Correlation Between Family Support and Implementation of BSE on Women of Fertile Age

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Abstract- **Breast cancer is one of the leading causes of death in the world and Indonesia. The coverage of breast cancer detection in the City of Tasikmalaya 2018 was 6,542 people. in Karsamenak Sub-District in the working Area of Kawalu's Public Health Center, in Tasikmalaya 2019, which has the highest number of breast cancer cases, which is 45 people. One of the efforts made to detect the occurrence of breast cancer is to do a breast self-examination (BSE). Objective: The purpose of this study was to determine the relationship between family support and the application of the BSE examination. Method: The research method used was correlational analytic with the cross-sectional approach, the population in this study were all fertile women in Karsamenak Sub-District, in Tasikmalaya 2019 totaling 3,638 people, the sampling technique used proportional stratified random sampling of 98 people. Results and Discussion: The results showed that family support at women of fertile age was in the poor category of 66 people (67.3%), the implementation of BSE conducted by women of fertile age was in the less category as many as 65 people (66.3%). There is a family support relationship with the implementation of BSE on women of fertile age with a p-value of 0,000 with a correlation coefficient of 0.864. The health center should further improve its services, especially for women of childbearing age about the dangers of breast cancer by providing counseling or health education regarding early detection of breast cancer by doing BSE.**

Keywords: family support, BSE implementation, breast cancer detection

I. INTRODUCTION

Pathological based in Indonesia by Registration or recording based network examination, breast cancer incidence rates relative has an estimated 11.5% in Indonesia has the incidence of at least 20 thousand new cases per year, with the fact 50% of new cases were found in a state of advanced stage (5). As comparison figures The incidence of breast cancer in the United States, of 100 thousand women earned 92 women suffering from breast cancer annually. Scope detection of breast cancer in the city of Tasikmalaya in 2018 as many as 6,542 people (1). Data obtained from the acquired institution Tasikmalaya P2PTM breast cancer cases as many as 155 people. Puskesmas Kawalu is one of the health centers that have the highest number of breast cancer cases as many as 45 people, followed by PHC Sambongpari as many as 27 people. Of the total 45 people were 20 people occurred in the Village Karsamenak Kawalu Puskesmas Tasikmalaya. A preliminary study carried out by the researchers in April 2019 at the village of Karsamenak District of Kawalu Tasikmalaya through open interviews with 10 women of childbearing age. It was found that as many as 7 people (70%) did not perform BSE, it was due to lack of support from family, especially mothers, The reason to research in Sub Karsamenak due to this district is the highest cases of breast cancer as many as 18 people.

II. MATERIAL AND METHOD

A. Procedure

The researcher gave the inform consent sheet to respondents to prospective respondents so understands the aims and objectives of the research. Data were collected through a stationary instrument that contained questions about family support and the implementation of BSE.

B. Data Analysis

The type of research used correlation analytic design research that connects one variable to another variable (7). The approach used cross-sectional. The population in this study were all women of fertile age residing in the Village Karsamenak Kawalu Puskesmas Tasikmalaya, amounting to 3,638 people. The sampling technique in this study used a stratified random sampling technique (3).

III. RESULTS

Bivariate analysis was used to determine the effect or the relationship between the independent variables with the dependent variable, in this study was to determine the relationship of family support with the implementation of BSE in women of fertile age Here are the results empirically will be described below :

TABLE 1 : CROSS TABULATION RELATIONSHIP WITH THE FAMILY SUPPORT IMPLEMENTATION OF BSE

Family support	Implementation of BSE								p value	Correlation Koefisin
	Well		Enough		Less		Total			
	f	%	f	%	f	%	f	%		
Well	4	100	0	0	0	0	4	100		
Enough	16	57.1	9	32.1	3	10.7	28	100	0,000	.864
Less	0	0	4	6.1	62	93.9	66	100		
amount	20	13.3	13	13.3	65	66.3	98	100		

This table above shows that the women of fertile age which received less family support and less carry out the implementation of BSE as many as 62 people (93.9%) and 4 (6.1%) with sufficient support and carry out the implementation of BSE enough.

Statistical test results by using test *Spearman Rank* obtained a p-value of 0.000, compared to value α (0.05) then the p-value is less than the (0.000 <0.05), with a correlation coefficient of 0.864. These results indicate that H0 is rejected, which means that there is a relationship of family support with the implementation of BSE in women of fertile age with the level of closeness is very strong in the Village Kersamenak Kawalu Puskesmas Tasikmalaya.

IV. DISCUSSION

Based on research results indicate that women of fertile age who lack family support as many as 62 people (93.9%) in conducting the implementation of BSE exist on less category and 4 (6.1%) is in the category enough to carry out the implementation of BSE. Statistical test results by using test *Spearman Rank* showed that there was a relationship of family support with the implementation of BSE on women of fertile age, with a very strong relationship level in the Village Kersamenak Kawalu Puskesmas Tasikmalaya an

obtained p-value of 0.000 and a correlation coefficient of 0.864.

This relationship is getting better due to family support provided will have an impact on the implementation of BSE by women of fertile age, and vice versa if the family support that is given is not good, then the application of BSE in women of fertile age would be less good. Family support is given to women of fertile age urban village Puskesmas Kawalu Kersamenak Tasikmalaya is not good, so the application of BSE in women of fertile age is not very good.

This is in line with the Septiani's opinions (2013) which stated that a change in behavior towards health action depends on the presence or absence of support, while the one support that can be obtained is from parents/family (3).

Further research conducted by Bratanegara (2012) explains that respondents who do not have family support most do not perform BSE, while respondents who received family support mostly perform BSE (4). Family support is an amplifier of the formation of a person's behavior, every support and interaction resulted in a reciprocal relationship of mutual influence behavioral patterns of each one another (9).

Application of self-breast examination performed by women of childbearing age will not run properly if there is no support from the family, especially the mother plays an important role in helping women of childbearing age to perform maintenance themselves (6). This is evident from the results of studies showing that most women of fertile age family support less well in carrying out the implementation of BSE, but there are several women of fertile age pretty well in carrying out the implementation of BSE, it is because women of fertile age is at least already know about the benefits of BSE, the information obtained by women of fertile age obtained through the mass media or the internet that much peeling and shed light on how to perform BSE. The results also show that there are several women of fertile age gets pretty good support, but women of fertile age in carrying out the implementation of BSE is not good, it is because of awareness and attitude in conducting BSE women of fertile age is still lacking, women of fertile age feel lazy to perform BSE, and also do not know step-step or procedure in conducting BSE.

According to Andormoyo (2012) providing support to families affected by internal factors and external factors that are both interconnected. Internal factors derived from the individual factors include stage namely the development of an understanding and response to changes in the different health at any age range (infant-seniors) (2).

Factors of education or level of knowledge, in this case, the cognitive ability to form one's way of thinking including the ability to understand the factors associated with the disease to maintain her health. Emotional factors that affect confidence in their support and how to implement something. The good emotional response will provide good handling anticipation of the various signs of illness, but if the bad emotional responses likely to be a denial of the symptoms of the disease exist. Next is the external factor that comes from outside the individual itself and consists of three things. First, the practice in the family that is the way a family provides support affects patients in performing optimal health (10).

V. CONCLUSION

Based on these descriptions, the researcher can explain that family support is very important for the formation of behavior or the adoption of women of fertile age in conducting BSE. Without family support, women of fertile age can not make the application of BSE. The interaction between the families and women of fertile age will enhance good communication so that what is done by women of fertile age will go well, in this case, carry out the implementation of BSE.

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