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Factors Related to Breast Self-Examination (Sadari) In Women of Fertile Age In Ujong Patihah Village, Kuala District, Nagan Raya Regency

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ABSTRACT

The Aceh Health Service recorded that the number of cancer sufferers reached 1,318 people throughout 2022. This number is based on Community Health Center-based Non-Communicable Disease (NCD) Surveillance. The most cancer cases in Indonesia are breast cancer. The number of breast cancer survivors reached 1,117 people. While the second position is cervical cancer. The high incidence of breast cancer is caused by one of the reasons being the lack of awareness in women to do early detection of breasts if they experience abnormalities such as lumps. The research method is cross-sectional. The sampling technique is random probability sampling of 223 people. The results of the study showed that the p value of the 5 independent variables studied were knowledge (0.000), attitude (0.578), education (0.000), exposure to information (0.000) and support from health workers (0.000) so that it can be concluded that 4 variables have a relationship with BSE behavior, namely knowledge, education, exposure to information and support from health workers. Then the most dominant variable influencing is the variable of exposure to information. The conclusion is that there is a relationship between knowledge, education, exposure to information and support from health workers with SADARI examination in Ujong Patihah Village, Kuala District, Bireuen Regency in 2024.

Keywords: Knowledge, Attitude, Education, Exposure to Information, Support from Health Workers, SADARI examination

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1. Introduction

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Regular health checks are necessary to maintain family health. After practicing a healthy lifestyle, regular health checks will be able to detect abnormalities that have not caused complaints. In addition to examinations that can be performed by doctors, there are several examinations that can be done by yourself regularly (Samsuridjal Djauzi, 2009).

One of the independent examinations is Breast Self-Examination (SADARI). This examination is done to see if there are lumps or changes in the shape of the breast. This can be an indication of cancer. Every woman should do an independent breast examination. Especially for women who have a family history of breast cancer (Samsuridjal Djauzi, 2009).

According to the World Health Organization (WHO) in 2020, 2.3 million women worldwide have been diagnosed with breast cancer, the total number of deaths worldwide is 685,000. Breast cancer is the most common cancer among women in 173 out of 183 countries 95%.

Based on data from the Ministry of Health of the Republic of Indonesia in 2021, in Indonesia, there were 3,404 cases of breast cancer and 18,150 cases of breast tumor sufferers, from 38 provinces, the highest in Central Java Province was 3,206 people, second in East Java Province was 3,077 people, and third in DI Yogyakarta Province was 1,985 people and in Bengkulu Province was 44 people with breast tumors and 13 people suspected of breast cancer. In Bengkulu Province in 2020, there were 284,604 women of childbearing age aged 30-50 years who underwent breast examinations for tumors/lumps, of which 182 (1%) (Renita et al., 2023).

The high incidence of breast cancer is caused by one of the reasons being the lack of awareness in women to do early detection of breasts if they experience abnormalities such as lumps. SADARI (Breast Self-Examination) is an early detection effort, the examination stages are very simple and easiest to do with your fingers. SADARI should be done on women who are still menstruating, namely 7-10 days after the first day of menstruation, the right time to do it every month (Ardhiansyah, 2022).





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The target of early detection of breast cancer in Indonesia is women aged 30-50 years, which is 41,881,534 people, with a target of early detection of breast cancer of 29,513,788 people. The coverage of early detection of breast cancer in Indonesia in 2023 is 14.52% (4,284,861 out of 41,881,534 women aged 30-50 years). NTT Province has the highest coverage of early detection (31.76%), followed by Lampung (29.14%) and NTB (28.58%). The 3 provinces with the lowest coverage are North Kalimantan (4.7%), DIY (2.36%) and Papua (1.44%) (Jenderal et al., nd).

The Aceh Health Service recorded that the number of cancer sufferers reached 1,318 people throughout 2022. This number is based on the Community Health Center-based Non-Communicable Disease (PTM) Surveillance. The most cancer cases in Indonesia are breast cancer. The number of breast cancer survivors reached 1,117 people. While the second position is cervical cancer (Helena, 2023).

Breast cancer control efforts have been implemented by the Indonesian Government specifically through an early detection program for breast cancer in Indonesian women along with an early detection program for cervical cancer. The program began in 2008 with the implementation of the "Design of a National Program for Early Detection of Cervical Cancer and Breast Cancer" in April 2008 by the First Lady Hj. Ani Bambang Yudhoyono and strengthened by the "Design of Increasing Community Participation in Prevention and Early Detection of Cancer in Indonesian Women" by the First Lady Hj. Iriana Joko Widodo in April 2015 in Kulon Progo, namely early detection of cervical cancer using the Visual Inspection with Acetic Acid (IVA) method and breast cancer with Clinical Breast Examination (SADANIS) (Ministry of Health of the Republic of Indonesia, 2016).

Based on data from the Nagan Raya District Health Office, in 2023 and 2024, early detection of breast cancer was 1965. There was 1 reported case of diagnosis in 2022. Ujong Patihah Village, Kuala District, Nagan Raya Regency is one of the villages in the Ujong Patihah Health Center Working Area. The village has a village midwife and has provided information related to breast cancer and is usually carried out during





integrated health posts and other activities in the village. The people of Ujong Patihah Village have been exposed to information but not in detail and consistently.

Based on interviews conducted by a researcher with 12 women in Ujong Patihah Village, only 2 women had ever performed Breast Self-Examination (BSE) regularly, while 10 others had never performed BSE. The reasons they did not perform BSE included 3 people saying they did not know the benefits, 4 people had never been taught how to do it, and 3 others felt unsure about being able to perform BSE even though they had received information about BSE.

2. Research Methods

The research design used is a cross-sectional research design (cross-sectional research design). The cross-sectional research design was chosen because it is a quantitative study used by researchers to find out more clearly about the factors that influence it simultaneously in a population sample. The research used is analytical research, namely research that tries to explore the relationship between dependent variables and independent variables, in this study, namely factors related to breast self-examination (SADARI) in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

This study was conducted in Ujong Patihah Village, Kuala District, Nagan Raya Regency from September 2023 to August 2024. The population in this study were all Women of Childbearing Age (WUS) in Ujong Patihah Village, Kuala District, Nagan Raya Regency, totaling 503 people. The sample was selected using the "Random Probability Sampling" method, totaling 223 people.

3. Results and Discussion

a. Results

1. Respondent Characteristics

The characteristics of the samples taken in this study include maternal age, education, occupation, income, marital status and family history of cancer.

Table 1

Characteristics of respondents in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

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No.	Respondent Characteristics	n	Percentage
1	Mother's Age		
	a. 15-20 Years	44	19.7
	b. 21-35 Years	136	61.0
	c. 36-45 Years	37	16.6
	d. >45 Years	6	2.7
	Total	223	100.0
2	Education		
	a. Base	60	26.9
	b. Intermediate	94	42.2
	c. Tall	69	30.9
	Total	223	100.0
3	Work		
	a. Doesn't work	53	23.8
	b. housewife	140	62.8
	c. Honor	2	0.9
	d. civil servant	8	3.6
	e. Businessman	20	9.0
	Total	223	100.0
4	Marital status		
	a. Marry	165	74.0
	b. Single	58	26.0
	Total	223	100.0
5	Family History of Cancer		
	a. There is	8	3.6
	b. There isn't any	215	96.4
	Total	223	100.0

Based on table 1, it is known that the majority of respondents in this study were aged 21-35 years, as many as 136 people (61.0 %). The majority were educated in the middle category, as many as 94 people (42.2 %). The majority of respondents were housewives, as many as 140 people (62.8 %). The majority of respondents in this study were married, as many as 165 people (74%). The history of cancer in the family was mostly in the none category, as many as 215 people (96.4 %).

1. Univariate Analysis

a. Knowledge

Table 2

Respondents' knowledge about BSE in Ujong Patihah Village,

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Kuala District, Nagan Raya Regency in 2024

No.	Category	n	Percentage
1	Good	101	45.3
2	Not enough	122	54.7
	Total	223	100.0

Based on table 2, it is known that the majority of respondents in this study had knowledge about BSE, the majority of which were in the poor category, as many as 122 people (54.7 %).

b. Attitude

Table 3

Respondents' attitudes towards BSE in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

No.	Category	n	Percentage
1	Positive	105	47.1
2	Negative	118	52.9
	Total	223	100.0

Based on table 3, it is known that the majority of respondents in this study had a majority attitude in the negative category of 118 people (52.9 %) and a positive minority of 105 people (47.1%).

c. Education

Table 4

Respondents' education in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

No.	Category	n	Percentage
1	Base	60	26.9
2	Intermediate	94	42.2
3	Tall	69	30.9
	Total	223	100.0

Based on table 4, it is known that the majority of respondents in this study had a secondary education, namely 94 people (42.2 %).

d. Information Exposure

Table 5

Exposure to information about BSE in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

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No.	Category	n	Percentage	Resources	n	Percentage
1	Once	40	17.9	Midwife Internet	37 3	16.6 1.3
2	Never	183	82.1	There isn't any	183	82.1
	Total	223	100.0		223	100.0

Based on table 5, it is known that the majority of respondents in this study were never exposed to information about BSE as many as 183 people (82.1%) and only 40 people (17.9%) were exposed to information. Of the 40 people exposed to information, 37 people (16.6 %) got information from midwives and 3 people (1.3%) got information via the internet.

e. Health Workforce Support

Table 6

Support for Health Workers regarding BSE in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

No.	Category	n	Percentage
1	Support	91	40.8
2	Does not support	132	59.2
	Total	223	100.0

Based on table 6, it is known that the majority of respondents in this study said that the majority of health workers' support was in the not supportive category, as many as 132 people (59.2 %).

f. Income

Table 7

Income in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

No.	Category	n	Percentage
1	Above UMP	26	11.7
2	Below UMP	197	88.3
	Total	223	100.0

Based on table 7, it is known that the majority of respondents in this study had incomes in the category below the minimum wage, namely 197 people (88.3 %).

g. SADARI behavior



**Table 8**

SADARI behavior in Ujong Patihah Village,
Kuala District, Nagan Raya Regency in 2024

No.	SADARI behavior	n	Percentage	Implementati on of SADARI	n	Percentage
1	Once	34	15.2	Routine	2	0.9
				Not Routine	32	14.3
2	Never	189	84.8	There isn't any	189	84.8
	Total	223	100.0		223	100.0

Based on table 8, it is known that the majority of respondents in this study have never performed BSE as many as 189 people (84.8%) and those who have performed BSE as many as 34 people (15.2%). Of the 34 people who have performed BSE, 32 people (14.3%) do not do it routinely and only 2 people (0.9%) routinely perform BSE.

2. Bivariate Analysis

a. Relationship between Knowledge and SADARI Behavior

Table 9

The Relationship between Knowledge and SADARI Behavior in
Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024

No	Knowledge	SADARI behavior				Amount		<i>p-value</i>
		Never		Once		f	%	
		f	%	f	%			
1	Not enough	122	54.7	0	0	122	54.7	0.000
2	Good	67	30.0	34	15.2	101	45.3	
	Total	189	84.8	34	15.2	223	100	

Based on table 9 , it shows that respondents who have less knowledge and have never done BSE are 122 people (54.7%). Of the 101 respondents who have good knowledge, 34 people (15.2%) have done BSE and 67 people (30%) have never done BSE. The results of the bivariate test using *Chi-Square* obtained a *p - value* of 0.000 <0.05, meaning that there is a significant relationship between knowledge and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024 .

b. Relationship between Attitude and SADARI Behavior



**Table 10**

The Relationship between Attitudes and SADARI Behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

No	Attitude	SADARI behavior				Amount		p-value
		Never		Once		f	%	
		f	%	f	%			
1	Negative	102	45.7	16	7.2	118	52.9	0.578
2	Positive	87	39.0	18	8.1	105	47.1	
Total		189	84.8	34	15.2	223	100	

Based on table 10, it shows that out of 118 respondents who have a negative attitude and have never done BSE, there are 102 people (45.7%). Of the 105 respondents who have a positive attitude, 18 people (8.1%) have done BSE and 87 people (39%) have never done BSE. The results of the bivariate test using *Chi-Square* obtained a *p - value* of $0.578 > 0.05$, meaning that there is no relationship between attitudes and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

c. The Relationship between Education and SADARI Behavior

Table 11

The Relationship between Education and SADARI Behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024

No	Education	SADARI behavior				Amount		p-value
		Never		Once	f	%		
		f	%	f			%	
1	Base	56	25.1	4	1.8	60	26.9	0.000
2	Intermediate	88	39.5	6	2.7	94	42.2	
3	Tall	45	20.2	24	10.8	69	30.9	
Total		189	84.8	34	15.2	223	100	

Based on table 11, it shows that respondents who have primary education have mostly never done BSE as many as 56 people (25.1%). Respondents who have secondary education have mostly never done BSE as many as 88 people (39.5 %). Respondents who have higher education have mostly never done BSE as many as 45 people (20.2 %). The results of the bivariate test using *Chi-Square* obtained a *p -*





value of $0.000 < 0.05$, meaning that there is a significant relationship between education and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

d. Relationship between Information Exposure and SADARI Behavior

Table 12

The Relationship between Information Exposure and BSE Behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024

No	Information Exposure	SADARI behavior				Amount		p-value
		Never		Once		f	%	
		f	%	f	%			
1	Never	181	81.2	2	0.9	183	82.1	0.000
2	Once	8	3.6	32	14.3	40	17.9	
Total		189	84.8	34	15.2	223	100	

Based on table 12, it shows that respondents who have exposure to information in the category of never and have never done BSE were 181 people (81.2%). Of the 40 respondents who had been exposed to information, 8 people (3.6%) had never done BSE and 32 people (14.3%) had done BSE. The results of the bivariate test using *Chi-Square* obtained a *p* - value of $0.000 < 0.05$, meaning that there is a significant relationship between exposure to information and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

e. The Relationship between Health Worker Support and SADARI Behavior

Table 13

The Relationship between Health Worker Support and BSE Behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024

No	Health Workforce Support	SADARI behavior				Amount		p-value
		Never		Once		f	%	
		f	%	f	%			
1	Does not support	132	59.2	0	0	132	59.2	0.000
2	Support	57	25.6	34	15.2	91	80.8	
Total		189	84.8	34	15.2	223	100	

Based on table 13, it shows that respondents who said that health workers' support for BSE was in the category of not supporting and had never done BSE were





132 people (59.2%). Of the 91 respondents who said that health workers' support was in the category of supporting, 57 people had never done BSE (25.6%) and 324 people had done BSE (15.2%). The results of the bivariate test using *Chi-Square* obtained a *p* - value of $0.000 < 0.05$, meaning that there was a significant relationship between health workers' support and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

3. Multivariate Analysis

Table 14
 Logistic Regression Test Results

Variables	B	Sig.
Knowledge	0.069	0.030
Education	0.041	0.013
Information Exposure	0.682	0,000
Health Workforce Support	0.093	0.008

Based on table 14, it shows that of the 4 variables tested by logistic regression, all have a *p* value < 0.000 , namely (knowledge 0.030, education 0.013, information exposure 0.000 and health worker support 0.008) and the variable with the smallest *p* value is the information exposure variable, namely 0.000, meaning that the most dominant variable is significantly related to BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

b. Discussion

1. Knowledge

The results of the study showed that respondents who had poor knowledge and had never performed BSE were 122 people (54.7 %). Of the 101 respondents who had good knowledge, 34 people (15.2%) had performed BSE and 67 people (30%) had never performed BSE. The results of the bivariate test using *Chi-Square* obtained a *p*-value of $0.000 < 0.05$, meaning that there was a significant relationship between knowledge and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.





The results of the study showed that 101 people had good knowledge, only 34 people performed BSE and the majority did not perform BSE as many as 67 people. Respondents in this study, although they already knew about BSE, there were still those who had not done it or had done it but not routinely, this is something that must be fixed and changed because even though their knowledge is good, their behavior has not changed, meaning that in terms of knowledge they know but in terms of action they have not done it. Respondent behavior is not entirely influenced by knowledge, there are other factors that influence the respondent's BSE behavior such as education, age, occupation and others.

The results of this study obtained results about the characteristics of respondents that the majority of respondents in this study were aged 21-35 years as many as 136 people (61.0 %). The majority were educated in the middle category as many as 94 people (42.2 %). The majority of respondents' occupations were housewives as many as 140 people (62.8 %). The majority of respondents in this study were married as many as 165 people (74%). The history of cancer in the family was mostly in the none category as many as 215 people (96.4 %).

In this study, the majority of respondents were aged 21-35 years, which means they are at a very good age to provide health promotion so that if their knowledge is still lacking, it can still be improved through health promotion because they are at a mature age to obtain information. In terms of education, the majority of respondents are middle-class, this greatly influences knowledge because education is the main vehicle for increasing knowledge. In terms of employment, the majority of respondents have jobs in the housewife category, so they are very poorly exposed to information. Therefore, health promotion related to SADARI is very important to improve.

The results of this study are in line with research (Wulandari et al., 2017) on the relationship between the level of knowledge and attitudes about the awareness of female PGSD students at STKIP Muhammadiyah Kuningan, West Java Province. The level of knowledge about the awareness of female PGSD





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students at STKIP Muhammadiyah Kuningan, West Java Province is in the poor category, namely 91 people. The attitude towards consciousness is in the negative category, namely 98 people. The conscious behavior in the behavior of not doing it was 107 people. There is a significant relationship between knowledge and attitudes with the conscious behavior of PGSD students at STKIP Muhammadiyah Kuningan, West Java Province.

Knowledge is the result of knowing and this occurs after a person senses a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is acquired through the eyes and ears. Knowledge or cognitive is a very important domain for forming a person's actions (Nurmala et al., 2018).

Knowledge is an essential part of human existence. Knowledge is the fruit of human thinking activities. Thinking is a differentiation that separates humans from all other genera such as animals (Nasution, 2016). Someone who has good knowledge about something tends to accept it well and will do and apply it in his life (Hulu et al., 2020).

In this study, respondents generally have knowledge in the less category and the majority have never done BSE so that the relationship between knowledge and BSE behavior is very clear. Therefore, it is very necessary to increase knowledge for respondents so that they can know the benefits and how to do BSE so that they can improve their behavior to be more positive in doing BSE because considering BSE is an early detection of breast cancer so that BSE is very important to do. Increasing knowledge can be done through health promotion that can be done by health workers.

Health Promotion is the mainstay of every Health program. Health promotion activities can be carried out not only by health workers specializing in health promotion, but also by other health workers. Other health workers are the spearheads for health promotion, because they are the ones who are always in





direct contact with individuals and families and are trusted to be able to help them, Hartono in (Kasjono, 2016).

2. Attitude

The results of the study showed that out of 118 respondents who had negative attitudes and had never performed BSE, there were 102 people (45.7 %). Of the 105 respondents who had positive attitudes, 18 people (8.1%) had performed BSE and 87 people (39%) had never performed BSE. The results of the bivariate test using Chi-Square obtained a p-value of $0.578 > 0.05$, meaning that there was no relationship between attitudes and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

The results of the study in Ujong Patihah Village found that respondents' attitudes were not related to SADARI behavior, meaning that the results of this study contradict the theory. Respondents did not perform BSE not because they had a negative attitude but were influenced by other factors that influenced the BSE behavior. In this study, it was found that the majority of respondents had attitudes in the negative category as many as 118 people (52.9 %) and positive as many as 105 people (47.1%). Of the 105 people who had a positive attitude, only 18 people performed BSE, meaning that even though they had a positive attitude, the number of people who did not perform BSE was still very high, this was very likely influenced by other things, because the influencing factors were several factors such as the theory from (Azwar, 2021) that there are several factors that influence attitudes such as personal experience, the influence of other people who are considered important, culture, mass media, educational and religious institutions, and emotional influences.

The results of this study are not in line with research (Nasution, 2018) showing that 27.3% of respondents had sufficient knowledge, 40.3% had negative attitudes, and 51.9% had unsupportive behavior. From the results of the chi square test, it was found that there was a relationship between knowledge and BSE





behavior ($p = 0.004$), $OR = 0.698$, and there was a relationship between attitude and BSE behavior ($p = 0.002$), $OR = 3.802$.

Attitude is a reaction or response that is still closed from a person to a stimulus or object. Attitude manifestations cannot be seen directly but can only be interpreted from closed behavior. Attitude is not yet an action or activity, but is a predisposition to an action of a behavior (Notoatmodjo, 2012b).

3. Education

The results of the study showed that respondents who had primary education had mostly never performed BSE as many as 56 people (25.1 %). Respondents who had secondary education had mostly never performed BSE as many as 88 people (39.5 %). Respondents who had higher education had mostly never performed BSE as many as 45 people (20.2 %). The results of the bivariate test using Chi-Square obtained a p -value of $0.000 < 0.05$, meaning that there was a significant relationship between education and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

The results of this study indicate that there are still respondents who have higher education but have not yet performed BSE, meaning that their education does not necessarily have an impact on BSE behavior. However, in general, education is related to this BSE examination, which can be seen with a p value = $0.000 < 0.05$.

The results of this study are in line with the study (Noviani et al., 2023) on Factors Related to SADARI Examination in the Bumi Agung Health Center Work Area, Pagar Alam City in 2022. The results of the study showed a significant relationship between education and BSE examination in the Bumi Agung Health Center Working Area of Pagar Alam City. Education is an effort, activity or learning process to develop or improve certain abilities so that the educational target can stand alone. Even a high level of education has not been able to prove the high level of public knowledge about BSE, whereas in fact, people with higher education should have more knowledge about breast health.





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Education is an internal factor of an individual that allows a person to obtain various knowledge and skills (Kasjono, 2016). According to WHO and Keleher & MacDougall in (Kasjono, 2016) stated that education is one of the key determinants of health, other determinants are income and social status, early childhood development, social exclusion and gender. Therefore, the higher a person's education is expected to be better in terms of thinking and acting.

4. Information Exposure

The results of the study showed that respondents who had exposure to information in the category of never and had never done BSE were 181 people (81.2 %). Of the 40 respondents who had been exposed to information, 8 people (3.6 %) had never done BSE and 32 people (14.3%) had done BSE. The results of the bivariate test using Chi-Square obtained a p-value of 0.000 <0.05, meaning that there was a significant relationship between exposure to information and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

The results of the study showed that exposure to information greatly contributed to the behavior of BSE examination. A total of 40 respondents who had been exposed to information about BSE mostly performed BSE as many as 32 people (14.3%), meaning that exposure to information can make them aware of performing BSE in early detection of breast cancer.

The results of this study are in line with research conducted by (Sarina et al., 2020) which found that the level of respondent knowledge obtained a value of $p = 0.000$, the level of attitude with a value of $p = 0.000$, the level of family support $p = 0.001$ and the level of information exposure with a value of $p = 0.043$ are factors related to BSE behavior in female students. The research that has been conducted shows that respondents who carry out early detection of breast cancer BSE have been exposed to more information. Respondents who already know or have good information tend to do BSE examinations compared to those who have not received information.





In this study, respondents who had been exposed to information said that they obtained information through midwives and the internet. This means that midwives are one of the health workers who are very close to the community who can contribute to health promotion, then another factor that is very related to information is the internet. Since the internet has entered the lives of the community, information has become very rapid and fast so that much knowledge and insight are presented so that the community can easily access information, and this is a positive impact of the internet.

5. Health Workforce Support

The results of the study showed that respondents who said that health workers' support for BSE was in the category of not supporting and had never done BSE were 132 people (59.2 %). Of the 91 respondents who said that health workers' support was in the category of supporting, 57 people (25.6%) had never done BSE and 324 people (15.2%) had done BSE. The results of the bivariate test using Chi-Square obtained a p-value of 0.000 <0.05, meaning that there was a significant relationship between health workers' support and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

The results of this study are in line with research (Rayanti, 2021) on the relationship between health worker support and BSE behavior as early detection of breast cancer in adolescent girls at SMA Negeri 2 Mengwi. The results showed that the majority of respondents had health worker support in the insufficient category, namely 149 respondents (52.1 %), with BSE behavior in the sufficient category, namely 211 respondents (73.8%). Based on the analysis using the Spearman's Rho test, the results showed that there was a significant relationship between the relationship between health worker support and BSE behavior as early detection of breast cancer in adolescent girls at SMA Negeri 2 Mengwi with the results obtained, namely p-value = 0.000 <0.05.

Law of the Republic of Indonesia No. 36 of 2014 concerning health workers, states that health workers have an important role in providing services to





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the community, especially in Community Health Centers. The role of health workers is to increase knowledge, change behavior, and increase public awareness so that their quality of life can improve. Health workers have a role and responsibility for health, especially for women, namely preventing breast cancer through early detection efforts with SADARI. The role is intended to always provide information or training to the community about early detection of breast cancer. Support from health workers greatly influences the improvement of BSE behavior. Because, if the support provided by health workers is lacking, it will affect the poor BSE behavior, so that the number of breast cancer sufferers will increase (Rayanti, 2021).

6. The most dominant factor related to SADARI behavior

The results of the study showed that of the 4 variables tested by logistic regression, all had a p-value <0.000 , namely (knowledge 0.030, education 0.013, information exposure 0.000 and health worker support 0.008) and the variable with the smallest p-value was the information exposure variable, namely 0.000, meaning that the most dominant variable was significantly related to BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency in 2024.

A person's behavior consists of 3 domains, namely knowledge, attitude and action. This behavioral domain is very much determined by exposure to information. A person to be able to achieve a good level of knowledge must first obtain information related to the thing he wants to know and by having good knowledge, he will respond well and then do according to what he knows. These three behavioral domains are very much related and begin with exposure to information. Therefore, to improve community behavior, the most important thing to do is to provide the community with information. There are many ways to provide information to the public, one of which is through health promotion.

4. Conclusion

Based on the results of the research that has been conducted, it can be concluded that :





1. Respondents' knowledge of BSE is in the poor category and there is a relationship between knowledge and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency.
2. Respondents' attitudes towards BSE are in the negative category and there is no relationship between attitudes and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency.
3. The education of respondents in Ujong Patihah Village, Kuala District, Nagan Raya Regency is in the middle category and there is a relationship between education and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency.
4. Respondents' exposure to information about BSE is in the category of never and there is a relationship between exposure to information and BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency.
5. Respondents' health workers' support for SADARI is in the non-supportive category and there is a relationship between family support and SADARI behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency.
6. Exposure to information is the most dominant factor related to BSE behavior in Ujong Patihah Village, Kuala District, Nagan Raya Regency.

5. Compliance with ethical standards

Acknowledgements

It is recommended to the local government that the results of this research can become a reference for the Government, especially Ujong Patihah Village, in improving the level of public health related to improving health and preventing breast cancer by assigning health workers to have special programs in health promotion related to BSE.

Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that there are no conflicts, problems and so on which is not at all a problem for the author.

Statement of informed consent

The actions we take as writers are mutual agreements or consents. And we really hope that the research can be useful for society.





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