ANALYSIS OF BREAST SELF EXAMINATION BEHAVIOR

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ABSTRACT

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. Breast cancer is very dangerous and must be watched out for early. However, breast cancer can be prevented with healthy lifestyle habits, routine breast self-examination carried out by every woman and clinical breast examination by trained health workers. Research on Non-Communicable Diseases (PTM) 2016 stated that public behavior in early detection of breast cancer is still low. It was recorded that 53.7% of people had never done Awareness, while 46.3% had done Awareness; and 95.6% of people have never done Sadanis, while 4.4% have done Sadanis. The type of research used is quantitative research with analytical survey research methods and a cross sectional approach. The research sample used was students from the Radiology Study Program at Widya Husada University, Semarang, totaling 43 respondents. Data collection uses a questionnaire. Bivariate data analysis using Chi Square. From data analysis using Chi Square, the results showed that there was an influence between Family History of Disease on Self-Breast Examination Behavior, there was no influence between Knowledge about Breast Cancer on Self-Breast Examination Behavior and there was an influence between Family Support on Breast Self-Examination Behavior. The advice that can be given is that there is a need for information and support from health workers as well as other efforts to increase women's willingness and awareness to carry out Breast Self-Examination as one of the efforts in Early Detection of Breast Cancer.
Keywords: Early Detection; Breast Cancer; Breast; Self-Examination.

BACKGROUND

Cancer ranks as the second biggest disease in the world. Data on the number of cancer sufferers worldwide reaches 14 million cases with a death rate of 8.2 million every 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, A. C., 2015). This is because there is no therapy to kill cancer cells from the human body. Breast cancer is very dangerous and must be watched out for early. However, breast cancer can be prevented with healthy lifestyle habits, routine breast self-examination (Sadari) carried out by every woman and clinical breast examination (Sadanis) by trained health workers. Research on Non-Communicable Diseases (PTM) 2016 stated that public behavior in early detection of breast cancer is still low. It was recorded that 53.7% of the community had never done Adari, while 46.3% had done Adari; and 95.6% of people have never done Sadanis, while 4.4% have done Sadanis. To prevent and control 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. In order to optimize efforts to prevent and control cancer in Indonesia, there needs to be massive efforts made by all parties, both government and society, in preventing and controlling cancer. One of them is efforts to increase public awareness about breast cancer.

According to the Indonesian Association of Surgical Oncology Specialists in 2017, the estimated incidence of breast cancer in Indonesia was 8,625 cases and it was found that 82% of them were at an advanced stage. This is related to the low interest of business women of childbearing age in carrying out 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 Self-Breast 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 opportunity to live longer after being diagnosed with cancer. In an effort to reduce the death rate from breast cancer, an effective screening program is needed to find out early (Shiryazdi et all, 2014). Early detection is the first and most important first step in cancer prevention. It is hoped that early detection can reduce mortality and morbidity rates, and health costs will be lower. Early detection and screening are the keys to a high survival rate in sufferers. Early detection can reduce the death rate. Apart from that, to improve

recovery for breast cancer sufferers, the key is early discovery, early diagnosis and early therapy. For this reason, it is necessary to disseminate knowledge about breast cancer, and educate women to carry out self-breast examinations (Sadari) and clinical breast examinations (Sadanis) (Kementrian Kesehatan RI, 2018). Based on the background above, the author is interested in studying further in research with the title "Analysis of Breast Self-Examination Behavior (Sadari) in Radiology Study Program Students at Widya Husada University, Semarang."

METHOD

The type of research used is quantitative research using analytical survey research methods, then analyzing the dynamics of correlation between phenomena, both between risk factors and effect factors, between risk factors, and between effect factors, where the researcher only makes observations without providing intervention on the variables involved. researched. Meanwhile, the approach used is the Cross Sectional Approach where data collection for the independent variable and dependent variable is carried out once at the same time. The sample in this study was students of the Radiology Study Program at Widya Husada University, Semarang, totaling 43 respondents. In this research, the sampling technique used is a saturated sampling technique, namely by selecting all members of the population as samples, because the population size is relatively small. The variables in this study were family history of cancer (breast cancer), knowledge about breast cancer, family support for self-breast examination (Sadari) and self-breast examination behavior (Sadari). To measure these variables a questionnaire was used and then analyzed using univariate and bivariate analysis.

Univariate analysis was carried out on the variables family history of cancer (breast cancer), knowledge about breast cancer, family support for self-breast examination (Sadari) and self-breast examination behavior (Sadari). This analysis produces the distribution and percentage of each variable. The percentage results for each variable are arranged in the form of a frequency distribution table. Bivariate analysis was carried out on two variables that were thought to be related or correlated. In this analysis, the variables that are linked are family history of cancer (breast cancer) to self-breast examination behavior (Sadari), knowledge about breast cancer to breast self-examination behavior (Sadari), and family support for self-breast examination behavior (Sadari). This data analysis was tested using Chi Square.

RESULT

The research results in univariate analysis are presented in the form of a frequency distribution table, as briefly described below.

Table 1 Univariate Analysis Results

Variable	Frequency	Percentage
Family History of Disease (Breast Cancer)		
Yes	6	14%
None	37	86%
Knowledge about Breast Cancer		
Less	18	41,9%
Good	25	58,1%
Family Support		
Not Supported	7	16,3%
Support	36	83,7%
Breast Self-Examination Behavior		
No	17	39,5%
Yes	26	60,5%

Based on Table 1, for the Family History of Disease (Breast Cancer) variable, it shows that respondents who had no family history of breast cancer, namely 37 people (86.1%) were greater than respondents who had a family history of breast cancer, namely as many as 6 people (13.9%). The knowledge variable shows that some respondents have good knowledge about breast cancer, namely 25 people (58.2%) compared to respondents who have less knowledge about breast cancer, namely 18 people (41.8%). For the family support variable, it shows that the majority of families

support the Implementation of Self-Breast Examination (Sadari), namely 36 people (83.7%) compared to families who do not support the Implementation of Self-Breast Examination (Sadari), namely 7 people (16.3 %). For the Awareness behavioral variable, it shows that the majority of respondents carried out a Self-Breast Examination (Sadari), namely 26 people (60.5%) compared to respondents who did not carry out a Self-Breast Examination (Sadari), namely 17 people (39.5%).

Table 2 Bivariate Analysis Results

Variable	Breast Self-Examination Behavior (Sadari)				Total		p value
	No		Yes				
	f	%	f	%	f	%	
Family History of Disease (Breast Cancer)							
Yes	0	0%	6	100%	6	100%	0,038
None	17	45,9%	20	54,1%	37	100%	
Knowledge about Breast Cancer							
Less	6	33,3%	12	66,7%	18	100%	0,350
Good	11	44%	14	56%	25	100%	
Family Support							
Not Supported	0	0%	7	100%	7	100%	0,020
Support	17	47,2%	19	52,8%	36	100%	

Based on Table 2, from the results of data analysis using the Chi Square statistical test regarding the Influence of Family History of Disease (Breast Cancer) on Breast Self-Examination Behavior (Sadari), the ρ value = 0.038 < 0.05. then it is said that Ha is accepted, which means there is an influence between family history of illness (breast cancer) on breast self-examination behavior (Sadari). From the results of data analysis using the Chi Square statistical test regarding the influence of knowledge about breast cancer on breast self-examination behavior (Sadari), the ρ value = 0.350 > 0.05 was obtained. then it is said that Ha is rejected, which means there is no influence between Knowledge about Breast Cancer and Breast Self-Examination Behavior (Sadari). Meanwhile, from the results of data analysis using the Chi Square statistical test regarding the influence of family support on breast self-examination behavior (Sadari), the ρ value = 0.02 < 0.05. then it is said that Ha is accepted, which means there is an influence between family support on self-breast examination behavior (Sadari)

DISCUSSION

From the analysis of the family history of breast cancer variable, it was found that the majority of respondents did not have a family history of breast cancer. Women who have family members who have had breast cancer are at greater risk. If a woman has a mother, aunt or sister who has breast cancer, she has a double risk of developing breast cancer. Meanwhile, the risk in the next generation, for example, if a woman has children, the child of that woman has a risk three times greater than that of her mother.

Meanwhile, from the analysis regarding the influence of breast cancer history on breast self-examination behavior (Sadari), the ρ value = 0.038 < 0.05. then it is said that Ha is accepted, which means there is an influence between family history of illness (breast cancer) on breast self-examination behavior (Sadari). The results of this research are in line with research conducted by (Ria Anggara, 2012) which carried out a statistical test using chi-square with a value of ρ = 0.037 < α (0.05), so that Ho is rejected, which means there is a relationship between family history and the behavior of women aged fertile to breast self-examination behavior (Sadari). According to Notoatmodjo (2013) states that if there is a family history (grandmother, mother, sibling, etc.) of suffering from breast cancer and having a direct bloodline relationship, they can inherit the gene for breast cancer. Because of this, family history plays a very important role in a person's health condition. For example, if the family has a history of cancer, it means that we or our children have the possibility of inheriting the same gene.

From the analysis of the variable knowledge about breast cancer, it was found that the majority of respondents had good knowledge about breast cancer. Knowledge is the result of "knowing" and this occurs after people sense a particular object. Sensing objects occurs through the five human senses, namely sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, Soekidjo, 2007). Knowledge can be influenced by internal factors including education, employment and age. From the research results, it was found that the majority of respondents had an educational background at university level. This shows that in general the higher a person's education, the easier it is to receive information (A. Wawan, 2010). Apart from that, education is needed to

obtain information, for example things that support health so that it can improve the quality of life. This is in line with research conducted (Ernalinda Rosya, Andriani Indah Kusumadewi, 2019) which showed that some (39.3%) respondents had good knowledge about breast cancer, where knowledge of the benefits of something will cause people to have a positive attitude towards it.

Meanwhile, from the analysis regarding the influence of knowledge about breast cancer on breast self-examination behavior (Sadari), the ρ value = 0.350 > 0.05 was obtained. then it is said that Ha is rejected, which means there is no influence between Knowledge about Breast Cancer and Breast Self-Examination Behavior (Sadari). Good knowledge about breast cancer does not guarantee respondents to carry out breast self-examination (Sadari). Respondents' reluctance to carry out breast self-examination (Sadari) is not only influenced by knowledge but can be caused by other factors including environmental factors and support from health workers which can motivate respondents to carry out breast self-examination (Sadari) as an effective screening program to find out earlier incidence of breast cancer. Behavior can be influenced by environmental, educational, religious, socio-economic, cultural, perception and motivation factors. Behavior is also influenced by the level of knowledge which is a predisposing factor that can influence a person's behavior. Behavior that is based on the knowledge a person has will last much longer than behavior that is not based on knowledge. If someone has good knowledge, there will be a positive response to Sadari's behavior. However, if the knowledge is lacking then it will not give rise to a good response to Sadari's behavior (Notoatmodjo, Soekidjo, 2007).

From the analysis of the Family Support variable in the Implementation of Self-Breast Examination (Sadari), the results showed that most families support the Implementation of Self-Breast Examination (Sadari). According to Sarwono (2003), support is an effort given to another person, both morally and materially, to motivate that person to carry out activities, in this case support in carrying out Self-Breast Examination (Sadari). Caplan in Friedman (1998) explains that the family has several support functions, namely: (1) Instrumental support; (2) Informative support; (3) Emotional support; and (4) Reward support. Apart from that, 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 face 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, it was found that 82% of them were at an advanced stage. This is because women are reluctant to undergo early examination. With conditions like this, support is needed for women, in this case the family, to support the implementation of early detection as the first step in preventing cancer. It is hoped that early detection can reduce mortality and morbidity rates, and health costs will be lower. This is in line with research conducted by (Nurhayati, Zaimah Hilal, 2022) when looking at family support, respondents had good family support in detecting breast cancer with a percentage of 50.9% (56 people).

Meanwhile, from the analysis regarding the influence of family support on breast self-examination behavior (Sadari), the ρ value = 0.02 < 0.05. then it is said that Ha is accepted, which means there is an influence between family support on sadistic behavior (clinical breast examination). This is in accordance with the research results of (Putu Wahyuni Wulandari Karnawati, N. L. P. S., 2022) which stated that the strengthening factors for Self-Breast Examination (Sadari) behavior in WUS consist of family and friend support variables, however the results of their research show that the proportion of respondents who did not receive family support with poor behavior was 97.65 % and those with good behavior were 2.35%, while those who received family support with less good behavior were 78.82% and those with good behavior were 21.18%. There is a significant relationship between support from family and Self-Breast Examination (Sadari) behavior. The influence of family and friend support on Sadari's behavior indicates that family and friend support, which consists of support that involves providing information, suggestions or feedback, giving appreciation, giving attention, helping to provide facilities, being open and carried out constantly, will create a feeling of comfort. and enthusiasm for respondents to carry out early detection of breast cancer through Sadari. Therefore, the delivery of health information regarding Self-Breast Examination (Sadari) can be done comprehensively without community, age or gender restrictions. It is hoped that this can increase public understanding about Sadari, thereby giving rise to forms of social support from various groups for women to encourage the formation of good Sadari behavior. Family support is a process that occurs throughout life, the nature and type of support differs in various 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).

CONCLUSION

From the research that has been carried out which aims to conduct an analysis of self-breast examination behavior (Sadari) among students of the Radiology Study Program at Widya Husada University, Semarang, it can be concluded that there is an influence between family history of disease (breast cancer) on self-breast examination behavior (Sadari), there is no influence. Between Knowledge about Breast Cancer and Breast Self-Examination Behavior (Sadari) and there is an influence between Family Support on Breast Self-Examination Behavior (Sadari). The advice that can be given is that there is a need for information and support from health workers as well as other efforts to increase women's willingness and awareness to carry out Breast Self-Examination (Sadari) as one of the efforts in Early Detection of Breast Cancer.

Efforts need to be made to increase women's willingness and awareness to carry out Breast Self-Examination (Sadari) as one of the efforts in Early Detection of Breast Cancer.

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