

FACTORS THAT INFLUENCE BREAST SELF-EXAMINATION BEHAVIOR (BSE) ON STUDENTS

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ABSTRACT

The highest incidence of cancer in women is breast cancer (22% of all new cancer cases in women in the world). One way to detect breast cancer early is to do a breast self-examination (BSE) regularly and correctly. The purpose of this study is to find out the factors that affect the behavior of students of the DIII Midwifery Study Program FIK Unipdu in carrying out BSE on a regular basis. The research method used is cross sectional. The population in the study was all students of the DIII Midwifery Study Program and the sample used was 34 students with sampling techniques using accidental sampling. The results showed that there was no relationship between age (p value 0.097), knowledge (p value 0.136), family history (p value 0.196), family support (p value 0.017) and information sources (p value 0.064) with students' BSE behavior. It is hoped that health workers or educational institutions will motivate students to do BSE regularly and correctly.

Keywords : Behavior, BSE, Student

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INTRODUCTION

Cancer is a non-communicable disease in which abnormal cells grow and develop very quickly and uncontrollably. This growth can interfere with the body's metabolic processes and spread between cells and body tissues (Susmini & Supriyadi, 2020). Breast cancer or Carcinoma Mammæ is a malignant tumor (abnormal lump) that grows in breast tissue. These tumors can grow in the mammary glands, glandular ducts, and breast support tissues (fatty tissue, as well as breast connective tissue). This tumor can also spread to other parts of the body. The spread is called metastases (Nurrohmah, et al., 2022).

The highest incidence of breast cancer is found at the age of 40-49 years, while for those under 35 years old, the incidence is only less than 5%. Breast cancer in men is rare and accounts for 1% of all breast cancer cases (Cardoso, et al. 2019; Nurrohmah, et al. 2022). The significant increase in breast cancer cases is due to changes in lifestyle.

(Momenimovahed & Salehiniya, 2019). Breast cancer is a scary disease for women, because breast cancer is often found at an advanced stage (Nurrohmah, et al. 2022). However, with early detection, the death rate from breast cancer has decreased in most countries in recent years (Cardoso, et al. 2019).

BSE is an attempt or manual breast self-examination carried out by women to detect breast cancer early (Marfianti, E., 2021). The goal of BSE is to determine if a woman has breast cancer. (Mardiana & Kurniasari, 2021). BSE is easy to do, but many women, especially young people, do not know this method, and there are still many teenagers who are less concerned about abnormal signs on the breast due to a lack of information and motivation to do BSE. Prevention and early detection of breast cancer is uncomfortable, so that a small percentage of women are not consistent in doing SAAWARE on a predetermined schedule. (Lestari & Wulansari Wulansari, 2019).

In Jombang Regency, in 2020 the number of women aged 30-50 years was 192,354 people, of which

1,046 women were examined for the cervix and breasts. Thus, the percentage of cervical cancer and breast cancer examination or early detection is 0.7%. From cervical and breast cancer examinations conducted on 1,406 women aged 30-50 years, the results were obtained that tumors/lumps amounted to 19 people (1.4%). It is necessary to increase the knowledge of all women of childbearing age about cancer and how to detect cancer early. WUS health is needed in an effort to improve human resources in Jombang Regency. (Health Profile of Jombang Regency, 2020).

Health students are students who pursue knowledge in the field of health and in general health students have good knowledge about health, including knowledge about BSE. This research was carried out by taking a location at the Faculty of Health Sciences, Unipdu Jombang by taking a sample of female students based on the class from the class of 2021 to the class of 2024. Students are expected to be able to apply the knowledge they have gained so that they can become a means of connecting with the community so that they can educate the public to conduct BSE examinations. However, currently students have not been able to apply the BSE examination in their daily lives, even though they have gained knowledge related to this. The low desire of students to conduct the BSE examination can be influenced by internal and external factors. Internal factors include age, knowledge, and family history of experiencing cancer. Meanwhile, external factors are sources of information and parental support. (Dewi, 2020; Lestari, 2021; Susanti, 2022).

METHOD

The design used in this study is cross sectional, where data collection is carried out at the same time (Nursalam, 2020). The population in this study is all students of the DIII Midwifery Study Program, FIK Unipdu. The sample was taken based on the accidental sampling technique, where the sample was selected based on chance (Sugiyono, 2018) which amounted to 34 students. Data collection is carried out directly (primary data). The data analysis used consisted of univariate analysis carried out on each variable from the research results, in this

analysis only using the distribution and percentage of each variable (Arikunto, 2016). In this study, all the characteristics of the respondents and the variables studied were age, knowledge, family disease history, parental support, and sources of information. The analysis used is a bivariate analysis, which is an analysis carried out on two variables that are suspected or correlated (Notoatmodjo, 2018). Looking at the relationship between age, knowledge, family disease history, parental support and sources of information on BSE's behavior. In this research, the Chi Square test was used, where the confidence level used by the researcher was 95% or a significance level of 5% with a significance level of $p < 0.05$ (Agresti, A., 2018).

RESULTS

Responder Characteristics

Table 4.1 Frequency Distribution by Age

Characteristic	f	%
19-20	10	29,4
21-22	24	70,6
Total	34	100

In table 4.1. The characteristics of respondents based on age showed that, of the 34 respondents, most were 21-22 years old (70.6%) and a small number were 19-20 years old (29.4%).

Table 4.2 Frequency Distribution based on Knowledge

Characteristic	f	%
Less	0	0
Enough	6	17,6
Good	28	82,4
Total	34	100

In table 4.2. The characteristics of respondents based on knowledge showed that, of the 34 respondents, most were well knowledgeable (82.4%) and a small part were sufficiently knowledgeable (17.6%).

Table 4.3 Frequency Distribution by Behavior

Characteristic	f	%
Not Routine	19	55,9
Routine	15	44,1
Total	34	100

In table 4.3. The characteristics of respondents based on behavior showed that, of the 34 respondents, most of them did not routinely do BSE (55.9%) and a small number routinely did BSE (44.1%).

Table 4.4 Frequency Distribution based on Family History

Characteristic	f	%
There is a history	1	3
None	33	97
Total	34	100

In table 4.4. The characteristics of respondents based on family history showed that, of the 34 respondents, most had no family history of breast cancer (97%) and a small number had a family history of breast cancer (3%).

Table 4.5 Frequency Distribution based on Family Support

Characteristic	f	%
Not Supported	16	47,1
Support	18	52,9
Total	34	100

In table 4.5. The characteristics of respondents based on family support showed that, out of 34 respondents, most families supported BSE behavior (52.9%) and a small number did not support BSE behavior (47.1%).

Table 4.6 Frequency Distribution by Source of Information

Characteristic	f	%
Little	4	11,8
Many	30	88,2
Total	34	100

In table 4.6. The characteristics of respondents based on information sources showed that, of the 34 respondents, most of them got a lot of information sources (88.2%) and a small part got little information (11.8%).

Table 4.7 Relationship between Age and BSE

Age	Behaviour	Total	p Value
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	Not Routine		Routine				
	F	%	f	%	f	%	
19-20	6	60	4	40	10	100	0.097
21-22	13	54	11	46	24	100	

Based on table 4.7, it can be seen that out of 10 respondents aged 19-20 years, there are 6 respondents (60%) who do not routinely conduct BSE examinations while 4 respondents (40%) routinely conduct BSE examinations. Of the 24 respondents aged 21-22 years, there were 13 respondents (54%) who did not routinely conduct BSE examinations while 11 respondents (46%) conducted BSE examinations. Based on the results of the Chi Square statistical test, there was no relationship between age and BSE behavior (P Value 0.097 > 0.05).

Table 4.8 The Relationship of Knowledge to BSE

Known ge	Behaviour				Total		<i>p Value</i>
	Not Routine		Routine				
	F	%	f	%	f	%	
Enough	5	84	1	16	6	100	0.136
Good	14	50	14	50	28	100	

Based on table 4.8, it can be seen that out of 6 respondents with sufficient knowledge, there are 5 respondents (84%) who do not routinely conduct BSE examinations while 1 respondent (16%) routinely conducts BSE examinations. Of the 28 respondents with good knowledge, there were 14 respondents (50%) who did not routinely conduct BSE examinations while 14 respondents (50%) conducted BSE examinations. Based on the results of the Chi Square statistical test, there was no relationship between knowledge and BSE behavior (P Value 0.136 > 0.05).

Table 4.9 Relationship of Family History to BSE Behavior

Family History	Behaviour				Total		<i>p Value</i>
	Not Routine		Routine				
	f	%	f	%	f	%	
None	18	55	15	45	33	100	0.196

There is a history	0	0	1	100	1	100
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Based on table 4.9, it can be seen that of the 33 respondents with a family history of not having breast cancer, there are 18 respondents (5%) who do not routinely conduct BSE examinations while 15 respondents (45%) routinely conduct BSE examinations. Out of 1 respondent with a family history of breast cancer, there was 1 respondent (100%) who routinely conducted a BSE examination. Based on the results of the Chi Square statistical test, there was no relationship between family history and BSE behavior (P Value $0.196 > 0.05$).

Table 4.10 The Relationship of Family Support to BSE Behavior

Family Support	Behaviour				Total		<i>p Value</i>
	Not Routine		Routine				
	f	%	f	%	f	%	
Not Supported	5	31	1	69	16	10	0.017
Support	14	78	4	22	18	10	
						0	

Based on table 4.10, it can be seen that of the 16 respondents with no family support, there are 5 respondents (31%) who do not routinely conduct BSE examinations while 11 respondents (69%) routinely conduct BSE examinations. Of the 18 respondents with family support, there were 14 respondents (78%) who did not routinely conduct BSE examinations while 4 respondents (22%) conducted BSE examinations. Based on the results of the Chi Square statistical test, there was no relationship between family history and BSE behavior (P Value $0.017 > 0.05$).

Table 4.11 Relationship of Information Sources to BSE Behavior

Resources	Behaviour				Total		p Value
	Not Routine		Routine				
	f	%	f	%	f	%	
Little	2	50	2	50	4	100	0.064
Many	17	57	13	43	30	100	

Based on table 4.11, it can be seen that out of 4 respondents with little information, there are 2

respondents (50%) who do not routinely conduct BSE checks while 2 respondents (50%) routinely conduct BSE checks. Of the 30 respondents with many sources of information, there were 17 respondents (57%) who did not routinely conduct BSE examinations while 13 respondents (43%) conducted BSE examinations. Based on the results of the Chi Square statistical test, there was no relationship between family history and BSE behavior (P Value $0.064 > 0.05$).

DISCUSSION

The Relationship of Age to Conscious Behavior

The results of the frequency distribution based on age, showed that most of the respondents were 21-22 years old (70.6%) while the age of the respondents was 19-20 years old (29.4%). Based on the results of the statistical test, it showed that there was no relationship between age and BSE behavior of students with a value of $p = 0.097$ ($p > 0.05$). Of the 10 respondents aged 19-20 years, there were 6 respondents (60%) who did not routinely conduct BSE examinations while 4 respondents (40%) routinely conducted BSE examinations. Of the 24 respondents aged 21-22 years, there were 13 respondents (54%) who did not routinely conduct BSE examinations while 11 respondents (46%) conducted BSE examinations.

Age has an important influence on the incidence of breast cancer because usually breast cancer occurs in adolescents or young women. In the stages of late adolescence to early adulthood, women experience several changes both physically and psychologically (Sari & Anissa, 2020). Physically, women will experience changes in the shape of their breasts that may enlarge. The existence of these physical changes will encourage a person to often pay attention to the changes that occur in the organ which allows a person to feel curious about the shape of their own breasts and then make them often try, see, or touch their own breasts (Karnawati & Suariyani, 2022).

The Relationship of Knowledge of Conscious Behavior

The results of the frequency distribution based on knowledge showed that most of the respondents' knowledge was in the good category (82.4%) while the moderate category (17.6%). The results of this

study show that most of the respondents have good knowledge about BSE. According to Baddeley (2015), it states that a person's knowledge is influenced by education, experience, memory, environment, critical thinking skills, technology media, motivation of interests, culture, mental and physical health. In addition, most of the students who have good knowledge because students have the same education, namely midwifery, so that as prospective midwives have been equipped with the knowledge and abilities of BSE obtained from the course. This means that most of the students' knowledge about BSE has been obtained through the sense of hearing (ears), the sense of sight (eyes), at the time of college. This means that behaviors based on knowledge will be more lasting than behaviors that are not based on knowledge (ACS, 2015). There are also students with sufficient knowledge about BSE. This is likely influenced by the student's memory in filling out the questionnaire. In accordance with Baddeley's theory (2015), that knowledge is greatly influenced by memory. Memory is a key component in the process of knowledge formation. When a person learns something new, the information is stored in memory, both in short-term and long-term memory. (Baddeley, et al., 2015).

Based on the results of the statistical test, it showed that there was no relationship between knowledge and the behavior of BSE students with a value of $p = 0.136$ ($p > 0.05$). Of the 6 respondents with sufficient knowledge, there were 5 respondents (84%) who did not routinely conduct BSE examinations while 1 respondent (16%) routinely conducted BSE examinations. Of the 28 respondents with good knowledge, there were 14 respondents (50%) who did not routinely conduct BSE examinations while 14 respondents (50%) conducted BSE examinations. This may be due to a lack of confidence, feeling that there are no complaints about the breasts, and even fear of finding abnormalities when doing BSE. In line with the research conducted by Gerungan (2017), there is no significant relationship between the level of knowledge and the behavior of BSE in students of the Faculty of Nursing Unklab. It can be concluded that female students who have knowledge about BSE do not necessarily do BSE regularly.

Supported by the research of Aladeen and Ganesan (2019), where the relationship between the level of knowledge and practice of BSE was found to be not statistically significant ($p = 0.606$; $p > 0.05$).

The Relationship of Family History to BSE Behavior

The results of the frequency distribution based on family history, showed that most of them had no family history of breast cancer (97%) while a small number had a family history of breast cancer (3%). This is because breast cancer is a disease that can be passed on genetically to the next generation in the family as mentioned by the Ministry of Health (2010) in the breast cancer management book. Based on the results of the statistical test, it showed that there was no relationship between family history and student BSE behavior with a value of $p = 0.196$ ($p > 0.05$). Of the 33 respondents with a family history of not having breast cancer, there were 18 respondents (5%) who did not routinely conduct BSE examinations while 15 respondents (45%) routinely conducted BSE examinations. Out of 1 respondent with a family history of breast cancer, there was 1 respondent (100%) who routinely conducted a BSE examination. These results show that the occurrence of a behavior is due to the awareness of the respondents themselves regarding the problem of malignancy that if they have a family history of experiencing malignant diseases such as cancer, it will increase the risk of developing breast cancer as well as for their offspring. In addition, this result is in accordance with the results of research conducted by Siboro, Rasyid, Syukaisih (2019) which revealed that there is a relationship between family history and the behavior of conducting a conscious examination in Pekanbaru. Pakpahan et al (2021) It is mentioned in his book that the determinants of behavior from internal factors are intelligence, emotional level, gender and so on, this shows that a person's intelligence obtained from knowledge can affect behavior. The lack of conscious behavior in these respondents even though they have a history of breast cancer in their family may be due to a lack of awareness, interest, evaluating, trial and adoption. As revealed by Adventus, Jaya and

Mahendra (2019) that before adopting a person will go through a sequential process as above, so that behavior can change. However, if this process does not occur, then behavior will also not occur.

The Relationship of Family Support to BSE Behavior

The results of the frequency distribution based on family support, showed that most families supported BSE behavior (52.9%) while a small number did not support BSE behavior (47.1%). The family, especially the mother, should be a place to exchange sensitive information such as breast cancer prevention and BSE but the results of the analysis show that the respondents' families do not provide more informational and emotional support (Sari, 2017). Family or parental support is interpreted as assistance provided by other family members so that it will provide physical and psychological comfort (Friedman, 2010).

Based on the results of the statistical test, it showed that there was no relationship between family support and the behavior of BSE students with a value of $p = 0.017$ ($p > 0.05$). Of the 18 respondents with family support, there were 14 respondents (78%) who did not routinely conduct BSE examinations while 4 respondents (22%) conducted BSE examinations. In line with research conducted by Setiawan & Putri (2017) which stated that there was no relationship between parental support and BSE behavior in students of the Public Health Study Program of the Muslim University of Indonesia ($P\text{-value} = 0.692$). Based on the results of the interview, respondents said that they did not do BSE even though it had been recommended by their parents because they were afraid and worried about the results obtained after doing BSE for example fear of finding lumps, pain and differences between the two breasts. In accordance with Bandura's theory (1995) in Angling (2018), BSE behavior is directly related to women's belief in doing BSE as well as the ability to control the fear of possible negative findings such as lumps and pain when doing BSE (Octavia, Diana Yeni, 2020).

The Relationship of Information Sources to BSE Behavior

The results of the frequency distribution based on information sources, showed that most of them got a lot of information sources (88.2%) while a small part got little information (11.8%). In the current era of globalization, it is very easy for students to find information on breast self-examination (BSE) through the internet, especially through cellphones used by students that have been equipped with various advanced features and applications to make it easier to find information. Through their mobile phones, it is easier for students to find information, both information in the form of pictures, discourses, or videos. Therefore, the information system is required to be complete, concise and orderly so as not to bother the users of the information (Jannah, 2015). Based on the results of the statistical test, it showed that there was no relationship between knowledge and the behavior of BSE students with a value of $p = 0.064$ ($p > 0.05$). Of the 30 respondents with many sources of information, there were 17 respondents (57%) who did not routinely conduct BSE examinations while 13 respondents (43%) conducted BSE examinations. In line with the research of Harnianti, et al. (2016), which stated that students have a source of information about breast self-examination (BSE) with a large category of 84.3% and a slight category of 15.7%.

CONCLUSION

Based on the results of statistical tests, it was found that there was no relationship between age, knowledge, family history, family support and sources of information on BSE's behavior. The results of this study also confirmed that although most of the respondents had knowledge, family history, family support and many sources of information about BSE, the respondents did not have a positive attitude and did not do BSE regularly, because there was no awareness of the impact of the condition caused by the late early detection of breast cancer. It is hoped that health workers or educational institutions will be closer and routinely provide counseling, education and motivation to students to do BSE regularly and correctly.

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