Characteristics of Breast Cancer Patients in YKPI Singgah Home in 2019

Lia Suci Kriswanti[1] and Ira Marti Ayu[2]
[1]Public Health Student Faculty of Health Sciences, Esa Unggul University, Jakarta, Indonesia
[2]Faculty of Health Sciences, Esa Unggul University, Jakarta, Indonesia

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Abstract: Based on YKPI data, there is an increase in the number of breast cancer patients from 2017 to 2018, from 124 patients to 194 patients. The purpose of this study was to determine the characteristics of breast cancer patients at the YKPI Shelter House in 2019. This study used a case series design, with a sample of 32 people. The sampling technique used purposive sampling with univariate data analysis. This research was conducted in April-June 2019. The results of univariate, namely the highest proportion of the age diagnosed for the first time at risk (<50 years) was 84.4%, stage 2 was 43.8%, had children as much as 78.1%, age first time giving birth is not at risk (<30 years) by 84%, breastfeeding is 65.6%, menarche age> 12 years is 53.1%, not yet menopause is 81.3%, has no family history of 68.8%, and the age at first giving birth is not at risk (<30 years) using hormonal contraception by 50%. It is expected that YKPI will intensively socialize to all parts of Indonesia and it is expected that all Indonesian women care about their health, especially breast health by taking into account the risk factors that exist.

1 PRELIMINARY

Globally, regionally, and nationally in 2030, it is projected that an epidemiological transition will occur from communicable diseases to non-communicable diseases (PTM). Non-communicable diseases (PTM) are chronic diseases that are not transmitted from person to person, such as heart disease, stroke, cancer, diabetes, and Chronic Obstructive Pulmonary Disease (COPD) which causes almost 70% of deaths in the world (Ministry of Health Republic of Indonesia, 2017). Indonesia has experienced an epidemiological transition and also faces a double burden. This is indicated by the presence of communicable and non-communicable diseases simultaneously in the community. The epidemiological transition is characterized by a shift in patterns of disease and patterns of the cause of death in the community, namely a decrease in the incidence of certain infectious diseases and an increase in the incidence of various types of non-communicable diseases (Noor, 2008).

Non-communicable diseases (PTM) have an impact on the economy and productivity of patients and their family members. This is because PTM treatment requires a long time and a large cost (Kemenkes RI, 2013). The direct impact on the economy is the cost of treatment, while the indirect impact is the loss of work time, school time, and other costs incurred besides treatment such as transportation and accommodation during patient care. In addition, social losses due to PTM, among others, cause panic in the family, disability, and death (Simbolon, et al., 2015).

One non-communicable disease (PTM) is cancer. Cancer is a disease caused by a single cell that grows abnormally and is out of control so that it becomes a malignant tumor that can destroy and damage healthy cells or tissues (Simbolon et al., 2015). In 2012, the number of cancer cases was 14,067,894 with 8,201,575 deaths worldwide (WHO, 2012). Whereas, in 2018, the number of cancer cases was 18.1 million with 9.6 million deaths worldwide (WHO, 2018). From these data, it can be concluded that there has been a significant increase in the number of cancers and the number of deaths worldwide. Data in Indonesia is estimated that there are 100 new sufferers per 100,000 population each year. This means that of the 237,000,000 population, there are around 237,000

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new cancer sufferers each year. Breast cancer is a malignant tumor that grows in breast tissue, can grow in mammary glands, milk ducts, fat tissue or connective tissue in the breast (Simbolon et al., 2015). Risk factors for breast cancer in women include reproductive factors (early menarche age, first pregnancy in old age, low parity, lactation period), endocrine factors (hormonal contraception) and genetic factors (family members with breast cancer) (Rasjidi, 2010).

In the UK, the most common type of cancer in women in 2012 is breast cancer (Eccles, 2013). The magnitude of the problem regarding breast cancer can be seen from the number of cases of breast cancer found in H. Adam Malik General Hospital Medan also experienced an increase of 325 cases in 2013 and 444 cases in 2014 (Maysarah, 2016).

The results of this study are in line with Saragih's research (2011) which states that the highest proportion of the age of breast cancer sufferers is the age of 35-50 years as many as 104 people (53.1%), Fitoni research (2012) which states that the highest proportion of breast cancer sufferers is having children as many as 46 people (65.7%), and Sitopu research (2012) which states that the proportion of the age at first giving birth to breast cancer sufferers is highest (≤30 years) as many as 65 people (92.9%), breastfeeding behavior totaling 50 people (90.9%), menarche age> 12 years amounted to 70 people (94.6%), and postmenopausal sufferers which amounted to 39 people (66.1%). In addition, the results of this study are in line with the research of Rondonuwu (2016) which states that the highest proportion of breast cancer sufferers are those who do not have a family history (mother or sister) totaling 145 people (96%) and the Sitopu study (2012) the highest proportion using Hormonal contraception numbered 31 people (77.5%).

Breast cancer causes some harm to the patient and the person accompanying the patient. This is because they have to lose their jobs and have an impact on financial problems, such as the cost of round-trip accommodation for treatment that must be borne by patients and their families. Treatment of breast cancer requires a long time, while there are still many areas that do not have access to adequate medical equipment. Therefore, to get the best treatment, many breast cancer patients who come from the area to Dharmais Hospital in Jakarta. When patients choose treatment in Jakarta, they will have constraints related to residence. They must find lodging and incur additional costs. This is the background of YKPI's founding. YKPI is a halfway house foundation, a boarding house for female patients who have difficulty in obtaining lodging amid medical obligations at Dharmais Hospital. The address of the YKPI guest house on Jl. Anggrek Nelimurni II No.C / 33, Kemanggisan, Palmerah, West Jakarta.

In addition to lodging, the shelter also provides several facilities, namely nutritious food every day. The existence of a halfway house is able to provide transportation costs relief for cancer patients due to the presence of facilities in the form of mammography cars to pick up and take patients to Dharmais Hospital. The close location also makes it easier for patients to be taken to Dharmais Hospital when conditions are weak and need treatment. The benefits of living in a halfway house are even more than that, a halfway house also helping patients psychologically. Living with fellow breast cancer patients allows them to share and strengthen each other, such as sharing experiences of dealing with symptoms of illness, pain, and other emotional support. This can increase motivation in undergoing treatment between patients. To be able to use this facility, the conditions are easy, namely female breast cancer patients, originating from Jabodetabek, and preferably with BPJS class 3.

For the prevention and control of breast cancer in Indonesia, YKPI continues to support government programs through early detection of breast cancer using the Breast Self-Examination (BSE) and Clinical Breast Examination (SADANIS) methods by conducting socialization-socialization both internally and externally. Internal is a socialization activity in a halfway house for breast cancer patient companions, while external is a socialization activity in several cities in Indonesia through seminars attended by breast cancer patients and no breast cancer patients.

The shelter is not just a place to stay. There, cancer patients will be given activities to develop skills. With this positive activity, patients can fill their spare time between treatments, such as cooking together, eating together, making joint crafts such as making necklaces, bracelets, and other crafts to later be sold as a source of economic income for breast cancer patients.

In 2017 the number of patients staying at YKPI totaled 124 patients. In 2018 the number of patients staying at YKPI totaled 194 patients. From these data, it can be concluded that there has been an increase in the number of breast cancers from 2017 to 2018 at YKPI. In addition, based on a preliminary survey conducted at the YKPI Shelter Home the number of breast cancer sufferer’s data from April to June 2019 was 32 people. Based on this, researchers

are interested in knowing the characteristics of breast cancer sufferers at YKPI in 2019.

2 RESEARCH METHODS

This study used respondents of all patients who were in YKPI Halfway House in 2019, amounting to 32 patients. This study uses quantitative research with a case series design. This study uses data on patient registration forms at the YKPI Shelter, PA sheets from doctors, and questionnaires, and the analysis used in this study is univariate analysis.

3 RESEARCH RESULT

3.1 Univariate Analysis

3.1.1 Description of Age of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on the age variable breast cancer patients are divided into 2 categories, namely at risk and not at risk. If the age of the first diagnosis of breast cancer ≥ 50 years is categorized at risk and if the age of breast cancer patients <50 years is categorized as not at risk. The following is an age table for breast cancer sufferers at YKPI Shelter in 2019:

Table 1: Age Distribution of Breast Cancer Patients at YKPI Shelter in 2019.

No	Age Distribution of Breast Cancer	(n)	(%)
1	Risk	5	15,6
2	Not Risk	27	84,4
	Total	32	100

Based on table 1 it is known that from 32 respondents, the highest proportion of age of breast cancer patients is the age of those who are not at risk (<50 years) amounted to 27 people (84.4%) and the lowest proportion of age is the age of people at risk (≥ 50 years) amounted to 5 people (15.6%).

3.1.2 Overview of Stage of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on the stage variables of breast cancer patients divided into 4 categories, namely stage 1, stage 2, stage 3, and stage 4. The following is a table of stages of breast cancer patients at YKPI Shelter in 2019:

Table 2: Age Distribution of Breast Cancer Patients at YKPI Shelter in 2019.

No	Stadium of Breast Cancer Patients	(n)	(%)
1	Stadium 1	7	21,9
2	Stadium 2	14	43,8
3	Stadium 3	8	25,0
4	Stadium 4	3	9,4
	Total	32	100

Based on table 2 it is known that from 32 respondents, the highest proportion of staging of breast cancer patients is stage 2 with 14 people (43.8%) and the lowest proportion is stage 4 with 3 people (9.4%).

3.1.3 Description of the Number of Children with Breast Cancer at YKPI Shelter in 2019

Based on the results of research on the variable number of children with breast cancer divided into 2 categories, namely having children and not having children. The following is a table of the number of children with breast cancer at YKPI Shelter in 2019.

Table 3: Distribution of the Number of Children in Breast Cancer Patients at YKPI Shelter in 2019.

No	The Number of Children in Breast Cancer Patients	(n)	(%)
1	Do not have children	7	21,9
2	Have children	25	78,1
	Total	32	100

Based on table 3 it is known that of the 32 respondents, the highest proportion of breast cancer sufferers is having 25 children (78.1%) and the lowest proportion is not having children amounting to 7 people (21.9%).

3.1.4 Overview of Age for First Time Childbirth of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on the age variable for the first-time giving birth to breast cancer sufferers is divided into 2 categories namely at risk and not at risk. If the age of first birth ≥30 is categorized at risk and if the age of first birth <30 is categorized as not at risk. The data analyzed were

only 25 women who had given birth. The following is the age table for giving birth to a breast cancer sufferer at YKPI Shelter.

Table 4: Age Distribution First Time Giving Birth to a Breast Cancer Patient at YKPI Shelter in 2019.

No	Age Distribution First Time Giving Birth to a Breast Cancer Patient	(n)	(%)
1	Risk	4	16
2	No risk	21	84
	Total	25	100

Based on table 4 it is known that of the 25 respondents, the highest proportion of age at first giving birth to breast cancer patients is not at risk (<30 years) totaling 21 people (84%) and the lowest proportion is at risk (≥30 years) totaling 4 people (16%).

3.1.5 Overview of Breastfeeding for Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on breastfeeding behavior variables breast cancer patients are divided into 2 categories, namely breastfeeding and never breastfeeding. The following is a table of breastfeeding behavior of breast cancer sufferers at YKPI Shelter in 2019:

Table 5: Distribution of breastfeeding for Breast Cancer Patients at YKPI Shelter in 2019.

No	breastfeeding	(n)	(%)
1	breastfeeding	21	65,6
2	Never breastfeeding	11	34,4
	Total	32	100

Based on table 5 it is known that from 32 respondents, the highest proportion of breast cancer sufferers was breastfeeding by 21 people (65.6%) and the lowest proportion was not breastfeeding by 11 people (34.4%).

3.1.6 Description of the Age of Menarche in Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on the variable age of menarche breast cancer patients are divided into 2 categories, namely menarche age ≤ 12 years and menarche age> 12 years. The following is an age table for menarche breast cancer sufferers at YKPI Shelter in 2019:

Table 6: Age Distribution of Breast Cancer Menarche at YKPI Shelter in 2019.

No	Age Distribution of Breast Cancer Menarche	(n)	(%)
1	≤ 12 years old	5	46,9
2	>12 years old	17	53,1
	Total	32	100

Based on table 6 it is known that from 32 respondents, the highest proportion of menarche age of breast cancer patients is menarche age> 12 years totaling 17 people (53.1%) and the lowest proportion is age <12 years totaling 15 people (46.9%).

3.1.7 Overview of Menopause in Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on menopause variables of breast cancer patients are divided into 2 categories namely not yet menopause and menopause. The following is a menopause table for breast cancer sufferers at YKPI Shelter in 2019:

Table 7: Distribution of Menopause in Breast Cancer Patients at YKPI Shelter in 2019.

No	Menopause in Breast Cancer Patients	(n)	(%)
1	Not yet Menopause	26	81,3
2	Already Menopause	6	18,8
	Total	32	100

Based on table 7 it is known that of the 32 respondents, the highest proportion of breast cancer sufferers was 26 postmenopausal sufferers (81.3%) and the lowest proportion had reached 6 menopauses (18.8%).

3.1.8 Overview of Family History of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on the variable family history of breast cancer patients divided into 2 categories, namely family history, and no family history. The following is a family history table for breast cancer sufferers at YKPI Shelter in 2019:

Table 8: Distribution of Family History of Breast Cancer Patients at YKPI Shelter in 2019.

No	Distribution of Family History of Breast Cancer Patients	(n)	(%)
1	Yes	10	31,3
2	No	22	68,8
	Total	32	100

Based on table 8 it is known that of the 32 respondents, the highest proportion of patients with breast cancer were those who did not have a family history of 22 people (68.8%) and the lowest proportion were patients who had a family history of 10 people (31.3%).

3.1.9 Overview of Hormonal Contraception of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on the variable use of hormonal contraception of breast cancer patients divided into 3 categories, namely using hormonal contraception, not using hormonal contraception, and never using hormonal contraception. The following is a table of hormonal contraceptive use for breast cancer sufferers at YKPI Shelter in 2019:

Table 9: Distribution of Hormonal Contraception of Breast Cancer Patients at YKPI Shelter in 2019.

No	Hormonal Contraception	(n)	(%)
1	Yes	14	43,8
2	No	11	34,4
3	Never	7	21,9
	Total	32	100

Based on table 9 it is known that the highest proportion of breast cancer patients using hormonal contraception is 14 people (43.8%) and the lowest proportion has never used 7 people (21.9%).

4 DISCUSSION

4.1 Description of Age of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 breast cancer patients, it is known that the highest proportion of the age of breast cancer patients is the age of patients who are not at risk (<50 years) as many as 27 people (84.4%). The results of this study are in line with Saragih's research (2011) which states that the highest proportion of the age of breast cancer sufferers is the age of 35-50 years as many as 104 people (53.1%) and the Sitopu study (2012) which states that the highest proportion of the age of breast cancer patients occurred at the age of fewer than 50 years as many as 101 people (70.6%).

The risk of breast cancer increases with age. The longer a person's life span, the possibility of genetic damage (mutations) also increases. On the other hand, the ability to repair the body (healing) is decreasing (Handayani, et al 2012). However, at this time, the age of the first time being diagnosed with breast cancer in women has experienced a shift. Age was first diagnosed with breast cancer in the past had an average age above 50 years, now the age of the first time diagnosed with breast cancer is in the range of 35-50 years. That are many breast cancer sufferers who are in a productive age (Savitri, 2015).

Based on the results of the study, the highest proportion of people who were first diagnosed with breast cancer is the age that is not at risk, that is, under 50 years of age. Based on the results of the interview, it was found that the cause of age at first time was diagnosed with breast cancer at no risk at age under 50 years due to respondents' lack of exercise. However, after being at YKPI respondents had started exercising. This is because the respondents took part in the gymnastics conducted on Friday. Therefore, it is better for the community, especially women who have a risk-free age of under 50 years, should start to get used to a healthy life. Regular exercise can minimize the risk of breast cancer. This is because it is in accordance with the theory of Subaja (2014) which states that regular exercise habits make the body rich in oxygen so that it can fight breast cancer cells in the body, considering that breast cancer cells do not like a host or a body that is rich in oxygen.

4.2 Depiction of the Stage of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 breast cancer patients, it is known that the highest proportion of stage breast cancer patients is stage 2 as many as 14 people (43.8%). The results of this study are in line with research (Purba, 2009) which states that the highest proportion of staging of breast cancer patients is stage 2 (36.7%).

Breast cancer patients who are still in stages 1 and 2 have a smaller chance of breast removal and a higher life expectancy. However, if patients with breast cancer are already in stages 3 and 4, the more difficult the treatment. In addition, at stages 3 and 4 the cost of treatment required is also greater and the life expectancy of breast cancer patients getting smaller (Savitri, 2015).

Breast self-examination or BSE is an activity that can be done to detect breast cancer early. This is to increase awareness of how important alertness is to an abnormal lump in the breast. Breast self-examination or BSE is done regularly every month, precisely after menstruation is complete. If unusual things are found in the breast such as a lump, then immediately do SADANIS namely a clinical breast examination to a competent doctor to get further action (Marimbi, 2011).

Based on the results of the study, the highest proportion of breast cancer stage is stage 2. Based on the results of interviews, it was found that the highest breast cancer stage is stage 2 because the respondents managed to recognize abnormalities that occur in their breasts early on. The respondents screened the breast self-examination method or BSE. In this examination, the respondents found the condition of their breast abnormalities, such as a lump on breasts, nipples that secrete fluid, and swelling of the breasts. When the respondent feels these symptoms, the respondent immediately conducts SADANIS namely a clinical breast examination at a health facility to get further action.

This is in accordance with the YKPI program, which is to prevent and control breast cancer in Indonesia through breast self-examination or breast self-examination and clinical breast examination or SADANIS by conducting socialization-socialization both internally and externally. Internal socialization is a socialization activity in a halfway house for breast cancer patient companions, while external socialization is a socialization activity in several regions in Indonesia through seminars attended by breast cancer patients and no breast cancer patients.

However, the socialization has limitations, namely that not all regions in Indonesia have been reached by YKPI, so there is still a delay in diagnosis due to the lack of information obtained by the public. Therefore, suggestions for YKPI to further expand the reach of outreach to all regions in Indonesia. In addition, YKPI can work together across sectors, namely puskesmas to conduct socialization to the public. Therefore, when they begin to feel symptoms of breast cancer in their bodies, they can immediately conduct a clinical breast examination at a health facility to receive further action. The sooner breast cancer is discovered in a woman, the earlier the stadium will be experienced. This will certainly have an impact on the higher life expectancy.

4.3 Description of the Number of Children with Breast Cancer at YKPI Shelter in 2019

Based on the results of research on 32 breast cancer patients, it is known that the highest proportion of children with breast cancer is having 25 children (78.1%). The results of this study are in line with the study of Fitoni (2012) which states that the highest proportion of breast cancer sufferers is having 46 children (65.7%).

Women who already have children have a lower risk of breast cancer compared to women who do not have children. This is because women who experience pregnancy, the hormone estrogen in the body will decrease. However, in women who do not experience pregnancy, the hormone estrogen in the body will increase and stimulate the growth of breast cancer cells (Lincoln & Wilensky, 2008). In women who already have children, various hormones will appear in the body and act as a buffer (balancer) in the body. So, when the estrogen hormone in the body is not balanced, it is likely to trigger the formation of cancer in the breast (Manuaba, 2008). In women who experience pregnancy, will have a pregnancy hormone called the hormone progesterone. The hormone progesterone is produced in very large quantities and serves to protect and feed the fetus. If progesterone levels are high, then estrogen levels in the body will decrease. Vice versa, if the level of the hormone progesterone falls, then the level of the hormone estrogen in the body will increase. This increased estrogen hormone can stimulate the growth of breast cancer cells (Putra, 2015). During pregnancy, a substance called HCG appears. The substance HCG (Human Chronic Gonadotropin) is a substance that sends genetic signals to cell tissues to provide protection or protection against cancer cells. This HCG substance will stimulate the formation of the hormone progesterone by the corpus luteum. In this condition, the dominant hormone that occurs in women is the hormone progesterone, while the hormone estrogen tends to decrease. This condition causes women to be protected from breast cancer (Lee, 2008)

However, based on the results of the study, the highest proportion of breast cancer sufferers is having children. Based on the results of the

interview, this is because there are respondents who are busy taking care of their children and some are busy working, so because of this busyness causes them to consume less fibrous food, even though substances in fibrous food are able to carry excess estrogen hormone to get out of the body. This is consistent with Lee's theory (2008) which states that the risk of breast cancer in women can be minimized by consuming foods that contain fiber. Foods that contain fiber, including whole grains, fruits, vegetables, and nuts. The fiber contained in food will carry excess estrogen to get out of the body, so as to minimize the occurrence of breast cancer.

Therefore, it is better for the community, especially women who already have children to actively familiarize a healthy lifestyle, even though they are busy taking care of children and work. One of them, by diligently consuming foods that contain fiber such as grains, vegetables, and fruit because this habit is able to protect the body from breast cancer.

4.4 Age Portrait for the First Time Childbirth of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 25 breast cancer patients, it is known that the highest proportion of age at first birth is not at risk (≤30 years) totaling 21 people (84%). The results of this study are in line with the study of Fitoni (2012) which states that the proportion of age at first giving birth to breast cancer sufferers is highest (≤30 years) totaling 29 people (63.04%). The results of this study are also in line with the research of Sitopu (2012) which states that the proportion of age for the first time giving birth to the highest breast cancer sufferers was highest (≤30 years) as many as 65 people (92.9%).

According to Rosma's theory (2008) that each menstrual cycle of FSH (follicle stimulating hormone) released by the anterior pituitary lobe raises some primary follicles which can develop into de graff follicles which will produce the hormone estrogen. Women who become pregnant at an older age will experience more menstrual cycles before becoming pregnant. This heavy menstrual cycle causes the body to be exposed to more estrogen. This much estrogen hormone will stimulate the growth of breast cancer cells.

However, based on the results of the study, the highest proportion of the age of first childbirth is at risk, which is under 30 years. Based on the results of the interview, this is because the faster the respondents get married and have children, the more respondents use contraception. In this study, based on the data it appears that female respondents who gave birth to children were not at risk, namely at the age of more than 30 years, many used hormonal contraception as many as 11 people. Based on interviews, the younger women use hormonal contraception, the higher the risk of developing breast cancer. This is because the content of progestin or progesterone synthesis contained in pills or injections causes breast cancer. This is consistent with the theory of Lee (2008) which states that when women decide to get married and have children under the age of 30, then these women will tend to use contraception.

Therefore, it is better for women, especially women who have the age of first birth without risk, which is under 30 years to replace their contraceptives from hormonal contraceptives, namely pills, injections, or implants into non-hormonal contraception (IUD). This is in accordance with Nugroho (2011) who states that IUD contraception is very suitable because it does not stimulate the presence of the hormone estrogen.

4.5 Description of Breast Cancer Behavior for Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 patients with breast cancer, it is known that the highest proportion of breast cancer patients' behavior is the behavior of ever breastfeeding as many as 21 people (65.6%). The results of this study are in line with research conducted by Sitopu (2012), the highest proportion is breastfeeding behavior of 50 people (90.9%).

Women who have breastfed have a smaller risk factor for breast cancer than women who have never breastfed. In women who breastfeed stimulation occurs on the nipples of her breasts, causing an increase in the hormone prolactin. With the increase of the hormone prolactin, there will be a decrease in estrogen levels in the body and minimize the occurrence of breast cancer (Pollard, 2012).

However, based on the results of the study, the highest proportion of breastfeeding behavior is ever breastfeeding. Based on the interview results, respondents breastfeed their babies for at least 6 months. Based on Pollard's theory (2012) states that when breastfeeding for 6 months can be a natural contraceptive known as the LAM (Lactational Amenorrhea Method). LAM as a natural contraceptive can control and reduce the hormone estrogen so that it can reduce the risk of developing breast cancer. However, LAM can be a natural

contraceptive if the mother gives exclusive breastfeeding, which is giving breast milk every 4 hours during the day and every 6 hours at night. However, in working mothers who are separated from their babies, LAM cannot function as a natural contraceptive. For working mothers, it is better to use contraception, the IUD.

Therefore, it is better for women, especially women who are breastfeeding their children to replace their contraception from hormonal contraception, which is pills, injections, or implants, into non-hormonal contraceptives, namely IUDs. This is in accordance with Nugroho (2011) who states that IUD contraception is very suitable because it does not stimulate the presence of the hormone estrogen.

4.6 Picture of Age of Menarche in Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 breast cancer patients, it is known that the highest proportion of menarche age of breast cancer patients is> 12 years old totaling 17 people (53.1%). The results of this study are also in line with the Sitopu study (2012), the highest proportion is> 12 years old, amounting to 70 people (94.6%).

The FSH hormone secreted by the pituitary gland stimulates the maturation of follicles in the ovary so that the ovary secretes the hormone estrogen. The hormone estrogen is produced for the first time when a woman is ready to enter puberty. Menarche is a general term when a woman experiences first time bleeding from the uterus or often referred to as first menstruation. Menarche age that is too early in women, which is less than 12 years causes exposure to the hormone estrogen in the body becomes faster. This estrogen hormone can trigger breast cancer cell growth (Mulyani and Rinawati, 2013).

The earlier women experience their first menstruation (menarche), which is before the age of 12 years, the greater the risk of suffering from breast cancer, which is 2-4 times greater than women who experience first menstruation (menarche) after the age of 12 years. Early puberty is one of the risks of breast cancer. The faster a woman reaches puberty, the longer her breast tissue can be affected by the estrogen-causing elements of cancer (Lee, 2008).

Based on the results of the study, the highest proportion of menarche age is> 12 years old. Based on interviews, it was found that the cause of menarche age was> 12 years of age due to the unhealthy lifestyle of respondents. Respondents often consume junk food or fast food and fried foods. The reason respondents have the habit of consuming junk food or fried food is that this food is easy to get, is practical and fast, so it does not spend too much of their time. This is in accordance with the theory of Savitri (2015) which states that an unhealthy lifestyle is a wrong diet, such as excessive consumption of junk food. As a result of consuming excessive junk food is an increase in body fat. If the fat in the body increases, then the level of estrogen in the body will increase. With this increase in estrogen levels, it can trigger breast cancer cells to actively develop.

In addition, respondents also consume fewer vegetables and fruits, whereas in vegetables and fruits there are substances that can protect the body from breast cancer. This is consistent with the theory of Mulyani & Rinawati (2013) which states that the risk of breast cancer can be overcome by diligently consuming vegetables and fruits every day at least 5 servings. This is because in vegetables and fruits there are beneficial substances such as vitamins, minerals, fiber, phytochemicals and other compounds that can protect the body from attacks of breast cancer. Increasing the hormone estrogen in women can be minimized by consuming lots of fruits and vegetables. This is because these foods contain lots of fiber and vitamin C which are anticarcinogenic and radioprotective as well as antioxidants that can counteract free radicals so they can fight breast cancer (Rasjidi, 2010).

After the respondents were at the YKPI shelter, respondents began to change their lifestyle. This is because YKPI has a regulation that regulates all matters related to food consumed by breast cancer sufferers. The regulated food included fruit and vegetables for respondents to eat at the halfway house.

For the community, especially women who have a menarche age> 12 years should start getting used to a healthy life, such as getting a proper diet by reducing junk food consumption and increasing consumption of vegetables and fruits every day at least 5 servings because this habit is able to protect the body from attacks breast cancer.

4.7 Menopause depiction of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 breast cancer sufferers, it is known that the highest proportion of breast cancer sufferers are 26 postmenopausal sufferers (81.3%). The results of this study are in

accordance with Sitopu's (2012) research, the highest proportion was 39 postmenopausal sufferers (66.1%).

In women who have not experienced menopause, will experience more menstrual cycles compared to women who have experienced menopause. This heavy menstrual cycle causes the body to be exposed to more estrogen. This much estrogen hormone will stimulate the growth of breast cancer cells (Utami, 2012). When women have not yet experienced menopause, the ovaries together with fat tissue produce the hormone estrogen. However, when women experience menopause, the estrogen hormone will decrease dramatically. As a result of the decline in the hormone estrogen can minimize the growth of breast cancer cells (Savitri, 2015).

Based on the results of the interview, the highest proportion of breast cancer sufferers is the patient who has not yet menopause. This is because respondents have unhealthy lifestyles, which consume fewer vegetables and fruits. We recommend that women, especially women who have not been exposed to cancer to be diligent in consuming foods such as vegetables and fruit because this habit is able to protect the body from breast cancer.

However, based on the results of the study, the highest proportion of menarche age is> 12 years old. Based on interview results, respondents who have menarche age> 12 years have an unhealthy lifestyle. Respondents consume a lot of foods that contain high fat such as butter, margarine, and coconut milk. In addition, respondents also consume less soy. This is consistent with Putra's (2015) theory which states that too much fat can trigger an increase in the hormone estrogen. Increased estrogen hormone, capable of causing breast cancer, In addition, decreased levels of the hormone estrogen can be done by consuming foods derived from soybeans. This is because soy contains a lot of protein that can prevent breast tissue from producing high estrogen (Utami, 2012).

Therefore, it is better for women, especially women with menarche age of breast cancer patients> 12 years in order to reduce foods with high-fat content such as butter, margarine, and be diligent in consuming foods derived from proteins such as soy. This is because these habits can reduce levels of the hormone estrogen so as to minimize the occurrence of breast cancer.

4.8 Description of Family History (Mother or Sister) in Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 patients with breast cancer, it is known that the highest proportion of breast cancer patients are those who have no family history (mother or sister) totaling 22 people (68.8%). The results of this study are in line with Rondonuwu's research (2016) which states that the highest proportion of breast cancer sufferers are those who have no family history (mother or sister) totaling 145 people (96%), Purba research (2004) the highest proportion in patients who do not have a family history (mother or sister) totaling 92 people (84.4%), Siallagan research (2012) the highest proportion are sufferers who do not have a family history (mother or sister) totaling 90 people (52.3%) and research Ayudia (2017) the highest proportion is sufferers who have no family history (mother or sister) of 90 people (52.3%)

Women who have a family history of breast cancer have more than doubled the risk of developing breast cancer compared to women who have no family history. This is because breast cancer increases with inherited genetic factors (Sholihin, 2017). Women who have a family history of having had breast cancer are more at risk of developing breast cancer due to mutations or defective copies of genes that are hereditary and are genetically inherited (Maysaroh, 2013). The risk of breast cancer will be higher in women who have blood ties with families who have had cancer. The family can come from mothers, sisters or daughters (first-degree families) who suffer from breast cancer will double the risk of developing breast cancer (Mulyani & Rinawati, 2013).

However, based on the results of the study, the highest proportion of breast cancer sufferers are sufferers who have no family history (mother or sister). From the data, it was also found that respondents who did not have a history of breast cancer also used hormonal contraception as many as 9 people (40.9%). Therefore, women, especially those who do not have a family history to switch from using hormonal contraception to non-hormonal contraception, the IUD. This is consistent with Lee's theory (2008) which states that the IUD is very suitable for use because the IUD does not stimulate an increase in the hormone estrogen.

4.9 Description of Hormonal Contraception of Breast Cancer Patients at YKPI Shelter in 2019

Based on the results of research on 32 breast cancer sufferers, it is known that the highest proportion of breast cancer sufferers using hormonal contraception is 14 (43.8%). The results of this study are in line with the research of Sitopu (2012), the highest

proportion using hormonal contraception is 31 people (77.5%).

Contraception is one of the efforts that can be chosen in order to prevent conception and pregnancy. Contraception is divided into 2, namely hormonal and non-hormonal. Hormonal contraception consists of pills, injections, and implants. Meanwhile, non-hormonal contraception consists of an IUD or tubectomy. The younger women use oral contraceptives (pills or injections), the higher the risk of developing breast cancer. This is because the content of progestins contained in pills or injections can cause breast cancer (Lee, 2008).

Prolonged use of birth control pills can increase a woman's risk of breast cancer because cells that are sensitive to hormonal stimulation may experience changes in benign degeneration or become malignant and this risk will decrease automatically when the use of birth control pills stops (Mulyani & Rinawati, 2013). The use of oral contraceptives is a risk factor that can trigger and increase the risk of breast cancer but is only limited to a certain period of time. Women who use oral contraceptives in the form of pills for a period of more than 5 years have a greater risk of developing breast cancer. However, when women stop using it, the risk of developing breast cancer will also decrease (Savitri, 2015). Of all types of contraception, the use of contraceptives in the form of an IUD is very suitable for use because the IUD does not stimulate an increase in the hormone estrogen (Nugroho, 2011).

Based on the results of the study, the highest proportion using hormonal contraception were 21 people (46.9%). The use of hormonal contraception, with details of the pill 12 people with an average length of 6 years, injecting 6 people with an average length of 3 years and implants 3 people with an average length of implants 5 years. Based on the interview results it was found that the reason respondents chose hormonal contraception is that the price is relatively cheap and easy to obtain.

Aside from this, respondents also have long used hormonal contraception with an average use of five years. Even though the longer a person uses hormonal contraception, the greater the risk of breast cancer. Therefore, it is better for women, especially those who use hormonal contraception to replace the contraceptive from hormonal contraception that they use to become a non-hormonal contraceptive IUD if they still want to have more children, or tubectomy if they do not want to have more children. This is in accordance with the theory because the IUD contraceptive method does not stimulate the emergence of the hormone estrogen so that it can minimize the occurrence of breast cancer suitable for use because the IUD does not stimulate an increase in the hormone estrogen (Nugroho, 2011).

5 CONCLUSIONS

Based on the results of research and discussion in the previous chapter it can be concluded:

1. The highest proportion of breast cancer sufferers at the YKPI stop in 2019 is not at risk (<50 years) of 27 people (84.4%).
2. The highest proportion of staging of breast cancer sufferers in YKPI shelters in 2019 is stage 2 of 14 people (43.8%).
3. The highest proportion of children with breast cancer in YKPI shelters in 2019 is having 25 children (78.1%).
4. The highest proportion of the age of first giving birth to breast cancer patients at YKPI shelter in 2019 is the age of the first time giving birth without risk (<30 years) by 21 people (84%).
5. The highest proportion of breastfeeding children with breast cancer in YKPI shelters in 2019 is breastfeeding for 21 people (65.6%).
6. The highest proportion of menarche (first menstruation) of breast cancer sufferers at YKPI stop in 2019 is the age of menarche> 12 years by 17 people (53.1%).
7. The figure for the proportion of menopause (menstruation stops) the highest breast cancer sufferers in YKPI shelters in 2019 is not yet experiencing menopause by 26 people (81.3%).
8. The highest proportion of the family history of breast cancer sufferers in YKPI shelters in 2019 is not having a family history of 22 people (68.8%).
9. The proportion of contraceptive use of breast cancer sufferers in YKPI shelters in 2019 is hormonal contraception of 14 people (43.8%).

6 SUGGESTION

For the community, especially women who have a risk of breast cancer

1. We recommend that people, especially women who have a risk-free age that is under 50 years of age, begin to get used to a healthy life by

getting used to regular exercise. This is because regular exercise makes the body rich in oxygen so that it can fight breast cancer cells in the body.

2. We recommend that people, especially women to be diligent in doing breast self-examination or breast self-examination every month, precisely 5-7 days after menstruation. Furthermore, if there are symptoms of breast cancer immediately do SADANIS which is a clinical breast examination in the health service.
3. We recommend that the community, especially women who already have children to actively familiarize a healthy lifestyle, even though busy taking care of children and work. One of them, by diligently consuming foods that contain fiber such as grains, vegetables, and fruit because this habit is able to protect the body from breast cancer.
4. It is better for women, especially women who are at the age of first birth to have a risk-free age below 30 years to replace their contraceptives from hormonal contraception, which are pills, injections, or implants into non-hormonal contraception (IUD). This is because hormonal contraception contains estrogen. The hormone estrogen in the body is what can trigger breast cancer.
5. It is better for women, especially women who breastfeed their children to replace their contraceptives from hormonal contraceptives, namely pills, injections, or implants, to become non-hormonal contraceptives, namely IUDs. This is because IUD contraception is very suitable for nursing mothers because it does not stimulate the hormone estrogen.
6. It is better for the community, especially women who have menarche age> 12 years should start to get used to a healthy life, such as getting a proper diet by reducing junk food consumption and increasing consumption of vegetables and fruits every day at least 5 servings because this habit is able to protect the body from breast cancer attack.
7. We recommend that women, especially women who are not yet menopausal in order to reduce foods with high-fat content such as butter, margarine, and diligently consume foods derived from soybeans. This is because these habits can reduce levels of the hormone estrogen so as to minimize the occurrence of breast cancer.
8. It is better for women, especially women who do not have the risk of breast cancer to replace their contraception from hormonal contraception, which is pills, injections, or implants, into non-hormonal contraceptives, namely IUDs. This is because IUD contraception is very suitable for nursing mothers because it does not stimulate the hormone estrogen.
9. We recommend that women, especially those who use hormonal contraception to replace contraception from hormonal contraception they use become non-hormonal contraceptives, namely an IUD if they still want to have more children, or tubectomy if they do not want to have more children.

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