Relationship History of Laktasi with CA Mamme Cavense in the Village Hospital of Kediri District

Linda Andri Mustofa\textsuperscript{a,1,*}, Riski Riya Dhita Puspita Kusuma\textsuperscript{a,2}

\textsuperscript{a} Institute of Health Sciences of Karya Husada, Soekarno Hatta Street Nr. 7, Pare, Kediri, East Java, Indonesia, 64225
\textsuperscript{1} brivianflorentis@gmail.com\textsuperscript{*}; \textsuperscript{2} erlin.sari@gmail.com

* Corresponding author

ABSTRACT

Carsinoma Mamme is interfered on the growth of mammae abnormal cell. In 2012 breast cancer was the biggest cause of cancer deaths, but in 2016 breast cancer was number five the greatest cancer deaths, with 371,000 deaths. The objective is to determine the correlation history of lactation with ca mammae incident.

Type of analytic research with research design study retrospective with case-control approach. Independent variable is history of lactation while independent variable is Ca Mammae. Sampling technique used simple random sampling. The study was conducted on July 20 – 22nd, 2017 using medical record instrument in General Hospital of Kediri Regency. Population was 233 people, while sample size was 91. The sample consist of case group (Ca Mammae) of 39 respondents and control group(Non Ca Mammae) of 52 respondents.

The research result in the case group almost half of respondents have not lactation history (37,4%) that was 34 respondents and in control group almost half respondent have lactation history (49,5%) that was 45 responden. \(\rho\) value 0,000 < 0,05 means H0 rejected. So there is correlation history of lactation with Ca Mammae incident with moderate level of correlation (\(C = 0,59\)).

Breast feeding is one way to reduce risk of occurrence Ca Mamme, women who breastfeed are at risk smaller than women who do not breastfeed cause with breastfeding exposure to estrogen can be reduced which is one cause Ca Mamme.

I. INTRODUCTION

Carsinoma Mammæ is a disorder in the growth of normal mammary cells where abnormal cells arise from normal cells, multiply and infiltrate lymph tissue and blood vessels (Nurarif, 2015). Cancer is one of the leading causes of death worldwide. In 2012, about 8.2 million deaths are caused by cancer. Breast cancer is the biggest cause of death from cancer every year (KemenkesRI, 2015).

According to WHO, cancer is the leading cause of death worldwide, accounting for about 8.8 million deaths by 2015. This is caused by some cancers such as lung cancer as much as 1.69 million deaths, liver cancer as much as 778,000 deaths, colorectal cancer 774,000 deaths, stomach cancer 754,000 deaths and breast cancer as many as 571,000 deaths (WHO, 2016).

In Indonesia, new cases of breast cancer become the highest death cases with a rate of 21.5 percent in every 100,000 women. The concern is that 70 percent of cases of new breast cancer patients come to health facilities at an advanced stage. Breast cancer cases are estimated to increase from 54,833 in 2014 to 71,022 in 2035 (Samodro, 2016).

In East Java the number of breast cancer patients declined to 3,600 women compared to 2010 which reached 5,000 women. Although cervical cancer the number of people most widely nationally,
but in East Java breast cancer is ranked first. Breast cancer patients as many as 3600 women were recorded undergoing inpatient and outpatient. While cervical cancer patients recorded 2,800 women who underwent inpatient and outpatient (Widuri, 2016).

Table 1.4. Data Trend Ca Mammae Event Number in Kediri District Hospital

<table>
<thead>
<tr>
<th>Year</th>
<th>Ca Mammae</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>271</td>
</tr>
<tr>
<td>2013</td>
<td>318</td>
</tr>
<tr>
<td>2014</td>
<td>165</td>
</tr>
<tr>
<td>2015</td>
<td>60</td>
</tr>
<tr>
<td>2016</td>
<td>62</td>
</tr>
</tbody>
</table>

Source: Medical Record Kediri District Hospital 2016

Based on Table 1.4 it can be seen that from 2013 to 2016 there was a decrease in incidence of Ca Mammae from 318 cases in 2013 to 62 cases in 2016. This is because the Kediri District Hospital has not been able to serve the patients for chemotherapy while the Ca Mammae patients are mostly at an advanced stage, so Ca Mammae in referrals to advanced health facilities and the likelihood of survival of Ca patients at an advanced stage is minimal this results in many Ca patients who die each year.

Women who have breastfed, at the time of menopause, are at risk Ca Mammae lower. Low risk is found in women who have breastfed for more than 3 months at a young age (less than 20 years). Women who gave birth to children but never breastfed, were at risk 0.54 times affected Ca Mammae compared to women who first breastfeed their babies more than 3 months at the age of less than 20 years.

Risk Ca Mammae can be reduced in women who have breastfed. This is due to ovulation disorders and changes in secretion of the pituitary and ovarian hormones during breastfeeding. Direct physical changes in milk producing milk may also provide protection. The rate of DNA synthesis during breastfeeding decreases so that resistance to chemicals that can cause cancer (chemical carcinogen) increases (Maryunani, 2012).

Women have sex hormones estrogen that affects the female sexual organs including the breast. Estrogen is the main ingredient of Ca Mammae formers. Hormonal changes occur during the breastfeeding process which causes fewer menstrual cycles and reduced estrogen exposure. The environment of carcinogens that are stored in fat, making the breasts become inefficient when breastfeeding. Breastfeeding can cause changes in breast cells that make them more resistant to p cancer cell-associated mutations (Maryunani, 2012).

In developed countries chances are someone survives from Ca Mammae increasing slowly now reaching 85% due to improvements in screening and treatment. But on the other side, the survival abilities of Ca Mammae in developing countries is only about 50-60% (WCR, 2008). In the study found a practical way of prevention of cancer, breastfeeding is an important factor that can be considered. The risk of Ca Mammae attack can be lowered by encouraging women to breastfeed their newborn for at least 3 months (Maryunani, 2012).

Therefore, risk factors for breast cancer have an important role of the disease. One of them breastfeeding factors with the incidence of breast cancer is very important to be studied. The author is interested in researching the "Relationship of Lactation History with Genesis Ca Mammae in Midwife Room Kediri District Hospital 2016."
II. METHODS OF RESEARCH

The design of this research is analytic correlation with case-control approach. In this study there are independent variables "Lactation History" and dependent variables "Ca Mammae". The population in this study were all mothers treated in midwifery room who have history of gynecology Kediri District Hospital Year 2016. Samples were taken using simple random sampling technique of 91 respondents consisting of 39 case groups and 52 control groups. Data were analyzed using Chi-Square test.

III. RESEARCH RESULT

1. General data

Diagram 4.1: Characteristics of case and control group respondents by age Menarche in the midwifery room of Kediri District Hospital in 2016 (n = 91).

Based on the diagram 4.1 shows that from the case group of 39 respondents almost all respondents experienced Menarche age in the age range 9-16 years that is equal to 35 respondents (89.7%) and in the control group of 52 respondents almost all respondents experienced Menarche age in age range 9-16 year that is equal to 51 respondents (98.1%).

Diagram 4.2: Characteristics of case and control group based on education in midwife room of Kediri District Hospital in 2016 (n = 91).
Based on Diagram 4.2 it shows that case group of 39 respondents almost half of the respondents attended elementary education that is 17 respondents (43.6%) and control group from 52 respondents almost half of respondents junior high education that is 22 respondents (42.3%).

Diagram 4.3: Characteristics of case and control group respondents based on paritas in midwife room Kediri District Hospital 2016 (n = 91).

Based on the diagram 4.3 shows that the cases of 39 respondents almost all of the respondents with a paritas multipara that some 31 respondents (79.5%) and the control group of 52 respondents most respondents with parity multipara ie a total of 39 respondents (75%).

Diagram 4.4: Characteristics of respondents case and control based on work in midwife room Kediri District Hospital 2016 (n = 91).
Based on Diagram 4.4 it shows that in the case group of 39 respondents most of the respondents were not working i.e. 23 respondents (59%) and in the control group of 52 respondents most of respondents were not working yaitu 32 respondents (59.6%).

Diagram 4: Characteristics of case and control group respondents based on contraceptive history in midwifery room of Kediri District Hospital 2016 (n = 91).

Based on Diagram 4.5 shows that in case group of 39 respondents most respondents use hormonal contraception that is equal to 22 respondents (56.4%) and control group from 52 respondents most respondent use hormonal contraception that is equal to 27 respondent (51.9%).

2. Custom Data

Table 1: Characteristics of case and control group respondents based on lactation history of midwifery room of Kediri District Hospital 2016 (n = 91).
<table>
<thead>
<tr>
<th>R iwayat Lactation</th>
<th>Ca Mammae incident</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (Case)</td>
<td>No (Control)</td>
</tr>
<tr>
<td>Lactation</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>12.8%</td>
<td>86.5%</td>
</tr>
<tr>
<td>No Lactation</td>
<td>34</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>87.2%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

Based on table 1 it can be seen that the case group of 39 respondents almost all respondents have a history of not lactation that is equal to 34 respondents (87.2%) and in the control group of 52 respondents almost all respondents with lactation history that is 45 respondents (86.5%).

Table 2: Distribution of Frequency of Occurrence of Ca Mammae Respondent at District Hospital of Kediri Year 2016.

<table>
<thead>
<tr>
<th>No</th>
<th>Ca Mammae</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
<td>52</td>
<td>57.1%</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>39</td>
<td>42.9%</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td>91</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on the data table 4.2 it can be seen that from 91 respondents, most of the respondents (57.1%) ie 52 respondents No Ca Mammae occurred.

Table 3: Results of cross-tabulation and Chi-Square analysis between Lactation History and Ca Mammae Occurrence in Midwife Room Kediri District Hospital 2016.

<table>
<thead>
<tr>
<th>No</th>
<th>Lactation History</th>
<th>Ca Mammae</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>No Lactation</td>
<td>34</td>
<td>37.4</td>
</tr>
<tr>
<td>2</td>
<td>Lactation</td>
<td>5</td>
<td>5.5</td>
</tr>
<tr>
<td>3</td>
<td>amount</td>
<td>39</td>
<td>42.9</td>
</tr>
</tbody>
</table>

Chi-Square Correlation Test = 48.922, sign 0.000

Based on Table 4.3 it is known that the respondents with Ca Mammae almost half of the respondents had a history of not lactation (37.4%) of 34 respondents and in the group of respondents with No Ca Mammae almost half of the respondents had a history of lactation (49.5%) of 45 respondents.

From the results of the test of statistics using Chi-Square test obtained p-value of 0.000 (α <0.05) which means H0 is rejected. It can be concluded that there is a history of lactation relationship with the incidence of Ca Mammae. From the value of Chi Square is obtained value of Contingency Coefficient (C) of 0.591, so it can be concluded ba hwa history of lactation with the incidence of Ca Mammae has a moderate relationship. While the value of ods ratio of 0.023 with Confidence Interval 95% (0.007-0.078), which means breastfeeding mothers (have a history of lactation) can prevent the occurrence of Ca Mammae 0.023 times greater than in mothers who are not breastfeeding.
IV. DISCUSSION

1. History of Lactation at Kediri District Hospital 2016.

A. Educational background

Based on research conducted, from 50 respondents who have a history of lactation, got results that almost half of the respondents as many as 21 respondents (42%) have a history of junior high school education. Sedangkan in 41 respondents with a history of lactation, almost half of the respondents as many as 16 respondents (39%) had a history of elementary education. According to Astutik (2014), maternal education affects the behaviors they have in giving ASI to their babies. The higher the mother's knowledge, the awareness of the importance of breastfeeding is also influential. However, based on facts and theories obtained gaps because based on the facts obtained by mothers who have higher education tend to work even though there are some who do not work this resulted in working mothers tend not to have a long time with their babies so they prefer to provide formula milk as a substitute for breast milk and at some time then health promotion on the importance of breastfeeding and breastfeeding mother's way of working is not as it is today so not many mothers know if breast milk can survive in a long time if stored in the right way and this unsupported environment also has an impact on maternal behavior plus the number of promotions of formula milk that suggest people.

B. Parity

Based on research conducted, from 50 respondents who have a history of lactation, showed that almost the respondents shed as much as 40 respondents (80%) had parity multiparas. Sedangkan in 41 respondents with a history of lactation, the majority of respondents as many as 30 respondents (73.2%) had parity multipara. According Sulistyowati (2009), i bu who gave birth to the second child and so have more milk production compared with the birth of the first child. Facts and theories do not get gaps. Nevertheless, it is also found that mothers with high parity do not breastfeed their babies this is caused by the influence of the number of ads of formula milk products that are more dominant than the promotion of breast milk and public figures that are emulated at that time are competing to provide the best brand formula so that people imitate the attitude the.

C. Work

Based on research conducted, from 50 respondents who have a history of lactation, obtained the result that almost half of the respondents as much as 31 respondents (62%) is not working. Sedangkan in 41 respondents with a history of lactation, the majority of respondents as many as 23 respondents (56.1%) is not working. According to Astutik (2014), maternal work may inhibit breastfeeding because the constraints of breastfeeding and expenditure will tend to decrease due to maternal stress. But work is not a major factor inhibiting breastfeeding because the mother's education also affects the mother's attitude. The higher the education of a person, the more broadly the insight is owned so that the mother is not easily affected by the surrounding environment. The results of this study found that although the mother is not working but the education is still low plus at that time the promotion of health about Exclusive breastfeeding has not been much developed as it is today so that the mother's attitude toward breastfeeding still tends to be careless compared now.

D. History of Contraception

Based on research conducted, from 50 respondents who have a history of lactation, it was found that almost half of the respondents as many as 25 respondents (50%) have a family history of hormonal. Sedangkan in 41 respondents with a history of not lactation, most of the respondents as many as 24 respondents (58.5%) have a history of KB Hormonal. According Astutik (2014), Breastfeeding...
mothers should avoid hormone-based hormone estrogen-based because it can reduce the amount of milk production. But based on facts and theories obtained gaps because there are various types of contraceptive methods and in hormonal KB not only use the hormone estrogen alone but also there is a hormone progesterone and the combination of it so that women with hormonal KB still can breastfeed during the KB used not to use estrogen. Like using contraceptive pill and combination of 3 months injections with hormone depot progestin.

2. Genesis Ca Mammae in RSUD Kabupaten Kediri year 2016

A. Age Menarche

Based on the diagram 4.1 d ari known that the respondent group 39 cases, showed that almost s Mangasi respondents as many as 35 respondents (89.7%) had a history of menarche ages 9 -16 years. Sedangkan in 51 respondents control group, almost se shed respondents as many as 16 respondents (89.7%) had a history of menarche ages 9- 16 years. According to Luwie (2013), women whose history offmenarche is slower in incidence are easier but early Menarche (under 12 years) includes a gap between fact and theory even though early Menarche age is one of the risk factors of Ca Mammæ but there are many other risk factors that support the occurrence Ca Mammæ is like a genetic and a history of breastfeeding. Based on the facts found from the study found that many respondents with normal menarcheage but Ca Mammæ exposed because they do not want to breastfeed their babies so that Ca Mammæ risk factor is greater.

B. Parity

Based on the diagram 4.3 d ari known that the respondent group 39 cases, showed that almost s Mangasi respondents as many as 31 respondents (79.5%) had parity multiparas. S edangkan in 51 respondents control group, most respondents as many as 39 respondents (75%) had parity multiparas. According to Wilensky and Lincoln (2008), women who do not have children (nullipara) have an incident risk 1.5 times higher than women with multiple children (multiparas). But based on the facts obtained, there is a gap between fact and theory because women with high parity also have a big risk of cancer if not willing to apply healthy lifestyle and breastfeeding his child. In addition, genetic factors also have a major effect on the occurrence of Ca Mammæ, maternal education also greatly affects the openness of attitudes toward health promotion given, so the awareness of mothers for health is much higher than mothers who have low education.

C. Work

Based on diagram 4.4 it is known that from 39 case case respondents, it is found that most of the respondents as many as 23 respondents (59%) are not working. S in 51 control group respondents, most respondents 31 respondents (59.6%) were not working. According to Hartati (2008), the majority of breast cancer patients are housewives (IRT), this is because most women are housewives who are generally obese in which increased risk of breast cancer occurs in women with obesity. According to William and Colditz (2005), the risk of obesity will increase because of the increase in estrogen synthesis in fat deposits that affect the proliferation of breast tissue. Facts and theories do not get gaps. But basically not all women who do not work have a risk Ca Mammæ occur if they want to apply a healthy lifestyle and not obese then the risk can be reduced. In addition, the type of work owned by respondents is very influential on Ca Mammæ treatment. Respondents who have more income jobs, will soon perform the best treatment and run the best hospital treatment with better quality healthcare guarantees. Respondents who have a job with moderate or moderate income, and tend to be low because of the desire to stay healthy will still perform treatment, but by running standard treatment.
D. History of Contraception

Based on Diagram 4.5 it is known that from 39 case case respondents, it was found that most respondents were 27 respondents (51.9%) had a history of hormonal contraception. In 51 respondent control group, most of the respondents as much 23 respondents (44.2%) have a history of hormonal contraception. According to William and Colditz (2005), Use of long hormonal contraceptives length can cause a carcinogenic environment in the mammary glands. The estrogen content in oral contraceptives will have an exaggerated proliferation effect on the breast epithelium ducts. Facts and theories do not get gaps. But in this case not all women who use hormonal birth control mengalam i Ca mammary just a few. Because although women use hormonal contraceptives but want to apply a healthy lifestyle and check their condition then the risk of cancer can be reduced.

3. Relationship History Lactation with Ca Mammae Event in Midwife Room Kediri District Hospital

Based on Chi - Square test to find out the correlation of lactation history with Ca Mammae occurrence got Chi Square value equal to 48.922 with p-value (significance value) 0.000 (<0.05) so that H0 is rejected and it can be concluded that there is relationship of lactation history with Ca Mamma incidence. From the value of Chi Square is obtained value of Contingency Coefficient (C) of 0.591, so it can be concluded that the history of lactation with the incidence of Ca Mammae have a moderate relationship. In this research, the value of odds ratio of 0.023 with Confidence Interval 95% (0.007-0.078) meaning that breastfeeding mother (having history of lactation) can prevent the occurrence of Ca Mammae 0.023 times bigger than mother not breastfeeding.

Based on Bugis research (2007) the results of this study are in line with the above statement because the results of the study states that the prevalence ratio value of 2.09 with a 95% confidence interval (1.634 - 2.675) indicating that the longer breastfeeding can reduce the risk of breast cancer. With increasing duration of childhood the exposure of estrogen to the breast decreases and becomes a protective factor against breast cancer risk.

From the results of research conducted got some gaps between facts and theories, among others: the history of lactation there are gaps such as education and history of contraception, whereas in Ca Mammae gap is found among menarche age, parity and number of children. This is due to other supporting factors that support the increasing incidence of Ca Mammae such as maternal education has an impact on the mindset and attitudes applied by mothers but in reality not always mothers with higher education have a broad knowledge because of the influence of the environment also have an impact on mother's behavior. In addition, the promotion of maternal health also has an impact on the mother's behavior to impose the right attitude. Due to the increasing number of health promotion that will be done will increase the public awareness of the importance of early detection of health.

V. CONCLUSION

1. Of the 39 respondents in the case group, almost all respondents as many as 34 respondents (82.9%) had a history of not lactation. While from 52 respondents from the control group, almost all respondents as much as 45 respondents (90%) have a history of lactation.

2. From 91 respondents, almost every single respondent was 39 respondents (42.9%) with Ca Mammae. While most of the respondents were 52 respondents (57.1%) with no Ca Mammae.

3. From the results of the test of statistics using Chi - Square test obtained p-value of 0.000 (α <0.05) which means H0 is rejected. The value of Contingency Coefficient (C) is 0.591, so it can be concluded that the history of lactation with Ca Mammae incidence has a moderate relationship. While the value of odds ratio of 0.023 with Confidence Interval 95% (0.007-0,
078) which means breastfeeding mothers (have a history of lactation) can prevent the occurrence of Ca Mammae 0.023 times greater than in mothers who are not breastfeeding.

VI. SUGGESTION

1. For the Hospital

It is desirable for the hospital to promote health promotion on the importance of breastfeeding to the baby so that every mother who gives birth to breastfeeding the baby because breastfeeding in addition to benefiting the baby also can prevent the risk factors of Ca Mammae as well as make efforts to prevent the occurrence of Ca Mammae one way breastfeeding the baby, taking care of the baby, and giving KIE about the importance of breastfeeding.

2. For Health Workers

With this research is expected for health workers to be more active in the promotion of Exclusive breastfeeding that will affect the increasing number of mothers who want to breastfeed their babies so as to reduce Ca Mammae patients in women and improve the quality of life of women.

3. For Research Sites

From the results of this study is expected to improve the quality of service and counseling to patients to know that breastfeeding the baby in the long term can reduce the risk of Ca Mammae so that the incidence of Ca Mammae can be reduced.

4. For Educational Institutions

This research is expected to be an input as well as add khasanah knowledge in the field of obstetrics, and improve the quality of health services in the community, and can be input for further research development

VII. BIBLIOGRAPHY


