KNOWLEDGE AND ATTITUDE HAVE NO CORRELATION WITH IMPLEMENTATION OF BREAST SELF EXAMINATION (BSE)

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ABSTRACT

This study aimed to know the existence of relationship between knowledge, attitude and implementation of BSE among midwifery students and mathematics students of Universitas Airlangga. This study used analytic observational method with cross-sectional approach. The sampling technique was the proportional sampling, consisting of 30 students of midwifery and 30 mathematics students. Analysis used was univariat and bivariat analysis with Spearman Rank. The significance level was 0.05 (5%). This study showed that 90% of midwifery students had good knowledge of BSE, 66.7% had sufficient attitude and 46.7% performed BSE in sufficient category. As many as 66.7% students of mathematics had sufficient knowledge about BSE, 63.4% had sufficient attitude and as many as 60% performed the BSE in the less category. The statistical test revealed p value = 0.267 for midwife respondents and 0.467 for mathematics respondents. Statistical test on the relationship between BSE attitude and implementation had p=0.100 for midwifery students and 0.407 for mathematics students. As a conclusion, there was no relationship of knowledge, attitude and implementation of BSE in the students of midwife and students of mathematics.

Keywords: Knowledge; attitude; implementation; Breast Self Examination (BSE)

ABSTRAK

Penelitian ini bertujuan untuk mengetahui adanya hubungan pengetahuan dan sikap dengan pelaksanaan SADARI pada mahasiswa pendidikan bidan dan mahasiswa matematika Universitas Airlangga. Metode penelitian ini menggunakan metode observasi analitik dengan pendekatan cross-sectional. Teknik pengambilan sampel yang digunakan adalah proporsi sampling dengan jumlah subjek penelitian 30 mahasiswa pendidikan bidan dan 30 mahasiswa matematika. Analisis yang digunakan adalah analisis univariat dan bivariat dengan uji Spearman Rank dengan taraf signifikasi 0,05 (5%). Hasil penelitian ini didapatkan 90% mahasiswa pendidikan bidan memiliki pengetahuan yang baik tentang SADARI, 66.7% memiliki sikap dalam kategori cukup dan 46,7% responden melakukan SADARI dalam kategori cukup. 66,7% siswa matematika memiliki pengetahuan yang cukup tentang SADARI, 63,4% memiliki sikap dalam kategori cukup dan sebanyak 60% responden melakukan SADARI dalam kategori kurang. Tidak terdapat hubungan pengetahuan dengan pelaksanaan pada mahasiswa pendidikan bidan p value=0,267 maupun pada mahasiswa matematika, p=0,467. Tidak ada hubungan sikap dengan pelaksanaan pada mahasiswa pendidikan bidan, p=0.100 maupun mahasiswa matematika, p=0,407. Kesimpulan dari penelitian ini adalah tidak ada hubungan pengetahuan dan sikap dengan pelaksanaan SADARI pada mahasiswa bidan dan mahasiswa matematika.

Kata kunci: Pengetahuan; sikap; pelaksanaan; SADARI

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INTRODUCTION

Breast self-examination (BSE) is one of the early detection to observe breast cancer and will be more effective if it is done as early as possible when women reach the reproductive age (Suryaningsih 2009). According to Globocan (2015), the incidence of breast tumors in the United States is found at the age of 20-30 years in ± 256 patients. In Indonesia, the age of 20-30 years is the age of the students (Audrina 2014). From

these data, it is apparent that students need to be more concerned about the health of the breast, especially how to do BSE properly and correctly.

Breast self-examination (BSE) is very beneficial for women. BSE can detect breast abnormalities as early as possible. Whereas, the earlier the discovery of breast cancer, the higher the healing rate or life expectancy of the patients (Ekanita & Khosidah 2013). BSE is an easy and important breast examination as the first step in

finding breast cancer (Erbil & Bolukbas 2012). Good and proper knowledge about BSE will make women care about the breast health. It also can motivate women of childbearing age to routinely perform breast self-examination so that the possibility of breast cancer can be avoided or resolved as early as possible. This good knowledge will elicit a response or attitude towards BSE. The establishment of this positive attitude will encourage the formation of a good behavior, in this case is the implementation of BSE (Kocher & Ertem 2012).

Preliminary study conducted on midwifery students found that 9 out of 10 students knew about BSE and 6 students who did it routinely. In mathematics students, from 10 students only 4 knew BSE and only 2 perform-ed the BSE. Midwifery students have an important role as role models and have an obligation to disseminate information about BSE. Whereas, in mathematics students, the information about BSE was less recog-nized due to the absence of curriculum regarding breast self examination and breast cancer in lectures. This study aimed to determine the relationship between knowledge and attitudes with BSE in midwifery stu-dents and mathematics students of Universitas Air-langga.

MATERIALS AND METHODS

This was an observational cross-sectional study. Popu-lation were midwifery and mathematics students in Semester 6, Universitas Airlangga. The sites of the study were Campus A Faculty of Medicine and Campus C Faculty of Science and Technology, Universitas Air-langga. Sampling technique was simple random samp-ling. The data collection is to explain the purpose of the research to the respondent then give the informed concent sheet. Respondents who are willing to sign a statement are willing to informed concent in sheet and then given a questionnaire (Mubarak 2007). Data ana-lysis in this study used Spearman Rank test with 5% significance level to know the existence of relationship of knowledge and attitude with the implementation of BSE among midwifery students and mathematics stu-dents Universitas Airlangga.

RESULTS

Table 1 shows that 6 respondents of midwifery students (20%) have good knowledge about BSE by doing BSE implementation well, 14 respondents (46.7%) have good knowledge of BSE with adequate BSE implementation, and 7 respondents (23.3%) have good knowledge about BSE with less BSE implementation.

The results of the above analysis also showed that there is 1 respondents having sufficient level of knowledge about BSE with adequate BSE implementation, and 6.7% of respondents had sufficient level of knowledge about BSE with less BSE implementation. Spearman rank test showed that there was no correlation between knowledge and implementation of BSE on midwifery students, p=0.267.

Table 2 shows that as many as 3 respondents of mathematics students (10%) have a good level of knowledge about BSE with the implementation of BSE in average category, as many as 10 respondents (16.7%) have good knowledge of BSE with BSE implementation category less. The results of the above analysis also indicated that there were 10 respondents had sufficient level of knowledge about BSE with adequate BSE implementation, and 33.3% of respondents had suffi-cient level of knowledge about BSE with less imple-mentation. In addition, there were 2 respondents who had knowledge and less implementation of BSE. There was no correlation between knowledge and imple-mentation of BSE among mathematics students, p=0.467.

Table 3 shows that as many as 3 respondents of mid-wifery students (10%) have good attitude level about BSE and well perform of BSE implementation. As many as 4 respondents (13.4%) had good attitude of BSE with average implementation of BSE, and as many as 4 respondents (13.2%) had good attitude about BSE with less implementation of BSE. Spearman rank test showed no relationship between attitude and BSE implementation among midwifery students, p=0.100.

Table 1. The relationship between knowledge and implementation of BSE among midwifery students

Criteria of Knowledge	Implementation						Total		P value
	Good		Average		Less		f	%	
	F	%	F	%	F	%			
Good	6	20	14	46.7	7	23.3	27	90	
Average	0	0	1	3.3	2	6.7	3	10	0.267
Less	0	0	0	0	0	0	0	0	
Total	6	20	15	50	9	30	30	100	

Table 2. The relationship between knowledge and implementation of BSE among mathematics students

Criteria of Knowledge	Implementation						Total		P value
	Good		Average		Less		f	%	
	F	%	F	%	F	%			
Good	0	0	3	10	5	16.5	8	26.7	
Average	0	0	10	33.3	10	33.3	20	66.7	0.467
Less	0	0	0	0	2	6.7	2	6.7	
Total	0	0	13	50	17	56.7	30	100	

Table 3. The relationship between attitude and implementation of BSE among midwifery students

Criteria of Attitude	Implementation						Total		P value
	Good		Average		Less		f	%	
	F	%	F	%	F	%			
Good	3	10	4	13.4	4	13.2	11	36.6	
Average	3	10	11	36.6	5	16.8	19	63.4	0.467
Less	0	0	0	0	0	0	2	0	
Total	6	20	15	50	9	30	30	100	

Table 4. The relationship between attitude and implementation of BSE among mathematics students

Criteria of Attitude	Implementation						Total		P value
	Good		Average		Less		f	%	
	F	%	F	%	F	%			
Good	0	0	11	36.7	16	53.3	27	90	
Average	0	0	2	6.7	1	3.3	3	10	0.407
Less	0	0	0	0	0	6.7	2	6.7	
Total	0	0	13	43.4	17	56.6	30	100	

Table 4 shows that as many as 11 respondents of mathematics students (36.7%) have a good attitude level about BSE and doing BSE implementation with average category. As many as 16 respondents (53.3%) had a good attitude of BSE with less BSE implementation. A total of 2 respondents (6.7%) had sufficient attitudes about BSE with sufficient BSE implementation and 1 respondent with attitude in the average category with less implementation of BSE. There was no correlation between attitude with the implementation of BSE among mathematics students, p=0.407.

DISCUSSION

Based on the results, there was no tendency of higher knowledge about BSE and the better the implementation of BSE. This did not show that the better a person's knowledge, the better the implementation or behavior of the person. There are several factors that cause this. One of them is the attitude of respondents about BSE and also the motivation to do BSE. This is in line with research conducted by Baswedan and Listiowati (2014) that there is no significant relationship between knowledge about breast self-examination and breast tumor with BSE behavior (p=0.680) with weak correlation. In addition, there are similarities with previous research conducted by Utami (2007) who found the p value of 0.176 with significance level of 0.064 (P>0.05), indicating that there was no significant relationship between knowledge level of breast cancer with breast self-examination behavior (BSE) with very weak correlation level. The results of this study differed from those of the research conducted by Nugraheni (2010) that shows the level of knowledge BSE and behavior BSE among female students DIV Midwifery UNS had significant results with moderate correlation.

Differences between the results of analysis may be due to the attitude of the study subjects to different BSE. In the previous study, 17% of the total respondents were lazy to do breast self-examination, whereas in this study 60% of respondents were lazy to do BSE. In addition, in previous study support or motivation to perform BSE from the closest person was very high (78.3%), whereas in this study only 13% of respondents obtained motivation or support from closest persons.

The result of the same study was also found in the respondents of mathematics students who showed no

correlation between knowledge and implementation of BSE with p value of 0.476 (p<0,05). The difference in the results of this study with previous one was due to various factors. The first was the subjects of the previous research were health students while in this study the subjects were non-health students. Besides, in the study conducted by Nugraheni (2010) 78.5% of respondents were not ashamed to do BSE, but in this study 40% of the respondents felt ashamed to do breast self-examination, and 20% of respondents felt uncomfortable doing BSE because it has to hold the breast, which were felt as uncomfortable or funny for the respondents.

Respondents already had good response or attitude towards BSE. This can be seen from the respondent's statement that almost 100% cared about breast health and were interested to implement BSE. Meanwhile, there was an attitude that impeded the implementation of BSE: the fear and the feeling of uncomfortability. As many as 8 respondents still had fear to think about breast cancer so they choose to avoid BSE. In addition, there are 12 respondents who felt funny or uncomfortable to do BSE. Attitudes of these respondents led to the less implementation of the BSE.

CONCLUSION

High knowledge is not always related to the behavior of a person where in this study the behavior in question is the implementation of BSE. The attitude of a person greatly influences the implementation of BSE. The existence of a good response from individuals will form a good behavior as well. The greatness of one's laziness still overcame his/her high knowledge. However, motivation or support from the closest person is also a factor that influences behavior. Respondent's attitude of

shame and uncomfortability also become inhibiting factor of BSE.

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