

ANALISIS HUBUNGAN *HEALTH BELIEF MODEL* TERHADAP  
PERILAKU SADARI PADA WANITA USIA SUBUR  
DI KELURAHAN WIROGUNAN

Fina Nanda Fantio<sup>1</sup>, Heru Subaris Kasjono<sup>2</sup>, Ana Kurniati<sup>3</sup>  
Jurusan Kebidanan Poltekkes Kemenkes Yogyakarta  
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman  
Email: [finananda03@gmail.com](mailto:finananda03@gmail.com)

**ABSTRAK**

**Latar Belakang:** Kanker payudara merupakan ancaman serius dan menakutkan bagi kaum wanita. Pemeriksaan payudara sendiri (SADARI) merupakan perilaku hidup sehat untuk mendeteksi kanker payudara. Tetapi dalam kenyataannya kesadaran untuk melakukan SADARI masih kurang, faktanya masih banyak wanita yang datang ke fasilitas kesehatan dalam keadaan stadium lanjut kanker payudara. Menurut teori *Health Belief Model* (HBM), perilaku sehat dapat ditentukan oleh persepsi keseriusan, kerentanan, manfaat dan hambatan. Oleh karena itu teori HBM ini dapat mengetahui persepsi yang dapat mendukung perubahan perilaku pada wanita. Sehingga, tingkat perilaku SADARI menjadi tinggi untuk mencegah ancaman penyakit kanker payudara.

**Tujuan:** Mengetahui hubungan persepsi keseriusan, persepsi kerentanan, persepsi manfaat, persepsi hambatan terhadap perilaku SADARI pada wanita usia subur di Kelurahan Wirogunan.

**Metode:** Penelitian ini menggunakan desain *cross-sectional* analitik. Penelitian ini dilaksanakan pada bulan Februari-Maret 2023. Subjek dipilih menggunakan Teknik cluster sampling sebanyak 94 wanita usia subur. Analisis data menggunakan *Chi Square*.

**Hasil:** Sebanyak 59,6% responden tidak melakukan SADARI. Hasil penelitian menunjukkan bahwa tidak ada hubungan antara persepsi keseriusan terhadap perilaku SADARI dengan nilai *p-value*  $0,77 > 0,05$ , tidak ada hubungan antara persepsi kerentanan terhadap perilaku SADARI dengan nilai *p-value*  $0,64 > 0,05$ , ada hubungan antara persepsi manfaat terhadap perilaku SADARI dengan nilai *p-value*  $0,02 < 0,05$ , ada hubungan antara persepsi hambatan terhadap perilaku SADARI dengan nilai *p-value*  $0,00 < 0,05$ .

**Kesimpulan:** Terdapat hubungan yang signifikan antara persepsi manfaat dan persepsi hambatan terhadap perilaku SADARI.

**Kata Kunci:** *Health Belief Model*, Perilaku SADARI, Wanita Usia Subur

**ANALYSIS OF THE RELATIONSHIP BETWEEN THE HEALTH BELIEF  
MODEL TO CONSCIOUS BEHAVIOR IN WOMEN OF REPRODUCTIVE AGE  
IN WIROGUNAN SUB-DISTRICT**

*Fina Nanda Fantio<sup>1</sup>, Heru Subaris Kasjono<sup>2</sup>, Ana Kurniati<sup>3</sup>  
Midwifery Department of Ministry Health Polytechnic Yogyakarta  
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman  
Email: [finananda03@gmail.com](mailto:finananda03@gmail.com)*

**ABSTRACT**

**Background:** Breast cancer is a serious and frightening threat to women. Breast self-examination (BSE) is a healthy behavior for detecting breast cancer. However, in reality awareness of performing BSE is still lacking. In fact, many women seek healthcare facilities when breast cancer has reached an advanced stage. According to the Health Belief Model (HBM), healthy behavior can be determined by perceptions of severity, susceptibility, benefits, and barriers. Therefore, the HBM theory can identify perceptions that support behavior change in women. Thus, the level of BSE behavior can be increased to prevent the threat of breast cancer.

**Purpose:** To determine the relationship between perceived severity, perceived susceptibility, perceived benefits, perceived barriers to BSE behavior in women of reproductive age in the Wirogunan Sub-District.

**Methods:** This study used an analytic cross-sectional design. This research was conducted in February-March 2023. Subjects were selected using the cluster sampling technique as many as 94 women of reproductive age. Data analysis using Chi Square.

**Results:** A total of 59.6% of the respondents did not do BSE. The results showed that there was no relationship between the perceived severity of BSE behavior with a p-value of  $0.77 > 0.05$ , there was no relationship between the perceived susceptibility to BSE behavior with a p-value of  $0.64 > 0.05$ , there was a relationship between the perceived benefits of BSE behavior with a p-value of  $0.02 < 0.05$ , there was a relationship between perceived barriers to BSE behavior with a p-value of  $0.00 < 0.05$ .

**Conclusion:** There is a significant relationship between perceived benefits and perceived barriers to BSE behaviour.

**Keywords:** BSE behavior, Health Belief Model, Women of reproductive age