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FEMALE STUDENTS' PERCEPTION ON BREAST CANCER DETECTION USING BREAST SELF-EXAMINATION (SADARI) METHOD

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ABSTRACT

Background: In Indonesia, breast cancer takes second place after cervical cancer with estimated 61,682 cases. According to International Agency for Research on Cancer (IARC) data in 2012, breast cancer was found to be the highest percentage of new cases, amounting approximately 43.3% and the death percentage caused by breast cancer reached 12.9%. Based on Basic Health Research data of 2013, the prevalence of breast cancer in Indonesia reaches 0.5 per 1,000 women. The objective of this research was to find out about teenage female students' perception about early detection of breast cancer with SADARI method (Breast Self-Examination).

Methods: This research employed qualitative research method with the phenomenological approach by using.

Results: Based on the research results, there were different perceptions on the importance of conducting SADARI for teens. There were some obstacles to do SADARI such as feeling embarrassed, not having enough time to do SADARI, being forgetful, lacking information about SADARI and lacking support from family and closest people around them.

Conclusions: Teenager perceptions about SADARI affect behavior to do breast self-examination. The solution to overcoming those obstacles included collecting information about early detection of breast cancer using SADARI method, learning about it, and visiting the nearest health facility to do SADARI. In addition, there must be external support from family or other closest relatives.

Keywords: Perception, teenager, breast self-examination

INTRODUCTION

Cancer are one of the deadliest illness for women. One of them is breast cancer that is a malignant tumor formed from breast cells that grow and develop uncontrollably so that it spread between tissues or organs around breasts or other parts of the body (Indonesia Ministry of Health, 2016). Based on the mortality rate, breast cancer came in first place to cause death for women [1]. Based on Basic Health Research 2013 data, the prevalence of breast cancer in Indonesia reaches 0.5 per 1,000 women [3]. If not be controlled, the estimated number will increase. At least 26 million people will be detected and 17 million of them will die because of cancer in 2030. Ironically, this will happen faster in poor or developed country. [2]

According to International Agency for Research on Cancer (IARC) in 2012, breast cancer was found to be the illness with highest new cases percentage, amounting 43.3% with mortality percentage reaching 12.9%. Meanwhile, WHO data indicated that breast cancer prevalence all around the world had reached 6.3 million by the end of 2012, spread among 140 countries. In Indonesia, breast cancer ranked second place after cervical cancer with estimated 61.682 cases. [3]

Breast cancer becomes the most frightening cancer for women all around the world, including in Indonesia. Breast cancer is a malignant tumor formed from breast cells that grow and develop uncontrollably so that it can spread between tissues or organs around breasts or other parts of the body. Nationally, the prevalence of cancer in people of all ages in 2013 reached 1.4% or approximately 347.792 people. In Indonesia, Yogyakarta has the highest prevalence for cancer, amounting 4.1%. The highest ranks of cancer that occurs in Indonesian women are breast cancer and cervical cancer. [4]

The exact cause of cancer is still unknown up until now. Breast cancer usually develops in milk duct cells or lobular cells. Other possible causes include hereditary health record history, genetics, the use of birth control, hormone therapy, radiation (X-ray) toward breasts, high-fat food, smoking, alcohol consumption, or not doing exercise. [10, 12]. Women are usually not aware of the symptoms that arise from breast cancer. Clinical symptoms of breast cancer include hard lumps in the breasts/armpits, swollen breasts, redness or scaly skin around nipples, change on nipple shape, fluid or blood discharge, and itchiness around nipple area [7]. Breast cancer can be prevented by early care and detection.

Breast cancer can be prevented. The prevention of breast cancer includes primary, secondary, and tertiary preventions. Primary prevention means the effort to avoid breast cancer. Primary prevention includes reduce or eliminate risk factors that closely related that increase the breast cancer incident. Meanwhile, secondary prevention includes breast cancer screening with Breast Self-Examination method [5]

There is views from Iranian women about breast self-examination (SADARI). The data analysis results stated that Iranian women were hesitant to do breast self-examination because of 2 sub-themes, i.e. the changes of body image and uncertain future result. They were afraid to find out if there were lumps on their breasts. In addition, they were also afraid to have uncertain future if they got breast cancer. [6]

Even most breast cancers are found in women who are 50 and older, but breast cancer also could happen to younger women. The Centers for Disease Control and Prevention is working to increase breast cancer awareness and improving the health and quality of life of young breast cancer survivors and young women at a higher risk of getting breast cancer. [8] Teenagers have a risk of breast cancer, therefore prevention can be done from now by providing knowledge about Breast Cancer Detection by BSE method and invite teenagers to do BSE, so for the future can reduce the number of breast cancer patients

Teenagers with risks to get breast cancer is a condition that needs to be analyzed. Therefore, the researchers were interested to conduct research that focused on the perception of 8 teenagers about breast cancer early detection by doing BSE or in Indonesia Language, it's called as SADARI movement. SADARI is acronym for *Periksa Payudara Sendiri* or in English literally means check our own breast. This research conducted with 12-grade students in 3 Public High School of Tangerang District.

METHODS

This research applied qualitative research method with a phenomenological approach. Sampling was conducted by using purposive sampling method. Purposive sampling is the sampling based on a certain consideration such as the characteristics of the population or characteristics that have been known previously. In this research the sample criteria were teenagers who had menstruation. The criteria for sample selection in qualitative research include suitability, adequacy, and saturation. The sample in this research consisted of 8 people, 6 teenagers at risk of developing breast cancer and for data triangulation, 2 peers that had already informed on breast cancer early detection using SADARI method. The research was conducted on May 2018 at 3 Public High School of Tangerang District.

The data analysis was conducted using interaction analysis model, where the components of data reduction and data presentation were done in the same way as data collection process. The research results from the field were in still raw which were then summarized, reduced, and then arranged to be more systematic. After that, the data were categorized into matrix, diagrams and Content Analysis. Finally, the conclusions were drawn from this research.

The data collection was conducted by interviewing the samples using semi-structured interview guidelines. The questions included the understanding of breast cancer early detection, the perception about SADARI, the awareness to do SADARI, and the obstacles that arise when doing SADARI.

RESULTS

a. Theme 1: The perception of teenagers who were at risk of developing breast cancer about the importance of doing SADARI.

Perception is the process of seeking information to fully understand (13). From 6 informants, 4 informants mentioned that *"SADARI was important to take. Breasts are important organs for women"* therefore it became the reason for them to attempt to take care of their breast by doing SADARI. 2 informants mentioned that *"SADARI was not that important to take because there are no complaints and pain in the breast"* When something is taken lightly, it will influence someone's act. When the samples thought that SADARI was not that important, they would neither be aware nor bother taking it.

b. Theme 2: The reasons of whether it was important or not to take SADARI by teenagers who were at risk of developing breast cancer.

From the interview result, 4 informants claimed that *"SADARI was important to take because by doing it, someone could get early detection whether they were diagnosed with breast cancer or not. Also, they would know about the cancer cell development if they already got it. If someone was diagnosed, they could get medication as soon as possible"*. Breast cancer that was detected in early stage would have high life expectancy for the person, approximately 85-95% [9]. 2 informants suggested *"that SADARI was not that important because on their first attempt, they did not find any lump, thus, it was enough for them to do breast cancer prevention by working out and eating healthy food"*. SADARI should be done regularly i.e. once a month after a menstrual period so that the development of cells in the breast could be controlled.

Statement of 4 informants was justified by two key persons (peers) that it was important to take SADARI because it could early detecting whether breast cancer was develop in someone's body or not and also to know the cancer cell development so that the one diagnosed with cancer could immediately get treatment. Cancer prevention could not be done only by working out, because there are a lot of other factors that caused breast cancer. SADARI should be taken before there are any symptoms that occur, for example, there is lump found when taking SADARI. Someone can do SADARI regularly, i.e. once a month after a menstrual period so that the breast cell development can be controlled. Breast cancer can be healed when detected at early stage. Unfortunately, many patients find it out as it is already in an advanced stage. This is why the treatment is only to reduce the symptoms instead of curing the disease.

c. Theme 3: the awareness among the teenagers who are at risk of developing breast cancer in taking SADARI.

The samples' awareness about the risks of breast cancer could influence the next act in the prevention effort against the illness. From 6 informants, 4 informants stated that *"they were willing to do early detection of breast cancer using SADARI method to know if there was any lump or to know the spread of breast cancer on patients so that immediate treatment could be taken to avoid worse risk occurring on breast cancer patients"*. Breast self-examination is strongly suggested to women so that they can do prevention of the disease development. There are two informants that have different reason about SADARI that they think not so important to be done. 1 informans expressed her reason *"because in order to prevent the breast cancer it is enough to keep the body fit and workout regularly"*. Meanwhile, 1 other informant claimed that *"she was embarrassed to do SADARI."*

The statement from 4 informants was justified by two peers that it was important to take early breast cancer detection with SADARI to find out if there was any lump and also to know if there was any spread of cancer to the patients so that immediate treatment might be taken to avoid worse risks.

d. Theme 4: Some factors that hindered the teenagers at risk to develop breast cancer to take Breast Self-Examination.

There are some inhibiting factors for the informants to take SADARI, including internal and external factors. The internal factors are embarrassed feeling, not having spare time to take SADARI, and forget to take SADARI. Meanwhile, the external factors are lacking information about SADARI and lacking support from family and closest relatives. 2 informants mentioned *“that felt embarrassed to do SADARI”* and 2 other informants stated *“that did not have spare time to take SADARI”*. 1 informant claimed *“that she often forgot to take SADARI. There were some factors to cause them forgetting SADARI”*, including many homework to be done promptly. Every respondent had different behavior because of a different point of view towards an event. 1 informant claimed that *“received no support from family to take early breast cancer detection”*.

Family support included attitude, action, and acceptance of the patient (Friedman, 1998). Family support could increase mental and physical health, and so that someone would be eager to take SADARI.

The statement above was justified by the peers as the key informants that the inhibiting factors to take early breast cancer detection with SADARI included forgetting it and not have the time.

DISCUSSION

Perceptions of a person greatly affect the behavior of breast self-examination of these results in accordance with research conducted by Rizki Aulia (2013) in Ngampilan Yogyakarta which, says there is a relationship between perception with SADARI behavior premises $P \text{ value } 0.036 (\leq 0.05)$ [14]

By providing counseling to raise awareness of informants about the dangers of breast cancer, it could improve their willingness to do prevention of breast cancer. Alfiksa, Annisa Eka, Hikmah (2012) justified that there is a significant influence of counseling about BSE (Examination Breast Self) on the attitude of young women in Islamic high school 1 Gamping Yogyakarta in 2012, $t \text{ count} > t \text{ table } (9,476 > 1,988)$. [15]

Based on the results of research one of the inhibiting factors that cause adolescents not to do BSE is the external factors that are less know how to detect early breast cancer. This result is in accordance with the research conducted by Rizka Angrainy (2016) that found there is a relationship between knowledge with BSE and $p \text{ value of } 0.007$ and there is a relationship between attitude with BSE with $p \text{ value of } 0.001$ in adolescent girls at vocational high school 1 Teluk Kuantan in 2016 [16]

CONCLUSION

Teenagers at risk to develop breast cancer had different perceptions. There were some teenagers who thought that SADARI was important and there were some teenagers who thought SADARI was not that important. The awareness from the teenagers of the risk to develop breast cancer was also varied. Some regularly took SADARI and some did not. There are many ways to prevent breast cancer such as exercise regularly, set a healthy diet, not drinking alcohol, not being obese, taking SADARI and also further checking up with the doctor if there are any suspected symptoms. There were 2 factors that inhibited them to take SADARI that were the internal and external factors. The internal factors are feeling embarrassed, and forgetting to do it. Meanwhile, the external factor are lacking information about SADARI and lacking support from family and other closest relatives. The solutions were also divided as to overcome the internal and external factors. For internal factor, they should gain more information about SADARI, learn the theory, visit the health facility and spare time to take SADARI. As to overcome the external factors, there must be support from parents and closest relatives.

RECOMENDATION

1. Socialization of early detection of breast cancer by BSE method should be intensified especially in schools that are junior and senior high school

2. Improved pear education program in youth environments
3. Increasing the role of families in motivating adolescents to do breast self-examination is necessary.

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