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Research Article

Relating Factors to Breast Self-Examination with the Health Belief Model Approach to Students of SMA Negeri 17 Makassar in 2019

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Abstract: Breast cancer is a cancer with the highest incidence in women with an incidence of 2,088,849 (11.6%) cases with a mortality rate of 626,679 (6.6%) deaths. The incident should be prevented by routine breast self-examination since women experience menarche. The purpose of this study is to analyze the factors associated with BSE practices with the health belief model approach in high school students 17 Makassar. This study is an observation with cross sectional analysis design. The sample in this study was 232 out of 402 female students in class X and XI who were randomly selected. Data were analyzed using chi square. The results of the analysis showed that the variables related to BSE practices were knowledge (p-vaue = 0.001) and gestures (p-vaue = 0.012). While the variables not related to BSE practices are perceived susceptibility (p-value = 0.117) and perceived severity (p-value = 0.498). It is expected that the school through the Youth Health Cadre or UKS in SMA 17 Makassar can apply counseling or routine programs for BSE to students.

Keywords: breast cancer, BSE, adolescents, perception, health belief model.

INTRODUCTION

Cancer is a disease caused by a single cell that grows abnormally and is out of control, so that it can become a malignant tumor that can destroy and damage healthy cells or tissues (Mulyani, 2013). In 2018, there are an estimated 18,078,957 new cases of cancer with 9,555,027 deaths where the highest incidence occurs in the Asian continent at 43.6% (WHO, 2019). Breast cancer is a cancer with the highest incidence in women, reaching 2,088,849 (11.6%) with a mortality rate reaching 626,679 (6.6%) (Siegel *et al.*, 2015; WHO, 2019).

In Indonesia, breast cancer ranks first with a relative frequency of. Based on data from Dharmais Hospital since 2010-2013, breast cancer is a disease with the highest number of cases reaching 819 cases and 217 deaths in 2013 (Dewi, 2017; Ministry of Health, Republic of Indonesia, 2015). In South Sulawesi Province, in 2017 there were 570 cases of breast cancer with 10 deaths. In 2018 it increased to 959 cases with 18 deaths with patient age ranging from 18 years to> 75 years where the most cases were found in Makassar City (Salmah *et al.*, 2014; Health Office of South Sulawesi Province, 2019).

At the beginning of development, breast cancer does not cause symptoms so that breast cancer sufferers are more diagnosed at an advanced stage thereby increasing the risk of death (Ng *et al.*, 2011; Rahmatya *et al.*, 2015). More than 68.6% of breast cancer sufferers are diagnosed at an advanced stage (Ria *et al.*, 2014). Therefore, early detection of the disease is highly recommended (Akhtari *et al.*, 2015). Early detection of breast cancer can accelerate the healing process, reduce the risk of death and improve quality of life (Didarloo *et al.*, 2017). One way that can be done is to routinely practice breast self-examination at least once a month after menstruation (Permenkes RI, 2015). BSE practice is a method that is very easy, fast and does not require money if practiced (Barton *et al.*, 1999; Apriliana *et al.*, 2017).

In Indonesia, the introduction of the BSE program has been carried out by the government since 2007 as a secondary preventive measure as an early

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detection to avoid fatal consequences arising from breast cancer (Wantini, 2016: Indar, 2017). However, even though the program has been planned for a long time, the practice in daily life is still low even though women's perceptions generally about breast cancer screening are positive (Domenighetti *et al.,* 2003). Ghazali *et al.,* (2013) said that women who had never had breast self-examination had 2.74 times the risk of developing breast cancer compared with those who had breast self-examination. To understand the factors that influence BSE practice can be done using the theory of health belief models.

Health belief model is a concept that can be used as a predictor to determine perceptions and health behaviors related to breast cancer prevention, namely BSE practice (VanDyke *et al.,* 2016; Puri *et al.,* 2016). This concept can provide an assessment of healthy actions to prevent breast cancer at the individual level with several variables including knowledge, perception of vulnerability (perceived susceptibility), perception of severity (perceived severity) and cues to action.

The purpose of this study was to analyze the factors associated with BSE practices in adolescents in SMA Negeri 17 Makassar, which is one of the superior high schools with a large number of students in Makassar.

METHODOLOGY

Research Design

This type of research is observational analytic with cross sectional design. This research was conducted in May 2019 at SMA Negeri 17 Makassar.

Population and Sample

The population in this study were all female students in grade ten and (X) and eleven (XI) in SMA 17 Makassar. A sample of 232 people were selected by stratified proportional random sampling who met the inclusion criteria that had experienced menarche and were willing to become research respondents by signing informed consent.

Data Collection

Data collection was carried out by distributing questionnaires which were carried out randomly in each class. Respondents selected as samples have already been drawn in accordance with the research criteria and are willing to become respondents by signing the consent form. Then conduct interviews using a list of questions (questionnaire).

Data Analysis

Analysis of the data used in this study is univariate analysis to describe the distribution and frequency of respondent characteristics. To see the relationship of each independent variable to the dependent variable, a bivariate analysis using Chi-Square (χ^2) and Fisher's exact was used if the assumption value of the chi-square requirement was not met, ie cells with expected values of less than 5 were more than 20%.

RESULTS

Table1. Frequency Distribution of Characteristics of Respondents in Students of SMA Negeri 17 Makassar in 2019

Variable	n	%
Class		
X	125	53.87
XI	107	46.13
Age (Year)		
15	55	23.7
16	132	56.9
17	43	18.5
18	2	0.9
Family Record		
No Record	214	91.8
Recorded	18	8.2
Tumor Record		
No record	226	97.4
Recorded	6	2.6

Table 1 shows that out of 232 respondents (100%), 125 respondents (53.87%) were class X students and 107 respondents (46.13%) were class XI students at SMA Negeri 17 Makassar. In the age variable it can be seen that 132 respondents (56.9%) are 16 years old while the number of respondents with the lowest proportion is at 18 years old which amounts to 2 people (0.9%). The family history variable shows that respondents who have a family history of suffering from breast cancer are 18 respondents (8.2%) while respondents who do not have a family history are 213 respondents (91.8%). Based on a history of breast tumors, respondents who had a history of breast tumors were 6 respondents (2.6%) while respondents who did not have a history of tumors were 226 respondents (97.6%).

Table2. Relationship of Knowledge with BSE Practices in Students of SMA Negeri 17 Makassar in 2019

Knowledge	BSE				Total		p
	Yes		No				
	n	%	n	%	n	%	
Enough	67	33.7	132	66.3	199	100	0.0
Less	1	3.0	32	97.0	33	100	01

Table 2 shows that out of 199 respondents (100%) who had sufficient knowledge about breast cancer and BSE practices, there were 67 respondents (33.7%) who had practiced BSE and 132 respondents (66.3%) had never practiced BSE. While the number of respondents who have less knowledge about breast cancer and BSE practices is 33 respondents (100%) with the proportion who have done BSE practice is 1 respondent (3.0%) and those who do not practice BSE are 32 respondents (97.0%). Statistical test results using the chi square test at a confidence level of 95% or α = 0.05 obtained p-value <α so that there is a significant

relationship of knowledge with BSE practice in high school students 17 Makassar.

Table3. . Relationship of Perceived Susceptibility with the practice of BSE in Students of SMA Negeri 17 Makassar in 2019

Perception on Vulnarability (*Perceived susceptibility*)	BSE				Total		p
	Yes		No				
	n	%	n	%	n	%	
Enough	16	41.0	23	59.0	39	100	0.117
Less	52	26.9	141	73.1	193	100	

Table 3 shows that out of 39 (100%) respondents who had perceived susceptibility there were 16 respondents (41.0%) who did BSE practices and 23 respondents (59.0%) who did not practice BSE. Whereas respondents with less perceived susceptibility but doing BSE practices were 52 respondents (26.9%) and 141 respondents (73.1%) had less perceived susceptibility and did not practice BSE. Analysis of the relationship between the dependent variable with the independent variable using the chi square test at a 95% confidence level obtained p-value> α is 0.117 so there is no relationship between perceived susceptibility with BSE practices in Makassar 17 high school students.

Table4. Relationship between Perceived Severity and BSE practice in Students of SMA Negeri 17 Makassar in 2019

Perception of severity (*Perceived severity*)	BSE				Total		p
	Yes		No				
	n	%	n	%	n	%	
Enough	54	28.1	138	71.9	192	100	0.498
Less	14	35.0	26	65.0	40	100	

Table 4 shows that the proportion of respondents who have sufficient perceived severity about breast cancer is 192 (100%) of respondents where 54 respondents (28.1%) practice BSE and 138 respondents (71.9%) do not practice BSE. While respondents with perceived severity were less about breast cancer, 40 respondents (100%) of which 14 respondents (35.0%) practiced BSE and 26 respondents (65.0%) did not practice BSE. This variable was tested using the chi square test at a confidence level of 95% or α = 0.05 obtained p-value = 0.557 so that there was no relationship between perceived severity and BSE practice in students of Makassar 17 Public High School.

Table 5. Relationship of Cues to action with BSE practices in Students of SMA Negeri 17 Makassar in 2019

Cues to action	BSE				Total		p
	Yes		No				
	n	%	n	%	n	%	
Enough	68	31.2	150	68.8	218	100	0.012
Less	0	0	14	100	14	100	

Table 5 shows that out of 218 respondents (100%) who had sufficient cues to action, 68 respondents (31.2%) practiced BSE and 150 respondents (68.8%) did not practice BSE. While the proportion of respondents who have cues to action is less and does not do BSE practice, that is 14 respondents (100%). This variable cannot be tested using chi square because more than 20% of cells have expected less than five. Therefore, the test used is Fisher's exact at a 95% confidence level or α = 0.05 obtained p value <0.05 so that there is a significant relationship between cues to action with BSE practice in Makassar 17 high school students.

DISCUSSION

In this research, it can be seen that there are several factors that are significantly related to BSE practices, namely knowledge and cues to action. Knowledge about health includes what someone knows about ways to maintain health (Notoatmodjo, 2010). In this study, knowledge was significantly (p = 0.001) related to the BSE practice of students of Makassar 17 Public High School. This means that the better respondents' knowledge about breast cancer and BSE practices will have a positive effect on BSE practices. This study is in line with research conducted by Lula *et al.*, (2018) that there is a significant relationship between knowledge and BSE practice of non-health faculty students at Jember University. Likewise, research conducted by Asmar *et al.*, (2018) on 317 women in Lebanon regarding early detection of breast cancer using BSE, SADANIS (clinixal breast checking) and mammography methods said that the level of knowledge was significantly related to the practice of early detection of breast cancer.

In contrast to the results of this study, a study conducted by Arafah *et al.*, (2017) said that there was no relationship of knowledge with the practice of BSE in housewives in the Sidotopo Village, Wetan Kenjeran District, Surabaya. Research conducted by Nurhayati (2013) also said that there was no correlation between breast cancer knowledge and breast self-examination at Tunas Harapan Bandar Lampung High School with a p-value of 0.865. Although direct health education about breast cancer and BSE practices have never been obtained by respondents during their education in high school, but the growing development of information media today both from print media, the internet and social media is one of the things that causes a person to easily receive information including health information which then has a positive impact on the level of knowledge.

Perceptions of vulnerability (perceived susceptibility), namely one's subjective beliefs about the possible risk of contracting the disease, the perceived possibility refers to the risk of someone suffering from a particular disease or adverse health effects (Nugrahani *et al.*, 2017). Theoretically, the greater the risk a person feels about an illness, the greater will be involved in healthy behavior to reduce these risks and realize optimal health (Priyoto, 2014: Indar, 2014). There are many factors that influence perceived anxiety towards the threat of disease, namely age, sex, education,

occupation, economic level, ethnic group, and religion), knowledge, experience, sources of information, and other backgrounds (Susanti, 2016). In this study, perceived susceptibility was not statistically related to BSE practice (p = 0.117). The results of this study are supported by research conducted by Amalia *et al.*, (2015) about differences in the perception of high school students about breast cancer and BSE behavior in Makassar City which states that there is no difference in perception of vulnerability between public and private high school students with a p value = 0.828. Research conducted by Abolfotouh *et al.*, (2015) on Saudi women says that perceived susceptibility is not related to BSE practices. However, research conducted by Aulia (2016) states that there is a significant relationship between the perception of susceptibility (perceived susceptibility) of individuals (p = 0.006) with early detection of cervical cancer IVA method in women of childbearing age at the Puskesmas Padang Pasir 2016. Research that conducted by Priscilla (2014) states that significantly perceived susceptibility (perceived susceptibility) is related to BSE practices in students of the Faculty of Public Health, Andalas University. The number of respondents who have low perceived susceptibility is influenced by several factors including the respondent feeling they are not at risk of suffering from breast cancer due to their young age, the respondents' healthy and energetic physical condition and their previous experience that breast cancer only affects them who are already mature or advanced.

Perception of severity (perceived severity) associated with individual beliefs / beliefs about the seriousness or severity of an illness both physically, economically, environmentally, relationships with others and even one's future. This perception is often based on medical information or knowledge, it can also come from a person's belief that he will get into trouble due to illness and will make or have an effect on his life in general (Priyoto, 2014). The results of this study indicate that there is no significant relationship between the perception of severity with BSE practice in Makassar 17 high school students with a value of p = 0.498. This study is in line with research conducted by VanDyke *et al.*, (2017) which states that there is no significant relationship between the perception of severity and the frequency of mammographic examinations in women of childbearing age. Another study that is also in line with this research is a study conducted by Shiryazdi *et al.*, (2014) which states that there is no significant correlation between perception of severity with BSE practices in women workers in Iran. Research conducted by Pratiwi (2018) is not in line with this study which states that there is a significant indirect effect between the perception of severity and the participation of women of childbearing age in IVA examinations in the Kertosari Puskesmas work area. Someone who has a good perception of severity about an illness is not always in line with behavior in his life. This can be influenced by environmental factors that are driving so that someone is motivated to adopt healthy behaviors (Priscilla, 2014). Environmental conditions are one of the factors that can directly influence human behavior.

Cues to action are events, people or things that move people to change their behavior. These cues to action can come from mass media information, advice from people around, personal or family experiences, articles or others (Priyoto, 2014). Research conducted between the cues variable acted by conducting BSE practices in 17 Makassar High School students can be concluded that there is a relationship between the cues to act with BSE practice efforts. That is, that the majority of subjects when having a gesture of good behavior will practice BSE. This study is in line with research conducted by Attamimy *et al.*, (2017) states that there is a significant relationship between the cues of action with behavioral prevention of dengue hemorrhagic fever. This study is also in line with research conducted by Pratiwi (2018) which states that there is a relationship between the cues of action with the participation of women of childbearing age in IVA examination in the Kertosari Community Health Center. However, this study is not in line with research conducted by Sari *et al.*, (2017) which states that the act cues do not significantly correlate with BSE practices in WUS in Pasar Rawa Village, Gebang District, Langkat District 2015. The cues of one's actions can originate from within or outside yourself. Internal factors such as intention to practice breast self-examination as a way to detect breast cancer early while external encouragement from family history of breast cancer, information and parents and print and electronic media and health education (Nugrahani *et al.*, 2017).

CONCLUSION

The results of this study indicate that the variables significantly related to BSE practices are knowledge and cues to action. While variables not related to BSE practices are perceived susceptibility and perceived severity. It is expected that the school through the Youth Health Cadre or the School Health Unit in SMA Negeri 17 Makassar routinely conducts awareness rising about BSE practices to students.

REFERENCES

1. Abolfotouh, M.A., Ala'a A.B., Mahfouz, A.A., Al-Assiri, M.H., Al-Juhani, A.F., & Alaskar A. S. (2015). Using the Health Belief Model To Predict Breast Self-Examination Among Saudi Women. BMC Public Health, 15(1), 1163.
2. Akhtari-Zavare, M., Muhamad, H.J., Irmi, A.M., Salmiah, M.S., & Latiffah, A.L. (2015). Health Beliefs and Breast Self-Examination among Undergraduate Female Students In Public Universities In Klang Valley, Malaysia. Asian Pac J Cancer Prev, 16(9), 4019-4023.
3. Amalia, R., Ummu Salmah, A., & Rahma. (2014). Perbedaan Persepsi Siswa Tentang Kanker

Payudara Dan Perilaku Sadari Di Kota Makassar. Bagian Biostatistik FKM UNHAS
4. Apriliyana, D., Agushybana, F., Mawarni, A., & Nugroho, D. (2017). Hubungan Persepsi, Paparan Media Informasi dan Dukungan Orang Tua Dengan Praktik Pemeriksaan Payudara Sendiri (Sadari) pada Remaja Putri Di SMA Negeri 3 Semarang Tahun 2017. Jurnal Kesehatan Masyarakat (e-Journal), 5(4), 207-214.
5. Asmar El, M., Bechnak, A., Fares, J., Al Oweini, D., Alrazim, A., El Achkar, A., & Tamim, H. (2018). Knowledge, Attitudes and Practices Regarding Breast Cancer amongst Lebanese Females in Beirut. Asian Pacific journal of cancer prevention: APJCP, 19(3), 625.
6. Attamimy, H.B., & Qomaruddin, M.B. (2017). Aplikasi Health Belief Model Pada Perilaku Pencegahan Demam Berdarah Dengue. Jurnal Promkes,5(2):245-255
7. Aulia, D. (2016). Health Beliefs Model (HBM) Perilaku Deteksi Dini Kanker Leher Rahim Metode Iva Pada Wanita Usia Subur Di Puskesmas Padang Pasir Tahun 2016. Fakultas Kesehatan Masyarakat Universitas Andalas. Skripsi
8. Barton, M.B., Harris, R.H., & Fletcher, S.W. (1999). Does This Patient Have Breast Cancer? The Screening Clinical Breast Examination: Should It Be Done? How? J. Am. Med. Assoc, 282(12):1270-1280
9. Didarloo A., Nabilou B. & Khalkhali H.R. (2017). Psychosocial Predictors of Breast Selfexamination Behavior among Female Students: An Application Of The Health Belief Model Using Logistic Regression. BMC Public Health, 17(1), 1-8.
10. Dinkes, P. S. S. (2019). Profil Kesehatan Provinsi Sulawesi Selatan Tahun 2019. Sulawesi Selatan: Dinas Kesehatan Provinsi Sulawesi Selatan
11. Dewi, M. (2017). Sebaran Kanker di Indonesia, Riset Kesehatan Dasar 2007. Indonesian Journal of Cancer, 11(1): 1-8.
12. Domenighetti, G., D'Avanzo, B., Egger, M., Berrino, F., Perneger, T., Mosconi, P., & Zwahlen, M. (2003). Women's Perception of the Benefits of Mammography Screening: Population-Based Survey In Four Countries. International Journal of Epidemiology, 32(5), 816-821.
13. Ghazali S.M., Othman Z., Cheong K.C., Lim K.H., Wan Mahiyuddin W.R., Kamaluddin M.A. & Mustafa A.N. (2013). Non Practice of Breast Self-Examination and Marital Status are Associated with Delayed Presentation with Breast Cancer. Asian Pacific Journal of Cancer Prevention, 14(2), 1141–1145.
14. Indar. (2014). Konsep Dan Perspektif Etika Dan Hukum Kesehatan Masyarakat. Pustaka Pelajar : Yogyakarta
15. Indar. (2017). Etikolegal Dalam Pelayanan Kesehatan. Pustaka Pelajar : Yogyakarta
16. Ministry of Health Republic of Indonesia. (2015). Infodatin Situasi Penyakit Kanker. Jakarta : Ministry of Health Republic of Indonesiakes
17. Lula Fifian., Wahjudi Pudjo. & Prasetyowati Irma. (2018). Determinan Praktik SADARI Pada Mahasiswi Fakultas Non Kesehatan Di Universitas Jember. Jurnal Kesehatan , 6(2), 68-75
18. Mulyani, N. (2013). Kanker Payudara dan PMS Pada Kehamilan. Yogyakarta, Nuha Medika.
19. Nugrahani, R.R., Budihastuti, U.R., & Pamungakasari, E.P. (2017). Health Belief Model on the Factors Associated with the Use of HPV Vaccine for the Prevention of Cervical Cancer among Women in Kediri, East Java. Journal of Epidemiology and Public Health, 2(1), 70-81
20. Nurhayati. (2013). Pengetahuan Kanker Payudara Dengan Memeriksa Payudara Sendiri (Sadari) Pada Siswi Sekolah Menengah Atas. Jurnal Keperawatan, 9 (1), 13-17
21. Notoatmojo, S. (2010). Metodologi penelitian kesehatan. Jakarta: Rineka Cipta.
22. Puri Y.E., Murti, B., & Dermatoto, A. (2016). Analysis of the Effect of Maternal Perception on Completeness of Child Immunization Status with Health Belief Model. Journal of Health Promotion and Behavior, 1(3), 211-222.
23. Pratiwi, K. N. (2018). Determinan Keikutsertaan Wanita Usia Subur Dalam Pemeriksaan Inspeksi Visual Asam Asetat (IVA) Untuk Deteksi Dini Kanker Serviks Dengan Health Belief Model (Hbm)(Studi Di Wilayah Kerja Puskesmas Kertosari) (Doctoral dissertation).
24. Priscilla, V. (2014). Persepsi Mahasiswi Tentang Kanker Payudara dan Perilakunya terhadap Pencegahan Kanker Payudara di Fakultas Keperawatan Universitas Andalas. NERS Jurnal Keperawatan, 10(1): 91-101.
25. Priyoto. (2014). Teori Sikap & Perilaku Dalam Kesehatan (Dilengkapi contoh kuesioner). Nuha Medika: Yogyakarta Permenkes RI No 34 Tahun 2015. Tentang Penanggulangan Kanker Payudara dan Kanker Leher Rahim. Jakarta: Kementrian Kesehatan
26. Rahmatya, A., Khaambri, D., & Mulyani, H. (2015). Hubungan Usia Dengan Gambaran Klinikopatologi Kanker Payudara Di Bagian Bedah RSUP Dr. M. Djamil Padang. Jurnal Kesehatan Andalas, 4(2): 478-484.
27. Ria, D.R.S. & Priscilla, V. (2014). Persepsi Mahasiswi Tentang Kanker Payudara dan Perilakunya terhadap Pencegahan Kanker Payudara di Fakultas Keperawatan Universitas Andalas. Ners Jurnal Keperawatan, 10(1), 94-101.
28. Salmah, A.U., Agustang, A., Idris, R., & Maidin, A. (2014). Phenomenological Study Of Breast Cancer Patient At Wahidin Sudirohusodo Hospital Makassar; Sicio-Cultural Transformation Perspective, International Journal Of Academic Research, 6(6), 91-95.

29. Sari R.J., Lutan, D., & Syarifah. (2017). Determinan Tindakan Sadari Sebagai Deteksi Dinikanker Payudara Pada Wanita Usia Subur (Wus) Di Desa Pasarrawa Kecamatan Gebang Kabupaten Langkat Tahun 2015. Jurnal Maternal Dan Neonatal, 12(12), 26-34
30. Siegel, R.L., Miller, K.D., & Jemal, A. (2015). Cancer statistics, 2015. CA: A Cancer Journal for Clinicians, 65(1), 5-29.
31. Shiryazdi, S.M., Kholasehzadeh, G., Neamatzadeh, H., & Kargar, S. (2014). Health beliefs and breast cancer screening behaviors among Iranian female health workers. Asian Pac J Cancer Prev, 15(22), 9817-22.
32. Susanti. (2016). Penerapan Health Belief Model Terhadap Keputusan Keluarga Untuk Melakukan Kunjungan Ke Puskesmas Dalam Penanganan Dini Dengue Haemorhagic Fever (DHF). Jurnal Ners LENTERA, 4(2):124-141
33. VanDyke, S.D., & Shell, M.D. (2017). Health Beliefs And Breast Cancer Screening In Rural Appalachia: An Evaluation Of The Health Belief Model. The Journal of Rural Health, 33(4): 350-360.
34. Wantini, N.A. (2016). Penyuluhan Deteksi Dini Kanker Payudara Dengan Periksa Payudara Sendiri (Sadari) Di Dusun Candirejo, Tegaltirto, Berbah, Sleman. Prosiding Seminar Nasional & Internasional.
35. WHO. (2019). Breast cancer: prevention and control. World Health Organization.