

ANALYSIS OF ATTITUDE AND KNOWLEDGE OF EDUCATION OF BREAST EXAMINATION (BEST SELF-EXAMINATION) TO DIPLOMA OF MIDWIFERY STUDENTS JENDERAL ACHMAD YANI CIMAHU UNIVERSITY

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ABSTRACT

Introduction: Breast cancer is one of the most frightening types of cancer, especially for women around the world. In Indonesia, in 2018, the incidence of breast cancer was 42.1 per 100,000 population. In West Java, breast cancer in West Java is 26 per 100,000 women. This means that in 100,000 women in West Java, 26 cases of breast cancer were found. In Cimahi, in 2018, the incidence of breast cancer was 17 cases. In order to reduce the incidence of breast cancer, according to the 2018 National Guidelines for Breast Cancer Management Medical Services, prevention is necessary with early detection. One of the early detections that can be done to detect breast cancer is BSE on a regular basis. The purpose of the study was to determine the relationship between knowledge, attitudes and information exposure with breast self-examination (BSE) in Diploma of Midwifery student at STIKES Jenderal Achmad Yani Cimahi.

Methodology The research design used was cross sectional. The sample of this research is Diploma Midwifery student who have never received information about BSE as many as 79 people. Data collection was carried out using a questionnaire. Data analysis was carried out in two stages, namely univariate to see the frequency distribution and bivariate to see the relationship (chi square).

Research findings The results showed that there was no relationship between knowledge (p value = 0.400), exposure to information (p value = 0.154) and there was a relationship between attitude (p value = 0.002) and BSE.

Conclusions In this study, it means that there is a relationship between attitudes and the implementation of BSE and there is no significant relationship between knowledge and exposure education of the implementation Breast Self-Examination (BSE).

Keywords: BSE, Knowledge, Attitude, Information Exposure

1. INTRODUCTION

Cancer is one of the leading causes of death worldwide. Cancer is an abnormal growth of body tissue cells that turn malignant. Currently, one type of cancer, namely breast cancer, is a type of cancer that is very scary for women around the world. Breast cancer is a malignant tumor formed from breast cells that grow and

develop uncontrollably so that it can spread between tissues or organs near the breast or to other parts of the body. (Ministry of Health RI, 2016)

Breast cancer is known as one of the most common in women. In addition, the trend of increasing prevalence is unavoidable. Deaths from breast cancer are still high, especially in developing



countries, due to delays in diagnosis, which means delays in treatment. All of this in turn causes cancer problem as a health problem that carries a high cost. (Bustan, 2015)

Based on data from GLOBOCAN, the International Agency for Research and Cancer (IARC) in 2018, it is known that the incidence of breast cancer still ranks first of all types of cancer (11.7%). In Indonesia, the incidence of breast cancer is even higher, reaching 16,6%. Meanwhile, in 2018 there were 18.1 million new cases of cancer with breast cancer including 2,088,849 and 9.5 million deaths due to cancer with breast cancer amounting to 626,679 worldwide. (GLOBOCAN, International Agency of Research and Cancer, 2018)

The incidence of breast cancer in West Java in 2013 was in third place with an estimated 6,701 cases, with Central Java and East Java being in the first and second positions with 11,511 and 9,688 cases, respectively. In the city of Cimahi, in 2015 there were 5 cases, in 2016 there were 30 cases, in 2017 there were 86 cases, and in 2018 there were 17 cases with a total of 167 cases of breast cancer from 2012 to 2018. According to a 2004 WHO report that more than 50% of women diagnose with cancer have never been screened. (Report of Cimahi Health Office, 2018)

In order to reduce the incidence of breast cancer, it is necessary to do prevention. Breast cancer prevention is divided into two, namely primary prevention and secondary prevention. Primary prevention is to reduce or eliminate the factors that are closely related to the incidence of breast cancer by knowing what

are the factors that cause the incidence of breast cancer so as to avoid these factors. While secondary prevention is breast cancer screening, namely examination or an attempt to find abnormalities that lead to breast cancer in a person or group of people who do not have complaints. The purpose of screening is to reduce breast cancer morbidity and mortality. Screening for breast cancer is to get a person or group of people who are detected to have a disorder that may be breast cancer and then require a confirmatory diagnosis. (National Guidelines for Breast Cancer Management Medical Services, 2018)

It is very important for women to carry out early detection of their own breasts to find out whether there are abnormalities or not, and if they are found, they can immediately see a doctor for further treatment. Early detection of breast cancer consists of various types of examinations such as Breast Self-Examination or BSE, Clinical Breast Examination or SADANIS, mammography, biopsy and ultrasonography. (Irianto, 2012)

Breast Self-Examination (BSE) is the development of a woman's concern for the condition of her own breasts. This action is equipped with special steps to detect breast cancer early to find out the changes that occur in the breast. BSE is done between 7-10 days after the first day of menstruation / has finished menstruation. BSE does not replace the role of doctors or trained medical personnel to carry out clinical examinations. Breast examination by medical personnel should be carried out for women aged 20-40 years at least every 3 years and women aged 40 years once a year.

(Indonesian Ministry of Health Information Data Center, 2016)

Notoatmodjo (2018), a person's behavior is based on several factors, namely knowledge, attitudes and exposure to information. Knowledge is the result of human sensing, or the result of someone knowing about objects through the senses they have (eyes, nose, ears and so on). Most of a person's knowledge is obtained through the sense of hearing (ears), and the sense of sight (eyes). Attitude, according to Newcomb in Notoatmodjo (2018), is readiness or willingness to act and not the implementation of certain motives. In determining an attitude, knowledge, thoughts, beliefs and emotions.

2. METHODS

The research design was a cross sectional study using prevalence ratio (PR) analysis. The samples in this study is students of Diploma of Midwifery student Jenderal Achmad Yani Health Institute Cimahi. The sampling technique used was stratified random sampling or simple stratified random sampling and obtained a total of 79 students from 150 population student of Diploma Midwifery. The data obtained directly (primary), the data collection instrument used a questionnaire sheet that had been tested for validity and reliability testing. Data analysis using univariate analysis and bivariate analysis using chi-square (χ^2) test. Location The research has been conducted at Jenderal Achmad Yani Health Institute Cimahi on Diploma of Midwifery student Level I.

3. RESULTS

The research was carried out at the Jenderal Achmad Yani Cimahi School Health Institute by presenting research data and discussions on Knowledge Analysis, Attitudes and Exposure to Breast Self-Examination Education (BSE) on Diploma of Midwifery student at Jenderal Achmad Yani Health Institute Cimahi.

A. Analisis Univariat

Table 4.1. Frequency Distribution of Knowledge, Attitudes, Education Exposure and Breast Self-Examination (BSE) on Diploma Midwifery Students at Jenderal Achmad Yani Health Institute Cimahi

No.	Variabel	Frekuensi (n)	Percentase (%)
1.	Knowledge		
	Less	20	25,3
	Good	59	74,7
	Total	79	100,0
2.	Attitudes		
	Negatif	36	45,6
	Positif	43	54,4
	Total	79	100,0
3.	Exposure education		
	No	8	10,1
	Yes	71	89,9
	Total	79	100,0
4.	Breast Self examination (SADARI)		
	No	39	49,4
	Yes	40	50,6
	Total	79	100,0

Based on the research data in table 4.1, it was found that 59 respondents (74.7%) had good knowledge about BSE, 43 respondents (54.4%) had a positive attitude towards BSE, 71 respondents (89.9%) had been exposed to information about BSE. BSE, and as many as 40 people (50.6%) do BSE regularly once a month.

B. Analisis Bivariat

a. Relationship between Knowledge and Breast Self-Examination (SADARI).

Tabel 4.2. Relationship between Knowledge and Breast Self-Examination (SADARI) in Diploma Midwifery Students at Jenderal Achmad Yani Health Institute Cimahi

Know-ledge	Breast Self-Examination (SADARI)				Total		PR (95% CI)	p value
	No		Yes		N	%		
	n	%	n	%				
Less	12	60,0	8	40,0	20	100,0	1,311 (0,833- 2,062)	0,400
Good	27	45,8	32	54,2	59	100,0		
Total	39	49,4	40	50,6	79	100,0		

Based on table 4.2 the results of the analysis of the relationship between knowledge and BSE, it was found that from 20 respondents who had less knowledge there were 12 respondents (60.0%) who did not do BSE and of 59 respondents who had good knowledge there were 32 respondents (54.2%) who do BSE. Statistical test results obtained p value = 0.400 (p value 0.05), which means that there is no

significant relationship between knowledge and BSE. From the analysis results obtained PR = 1.311 (95% CI = 0.833-2.062). This means that respondents who have less knowledge about BSE, the risk of not doing BSE is 1.3 times greater than respondents who have good knowledge.

b. Relationship between Attitude and Breast Self-Examination (SADARI)

Tabel 4.3. Relationship between Attitude and Breast Self-Examination (BSE) in Diploma Midwifery Students at Jenderal Achmad Yani Health Institute Cimahi

Attitude	Breast Self-Examination (SADARI)				Total		PR (95% CI)	p value
	No		Yes		N	%		
	n	%	n	%				
Negatif	25	69,4	11	30,6	36	100,0	2,133 (1,318- 3,4533)	0,002
Positif	14	32,6	29	67,4	43	100,0		
Total	39	49,4	40	50,6	79	100,0		

Based on the results of the analysis of the relationship between attitudes and BSE, there were 36 respondents who had a negative attitude, there were 25 respondents (69.4%) who did not SADARI and of the 43 respondents with a positive attitude, there were 29 respondents (67.4%) who did SADARI.

Statistical test results obtained p value = 0.002 (p value 0.05), which means that there

is a significant relationship between attitudes and BSE. From the results of the analysis obtained the value of PR = 2.133 (95% CI = 1.318-3.4533). This means that respondents with a negative attitude towards BSE, the risk of not doing BSE is 2.1 times greater than respondents with a positive attitude.

c. Relationship between Educational Exposure and Breast Self-Examination (SADARI).

Tabel 4.4. Relationship of Education Exposure with Breast Self-Examination (BSE) on Diploma Midwifery Students at Jenderal Achmad Yani Health Institute Cimahi

Educational exposure	Breast Self-Examination (SADARI)				Total		PR (95% CI)	p value
	No		Yes		N	%		
	n	%	n	%				
No	6	75,0	2	25,0	8	100,0	1,614	0,154
Yes	33	46,5	38	53,5	71	100,0	(1,007-	
Total	39	49,4	40	50,6	79	100,0	2,586)	

Based on the analysis of the relationship between exposure to education and BSE, there were 8 respondents who were not exposed to education, there were 6 respondents (75.0%) who did not do BSE and from 71 respondents who were exposed to education, there were 38 respondents (53.5%) who had performed SADARI.

Statistical test results obtained p value = 0.154 (p value 0.05), which means that there is no significant relationship between exposure to education and BSE. From the results of the analysis obtained the value of PR = 1.614 (95% CI = 1.007-2.586). This means that respondents who are not exposed to education are at risk of not doing BSE by 1.6 times greater than respondents who are exposed to education.

4. DISCUSSION

Analisis Univariat

Description of Knowledge, Attitude, Exposure to Education and Breast Self-Examination (BSE) on Diploma Midwifery Students at Jenderal Achmad Yani Health Institute Cimahi

a. Knowledge

Based on the results of the analysis, it was found that 59 respondents (74.7%) had good knowledge of BSE. This is due to the respondent's background as a Diploma of

midwifery student who received health information at the education level and was required to be able to carry out early detection of a disease.

In Notoatmodjo (2011) stated that knowledge is a very important domain in the formation of one's actions. Someone with good knowledge to do BSE regularly once a month. According to Riyanto & Budiman (2013), the factors that influence a person's knowledge are education, information or mass media, social, cultural and economic, environment, experience, and age.

This is supported by the results of Astutik's research (2016) that knowledge affects BSE actions. If someone has high knowledge about BSE, they will be more inclined to carry out early detection of the breast in order to facilitate fast and appropriate treatment if breast cancer is detected.

b. Attitude

Based on the results of the analysis, 43 respondents (54.4%) had a positive attitude towards BSE. In determining one's attitude, knowledge, thoughts, beliefs and emotions play an important role. A person's positive attitude is obtained based on the knowledge possessed so that someone can take an



action.

The results showed that respondents with positive attitudes tend to do BSE because their knowledge is good so that respondents have beliefs and attitudes so that an action is formed. The knowledge and information obtained have shaped the attitude of the respondents in a positive direction, namely to prevent breast cancer as early as possible.

This is supported by the results of Khairunnisa's research (2017) that attitudes influence a person to do BSE. This shows that the better the attitude of the respondents, the better and routine they will be in doing BSE (SADARI)

c. Exposure About BSE

Based on the results of the analysis, there were 71 respondents (89.9%) who had been exposed to information about BSE. This is because the respondents are diploma of Midwifery students who get information through literacy about health and along with the times, respondents not only get information from formal education but also non-formal education, such as family and mass media or social media. This is supported by Parmin's research (2018) that exposure to education is one source of effective health information, which is very important in increasing knowledge and positive attitudes to prevent the spread of disease. Information can come from anywhere, from health workers, family, friends or through news paper and social media.

Analisis Bivariat

a. Relationship between Knowledge and Breast Self-Examination (BSE) (SADARI)

Based on the results of research conducted on diploma of midwifery student in Jenderal Achmad Yani Health Institute Cimahi obtained 20 respondents who have less knowledge there are 12 respondents (60.0%) who do not do BSE and 59 respondents who have good knowledge there are 32 respondents (54.2%) who do BSE. From the analysis results obtained p value of 0.400 (p value 0.05) which can be concluded that there is no relationship between knowledge and breast self-examination (BSE).

This study is in line with the results of Sari's research (2017) that there is no relationship between knowledge and BSE behavior in midwifery D3 students. This could be because knowledge can not only be obtained by students through health education while in college but the role of parents and surroundings can also make it easier for students to gain knowledge about breast cancer and BSE. Based on the results of research by Lubis (2017), there is also no relationship between knowledge and BSE behavior in female students. The absence of regular monthly BSE examinations for respondents who have good knowledge may be due to the respondent's lack of experience with exposure to breast cancer cases, such as the possibility that no family member, relative or other person the respondent has seen has breast cancer. These experiences form feelings of sympathy, anxiety and fear that induce the behavior of performing breast self-examination.

b. Relationship between Attitude and Breast Self-Examination (SADARI)

Based on the results of research conducted on diploma of Midwifery student at Jenderal Achmad Yani Health Institute Cimahi, there were 35 respondents who had a negative attitude, there were 25 respondents who did not do BSE and from 44 respondents with a positive attitude there were 29 respondents who did BSE. The results of the analysis obtained a p value of 0.002 (p value 0.05), which means that there is a relationship between attitude and breast self-examination (BSE).

This study is in line with Angrainy (2017) that there is a relationship between attitudes and BSE in adolescents. According to the researchers, the results showed that the attitude of young women had a relationship with the implementation of BSE because when researchers conducted research and conducted an assessment of the questionnaire with the results of the questionnaire, there were still many young women who had a negative attitude because they did not understand how to do BSE, even though BSE is one of the easiest ways to do BSE. early detection of breast cancer.

Based on the results of Hanifah's research (2015), which shows there is a relationship between attitude and early detection of breast cancer. Based on the research, the majority of respondents who did BSE have a good attitude about early detection of breast cancer using the BSE method, this shows that the better the attitude of the respondents, the better and routine they will do BSE. Because respondents with good attitudes tend to

know early if there are abnormalities in the breast with BSE action. The earlier the abnormality is known, the better the treatment will be.

Based on the results of the analysis obtained respondents with a positive attitude but did not do BSE. Notoatmodjo (2012) suggests that a positive attitude towards health values does not always manifest in a real action. This can happen because based on the results of the interview, the respondent is afraid that if he does BSE, he finds the symptoms and signs of breast cancer. Respondents also felt embarrassed and uncomfortable when doing an examination of the body, especially the breasts.

Respondents with negative attitudes but doing BSE were also found during the study. Based on the results of interviews, respondents did BSE due to the experience of someone from a relative or neighbor who had breast cancer so that they felt afraid if they also had breast cancer. Other respondents wanted to know whether BSE can detect breast cancer or not.

Therefore, giving lessons, especially about early detection, can be given accompanied by a persuasive invitation, which can influence respondents' opinions to do BSE. For example, if someone is found to have symptoms and signs of breast cancer, the treatment they get will be more expensive and difficult to do, due to the delay in early detection of BSE.

c. Relationship between Educational Exposure and Breast Self-Examination (SADARI)

Based on the results of research conducted on diploma of midwifery students of Jenderal Achmad Yani Health Institute Cimahi, it was found that 8 respondents who were not exposed to education were 6 respondents who did not do BSE and from 71 respondents who were exposed to education there were 38 respondents who had done BSE. The results of the analysis obtained a p value of 0.154 which means that there is no relationship between exposure to information and BSE.

This is in line with research conducted by Sari (2017) that there is no relationship between educational exposure and BSE behavior. This may be due to the respondent's wrong perception that BSE is only performed when sick. If someone in a sick condition is likely to be interested in information and change towards action, if a person's perception is in good health, there may be no interest so they don't do BSE. Not always someone who has been exposed to information will do a breast self-examination because the delivery of education only adds to one's knowledge, and the person reviews it again whether he will perform the behavior or not.

Based on the results of interviews, respondents who have been exposed to information mostly choose not to do BSE because respondents feel lazy to do breast self-examination, the information that has been given is only remembered for a short term so that respondents forget and have no desire to find out again, giving information about health, especially early detection of

BSE, therefore, it is necessary to provide information to respondents to be able to perform and apply BSE. Results or changes in behavior in this way take a long time, but the changes achieved will be lasting because they are based on their own consciousness (not because of coercion). (Notoatmodjo, 2012).

5. CONCLUSIONS

In this study, it means that there is a relationship between attitudes and the implementation of BSE and there is no significant relationship between knowledge, exposure to education and the implementation of Breast Self-Examination (BSE).

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