THE EFFECT OF FAMILY SUPPORT ON SADANIS BEHAVIOR (CLINICAL BREAST EXAMINATION)

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ABSTRACT

For the prevention and control of cancer in Indonesia, especially breast cancer, the government has made various efforts, including early detection of breast cancer in women aged 30-50 years using the Clinical Breast Examination (Sadanis) method. It is estimated that the incidence of breast cancer in Indonesia is 82% of which are already at an advanced stage. This is due to the reluctance of women to carry out early examinations. The purpose of this study was to determine the effect of family support on sadistic behavior (clinical breast examination) in women of childbearing age. The type of research used is quantitative research with an analytic survey research method and a cross sectional approach. The research sample used was women of childbearing age in RW I, Tambakharjo Village, West Semarang District, with a total of 30 respondents. Data collection using a questionnaire. Bivariate data analysis using Chi Square. From the results of the study, it was found that most of the families were supportive in Clinical Breast Examination (Sadanis) and most of the respondents did not carry out Clinical Breast Examination (Sadanis). From the data analysis using Chi Square, the value of $\rho = 0.747 > 0.05$ was obtained. then it is said that Ha is rejected, which means that there is no influence between Family Support on Sadanist Behavior (Clinical Breast Examination). Advice that can be given is the need for information and support from health workers so that women of childbearing age want to carry out clinical breast examination (Sadanis).

Keywords: Family Support, Breast Cancer, Early Detection, Sadanis.

BACKGROUND

Cancer is the second largest disease in the world. Data on the number of cancer sufferers worldwide reaches 14 million cases with a death rate of 8.2 million each year (WHO, 2018). Global Cancer Observatory data states that there are 18.1 million new cases with the death rate also increasing to 9.6 million every year. Breast cancer is currently one of the most common types of cancer suffered by women with a very high prevalence in all countries in the world (Society, 2015). The incidence of cancer in Indonesia itself is 136.2/100,000 population and ranks 8th in Southeast Asia, while in Asia it ranks 23rd. The highest incidence rate for women is breast cancer, which is 42.1 per 100,000 population with an average death rate of 17 per 100,000 population followed by cervical cancer of 23.4 per 100,000 population with an average death rate of 13.9 per 100,000 population. Based on Basic Health Research (Riskesdas) data, 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 (Kementrian Kesehatan Indonesia, 2018).

Breast cancer is very dangerous and must be watched out for early on. Nevertheless, breast cancer can be prevented by living a healthy lifestyle, routinely carrying out Breast Self-Examination (Sadari) which is carried out by every woman and Clinical Breast Examination (Sadanis) by trained health workers. For the prevention and control of cancer in Indonesia, especially the most common cancer in Indonesia, namely breast cancer, the government has made various efforts, including early detection of breast cancer in women aged 30-50 years using the Clinical Breast Examination (Sadanis) method (Kementrian Kesehatan Indonesia, 2019). According to the 2017 Indonesian Association of Oncological Surgical Specialists, it is estimated that the incidence of breast cancer in Indonesia is 8,625 cases and 82% of them are found to be at an advanced stage. This is related to the low interest of business women of childbearing age in making prevention efforts through early detection of breast cancer. In an effort to overcome breast cancer, the government has implemented an early breast cancer detection program with Breast Self-Examination (Sadari) and Clinical Breast Examination (Sadanis) but the interest of women of childbearing age to do so is still low. Diagnosis of breast cancer at an early stage allows for a better chance of obtaining long term survival, namely the chance to live longer after being convicted of cancer. In an effort to reduce mortality from breast cancer, an effective screening program is needed to find out earlier (Shiryazdi et al., 2014).

Early detection is the first and most important step in cancer prevention. Early detection is expected to reduce mortality and morbidity, and lower health costs. Early detection and screening is the key to high survival rates in sufferers. Early detection can reduce mortality. In addition, to improve the recovery of breast cancer sufferers, the key

is early detection, early diagnosis and early therapy. For this reason, it is necessary to disseminate knowledge about breast cancer, and educate women to carry out Breast Self-Examination (Sadari) and Clinical Breast Examination (Sadanis) (Kementrian Kesehatan Indonesia, 2018). The purpose of this study was to determine the effect of family support on sadistic behavior (clinical breast examination) in women of childbearing age in the city of Semarang.

METHOD

The type of research used is quantitative research using analytic survey research methods, then analyzing the dynamics of the correlation between phenomena, both between risk factors and effect factors, between risk factors, and between effect factors, where researchers only make observations without providing intervention on the variable researched. While the approach used is the Cross Sectional Approach where the method of data collection for the independent variable and the dependent variable is done one time at the same time. The sample in this study were women of childbearing age in RW I, Tambakharjo Village, West Semarang District, with a total of 30 respondents. In this study the sampling technique used is saturated sampling technique, namely the technique of determining the sample when all members of the population are used as samples. This is often done if the population is relatively small, namely less than 30 people.

The variable in this study was family support for Clinical Breast Examination (Sadanis). Operationally, these variables are defined and measured in the following way. Family support for sadanis is a family reaction or response to clinical breast examination (sadanis). To measure this, a questionnaire was used, for family support for sadanists with a total of 15 questions. Sadanist Behavior is Behavior to perform Clinical Breast Examination. For the sadanist behavior variable it is categorized into two, namely Yes (Doing Sadanis) and No (Not Doing Sadanis). From the collected data, it was then analyzed using univariate analysis, which was carried out on family support variables for Clinical Breast Examination (Sadanis) and Clinical Breast Examination Behavior (Sadanis). In this analysis only produces the distribution and percentage of each variable. The percentage results of each variable are arranged in the form of a univariate table, namely a table that describes the presentation of data for each variable only. In addition, bivariate analysis was also carried out on two variables that were suspected to be related or correlated. In this study the variables that were connected were family support for Clinical Breast Examination (Sadanis) and Clinical Breast Examination Behavior (Sadanis). Because the processed data is in the form of nominal data, this data analysis can be tested using Chi Square, which is a statistical technique used to test hypotheses if the population consists of two or more classes where the data is nominal and the sample is large.

RESULT AND DISCUSSION

Result

The research results on univariate analysis are presented in the form of a frequency distribution table, as briefly described below. Table 1 presents data on family support for Clinical Breast Examination (Sadanis), while Table 2 presents data on Behavioral Clinical Breast Examination (Sadanis).

Table 1. Frequency Distribution of Respondents Based on Family Support for Clinical Breast Examination (Sadanis)

Family Support	Frequency	Percentage
Does not support	4	13,3%
Support	26	86,7%
Amount	30	100

Table 1 shows that most of the families support Clinical Breast Examination (Sadanis), namely 26 people (86.7%) compared to families who do not support Clinical Breast Examination (Sadanis), namely 4 respondents (13.3%).

Table 2
Frequency Distribution of Respondents Based on Clinical Breast Examination Behavior (Sadanis)

Sadanist Behavior	Frequency	Percentage
No	28	93,3%
Yes	2	6,7%
Amount	30	100

Table 2 shows that the majority of respondents did not carry out Clinical Breast Examination (Sadanis), namely 28 respondents (93.3%) compared to respondents who carried out Clinical Breast Examination (Sadanis), namely 2 respondents (6.7%).

The results of the research on bivariate analysis are briefly described below. Table 3 presents data on the Effect of Family Support on Clinical Breast Examination Behavior (Sadanis).

Table 3. Effect of Family Support on Clinical Breast Examination Behavior (Sadanis)

Family Support	Clinical Breast Examination Behavior (Sadanis)				Jumlah	
	No		Yes			
	f	%	f	%	f	%
Does not support	4	100%	0	0,0%	4	100%
Support	24	92,3%	2	7,7%	26	100%
Amount	28	93,3%	2	6,7%	30	100%

From the results of data analysis using the Chi Square statistical test regarding the Influence of Family Support on Clinical Breast Examination Behavior (Sadanis) the value of ρ value = 0.747 > 0.05 is obtained. then it is said that Ha is rejected, which means that there is no influence between Family Support on Clinical Breast Examination Behavior (Sadanis).

DISCUSSION

From the univariate analysis, it was found that most of the families supported the Implementation of Clinical Breast Examination (Sadanis). According to Sarwono (2003), support is an effort given to other people, both morally and materially to motivate that person to carry out activities, in this case support in the Implementation of Clinical Breast Examination (Sadanis). Caplan in Friedman (1998) explains that the family has several support functions, namely: (1) instrumental support; (2) informative support; (3) Emotional support; and (4) Award support. In addition, social support can be influenced by several things including physical needs, social needs and psychological needs. With social support, it is hoped that individuals can deal with problems better. This support is very important in dealing with circumstances that are considered uncontrollable. In Indonesia alone the incidence of breast cancer in 2017 is estimated from 8,625 existing cases, 82% of them were found to be at an advanced stage. This is because women are reluctant to carry out early examinations. Under these conditions, it is necessary to support women, in this case the family, to support the implementation of early detection as the first step in cancer prevention. Early detection is expected to reduce mortality and morbidity, and lower health costs. This is in line with research conducted by (Nurhayati, Zaimah Hilal, 2022) when viewed from family support, respondents had good family support in detecting breast cancer with a percentage of 50.9% (56 people). Based on the results of the study (Putu Wahyuni Wulandari Karnawati, 2022) stated that the reinforcing factors for Sadari behavior in WUS consisted of family and friend support variables, but the research results showed that the proportion of respondents who did not receive family support with poor behavior was 97.65% and those who behaved well were 2.35%, while those who received family support with bad behavior were 78.82% and those who behaved well were 21.18%. There is a significant relationship between support from the family and Sadari's behavior. The influence of family and friend support on Sadari's behavior indicates that family and friend support consisting of support that involves providing information, suggestions or feedback, giving appreciation, giving attention, helping to provide facilities, being open is done constantly, will create a feeling of comfort and enthusiasm for respondents to carry out early detection of breast cancer through Sadari. Therefore, the dissemination of health information about Sadari can be carried out in its entirety without any community, age or gender boundaries. It is hoped that this will increase the public's understanding of BSE, thereby giving rise to forms of social support from various groups for women in order to encourage the formation of good BSE behavior. Family support is a process that occurs throughout the life span, the nature and type of support differs at different stages of the life cycle. Family support can be in the form of internal social support, such as support from father, mother, or support from siblings and can also be in the form of external family support for the nuclear family. Family support makes the family able to function with a variety of intelligence and resourcefulness. As a consequence, this improves family health and adaptation (Romauli, Suryati. & Vindari, 2012).

Meanwhile, from the results of univariate analysis for clinical breast examination behavior (Sadanis), the majority of respondents did not perform clinical breast examination (Sadanis). Behavior can be interpreted as an action of an organism's reaction to its environment. Behavior can also be interpreted as human activity that arises due to stimulation and response and can be observed directly or indirectly (Notoatmodjo, 2007). Behavior can be influenced

by environmental, educational, religious, socio-economic, cultural, perception and motivation factors. This is in line with research conducted by Tiara Juita (2021), the results of the study showed that 44 respondents had never done a clinical breast examination and 44 respondents had had a clinical breast examination. Based on research analysis using the Chi-Square test, it showed that there were five variables related to clinical breast examination behavior in the working area of the Basuki Rahmat Health Center, Palembang city, namely perceived vulnerability, perceived seriousness, cues to act and self-efficacy and variables that were not related in this study were perceived benefits and perceived obstacles. This is also in line with research conducted by (Nonik Ayu Wantini, 2018) it is known that 90% of respondents have not done clinical breast examinations (Sadanis) in the last 3 years, it is known that the reason most of the respondents did not do Sadanis (61.7%) was because there were no complaints about the breast besides the respondents who had a positive attitude 89.7 % who have not done Sadanis in the last 3 years and 100% of respondents who have a negative attitude who have not done Sadanis in the last 3 years.

From the results of the bivariate analysis, it was found that there was no effect between Family Support on Sadanist Behavior (Clinical Breast Examination). Good family support for breast cancer does not guarantee that respondents will carry out clinical breast examinations (Sadanis). Because from the results of the study it was found that most of the respondents did not carry out clinical breast examinations (Sadanis) even though their families supported them in implementing Sadanis (Clinical Breast Examination). The reluctance of respondents to carry out clinical breast examinations (Sadanis) is not only influenced by family support but can be caused by other factors including the fact that most respondents work so it is difficult to arrange time to be able to carry out examinations during working hours, lack of information and support from health workers who can motivate respondents to do clinical breast examination (Sadanis) as an effective screening program to find out earlier the incidence of breast cancer. Based on the results of the study (Santi Nurhayati, Linda Suwarni, 2019) the researchers found that there were still many respondents who were not convinced by the officers to do Sadanis. The lack of convincing by officers about WUS is also one of the factors causing WUS's lack of interest in doing Sadanis plus from the results of interviews WUS are embarrassed when they have to do Sadanis where the clothes are removed and the breasts are touched. This resulted in the scope of inspection is still not too increased.

CONCLUSION AND SUGGESTION

From the research that has been carried out which aims to determine the effect of family support on sadanist behavior (clinical breast examination), it can be concluded that most families support the implementation of sadanis (clinical breast examination), most respondents do not carry out clinical breast examination (sadanis) and there is no influence between there is no effect between Family Support on Sadanist Behavior (Clinical Breast Examination). Advice that can be given is the need for information and support from health workers so that women of childbearing age want to carry out clinical breast examination (Sadanis).

REFERENCE

Kementrian Kesehatan Indonesia. (2018). Hasil Riset Kesehatan Dasar (Riskesdas). Badan Penelitian dan Pengembangan Kesehatan.

Kementerian Kesehatan RI. (2015). Panduan Penatalaksanaan Kanker Payudara. Jakarta: Kemenkes RI.

Kemenkes RI. (2015). Panduan Program Nasional Gerakan Pencegahan dan Deteksi Dini Kanker Leher Rahim dan Kanker Payudara.

Nonik Ayu Wantini, N. I. (2018). Deteksi Dini Kanker Payudara Dengan Pemeriksaan Payudara Klinis (Sadanis) Pada Wanita Usia Subur Di Puskesmas Kalasan, Sleman, DIY. Jurnal Kebidanan Indonesia, 9(2), 14–23.

Notoatmodjo, S. (2003). *Ilmu Kesehatan Masyarakat Prinsip-Prinsip Dasar*. Jakarta: Rineka Cipta.

Notoatmodjo, S. (2007). Promosi Kesehatan dan Ilmu Perilaku. Rineka Cipta.

Nurhayati, Zaimah Hilal, I. U. (2022). Faktor-Faktor yang Berhubungan dengan Pemeriksaan Payudara Sendiri pada Wanita Usia Subur dalam Mendeteksi Dini Kanker Payudara di Wilayah Kerja Puskesmas Paal V Kota Jambi Tahun 2022. Scientia Journal, 11(1).

Putu Wahyuni Wulandari Karnawati, N. L. P. S. (2022). Faktor Yang Memengaruhi Perilaku Pemeriksaan Payudara Sendiri (Sadari) Pada Wanita Usia Subur. Archive Of Comunity Health: Jurnal Kesehatan Masyarakat, 9(1),

150–160.

Romauli, Suryati. & Vindari, A. V. (2012). Kesehatan Reproduksi. Nuha Medika.

Santi Nurhayati, Linda Suwarni, O. W. (2019). Faktor-faktor yang Berhubungan dengan Pemeriksaan Payudara Klinis (Sadanis) pada WUS di Puskesmas Alianyang Pontianak. JUMANTIK: Jurnal Mahasiswa Dan Penelitian Kesehatan, 6(1), 16–26.

Saryono. (2010). Metode Penelitian Kualitatif. PT. Alfabeta.

Sugiyono. (2007). Statistik Untuk Penelitian. PT. Alfabeta.

Shiryazdi, S. M., Kargar, S., Farahbod, A. R., Neamatzadeh, H., & Aboueian-jahromi, M. (2014). Knowledge, Attitude, and Practice of Women Referring to Yazd City Health Centers regarding Breast Cancer Screening. Journal of Community Health Research, 3(2), 80–95.

Society, A. C. (2015). Breast Cancer Fact & Figure 2015-2016.

Wawan A, & Dewi M. (2010). Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia. Yogyakarta: Nuha Medika.