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Factors Influencing Women Of Childbearing Age To Perform Awareness In The Working Area Of The Muara Bangkahulu Health Centre, Bengkulu City

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ABSTRACT
Introduction: Data from the Bengkulu Provincial Health Office found that the number of breast cancer cases in 2022 was 15 cases found in Muko-Muko Regency with 10 cases (66.7%), Bengkulu City and Central Bengkulu Regency with 2 cases (13.3%) and South Bengkulu with 1 case (6.7%). Then, in 2023 the number of breast cancer cases in Bengkulu Province became 35 cases spread across Bengkulu City with 25 cases (71.42%), Central Bengkulu Regency with 5 cases (14.3%), Muko-Muko and Kepahiang Regencies with 2 cases (5.71%) and South Bengkulu Regency with 1 case. Methods: This study was conducted in a cross sectional manner. Data collection used primary data with the research instrument was a questionnaire. The sample in this study were women of childbearing age who had an age of 20-45 years. The number of samples used in this study were 83 people. Statistical tests used chi-square and binary logistic regression. Results and Discussion: Most of the respondents had insufficient knowledge about SADARI, most of the respondents' families did not support, almost most of the respondents completed primary education, most of the respondents had never received counselling about SADARI from health workers and most of the respondents had never done SADARI. There is a relationship between knowledge, family support, education and counselling with SADARI in Women of Fertile Age in the Working Area of the Muara Bangkahulu Health Centre, Bengkulu City in 2024. Conclusion: The independent variable most associated with SADARI is family support It is hoped that the Puskesmas can work together with related parties in conducting counselling on SADARI in women of childbearing age.

INTRODUCTION

Breast cancer is one of the most common types of cancer in women. Breast cancer is a malignant tumour that grows inside the breast tissue. Every year more than 185,000 women are diagnosed with breast cancer. Data from the American Cancer Society in 2015 found that approximately 231,840 new cases of invasive breast cancer and 40,290 deaths from breast cancer occurred in 2015 (Desantis et al, 2015). Furthermore, when compared with data from Malaysia, it was found that 31% of breast cancer cases in women. Then, data in Indonesia in 2013 in Indonesia found the incidence of breast cancer at 12.9% (Kemenkes RI, 2013).

Early detection of breast tumours/cancers can be done through breast self-examination (SADARI) (Romauli, 2012). SADARI is an examination technique where a woman examines her own breasts by looking and feeling with her fingers to detect whether there is a lump or cancer in her breasts (Azage, 2013).

Hanifah (2015) reported that women of childbearing age who performed SADARI in Surakarta were 74.1%. Furthermore, research conducted by Angrayni (2016) in Pekanbaru found that women who did not perform SADARI were 82%. The results of research by Wulandari (2016) in West Java found that those who did not do SADARI were 62.9%. Bengkulu City found that 69.2% of women did not perform SADARI (Popi, 2016).

The impact of not doing SADARI is not being able to detect tumours/cancers early, therefore they are usually found at an advanced stage and treatment will take longer. Doing SADARI is very important because almost 85% of lumps in the breast are found by the patient themselves (Sari, 2012).

Factors that influence women of childbearing age to do SADARI consist of knowledge, family support, education and counselling. Knowledge is a result that occurs after people perceive a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, 2010). Research conducted by Hanifah (2015) showed that respondents who had poor knowledge of breast cancer detection using the SADARI method and did not perform SADARI 55 (80.9%) and there was a relationship between knowledge of early detection of breast cancer using the SADARI method and the SADARI behaviour of women of childbearing age in the Nusukan Health Centre Working Area of Surakarta City.

Family support is an attitude, an act of family acceptance of family members, in the form of informational support, assessment support, instrumental support and emotional support (Friedman,

2010). Research conducted by Hanifah (2015) that respondents who were not supported by their families regarding breast cancer detection using the SADARI method and did not perform SADARI were 65 (85.5%) respondents and there was a relationship between family support regarding early detection of breast cancer using the SADARI method and the SADARI behaviour of women of childbearing age in the Nusukan Health Centre Working Area of Surakarta City.

Education forms and improves human abilities which include creation, taste, and spirit and these abilities are developed together in a balanced manner so that a whole human being is formed (harmonious) (Notoadmodjo, 2010). Research conducted by Wahyuningtyas (2012) found that there was a relationship between education and the behaviour of doing SADARI in Gripeni Wates Kulon Progo Village in 2012.

Health counselling is an educational activity carried out by spreading messages, instilling confidence, so that people are not only aware, know and understand but also want and can do a recommendation that has to do with health (Septalia, 2010). Susanti's research (2013) showed that the effect of health education on respondents' attitudes towards SADARI.

Data from the Bengkulu Provincial Health Office found that the number of breast cancer cases in 2022 was 15 cases in Muko-Muko Regency with 10 cases (66.7%), Bengkulu City and Central Bengkulu Regency with 2 cases (13.3%) and South Bengkulu with 1 case (6.7%). Then, in 2023 the number of breast cancer cases in Bengkulu Province became 35 cases (Provincial Health Office, 2023) which were distributed in Bengkulu City with 25 cases (71.42%), Central Bengkulu Regency with 5 cases (14.3%), Muko-Muko and Kepahiang Regencies with 2 cases (5.71%) and South Bengkulu Regency with 1 case. The data above shows that there has been an increase in breast cancer cases in Central Bengkulu Regency, Kepahiang Regency and Bengkulu City.An initial survey conducted at the Muara Bangkahulu Health Centre, Bengkulu City, on 10 women of childbearing age who had an examination at the Health Centre found that they had never done SADARI, had not had a breast cancer screening.

RESEARCH METHODS

This research was conducted in a cross sectional manner. Data collection using primary data with the research instrument is a questionnaire. The sample in this study were women of childbearing age who had an age of 20-45 years. The number of samples used in this study were 83 people. Statistical tests used chi-square and binary logistic regression.

RESULTS

Table 1 Frequency Distribution of Knowledge, Family Support, Counselling, Education and Women of Fertile Age who Perform SADARI in the Working Area of Muara Bangkahulu Health Centre, Bengkulu City in 2024

Variable	Total	%
Knowledge		
Less	45	54.2
Enough	28	33.7
Good	10	12.0
Family Support		
Not in favour	54	65.1
Supportive	29	34.9
Education		
Primary	41	49.4
Secondary	31	37.3
Higher	11	13.3
Counselling		
Never received SADARI counselling from health workers	49	59.0
Have received SADARI counselling from health workers	34	41.0
SADARI		
Do not perform SADARI	46	55.4
Doing SADARI	37	44.6

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Table 1 shows that most of the respondents (54.2%) had poor knowledge about SADARI, most of the respondents (65.1%) family did not support, almost most of the respondents (49.4%) completed primary education, most of the respondents (59.0%) had never received counselling about SADARI from health workers and most of the respondents (55.4%) had never done SADARI.

Table 2: Relationship Between Knowledge And SADARI Among Women Of Fertile Age In The Working Area Of Muara Bangkahulu Health Centre, Bengkulu City, 2024

Variable	SADARI				Total		*p-value*
	Do not perform SADARI		Doing SADARI				
	F	%	F	%	F	%	
Knowledge							
Less	2	71.1	13	28.9	45	100	0,007
Enough	0	35.7	8	64.3	28	100	
Good	4	40	6	60	10	100	

Table 2 shows that out of 45 respondents who had less knowledge, 32 respondents (71.1%) did not do SADARI. The statistical test results showed that the p-value = 0.007 means that there is a relationship between knowledge and SADARI in women of childbearing age in the Working Area of the Muara Bangkahulu Health Centre, Bengkulu City, 2024.

Table 3 Relationship Between Family Support And SADARI In Women Of Fertile Age In The Working Area Of The Muara Bangkahulu Health Centre, Bengkulu City, 2024

Variable	SADARI				Total		*p-value*	OR
	Do not perform SADARI		Doing SADARI					
	F	%	F	%	F	%		
Family Support								
Not in favour	38	70.4	16	29.6	54	100	0,000	6.234
Supportive	8	27.6	21	72.4	29	100		

Table 3 shows that out of 29 respondents who received family support, 21 respondents (72.4%) did SADARI. The statistical test results showed that the p-value = 0.000 means that there is a relationship between family support and SADARI in women of childbearing age in the Muara Bangkahulu Health Centre Work Area, Bengkulu City, 2024. The OR value = 6.234 means that women of childbearing age who do not get family support are 6.234 times at risk of not doing SADARI compared to women of childbearing age who get family support.

Table 4: Relationship Between Education And SADARI Among Women Of Childbearing Age In The Working Area Of Muara Bangkahulu Health Centre, Bengkulu City, 2024.

Variable	SADARI				Total		*p-value*
	Do not perform SADARI		Doing SADARI				
	F	%	F	%	F	%	
Education							
Primary	9	70.7	12	29.3	41	100	0,030
Secondary	15	48.4	16	51.6	31	100	
Higher	2	18.2	9	81.8	11	100	

Table 4 shows that out of 11 respondents who had higher education, 9 respondents (81.8%) did SADARI. The results of statistical tests found that the p-value = 0.030 means that there is a relationship between education and SADARI in women of childbearing age in the Working Area of the Muara Bangkahulu Health Centre, Bengkulu City Year 2024.

Table 5: Relationship Between Counselling And SADARI Among Women Of Childbearing Age In The Working Area Of The Muara Bangkahulu Health Centre, Bengkulu City, 2024

Variabel	SADARI				Total		*p-value*	OR
	Do not perform SADARI		Doing SADARI					
	F	%	F	%	F	%		
Counselling								
Never received SADARI counselling from health workers	32	65.3	17	34.7	49	100	0,030	2.689
Have received SADARI counselling from health workers	14	41.2	20	58.8	34	100		

Table 5 shows that out of 49 respondents who had not received counselling about SADARI from health workers, 32 respondents (65.3%) did not perform SADARI. The statistical test results showed that the p-value = 0.030 means that there is a relationship between counselling and SADARI in women of childbearing age in the Working Area of the Muara Bangkahulu Health Centre, Bengkulu City Year 2024. The OR value = 2.689 means that women of childbearing age who have never received counselling are 2.689 times at risk of not doing SADARI compared to women of childbearing age who have never received counselling.

Table 6 Multivariate Analysis Results Using Binary Logistic Regression

Model	Variable	Sig.	Exp(B)	95.0% C.I.for EXP(B)	
				Lower	Upper
Step I	Knowledge	0.058	5.312	0.948	29.774
	Family Support	0.003	5.778	1.824	18.303
	Counselling	0.097	2.542	0.845	7.651
	Education	0.098	6.022	0.719	50.449
Step II	Education	0.029	5.782	1.200	27.854
	Family Support	0.002	5.658	1.867	17.146
	Counselling	0.074	2.653	0.909	7.742

Table 6 shows that from the interpretation of the final model, it was found that the variables of family support and p-knowledge were variables that were significantly associated with SADARI and the extension variable was not significantly associated with SADARI. Then, of the three variables, knowledge was the variable most associated with SADARI with an Exp (B)=5.782 value.

DISCUSSION

Relationship Between Knowledge And SADARI

The results of 45 respondents who had poor knowledge as many as 32 respondents (71.1%) did not do SADARI. These results are in line with research by Yusra et al (2016) where the percentage of respondents with poor knowledge of SADARI reached 111 respondents (73.0%).

The lack of knowledge of women of childbearing age about SADARI is due to the absence of information or counselling provided to women of childbearing age. Facilities or infrastructure to conduct counselling do not exist. The role of health workers is also still lacking, because they only provide information on matters of concern, so that support for gaining knowledge is still relatively low (Charisma, 2013).Women of childbearing age with sufficient and good knowledge but do not carry out SADARI in this case because women of childbearing age have less motivation to do SADARI

(Puspita, 2016). This is supported by the results of research by Mongi (2016) showing that there is a significant relationship between knowledge and the act of breast self-examination (SADARI) in women of childbearing age in Lahendong Village, Tomohon Selatan District.

The results of the statistical test found that the p-value = 0.007 means that there is a relationship between knowledge and SADARI in women of childbearing age in the Muara Bangkahulu Health Centre Working Area, Bengkulu City in 2024. Research conducted by Setiawan (2017) found that there was a significant relationship between respondents' knowledge and early breast cancer screening actions.

Research Charisma (2013) there is a significant relationship (p=0.028) between the level of knowledge of respondents and the act of SADARI and PR value of 15.375 with 95% CI confidence interval 1.909-123.853. Research by Doshi et al (2012) in India showed a significant correlation between knowledge and attitude values with BSE behaviour (p-value <0.05).

Relationship Between Family Support And SADARI Among Women Of Fertile Age In The Working Area Of Puskesmas Muara Bangkahulu, Bengkulu City, 2024

The results showed that most respondents (65.1%) did not support their families. This research is in line with the research of Hanifah (2015) found that the frequency distribution of respondents was mostly the families of respondents who did not support as many as 76 (51.7%) respondents. Families who do not support more than those who support early detection of breast cancer SADARI due to the lack of information obtained by families about SADARI (Hanifah, 2015). The source of information is the most important thing, because from this source a person can gain knowledge and can also change his attitude at the same time (Puspita, 2016).

This shows that when respondents get good family support, they will also take action or have good and routine SADARI behaviour. Therefore, information and knowledge about early detection of breast cancer does not only focus on a woman of childbearing age, but other family members also need to get this information.

Respondents who received family support but did not perform SADARI were due to the laziness of women of childbearing age to perform SADARI. The magnitude of a person's laziness still defeats the behaviour of performing SADARI even though the respondent has high knowledge. Then, another influencing factor is work so that women of childbearing age do not have enough time to do SADARI (Yusra et al, 2016).

The statistical test results showed that the p-value = 0.000 means that there is a relationship between family support and SADARI in women of childbearing age in the Muara Bangkahulu Health Centre Working Area, Bengkulu City, 2024. The OR value = 6.234 means that women of childbearing age who do not get family support are 6.234 times at risk of not doing SADARI compared to women of childbearing age who get family support.

This study is in line with research conducted by Hanifah (2015) that there is a relationship between family support regarding early detection of breast cancer using the SADARI method and the SADARI behaviour of women of childbearing age in the Nusukan Health Centre Working Area of Surakarta City. Research by Setiani and Suara (2012) on students of SMAN 62 obtained a p-value of 0.029 <0.05, which means that there is a relationship between family or parental support variables with SADARI behaviour. Fatayati's research (2015) which says there is a relationship between parental support and SADARI habits with a value of p-value = (0.028).

Relationship Between Education And SADARI Among Women Of Fertile Age In The Working Area Of Puskesmas Muara Bangkahulu Bengkulu City Year 2024

The results of the study from 41 respondents who had basic education as many as 29 respondents (70.7%) did not do SADARI. This research is in line with Mongi's research (2016) where 38 respondents (44.7%) with low education did not perform SADARI, 1 respondent (1.2%) and 37 respondents (43.5%) did. Mothers who have low education have little difficulty receiving information about SADARI which results in mothers acting irrationally towards all behaviour towards themselves so that mothers tend not to do SADARI (Notoatmodjo, 2012).

Mothers with higher education but not doing SADARI are influenced by the lack of motivation in themselves to do SADARI and mothers are not skilled in doing SADARI. The statistical test results showed that the p-value = 0.030 means that there is a relationship between education and SADARI in women of childbearing age in the Muara Bangkahulu Health Centre Working Area, Bengkulu City, 2024. This research is in line with the research of Wahyuningtyas (2012) found that there is a relationship between education and the behaviour of doing SADARI in Gripeni Village Wates Kulon Progo in 2012.

Research conducted by Darmasari (2016) found that obtained from 187 research respondents, the relationship between education level and breast self-examination behaviour in Tambak Rejo Village, Gayamsari District, Semarang City obtained a p-value = 0.001. Research conducted by Marzouni et al (2013) in Iran that there is a statistically significant relationship between education level and women's awareness of BSE (P = 0.009).

Research by Yusra et al (2016) The results of statistical tests show that there is a significant relationship between the level of education and the level of knowledge of women of childbearing age about SADARI (p <0.05). Respondents with low education levels have a tendency to have poor knowledge 11.420 times greater than respondents with high education levels.

Relationship Between Counselling And SADARI Among Women Of Childbearing Age In The Working Area Of Muara Bangkahulu Health Centre, Bengkulu City, 2024

The results showed that most respondents (59.0%) had never received counselling about SADARI from health workers because there was no health programme at the Puskesmas about SADARI, resulting in many women of childbearing age who had not received counselling about SADARI. Then, there is no information facilities and infrastructure related to SADARI, for example in the form of leaflets, banners, flip sheets and posters. Research by Hanifah (2015) found that there is a relationship between information exposure regarding early detection of breast cancer using the SADARI method and the SADARI behaviour of women of childbearing age in the Nusukan Health Centre Working Area of Surakarta City.

Women of childbearing age who have received counselling but do not perform SADARI are due to the lack of family support. The source of counselling information obtained was based on interviews with respondents from the Bengkulu Cancer Foundation who provided counselling on early detection of breast cancer. However, the obstacle is that it is only given to certain villages. Although they have received counselling, family support is still minimal, making women of childbearing age less motivated to do SADARI.

The statistical test results showed that the p-value = 0.030 means that there is a relationship between counselling and SADARI in women of childbearing age in the Working Area of Muara Bangkahulu Health Centre, Bengkulu City in 2024. This study is in line with Susanti's research (2013) showing that the effect of health education with respondents‘ knowledge with p value = 0.000 < α (0.05) and there is an effect of health education with respondents’ attitudes with p value = 0.000 < α (0.05).

Research conducted by Umiyati (2014) found that there was a difference in knowledge about the practice of SADARI before and after counseling p-value 0.000, and there was a difference in attitude about the practice of SADARI before and after counseling p-value 0.000. The results of research by Ridwan et al (2014) showed that there were differences in knowledge and attitudes about early detection of ca mammae before and after counselling with a p-value of 0.000.

CONCLUSIONS AND RECOMMENDATIONS

Most of the respondents had poor knowledge about SADARI, most of the respondents' families were not supportive, almost all of the respondents completed primary education, most of the respondents had never received counselling about SADARI from health workers and most of the respondents had never done SADARI. There is a relationship between knowledge, family support, education and counselling with SADARI in women of childbearing age in the working area of the Muara Bangkahulu Health Centre, Bengkulu City in 2024. The independent variable most associated with SADARI is family support. It is expected that the Puskesmas can work together with related parties in conducting counselling on SADARI in women of childbearing age.

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