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The Relationship of Marital status and The Implementation of Breast Self Examination on Women of Reliable Age



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Abstract

Breast Self Examination is carried out to reduce breast cancer mortality by finding breast cancer as early as possible and treating it when the size is still small before the cancer metastasizes. The discovery of breast cancer as early as possible that is diagnosed and treated correctly will increase the life expectancy of breast cancer sufferers. The purpose of this study was to determine the relationship between marital status and the implementation of Breast Self Examination in women of childbearing age. This research was a descriptive analytic study with cross sectional and carried out in the Working Area of BPM Hj. Rismawati, Maros Regency, South Sulawesi. The sample used 37 respondents, namely women of childbearing age with cluster sampling technique and tested using Fisher's exact test. The result of this study showed that there was a significant relationship between marital status and the implementation of the Breast Self Examination. In this study it was also concluded that marital status was not a risk factor for the implementation of the Breast Self Examination (OR value $0.47 < 1$) or it can be said that unmarried women only had 0.47 times the risk of not doing Breast Self Examination compared to women who had married. It is needed to do further research on the respondents' perceptions, respondents' socio-cultural or community about breast cancer and early detection of breast cancer and respondents' insurance status.

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INTRODUCTION

Breast tumor is a disease slow growth of breast cells well-defined with a firm, chewy consistency. While breast cancer is a disease of cell growth because new cells grow in the breast that grow abnormally, quickly and uncontrollably with different shapes, characteristics and movements from the original cells, and damage the shape and function of the original organ. Many oncologists argue that that any tumor in the breast is considered carcinoma, especially in women high risk. Breast carcinoma frequency relatively high, causing a lot of problem for women, not only in developed countries but also in middle countries developing including Indonesia (Agustina & Ulfa, 2014).

World Health Organization (2021) stated that by the end of 2020, 7.8 million women in the world had breast cancer in the last five years. Global Burden Cancer (Globocan) reports that in 2020, the increase in new cases of breast cancer in Indonesia reached 65,858 cases, while deaths caused by breast cancer ranked second with 22,430 deaths, and this risk was higher for women (Sari, 2015). ; The Global Cancer Observatory, 2021).

Breast Self Examination is carried out to reduce breast cancer mortality by finding breast cancer as early as possible and treating it when the size is still small before the cancer metastasizes. The discovery of breast cancer as early as possible that is diagnosed and treated correctly will increase the life expectancy of breast cancer sufferers. Life expectancy for 10 years for the discovery of cancer at stage I is 70% - 80%, stage II is 43%, stage III is less than 11.2%, and stage IV is 0% (Blamey, 2000).

Real breast cancer possible to be cured if found at an early stage. If seen of the Case Fatality Rate of breast cancer found in the early stages only 7.2%. The American Cancer Society (2019) states that if cancer breast found at an early stage The patient's life expectancy reaches 95% or even better. Therefore that, it is very important to detect early breast cancer. There are three ways that can be done to detect early

breast cancer such as screening breast self (breast self examination), examination clinical breast (SADANIS) and mammography. Breast Self Examination is a way the cheapest, easy and simple that each individual can do. However, early detection of breast cancer in women of childbearing age is still relatively low. Only about 25-30% of women in Indonesia who do Breast Self Examination (GA R Dyanti, 2015; Ministry of Health RI., 2012).

The results of a preliminary study conducted in the working area of BPM Hj. Rismawati, Maros Regency, South Sulawesi, of 10 female respondents of childbearing age, only 3 respondents did Breast Self Examination and 7 other respondents had never done Breast Self Examination. The low implementation of Breast Self Examination in women of childbearing age is influenced by various factors such as knowledge, attitudes, family support, information, medical history and marital status and traditions. Based on this, the researcher wanted to know the relationship between marital status and the implementation of Breast Self Examination in women of childbearing age.

METHODS

This research was a descriptive analytic study and used a cross sectional design. This research was carried out in the Work Area of BPM Hj. Rismawati, Maros Regency, South Sulawesi. The sample was as many as 37 respondents, namely women of childbearing age taken by cluster sampling technique. The inclusion criteria in this study were women of childbearing age, while the exclusion criteria in this study were breast cancer sufferers and had psychiatric or mental disorders. The instrument used for both variables in this research were questionnaires with closed questions. In this study, researchers used univariate analysis on research results and bivariate analysis using *Fisher's exact test* to determine the relationship between the dependent variable and the independent variable.

RESULTS**Table 1: Frequency Distribution of Respondents Characteristics (Age, Parity, Education, Occupation, Family History of Breast Cancer) Marital Status and Implementation of Breast Self Examination at BPM Hj. Rismawati in 2022**

Variable	Frequency	Percent (%)
Age		
Teenagers (12-25 years old)	18	49
Adult (26-45 years old)	19	51
Parity		
No Children	22	59.5
Having Children	15	40.5
Education		
Tinggi	29	78
Low	8	22
Work		
Doesn't work	25	68
Working	12	32
Family History of Breast Cancer		
Yes	2	5
Not	35	95
Marital status		
Not married yet	17	46
Marry	20	51
Implementation of BSE		
Yes	10	27
Not	27	73
Total	37	100

*Source: Primary Data, 2022***Table 2: Relationship between marital status and implementation of breast self-examination in women of childbearing age at BPM Hj. Rismawati in 2022**

Marital status	Implementation of BSE				Total		□	OR
	Yes		Not		N	%		
	n	%	n	%				
Not married yet	9	52.9	8	47.1	17	100		
Marry	1	5	19	95	20	100	0.002	0.47
Total	10	27	27	73	37	100		

*Source: Primary Data, 2022***DISCUSSION**

From the results of the study in table 1, it can be seen that the characteristics of the respondents are mostly adults (26-45 years) as many as 19 respondents (51%) and do not have children as many as 22 respondents (59.5%). Most of the respondents have higher education, namely 29 respondents (78%) and as many as 25 respondents (68%) do not have a job and most of the respondents do not have a family

history of breast cancer as many as 35 respondents (95%). Most of the respondents were married as many as 20 respondents (51) and most of the respondents did not do BSE as many as 27 respondents (73%).

Based on bivariate data using the Fisher exact test, it was found that there was a significant relationship between marital status and the implementation of the Breast Self Examination with a value of $0.002 < 0.05$. The results of this study are

not in line with research conducted by Pradnyandari et al., (2022) which stated that there was no significant relationship between marital status and breast self-examination behavior because WUS already had awareness of breast cancer, but this study is also in line with with research conducted by Siboro et al., (2020) stated that marital status has a significant relationship with breast self-examination behavior and women with unmarried status are 1.2 times at risk of not doing breast self-examination compared to married women.

This study also concluded that marital status does not have a significant risk seen from the Odds Ratio (OR) $0.47 < 1$ or it can be said that unmarried women only have 0.47 times the risk of not doing Breast Self Examination compared to women. who are married.

Early detection of breast cancer using the Breast Self Examination method is included in preventive measures. The more routine a woman performs the Breast Self Examination, the more delays in carrying out the initial examination of breast cancer to health services will be avoided. Compared with women who do not do Breast Self Examination or who rarely do Breast Self Examination have a risk for delayed diagnosis of breast cancer and initial examination to health services. As early as possible, the patient's initial treatment for breast cancer will increase the patient's life expectancy (Desanti et al., 2010; Gusti Ayu Resa Dyanti & Suariyani, 2016) .

Marital status or marital status, women are not married 50% more likely to develop breast cancer than with a girl who's been marry. marital history is an important component in the patient 's history to be screened for breast cancer. There is an increased risk of this malignancy in women who suffering from breast cancer (Siboro et al., 2020)

Most of the married respondents have had children and have a history of breastfeeding. woman who Breastfeeding has a lower risk of developing breast cancer compared to women who not breastfeeding (Bugis, 2007) . In a cohort study even showed that mothers who breastfeed for at least one year have a reduced risk of breast cancer by 32% (Nurbaya, 2021) .

The assumption of researchers in this study concluded that unmarried women have a greater tendency to develop breast cancer than married women. In this study, researchers also found that there was a perception of respondents who were married and assumed that if they were married, there

was no need to do a breast self-examination because respondents on average had knowledge about the risk of developing small breast cancer if they were married and had breastfed.

CONCLUSION

The result of this study revealed that there was a significant relationship between marital status and the implementation of the Breast Self Examination. In this study it was also concluded that marital status is not a risk factor for the implementation of the Breast Self Examination (OR value $0.47 < 1$) or it could be said that unmarried women only had 0.47 times the risk of not doing Breast Self Examination compared to women who had married.

SUGGESTION

It is needed to do further research on the respondents' perceptions, respondents' socio-cultural or community about breast cancer and early detection of breast cancer and respondents' insurance status.

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CONFLICTS OF INTEREST

There are no Conflicts of Interest during this research.

AUTHOR CONTRIBUTIONS

IYDR and DD are both responsible for preparing the research and collecting data as well as writing the reports. As for IYDR is also responsible for analyzing data, writing and overseeing the progress of publication manuscripts, while DD is responsible for revising the publication manuscripts.

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