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FOREWORD

Journal of Ners and Midwifery (JNK) is a newly launched, peer reviewed, open access academic journal which comprises the the results of research conducted by researchers focusing on health. By publishing high-quality and novel articles in a wide range of categories, this journal is dedicated to expanding and evolving the knowledge of health especially nursing and midwifery. Researchers and scientist will be able to obtain valuable information and innovative ideas from JNKarticles. The mission of *JNK* is to provide readers and researchers with a reliable source of information relevant to current developments and discoveries of nursing and midwifery topics. The journal also acts as a forum for exchanging interdisciplinary scientific knowledge from professional and an educational point of view. *JNK* emphasizes the importance of the worldwide collaboration and cooperation in various fields of health. The topics covered in this journal include all of the nursing midwifery which is relevant to health. Any types of manuscripts submission, original research articles, review articles, new technology reports, are all welcomed. To sum up, the latest concept in a variety of research area is collected and summarized in this journal for the readers.

We are deeply grateful to all of the authors for their excellent works and remarkable contributions. Each issue offers useful reports and articles to the readers. We encourage both readers and researchersto submit manuscripts especially in health disciplines. We are looking forward to receive extraordinary manuscripts and to promote the development in the cutting-edge of health.

Blitar, August 2021

Wahyu Wibisono, SS, M.Pd

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- a. Consist of 3-5 keywords, comma separated

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07. Methods

- a. Contains an explanation of the design, population, sample, variables, instruments, time, place, and technique.
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The Correlation of Mother's Knowledge about Breast Cancer and Sadari Attitude on Risk Age Moms



CrossMark

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Abstract

The number of cancer hospitalized patients throughout Indonesia increases year by year, as well as the increasing of mortality due to the growth of cancer patient number. In Indonesia, it is estimated that 12 out of 100,000 people face breast cancer. There are several factors that cause delays in breast cancer treatment and prevention. Eighty percent of sufferers visit a doctor or hospital at an advanced stage. The knowledge factor about breast cancer is an important thing that makes a person determines whether they do early detection or not. Early detection of breast cancer in this case is SADARI attitude. This research was done to know the correlation of mother's knowledge levels about breast cancer and SADARI attitude at breast cancer risk age moms. This was observational research with cross sectional time approach method. The sample was 80 mothers in Badal village, Ngadiluwih Sub-District, Kediri District, East Java Province. The sampling was selected by quota sampling. Respondents with very good knowledge category who did SADARI were 26 respondents (32,5%), then respondents with good knowledge category who did SADARI were 7 respondents (8,8%), respondents who did as the instruction were 14 respondents (17,5%) and those who did not do SADARI were 8 respondents (10%), while in the less good category who did SADARI was 1 respondent (1,3%), who did not do Sadari 2 respondents (2,5%). The results of the correlation test showed that there was a significant correlation between the level of knowledge about breast cancer and SADARI attitude. With the analysis value of chi square ($p=0,001 <0,005$).

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INTRODUCTION

Breast cancer is a very serious health problem because the number of sufferers is the highest among cancers in Indonesia. Breast cancer was also been declared as "the first killer". Breast cancer rate in Indonesia reaches 42,1 people per 100 thousand population. Breast cancer malignancy in Indonesia is the first at ranks. Indonesia's cancer is the eighth in Southeast Asia and 23rd in Asia. In Indonesia, the total case of breast cancer is 58,256 cases or 16,7% of the total 348,809 cancer cases with an average death rate of 17 per 100,000 population. However, in several large hospitals it was seen that the frequency of cervical cancer is higher than breast cancer (Kementerian Kesehatan RI, 2017).

Breast cancer is cancer that occur on breast system. Breast cancer is commonly faced by women. Men can also get breast cancer, although the probability is smaller with a prevalence of 0,8 per 1,000 population, while for women 3,5 per 1,000 population. The incidence of people with breast carcinoma increases steadily every year from the age of 25 years. The malignancy is rarely found under the age of 25. The highest number is found at the age of 55-64 years (Yuli Widiyastuti, Lucie, Yul, n.d.). In East Java Province, the number of breast cancer sufferers tends to increase each year. The number of data is based on the majority of women in the productive age center, namely 20-45 years. On average, those who come for treatment are already at a severe stage, thus reducing the chances of patient to recover (Ignatius Adiwidjaja, 2018).

Although the causes of this disease is not known certainty, it is believed that there are some potential that cause it, namely: endocrine factors, environmental factors, and genetic factor. In Indonesia, there are several factors that cause the delay in treatment and prevention of breast cancer. 80 % of sufferers visit a doctor or hospital at an advanced stage. Other things that are also to be a factor for sufferers are: sufferers are not aware of and do not know about their illness, still believe in traditional medicine, and are afraid of surgery. Things as mention above can raise the number and severity of breast cancer sufferers (Lubis, 2017).

The high morbidity (illness) and mortality (death) caused by the postponement in treatment, because the patient came in an advanced stage. Breast cancer patient who came to the oncology surgery sec-

tion of Sanglah Central General Hospital in 2014-2016 mostly stage III and IV were 26,4% (Partini, P., 2018).

According to Harsono, Director of Dr Soetomo Hospital. (2017) that 30 percent of cancers can be cured, if it is found and treated early. All types of breast cancer can be prevented, one third of them can be cured if they found at an early stage or an early stage. Therefore, the effort to prevent cancer and find cancer at an early stage are important efforts, because it can release people from the incidence of cancer, it also reduces the cost of cancer treatment which is relatively expensive. Every woman over the age of 20 years is recommended to check her breast by her self (SADARI) regularly after menstruation on a certain date every month. With regular SADARI, it is hoped that women will be familiar with the normal condition of their own breasts, so that they can find out as early as possible if there are abnormalities in their breasts. Life expectancy can increase 85%-95% if the disease is found early (Soemitro, M., 2012).

The lack of awareness in women to immediately check themselves due to several factors including ignorance, anxiety and fear of finding an abnormalities. While attitudes factors are influenced by knowledge, public attitudes towards health, traditions and beliefs of the community, education level, information and socioeconomic level (Purwanto, 2015). Knowing this reality, it is known that the mother's level of knowledge about breast cancer and early detection of breast cancer is very important. If the mother knew that cancer can be detected early, the chances to be recovered are greater. Knowledge factor about breast cancer is an important thing that make someone aware on doing early detection or not. Early detection of breast cancer in this case is SADARI attitude.

METHOD

The design of the research was observational research using cross sectional time approach. The data analysis at this research used Chi Square. The sample was 80 women in Badal Ngadiluwih Village, Kediri. The sample was selected by quota sampling technique.

RESULT

Characteristics of Respondent

Based on Table 1, It can be seen that most of the respondents (25%) are in the group of 36-40

Table 1. Distribution of age respondents

No	Age	Sum	%
1	30-35	12	15
2	36-40	20	25
3	41-45	13	16,25
4	46-50	14	17,5
5	51-55	13	16,25
6	56-60	8	10
Total		80	100

Source: Primary Data 2019

Table 2. Distribution of respondents based on education level

No	Education Level	Sum	%
1	Elementary school	-	-
2	Junior High School	25	31,25
3	Senior High School	40	50
4	>Senior High School	15	18,75
Total		80	100

Source: Primary Data 2019

Table 3. Distribution of respondents based on employment status

No	Employments	Sum	%
1	House wife	25	31,25
2	Civil Servants	18	22,5
3	Private employees	24	30
4	Self Employed	13	16,25
Total		80	100

Source: Primary Data 2019

years and a few of the respondents (10%) are aged 55-60. IT shows that the age of most respondents is included in the age category of risk of breast cancer.

Based on Table 2. It can be seen that the most of the respondents received High School education (50%) and there are no respondents who do not finish elementary education. With an adequate level of education, respondents are expected to have a very good level of knowledge about breast cancer.

Based on Table 3. Above, it can be seen that most of respondents are housewives (31.25%) and a few of respondents have jobs as self employed (16,255%). It is possible that mother who have job at home will have more opportunities to get informations about breast cancer.

Respondent Knowledge

Table 4. Distribution of respondents based on their knowledge about breast cancer

No	Knowledge	Sum	%
1	Very good	34	42,5
2	Good	36	45
3	Less Good	10	12,5
4	Not Good	0	0
Total		80	100

Source: Primary Data 2019

Based on Table 4 above, it can be stated that the most of the respondents knowledge about breast cancer is very good (45%) and 42,5% of respondents knowledge is good and a small percentage of respondents (12,5%) have less knowledge about breast cancer. This shows that the mother's level of knowledge is quite good because she received education and health counseling from Public Health Center Officers.

Table 5. Distribution of respondents based on SADARI attitude

No	Attitude	Sum	%
1	Good	32	40
2	Medium	36	45
3	Less	12	15
Total		80	100

Source: Primary Data 2019

Based on Table 5. It can be seen that respondents who have good attitude on SADARI is 40%, medium attitude on SADARI is 45% and those who did not do SADARI is 15% respondents.

Correlation between knowledge and attitude on SADARI (special research data)

Based on Table 6. Above, it shows that respondents in the very good knowledge category who did SADARI is 26 respondents (32,5%), then respondents in the good category who did SADARI is 7 respondents (8,8%), who did it with the recommendation is 14 respondents (17,5%) and those who did not do SADARI is 8 respondents (10%), while in the less good category is 1 respondents (1,3%), who did not do SADARI is 2 respondents (2,5%).

Table 6. The correlation between knowledge and attitude on SADARI

Knowledge Level		Good Attitude	Medium Attitude	Less Attitude	Total
Very Good	Sum	26	19	3	48
	%	32,5 %	23,8 %	3,8 %	60,0 %
Good	Sum	7	14	8	29
	%	8,8 %	17,5 %	10,0 %	36,3 %
Less Good	Sum	0	1	2	3
	%	0%	1,3%	2,5%	3,8%
Not Good	Sum	33	34	13	80
	%	41,3%	42,5%	16,3%	100 %

Source: Primary Data 2019

From the results of the Chi Square analysis, it can be seen that the results of $p=0,001 < 0,005$, namely 0,004 or in other word H_0 is rejected, there is a correlation between mother's knowledge about breast cancer and the attitude on doing SADARI for mothers in Badal Village, Ngadiluwih Sub Distric, Kediri Distric, East Java Province.

To find out the close correlation between the level of knowledge about breast cancer and attitude on SADARI, it can be done by comparing the results of the contingency coefficient, it can be concluded that at the contingency coefficient level of 0,404, there is a moderate level of correlation between the level of knowledge about breast cancer and attitude on SADARI.

DISCUSSION

Based on results of data collection using questionnaires to respondents, it can be seen that data, frequency and percentages can be used as material for analysis, interpretation or discussion of the results that have been implemented.

Knowledge level

In the category of respondents' knowledge, most of the respondents had good knowledge, that was 32,5%. The mother's level of knowledge is very good because they received education and health counseling from Public Health Center Officers. This knowledge can be obtained in various ways, both traditional and modern (Notoatmojo, 2011) and it is influenced by the level of education, information, culture experience, and socio-economics (Soekanto, 2015). Judging from the education level of the respondents, most of them (50%) were senior high school students and none did not finish

elementary school. With an adequate educational background, mothers had the ability to read, possess, and understand knowledge about breast cancer.

Attitude on doing SADARI

In the observations made by researchers about the attitude on SADARI, it showed that 26 respondents (32,5%) did it with their own awareness, while 19 respondents (23,8%) did it by recommendation, and 2 respondents did not do SADARI. It is because of the attitude comes from an impulse in humans (Purwanto, 2015) and attitude, according to Lauren Green is also influenced by predisposing factors, supporting factors and driving factors (Notoatmodjo, 2012).

The results of the correlation between knowledge and attitude on SADARI in Badal Ngadiluwih Village using chi square showed a value of 0,004 so that the $p \text{ value} = 0,001 < 0,05$, so H_0 was rejected and H_a was accepted, statistically there was a significant relationship between knowledge and attitude on SADARI. This is relevant with the theory put forward by (Notoatmodjo, 2012) that knowledge or cognitive is a very important domain for the formation of one's actions.

Correlation level of knowledge and attitude on SADARI.

The result of the correlation between knowledge about breast cancer and attitude on SADARI in Badal Kediri Village using chi square shows the value of $p = 0,001 < 0,05$, so H_0 is rejected and H_a is accepted, so there is a statistically significant correlation between knowledge of breast cancer and attitude on SADARI.

Furhermore, The result shows that the resut of correlation coefficient is 0,404 at a significance of 0,004. This contigency coeficient is in the 0,400 – 0,599 level. So there is a correlation that occurs in the medium category. The moderate correlation category can be interprated that a person,s level of knowledge can influence the behavior to be taken.

The results of this study support the theory of healthy lifestyle. Healthy lifestyle is basically a person or organization's response to stimulate related to illness and disease. Health care systems, food and environment. The limitation has two elements, response and stimulus or stimulation (Notoatmodjo, 2011). Furthermore, the behavior itself is driven by the presence of predisposing factors (knowledge, attitudes, beliefs, etc.). Supporting factors, which are manifested in the availability of physical environment, health or not, and driving factors which are realized in the attitudes and healthy worker's attitude or other officers who are reference group for community attitude. Predisposing factors include a person's level on the knowledge about the disease or the prevention methode. Based on Green's theory, knowledge will affect the occurence of healthy attitude. Individuals will perform healthy behavior, in this case by doing SADARI. They know the dangers of breast cancer if it is not detected aerly. The delaying on breast cancer detection, the greater of risk will be occur. It will encourage individuals in doing SADARI.

From the description above, it can be said that the knowledge that a person has is one of predisposing factors for the occurence of SADARI. Several efforts can be made to increase SADARI, among athers, through health education using various methodes according to the respondents's condition. The researcher concluded that the level of mother's knowledge about breast cancer is significantly related to SADARI. It means that the better of the mother's level of knowledge about breat cancer, the better in doing SADARI.

CONCLUSION

The respondents knowledge about breast cancer has been good catagory, it can be seen that 26 respondents (32,5%) have very good knowledge, 36 respondents (45%) have good knowledge and 10 respondents (12,5%) have less knowledge. The attitude respondents in doing SADARI has showed that the most respondents have been very good in

doing SADARI, it has been 30 respondents (37,5%), 38 respondents have been good in doing SADARI, and 12 respondents (15%) have been less good in doing SADARI. There has been a significant relations between mother's knowledge about breast cancer and their attitude in doing SADARI, it is showed by p level is < 0,05.

SUGGESTION

It is important that mothers always do SADARI as the earlier step to avoid the negative effects of breast cancer. Because the earlier detection is done, the optimal process of healing and life expectation is increase.but also the cadres of medical as the vanguard are expected to help for informing and socializing health education about the early symptoms of breast cancer and the early steps in healing it. The society is expected to be more active in giving mothers health supervision. Especially, the midwifery must support, fasilitate and socialize the cancer symptoms and the early detection. More-over the midwifer must understand the technique and the benefit of SADARI.

It's suggested for the future researchers to research more about the rellation between mother's konowledge level about breast cancer with her SADARI attitude at breast cancer risk age moms.

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