INTISARI

Latar Belakang: Deteksi dini kanker payudara melalui Pemeriksaan Payudara Sendiri (SADARI) merupakan metode yang sederhana dan mudah dilakukan, terutama pada wilayah dengan keterbatasan akses skrining seperti mamografi. Namun, praktik SADARI di Indonesia masih rendah dan dipengaruhi oleh berbagai determinan sosial kesehatan seperti pendidikan, akses informasi, dan akses pelayanan kesehatan.

Tujuan: Penelitian ini bertujuan untuk mengetahui hubungan antara faktor determinan kesehatan yang meliputi tempat tinggal, tingkat pendidikan, jaminan kesehatan, jarak dengan fasilitas kesehatan, akses internet, aktivitas fisik, riwayat penyakit kronis, serta riwayat orang tua menderita kanker terhadap praktik SADARI pada masyarakat Indonesia berdasarkan data survei IFLS-5.

Metode: Penelitian ini menggunakan desain cross-sectional dengan data sekunder dari Indonesian Family Life Survey gelombang ke-5 (IFLS-5) tahun 2014–2015. Subjek penelitian adalah perempuan yang memenuhi kriteria inklusi dengan total 1.093 responden. Variabel dependen adalah praktik SADARI (ya/tidak). Analisis bivariat dilakukan menggunakan uji Chi-square, dan analisis multivariat menggunakan regresi logistik untuk memperoleh Prevalence Odds Ratio (POR) dengan 95% Confidence Interval (CI).

Hasil: Sebagian besar responden tidak melakukan SADARI (79,41%). Hasil analisis menunjukkan bahwa tempat tinggal (p=0,041), tingkat pendidikan (p<0,001), jaminan kesehatan (p=0,033), dan akses internet (p<0,05) berhubungan signifikan dengan praktik SADARI. Responden dengan pendidikan lanjut memiliki peluang 4,47 kali lebih besar melakukan SADARI dibandingkan pendidikan dasar (OR=4,47; 95% CI: 3,127–6,399).

Kesimpulan: Tingkat pendidikan dan akses internet merupakan faktor yang paling dominan memengaruhi praktik SADARI berdasar analisis multivariat.

Kata kunci: Kanker payudara, SADARI, determinan sosial kesehatan, IFLS-5, deteksi dini

ABSTRACT

Background: Breast cancer early detection through Breast Self-Examination (BSE) is a simple and accessible method, particularly in areas with limited access to screening modalities such as mammography. However, the practice of BSE in Indonesia remains low and is influenced by various social determinants of health, including education level, access to information, and access to healthcare services.

Objective: This study aimed to determine the association between social determinants of health—including place of residence, education level, health insurance ownership, distance to healthcare facilities, internet access, physical activity, history of chronic disease, and parental history of cancer—and the practice of BSE among Indonesian women based on IFLS-5 survey data.

Methods: This study employed a cross-sectional design using secondary data from the fifth wave of the Indonesian Family Life Survey (IFLS-5) conducted in 2014–2015. The study included 1,093 eligible female respondents. The dependent variable was BSE practice (yes/no). Bivariate analysis was performed using the Chi-square test, and multivariate analysis was conducted using logistic regression to obtain Prevalence Odds Ratios (POR) with 95% Confidence Intervals (CI).

Results: The majority of respondents did not perform BSE (79.41%). The analysis showed that place of residence ($p=0.041$), education level ($p<0.001$), health insurance ownership ($p=0.033$), and internet access ($p<0.05$) were significantly associated with BSE practice. Respondents with higher education had 4.47 times greater odds of performing BSE compared to those with basic education (OR=4.47; 95% CI: 3.127–6.399).

Conclusion: Education level and internet access was the most dominant factor associated with BSE practice based on multivariate analysis. Efforts to improve health literacy, expand access to information, and strengthen healthcare systems are essential to enhance early breast cancer detection practices nationwide.

Keywords: Breast cancer, breast self-examination, social determinants of health, IFLS-5, early detection