4%. Breast cancer is the highest case in East Kalimantan, followed by cervical cancer, retinoblastoma (eye cancer) and Leukemia cases (Provincial Health Office of East Kalimantan, 2016). The number of cases of those 4 diseases increased by 56.28% in just 1 year (East Kalimantan Provincial Health Office, 2016).

A research on the effectiveness of health education about Sadari in the Dayak tribe found out that the Dayak did not know how to conduct Sadari. The Dayak were not even considering conducting Sadari. The Dayaks were also fear of finding something bad. Those are their reasons for not conducting Sadari. Yet, after being given health education about Sadari, there were improvement of knowledge and changes in attitudes among Dayak tribes to perform Sadari (Ozdemir et al, 2007). Study conducted by Susanti (2014) also mentioned an increase in knowledge and changes in attitude on respondents after giving health education abut Sadari for early detection of breast cancer.

METHODOLOGY OF RESEARCH

This research was conducted using quasi experiment design by performing One Group Pretest and Post Test design model. The group were given a pre-test prior treatment and a post-test after being given treatment. The independent variable (free) in this study was Knowledge and Attitude about Sadari, while the dependent variable (bound) in this study was Health Education about Sadari. Data was obtained through questionnaires. The association between the variables was evaluated by Marginal Homogeneity significance test and Mc Nemar significance test.

RESULTS

Univariate analysis

Table 1. Distribution Frequency of Respondents Based on their knowledge of Sadari prior and post								
	Health education							
	Variables	Categories	Prior Health Education	Post Health Education				
			F Percentage (%)	f Percentage (%)				

~ .			f	Percentage (%)
Good	14	11,5	107	87,7
Moderate	52	42,6	14	11,5
Less	56	45,9	1	8
Total	122	100	122	100
	Moderate Less	Moderate52Less56	Moderate 52 42,6 Less 56 45,9	Moderate 52 42,6 14 Less 56 45,9 1

Source: Primary Data 2017

The results of the pre-test and post-test showed that after being given health education about Sadari there was an increase of the knowledge of almost all teenage girls. As many as 107 respondents (87.7%) were in "Good" category and only 1 respondent (8%), was in "Less" category (Table 1).

Table 2. Distribution Frequency of Respondents Based	on their Attitudes towards Sadari prior and
post Healt	h education

post fication					
Categories	Prior	r Health Education	Post Health Education		
	F	Percentage (%)	f	Percentage (%)	
Positive	113	92,6	122	100	
Negative	9	7,4	0	0	
Total	122	100	122	100	
	Positive Negative	FPositive113Negative9	CategoriesPrior Health EducationFPercentage (%)Positive113Negative97,4	CategoriesPrior Health EducationPostFPercentage (%)fPositive11392,6122Negative97,40	

Source: Primary Data 2017

The attitude of the respondents towards Sadari increased significantly to 100% where 122

respondents gave positive perspective toward Sadari (Table 2)

Bivariate Analysis

Table 3. Advantage of Health education about Sadari Toward the Knowledge of The Dayaks in

		Samari	nda			
		Knowle	dge after Health	Total	р	
		Good	Moderate	Less		
Knowledge before Health	Good	14	0	0	14	0,0001
Education	Moderate	41	11	0	52	
	Less	52	3	1	56	
Total		107	14	1	122	

Source: Primary Data 2017

*Results of Marginal Homogeneity Test

Variable of Knowledge showed that *p* value was $0,0001 < \alpha 0,05$, therefore Ho was rejected.

		Attitude after Health Education		Total	р
		Positive	Negative		
Attitude before Health Education	Positive	112	0	112	0,002
	Negative	0	10	10	
Total	U	112		122	

Table 4. Health Education Towards The Dayak's Attitude in Samarinda

Source: Primary Data 2017

*Resutls of Mc Nemar Test

Table 4 showed that p value was $0,002 < \alpha$ 0,05, and Ho was rejected. For the test, it could be concluded that there is significant association found between the knowledge about Sadari on the knowledge and attitude of the Dayaks.

DISCUSSIONS

Knowledge about Sadari in Dayak Tribe before and after Health Education

Almost half of 122 respondents (45.9%) were in "Less" category before being given health education. After health education, most of the respondents (87.7%) was in "Good" category. A study by Tieng'O *et al* (2011) showed that knowledge of breast cancer examinations among women in Gaborone, Botswana was low. Knowledge of breast cancer is very important to make sure that women come to health facilities for diagnosis and treatment. The negative attitude of those women towards breast cancer examination is based on the lack of their knowledge.

The results of this study are in accordance with Agustiningsih's (2011) study that is proofing that health education could increase the knowledge of female adolescents, and after given health education there was an increase in the average number of female adolescents performing Sadari.

Attitude of The Dayaks Towards Sadari before and after Health Education

Based on the results of the study, almost all of the Dayaks (113 out of 122 respondents / 92.6%) already had a positive / impartial attitude towards Sadari prior to health education. The number increased to 100% positive attitude after the Dayaks being given health education.

The negative attitude of some respondents is due to unawareness about Sadari and lack of information on how to perform Sadari. On the other hand, respondents with positive attitude are those who have done Sadari although in improper method or improper time, that is 5-10 days after the first menstrual day, and was not routinely done (Marmi, 2013).

The result of this study is supported by research conducted by Viviyanti's (2014) that found an increase value of the attitudes of the Dayak tribe after attending health education. In addition, Tieng'O *et al.*, (2011) concluded that most of the women in his study supported breast cancer detection and believed that breast cancer can be prevented.

Correlation between Shelf detection of breast toward Knowledge and Attitude of Dayak Tribe in Samarinda

There were significant differences in the knowledge (p value = 0.0001 < 0.05) and attitude (p value = 0.0002 < 0.05) of the Dayaks in Samarinda toward Sadari before and after being given health education.

This is in accordance with the goals of health education, namely changing the attitudes of individuals, groups, and society towards positive things that are planned through the learning process (Mubarak and Nurul, 2009). Novita and Frasciska (2012) stated that health education can increase public knowledge and understanding of health issues and can determine their decisions to change their attitudes on the basis of health provided. This is also in accordance with the research performed by Memis and Sakin (2009) which found that health education and demonstration of Sadari that delivered by either nurse or midwifery had a positive impact on one's knowledge, attitudes, and behavior,

CONCLUSIONS

The Knowledge of the Dayaks in Samarinda before being given health education about Sadari

was in Moderate category (45.9%), and the level increased to 87.7% after being given health education. Most of the Dayak in Samarinda have positive attitude (92.6%) before being given health education about Sadari. The percentage reached 100% after being given health education.

There were strong correlation between health education about Sadari and knowledge and attitudes of the Dayak tribe.

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