



FACTORS INFLUENCING THE BEHAVIORAL INTENTION TO PERFORM BREAST SELF-EXAMINATION IN YOUNG INDONESIAN ADOLESCENTS

Nur Hafizhah¹, Tanjung Anitasari Indah Kusumaningrum^{2*}

^{1,2}Program Studi Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Surakarta, Sukoharjo, Central Java, Indonesia

*Correspondence Author: tanjung.anitasari@ums.ac.id

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ABSTRACT

In Indonesia, breast cancer has the highest incidence among all cancer types. The high prevalence of breast cancer cases in adult women. Breast Self-Examination (BSE) is a crucial method for early breast cancer detection. This research aimed to determine the factors that influence the intention of young women aged 15-20 years to carry out BSE behavior in the Penumping Surakarta Health Center Work Area. This research used a *cross-sectional* approach. The research was carried out in March – April 2024. The sampling technique used quota sampling on 140 young women aged 15-20. Data analysis used the Chi-square test and multiple logistic regression test. The research results showed that there was a relationship between attitude (*p-value* = 0.001), subjective norms (*p-value* = 0.001), and perceived behavioral control (*p-value* = 0.002) to carry out BSE behavior. Attitude was a higher predictor factor in young women's intention to do BSE (*p-value* = 0.022; OR = 6.1; 95% CI (1.3-28.9). Attitude and perceived behavioral control significantly influence young women's intention to engage in BSE. Young women with a positive attitude towards BSE are 6.1 times more likely to perform BSE compared to young women who have a negative attitude. We recommend health workers at the Penumping Community Health Center implement health promotion to enhance positive attitudes toward BSE among young women.

Keywords: breast self-examination, intention, young women

Introduction

Cancer is the leading cause of death worldwide. Although cancer is classified as a non-communicable disease, its incidence continues to increase each year. In 2020, there were 19.3 million new cancer cases globally, with 10.0 million cancer-related deaths.¹ The global incidence of breast cancer in 2022 reached 2.29 million new cases.² In Indonesia, breast cancer was the most prevalent type of cancer among women in 2022, accounting for 66,271 cases (30.1%) of the 220,266 total new cancer cases.³ In 2018, breast cancer cases in Central Java reached 19,100 cases.⁴

The Surakarta City Government implements breast cancer control efforts through the health department and health centers to conduct early detection of breast cancer by Breast Self-Examination (BSE) or Clinical Breast Examination (CBE). According to data from the Surakarta City Health Service in 2023, as many as 3,102 women of childbearing age (35.7%) performed CBE from 30-50 years. Among them, six women (0.19%) were found to have tumors or lumps in their breasts. The factors behind young women's reluctance to BSE are awareness of breast examination remains low, women feel they are healthy, so they do not do the examination, and there is a feeling of embarrassment to be examined.⁵

Based on patient visit data from 2023, among the 17 health centers in Surakarta, three recorded the highest prevalence of breast cancer cases: Penumping Health Center (0.25%), Pajang Health Center (0.22%), and Manahan Health Center (0.19%). The health center with the highest prevalence of breast cancer cases in Surakarta, among patients aged 32–66 years, was Penumping Health Center. The prevalence of breast cancer cases at Penumping Health Center increased compared to the previous year, rising from 0.15% in 2022 to 0.25% in 2023.⁵ Now, a few young women suffer from breast tumors; if the condition is not detected from the beginning, it can potentially become cancer.⁶

Over time, young women undergo rapid social changes, transitioning from traditional to modern society. These changes influence norms, values, and lifestyles, which can become risk factors for breast cancer in young women. Additionally, a lack of awareness about adopting healthy behaviors contributes to this risk. Unhealthy habits such as alcohol consumption, poor dietary choices, and lack of physical activity further increase susceptibility. Adopting a healthy lifestyle plays a crucial role in reducing the risk of cancer at a young age.⁷ Breast cancer can affect adult women and young women. Not even a few young women have tumors in their breasts.⁸ In 2024, The National Cancer Institute data found new cases of breast cancer in young women to young adults (15-39 years) amounted to 13%.⁹ Lack of awareness about the importance of early detection of breast cancer causes breast cancer cases to increase at a young age. Early detection plays a crucial role in improving the prognosis of breast cancer malignancies. Breast self-examination,

clinical breast examination, and mammography are the most effective breast cancer early detection methods to reduce breast cancer mortality.¹⁰

Breast Self-Examination (BSE) is an early detection method that can be practiced and learned by young women who have experienced puberty. Many breast cancer patients fail to recognize the early symptoms of breast cancer, leading them to seek medical attention only when the disease has already progressed to an advanced stage status.¹¹ BSE is recommended for young women starting at age 15, as the peak incidence of breast cancer in young women occurs between 15 and 39 years. The relative risk of developing breast cancer increases with age.¹² BSE can also be performed immediately when physical changes such as breast growth and tissue are fully formed. BSE is also the right choice for early detection of breast cancer, and prevention can be initiated immediately after breast growth and breast tissue is formed as a sign of puberty.¹⁰

Several factors influence BSE behavior in young women, including age, BMI (Body Mass Index), history, disease, family support, sources of information, knowledge, and attitudes.¹³⁻¹⁵ Previous studies have used HBM to analyze factors related to BSE in students, and the results showed that perceptions of vulnerability and benefits were associated with BSE.¹⁶ Other researchers have also examined that a person performs BSE behavior because she has good knowledge.¹⁷ Other studies have used the theory of reasoned action (TRA), which states that a person intends to do something if the subjective norm is good.¹⁸ Their attitude is also good towards BSE until they intend to do behavior.¹⁹ Previous research has mostly used HBM and TRA. This study applies the Theory of Planned Behavior, a comprehensive model for predicting behavioral intentions. Additional aspects are seen in this study using the TPB theory, namely perceived behavioral control. Young women who know how to perform BSE can improve their health and lower their risk of developing breast cancer in the future. Numerous studies have shown that the intention to perform BSE remains low due to complex factors influencing the intention to perform BSE.²⁰ The objective study is to analyze the determinant factors (attitudes, subjective norm, and perceived behavioral control) that most dominantly affect young women to perform Breast Self-Examination (BSE).

Methods

This research employed an analytic observational study with a *cross-sectional* approach. This research was conducted from March to April 2024, in the Penumping Surakarta Health Center Work Area, which includes Penumping Village, Bumi Village, and Sriwedari Village. The population in this study aged 15-20 years in the Penumping Surakarta Health Center Working Area (204 people), and the number of samples used in the research was 140 young women. The inclusion criteria in this study were unmarried young women, and the exclusion criteria were young women who had not menstruated and had breast cancer. The sampling technique used *quota*

sampling with the number of samples in each village, namely 37 people (Penumping Village), 58 people (Bumi Village), and 45 people (Sriwedari Village). Quota sampling is a sampling method with non-probability which is carried out by creating a certain quota for a unit in sampling, then selecting a sample that matches the quota.²¹ The independent variables were attitudes (young women's view on BSE behavior), subjective norms (young women's views on the beliefs and opinions of others regarding BSE behavior), and perceptions of behavior control (belief or strengths of behavior control of young women regarding the presence or absence of supporting and inhibiting factor for performing BSE). The dependent variable is BSE behavior intention (the desire of young women to do BSE). The intention was categorized into yes and no. Yes if young women answer that they intend to do BSE regularly every month with the right steps and no if young women do not intend to perform BSE every month with the right steps. Attitudes toward BSE were categorized as positive if the total score was ≥ 75 ; and negative if the total score was < 75 , subjective norms were categorized as high if the total score was ≥ 62 ; and low if the total score was < 62 , and perception behavioral control was divided into strong if the total score was ≥ 58 , and less strong if the total score was < 58 . Attitude categorization was based on the mean value because the data was normally distributed, while subjective norms and perceived behavioral control used the median because the data was not normally distributed.

Data collection was conducted offline, with primary data sources taken and questionnaires tested for validity and reliability. The Validity test was conducted on 30 young women in Pajang Village, one of the Pajang Health Center Working Areas. Data validity was carried out using Pearson Product Moment and reliability was measured by Cronbach alpha. The Cronbach alpha value on the attitude questionnaire was 0.842, subjective norms (0.826), and perceived behavioral control (0.972). The attitude, subjective norm, and perceived behavioral control questionnaire instruments used a Likert scale, each consisting of 23 attitude questions, 20 subjective norm questions, and 21 perception behavioral control questions. At the same time, the intention questionnaire with a Guttman scale consists of 2 answer choices: yes and no. The data analysis performed was univariate, bivariate analysis, and multivariate analysis. This study used bivariate analysis with the *Chi-square* test and multivariate analysis with the multiple logistic regression test. The significance level was 5%, with a 95% confidence level, and a 2-tailed test. This study met ethical feasibility with the certificate issued by the Health Research Ethics Committee of the Faculty of Health Sciences, Universitas Muhammadiyah Surakarta Number 281/KEPK-FIK/IV/2024.

Results

The results of the characteristics of the respondents in Table 1 show that the majority of respondents are in their late teens (57.1%); the last education was mostly at the Senior high school

level (62.1%); most are not working (95%); most live in Bumi Village (41.4%); most have received information about BSE (85.7%); most have received BSE information from Social Media (56.4%); and most have received BSE information content about BSE steps (45.7%).

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Age		
15-17 years	60	42.9
18-20 years	80	57.1
\bar{X} (average)		17.94
Minimum age – Maximum age		15-20
Median		18
Standard Deviation		1.661
Last Education		
Elementary School	9	6.4
Junior High School	44	31.4
Senior High School	87	62.1
Work		
Not yet working	133	95
Work	7	5
Ward		
Penumping	37	26.4
Bumi	58	41.4
Sriwedari	45	32.1
A Family member suffers from breast cancer		
Yes	20	14.3
None	120	85.7
Get information about BSE		
Yes	120	85.7
Never	20	14.3
Information Sources about BSE (n=120)		
Family	8	5.7
Friends	5	3.6
Health Workers	24	17.1
Social Media (Instagram)	79	56.4
Other	4	2.9
Information Content about BSE (n=120)		
Breast Cancer	22	15.7
Meaning of BSE	19	13.6
BSE Benefits	15	10.7
BSE Steps	64	45.7

Table 2 shows that most young women have a negative attitude towards BSE (54.3%). Young women also have low subjective norms (52.1%) and perceptions of behavioral control that are less strong in generating behavior (50.7%).

Tabel 1. Frequency Distribution of Independent Variables

Variable	Frequency (n)	Percentage (%)
Attitude		
Positive	64	45.7
Negative	76	54.3
Subjective Norms		
High	67	47.9
Low	73	52.1
Perception Behavioral Control		
Strong	69	49.3
Less strong	71	50.7
Total	140	100

In Table 3, the frequency distribution of young women’s intention to do it is known that most young women have done BSE (55%). Most of the time young women who have done BSE were 1 month to 5 months ago (38.6%), most young women who have done BSE do not practice it regularly (100%); most young women intend to do BSE regularly (85.7%); most young women intend to do BSE regularly for the next 1 month (57.9%); some young women reasoned not to do BSE regularly because they were busy (7.1%); most of the young women have a strong level of strength to do BSE (57.9%).

Table 3. Frequency Distribution Based on BSE Behavior

Question	Frequency (n)	Percentage (%)
Ever done BSE		
Yes	77	55
No	63	45
Time practicing BSE (n = 77)		
1 month – 5 months ago	54	38.6
6 months – 1 year ago	19	13.6
>1 years ago	4	2.9
Routinely perform BSE (n = 77)		
Routine	0	0
Not Routine	77	100
Intention to do BSE regularly		
Yes	120	85.7
No	20	14.3
Time to perform for those who intend to perform BSE regularly (n=120)		
1 month ahead	81	57.9
2 months ahead	26	18.6
3 months ahead	13	9.3
Reason for doing BSE regularly (n=20)		
Busyness	10	7.1
Lazy	2	1.4
Other	8	5.7
Level of strength of intention to perform BSE regularly		
Strong	81	57.9
Less strong	59	42.1

In Table 4, the results showed that the attitude variable obtained a p-value = 0.001 (<0.05) so it can be concluded that there is a relationship between attitude and the intention to do BSE routinely in young women in the Penumping Surakarta Health Center Work Area. The subjective norm variable obtained *p-value* = 0.001 (<0.05) so it can be concluded that there is a relationship between subjective norm and the intention to perform BSE routinely in young women in the Penumping Surakarta Health Center Work Area. The variable of perceived behavioral control obtained *p-value* = 0.002 (<0.05) so it can be concluded that there is a relationship between perceived behavioral control to do BSE routinely in young women in the Penumping Surakarta Health Center Work Area.

Tabel 2. Bivariate Analysis Results

Variable	Intention to do BSE regularly				Total		OR (CI 95%)	P-value
	Yes		No		(n)	(%)		
	(n)	(%)	(n)	(%)				
Attitude								
Positive	62	96.9	2	3.1	64	100	9.6 (2.1 – 43.2)	0.001
Negative	58	76.3	18	23.7	76	100		
Subjective Norm								
High	65	97	2	3	67	100	10.6 (2.3 – 47.8)	0.001
Low	55	75.3	18	24.7	73	100		
Perceived Behavioral Control								
Strong	66	95.7	3	4.3	69	100	6.9 (1.9 – 24.8)	0.002
Less Strong	54	76.1	17	23.9	71	100		

Table 5 shows the results of the multivariate analysis indicating that attitude influences the intention to perform BSE behavior. Young women with a positive attitude had 6.1 times higher intention to perform BSE than young women with a negative attitude (OR = 6.1, 95% CI = 1.3-28.9; *p-value* = 0.022). There were also influences of perceived behavioral control on young women’s intention to perform BSE. Young women with strong perceived behavioral control had a 4.1 times greater intention to perform BSE behavior than those with less strong perceived behavioral control (OR = 4.1; 95% CI = 1.1-15.8; *p-value* = 0.035). Among the studied variables, attitude was the strongest predictor of BSE intention.

Tabel 3. Multivariate Analysis

Variables	Coefficient	p	Crude OR	Adjusted OR	CI 95%
Attitude	1.816	0.022	9.6	6.1	(1.3 – 28.9)
Perceived Behavioral Control	1.433	0.035	6.9	4.1	(1.1 – 15.8)

Discussion

The results of this study show that attitude is the strongest predictor of intention to do BSE. Several previous studies stated that there is a relationship between attitude and intention to do BSE in 80 female students in the early adult phase aged 18-23 years.¹⁹ The results of another study also concluded that there is an attitude relationship to screening for breast cancer, one of which is BSE in women aged 17-75 years in China because women in China believe that they can benefit from BSE with higher intention.²⁰

The result of this study indicates that young women with a positive attitude towards the intention to perform BSE have a high percentage (96.9%). This is because attitude is an individual factor that influences behavior and a person’s belief in the outcome of health-related behavior. The young women believe that taking precautions can be beneficial and protect them from disease, they will have a positive desire and attitude to perform BSE behaviors.²²

This study also showed that many respondents with negative attitudes did not intend to do BSE (23.7%). Young women think that BSE is more complex than clinical breast examination by health workers and believe that they feel embarrassed to do BSE. Lack of knowledge and

information about BSE can cause a person to have a negative attitude. This is supported by the theory that a confident attitude towards an object or behavior shows a person's knowledge.²³ This is because there is a relationship between young women's attitudes and exposure to information about breast cancer.^{24,25} To be able to change attitudes to be positive by convincing someone that breast self-examination activities are simple and can be done by all women because no special time is needed, it is enough to do it while bathing or while lying down, and there is no need to feel embarrassed to do it.²⁶

The results of this study showed that some young women have family members who suffer from breast cancer as many as 20 people (14.3%), and some young women get sources of information about BSE from family as many as 8 people (5.7%). Previous research suggests that family members are a source of information that influences breast cancer treatment decisions.²⁷ Family members can oversee the development of young women towards BSE. Some young women have high subjective norms if they have a family history of breast cancer.²⁸ Behavior change towards health actions depends on having a family history of breast cancer and family support because it encourages a woman to take BSE actions for early detection of breast cancer.²⁹

Another influential variable is perceived behavioral control. Young women who have a strong perception of behavioral control have a chance to intend BSE by 4.1 times compared to those with weak perceived behavioral control. This study states that behavioral control significantly impacts the intention to BSE.²⁰ In addition, there was an increase in the mean score of perceived behavioral control perceptions in the experimental group 6 months after the intervention on BSE.²² Perceived behavioral control is the main predictor in improving the previous theory, namely TRA (Theory of Reasoned Action). It produces a broader picture and can explain why young women do or do not do BSE.⁸

Based on the result of this study, most of the young women who have a strong perception of behavioral control tend to intend to do BSE regularly (95.7%). Young women with a strong perception of behavioral control think that if they get good results when doing BSE, they will continue to do it, and feel that if they cannot do BSE with the proper steps, they will learn. Previous research states that these conditions will make someone try to understand and believe they can achieve good results if they do BSE. In addition, perceived behavioral control is the perception of factors that make it easier or more difficult for individuals to perform behavior. Perceptions of behavioral control can change depending on certain conditions and the type of behavior to be carried out. For young women who have strong perceptions of behavioral control, the center of control is in the individual's belief that success in performing behavior depends on their efforts; it can be seen that if young women cannot perform the correct BSE steps, they will learn.³⁰

This study also shows that some young women have a perception of behavioral control that is less strong, so they do not intend to perform BSE behavior (2.9%). Young women who perceive

less strong behavior control assume that if they feel lazy, it will be more difficult for them to do BSE (69.3%). Based on previous research, it is stated that there is a sequential behavior adoption process within a person, namely *awareness, interest, evaluation, trial, and adoption*.³¹ Thus, young women do not have an interest in BSE behavior, so they do not reach the adoption stage, where they have a strong perception of BSE behavior control because they are too lazy to do it. Improving perceived behavioral control can be done by providing education and increasing knowledge. Education can be done through films and pictures as well as practicing BSE by skilled health workers, building relationships, and also attracting women to continue doing BSE.³²

Conclusion

Attitude is a dominant factor that influences young women to perform BSE routinely. The attitude of young women who have agreed to BSE needs to be supported by complete information about BSE so that young women can perform BSE routinely. For this reason, the Penumping Community Health Center is expected to be able to socialize and practice BSE among young women. Mothers are expected to provide information about the benefits of BSE and practical steps in performing BSE so that young women can understand and apply it routinely. Policy recommendations include implementing health promotion initiatives using media and strengthening the presence of peer counselors. It is hoped that it can strengthen positive attitudes and control young women's behavior towards BSE.

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