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ANALYSIS OF FACTORS RELATING TO BREAST SELF EXAMINATION BEHAVIOR IN ADOLESCENT WOMEN IN METRO CITIES

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ABSTRAK : ANALISIS FAKTOR YANG BERHUBUNGAN DENGAN PERILAKU PEMERIKSAAN PAYUDARA SENDIRI PADA REMAJA PUTRI DI KOTA METRO

Latar Belakang: Kanker payudara merupakan penyakit dimana sel-sel abnormal pada payudara tumbuh di luar kendali dan membentuk tumor dimulai di dalam lobulus penghasil susu di payudara. Kasus kanker payudara masih cukup besar tercatat pada tahun 2023 diduia sebesar 2,3 wanita terdiagnose kanker payudara.. Di Provinsi lampung ditahun yang sama sebesar 278 kasus dan di Kota Metro berdasarkan data Sadasin di Puskesmas Tejoagung terdapat 718 (44,3%) terdeteksi tomor/benjolah di payudara pada remaja putri. Salah satu upaya deteksi yang murah dan mudah dapat dilakukan remaja putri dengan melakukan Periksa Payudara Sendidi (SADARI).

Tujuan: untuk menganalisis faktor yang berhubungan dengan perilaku SADARI pada remaja putri di Wilayah Kerja UPTD Puskesmas Tejoagung Metro Timur.

Metode: penelitian ini merupakan penelitian kuantitatif dengan desain *Cross Sectional.* Populasi penelitian adalah semua remaja putri di berusia 15-19 tahun di Wilayah kerja UPTD Puskesmas Tejoagung berjumlah 1028 remaja putri. Berdasar perhitungan besar sampel diperoleh jumlah sampel sebanyak 97 responden menggunakan teknik pengambilan sampel *purposive random sampling.* Analisis menggunakan univariat dan bivariat dengan uji *Chi Square..*

Hasil: dari 97 responden sebanyak 28,9% tidak melakukan perilaku sadari, 27,8% usia menarhce <12 tahun, 44,3% mengalami obesitas, 45,4% memiliki pengetahuan kurang tentang sadari, 28,9% memiliki sikap tidak mendukung perilaku sadari, 59,9% tidak mendapatkan dukungan keluarga, 42,3% teman sebaya memiliki pengaruh negatif terhadap perilaku sadari, 26,8% tidak mendapat dukungan tenaga kesehatan, dan 46,2% akses internet/media sosial memiliki pengaruh negatif terhadap perilaku sadari. Hasil analisis uji statistik hubungan usia menarche dengan perilaku sadari diperoleh *p value* = 0,064, hubungan obesitas dengan perilaku sadari diperoleh *p value* = 0,022, hubungan pengetahuan dengan perilaku sadari diperoleh *p value* = 0,009, hubungan sikap dengan perilaku sadari diperoleh *p value* = 0,029, hubungan dukungan keluarga dengan perilaku sadari diperoleh *p value* = 0,030, hubungan pengaruh teman sebaya dengan perilaku sadari diperoleh *p value* = 0,010,.hubungan dukungan tenaga kesehatan dengan perilaku sadari diperoleh *p value* = 0,043 dan hubungan pengaruh akses internet dengan perilaku sadari diperoleh *p value* = 0,043.

Simpulan: Terdapat hubungan antara obesitas, pengetahuan, sikap, dukungan keluarga, dukungan teman sebaya, dan dukungan tenaga kesehatan. Sedangkan variabel usia menarhe dan pengaruh internet/media sosial tidak ada hubungan dengan Perilaku Sadari. Upaya edukasi secara kontineu dengan pendampingan oleh guru dan orang tua terhadap perilaku sehat. Pembinaan kesehatan remaja perlu terus dilakukan oleh tenaga kesehatan termasuk pemeriksaan sadari pada remaja putri secara terus menerus.

Kata kunci: Faktor, Perilaku Sadari, Remaja Putri

ABSTRACT

Background: *Breast cancer is a disease where abnormal cells in the breast grow out of control and form tumors starting in the milk-producing lobules of the breast. Breast cancer cases are still quite large, recorded in 2023 in the world, 2.3 women were diagnosed with breast cancer. In Lampung Province in the same year there were 278 cases and in Metro City, based on Sadasin data at the Tejoagung Community Health Center, there were 718 (44.3%) detected tumors/lumps in the breasts in young women. One of the cheap and easy detection efforts can be done by young women by doing a Joint Breast Examination (BSE).*

Methods: *to analyze factors related to BSE behavior in adolescent girls in the UPTD Working Area of the Tejoagung Metro East Health Center.*

Results: Of the 97 respondents, 28.9% did not carry out conscious behavior, 27.8% were <12 years of age at menarche, 44.3% were obese, 45.4% had less knowledge about conscious behavior, 28.9% had an attitude that did not support conscious behavior, 59.9% did not get family support, 42.3% peers had a negative influence on conscious behavior, 26.8% did not receive support from health workers, and 46.2% had access to the internet/social media. has a negative influence on conscious behavior. The results of the statistical test analysis of the relationship between menarche age and conscious behavior obtained p value = 0.064, the relationship between obesity and conscious behavior obtained p value = 0.022, the relationship between knowledge and conscious behavior obtained p value = 0.009, the relationship between attitude and conscious behavior obtained p value = 0.029, the relationship between family support and conscious behavior obtained p value = 0.030, the relationship between peer influence and conscious behavior obtained p value = 0.010, the relationship between support from health workers and conscious behavior obtained p value = 0.043 and the relationship between the influence of internet access and conscious behavior obtained p value = 0.043.

Conclusion: *The research results show that there is a relationship between obesity, knowledge about conscious behavior, attitudes towards conscious behavior, family support, peer support, and support from health workers. Meanwhile, the variables menstrual age and the influence of the internet/social media have no relationship with Awareness Behavior. Continuous educational efforts regarding healthy behavior and assistance by teachers and parents. Adolescent health development needs to continue to be carried out by health workers, including continuous self-examination of female adolescents.*

Kata kunci: *Factors, Conscious Behavior, Young Women*

INTRODUCTION

Breast cancer is a disease where abnormal cells in the breast grow uncontrollably and form tumors that start in the milk ducts or milk-producing lobules in the breast (Efriani, 2024) . According to the World Health Organization (WHO), in 2022 there will be 2.3 million women worldwide who will be diagnosed with breast cancer, with the number of deaths reaching 670,000 people (Organization, 2019) . Meanwhile, data from the Ministry of Health of the Republic of Indonesia shows that breast cancer is at the top as the type of cancer with the most cases in Indonesia, namely 68,858 new cases or around 16.6% of the total 396,914 new cancer cases. This data reflects the high prevalence of breast cancer in Indonesia. Every year, more than 22,000 people die from this disease (Statistik, 2022). The number of breast cancer cases in Lampung Province shows an increasing trend every year. In 2022 there were 159 cases recorded, while in 2023 it increased to 278 cases, or an increase of 119 cases compared to the previous year (Lampung, 2023) . Data in Metro City showed that 4 (0.6%) cases of breast tumors were detected. Based on Sadasin's data at the Tejoagung Community Health Center, there were 718 (44.3%) breast tumors/lumps detected in adolescent girls (Metro, 2023).

The cause of breast cancer is not yet known for certain. Several factors increase the risk of breast cancer in young women, namely increasing age, obesity, alcohol use, family history of breast cancer, history of exposure to radiation, reproductive history (such as age at menarche and age of first pregnancy), tobacco use and hormone therapy (Amelia, 2023) . One of the efforts made to detect the growth of breast cancer is by self-examination of the breasts (BSE), which is carried out from adolescence because early detection can reduce the death rate due to breast cancer by up to 20% (Sumiyati et al., 2023). Research by (Lindawati & Yunarsih, 2021) states that parental knowledge, attitudes and support show a correlation with BSE behavior. Research by (Masso-Calderón et al., 2018) states that controlling breast cancer can be done by having several factors in order to see the level of individual desire regarding the practice of breast self-examination.

These factors include predisposing factors which include knowledge, attitudes, cultural values, perceptions, individual characteristics (age, gender, education level and employment). Supporting or driving factors include Skills, Resources (Family Support, Close Friends Support and Social Support or Health Workers), Environment (Accessibility, Facilities and Information) (Jaya et al., 2025) . None of the studies above have discussed factors such as characteristics, age at menarche, family history, internet access, access to breast health services, environment, and peer influence as examined by this study (Arumsari et al., 2020) . This has never been studied before, making research interested in analyzing the factors that determine breast self-examination behavior (awareness) in young women (Devy et al., 2023) . The novelty of the research is by observing factors such as knowledge,

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attitudes, characteristics, age of menarche, family history, internet access, attitudes and peer influence.

RESEARCH METHODS

This research is a quantitative study with a cross sectional design to analyze the relationship between the variables age of menarche, obesity, knowledge, attitudes, family support, peer influence, support from health workers, and internet access with BSE behavior carried out by teenagers in the Tejoagung Public Health Center UPTD work area, Metro City. Sampling used a purposive random sampling technique, namely young women aged 15-19 years at SMAN.4 Metro City students and data analysis used the Chi Square test to see the relationship between the independent and dependent variables together.

RESEARCH RESULTS

Table 1
Distribution of Respondents Based on Research Variables

Research Variables	amount	%
Be aware of behavior:		
Not Doing Realize	27	27,8
Do Realize	70	72,2
Menarche Age:		
< 12 years	27	27,8
≥ 12 years	70	72,2
Obesity Status:		
Obesity	43	44,3
Not Obese	54	55,7
Knowledge About Realize:		
Not enough	44	45,4
Good	53	54,6
Attitudes Towards Conscius Behavior:		
Not Supportive/Negative	28	28,9
Supportive/Positive	69	71,1
Family Supporrt:		
Does no Support	58	59,8
Support	39	40,2
Peer Influence:		
Negative Influence	41	42,3
Positive Influence	56	57,7
Health Worker Support:		
Not Supportive/Negative	26	26,8
Supportive/Positive	71	73,2
Influence of internet/Sosmed Access:		
Negative influence	28	28,9
Positive influence	69	71,1

The research was carried out on young women in the Tejoagung Health Center UPTD Working Area, Metro City in October and November 2025, which has received ethical approval from the ethics commission of the Tanjungkarang Health Polytechnic with Number: 459/KEPK-TJK/VIII/2025 dated 19 August 2025. The results of the research and analysis of research data are as presented below.

Table 1 shows that of the 97 respondents, 27.8% (27 people) did not carry out conscious behavior, as many as 27.8% (27 people) were under age <12 years, as many as 44.3% (43 people) were obese, as many as 45.4% (44 people) had less knowledge about realizing, as many as 28.9% (28 people) had unsupportive attitudes, as many as 59.8% (58 people) did not get family support, as many as 42.3% (41 people) received negative influence from peers, as many as 26.8% (26 people) did not receive support from health workers, and as many as 28.9% (28 people) internet/social media access had a negative influence.

Based on table 2, it is known that of the 28 female teenagers who not carrying out breast self-examination behavior, there were 12 (44.4%) whose age at menarche was ≤ 12 years and the statistical test results obtained p value = 0.064 (alpha > 0.05) so Ho was accepted, meaning there was no relationship between age at menarche and conscious behavior.

Of 28 teenage girls who did not engage in conscious behavior, there were 18 (41.9) female teenagers who were obese and did not self-examine their breasts and the statistical test results obtained p value = 0.022 (alpha ≤0.05) so Ho was rejected, meaning that there was a relationship between obesity and conscious behavior. The results of the statistical test obtained OR=3.168, meaning that adolescent girls who are obese are 3.1 times more likely to not carry out conscious behavior compared to adolescents who are not obese.

Of 28 teenage girls who did not engage in conscious behavior, there were 19 (43.2%) young women who had less knowledge about breast self-examination and did not engage in breast self-examination behavior, and the statistical test results obtained p value = 0.009 (alpha ≤0.05) so Ho was rejected, meaning there was a relationship between knowledge and awareness behavior. The results of the analysis also obtained OR=3.716, meaning that young women who have poor knowledge about realizing are 3.7 times more likely not to carry out conscious behavior compared to young women who have good knowledge about realizing.

Table 2
Description of the degree of back pain in pregnant women in the third trimester before and after warm water foot soak therapy

Research variable	Be aware of behavior				OR (95% CI)	P value
	Not Doing Realize		Do Realize			
	n	%	n	%		
Menarche Age:						
< 12 years	12	44,4	15	21,7	2,700	0,064
≥ 12 years	16	22,9	54	78,3	(1,053-6,926)	
Obesity Status:						
Obesity	18	41,9	25	58,1	3,168	0,022
Not Obese	10	18,5	44	71,6	(1,268-7,915)	
Knowledge About Realize:						
Not enough	19	41,2	25	56,8	3,716	0,009
Good	9	17,0	44	83,0	(1,462-9,553)	
Attitudes Towards Conscius Behavior:						
Not Supportive/ Negative	13	46,4	15	53,6	3,120	0,029
Supportive/ Positive	15	21,7	54	78,3	(1,222-7,967)	
Family Supporrt:						
Does no Support	22	37,9	36	62,1	3,361	0,030
Support	6	15,4	33	84,6	(1,213-9,310)	
Peer Influence						
No influence	18	43,9	23	56,1	3,600	0,010
Influence	10	17,9	46	82,1	(1,433-8,042)	
Health Worker Support:						
Not Supportive/ Negative	12	46,2	14	53,8	2,946	0,043
Supportive/ Positive	16	23,5	55	77,5	(1,136-7,626)	
Influence of internet/Sosmed Access:						
Negative influence	12	46,2	16	57,1	2,484	0,091
Positive influence	16	23,5	53	76,8	(0,978-6,326)	

Of 28 teenage girls who did not engage in conscious behavior, there were 13 (46.4%) young women who had unsupportive/negative attitudes about breast self-examination and did not engage in breast self-examination behavior, had an unsupportive/negative attitude about being aware of not carrying out conscious behavior and the statistical test obtained p value=0.029 (alpha ≤0.05) so that Ho was rejected, meaning there was a relationship between attitude and conscious behavior. The results of the analysis also obtained OR=3.120, meaning that young women who have an unsupportive/negative attitude about awareness are 3.1 times more likely to not carry out awareness behavior compared to young women who have a supportive/positive attitude about awareness.

Of 28 teenage girls who did not engage in conscious behavior, there were 22 (37.9%) adolescent girls who did not receive family support regarding breast self-examination and did not engage in self-breast examination behavior and the statistical test obtained p value = 0.030 (alpha ≤0.05) so Ho was rejected, meaning that there was a relationship between family support and awareness behavior. The results of the analysis also obtained OR=3.361, meaning that young women who did not receive family support regarding awareness were 3.3 times more likely not to carry out awareness behavior compared to young women who had family support regarding awareness.

Of 28 teenage girls who did not engage in conscious behavior, there were 18 (43.9%) adolescent girls who had negative influences from their peers regarding self-examination of their breasts and did not engage in self-examination of their breasts and the statistical test results obtained p value=0.010 (alpha ≤0.05) so that Ho was rejected, meaning there was a relationship between peer influence and awareness behavior. The results of the analysis also obtained OR=3.600, meaning that young women who had negative influences from peers regarding awareness were 3.6 times more likely not to carry out awareness behavior

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compared to young women who had positive influences from peers regarding awareness.

Of 28 teenage girls who did not engage in conscious behavior, there were 12 (46.2%) teenage girls who stated that they did not receive support from health workers and did not carry out breast examination behavior themselves and the statistical test results obtained p value = 0.043 (alpha ≤0.05) so Ho was rejected, meaning that there was a relationship between support from health workers and conscious behavior. The results of the analysis also obtained OR=2.946, meaning that young women who did not receive support from health workers regarding awareness were 2.9 times more likely not to carry out awareness behavior compared to young women who received support from peer health workers regarding awareness.

Of 28 teenage girls who did not engage in conscious behavior, there are 12 (42.9%) teenage girls who have negative influences from the internet/social media who do not carry out self-breast examination behavior and the statistical test results obtained p value=0.091 (alpha ≤0.05) so Ho was rejected, meaning there was no relationship between the influence of the internet/social media and carry out self-breast examination behavior.

DISCUSSION

Breast Self-Examination Behavior in Adolescent Girls

The results of research conducted on 97 teenage girls in the Tejo Agung Community Health Center UPTD area showed that 28.9% (28 people) not carrying out breast self-examination behavior, while the remaining 71.1% (69 people) of teenage girls carried out conscious behavior.

Some literature explains that the main cause of breast cancer is due to the complex interaction of many factors such as genetics, environment, lifestyle, diet, all of which contain preservatives and hormonal means that the amount of the hormone estrogen in the body is too high. The developing breast tissue is very sensitive to estrogen, so women who are exposed to estrogen for a long time have a very high risk of developing breast cancer. Estrogen and progesterone will increase breast cell proliferation and inhibit apoptosis, resulting in mutations in genetic enzymes that regulate mRNA splicing, especially CYP17 and CYP19 in the breast gland. In addition, estrogen and progesterone stimulate the growth of breast cancer stem cells directly in the mammary gland ducts. Estrogen can increase fat accumulation in the body. Excessive fat storage causes increased estrogen synthesis resulting in greater estrogen exposure and proliferation of breast cells (Mardhiah & Anjani, 2019) . Estrogen exposure can be caused by using hormonal contraception which contains a combination of hormones, especially estrogen and progesterone (Mardhiah & Anjani, 2019b).

Interventions against cancer risk factors not only aim to reduce new cases of cancer, but also reduce the possibility of other diseases caused by these risk factors. Research by (Masso-Calderón et al., 2018) states that controlling breast cancer can be done by having several factors in order to see the level of individual desire regarding the practice of breast self-examination. Apart from clinical breast examination using mammography, self-directed breast examination (BSE) is a technique that can be done at home and carried out by all women, including young women, because early detection can reduce the death rate from breast cancer by up to 20% (Sumiyati et al., 2023).

Relationship between Age of Menarche and Breast Self-Examination Behavior in Adolescent Girls

Of the 97 respondents studied, 28 young women did not self-examine their breasts, 12 (44.4%) were at menarche < 12 years and 16 (22.9%) were at menarche ≥ 12 years. The statistical test results obtained p value = 0.064 (alpha > 0.05), meaning that there is no relationship between menarche age and self-examine their breasts.

The results of this research are lower than those found by (Sofa et al., 2023) in his research at the Bintang Kimaja Clinic, Bandar Lampung City, it was found that from 34 respondents whose age at menarche was < 12 years, 28 people (82.4%) suffered from breast cancer. Meanwhile, of the 43 respondents whose menarche age was ≥ 12 years, 25 people (58.1%) suffered from breast cancer. The statistical test results obtained a p value of 0.042, meaning there is a relationship between the age of menarche and breast cancer in women. (Saputri & Fransiska, 2024) in their research on Class.

In theory, menarche experienced by a woman is a sign that the woman has entered puberty and changes have occurred in the function of the reproductive organs. Menarche at a younger age means that the period of exposure to the hormone estrogen from the ovaries will last longer as the woman ages (Susanti & Sunarto, 2012). This condition also increases the risk of breast cancer, where continued exposure to estrogen can stimulate the proliferation of breast epithelial cells, which ultimately increases the chance of genetic

mutations that can trigger the development of cancer (Zuraidah, 2023).

Apart from that, consumption of high-fat foods will result in the accumulation of fat in adipose tissue which can result in increased leptin levels and accelerate early menarche. The more fat accumulation, the higher the levels of leptin secreted in the blood in the reproductive system, because leptin influences the metabolism of the gonadottripin releasing hormone (GnRH) nervous system. The release of the GnRH peptide will then influence the release of follicle stimulating hormone (FSH) and luteinizing hormone (LH) in stimulating the maturation of egg cells and the formation of estrogen (Makarim, 2019).

The Relationship between Obesity and Breast Self-Examination Behavior in Adolescent Girls

Of the 97 respondents studied, there were 28 young women who did not carry out breast self-examination behavior, 18 of whom were obese (41.9) and 16 (22.9%) of those aged ≥ 12 years. The statistical test results obtained p value = 0.064 (alpha > 0.05), meaning that there was no relationship between age at menarche and breast self-examination behavior and 10 (18.5%) were not obese. The statistical test results obtained p value=0.022 (alpha >0.05), meaning that there is a relationship between obesity and breast self-examination behavior. The results of the analysis also obtained OR=3.168, meaning that adolescent girls who were obese were 3.1 times more likely to not carry out breast self-examination behavior compared to adolescents who were not obese.

This research is almost the same as what (Khairunnissa & Wahyuningsih, 2018) found in their research that as many as 36.1% (39 people) of 108 respondents with abnormal BMI. Also obtained was a p-value = 0.005, meaning there was a relationship between BMI and Breast Self-Examination behavior.

Individuals who are overweight and obese are often associated with an increased risk of contracting breast cancer. This is related to increased estrogen synthesis in fat deposits which influences the process of breast tissue proliferation. Fat tissue is the main site for the production of endogenous estrogen. Therefore, women who weigh more than a high Body Mass Index (BMI) have high estrogen levels. Obesity is also associated with low amounts of Sex Hormone Binding Globulin (SHBG), which plays a role in increasing the amount of estradiol. An increase in fat tissue is in line with inflammation in the body which can increase the risk of DNA damage and result in abnormal cell growth, one of which is cancer cells (Makarim, 2019).

The Relationship between Knowledge and Breast Self-Examination Behavior in Adolescent Girls.

Of the 97 respondents studied, there were 28 young women who did not self-examine their breasts, 44 (45.4%) had less knowledge about self-examining their breasts. The statistical test results obtained p value=0.009 (alpha ≤0.05), meaning there is a relationship between knowledge and breast self-examination behavior. The results of the analysis also obtained OR=3.716, meaning that young women who have poor knowledge about breast self-examination are 3.7 times more likely not to carry out breast self-examination behavior compared to young women who have good knowledge about self-breast examination.

This research is almost the same as that carried out by Saputri, MS. Dwi & Fransiska, Precelia (2024) Prabumulih City found that 32.7& (18) of the 37 respondents had insufficient knowledge about breast self-examination. The statistical test results obtained p-value = 0.000, meaning there is a significant relationship between knowledge and breast self-examination. A similar thing was found by Triyanti, Dempi z (2024), research at Palembang University from 91 respondents as many as 46.2% (42) of people had low knowledge about breast self-examination. The results of the analysis obtained p-value = 0.000, meaning there is a significant relationship between knowledge and breast self-examination.

This is in line with the theory put forward by Green, quoted by (Notoatmodjo, 2014) , regarding the predisposing factor that education is aimed at raising awareness, providing or increasing people's knowledge about maintaining and improving health for themselves, their families and society. (Siedlecki et al., 2014), also explains that knowledge is a very important domain factor in shaping a person's actions. This means that actions that are based on knowledge will be more lasting than actions that are not aware of knowledge. Thus, knowledge is the main thing that influences a person in making decisions and shaping one's actions.

The Relationship between Attitudes and Breast Self-Examination Behavior in Adolescent Girls

Of the 97 respondents studied, there were 28 young women who did not carry out self-breast examination behavior, 13 (46.4%) of young women who had unsupportive/negative attitudes about self-breast examination did not carry out self-breast

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examination behavior. The results of the statistical test obtained p value=0.029 (alpha ≤0.05), meaning that there is a relationship between young women who have unsupportive/negative attitudes about self-breast examination and breast self-examination behavior. The results of the analysis also obtained OR=3.120, meaning that young women who have an unsupportive/negative attitude about self-breast examinations are 3.1 times more likely to not carry out self-breast examination behavior compared to young women who have a supportive/positive attitude about self-breast examinations.

These results are in accordance with research by (Siregar, 2022) , among young women at SMK Negeri 2 Karawang out of 150 respondents, 265 (39) of whom had a negative attitude towards breast self-examination behavior, obtained p-value = 0.03, which means there is a significant relationship between attitude and breast self-examination. (Triyanti, 2024) involving 91 female students at Sriwijaya University, obtained a p-value of 0.000 ≤0.05, which means there is a relationship between attitudes and the behavior of breast self-examiners among Sriwijaya University female students.

Referring to Dadang's opinion. (Atmaja, 2024) , attitudes involve cognitive aspects and beliefs, affective including feelings and emotions, and actions. Attitude reflects the assessment of personal service towards the object, whether in the form of liking, approaching, avoiding, fighting or moving away from it. Attitude is how people or respondents think or evaluate things related to health. Healthy and sick are factors related to health risk factors. This means that positive or negative attitudes can influence a person's behavior and readiness to act (Sya'bin & Warsiti, 2020).

The relationship between family support and breast self-examination behavior in young women

Of the 97 respondents studied, there were 28 young women who did not self-examine their breasts, 13 (46.4%) young women who did not receive family support regarding self-examining their breasts did not carry out self-breast examination behavior. The statistical test results obtained p value=0.030 (alpha ≤0.05), meaning there is a relationship between family support and breast self-examination behavior. The results of the analysis also obtained OR=3.361, meaning that young women who did not receive family support regarding self-examination of their breasts were 3.3 times more likely not to carry out self-breast examination behavior compared to young women who had family support regarding self-examination of their breasts.

The results of this research are the same as the findings of (Siregar, 2022) on female teenagers at SMK Negeri 2 Karawang out of 150 respondents, 101 (80%) of whom stated that there was no family influence on their self-breast examination behavior. Triyanti, Dempi (2024) involving 91 female students at Sriwijaya University, found that 49 (53.8%) respondents lacked parental support for self-breast examination behavior. The statistical test results showed a p-value of 0.009 ≤ 0.05, which means there is a relationship between parental support and breast self-examination behavior in Sriwijaya University students.

Family support is defined as help from other family members who provide physical and psychological comfort. The family is the person closest to the respondent in interacting and making decisions, apart from that changes in behavior can depend on the support one gets from the family (Anna, 2022) . According to Putri's opinion (2020), quoted by (Saphira, 2022) , the social support received during emerging adulthood will make individuals feel loved, accepted, appreciated and cared for. This is because young women who do not receive support from their parents tend to feel less confident and less motivated to carry out breast self-examination regularly, because they feel that this behavior is not important in their environment.

The relationship between family peer influence and breast self-examination behavior in young women

Of the 97 respondents studied, there were 28 young women who did not self-examine their breasts, 18 (43.9%) young women who did not have negative influences from peers regarding self-examining their breasts did not carry out self-breast examination behavior. The statistical test results obtained p value=0.010 (alpha ≤0.05), meaning there is a relationship between peer influence and breast self-examination behavior. The results of the analysis also obtained OR=3.600, meaning that young women who had negative influence from peers regarding self-examination of their breasts were 3.6 times more likely not to carry out self-breast examination behavior compared to young women who had positive influence from peers regarding self-examination of their breasts.

This result is almost the same as that found by Triyanti, (Triyanti, 2024) from 91 respondents, namely 35.2% (32) of people who lacked peer support. The statistical test results obtained a p-value of 0.000 ≤ z0.05, which means there is a

relationship between peer support and breast self-examination behavior in Sriwijaya University students. (Hidayani et al., 2022) research found that 55.6% (40) of female students did not receive peer support. The results of the statistical test showed a p-value of 0.005 ≤ 0.05, which means there is a relationship between peer support and conscious behavior in female students at the Regency Islamic Boarding School. Pringsewu, Lampung Province.

According to Santrock (2011) in (Sigalingging & Sianturi, 2019), the function of peers is as a forum for teenagers to change behavior according to what they want, this is due to the exchange of behavior between friends in the group. During adolescence, they gain developmental progress in the form of a level of thinking and reasoning that is able to understand and decide things logically, but on the other hand, adolescent behavior is also influenced by their peers. In this situation, it is likely that teenagers are more influenced by the behavior of their group.

The Relationship between Health Professional Support and Breast Self-Examination Behavior in Adolescent Girls

Of the 97 respondents studied, there were 28 young women who did not self-examine their breasts, 12 (46.2%) young women who stated that they did not receive support from health workers did not carry out self-breast examination behavior. The statistical test results obtained p value=0.043 (alpha ≤0.05), meaning there is a relationship between support from health workers and breast self-examination behavior. The results of the analysis also obtained OR=2.946, meaning that young women who did not receive support from health workers regarding self-examination of their breasts were 2.9 times more likely not to carry out breast self-examination behavior compared to young women who received support from health workers regarding self-examination of their breasts.

The results of this research are almost the same as those conducted by (Rayanti, 2021). found support from health workers regarding self-breast examination as an early detection of breast cancer in young women at SMA Negeri 2 Mengwi. It showed that out of 286 respondents, there were 32 (11.2%) respondents who had good support from health workers. The results of the Spearman's Rho non-parametric test analysis obtained p-value=0.000 (alpha ≤0.05), meaning there is a relationship between support from health workers and breast self-examination behavior as an early detection of breast cancer in young women at SMA Negeri 2 Mengwi.

Research results vary, some find a strong positive relationship, while others show a weak or even insignificant relationship, but in general education and encouragement from health workers is very important to increase awareness and practice of breast self-examination in adolescents, because health workers are often the main source of information, however the availability and quality of information provided greatly influences the knowledge and behavior of adolescents, so educational efforts and professional encouragement are needed to increase awareness and early detection habits, increasing the chances of recovery if abnormalities are found early.

The relationship between the influence of the internet/social media and breast self-examination behavior in young women

Of the 97 respondents studied, there were 28 young women who did not self-examine their breasts, 12 (46.2%) young women who were negatively influenced by the internet/social media did not carry out self-breast examination behavior. The statistical test results obtained p value=0.091 (alpha ≤0.05), meaning that there is no influence of the internet/social media on breast self-examination behavior.

Of the 97 respondents studied, there were 28 young women who did not self-examine their breasts, 12 (46.2%) young women who were negatively influenced by the internet/social media did not carry out self-breast examination behavior. The statistical test results obtained p value=0.091 (alpha ≤0.05), meaning that there is no influence of the internet/social media on breast self-examination behavior.

The results of this research are the same as those found by (Siregar, 2022) in his research on young women at SMK Negeri 2 Karawang, showing p-value = 0.76 (alpha > 0.05), meaning there is no significant relationship between exposure to media information and breast self-examination behavior.

This lack of meaning means that young women are less interested in accessing health information, especially breast self-examination behavior. This is considered not to attract the attention and interest of young women in listening to leaflets, interactive videos or other digital platforms on social media. In fact, the more information a person obtains about the practice of breast self-examination, whether from magazines, the internet, television, radio, the better their knowledge about breast self-examination will be, this knowledge will be able to change a person's attitudes and behavior.

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CONCLUSION

The research conclusion shows that there is a relationship between obesity factors, knowledge, attitudes, family support, peer support, and support from health workers with self-breast examination behavior in young women. Meanwhile, the factors of menstrual age and the influence of the internet or social media have no relationship with breast self-examination behavior in young women.

SUGGESTION

It is best for young women to maintain an ideal body weight by doing physical activity and consuming nutritious food according to their body's needs. Education and assistance by teachers, parents and health workers and strengthening efforts by peers are very necessary to improve health services in adolescent health development, so that young women carry out breast self-examination correctly and routinely as an effort to detect breast cancer early.

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