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Research Article

**The Relationship of Family Support with The Practice of Breast Examination (Breast Examination) an Adolescent Women at High School 17 Batam, Batam City, Riau Islands Province, 2021**

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**Abstract**

**Background:** Breast cancer is usually experienced by women of childbearing age over 35 years, but now it has undergone a shift and is starting to be experienced by teenagers. Prevention that can be done to detect breast cancer early is by Breast Self-Examination (BSE).

**Objectives:** This study aims to analyze the relationship between family support and the practice of Self-Breast Examination (BSE) in adolescent girls at High School 17 Batam.

**Methods:** The research was conducted at High School 17 Batam. In this study, an analytical design with a Cross Sectional approach was used in April 2021 for Young Women. The sample in this study amounted to 77 respondents using total sampling technique. Collecting data using a questionnaire. The statistical test used was the Chi Square Test to analyze the relationship between family support and the practice of Breast Self-Examination (BSE).

**Results:** The results showed that there was a significant relationship between family support and the practice of Breast Self-Examination (BSE) (p value <0.05).

**Conclusion:** There is a relationship between family support and the practice of Breast Self-Examination (BSE). It is hoped that the breadth of access to information media can add insight to respondents and their families, especially parents, to be able to play a role in providing support related to Breast Self-Examination (BSE).

**Keywords:** reproductive health, breast cancer, BSE, adolescents

**Introduction**

Breast cancer is still a women's health problem in the world due to its high incidence and mortality rate.<sup>1</sup> According to Globocan 2018, in the world breast cancer, is the most common cancer found in women, namely 24.2% of 8.6 million new cases with a mortality

rate is 15% of the 4.2 million deaths due to cancer.<sup>2</sup> Globocan 2020 data shows the same thing, with an incidence of 24.5% of 9.2 million new cases with a mortality rate of 15.5% of 4.4 million cancer deaths, this clearly shows that there is an increase in both new cases and death rates. within 2 years.<sup>3</sup> In Indonesia, breast cancer ranks first in terms of the highest number of cancers and is one of the first contributors to cancer deaths.<sup>4,5</sup> The cancer morbidity rate in Indonesia illustrates the same pattern as the pattern in the world. Data sourced from Dharmais Cancer Hospital in 2018 showed that the most cancer cases were breast cancer at 19.18%, and cervical cancer was followed by 10.69%.<sup>6</sup> Other data show that the highest incidence rate for women is breast cancer, which ranks first with an incidence rate of 42.1 per 100,000 population with an average death rate of 17 per 100,000 followed by cervical cancer with an incidence rate of 23.4 per 100,000 population with an average mortality rate. 13.9% per 100,000 population.<sup>6</sup> The same thing is seen in Globocan data in 2020, the number of new cases of breast cancer reached 68,858 cases (16.6%) out of a total of 396,914 new cases of cancer in Indonesia. Meanwhile, the number of deaths has reached more than 22,000 cases.<sup>7</sup>

Various conditions can be a risk factor for breast cancer in a person, including gender, age, first menstruation (menarche) at the age of fewer than 12 years, unmarried women, married women but have no children, giving birth to their first child at the age of 30 years. , not breastfeeding, using hormonal contraception or receiving hormonal therapy for a long period, a family history of cancer, women who experience severe stress, excess weight, the habit of consuming excess fat and alcohol, and active or passive smokers.<sup>3</sup> Gender is a significant risk factor for breast cancer. A woman has a greater risk factor than a man because her breast cells continue to change and develop due to the influence of the activity of the hormones estrogen and progesterone.<sup>8,9</sup> Age is the second biggest risk factor. The older the age, the higher the incidence of breast cancer. But recently, it appears that the incidence of breast cancer begins to increase in adolescence.<sup>10</sup> This may be due to the influence of lifestyle, lack of consumption of vegetables and fruit, smoking, and alcohol consumption. The composition of an unbalanced diet during puberty accompanied by an unhealthy lifestyle contributes to the incidence of breast cancer in later life because nutrition is one of the factors that affect estrogen and estradiol levels in the body.<sup>11,12</sup> Various efforts can be made to prevent the occurrence of breast cancer, the Indonesian Ministry of Health stated that there are 4 pillars of cancer prevention, namely health promotion/education to the public, early detection, special protection such as vaccination (only available for cervical cancer prevention), breast cancer treatment, early detection. This can be done using the BSE (Breast Self-Examination) and CBE (Clinical Breast Examination) methods.<sup>7</sup> The factor of delay in early detection is one of the things that play a role in breast cancer cases. The sooner it is detected, the treatment and/or treatment can be carried out immediately, so the prognosis will be better.

Breast cancer is influenced by several factors, one of which is irregularity and rarely correct BSE examination, while the implementation of early detection of BSE is influenced by several things including age, knowledge, close people, family history of illness, and family support.<sup>13</sup> The knowledge factor about breast cancer and how to implement BSE is the biggest factor, and the external factor that influences is family.<sup>13</sup> Treatment of breast cancer is slow because 60-70% of patients come for treatment when they are in advanced stages III to IV which are influenced by ignorance and lack of sources of information regarding early detection of BSE.<sup>14</sup> For this reason, it is necessary to introduce BSE from an early age as soon as young women experience menarche. The environment, the family in it is the dominant external factor in influencing individual behavior as well as being the environment that interacts first with individuals and has a high probability of influencing individual health behavior. The family becomes the focus in achieving individual behavior because the family is a factor that influences the learning process and the formation of behavior. The family is a system of the smallest unit.<sup>15</sup> All family functional activities involve the role of the family. The role of the family can affect the effectiveness of family

functions and shape the character and behavior of family members.<sup>13</sup> The better the family ties, the better the emotional relationship and communication between parents and children that can help children in healthy behavior.<sup>13</sup>

The role of the family is important in the implementation of BSE in adolescents because families with adolescent children experience a change in roles in the form of the responsibility to release parental authority and guide adolescents for adolescents to have authority for themselves, meaning that parents teach adolescents to pay more attention to their health, one of which is by giving adolescent knowledge about BSE. Based on a preliminary study conducted by researchers in the form of short interviews with 15 female teenage students. It was found that only 3 female students said they had heard information about breast cancer and how to prevent it through magazines and social media, while the other 12 students had never heard information about breast cancer and prevention through any media. During interviews, most of the students said that there was no counseling from the Public Health Center or other agencies. Of the 15 students, 6 students received support from their families. Based on the literature review and the results of this preliminary study, it is confirmed that many risk factors can affect the increase in the incidence of breast cancer and it is necessary to introduce it early to the public, especially at the age of teenagers, about the importance of early detection of breast cancer.

## Methods

This research is a quantitative study, using an analytical design with a Cross-Sectional approach. This study aims to analyze the relationship between family support and the practice of Breast Self-Examination (BSE). The research was conducted at High School 17 Batam. It was conducted in January 2021 involving 77 students consisting of two classes. The sampling technique used total sampling with the research instrument using a questionnaire. Data analysis was performed using SPSS 16 software with the Chi-Square test.

## Results

### Univariate Analysis

**Table 1.** Overview of Frequency Distribution

Variable		Frequency (n=77)	Percentage (%)
<b>Family Support</b>	There is	48	62,3
	There isn't any	29	37,7
<b>BSE Examination Practice</b>	To do	26	33,8
	Do not do	51	66,2

Based on table 1 shows that of the 77 respondents mostly in the category of receiving family support as many as 48 respondents (62.3%) compared to respondents who did not receive family support, and only 26 respondents (33.8%) who practiced BSE examinations compared to those who did not. respondents who did not practice BSE examination were 51 respondents (66.2%).

### Bivariate Analysis

**Table 2.** Relationship between Family Support and BSE Examination Practices

Variable	BSE Examination Practice				Total	P-Value
	Do not do		To do			
	N	%	N	%	N	

The Relationship of Family Support with The Practice of Breast Examination (Breast Examination) an Adolescent Women at High School 17 Batam, Batam City, Riau

<b>Family Support</b>	There isn't any	26	89,7	3	10,3	29	100	0,002
	There is	25	52,1	23	47,9	48	100	
<b>Total</b>		<b>51</b>	<b>66,2</b>	<b>26</b>	<b>33,8</b>	<b>77</b>	<b>100</b>	

Based on table 2, shows that there is a relationship between family support and the practice of self-examination for adolescent students at High School 17 Batam.

### Discussion

Research conducted at High School 17 Batam in January 2021, showed that most of the respondents in the category of receiving family support were 48 respondents (62.3%) compared to respondents who did not receive family support. The results of the study explained that most of the respondents could support their families, especially the support from the mother to always maintain health such as support for early detection of breast cancer using BSE. The results showed that most of the respondents did not perform the BSE examination as many as 51 (66.2%). The results of this study discuss that many respondents have support for conducting examinations but do not do BSE. This is still dominated by the lack of interest or curiosity of adolescents to seek information about BSE examinations. The results of this study are in line with research conducted by Apriliana, (2017) regarding the relationship between perceptions, exposure to media information, and parental support with the practice of self-examination examination in adolescent girls. The results of the chi-square analysis test showed a p-value of 0.0001, so it can be said that there is a statistically significant relationship between parental support for girls and the practice of BSE.<sup>16</sup>

Family support is an attitude, an act of acceptance of a sick patient. This shows that there is a strong relationship between the family and the health status of the family, starting from the strategies to the rehabilitation phase. Family support is very important in patient care where the family tries to increase the spirit of life and the patient's commitment to maintaining health in terms of support for early detection of breast cancer. The family has a very strong influence and role in the formation of a complete and consistent self-concept, so it can provide a longer environment of affection, attention, and appreciation.<sup>17</sup>

Although a large number of respondents showed supportive family support, there were still respondents who had less supportive family support, namely 29 respondents (37.7%). By researchers who do not support what is given by the family, likely, students and families do not get comprehensive information about breast cancer and how to detect breast cancer with actions that can be carried out by the practice of BSE, so that it can increase parental support, it will improve the practice of BSE examination or increasingly. The less support from parents, the less practice breast self-examination will be. Family support is a reinforcement of the formation of a person's behavior, where every support and interaction produce a reciprocal relationship that influences the behavior patterns of each individual with the others. parents provide direction to socially approved patterns of behavior, in educating children.

This study also gets the same results as Friedman's theory. The more family support from family members, the more it will increase to achieve health such as doing a BSE examination as a way of early detection of breast cancer. In this case, support, enthusiasm, or even direction from family members is very much needed, especially in the role of mothers in the family.

Results Statistical analysis of family support using the chi-square correlation test showed a p-value of  $0.002 < (0.05)$ , meaning that there was a significant relationship between family support and the practice of BSE examination. Family support can be in the form of internal social support, such as support from the father, mother, or support from siblings, and can also be in the form of external family support for the nuclear family. Family support makes families able to work with various bits of intelligence and senses.

## The Relationship of Family Support with The Practice of Breast Examination (Breast Examination) an Adolescent Women at High School 17 Batam, Batam City, Riau

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As a result, it improves the health and adaptation of the family. Even though BSE is very easy to do, there are still many women who don't want to do it for various reasons such as free time, lack of/laziness looking for information, not understanding the technique, and laziness to do it.

A good adolescent attitude towards BSE examination is in line with the role of good family support, according to research by Pilevarzadeh, (2016) which states that the attention given by family members is directly proportional to the attitude towards BSE examination. Family support is also a reinforcement of the formation of one's behavior, every support and interaction produces a reciprocal relationship that influences the behavior patterns of each individual with another. Family influences the process of entering knowledge into individuals who are in that environment. So if someone does not get support from their family, more people do not do BSE.<sup>13</sup>

### Conclusion

Based on the results of the analysis of the data obtained, it can be concluded that the majority of respondents received family support as many as 48 students (62.3%), and 26 respondents (33.8%) who practiced BSE examination compared to respondents who did not practice BSE examination as many as 51 respondents (66.2%). Based on the results of the Chi-Square correlation test, showed that there was a relationship between family support and the practice of Breast Self-Examination (BSE) ( $p < 0.05$ ).

### Conflict of Interest Declaration

The researcher states that this research is free from conflicts of interest between individuals and organizations.

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