Factors Affecting of Attitude in Breast Self-Examination among Fertile Age Women in Wosi Sub District of West Manokwari

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Abstract

In 2010 the WHO (World Health Organization) estimates that the incidence of breast cancer are 11 million and in 2030 will grow to 27 million cancer deaths. Ministry of Health, there are about 80 cases of breast cancer in the province of West Papua. This is not as much as the one in Papua province whose cases reached 466 cases of breast cancer. The factors that influence the actions breast self examination (BSE) in women of childbearing age in the Wosi sub district, western Manokwari. Methods: This cross-sectional observational study design. Cross-sectional study. Women of fertile age population is 259 and 157 samples. Results indicated that there was an effect of age with action (p-value 0.000 RP = Lower 0.102-Upper 0.519), no effect of recent education (p-value 0.516 RP = Lower 1.479 - Upper 1.919), there was no effect of the work (p-value 0.406 RP = Lower 0.714 - Upper 2.671), there was no effect of Social Economy (p-value 1.000 RP = Lower .545 - Upper 1.958), there was the influence of Information (p-value 0.000 RP = Lower 3,022 - Upper 15.383), there is no influence of Knowledge (p-value 0.840 0.410 RP = Lower - Upper 2.023), there is no influence of attitude (p-value 0.316 RP = Lower 0,493- Upper 12.218), there is the influence of Family Support (p-value 0.000 RP = Lower 3,186-Upper 13.175).

Keywords: Factors BSE Measures.

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1. Introduction

Breast self-examination (BSE) is the early detection of breast cancer is the most widely recommended for every woman. Attitude is particularly important because almost 85 percent of breast lumps in women was found by patients themselves. It is very easy because it is done by myself and without any cost at all. Health Education about breast self-examination students will gain knowledge that will improve their health status. One of the goals of preventing breast cancer, namely students [1]. In 2010 the WHO (World Health Organization) [2] estimates that the incidence of breast cancer are 11 million and in 2030 will grow to 27 million cancer deaths. Data from GLOBOCAN (IARC) in 2012 known that breast cancer in the world to have a percentage of the new cases of 43.3% and the percentage of deaths from breast cancer by 12.9%. Pesentase breast cancer have a much lower mortality compared with new cases, so that if cancer can be detected and handled early on the chance of recovery will be higher [3,4].

Based on data from the Health Research (RISKESDAS) 2013. Nationally, the prevalence of cancer in Indonesia in 2013 was 1.4 per 1000 population, which is estimated at about 347 792 people. Breast cancer is a cancer that affects women in Indonesia with the second highest number of patients as much as 61 682 persons. On the year 2013 the number of patients with breast cancer is most prevalent in Central Java that as many as 11 511 people [4]. Another issue in the prevention of breast cancer is the lack of knowledge, attitudes and behavior of breast cancer. Information distribution about the risk factors of breast cancer and early breast examination may be less scattered communities. Many women do not realize the importance of early detection. According to the Jakarta Breast Health Foundation survey in 2005, 80% of people do not understand the importance of early breast examination, only 11.5% were familiar, while the rest did not know (8.5%). Whereas in other countries, programs of early detection of breast cancer has been developed [5].

Data-Driven Health Research Association in 2013, the Agency for Health Research and Development, Ministry of Health and Routine Data Subdit Cancer Disease Control Directorate. Combating Communicable Diseases, Directorate General of Communicable Disease and Environmental Health, Ministry of Health, there are about 80 cases of breast cancer in the province of West Papua. This is not as much as the one in Papua province whose cases reached 466 cases of cancer were already menstruating. they are at high risk it is recommended that they take an active role in the early detection of breast cancer exists or not, every woman who had been menstruating recommended by routine to perform breast self-examination (BSE).

Breast self-examination (BSE) is one of the first steps for early detection to find early-stage breast cancer that would be more effective if done as early as possible. Breast self-examination would lower the death rate from breast cancer by 20%, but some studies suggest that women who perform BSE or breast self-examination is still low examines the relationship between knowledge and attitude of women of reproductive age (WUS) to conduct breast self-examination (BSE). WUS results obtained knowledge about BSE largely by category knowledge is good enough as many as 40 respondents (43%), WUS attitude in conducting BSE largely by category unkindness that as many as 59 respondents (63.44%), WUS behavior in doing BSE largely by category never as much as 46 respondents (49.5%) [6-8].

Based on the survey Nusukan health center. Data 2015. Cases of Non Communicable Diseases 2014 against 10 Women of fertile age cited by [9]. Variable family support, 40% of respondents support, while 60% of respondents do not support. As for the variable information exposure, 50% of respondents have been exposed to information, while 50% of respondents have not been exposed to information about breast cancer early detection methods BSE

2. Materials and Methods

This study was an observational study with cross sectional study design. The study was a cross sectional study design epidemiological study variables - variables included risk factors and variqabel - variables include the effect observed while at the same time [10-15]. research done to all in the village WUS Wosi West Manokwari districts in held in October 2016. The population in this study were all women of childbearing age in the village Wosi manokwari western districts, the number of 259 WUS. The sample in this study 157 respondents women of childbearing age in the village Wosi manokwari western districts. Samples were taken using cross sectional method. Where this research by conducting measurements or observations at the same time (one time) between the independent variables and the dependent variable. It moves from the consequences (disease) to cause (exposure). By taking random sampling taken at each grade is done proportionally to find the percentage ratio between the number of WUS every RW with a total population of WUS in Wosi sub district, manokwari western districts. Results percentage multiplied by the total number of samples required in accordance with the formula to get the number of samples to be taken in every village in the Village Wosi District of Manokwari West.

3. Results and Discussion

A. Effect of Age Between Women With BSE Measures Eligible

Cross table to see the influence of variables Age with BSE Measures woman of fertile age can be seen in table 1 below.

Table 1: between age 10. Effect of BSE measures.

Age	Attitude of SADARI		Total	%	*pValue*
	Not do	Do			
20-35 year	83	40	123	78,34	
35-45 year	11	23	34	21,65	0,000

Table 1 show that respondents aged 20-35 years and had BSE measures that do are 40 (25.47%) of respondents WUS, while the age of 35-45 years and has a BSE measures that do not do a total of 11 (07,00%) WUS

respondents. Then respondents aged 20-35 years and had BSE measures that do not do was 83 (52.86%) of respondents WUS, while respondents aged 35-45 years and have actions that do BSE amounted to 23 (14.64%) of respondents WUS ,

Table 10 shows that the correlation analysis results conducted obtain a probability value of 0.000 with an error rate (α) of 0.05, which means there is a significant relationship between age who BSE measures on WUS in the Village Wosi District of Manokwari West.

Values Prevalence Ratio (95% confidence interval Lower Upper 0,102- 0.519) means that the age of 20-35 years had 0.102 to 0.519 greater have BSE measures which do, in comparison with the age of 35-45 years.

B. Effect Between Education Deals With BSE measures Women of fertile age

Table 2: Effect of the last education with BSE measures.

Education	Attitude SADARI		Total	%	*pValue*
	Not do	Do			
High	92	63	155	98,72	0,660
Low	2	0	2	01,27	

RP (Lower 1,479 - Upper 1,919)

Table 2 shows that respondents with a higher education and have a last-BSE measures that do totaled 63 (40.12%) of respondents WUS, while low levels of education and have BSE measures that do not amount to 2 (01,27%) of respondents WUS.

Then respondents with higher education levels and have actions that do not perform BSE 92 (58.59%) of respondents WUS, while the low level of education and have BSE measures which do 0 respondents WUS.

Table 11 shows that the results of the analysis performed relationships obtained probability value of 0.516 with an error rate (α) of 0.05 which means there is no significant relationship between education last in action on the BSE in the Village Wosi WUS District of Manokwari West.

Values Prevalence Ratio (95% confidence interval 1.479 Lower - Upper 1.919) means that higher education has the last 1.479 to 1.919 greater have BSE measures is doing, compared with last education that did not.

C. Effect Between Works With Women BSE Measures Eligible

Table 3: Effect of work to the BSE measures

Occupation	Attitude of SADARI		Total	%	*pValue*
	Not do	Do			
Not work	40	22	62	39,49	0,428
Work	54	41	95	60,50	

RP (Lower 0.714 - 2.671 Upper)

Table 3 shows that respondents with jobs that do not work and have BSE perform actions amounted to 22 (14.01%) of respondents WUS, while respondents with jobs work and has not melakukan54 BSE measures (34.39%) of respondents WUS. Then respondents with jobs that do not work and have BSE measures that do not amount to 40 (25.47%) of respondents WUS, while respondents with jobs who work and have actions that do BSE amounted to 41 (26.11%) of respondents WUS.

Table 12 shows that the results of the analysis of connections made obtaining probability value of 0.406 with an error rate (α) of 0.05, which means there is no significant relationship between work with the BSE measures in the Village Wosi WUS District of Manokwari West. Values Prevalence Ratio (95% confidence interval 0.714 Lower - Upper 2.671) means work that is not working from 0.714 to 2.671 greater have had BSE measures which do, in comparison with the work that works.

D. Effect of Socioeconomic Between Women with BSE Measures Eligible

Table 3: The influence of socioeconomic measures BSE

Socioekonomi	Attitude of SADARI		Total	%	*pValue*
	Not do	Do			
Good > 850,000	44	30	74	47,13	1,000
less<850,000	50	33	83	52,86	

RP (Lower .545 - Upper 1.95)

Table 3 shows that respondents with a monthly expenditure by socio-economic / good person and have a BSE measures do totaled 30 (19.01%) of respondents WUS, while respondents with a monthly expenditure by socio-economic / less and have BSE measures do not amount to 50 (31.84%) of respondents WUS. Then the economic social respondents with monthly expenditure / a good person and has not done BSE measures amounted to 44 (28.02%) of respondents WUS, while respondents with a monthly expenditure by socio-economic / less and have BSE measures that do totaled 33 (21, 01%) of respondents WUS. Table 13 shows that the results of the analysis of connections made obtaining probability value of 1.000 with an error rate (α) of 0.05, which means

there is no significant relationship between the level of socio-economic with the BSE measures in the Village Wosi WUS District of Manokwari West. Values Prevalence Ratio (95% confidence interval 0.545 Lower - Upper 1.958) social means good economy had 0.545 to 1.958 greater have BSE measures is doing, compared with less social economy.

E. Effect of Information between Women With BSE Measures Eligible

Table 4: Effect of the information with BSE measures

Information	Attitude of SADARI		Total	%	pValue
	Not do	Do			
Good	44	54	99	63,05	
Not good	50	9	58	36,94	0,000

RP (3,022 Lower - Upper 15.383)

Table 4 shows that respondents with both information and action BSE conduct amounted to 54 (34.39%) of respondents WUS, while respondents with no good information and actions BSE did 50 (31.84%) of respondents WUS. Then respondents with both information and action BSE did 44 (28.02%) of respondents WUS, while the information is not good and perform BSE measures 9 (05,73%) of respondents WUS. Table 4 shows that the results of the analysis of relationships do obtain a probability value of 0.000 with an error rate (α) of 0.05, which means there is a significant relationship between the action information on WUS BSE in the Village Wosi District of Manokwari West. Values Prevalence Ratio (95% confidence interval 3.022 Lower - Upper 15.383) means good information to have a larger 3.022 to 15.383 BSE have actions that do, compared to information that is not good.

F. Effect Between knowledge With BSE Measures woman of fertile age

Table 5: Effect of BSE between knowledge and action

knowledge	Attitude of SADARI		Total	%	pValue
	Not do	Do			
Good	76	50	31	19,74	
Less	18	13	126	80,25	0,840

RP (Lower 0.410 - 2.023 Upper)

Table 5 shows that respondents with good knowledge and have actions that do BSE was 50 (31.84%) of respondents WUS, while respondents with less knowledge and have actions that do not perform BSE amounted to 18 (11.46%) of respondents WUS. Then respondents with good knowledge and have BSE measures do not amount to 76 (48.40%), while respondents with less knowledge and have actions that do BSE amounted to 13

(08,28%) of respondents WUS.

Table 15 shows that the results of the analysis of connections made obtaining probability value of 0.840 with an error rate (α) of 0.05, which means there is no significant relationship between knowledge with the BSE measures in the Village Wosi WUS District of Manokwari West.

Values Prevalence Ratio (95% confidence interval 0.410 Lower - Upper 2.023) means good knowledge from 0.410 to 2.023 greater have had BSE measures is doing, compared with less knowledge.

G. Influence Attitudes Between Women With BSE Measures Eligible

Table 6: Effect of attitude with BSE measures

Attitude	Attitude of SADARI		Total	%	*pValue*
	Not do	Do			
Positive	87	61	148	94,26	0,316
Negative	7	2	9	05,73	

RP (Lower 0,493- Upper 12.218)

Table 6 shows that respondents with a positive attitude and have the BSE measures which do totaled 61 (38.85%) of respondents WUS, while respondents were negative attitude and has a BSE measures that do not amount to 7 (04,45%) of respondents WUS. Then respondents with a positive attitude and have a BSE measures do not amount to 87 (55.41%) of respondents WUS, while respondents with a negative attitude and have actions that do BSE totaled 2 (01,27%) of respondents WUS. Table 16 shows that the results of the analysis of connections made obtaining probability value of 0.316 with an error rate (α) of 0.05, which means there is no significant relationship between attitude and action on the BSE in the Village Wosi WUS District of Manokwari West. Values Prevalence Ratio (95% confidence interval Lower Upper 0,493- 12.218) means a positive attitude has a larger 0.493 to 12.218 BSE have actions that do, compared with a negative attitude

H. Effect of Family Support among Women with BSE Measures Eligible

Table 7 shows that respondents with a positive family ready for human and have actions that do BSE amounted to 41 (26.11%) of respondents WUS, while negative family support and have actions that do not perform BSE amounted to 73 (46.49%) of respondents WUS, Then respondents with a positive family support and have actions that do not perform BSE amounted to 21 (13.37%) of respondents WUS, while negative family support and have actions that do BSE was 22 (14.01%) of respondents WUS. Table 17 shows that the results of the analysis of relationships do obtain a probability value of 0.000 with an error rate (α) of 0.05, which means there is a significant relationship between family support with the BSE measures in the Village Wosi WUS District of Manokwari West. Values Prevalence Ratio (95% confidence interval Lower Upper 3,186- 13.175) means to support positive family had 13.175 larger 3,186- BSE have actions that do, compared with a negative family support.

Table 7: The influence of family support with BSE measures

Family support	Attitude of SADARI		Total	%	pValue
	Not do	Do			
Positive	21	41	62	39,49	0,000
Negative	73	22	95	60,50	

RP (Lower 3,186- Upper 13.175)

5. Conclusion

1. There is a significant effect between age and the BSE measures in the Village Wosi WUS District of Manokwari West.

2. There is no significant effect between level of education and action on the BSE in the Village Wosi WUS District of Manokwari West.

3. No influence between work with the BSE measures in the Village Wosi WUS District of Manokwari West.

4. No influence of social economy with the BSE measures in the Village Wosi WUS District of Manokwari West.

5. There is the influence of the action information on WUS BSE in the Village Wosi District of Manokwari West.

6. There is no influence between knowledge and action on the BSE in the Village Wosi WUS District of Manokwari West.

7. There is no effect between attitude and action on the BSE in the Village Wosi WUS District of Manokwari West.

8. There is the influence of family support on the BSE measures in the Village Wosi WUS District of Manokwari West.

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