

Article

Description of knowledge and Attitudes Breast Self-Examination (BSE) in Women of Fertile Age in the Kalumbuk District

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A B S T R A K

Breast cancer (*Ca Mammae*) is a major health problem in Indonesia and the world. One of the causes of this disease can't be cured when found in the advanced stage. The efforts of preventing and controlling breast cancer by the government have been conducted by the clinical Breast Examination (CBE). CBE is done by medical personnel. CBE formed women to be able to perform breast self-examination (CBE). CBE is an early detection intervention that has many advantages including *simple*, easy and practical. If done correctly and periodically can detect early breast cancer. The purpose of this research is to look at the knowledge and attitude of CBE in women of childbearing age (WUS) in Kalumbuk District.

Method

This type of research uses quantitative descriptive with *simple random sampling*. Data suspension was conducted on October 2019 – July 2020. The population of this research is 30-50 years old in women of fertile age. The number of samples in this study was 101 respondents. Data processing using SPSS 25 software.

Results

The results of the study gained that the knowledge of respondents in the category is sufficient, while the respondents attitude is in the negative attitude category to BSE.

Conclusion

Knowledge is enough and the negative attitude to BSE this is being done by a number of things such as age, education, employment, and health education BSE.

I. INTRODUCTION

Breast cancer (*Ca Mamae*) is a major health problem in Indonesia and the world. Breast cancer is feared by many women, not only adults but also among young people. One of the causes of this disease can not be cured when found in the advanced stage. Many breast cancer sufferers who come to health care already in severe conditions. According to WHO data in 2013, the incidence of cancer increased from 12.7 million cases in 2008 to 14.1 million cases in 2012.

In Indonesia, based on data *Global Burden Cancer* (Globocan) mentioned in year 2018 there are 18.1 million new cases with a mortality rate of 9.6 million deaths, of which 1 in 5 males and 1 in 6 women in the world are experiencing cancer. The Data also states 1 out of 8 males and 1 out of 11 women, died of cancer. The incidence rate of cancer in Indonesia (136.2/100,000 inhabitants) is 8th in southeast Asia, while in Asian order 23. The highest incidence rate of cancer in women is breast cancer which is 42.1 per 100,000 inhabitants with an average of 17 deaths per 100,000 inhabitants (Globocan, 2018).

The American Cancer Society recommends that since the age of 20 women have their breasts checked every three years to the age of 40 years. After that, the examination can be done once a year. Even before the age of 20 years a lump in the breasts can be encountered, but the potential of violence is very small (Setiati, 2009). In the development of medical technology, there are various ways to early detect the presence of breast disorders, including *thermography*, *mammography*, *ductography*, *biopsy* and breast ultrasound. The prevention and control of cancer in Indonesia continues to be developed, especially the two most cancers in Indonesia, namely breast and cervical cancer. The government has done various in early detection of breast cancer in women aged 30-50 years using clinical breast Examination (CBE) method (Kemenkes RI, 2018).

CBE is a breast examination conducted by medical personnel. CBE also forms women to be able to perform breast self-examination (BSE). BSE It is an early detection intervention that has many advantages including *simple*, easy and practical. If you BSE that this can be done properly routinely and periodically, breast cancer can be detected early so as to obtain a further treatment that is fast and precise. But BSE it has not gained more attention in Indonesia in terms of knowledge, motivation, and attitude of women about the practice of breast self-examination.

BSE recommended to be implemented since the age of 20 years. That age belongs to the category of childbearing age in women. Women of childbearing age are age groups who have a large risk of having breast cancer. In this study aimed at women of childbearing age in Kalumbuk District, Padang City which is aged 30-50 years. The village of Kalumbuk is included in the working area of Kuranji Public Health Center. Based on the results of the CBE test conducted by the Kuranji Public Health Center, found as many as 43 people there is a tumor/lump in the breast. This figure is the highest number in the work area Public Health Center Padang City (Padang city Health Office, 2018). Therefore, BSE it can help women to know the abnormalities found in the breast.

II. METHOD

The research method used is a quantitative descriptive with a sampling technique with *simple random sampling*. The Study was held in october 2019 – july 2020 in the Kalumbuk District, Kuranji, Padang. The population of this research is a woman aged 30-50 years old, amounting to 2,283 people. Samples were taken at 3 RW that existed in the Kalumbuk District.

Sample research amounted to 101 people who met the Inclusion and exclusion criteria that had been set in the study.

III. RESULTS

The results of the study were found that respondents who had received Health education were aware of 49 respondents (48.5%) and have not received a health education realized as much as 52 respondents (51.5%). The category of science is aware that respondents are in Good category (5.9%), enough (55.4%), and less (38.6%). While the category of the attitude aware respondents who have a positive attitude (32.7%) and negative attitudes (67.3%).

Table 1. Results of the study were found that respondents who had received Health education

Variable	f	%
Knowledge		
Good	6	5,9
Enough	56	55,4
Less	39	38,6
Attitude		
Positive	33	32,7
Negative	68	67,3

IV. DISCUSSION

Age

Based on the results of the research has been obtained that most of the respondents were in a group of ages 41-45 years as many as 46 respondents (45.5%). Based on the results of research that has been done, the dominant respondent was in the group Age 41-45 years as many as 46 respondents (45.5%). It is shown that the age of women of childbearing age in the Kalumbuk District at the research is dominated by the late adult age group. This late adult age group is more interested in meeting community gatherings than young age groups.

This shows that increasing age demonstrates the nature of thinking that is ripe and has a mental to learn and adapt to new situations, such as remembering things that were once studied, analogical reasoning and creative thinking. Notoatmodjo (2012) states the increasing age of a person, the more the capture and pattern of the mindset so that the knowledge gained better, but towards the elderly the ability to remember someone will be increasingly reduced.

Education

The results of the study showed that most respondents had a high school background of 67 respondents (66.3%). The results of the study showed that most respondents had a high school background of 67 respondents (66.3%). The results of this research are also in line with the knowledge of women of childbearing age who are in sufficientcategory. Where the level of

education of a person is also influenced by several factors such as, economic, social culture and environment.

Job

Based on the results the study gained that most respondents worked as a housewife of 61 Respondents (60.4%). Assuming researchers in this research of women who do not work most have enough knowledge. It is possible that respondents who do not work have time to obtain information about BSE it through print media, electronic media, or from health professionals who provide health information.

Knowledge of BSE

The results of this study showed that the respondents knowledge level of the BSE Some respondents had enough knowledge, as many as 56 respondents (55.4%). Knowledge of both 6 respondents (5.9%), while having a knowledge of 39 respondents (38.6%). Knowledge of women of childbearing age in the category can adequately be influenced from the background of education women of fertile age dominant level of Senior High School and information related to health education realized that still not obtained by some women of the fertile age in Kalumbuk District.

The good knowledge of the respondent is to understand the normal condition of realizing the result, the position to do realize, and the place to be realized. Knowledge is enough respondents, understand about people who can do BSE and steps while doing aware. Knowledge less respondents about the sense of BSE, the recommended age is realized, and The execution time is realized. Knowledge is lacking because of the lack of information obtained by respondents so as not to get information about BSE.

The limitation of information causes the respondents knowledge of BSE to be lacking. Education has an effect on knowledge in obtaining information about BSE. The higher a person's education receives more information. The information about the BSE contribution in the results of this research is never at all informed of the knowledge of course have a little bit not even know at all about BSE because it has not been exposed information about BSE.

Researchers assume that respondents in this study have enough knowledge due to one of the education of respondents and health education that has not been received by the respondent. This is in line with Wawan and Dewi (2010) that the factors influencing knowledge include internal factors education, occupation, age, and external factors, among others environmental and social cultural factors. In addition, advances in technology and information are unlimited and accessible everyone so that not infrequently younger people tend to be smarter and more frequently connected and access information technologies such as the Internet so tends to have a higher level of knowledge.

Attitude of BSE

The results showed that some respondents had negative attitudes towards realizing as many as 68 respondents (67.3%), and positive attitudes towards realizing as much as 33 respondents (32.7%). Negative attitude of respondents can be caused because still not all mothers get a health education realize so that the knowledge is still minimal, besides the level of education of women fertile age also affects the attitude of realizing, work and the environment.

Researchers assumed in this study that respondents had a negative attitude towards BSE because it was still lacking the respondent's knowledge about realizing it. This can be caused by other factors such as lack of experience, absence of willingness or encouragement to be aware of.

Based on the research conducted that the better the knowledge of a respondent, the attitude of the respondent tends to be positive. If the knowledge of the respondent in the category is sufficient, then the attitude of respondents can be positive and negative. Respondents' positive or negative attitudes are influenced also by age, education, occupation and Other information obtained through the media. Adequate knowledge and positive attitude of respondents can be caused by the influence of culture, environment and Information Resources are realized. While enough knowledge with a negative attitude is attributed to the lack of motivation, time, and experience in addressing the realizing. Knowledge is lacking with a negative stance relating to lack of information and knowledge about realizing it. Knowledge is lacking with a positive attitude to the influence of culture and environment.

V. CONCLUSION

Knowledge and attitude realized in women of childbearing age in Kalumbuk District concluded that:

1. Some respondents have not received a health education
2. Knowledge BSE of respondents in the category is sufficient, This is comparable to the health education that some respondents have received.
3. The respondent's attitude is found in a negative attitude category which is comparable to some respondents have not received a health Education about BSE.

REFERENCES

- American Cancer Society. 2017. *Breast cancer*. <https://www.cancer.org/cancer/breastcancer.html>. 23 November 2019.
- Desi, Priyantari, W., & Lubis, U.P. (2017). Woman's knowledge relationship of childbearing age about breast cancer with her own breast examination attitude in Yogyakarta. *Journal of MIKKI*, 5 (1), 21-22.
- Padang Health Office, 2018. *Padang City Health Data report, 2018*. The Padang.
- Globocan, 2018. Cancer today. International Agency for Research on Cancer. <http://gco.iarc.fr/>. 8 November 2019.
- Kartika, D.O., Sutanto, D., & Suciati, A. (2015). Overview of women of childbearing age about breast self-examination in village villager Kulon Jurnal Ners Indonesia, Vol. 10 No. 1, September 2019 20 District Dukuhtuti in 2015. *E-Journal of Tegal Harapan Bersama Polytechnic*, 104-106.

- Ministry of Health Republic of Indonesia. 2018. *Data Center and information of Ministry of HEALTH RI*. Ministry of Health. Jakarta.
- Ministry of Health Republic of Indonesia. 2019. Commemoration of World Cancer Day 2019. <https://www.kemkes.go.id/article/view/19020100003/hari-kanker-sedunia-2019.html> . Downloaded October 5, 2019.
- Ministry of Health Republic of Indonesia. 2018. National guidelines for medical services of breast cancer governance.
- Notoatmodjo, S. 2012. Health promotion and Health Behavior Revision Edition. Jakarta: Rineka Cipta. Notoatmodjo, 2007 in Budiman, 2013.
- Nurhidayati, H. (2017). An overview of her own breast examination skills in mothers of family Welfare coaching (PKK). Nursing study Program Faculty of Health Sciences University of Muhammadiyah Surakarta. Retrieved 21 June 2020 from <http://eprints.ums.ac.id>
- Setiati E, 2009. Beware of 4 female killer malignant cancers. Yogyakarta.
- Wawan, A & Dewi, M. (2010). Theory & Measurement of human knowledge, attitudes and behaviors. Yogyakarta: Nuha Medika
- World Health Organization (WHO). 2013. Latest World cancer Statistic Global cancer. https://www.iarc.fr/en/media-centre/pr/2013/pdfs/pr223_E.pdf. Downloaded November 23, 2019.