



THE RELATIONSHIP OF PEER SUPPORT WITH BREAST SELF EXAMINATION BEHAVIOR IN ADOLESCENT WOMEN

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ABSTRACT

Breast cancer is the highest case in women every year. Breast cancer can attack all age groups including adolescents. Breast self-examination behavior (BSE) is one of the most effective methods of early detection of breast cancer. One of the factors that influence the practice of BSE in young women is peer support. Aims: to determine the relationship of peer support with breast self-examination behavior (BSE) in adolescents. Design of this study was the descriptive correlational. The sample consisted of 219 students of SMAN Sumedang with proportionate random sampling technique. The instrument of this study was the BSE behavior and peer support questionnaires. The instrument was tested for validity and reliability, the result was a validity test > 0.3 and a reliability test of 0.9. Result: the majority of respondents (80.8%) did not practice BSE, peer support to almost all teenage girls (91.3%) in the low support category. Peer support and BSE behavior in young girls had a significant relationship (sig. 2-tailed = 0,000). Based on the results of the study, it was concluded that the practice of BSE and peer support in teenage girls were in low category, there was a significant relationship between the two. It is hoped that health workers can collaborate with schools to provide continuous health education about the importance of BSE for young women.

Keywords : Peer support, Adolescents, Breast self examination

ABSTRAK

Kanker payudara merupakan kasus tertinggi pada wanita setiap tahunnya. Kanker payudara dapat menyerang semua kelompok umur termasuk remaja. Periksa Perilaku Payudara Sendiri (SADARI) merupakan salah satu metode deteksi dini kanker payudara yang paling efektif. Salah satu faktor yang mempengaruhi praktik SADARI pada remaja putri adalah dukungan teman sebaya. Tujuan: Untuk mengetahui hubungan dukungan teman sebaya dengan perilaku pemeriksaan payudara sendiri (SADARI) pada remaja. Desain penelitian ini adalah deskriptif korelasional. Sampelnya berjumlah 219 siswa SMAN Sumedang dengan teknik pengambilan sampel proporsional random sampling. Instrumen penelitian ini adalah kuesioner perilaku SADARI dan dukungan teman sebaya. Instrumen diuji validitas dan reliabilitasnya, diperoleh hasil uji validitas >0,3 dan uji reliabilitas 0,9. Hasil: sebagian besar responden (80,8%) tidak melakukan praktik SADARI, dukungan sebaya hampir seluruh remaja putri (91,3%) berada pada kategori dukungan rendah. Dukungan teman sebaya dan perilaku SADARI pada remaja putri mempunyai hubungan yang signifikan (sig. 2-tailed = 0,000). Berdasarkan hasil penelitian disimpulkan bahwa praktik SADARI dan dukungan sebaya pada remaja putri berada pada kategori rendah, terdapat hubungan yang signifikan antara keduanya. Diharapkan petugas kesehatan bekerjasama dengan pihak sekolah untuk memberikan edukasi kesehatan tentang pentingnya SADARI bagi remaja putri.

Kata Kunci : Dukungan teman sebaya, Remaja, Pemeriksaan payudara sendiri

INTRODUCTION

Breast cancer is the highest cancer disease in Indonesia women every year, namely 42.1 per 100,000 population, and in 2018 it became the first cause of cancer death in women with an average of 17 deaths per 100,000 population (Ministry of Health of The Republic of Indonesia, 2022). West Java is one of the regions with the larger estimated number of breast cancer patients in Indonesia, namely 1.42% (7,206,164 people), and the city of Sumedang has the second largest percentage after Bekasi with the incidence of breast cancer, namely 9.53% or 67 cases out of 703 residents, who underwent screening with a total population of 171,186 Sumedang residents (West Java Provincial Health Services, 2017). Breast cancer can attack all age groups, including young women. This can be seen from data obtained at Hasan Sadikin Hospital (RSHS) West Java Province, during 2011 the number of patient visits with complaints of breast lumps and breast cancer was 1,502 with the following criteria: teenagers aged 11-24 years were 3%, aged 25-44 years as much as 44.8% and aged over 45 years as much as 52.2% Sari, 2014 in (Sinaga & Ardayani, 2016).

Breast cancer can have an impact on young women both physically and psychosocially. Based on the results of research in Oman, the psychosocial impact on women diagnosed with breast cancer feels anxious and depressed, feels they don't have much time left to live, and because breast cancer gives them negative stereotypes, they feel helpless, they will be ostracized by society, friends, and family, as a result, sufferers will show withdrawal behavior from the community and even family, not contribute socially, and many end friendships (Al-Azri et al., 2014). If a young woman experiences breast cancer, she will feel the same impact.

According to WHO, teenagers are people aged 10-19 years. Adolescence is a transition from childhood to adulthood so various changes occur in every aspect, including biological, psychological, and sociocultural aspects. The condition of young women who are still in the developmental stage, if breast cancer occurs, will have an impact that will disrupt growth and development, especially in the psychosocial aspect. Social interactions are often tense because families can be overprotective and friendships are difficult to maintain. Relationships with partners can be challenging because teenagers with breast cancer often feel uncomfortable discussing cancer with others (Wong, et.al., 2017) in (Jim et al., 2018). herefore, there is a need for preventive behavioral efforts by carrying out early detection of breast cancer using the Breast Self-Examination (BSE) method which can be carried out by young women from an early age.

BSE is a secondary prevention effort apart from mammography examination, and clinical breast examination (CBE). Mammography is the most accurate examination method, detecting around 80%-90% of all breast cancer cases (Lubis, 2017a), but Milosevic, Jankovic, Milenkovic, & Stojanov (2018) stated that this tool is not effective for teenagers and cannot clearly show differences in tumors and surrounding tissue such as in women over 40 years of age because it is related to tissue density at a young age. Clinical breast examination (CBE) is a physical examination of the breasts by trained health workers, but this is carried out after the patient finds abnormal signs when performing BSE. Breast Self-Examination (BSE) is a periodic early detection method to determine whether there are abnormalities in the breasts (Anggraini & Handayani, 2019). Early detection as an effort to prevent cancer is very important, One of the early detection of breast cancer is breast self-examination and Early detection of breast cancer needs to be done from an early age, namely in adolescents (Sumiyati et al., 2023).

The practice of BSE needs to be carried out on women aged 20 years or more every month, namely on the 7th or 10th day after menstruation (American Cancer Society, 2011) in (Lubis, 2017a). Breast self-examination (BSE) is a form of breast cancer screening for all women of all age groups, including teenagers. The advantage gained by doing BSE is that it can increase the life expectancy of breast cancer sufferers because it can be detected early, and this method can be done easily, cheaply, and simply. During breast self-examination, almost 85% of abnormal lumps are discovered by the sufferer themselves through a thorough examination with the correct steps (Nisman, 2011) in (Andita, 2018). BSE is the first step in efforts to detect breast cancer early.

The practice of BSE has many benefits and is easy to do, but in practice, most women do not do it. community behavior in early detection of breast cancer is still low where 53.7% of people have never done BSE (Wiraswati et al., 2018). Several factors can influence BSE behavior, including predisposing factors (knowledge about BSE, attitudes, parental education, family history), enabling factors (sources of information, privacy at home, access to health services (health workers)), and reinforcing factors/ social (family support, friend support, health worker support (Sukarni et al., 2018)).

Peer support is included in social support which is an action in the form of care, comfort, appreciation, or assistance for someone from another person or group. Social support can be in the form of emotional support, instrumental support, information support, or friendship support (Smith, 2011). Peer support influences adolescent behavior, especially health behavior (Batubara, 2016).. Adolescence is the period that most need social support (parents, health workers, and peers) in every aspect of behavior, especially health behavior, one of which is BSE behavior. Several research results have proven that adolescent behavior is greatly influenced by the support of their peers. Positive peer support will also produce positive behavior in adolescents (Loke et al., 2016). In line with research by Sukarni et al. (2018) and Anggraini & Handayani (2019) show that women who do BSE are those who get support from their peers. This research aims to determine the relationship between peer support and Breast Self-Examination (BSE) behavior in young women.

METHOD

The design of this research is descriptive correlational. Correlational research is research carried out to combine or connect two or more variables (Misbahuddin & Hasan, 2014). The variables in this research are peer support as the independent variable and Breast Self-Examination (BSE) behavior as the dependent variable. The population in this study was 481 female students in classes X and XI at Sumedang State High School. The sampling technique used the proportionate stratified random method, with a sample size of 219 female students, using the inclusion criteria: young women who had menstruated, were willing to be respondents, and had no breast complaints. The instruments used in this research are questionnaire about peer support and breast self-examination behavior (BSE), the questionnaire has been tested for validity with a result of > 0.3 and a reliability test with a result of 0.9. This research has requested permission from the Padjadjaran University Ethics Committee with number 317/UN6.Kep/EC/2020. Data were analyzed using univariate analysis and bivariate analysis with the Spearman rank test.

RESULTS AND DISCUSSION

Results

Respondent Characteristics

Characteristics of respondents in the study included age, having family members with breast disease, knowing information about BSE, and sources of information about BSE.

Tabel 1 Respondent Characteristics (n=219)

Characteristic Data	Measuring Results	Frequency (f)	Percent (%)
Age	14	2	0,9
	15	43	19,6
	16	108	49,3
	17	64	29,2
	18	2	0,9
Having a family member with breast cancer	Yes	6	2,7
	No	213	97,3
Find out BSE information	Yes	124	56,6
	No	95	43,4
Source of information BSE	Electronic Mdia	84	38,4
	Print Media	5	2,3
	Friend	21	9,6
	Family	23	10,5
	Health Workers	28	12,6
	Don't know	58	26,5

Based on table 1, shows that of the 219 respondents with an age range of 14-18 years, almost half of the respondents (49.1%) were 16 years old. Only a small number of respondents or 6 respondents (2.7%) had family members with breast cancer. A total of 124 people (56.6%) knew information about BSE. Respondents got information about BSE from various sources, namely electronic media 84 people (38.4%) and from friends 21 people (9.6%).

Conscious Behavior in Adolescent Girls

This section shows the frequency and percentage of female State High School students who do or do not practice breast self-examination (BSE).

Table 2 BSE practices among adolescent girls (n=219)

Variable	Measuring Results	Frequency (f)	Percent (%)
BSE practices	Yes	42	19,2
	No	177	80,8

Based on table 2, it can be illustrated that more than half of the total number of respondents, namely 177 people (80.8%) did not practice BSE.

Peer Support for Adolescent Girls

Peer support for BSE behavior in adolescent girls in this study was categorized into three levels, namely low support, medium support, and high support. The frequency and percentage of peer support for adolescent girls will be shown in table 3.

Table 3 Peer Support for Adolescent Girls (n=219)

Variable	Support Catagory	Frequency (f)	Percent (%)
Peer Support for Adolescent Girls (n=219)	High support	2	0,9
	Medium support	17	7,8
	Low support	200	91,3

Almost all of the peer support for young women at Sumedang State High School is in the low category, namely 200 people (91.3%).

The Relationship between Peer Support and Conscious Behavior in Adolescent Girls

In this section, we will show the relationship between peer support and BSE behavior in teenage girls at Sumedang State High School.

Table 4 Relationship between Peer Support and BSE Behavior in Adolescent Girls (n=219)

			Praktik SADARI	Dukungan Teman
Spearman's rho	Praktik SADARI	Correlation	1,000	0,262**
		Coefficient		
	Sig. (2-tailed)	.	0,000	
	N	219	219	
Dukungan Teman	Dukungan Teman	Correlation	0,262**	1,000
		Coefficient		
	Sig. (2-tailed)	0,000	.	
	N	219	219	

** Correlation is significant at the 0.01 level (2-tailed)

Based on table 4, shows that the significant value in this study is 0.000, where the value is smaller than 0.05, meaning that there is a relationship between peer support and BSE behavior in adolescent girls.

Discussion

The practice of BSE is one of the secondary prevention efforts for breast cancer. Breast Self-Examination (BSE) is a periodic early detection method to determine breast abnormalities (Anggraini & Handayani, 2019). The practice of BSE needs to be carried out on women aged 20 years or more every month, namely on the 7th or 10th day after menstruation (*American Cancer Society*, 2011) (Lubis, 2017b). The practice of BSE allows early discovery of breast cancer so that the majority of treatments performed show good results (Breast Cancer Organization 2009). Finally, BSE is the first step in efforts to detect breast cancer early. However, based on the research results listed in Table 2, show that more than half of the respondents do not practice self-consciousness, which means that the practice of self-consciousness is still low among young women.

Previous research, namely research on 745 high school/vocational school students in Bali by Singam & Wirakusuma (2017) shows that 98% of young women have poor behavior, and only 2% of respondents have sufficient behavior. Another study conducted in Iran on 334 women by Getu, Kassaw, Tlaye, & Gebrekiristos (2019) showed that 75.4% of women did not implement BSE practices. Apart from that, research in India by Kumarasamy, Veerakumar, Subhathra, Suga, & Murugaraj (2017) shows that only 18% of women practice BSE and 82% do not. Research by Getu, Kassaw, Tlaye, & Gebrekiristos (2019) on 407 Addis Ababa University students also showed that 78.60% of women did not practice BSE. Research results show that both in Indonesia and abroad, the majority of teenagers do not carry out breast self-examination (BSE). This happens because many factors can influence conscious behavior in adolescent girls, including predisposing factors (knowledge about BSE, attitudes, parental education, family history), enabling factors (sources of information, privacy at home, access to health services (health workers)), and reinforcing/social factors (family support, friend support, health worker support) (Sukarni et al., 2018).

Table 1 shows that most of the respondents were 16 years old. Based on research by Dewi et al., (2019) in Surabaya, it is stated that the practice of BSE tends to be carried out by older women because they believe that the risk of breast cancer will increase with age. Adolescents experience physical, cognitive, social, and emotional growth and development (Batubara, 2016). Adolescents

also begin to develop their own identity which will be influenced by their peers. Therefore, teenagers will be easily influenced by peers so they need to be given reproductive health information, including the practice of breast self-examination. According to research by (Sukarni et al., 2018) which states that one of the factors of BSE behavior is knowledge, if young women have clear information about BSE, they tend to have the awareness to practice BSE.

The research results showed that the majority of respondents knew information about breast self-examination. This is different from the research results of Anggraini & Handayani (2019) which showed that only a small percentage of respondents were exposed to information about BSE. Information can be obtained from various sources such as electronic media, health workers, family, peers, and print media. The more and clearer the information obtained, the faster it will increase knowledge, and this can change the respondent's attitude. Even though the research results show that the majority of respondents know BSE information, more than a portion of respondents do not do BSE, this is because BSE is influenced by several other factors. Apart from that, research by Sukarni et al. (2018) stated that exposure to information related to breast self-examination will be greater and clearer for respondents who have family members with breast cancer.

this study, a small number of young women had family members with breast cancer. In line with the results of research by Dewi et al., (2019) which shows that women who have family members with breast cancer can better understand the possible risks and create higher awareness for themselves. According to Sukarni et al., (2018) women who have family members with breast cancer will have better knowledge because they are exposed to more sources of information.

The research results show that the category of peer support for BSE behavior is still low. The results of research by Anggraini & Handayani (2019) show that the majority of friends are less supportive, namely 38 people (76%). Peers are a very influential factor in teenagers' lives, including their knowledge and behavior. Peers will be used as examples of behavior for teenagers. Adolescent girls do not do BSE because of low support from peers for doing BSE (Sari et al., 2014).

Peer support is one form of social support where in the book Sarafino & Smith (2011) explain that social support (parents, friends, health workers) is an action in the form of care, comfort, appreciation, or assistance for someone from another person or group. Based on the stages of adolescent development, peer support will influence adolescent behavior.

The results of the research show that there is a relationship between peer support and BSE behavior in adolescent girls and both show a positive direction so that the greater the support from peers, the higher the practice of self-consciousness. This is in line with research conducted by Sukarni et al. (2018) and Anggraini & Handayani (2019) which show that women who do BSE are those who receive support from their peers. Adolescents in finding their identity tend to make friends with peers who have characteristics that match their desires, including how they behave. Adolescent behavior is a socialization process where peers tend to exert pressure to conform to group norms, values, attitudes, and behavior (Loke et al., 2016).

Conclusion and Recommendation

The results of this research can conclude that the practice of breast self-examination (BSE) among adolescent girls at Sumedang State High School is still low, namely that the majority of respondents

have not performed BSE, and peer support for respondents to perform BSE is still low. There is a significant relationship between peer support and BSE behavior among respondents. It is hoped that health workers can collaborate with schools to provide continuous health education about the importance of BSE for young women.

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