

Article

Effects of Breast Cancer Counseling on Attitudes of Acting Mothers in BSE in Timpag Village, Kerambitan Subdistrict, Tabanan Regency, Bali-Indonesia

Ni Wayan Sukma Adnyani ¹, Ni Putu Diah Andini ²

¹ Midwifery Department, Politeknik Kesehatan Kartini, Bali, Indonesia

SUBMISSION TRACK

Received: 5 November 2019

Final Revision: 22 November 2019

Available Online: 30 Desember 2019

KEYWORDS

Write, no more, than, five, keywords

CORRESPONDENCE

E-mail: sukmaadnyani@gmail.com

A B S T R A C T

This study aims to determine the effect of breast cancer counseling on the attitude of mothers doing BSE actions. The study design used a pretest-posttest model to measure the knowledge and attitudes of 45 respondents. Data from research results were collected using a questionnaire and data analysis using the Rank Wilcoxon statistical test. The results showed: (1) Before giving counseling, knowledge included as many as 34 categories (75.56%), 9 categories as enough (20.00%), and 2 categories as good (4.44%), while attitudes included negative categories were 32 (71.11%) and positive categories were 13 (28.89%). (2) After being given knowledge counseling including as many as 3 categories (6.67%), sufficient categories as many as 5 (11.11%), and good categories as many as 37 (82.22%), while attitudes including negative categories as much as 4 (8.89%) and positive categories as much as 41 (91.11%). The Wilcoxon test with a p value of <0.05 was said to have a difference, namely the value of p = 0,000, and the value of Z count - 5,393 which means that there is an effect of breast cancer counseling on the attitude of mothers doing BSE in Timpag Village.

I. INTRODUCTION

One disease that is very worrying for women is breast cancer. Breast cancer is a deadly disease that affects women at the age of 15-40 years. According to Rethink Breast Cancer data, a quarter of breast cancer sufferers are women under 50 years of age, but when patients can detect breasts earlier then the likelihood of recovery in 5 years is 82% (Melda Suhita, 2013).

Breast cancer, also known as carcinoma mammae, is cancer that originates from the glands, ducts and supporting tissues of the breast but does not include the skin of the breast (Manganese, 2015). Breast cancer is classified as a malignancy that can be diagnosed early. The effort for this is doing

BSE (Self Breast Examination). Self-awareness or examination the breast itself is the easiest, fastest, cheapest and simplest method that can detect breast cancer early (Poniyah, 2012).

Correctional BSE activities for all women begin at childbearing age because 85% of abnormalities in the breast are first recognized by patients (Rasjidi, 2012). Foster and Constanta in Shadine (2013) found that breast cancer deaths were fewer in women who did Breast Self-Examination (BSE) than those who did not.

According to research conducted by Novianti in 2013, in Ma'arif Durensewu Pasuruan under the title Influence of Health Education on the knowledge and attitudes of adult women about "BSE" in the early detection efforts of Ca Mammae, shows that the level of knowledge of young women about breast self-examination (BSE) is still less than 61 respondents (87.1%), 9 respondents (12.8%) with sufficient knowledge and none who were well-informed (0%) (Novianti, 2013).

Strengthening the results of the theoretical study, the authors conducted a preliminary study at the Kerambitan Health Center I. The initial study was carried out with direct discussions with doctors, nurses and midwives as well as through extracting existing secondary data. The data obtained shows that in 2017 out of 344 mothers who did breast and IVA examinations at the Kerambitan I health centre, six mothers found breast cancer positive and 338 mothers breast cancer negative. The number of 344 mothers who did breast and IVA examinations at the Kerambitan I Community Health Center was spread in seven villages that became the working area of the Kerambitan I Community Health Center.

Lack of information about how to Breast Self-Examination, about how to feel the right way to the breast and mental unpreparedness and fear of lumps or cancer found in the body, are factors that cause women to not breast self-examination (Fifi, 2011). As a result, many breast cancer patients come to the hospital in an advanced stage. Therefore, the need for women to do breast self-examination, women are also expected to detect or identify early breast cancer, so that it can be treated appropriately and the cure rate is quite high (80-90%) (Rasjidi, 2012).

Efforts can be made to increase women's knowledge by providing health education to women. Health counselling is an educational activity carried out by spreading the message, instilling confidence, so that the community is not only aware, know and understand, but also wants and can do a suggestion that has to do with health. Based on the above background, the author is interested in researching about "The effect of breast cancer counselling on the mother's attitude to do breast self-examination in Timpag Village, Kerambitan District, Tabanan Regency".

II. METHODS

This research is an analytical study with a Quasi Experiment research model pre-post-test to measure and compare the level of knowledge before and after counselling (Notoadmojo, 2005).

This research was conducted in Timpag Village, Kerambitan District, Tabanan Regency in October 2018. The population of this study was all PKK mothers in Timpag Village and the sample used was 45 mothers who were determined based on inclusion and exclusion criteria.

The primary data of this study are the attitude of mothers in conducting breast self-examination which was collected from the respondents' questionnaire answers. Whereas the secondary data was obtained from literature/books, Puskesmas I Kerambitan District and other sources related to the research conducted.

The data collection tool used was a questionnaire consisting of 20 questions/statements to the study sample to obtain data about the effects of breast cancer counselling.

In general, the data collected was carried out by univariate analysis, which described breast cancer counselling and maternal attitudes before and after counseling. Bivariate analysis is an analysis conducted on two variables that are suspected to have a relationship/correlation (Notoadmojo, 2014). Bivariate analysis can be done if the data has been tested for normality.

The data analysis technique of this study used the Wilcoxon Rank statistical test for large samples ($n \geq 20$) with the help of the SPSS program. After the hypothesis testing was carried out with an error level of 5% and degrees of freedom $df = 1$, then the hypothesis assessment; H_a is accepted if $p < \alpha = 0.05$ and vice versa. So: the effect of breast cancer counselling on maternal attitudes to do breast self-examination can be categorized as good/positive if ≥ 30 or not good/negative if < 30 .

III. RESULT

Researchers grouped the age of the respondents into three groups based on the reference of the Ministry of Health of the Republic of Indonesia (2016), namely Late Teenagers 17-25 years, Early Adults 26-35 years, and Late Adults 36-45 years. The frequency of respondents is mostly aged 26 to 35 years (early adulthood), which is as many as 26 mothers (57.78%). Respondents aged 26 to 35 years (early adulthood) can be said to be respondents in the reproductive category. While the least is the group of respondents aged 17-25 years (late teens), which is as many as three mothers (6.67%).

The frequency of respondents based on education, most of them had a high school education of 21 mothers (46.67%) and the lowest education was not in school, namely as many as one mother (2.22%).

The attitude of the respondents in conducting breast self-examination before being given breast cancer counseling included in the category of Less as many as 26 (57.8%), Quite as many categories 17 (37.8%), and good category as many as 2 people (4.4%).

Meanwhile, the mother's attitude in conducting breast self-examination after being given breast cancer counseling was included in the Good category by 37 (82.22%), the Self category by 5 (11.1%), and the Less category by three people (6.67%).

To find out the influence of breast cancer counseling on maternal attitudes to do breast self-examination according to the hypotheses that have been put forward, it is necessary to do statistical data tests with the Wilcoxon Test. Before conducting statistical tests of research

results with the Wilcoxon test, it is necessary to test the normality of the data with Kolmogorov-Smirnov assisted with SPSS 17.

Data normality test results using Kolmogorov-Smirnov technique, data on the attitude of mothers in conducting breast self-examination before and after breast cancer counseling is said to be normally distributed with a p value = 0.750.

The results of the Wilcoxon Rank analysis can be explained that there are Negative Ranks or negative (negative) attitudes of mothers doing breast self-examination between before (pre test) with after (post test) breast cancer counseling is given. The number of negative differences or impairment of 3 for N respondents, Mean Rank (average difference) of 6.83 and Sum of Ranks (total number of differences) of 20.50.

Positive Ranks or (positive) attitudes of mothers doing breast self-examination between before (pre test) and after (post test) breast cancer counseling, as many as 39 for N respondents, Mean Rank (average difference) of 22.63 and Sum of Ranks (total total difference) of 882.50.

While Ties are the similarity of Pre test and Post test values, the results of this study indicate the Ties value is 3, so it can be said that there are three similar values between the Pretest and Post-test. The value of the statistical analysis of the Wilcoxon test or Z score of -5,393 with the assumption that for a significance level of 5% or 0.05 of 0,000.

Thus, there is an effect of breast cancer counselling on the attitude of mothers to do breast self-examination in Timpag Village, Kerambitan District, Tabanan.

IV. DISCUSSION

1. Based on the results of research conducted showed that before breast cancer counselling was given, the mother's attitude in conducting breast self-examination was still lacking as many as 26 people (57.78%). This shows that in general mothers do not know how to do BSE correctly, even though their education is mostly in high school, but does not guarantee that they know and are willing to implement BSE.

Respondents stated that by doing BSE it was not possible cure breast cancer, because they have never received counselling about breast cancer. The lack of information about BSE affects the attitude of mothers about BSE to be lacking. The attitude of a mother is a form of evaluation or reaction to her own feelings. A person's attitude towards an object is a feeling of favour as well feeling of not supporting (unfavourable) on the object. (Azwar, 2015). Thus the attitude realistically shows the suitability of the response to a particular stimulus. The results of this study are corroborated by the results of Dwi Puji Lestari's research (2016) on the effect of health education on the knowledge, attitudes and practices of female breast self-examination of Islamic Boarding Schools. students or 3.33% who have a negative attitude towards BSE.

2. Based on the results of research conducted showed that after breast cancer counselling was given, the mother's attitude in doing breast self-examination was categorized as good as many as 37 people (82.2%). This means that your attitude to do breast self-examination after getting breast cancer counselling has improved, and also because the average age of respondents is still productive and their education is mostly in high school, then the material on breast cancer counselling is easier for them to grasp and understand (Azwar, 2015). The attitude is a multi-dimensional contact consisting of cognitive, affective and conative. The cognitive component contains a person's beliefs about what applies or what is true for the object of attitude.

According to research (Dwi Puji Lestari, 2016), there are differences in the attitude of students in the treatment group, whereas in the control group there is no difference in attitude. Nur Intan Kusuma, (2014) also mentioned that students included in the experimental group (counselled) before and after counselling who had positive attitudes were 7 people (35%) and 15 people (75%) respectively.

3. Analysis of the effect of breast cancer counselling on maternal attitudes to do breast self-examination can be found differences in categories, namely before breast cancer counselling is given with fewer categories and after breast cancer counselling is given with good categories.

After the data of the mother's attitude to do breast self-examination was performed the Wilcoxon test with a p-value <0.05 said there was a difference, namely the value of $p = 0,000$, and the value of Z count was $-5,393$ which means there was an influence of breast cancer counselling on the attitude of the breast self-breastfeeding mother in the Timpag Village. According to Meryanna R. Simanjuntak (2013) in her research also stated that an increase in the average value of female student education about BSE as indicated by p value $(0,000) < p (0.05)$ indicates that the effect is significant. It is intended that during cancer counselling breasts run smoothly and the information obtained is valid and accurate. This is because after you get breast cancer counseling can improve the domain of attitude, namely: cognition, emotions and behavior and can be consistent or not.

V. CONCLUSION

There is an influence of breast cancer counselling on the mother's attitude to do breast self-examination in Timpag Village. For people more actively seeking information about IVA. Because through IVA the public will become more familiar with breast cancer and how to prevent it. Thus, it can open up insights about BSE and can increase knowledge with full awareness of doing BSE examination.

REFERENCES

- Adnani, H, 2011. *Ilmu Kesehatan Masyarakat*. Nuha Medika. Yogyakarta.
- Ariyaty, Frinnessca Wenny. 2012. *Efektivitas Pendidikan Kesehatan Sadari Terhadap Sikap Sadari Pada Remaja Putri Kelas Xi Di SMA Negeri 1 Pajangan Bantul*. *Jurnal Kebidanan Vol 5, No 4*. Yogyakarta: Universitas Gadjah Mada Yogyakarta.
- Depkes RI. 2016. *Pusat Data dan Informasi Kementerian Kesehatan RI*. Diakses tanggal 25 Agustus 2017 pukul 20.00 WITA dari: <http://www.depkes.go.id> diakses.
- Dwipayani. Made. 2014. *Pengaruh Penyuluhan Kesehatan Tentang SADARI Terhadap Keterampilan Ibu-ibu PKK Dalam Melaksanakan SADARI Di Banjar Dauh Pala Pengabetan*. Tabanan: STIKES Advaita Medika Tabanan.

- Hidayati, A, Salawati, T, dan Istiana, S. Herawani, dkk. 2015. *Pendidikan Kesehatan dalam Keperawatan*. Jakarta: EGC.
- Moks & Haditomo, S.R.(2013). *Psikologi Perkembangan*. Yogyakarta: Gadjah Mada University.
- Mubarak W I. 2013.*Ilmu Kesehatan Masyarakat Konsep dan Aplikasi dalam Kebidanan*. Jakarta: Salemba Medika.
- Nasriyah. 2014. *Pendidikan Kesehatan Deteksi Dini Kanker Payudara Berbasis SADARI*. Kudus : Jurnal Nasriyah. Diakses tanggal 25 Agustus 2017 pukul 20.00 WITA dari: <http://Sadari2.pdf>.
- Notoatmodjo, S. 2014. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Nursalam dan Pariani, Siti. 2014. *Pendekatan Praktis Metodologi Riset Keperawatan*. Jakarta. EGC.
- Olfah, Y., Mendri, N. K.,& Badi'ah, A. (2013). *Kanker Payudara & Sadari (Pertama)*. Yogyakarta: Nuha Medika.Otto, Shirley. 2015. *Buku Saku Keperawatan Onkologi*. Jakarta. EGC.
- Pierce, Sylvia, dkk. 2014. *Patofisiologi: Konsep Klinik Proses-Proses Penyakit*. Jakarta: EGC.
- Ponniah,Paulraj. 2014. *Data Warehousing Fundamentals*. New York: John Wiley and Sons, Inc.
- Rasjidi,I, 2014. *Deteksi Dini dan Pencegahan Kanker Kanker Pada Wanita*. Jakarta: Sagung Seto.
- Septiani, S.,& Mahyar, S. 2014. *Faktor-Faktor Yang Berhubungan Dengan Perilaku Pemeriksaan Payudara Sendiri (Sadari) Pada Siswa SMAN 62 Jakarta 2012*. Jakarta: STikes MH.Thamrin.
- Shadine, Mahannad. 2015. *Penyakit Wanita, Pencegahan, Deteksi Dini & Pengobatannya*. Jakarta: Keen Books.
- Suliha, Uha, dkk. 2013. *Pendidikan Kesehatan Dalam Keperawatan*. Jakarta. EGC.
- Sutjipto. 2014. *Giliran Remaja yang Diincar Kanker Payudara*. RS Kanker Dharmais Jakarta. Tersedia dalam: <http://tempo.co.id> [Dipublikasikan 2 September 2014]. *World Health Organization (WHO)*. 2015. *Breast Cancer Estimated Incidence, Mortality and Prevalence Worldwide in 2012*. GLOBACAN 2012 (IARC).

BIOGRAPHY

First Author

The author is a lecturer at D III Midwifery Politeknik Kesehatan Kartini Bali,she graduate from the Diploma III Midwifery at Academi Midwifery of Kartini Bali, Diploma IV at Health Ministry of Polytechnic Denpasar in 2011 and Magister of Public Health at Udayana University,Bali Indonesia.