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The influence of knowledge, attitude and skills on conscious behavior in women of fertilizing age in Bandar Baru district Pidie Jaya

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ABSTRACT

Breast self-examination (BSE) is the easiest and most effective way to find lumps and other signs, so it is hoped that it will be able to reduce the death rate by 25-30%. This study aims to determine the influence of knowledge, attitudes and skills on BSE behavior in women of childbearing age (WUS). The research method uses analytical methods with a cross-sectional approach. The population in this study were all women of childbearing age (WUS) in the Baru sub-district totaling 1,159 people, the sampling technique in this study used starfed random sampling totaling 92 people. The results of this study show that there is no influence of the knowledge factor (0.194 > 0.05), there is an influence between the attitude factor (0.002 < 0.05), the skills factor (0.037 < 0.05) and BSE behavior in WUS. The conclusion of this research is that there is no influence of knowledge factors, there is influence of attitude factors and skills factors on BSE behavior in women of childbearing age (WUS) in Bandar Baru District, Pidie Jaya Regency. Advice to women of childbearing age (WUS) to be more open about doing BSE is also to be more productive in seeking information about breast health problems and visiting health services if they become aware of breast abnormalities.

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1. INTRODUCTION

The current state of reproductive health in Indonesia is still not as expected compared to conditions in other countries. . Indonesia is still lagging behind in many aspects of reproductive health. Reproductive health issues are a common concern, not just the individual concerned, because their impact concerns various aspects of life and is a parameter of the State's ability to provide health services to the community.

According to WHO, reproductive health is complete physical, mental and social well-being, not just free from disease or disability, in all aspects related to the reproductive system, its functions and processes. Women of childbearing age (WUS) are women who are of reproductive age from the time they have their first menstruation until the cessation of menstruation between the ages of 15-49 years with the status of being unmarried, married or widowed who still have the potential to have children. In women of childbearing age, all reproductive organs are functioning properly, one of which is the breasts.

Breasts are an important organ for women which is closely related to reproductive function and femininity (beauty). Women of childbearing age have a 95% chance of getting pregnant, because physiologically the breasts are very important for reproductive function, namely as food or baby milk (breast feeding). In WUS it is not uncommon to find breast disorders such as lumps, changes in color and texture of the breast, initially they don't care until the situation is serious. So that early discovery or detection becomes too late. Therefore, during this fertile period, women are advised to maintain their health and care for their reproductive organs.

In women, the most deadly disease is breast cancer which is caused by the growth of abnormal and uncontrolled breast cells. Breast cancer more often attacks women over 30 years of age. However, currently breast cancer is also found in women aged 20 years and quite a few women aged 14 years suffering from tumors in their breasts. Where the tumor that occurs can become cancer, if it is not detected early. Apart from breast cancer, fibroadenoma is also found to be the most common benign breast tumor in women, namely 53% between the ages of 21 and 30 years, followed by fibroadenosis at 27% between the ages of 30-40, while for the age group 41-50 years. namely Mastalgia 20% and breast abscess 9% - 11%.

Based on data from the Global Cancer Observatory in 2020, it shows that the incidence of breast cancer in the world is in the first position of cancer suffered by women with an incidence rate of 2,261, 419 (47.8%). The incidence of breast cancer mortality in the world is the highest, namely 684,996 (13.6%) (WHO, 2021). Meanwhile, benign breast tumors (fibroadenoma mammae) in the United States are the disease that most often occurs in women aged <25 years. Global data estimates that around 10% of the world's female population experiences FAM. However, the incidence of FAM in women decreases with age, especially in women who have reached menopause.

Based on data from the Indonesian Ministry of Health in 2021, the incidence of breast cancer in Indonesia has increased in 2020. Where in 2019 there were 7,605 cases, while in 2020 it increased to 65,858 (44%). And the incidence of breast tumors in Indonesia was recorded at 28,910 cases. The results of research conducted by Mauliza Nasyari in 2020 at RSUZA Banda Aceh showed that (80%) of women aged 56-65 years had breast cancer. Meanwhile, there are women with benign breast tumors ranging in age from 17-25 years (56%). Based on data from the Pidie Jaya Health Service, it was found that the number of Women of Childbearing Age (WUS) in 2020 was 138,666 people, and in 2021 there were 31,602 people. The results of data collection from the Bandar Baru Community Health Center showed that the number of WUS in 2020 was 114,802 and in 2021 there were 583 people. The number of cases of mammary fibroadenoma that occurred in WUS in 2020 was 11 cases, in 2021 it increased to 24 cases and in 2022 it decreased to 20 cases. Meanwhile, the number of breast cancer cases, in 2020 there were 3 cases, in 2021 there was 1 case and in 2022 there were 3 cases.

Self-Breast Examination (BSE) is the easiest, most effective breast examination that women can do independently to find lumps and other signs in the breasts early on. So it is hoped that it will be able to reduce the death rate by 25-30%. However, people's behavior in carrying out BSE in Indonesia is still very low (46.3%), this is due to a lack of knowledge and skills in carrying out BSE. The impact if a woman does not do BSE is that the woman will not recognize the early symptoms of breast cancer, such as a lump or change in the shape of the breast. Apart from that, the impact that can be caused is that a woman will be late in getting treatment or treatment if they have breast cancer, which means reducing the cure rate for women.

According to the International Agency for Research on Cancer (IARC), based on research conducted in Myanmar, 73.5% of breast cancer cases were detected using physical examination methods, and there is evidence that BSE is able to find breast tumors with a diameter of 22.1 mm. BSE can also help diagnose breast cancer in more than 90% of the early stages. Hassan et, al., (2015) also proved that detecting breast cancer at an early stage can be done with BSE and suggested that it be used as a screening test among the community at low cost.

According to research by Masso-Calderón et al., (2018) the factors that influence the behavior of WUS to carry out BSE are: Predisposing factors include Knowledge, Attitude, Cultural Values, Perception, Individual Characteristics (Age, Gender, Education Level and Work).

Supporting/encouraging factors include skills, resources (family support, support from close friends and social support or health workers), environment (accessibility, facilities and information). Research conducted by Khairatunnisa & Purba, (2022) with the title "Factors Related to the Behavior of Women of Childbearing Age in Carrying Out Their Own Breast Examination in Cinta Dame Village, Simanindo District, Samosir Regency" shows the results of the research, namely that there is a significant relationship between knowledge, attitude and family support with BSE behavior in women of childbearing age and obtained a p-value = 0.000. Another research conducted by Information Source, The Role of Health Workers and Knowledge of Women of Childbearing Age in Carrying out BSE in the Working Area of the Anggut Atas Health Center, Bengkulu City" obtained results, namely, knowledge p-value = 0.000, role of health workers p-value = 0.002 source of information p -value = 0.005, which means there is a significant relationship between knowledge, the role of health workers and sources of information and BSE behavior in women of childbearing age.

Based on the results of a preliminary study conducted in Bandar Baru District, Pidie Jaya Regency, with the selection of 6 villages with a total of 1,159 women of childbearing age, ranging in age from 14 - 49 years. And the data that the author obtained from the Bandar Baru Community Health Center in 2022 contained 9 cases of mammary fibroadenoma in Bandar Baru District. The results of interviews with women of childbearing age (WUS), found that 7 out of 10 WUS interviewed did not know about breast self-examination (BSE) because they felt that if they were sick they would go to the hospital and they thought there was no need to do BSE because there was no problem with their breasts. Meanwhile, 2 out of 10 respondents who had suffered from fibroadenoma mammae (FAM) had never carried out early detection due to lack of knowledge. Apart from that, respondents also said they had unhealthy eating habits such as frequently consuming fast food, as well as information about preventing FAM. . Meanwhile, 1 in 10 WUS know about BSE but have never done it

2. RESEARCH METHOD

This research uses an analytical research method with a Cross Sectional approach, namely a method of approaching, observing or collecting data at the same time, where data collection on independent and dependent variables is measured simultaneously. Population is the entirety of a research object. The population in this study were all women of childbearing age (WUS) in 6 villages, namely Baroh Cot Langien, Blang Iboih, Sagoe Langien, Dayah Langien, Cut Langien and Tualada, Bandar Baru District, Pidie Jaya Regency, totaling 1,159 people. The research was conducted in Bandar Baru sub-district, Pidie Jaya Regency in 13 days from 16 to 28 May 2023. The data collection tool used in this research is a questionnaire which will be given to respondents with 9 questions about Knowledge, 13 questions about Attitudes, 10 BSE step questions about Skills, and 12 questions about Behavior.

3. RESULTS AND DISCUSSIONS

Table 1.
Frequency distribution of BSE behavior among WUS in Bandar Baru District, Pidie Jaya Regency

No	BEAUTIFUL BEHAVIOR	Frequency	Percentage
1	Negative	32	34.8
2	Positive	60	65.2
	Total	92	100

Based on table 1, it shows that of the 92 respondents (100%), 32 of them were in the negative behavior category (34.8%), and 60 of them were in the positive behavior category (65.2%).

Table 2.
Frequency distribution of Knowledge in WUS in Bandar Baru District, Pidie Jaya Regency

No	Knowledge	Frequency	Percentage
1	Not	32	34.6
2	enough	26	28.3
3	Enough	34	37.0
	Good		
	Total	92	100

Based on table 1, it shows that of the 92 respondents (100%), 32 of them were in the poor knowledge category (34.8%), 26 of them were in the sufficient knowledge category (28.3%), and 34 of them were in the good knowledge category (37.0 %).

Table 3.
Frequency distribution of attitudes towards WUS in Bandar Baru District, Pidie Jaya Regency

No	Attitude	Frequency	Percentage
1	Negative	39	42.4
2	Positive	53	57.6
	Total	92	100

Based on table 3, it shows that of the 92 respondents (100%), 39 of them were in the negative attitude category (42.4%), and 53 of them were in the positive attitude category (57.6%).

Table 4.
Frequency distribution of skills in WUS in Bandar Baru District, Pidie Jaya Regency

No	Skills	Frequency	Percentage
1	Not	60	65.2
2	enough	27	29.3
3	Enough	5	5.4
4	Skilled	0	0.0
	Very skilled		
	Total	83	100

Based on table 4, it shows that of the 92 respondents (100%), 60 of them were in the less skilled category (65.2%), 27 of them were in the quite skilled category (29.3%), 5 of them were in the skilled category (5, 4%), and 0 of them are in the highly skilled category (0.0%).

Table 5.
The Influence of Knowledge on BSE Behavior among WUS in Bandar Baru District, Pidie Jaya Regency

No	knowledge	Be aware of behavior						P-Value
		Negative		positive		Amount		
		F	%	F	%	F	%	
1.	Not enough	15	46.9	17	53.1	32	100.0	0.194
2.	Enough	8	30.8	18	69.2	26	100.0	
3.	Good	9	26.5	25	73.5	34	100.0	
	amount	32	100.0	60		92		

Based on table 5. The results of the chi square statistical test with a confidence level of 95% show a P-value of 0.194 > 0.05 (α value). So it can be concluded that Ho is accepted and Ha is rejected, meaning that there is no influence of knowledge on conscious behavior in WUS in Bandar Baru District, Pidie Jaya Regency.

Table 6.
The Influence of Attitudes on BSE Behavior among WUS in Bandar Baru District, Pidie Jaya Regency

No	Attitude	Be aware of behavior						P-Value
		Negative		positive		Amount		
		F	%	F	%	F	%	
1.	Negative	21	53.8	18	46.2	39	100.0	
2.	positive	11	20.8	42	79.2	53	100.0	0.002
	amount	32	100.0	60		92		

The results of the chi square statistical test with a confidence level of 95% based on table 6 showed a P-value of 0.002 < 0.05 (α value). So it can be concluded that Ha is accepted and Ho is

rejected, meaning that there is an influence of attitude on conscious behavior in WUS in Bandar Baru District, Pidie Jaya Regency.

3.1. The Influence of Knowledge on BSE Behavior among WUS in Bandar Baru District, Pidie Jaya Regency

Based on Table 5, it shows that of the 92 respondents, there were 32 WUS with insufficient knowledge who were in the negative behavior category totaling 15 (49.9%) people, and in the positive behavior category totaling 17 (53.1%) people. And of the 26 WUS with sufficient knowledge, there were 8 (30.8%) people in the negative behavior category and 18 (69.2%) people in the positive behavior category. And of the 34 WUS with good knowledge, there were 9 (26.5%) people in the negative behavior category and 25 (73.5%) people in the positive behavior category. Based on the results of the chi square statistical test with a 3x2 table using person chi square, the p-value was 0.194 > 0.05 (α value). So it can be concluded that Ho is accepted and Ha is rejected, meaning that there is no influence of knowledge on conscious behavior in WUS.

The results of the research above are in accordance with the discussion according to the theory of Notoatmodjo (2007) Knowledge is a psychological domain which is an individual's personal factors that underlie the occurrence of certain behavior. The formation of new behavior if it is based on knowledge, awareness, interest, experience and environment, tends to last a long time within a person. If someone has good knowledge about the importance of early detection of abnormal lumps in the breast, there will be a response to early detection behavior. However, if knowledge is lacking then it will not give rise to a response to the behavior. The theoretical discussion above is in accordance with research results from Sianu & Trimukti, (2015) that the formation of new behavior for a person is preceded by knowledge which then forms a person's attitude which will ultimately manifest into good behavior. or not so good. However, if we examine it more deeply, knowledge is not the only factor that can influence someone to carry out certain behavior. Other factors that can influence BSE behavior include other activities, no complaints and feeling that BSE is not important to do.

The results of this research are in line with research conducted by Pradnyandari (2022). Factors related to conscious behavior in women of childbearing age in the Sempidi sub-district area found that the p value was 0.121 (p > 0.05) so it can be concluded that Ho is accepted and Ha is rejected, meaning there is no influence of knowledge on conscious behavior. Women who already have the relevant knowledge are aware but never do so because they do not have the confidence to detect breast cancer early and are afraid and anxious if they find a lump in the breast. This is in line with research conducted by Amier & Djawarut (2014) that there is a significant relationship between levels of anxiety and levels of fear and conscious behavior. The results of his research stated that anxiety greatly influences a person's psychology when doing BSE because women are afraid of finding lumps that will affect their mental and emotional health, and are afraid of physical changes if they are diagnosed with breast cancer when doing BSE. The presence of anxiety and fear is thought to be the cause of WUS not doing BSE even though they already have good knowledge, thus causing there to be no significant relationship between knowledge and BSE behavior.

3.2. The Influence of Attitudes on BSE Behavior among WUS in Bandar Baru District, Pidie Jaya Regency.

Based on the results of the chi square statistical test with a 2x2 table using continuity correction, the p-value was 0.002 < 0.05 (α value). So it can be concluded that Ha is accepted and Ho is rejected, meaning that there is an influence of attitude on conscious behavior in WUS. The results of the research above are in accordance with the discussion according to the theory of Notoatmodjo (2012) which states that attitude is a willingness and readiness to act not for the implementation of certain motives, but as a predisposition for action for behavior. Attitude clearly shows the connotation of appropriate reactions to certain stimuli in everyday life.

The theoretical discussion above is in accordance with research results from Hutagaol (2021), namely, a person's attitude can be different, if they like it they will approach, find out and join in,

conversely if they don't like it then they will avoid and stay away. It's the same with BSE, if someone has a negative attitude then they will act uninterested and indifferent to doing BSE. A person who has a negative attitude is one of the factors that results in a person's low desire and willingness to undergo a BSE examination. Positive or negative attitudes depend on the individual's understanding of something, so that a positive attitude will then become an encouragement to do something certain when needed, while a negative attitude will actually avoid carrying out that behavior.

The results of this research are in line with research conducted by Khairatunnisa (2022). Factors related to the behavior of women of childbearing age in carrying out breast self-examination (BSE) in Cinta Dame Village, Simanindo District, Samosir Regency, found that the p-value was 0.000 (p <0.05) so it can be concluded that Ha is accepted and Ho is rejected, meaning that there is an influence of attitude on BSE behavior. Women of childbearing age (WUS) can do BSE or not depending on the stimulus they receive both from outside (the environment) and from themselves. If the stimulus is received, the WUS will do BSE well, but if it is not received, the WUS will not do BSE. Behavior will be formed through a positive attitude towards behavior.

3.3. The Influence of Skills on BSE Behavior among WUS in Bandar Baru District, Pidie Jaya Regency.

Based on the results of the chi square statistical test with a 3x2 table using the likelihood ratio, the p-value was 0.037 < 0.05 (α value). So it can be concluded that Ha is accepted and Ho is rejected, meaning that there is an influence of skill on BSE behavior in WUS. The results of this research are in line with the theory stated by Marfuatin, et. al (2021), namely a person's skill in carrying out BSE can be seen from the person's suitability and accuracy in carrying out the stages of the BSE examination. Meanwhile, according to research results, Zuhri (2020) states that a person's skills can be created and also improved if they get examples of movements that someone gives them (guided movements) so that they are able to get used to the movements that have been given and demonstrate them well.

The results of this research are in line with research conducted by Julia (2019). The effect of BSE counseling using the demonstration method on BSE skills in women of childbearing age in Ngaben Bantul hamlet, Yogyakarta, found that the p-value was 0.000 (p <0.05) so it can be concluded that Ha is accepted. and Ho is rejected, meaning there is an influence of skill on BSE behavior. In this study, women of childbearing age (WUS) had the convenience of obtaining information about breast self-examination, namely through health workers, television, magazines, newspapers and the internet. So that WUS can be skilled in carrying out conscious checks.

4. CONCLUSION

There is no effect of knowledge on BSE behavior among women of childbearing age (WUS) in Bandar Baru sub-district, Pidie Jaya district with a P-value of 0.194 > 0.05 (α value). There is an influence of attitudes on BSE behavior in women of childbearing age (WUS) in Bandar Baru sub-district, Pidie Jaya district with a P-value of 0.002 < 0.05 (α value). There is an influence of skills on BSE behavior in women of childbearing age (WUS) in Bandar Baru sub-district, Pidie Jaya district with a P-value of 0.037 < 0.05 (α value). It is hoped that future researchers will be able to conduct research with more and more specific variables than this research. It is hoped that women of childbearing age (WUS) will be more open about doing BSE so that they are not embarrassed, and get used to BSE. WUS must also be more productive in seeking information about breast health problems and increasing awareness about BSE and visiting health services if they become aware of breast abnormalities.

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