THE EFFECT OF KNOWLEDGE ABOUT BREAST CANCER ON CLINICAL BREAST EXAMINATION BEHAVIOR

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ABSTRACT
The government has made various efforts, including early detection of breast cancer in women aged 30-50 years using the Clinical Breast Examination method. 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 due to the reluctance of women to carry out early examinations. The purpose of this study was to determine the effect of knowledge about breast cancer on clinical breast examination behavior in women of childbearing age. The type of research used is quantitative research with an analytic survey research method, namely a survey or research that tries to explore how and why health phenomena occur. The population in this study were Women of Reproductive Age with a total sample of 33 respondents. Data collection using a questionnaire. Analysis of the relationship between the two variables using the Chi-Square test. From the results of the study it was found that most of the respondents had good knowledge about breast cancer, namely as many as 21 people (63.6%) and most of the respondents did not carry out Clinical Breast Examination as many as 18 people (54.5%) with a p-value = 0.155 > 0.05. so that there is no influence between Knowledge of Breast Cancer and the Implementation of Clinical Breast Examination in the Ngijo Village, Gunung Pati District, Semarang City. There needs to be an effort to increase knowledge and willingness to carry out Clinical Breast Examination as one of the efforts for Early Detection of Breast Cancer.

Keywords: breast cancer; clinical breast examination; early detection

ABSTRAK

Kata kunci: kanker payudara; pemeriksaan payudara klinis; deteksi dini

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INTRODUCTION

Cancer is the second largest disease in the world. Data on the number of cancer sufferers worldwide reaches 14 million cases with a mortality rate of 8.2 million annually (WHO, 2018). Data from the Global Cancer Observatory states that there are 18.1 million new cases with the death rate also increasing to 9.6 million every year (Kementrian Kesehatan Indonesia, 2018). 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). This is because there is no therapy to kill cancer cells from the human body.

The incidence of cancer in Indonesia itself is 136.2/100,000 population and ranks 8th in Southeast Asia, while in Asia it is 23rd. The highest incidence rate for women is breast cancer, which is 42.1 per 100,000 population with an average. The average death rate is 17 per 100,000 population, followed by cervical cancer at 23.4 per 100,000 population with an average death rate of 13.9 per 100,000 population. Based on Basic Health Research data, the prevalence of tumors/cancer in Indonesia showed an increase from 1.4 per 1000 population in 2013 to 1.79 per 1000 population in 2018.

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 method. In order to optimize cancer prevention and control efforts in Indonesia, it is necessary to have massive efforts made by all parties, both the government and the community in cancer prevention and control. One of them is an effort to increase public awareness about breast cancer.

According to the Indonesian Association of Surgical Oncology Specialists in 2017, it is estimated that the incidence of breast cancer in Indonesia is 8,625 cases and it was found that 82% of them were at an advanced stage. This is due to the reluctance of women to conduct early examinations. 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 mortality from breast cancer, an effective screening program is needed to find out early (Shiriyazdi et al., 2014).

Early detection is the first and most important step in cancer prevention. Early detection is expected to reduce mortality and morbidity rates, and lower health costs. Early detection and screening is the key to a high survival rate in patients. Early detection can reduce mortality. In addition, to improve the recovery of breast cancer patients, 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 and Clinical Breast Examination (Kementrian Kesehatan Indonesia, 2018).

Based on the above background, the author is interested in studying further in a research entitled "The Effect of Knowledge about Breast Cancer on Clinical Breast Examination Behavior in Eligible Women".

This study aims to determine the effect of knowledge about breast cancer on clinical breast examination behavior in eligible women in RT 07 RW 03, Ngijo Village, Gunung Pati District, Semarang City.

METHOD

The type of research used is quantitative research with analytical survey research methods, namely surveys or research that tries to explore how and why health phenomena occur.

The population in this study were all eligible women in RT 07 RW 03, Ngijo Village, Gunung Pati District, Semarang City. The sample in this study were all 33 eligible women in RT 07 RW 03, Ngijo Village, Gunung Pati District, Semarang City. In this study the sampling technique used is a saturated sampling technique, which is a technique of determining the sample when all members of the population are used as samples.

The variables in this study were Knowledge of Breast Cancer and Clinical Breast Examination Behavior.
Examination Behavior, these variables were defined and measured in the following way.

Knowledge about Breast Cancer is the extent to which eligible women knows and understands about breast cancer. To measure this, a questionnaire was used, for the variable knowledge about breast cancer with a total of 15 questions. The scale used is the ordinal scale. Sadanis behavior is behavior to perform a Clinical Breast Examination. For the sadistic behavior variable, it consists of 3 questions, categorized into two, namely Yes (Implementing Clinical Breast Examination) and No (Not Implementing Clinical Breast Examination). The scale used is the nominal scale.

In this study, primary data was obtained directly from the respondents by using a questionnaire containing questions about Knowledge of Breast Cancer and Clinical Breast Examination Behavior. Secondary data in this study were obtained from RT 07 RW 03 Ngijo Village, Gunung Pati District, Semarang City.

From the data collected, it was then analyzed using univariate analysis, which was carried out on the variables of knowledge about breast cancer and Clinical Breast Examination behavior. In this analysis, it only produces the distribution and percentage of each variable. The percentage results of each variable are arranged in the form of a univariate table, which is 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 thought to be related or correlated. In this study, the variables that were linked were knowledge of breast cancer with Clinical Breast Examination behavior using Chi Square.

RESULTS
The results of research on univariate analysis are presented in the form of a frequency distribution table, as described briefly below. Table 1 presents data on knowledge about breast cancer, while Table 2 presents behavioral data on clinical breast examination.

Most of the respondents have good knowledge of breast cancer as many as 21 people (63.6%) compared to the lack of knowledge of breast cancer, which is 12 respondents (36.4%).

### Table 1
Frequency Distribution of Respondents Based on Knowledge About Breast Cancer

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>12</td>
<td>36.4%</td>
</tr>
<tr>
<td>Good</td>
<td>21</td>
<td>63.6%</td>
</tr>
<tr>
<td>Amount</td>
<td>33</td>
<td>100</td>
</tr>
</tbody>
</table>

Most of the respondents did not do clinical breast examination as many as 18 people (54.5%) compared to respondents who did clinical breast examination which were 15 people (45.5%).

### Table 2
Frequency Distribution of Respondents Based on Clinical Breast Examination Behavior

<table>
<thead>
<tr>
<th>Clinical Breast Examination Behavior</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>18</td>
<td>54.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>45.5%</td>
</tr>
<tr>
<td>Amount</td>
<td>33</td>
<td>100</td>
</tr>
</tbody>
</table>

The results of data analysis using the Chi Square statistical test regarding the Effect of Knowledge about Breast Cancer with Clinical Breast Examination Behavior obtained the value of value = 0.155 > 0.05. it is said that Ha is rejected, which means that there is no influence between Knowledge of Breast Cancer and Behavior of Clinical Breast Examination.
DISCUSSION
From the univariate analysis, it was found that most of the respondents had good knowledge about breast cancer. Knowledge is the result of "knowing" and this occurs after people have sensed a certain object. Sensing of objects occurs through the five human senses, namely sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2003). Knowledge can be influenced by internal factors including education, occupation and age. From the results of the study, it was found that most of the respondents had an educational background at the tertiary level. This shows that in general, the higher a person's education, the easier it is to receive information (Wawan A & Dewi M, 2010). In addition, education is needed to obtain information such as things that support health so that it can improve the quality of life. This is in line with research conducted by Ernalinda Rosya, et al which showed that some (39.3%) of respondents had good knowledge about breast cancer where knowledge of the benefits of something would cause people to have a positive attitude towards it (Rosya & Kusumadewi, 2019).

Meanwhile, from the results of the univariate analysis for the variable implementation of clinical breast examination, most of the respondents did not perform clinical breast examination. Behavior can be interpreted as human activities that arise due to stimulation and response and can be observed directly or indirectly (Notoatmodjo, 2007). Behavior can be influenced by environmental factors, education, religion, socioeconomic, culture, perception and motivation. From research conducted by Nonik Ayu Wantini, et al proved that there is no relationship between trust and early detection where the study found that there were respondents who had false beliefs (not sure of the importance and benefits of early detection) (Wantini & Indrayani, 2018). Meanwhile, according to the research results of Desanti O, et al showed the perception that breast cancer is fate that cannot be prevented, the research results obtained answers that were not much different, namely 58.9% answered that getting breast cancer was fate. There is still a wrong perception that advanced breast cancer cannot be prevented (64.8%) (Desanti et al., 2010).

According to the Indonesian Association of Surgical Oncology Specialists in 2017, it is estimated that the incidence of breast cancer in Indonesia is 8,625 cases and it was found that 82% of them were at an advanced stage. This is due to the reluctance of women to conduct early examinations. With such conditions, it is necessary to motivate and support women from the closest people, in this case the family, to support early detection as one of the foremost and most important initial steps in cancer prevention. Early detection is expected to reduce mortality and morbidity rates, and lower health costs (Kementerian Kesehatan RI, 2015).
From the results of the bivariate analysis, it was found that there was no effect between Knowledge about Breast Cancer and the Implementation of Clinical Breast Examination. Good knowledge about breast cancer does not guarantee respondents to carry out clinical breast examination. Because from the results of the study, it was found that most of the respondents did not carry out clinical breast examinations even though the respondents’ knowledge about breast cancer was good. Respondents’ reluctance to carry out clinical breast examinations is not only influenced by knowledge but can be caused by other factors including most of the respondents working so that it is difficult to manage time to be able to carry out examinations during working hours, lack of support from the closest people who can motivate respondents to carry out examinations. Clinical breast examination as an effective screening program for early detection of breast cancer.

Carrying out clinical breast examination as an early detection effort is the foremost and most important first 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 and can reduce mortality.

CONCLUSIONS

From the research that has been carried out which aims to determine Knowledge about Breast Cancer with the Implementation of Clinical Breast Examination it can be concluded that most of the respondents have good knowledge about breast cancer, most of the respondents do not do clinical breast examination and there is no effect between Knowledge of Breast Cancer with the Implementation of Clinical Breast Examination.

Efforts need to be made to increase knowledge and willingness to carry out Clinical Breast Examination as one of the efforts for Early Detection of Breast Cancer. In addition, the need for information and support from family or health workers who can motivate them to carry out clinical breast examinations as an effective screening program to find out earlier the incidence of breast cancer

REFERENCE


