UNIVERSITI TEKNOLOGI MARA
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THE INFLUENCE OF PERCEIVED BENEFITS, RISK PERCEPTION AND CULTURAL BELIEF TOWARDS MAMMOGRAM SCREENING INTENTION AMONG WOMEN IN BUJANG VALLEY

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DECEMBER 2017

THE DECLARATION

DECLARATION

We hereby declare that the work contained in this research proposal is original and our own except those duly identified and recognised. If we are later found to have committed plagiarism or acts of academic dishonesty, action can be taken in accordance with UiTM's rules and academic regulations.

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Table of Contents

CHAPTER 1: INTRODUCTION 1
1.1 Introduction 1
1.2 Problem Statement 4
1.3 Research Question 7
1.4 Research Objective 7
1.5 Scope of Study 8
1.5.1 Level 8
1.5.2 Territory 9
1.5.3 Time 9
1.6 Significant of Study 9
1.6.1 Theoretical 9
1.6.1.1 Knowledge 9
1.6.2 Practical 10
1.6.2.1 Government 10
1.7 Definition of terms, terminology and concepts 10
1.7.1 Breast Cancer 10
1.7.2 Mammogram Screening Intention 11
1.7.3 Perceived Benefit 11
1.7.4 Risk Perception 12
1.7.5 Cultural Belief 12
1.8 Conclusion 12
CHAPTER 2: LITERATURE REVIEW **12**
2.1 Introduction 13
2.2 Mammogram Screening Intention 13
2.3 Health Belief Model 15
2.4 Factors 20
2.4.1 Attitude 20
2.4.2 Knowledge 20
2.5 Independent Variables 21
2.5.1 Perceived Benefit 21
2.5.2 Risk Perception 22
2.5.3 Cultural Belief 23

2.6 Conceptual Framework 25
2.7 Hypothesis 27
CHAPTER 3: RESEARCH METHODOLOGY **31**
3.1 Introduction 31
3.2 Research Design 31
3.3 Unit/Level of Analysis 31
3.4 Sample Size 32
3.5 Sampling Technique 32
3.6 Measurement/Instrumentation 33
3.6.1 Perceived Benefit 34
3.6.2 Risk Perception 35
3.6.3 Cultural Belief 36
3.6.4 Intention to Mammogram Screening among women 37
3.7 Data Collection 38
3.8 Data Analysis 38
3.8.1 Descriptive Analysis 39
3.8.2 Pearson Correlation 39
3.8.3 Multiple Regression 40
3.8.4 Pilot Study 41
3.8.5 Testing of the hypotheses 42
3.9 Conclusion 42
CHAPTER 4: FINDINGS 43
4.1 Introduction 43
4.2 Respond Rate 43
4.3 Demographic Section 44
4.4 Findings 46
4.4.1 Research Objective 1 46
4.4.2 Research Objective 2 47
4.4.3 Research Objective 3 48
4.4.4 Research Objective 4 49
4.4.5 Research Objective 5 50
4.5 Summary of Hypotheses Testing 51
4.6 Conclusion 51

CHAPTER 1

INTRODUCTION

1.1 Introduction

Breast cancer is the most frequent diagnosed cancer among women worldwide (Globocan, 2008; World Health Organization, 2013; Soskolne, Marie & Manor, 2006). According to Globocan (2012), the estimation of breast cancer incidence rate of population is 1.7 million people. According to American Cancer Society (2015), in 2015, it is estimated 231,840 new cases of breast cancer will be diagnosed among women and approximately 40,290 women will be died from breast cancer. Breast cancer disease is the most common cancer after lung cancer when ranked by cancer occurrence in both sexes, (Ferlay, Hery, Autier & Sankaranarayanan, 2010). According to National Cancer Institute (2017), globally the total number of new cases of breast cancer diagnosed annually exceeds one million, and this figure is expected to reach 1.6 million by 2015 in United States.

Breast cancer appears to be a major global health problem of both the developing and developed countries (Parkin et al., 2005; Al-dubai et al., 2011). The incidence of breast cancer varies between countries. In the develop country the highest incidence of breast cancer is in the United States and Northern South America, while the highest incidence rate of breast cancer in developing country of Asia is China (Pisani et al., 2002; GLOBOCAN, 2012). It is rising rapidly in Asian countries because of longer life expectancy and dramatic changes in parity and lifestyle. The increasing burden of breast cancer in Asian countries is exacerbated by late presentation and limited access to therapies, resulting in poorer outcomes. A number of reasons for poor uptake have been described in Singapore, Thailand, Malaysia and Iran, and these include cost of