ISSN: 2088-8686
eISSN: 2686-0864

SCRIPTA SCORE
Scientific Medical Journal
Penelitian

TINGKAT PENGETAHUAN DAN KEMAMPUAN MAHASISWI TERHADAP PEMERIKSAAN PAYUDARA SENDIRI DALAM UPAYA DETEKSI DINI KANKER PAYUDARA DI FAKULTAS KEDOKTERAN UNIVERSITAS PRIMA INDONESIA

Ayuni Anggraini Siregar[1], Juliana Lina[2], Yeni Puspawani[3]

[1]*Pendidikan Dokter, Fakultas Kedokteran, Universitas Prima Indonesia, Kota Medan*
[2]*Pendidikan Dokter, Fakultas Kedokteran, Universitas Prima Indonesia, Kota Medan*
[3]*Pendidikan Dokter, Fakultas Kedokteran, Universitas Prima Indonesia, Kota Medan*

Ayunianggrainisrga3@yahoo.com

ABSTRAK

Kanker payudara merupakan salah satu kanker yang banyak terjadi dan sering menyebabkan kematian akibat kanker pada wanita. Upaya dini untuk melakukan skrining kanker payudara adalah dengan program SADARI atau pemeriksaan payudara sendiri. Tujuan penelitian ini adalah untuk mengetahui tingkat pengetahuan dan kemampuan mahasiswa terhadap pemeriksaan payudara sendiri dalam upaya deteksi dini kanker payudara di fakultas kedokteran Universitas Prima Indonesia. Penelitian ini menggunakan rancangan penelitian analitik deskriptif dengan pendekatan studi potong lintang (cross sectional). Dapat dilihat bahwa distribusi frekuensi riwayat tumor payudara dengan responden sebanyak 135 responden dan didominasi oleh terbanyak adalah tidak pernah dengan jumlah 134 orang (99.3%), dan untuk pernah sebanyak 1 orang (0.7%). Sementara distribusi frekuensi pengetahuan dengan responden sebanyak 135 responden dan didominasi oleh terbanyak adalah sedang dengan jumlah 118 orang (87.4%), dan untuk terendah ada sebanyak 5 orang (3.7%). Dan distribusi frekuensi perilaku dengan responden sebanyak 135 responden dan didominasi oleh terbanyak adalah baik dengan jumlah 80 orang (59.3%), dan untuk terendah baik sebanyak 1 orang (0.7%). Dari hasil uji korelasi spearman's didapatkan nilai p = 0,008 dan r = 0,228, sehingga dapat disimpulkan terdapat hubungan bermakna antara pengetahuan terhadap perilaku SADARI dengan kekuatan hubungan positif lemah.

Kata Kunci : Kanker payudara, SADARI.

Breast cancer is one of the cancers that occur and often causes cancer death in women. An early attempt to screen for breast cancer is with a BSE or breast self-examination. This study aims to find out the level of knowledge and ability of students to self-examine the breast too early detection of breast cancer at the faculty of medicine, Universitas Prima Indonesia. This research uses a descriptive-analytical research design with a cross-sectional study approach. It can be seen that the frequency distribution of breast tumor history with respondents as many as 135 respondents and dominated by the most is never with the number of 134 people (99.3%), and forever as many as one people (0.7%). At the same time, the distribution of knowledge frequency with respondents as many as 135 respondents and dominated by the most is moderate with 118 people (87.4%). For the lowest, there are as many as five people (3.7%). And the distribution of frequency of behavior with respondents as many as 135 respondents and dominated by the most is good with the number of 80 people (59.3%), and for the lowest good as much as one person (0.7%). The results of spearman's correlation test obtained values p = 0.008 and r = 0.228, so it can be concluded that there is a meaningful relationship between knowledge of SADAR behavior and the strength of weak positive relationships.

Keywords: Breast cancer, BSE.

PENDAHULUAN

Cancer is a disease with a high prevalence in the world. Cancer is the leading cause of death; in developing economies, it is the second leading cause of death.` Behavioral patterns at risk of cancer include smoking, alcohol, types of food (meat, fruit, vegetables, fiber, and salt), excess weight, lack of physical activity, infection, radiation exposure (ion and diesel), hormone use, and reproductive history (breastfeeding).[1]

Breast cancer is a disease that has lost control of its standard mechanisms, resulting in abnormal, rapid, and uncontrolled growth of breast tissue.

According to 2017 data from basic health research, Indonesia has a tumor/cancer prevalence rate of 1.4 per 1,000 people, or approximately 347,000. Breast and cervical cancer are the most common cancers among women in Indonesia.[2]

METODE

Population

The population for this study was students at Indonesia's Prima University School of Medicine. The population for this study is students enrolled in the 2018/2019 academic year at Prima University School of Medicine in Indonesia. Based on the data obtained, there are 135 female students.

Sample

The research sample taken is the subject of the selected population and has met the inclusion and exclusion criteria. In this study, the author uses a total sampling technique.

The inclusion and exclusion criteria in this study are as follows: Prima Indonesia medical faculty students for the 2018/2019 academic year, totaling 135 people, Healthy physically and spiritually were the inclusion criteria, and for exclusion criteria were Students who experienced other health problems at the time of the study, Students who were not present at the time of the survey, Students who have a history of breast disorders.

Methods

The study makes use of raw data, which is information gathered via questionnaires and observation forms. Secondary data is data obtained by searching Medical students Unpri documents about age, first menstruation, last education, parity.

Variables

The variables were divided into Knowledge and ability of Medical students Unpri about SADARI, Age, and Family History of Breast Disorders.

HASIL

Univariate Analysis

Conduct univariate analysis on each variable, present the findings in a frequency distribution table, and calculate the distribution and percentages for each research variable.

1. Age

According to Table 4.1, there are as many as 135 respondents, and the most frequent distribution is those over 21 years old, a total of 80 people (59.3%), and as many as 55 people under 21 years old. (40.7%).**Table 1.** Distribution by Age

Age	F	%
≥21 years	80	59,3
<21 years	55	40,7
Total	135	100

2. Family history

Based on table 4.2, it can be seen that the distribution of family history frequency with 135 respondents and dominated by the most is answering no with the number of 134 people (99.3%), and answering there are as many as one people (0.7%).

Table 2. Distribution by Family history

Family history	F	%
None	134	99,3
There's	1	0,7
Total	**135**	**100**

3. First menstruation

Based on table 4.3, it can be seen that the distribution of the frequency of first menstruation with 135 respondents and dominated by the most is 10-12 years with the number of 44 people (33.3%) and for 13-15 years as many as 90 people (66.7%).

Table 3. Distribution by First menstruation

First menstruation	F	%
10-12 years	45	33,3
13-14 years	90	66,7
Total	**135**	**100**

4. History of Breast Tumors

Based on table 4.4, it can be seen that the frequency distribution of breast tumor history with 135 respondents and dominated by the most is never with the number of 134 people (99.3%), and forever as many as one people (0.7%).

Table 4. Distribution by History of Breast Tumors

History of Breast Tumors	F	%
Ever	1	0,7
Never	134	99,3
Total	**135**	**100**

5. Knowledge of SADARI

Based on table 4.6, it can be seen that the distribution of knowledge frequencies with 135 respondents and dominated by the most is moderate with 118 people (87.4%), and for the lowest, there are as many as five people (3.7%).

Table 5. Distribution by Knowledge of SADARI

Knowledge of SADARI	F	%
High	12	8,9
Medium	118	87,4
Low	5	3,7
Total	**135**	**100**

6. Behaviour of SADARI

Based on table 4.6, it can be seen that the distribution of knowledge frequency with 135 respondents and dominated by the most is both with the number of 80 people (59.3%) and for the lowest good as much as one person (0.7%).

Table 6. Distribution by Behaviour of SADARI

Behavior of SAFARI	F	%
Good	1	0,7
Enough	80	59,3
Less good	54	40,0
Total	**135**	**100**

Bivariate Analysis

Bivariate analysis is intended to find out the relationship between independent variables and dependent variables. Where before testing, each test is categorized to make it easier in the hypothesis testing process later. Testing the hypothesis of this study uses chi-square ujjayi as for the chi-square test requirement, which is a cell with an expected value of less than 5, a maximum of 20% of the number of cells. If these conditions are not met, the alternative tests used are the Fisher Test and supermans cholera. The results of spearman's correlation test obtained the

values p = 0.008 and r = 0.228, so it can be concluded that there is a meaningful relationship between knowledge of the behavior of SAFARI.

Pengetahuan	Perilaku SADARI				p
R					
	Baik		Cukup	Kurang baik	
	n	%	N	%	n
	%				
Tinggi	7	0,7	9	6,7	2
	1,5	0,008	0,228		
Sedang	0	0	70	51,9	48
	35,6				
Rendah		0	0	1	0,7
	4	3			

PEMBAHASAN

Distribution of Proportion by Age at RSU Royal Prima Medan in 2021

It can be seen that the distribution of age frequency with respondents as many as 135 respondents and dominated by the most is the age of ≥ 21 years with the number of 80 people (59.3%) and for the age of <21 years as many as 55 people (40.7%).

Another study stated that of 52 respondents, the highest frequency was in the 15-16-year-old group of 34 people (65.38%), while the lowest frequency aged 17-18 years was 18 people (34.62%) [3]. Other research shows that young women in Kumpul Rejo Village, Kendal Regency are mostly 19 years old, as many as 22 (37.9%) respondents [4]. Another study showed that the dominant respondents were 13 years old, with 38 respondents (43.2%), and obtained data that all respondents had never been informed about breast self-examination (SADARI) before.

Breast cancer is a malignancy that comes from glands, glandular channels, and supporting tissues, excluding the skin of the breast. Breast tissue is typically divided into two types: glandular and buttress: breast (lobule) and milk duct glandular tissue (mammary duct, milk duct). Adipose tissue and connective fibrous tissue serve as supporting tissues. The breast is also formed by lymphatic tissue, which contains the immune system responsible for removing waste and impurities from the cells. Within 8-12 years, the first breast cancer cells can grow into a 1 cm tumor. These cancer cells are silent in the breast glands. Breast cancer cells can spread through the bloodstream throughout the body. Breast cancer cells can hide in the body for years without being noticed and suddenly active into malignant tumors or cancer.[5]

Distribution of Proportions Based on Family History at RSU Royal Prima Medan in 2021

It can be seen that the distribution of family history frequency with respondents as many as 135 respondents and dominated by the most is answering no with the number of 134 people (99.3%), and answering there is as many as one people (0.7%).

This study is by other studies that stated that most of the respondents did not have a family with a history of cancer, namely 122 respondents (91%)[6]. More than half of mothers who do not have a family history of breast disorder have knowledge of 50 people (67.7%)[7].

Female, age > 50, family and genetic history (carriers of BRCA1, BRCA2, ATM, or TP53 (p53) gene mutations), history of previous breast disease (DCIS in the same breast), LCIS, high-density mammogram), early menstrual history (12 years) or slow menarche (> 55 years), birth history (no children and no breastfeeding), hormones, obesity, alcohol consumption, history of chest wall radiation, and environmental factors. Prevention and Early Detection Prevention (primary) is an effort not to get breast cancer. Primary prevention is reducing or eliminating risk

factors that are thought to be very closely related to an increased incidence of breast cancer. Primary prevention or not to occur cancer is to know the risk factors for breast cancer, as mentioned above, and try to avoid it. Primary prevention, so that breast cancer does not occur at this time, is still tricky; What can be done is to eliminate or pay attention to some risk factors closely related to the increase in breast cancer incidence. Secondary prevention is breast cancer screening. Breast cancer screening is an examination or attempts to find abnormalities in a person or a group of people who have not complained that caused breast cancer. The purpose of the screening was to reduce the morbidity rate due to breast cancer and mortality. Secondary prevention is a prima donna in the overall treatment of cancer. Screening for breast cancer is to get a person or group of people who are detected to have abnormalities that may be breast cancer and further require a confirmed diagnosis. Screening is aimed at getting early breast cancer so that treatment results become effective; thus it will reduce the possibility of recurrence, reduce mortality and improve quality of life [8].

Distribution of Proportions Based on First Menstruation at RSU Royal Prima Medan in 2021

It can be seen that the distribution of the frequency of first menstruation with respondents as many as 135 respondents and dominated by the most is 10-12 years with the number of 44 people (33.3%) and for 13-15 years as many as 90 people (66.7%) [8].

As described in the background, breast cancer (and other types of cancer) have many risk factors or is multifactoral. Risk factors are traits or characteristics that are closely related to the likelihood of occurrence of a disease in terms of statistics. The presence of risk factors is not a definite predictor that a person will have certain conditions, on the contrary, someone diagnosed with breast cancer, for example, does not necessarily have risk factors. Behavioral and genetic factors have a big role in women to suffer from cancer. Several factors can be controlled, and some other factors cannot be controlled or avoided. For example, not breastfeeding, lack of physical activity and high intake of animal fats, active and passive smoking, and the use of oral contraceptives before the first pregnancy are some of the controllable behavioral factors [9]. Meanwhile, what is meant by risk factors that cannot be controlled, among others; female sex, race / ethnicity, family history of cancer, history of endometrial or ovarian cancer in yourself, have been diagnosed with proliferative lesions, and early menstruation.[10]

Distribution of Proportion Based on Breast Tumor History at RSU Royal Prima Medan in 2021

It can be seen that the frequency distribution of breast tumor history with respondents as many as 135 respondents and dominated by the most is never with the number of 134 people (99.3%), and forever as many as one people (0.7%).

Research in accordance with other studies that stated that of 83 respondents, the number of respondents who did not have a history of the disease was more than those who had a history of the disease, the number who did not have an account of the disease amounted to 74 people with a percentage of 89.2% while those who had a history of disease amounted to 9 people with a percentage of 10.8% (Harnianti et al., 2016). Other studies also stated respondents in the study did not have a family history of breast cancer as much as 0 or (0%).[11]

Risk factors are the things that affect a person's chances of suffering from the

disease. Some risk factors cannot be changed, such as age and race, but there are other risk factors that can be changed, such as those related to lifestyle. The risk of new breast cancer in the same breast or other parts of the breast increases in women with cancer in one breast. This risk is higher if breast cancer is diagnosed at a younger age.[12]

Distribution of Proportions Based on Knowledge at RSU Royal Prima Medan in 2021

It can be seen that the distribution of knowledge frequency with respondents as many as 135 respondents and dominated by the most is moderate with the number of 118 people (87.4%). For the lowest, there are as many as five people (3.7%).

This study is in accordance with other studies that stated that most respondents have a moderate level of knowledge regarding the SADARI. A total of 24.9% of respondents have high knowledge about the SADARI, 59.8% have middle knowledge, and 15.3% have low ability [13]. At the same time, other studies state that it is known that most respondents with the level of understanding of young women about SADARI are good, namely as many as 18 respondents (85.7%)[14]. It can be known that most of the respondents are quite knowledgeable, which is 36 respondents (51.4%).[15]

Breast cancer early detection aims to reduce the incidence of breast cancer and, as a result, the mortality of breast cancer patients. Breast cancer can be detected early in a variety of ways, including thermal imaging (a diagnostic procedure based on chemical levels and vascular activity that can cause the breast temperature to rise), mammography (a method of decryption that utilizes low density) X Radiography), catheterization (a subset of mammography that can be used to diagnose nipple discharge and intraductal papilloma), biopsy, and breast ultrasound. Breast self-examination (SADARI), or more commonly referred to as breast self-examination, is a more straightforward and more effective way to detect breast abnormalities on your own (BSE). SADARI This is critical because 85 percent of cancer survivors are breast cancer survivors. [7]

Distribution of Proportions Based on Behavior of SADARI at RSU Royal Prima Medan in 2021

It can be seen that the distribution of frequency of behavior with respondents as many as 135 respondents and dominated by the most is both with the number of 80 people (59.3%) and for the lowest good as many as one person (0.7%).

This study is by other studies that stated from the results of the survey of 93 respondents it is known that a number of 4.3% of respondents always do SADARI, 15.05% of respondents often do SADARI, 72.05% of respondents sometimes do SADARI, and 8.6% of respondents do not do SADARI.[16]. Other studies suggest that most respondents have poor behavior of SADARI. Respondents with bad behavior of SADARI as many as 54 respondents (77.1%) and good behavior of SADARI as many as 16 respondents (22.9%). [17]

Detecting breast cancer early is not a coincidence but rather the responsibility of the women themselves. Women should know the normal state of their breasts. While the medical authorities, finding cancer early requires an integrated and continuous effort for screening and early detection of breast cancer. Women should know how normal their breasts look and feel and how biased conditions vary at different times of the month. They were asked to pay attention to the lumps in the breast in detail, but only to recognize any changes from normal conditions. This effort is significant because if cancer can

be detected at an early stage and treated appropriately, then the cure rate is relatively high, reaching 90%.[18]

Relationship of Knowledge With Conscious Behavior

Bivariate analysis is intended to find out the relationship between independent variables and dependent variables. Where before testing, each test is categorized to make it easier in the hypothesis testing process later. Testing the hypothesis of this study uses chi-square ujjayi as for the chi-square test requirement, which is a cell with an expected value of less than 5, a maximum of 20% of the number of cells. If these conditions are not met, the alternative tests used are the Fisher Test and supermans cholera. The results of spearman's correlation test obtained values p = 0.008 and r = 0.228, so it can be concluded that there is a meaningful relationship between knowledge of SADARI behavior and the strength of weak positive relationships.

This study is consistent with previous research that used the chi-square test to examine the relationship between a person's level of knowledge about SADARI and SADARI's behavior. As can be seen from the test results, the significance level is 0.002 (p0.05). Thus Ha is accepted, indicating a relationship between SADARI behavior knowledge and breast cancer early detection in-state high school students 8Talal. Another study illustrates the same bivariate analysis of this study's results using the chi-square test, with a two-way significance value of p = 0.037 (p0.05). This demonstrates that the use of video media for breast self-examination consultation (SADARI) affects adolescents' knowledge of breast cancer early detection in this study, p0.05 or significant.[19]

KESIMPULAN

1. It can be seen that the distribution of age frequency with respondents as many as 135 respondents and dominated by the most is the age of ≥ 21 years with the number of 80 people (59.3%) and for the period of <21 years as many as 55 people (40.7%).
2. It can be seen that the distribution of family history frequency with respondents as many as 135 respondents and dominated by the most is answering no with the number of 134 people (99.3%), and answering there is as many as one people (0.7%).
3. It can be seen that the distribution of the frequency of first menstruation with respondents as many as 135 respondents and dominated by the most is 10-12 years with the number of 44 people (33.3%) and for 13-15 years as many as 90 people (66.7%).
4. It can be seen that the frequency distribution of breast tumor history with respondents as many as 135 respondents and dominated by the most is never with the number of 134 people (99.3%), and forever as many as one people (0.7%).
5. It can be seen that the distribution of knowledge frequency with respondents as many as 135 respondents and dominated by the most is moderate with the number of 118 people (87.4%). For the lowest, there are as many as five people (3.7%).
6. It can be seen that the distribution of frequency of behavior with respondents as many as 135 respondents and dominated by the most is both with the number of 80 people (59.3%) and for the lowest good as many as one person (0.7%).
7. From the results of spearman's correlation test obtained values p = 0.008 and r = 0.228, so it can be concluded that there is a meaningful relationship between

knowledge of SADARI behavior and the strength of weak positive relationships.

SARAN

1. It is best to research other populations to expand the generalization of research results.
2. It is best to research the relationship of knowledge level and ability of students to breast self-examination to early detection of breast cancer
3. It is better for individuals who have a history of breast tumor disease and a family history of breast tumors to live a healthy life and maintain a diet to lose weight to analyze the occurrence of the disease.

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