

Barriers and Opportunities for Breast Cancer Prevention Measures

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Abstract. The incidence of breast cancer remains high. Controlling program needs to involve individuals and communities. Public awareness in early detection and apply healthy living behavior is necessary to minimize risk factors of breast cancer. The aims of this study to explore the barriers and opportunities of health workers in the prevention of breast cancer. This is a qualitative study with *phenomenological approach*. Data collection using Focus Group Discussion. Informants in this study consist of 11 health workers for at least 5 years working period. The results of this study found three themes, namely (1) Barriers to breast cancer prevention efforts, (2) Opportunities for women at risk to take steps to prevent breast cancer, and (3) Opportunities for government programs related to breast cancer prevention efforts. It is hoped that women at risk increase self-awareness in early detection of breast cancer and maintain a healthy lifestyle. Medan City Health Department should be more intensive in conducting socialization and health education about breast cancer prevention in the community.

Keywords: barriers, opportunities, prevention, breast cancer

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1 Introduction

The increase in the incidence of breast cancer contributes to the increase in the prevalence of non-communicable diseases. Risk factors that cause non-communicable diseases tend to lead to habits or lifestyles. Unfavorable lifestyles include smoking, alcohol consumption, exercise, and consumption of fruits and vegetables [1], obesity [2], family history of breast cancer [2,3], and aging [2,4]. In addition, breast cancer is also caused by low socioeconomic factors, lack of knowledge, and an unhealthy lifestyle [3].

The high prevalence of cancer should be an individual responsibility and a shared responsibility. Unhealthy behavior in the community is one of the risk factors for non-

communicable diseases (NCDs), such as breast cancer. WHO states the percentage of cancer that can be prevented reaches 43 percent. Breast cancer can actually be prevented by adopting a healthy lifestyle and minimizing the risk factors for cancer. If women at high risk of breast cancer understand and carry out activities to modify healthy lifestyles, breast cancer can be prevented, even though these women have risk factors for a family history of breast cancer. The Ministry of Health stated that the cause of the difficulty of primary prevention in breast cancer occurs because the risk factors for breast cancer have a low odds ratio.

In 2014, Indonesia has a commitment to prevent breast cancer by forming a committee to tackle cancer nationally called KPKN. In 2013 the KPKN was able to collect data on 900 cancer patients and in 2017 it increased to 1,500 patients. The Minister of Health invites all Indonesian people to be responsible for cancer prevention, by improving the healthy behavior of each individual and having regular health checks. PERMENKES RI Number 34 of 2015, stipulates that the program for early detection of breast cancer prevention is through the Breast Self-Examination (BSE) program and the Sadanis Clinical Breast Exam (CBE) program.

Early detection of breast cancer should be carried out by women at risk of breast cancer, especially women who have risk factors for breast cancer. Based on Medan City Health Department, it was found that from 319,180 women aged 30-50 years, only 13,560 people (4.25%) did the Clinical Breast Exam (CBE) or Breast Self-Examination (BSE). Based on the CBE examination, a total of 113 people (0.83%) were declared to have a lump or tumor in the breast. This shows that the coverage of CBE in Medan City is 4.25% and this still does not meet the national CBE coverage target of 10% [5]. Self-awareness of women at risk of breast cancer in the city of Medan for breast examination is still very low. This condition is supported by research by Karayurt, zmen, and etinkaya that the most common reasons for not doing breast self-examination are not knowing how to do breast self-examination and knowledge about the factors that cause breast cancer.

The lack of knowledge to carry out early detection of breast cancer prevention affects the severity of breast cancer when a medical examination is carried out. The Indonesian Breast Cancer Foundation states that 70 percent of breast cancer sufferers seek help at health facilities at an advanced stage. In addition, the factors that cause delays in patients seeking health facilities are lack of knowledge, fear of medical management (surgery, chemotherapy, and radiation), public trust is still strong with traditional medicine, traditional healers/paranormal, and factors of distrust that breast cancer can be cured. People are not even aware of their illness and socioeconomic conditions.

Public awareness plays a big role in carrying out breast cancer prevention programs. Healthcare providers and systems are expected to better understand the contribution of social support in designing or adapting interventions that seek to reduce healthcare disparities and improve cancer cures [6]. Monitoring and evaluation (monev) of the breast cancer prevention program is carried out to identify achievements and identify obstacles to implementing the program. In addition, in monitoring and evaluation activities, it is necessary to provide increased understanding to stakeholders, inform the public about the government program that is being carried out, find the root of the problem, and formulate a solution. Monitoring and evaluation of the implementation of breast cancer prevention programs need to be carried out in each region. Community health centers as the first line are expected to be able to carry out integrated evaluation monitoring. Screening for cancer should be followed by adequate treatment.

Breast cancer prevention programs require the integration of providers and healthcare systems. Social networks have an important role in providing access to information to the public. According to Gunn et al, social networks have a very significant impact on health promotion and enable millions of users to access the most important and

useful medical information quickly, easily, and concisely [6]. Sources of information with actors and their protagonists within the social network system are sometimes indiscriminate and inaccurate [6]. Access to information is very important in influencing the level of knowledge of breast cancer patients on breast cancer prevention.

This study aims to explore the barriers and opportunities of health workers in carrying out government programs in an effort to improve breast cancer prevention efforts.

2 Materials and Methods

This study was conducted in the working area of the Medan City Health department in 2022. This study used qualitative study with a *phenomenological approach*. Data analysis techniques using qualitative content analysis. Data collection using Focus Group Discussion. The sample is 11 health workers. The inclusion criteria for the sample of health workers are those who are responsible for the field of Non-Communicable Diseases who have implemented the program for at least 5 years working period.

The researcher first made an outline of the subject that would be conveyed to the informants in the form of an interview guide. Interview questions addressed to the subject are open-ended and do not lead directly to research questions. The process of collecting data through interviews was carried out using a voice recorder. Recording is done with the consent of the subject. The results of the interviews in the form of voice recordings were then converted into written form (transcripts).

The transcripts that have been made were analyzed using qualitative content analysis. Qualitative content analysis is done by classifying or filtering text or words into a number of categories that represent certain contents. The result of content analysis is a method to analyze the content of the text flexibly. The qualitative results of the content analysis can be used to evaluate the findings generated by the analysis itself.

3 Results and Discussion

This study used 11 informants who met the inclusion criteria. In detail, the demographic data of the informants is as shown in table 1.

Table 1. Informant Demographic Data

Informants	Gender	Age (years)	Education
P ₁	Female	46	Nurse
P ₂	Female	49	Nurse
P ₃	Female	46	Nurse
P ₄	Female	53	Nurse
P ₅	Female	42	Nurse
P ₆	Female	51	Nurse
P ₇	Female	31	Doctor
P ₈	Female	31	Doctor
P ₉	Female	32	Nurse
P ₁₀	Female	49	Nurse
P ₁₁	Female	49	Public health

The results of the analysis and verbatim transcripts found 3 themes and 11 categories. The details can be seen in table 2.

Table 2. Theme and Categorical

Theme	Categorical
Barriers to breast cancer prevention	<ol style="list-style-type: none"> 1. The role of the Village officials is not optimal 2. The role of health workers is not optimal 3. Knowledge of health cadres is not optimal 4. Pandemic Condition 5. People's view
Opportunities for women at risk to take steps to prevent breast cancer	<ol style="list-style-type: none"> 1. Increase self-awareness 2. Adopt a healthy lifestyle
Opportunities for government programs related to breast cancer prevention	<ol style="list-style-type: none"> 1. Maximizing Human resources 2. Maximizing facilities 3. Cross-sectoral collaboration 4. Setting role models

3.1 Barriers to breast cancer prevention

Breast cancer prevention programs have encountered several obstacles in recent years. Obstacles that occur include the role of village officials is not optimal, the role of health workers is not optimal, knowledge of health cadres is not optimal, pandemic conditions and community views.

The role of village officials in gathering the community is also not optimal. In addition, funds for breast cancer prevention activities are also still limited.

"..But if the cadres are like this, are we the ones who pay for it.. we don't get paid.. the cadres are given transportation money from the kelurahan.. routinely every month from the village fund program.. so we can't really oblige them.. we cooperate with them Yes, because what is the term for each other.. Yes, they have a desire to serve the community.. so we can't force the cadres too much..." P8

Actually, if we want to work together, we can actually encourage more if we can't run at the same time as IVA, because it's a bit difficult to gather people..." P1

Those in charge of the program (PTM, UKS, PKPR) try to work on their respective programs and it is difficult to coordinate because they have to meet the expected targets. Preventive activities should be picking up the ball instead of waiting for the ball, this is difficult to do with minimal human resource conditions. Communication from health workers who are not good also causes public misperceptions so that people are afraid to check themselves.

"...Cooperation across programs is constrained here, and funds don't focus on that (prevention of breast cancer)... P1

Time is also one of the barriers to breast cancer measures. Health workers have working hours in the morning to carry out activities, but women aged sub Most of the targeted ur are working. So that only housewives attend the activity, and even then after they do their household work.

Yes, if you're not a housewife, you don't have time, do you, for example, we are the ones who work in the private sector or who work where we work during working hours, they haven't come home from work yet... so she doesn't come and doesn't get the knowledge... P1

"...While we are running programs for the community itself..."

Have we discussed about cross-program collaboration to gather the community because our working hours collide with the time people work cannot attend. At least it's only housewives that we can collect the most and they can't be a lot right..." P2

Officers of the Community Health Center as a first-level health facility are the spearhead of the implementation of government programs in preventing breast cancer. This role cannot run smoothly, there must be barriers in the implementation of government programs. Health workers experience difficulties because cross-program and cross-sectoral collaboration has not been established. Among those in charge of non-communicable disease programs, school health efforts and health care services for adolescents are still focusing on their respective targets. In fact, if these programs go hand in hand, non-communicable disease officers can provide education about breast cancer prevention to young women who are still in junior high school and high school. If at the age of teenagers their self-awareness to take action to prevent breast cancer has been formed, it is expected that the prevalence of breast cancer will decrease. This is in line with Karayurt, Zmen and Etinkaya added that age, school level, knowledge about breast cancer, and knowledge about breast self-examination [7]. It is supported by Subramanian et al and Tuyen et al that although 80 percent of the population believe that breast self-examination helps in early detection, less than 50 percent of them practice regularly. Less than 2 percent of the population is aware of mammograms and treatment modalities [8]. On the other hand, respondents who received information on breast self-examination were much less likely to have a history of breast-related diseases than respondents who did not receive information on breast self-examination [9].

Health cadres who are the extension of the community health centers also do not understand about BSE, so not knowing that a lump in the breast is a sign of suspicion of malignancy. On the other hand, the ability of health cadres to invite other people to check up is also still minimal.

"... like yesterday there was this breast cancer survivor but died in the end.... That's our own cadre.. that was a mistake... yes he was the one who checked people, but he felt ashamed of himself, apparently he had breast cancer until it burst itself.. then had surgery and chemo... up to 3 years, he's a cadre but he doesn't has anyone ever said their complaint to us.." P8

Health cadres who are extensions of the Community Health Center officers are representatives of village officials in monitoring public health. However, the knowledge of health cadres is still not optimal. Lack of knowledge causes cadres to lack confidence in influencing and inviting the public to examine their own breasts or to check their breasts to health workers if abnormal lumps are found. The health cadres have not been able to change the public's view that talking about breasts is taboo and embarrassing. In addition, the public's perception that cancer is a deadly disease is still ingrained in the minds of the people so that this can influence the decision to seek medical treatment. This is in line with Tuyen et al which states that people believe that breast cancer is hereditary and have little knowledge about other risk factors. Most people do not realize that breast cancer can be cured if detected early [9].

The pandemic condition causes activities that should be carried out face-to-face cannot be carried out. Screening activities for school children are also carried out online through the google form, the results of which cannot be used in its entirety. In addition, to provide education and teach BSE to school children requires parental approval, so it takes a long time for the licensing process.

"When 2021 covid... so many people don't work. At least we don't run too much, especially for cancer, breast cancer is not too much, what we play is hypertension and DM. We don't even play for IVA.

"And during the pandemic, it has been 2 years that school has not been implemented. The activities for going to school are not running. The activities that have been running are screening... the current selection is through the google form. What is discussed there is TB, BB, the child's eyes don't have anything to do with cancer, right?" P6

The pandemic condition causes an abundance of information online. Information circulating on the internet cannot be confirmed. This is as stated by the participants as follows:

Even though he actually now has knowledge from anywhere, he can easily get it from the internet...but sometimes there are hoaxes...P9

The pandemic condition has exacerbated the existing obstacles. The limited number of face-to-face meetings has led to the proliferation of news or information on electronic media or the internet about breast cancer. The information presented on the internet is indeed easily accessible by the public, but the accuracy and truth are less reliable. According to several studies that have been done, sources of information to increase self-awareness of early detection of breast cancer are newspapers/magazines, lectures, and the internet [10]; information from television or radio [11], information from doctors and the media [12], and information from mothers [13].

The view of the community that until now considers that it is taboo and ashamed to talk about breasts is also an inhibiting factor for breast cancer prevention programs. In addition, people view cancer as a deadly disease and there is no cure.

If it's from the community, yes, they are ashamed, they are afraid... then they were ashamed, Mom... they said they were afraid that their disease would be discovered... P2

3.2 Opportunities for women at risk to take steps to prevent breast cancer

In this theme there are two sub-themes, namely increasing self-awareness and adopt a healthy lifestyle. The breast cancer prevention program that has been launched by the government targets women at risk of breast cancer, young women and health workers.

The health center tries to increase the self-awareness of women at risk of breast cancer by organizing a spring program that requires health cadres to bring CBE checks for 5 women at risk of breast cancer and education on healthy lifestyles in perwitan.

"...There is our innovation.. what is the name of it, yes.. five people a day IVA... MATAHARI BERSEMI... the name is..... one day in one kelurahan 5 people check IVA.... Will share later... The cadre who brought it to the health center.... For example, Monday, Kelurahan A, the cadres come and bring 5 people here to be examined by IVA and CBE..." P7

The community health centers in collaboration with schools organizes a screening program every new academic year for young women who have just entered the junior high and high school levels. The activities carried out are counseling about GERMAS and reproductive health carried out in schools.

"... Programs in schools too... should be diligent in providing counseling to the Posyandu, schools and Community health centers . That's what we do... What's that... it's fine.... which has little to do with cancer.. we used to do it once a month, right now, we go to school online..." P2

"...Previously, we from the community health centers had Kespro about counseling but nothing about cancer... it was only about counseling like that... secondary sex growth..." P5

Women at risk actually have the opportunity to do breast cancer prevention. Increase self-awareness to self-examine breasts or check breasts with health workers if they find abnormal lumps in the breasts, armpits and neck. Women at risk are expected to breastfeed their babies and use appropriate family planning and have regular check-ups. In addition, women are at risk in preventing breast cancer in the form of implementing healthy lifestyle behaviors by maintaining sports activities, eating healthy foods and high antioxidants, staying away from air pollution, controlling stress and staying motivated. This is in line with Suleiman added medical conditions, old age, lack of breastfeeding, heredity, late marriage, pregnancy in older women, use of bras, excessive breastfeeding, unmarried, and spirituality [4].

3.3 Opportunities Government programs related to breast cancer prevention

This theme has four sub-themes, namely maximizing human resources, maximizing facilities, cross-sectoral collaboration, and setting role models. The government strongly supports the program to reduce cancer rates in Indonesia. The government provides health insurance in the form of BPJS which covers non-communicable diseases including breast cancer. In addition, the government has prepared health facilities in the form of government and private hospitals that accept BPJS facilities and are spread throughout the region.

Maximizing human resources can be one way of preventing breast cancer in women at risk of breast cancer. The health office provides and trains health workers on early detection of breast cancer through BSE and CBE measures, completing the POSBINDU history-taking format.

"...It's been COVID-19 for the past two years, but recently we received training at Swiss Bell with the official program about breast cancer and uterine cancer. We've been bringing patients for examination since the twelfth month ago..." P4

For government programs that are carried out for breast cancer prevention, drugs at the Community health centers are only limited to primary and secondary prevention, we don't treat them with tertiary therapy. Yes, if the primary is education.... education or counseling... We have been educated at this women's meeting on perwiritan..." P7

"...Actually, we have to continue to socialize.. Then the human resources.. The human resources. If the public is kept informed, they will surely realize it.. they can't come to their senses immediately.. the problem is to inform them that we can't reach them, we can't, we don't have time.. even if we can, at best once a month can down the field.. like this we have 11 urban villages... how do we want to be divided.... We have to go down to POSBINDU for elderly and integrated service post for toddler again... we serve here.. P7

In addition to human resources at community health centers, it is also important to equip middle and high school teachers about breast cancer prevention. Because the teacher is a resource that is in direct contact with young women at school and students tend to trust the teacher's advice more.

"..Yes.. later teach... so that teachers can be trained and counseling is good because when students are sick, they complain to their friends and teachers, not to their parents." P5

The government needs to maximize the existing extension facilities and needs to upgrade the extension media to be more attractive. Health workers expect free

mammography to screen for early detection of breast cancer. Health workers will try to add some question items for the POSBINDU format and the screening format.

"I think providing counseling media, running texts, counseling to schools, because if you realize the IVA it can be for ages 30 to 50 years..." P1

"..Suggestion.. whatever.. mammography is.. if it can be free.... To the government... " P9

"..that's just how it is.. how do you get them to know more, especially the information media.... Actually the media is complete.... Yes.. I got it at a training or seminar... I never got it on TV, never heard about BSE and CBE, if they find a lump in the breast how should they check it..." P8

"...It is also advisable to provide health posters at UKS, in BP Room only posters about how to motivate students. There are no posters about breast cancer or breast self-examination..." P5

That means that in the Posbindu form, you can add a family history of cancer, yes, so that it becomes our accreditation innovation as well. It is also possible to make such a discourse in Posbindu. In UKS, it could be made like that in the selection form. It could be an innovation to improve the quality of accreditation... Yes.. it will be called e-Posbindu, e-UKS.. It will definitely be supported by the P3 Government

For the smooth operation of the breast cancer prevention program, it is necessary to cooperate with several related parties, such as village governments, religious leaders, and schools.

"So for breast prevention later, we seem to be able to make a strategy to approach village officials and religious leaders so they can gather mass..." P11

"Cooperation with the 11 schools and mothers in the village during the Posyandu, yes, mothers who come to the Posyandu for toddlers..." P1

"...At the fifth table, there is always education about a healthy lifestyle as well as CBE and IVA examinations for women at risk of breast cancer, in the format there are also..." P8

The government has the opportunity to prevent breast cancer by maximizing human resources, facilities and cross-sectoral collaboration. The obstacles that arise are the basis for the government to formulate and plan the implementation of health programs. The government program in guaranteeing cancer treatment therapy with BPJS is very helpful for the community. However, it would be even better if the screening for early detection of clinical breast cancer could be maximized, such as mammography as part of the BPJS guarantee. This is in line with Dahiya et al who stated that 48 percent had knowledge that mammography was needed in early detection of breast cancer, so there was a need for awareness among adult women about risk factors and methods for early detection of breast cancer. The government as the highest policy holder is expected to be able to establish a policy that the responsibility for preventing breast cancer is not only the main task of health workers but is the duty and responsibility of village officials as a community group [14].

In addition to the lack of coordination between the people in charge of the community health center program, the role of village officials is considered not optimal. This shows that cross-sectoral cooperation has not been well established. The village as the owner of the community is expected to be able to gather the community for education about breast cancer prevention. However, the role of village officials has not been optimal due to differences in the achievement targets of the village program and the community health center program. Village officials give priority to building the village physically and economically. So sometimes they ignore public health, assuming that health is the full responsibility of the Community Health Center officers as a first-level health facility [15].

The government also needs to consider establishing survivors as role models or ambassadors for breast cancer prevention.

If I say it, it seems like millennials now have to be related to new artists, they are interested in knowing information.. like yesterday there was a Caucasian artist who had an auto immune disease.. well.. the artist has auto-immune disease...then people find out what is auto immunity... even though there are many artists who have had breast cancer... what they want can be made into "agents".. how do you make it not like that... he's a successful survivor right? just received treatment.. because he cares.. he is diligent in exercising and he cares about his body changes so he feels the need to seek help from health workers to go abroad for surgery.. P8

In addition, using breast cancer survivors as ambassadors for breast cancer prevention is very important for the government. People will change their mindset if they get direct experience from breast cancer survivors not from health workers who in fact only deliver education based on theory and not personal experience. This is in line with Karthijekan and Karunakaran that women who perform breast self-examination and clinical breast examination are those who have family members with breast cancer [10].

4 Conclusion

Opportunities to prevent breast cancer require cooperation from various parties. The Medan City Health Department needs to cooperate with the Medan city government to conduct education in an effort to increase self-awareness of women at risk for early detection of breast cancer. Early detection of breast cancer prevention program can be done with breast self-examination and clinical breast examination. In addition, women at risk need to maintain a healthy lifestyle to minimize breast cancer risk factors.

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