



STRUCTURAL MODEL OF KNOWLEDGE AND ATTITUDE TOWARDS TESTICULAR SELF-EXAMINATION BEHAVIOR AMONG ADOLESCENTS

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ABSTRACT

Adolescent reproductive health, particularly among males, remains a sensitive and rarely discussed issue. Testicular Self-Examination (TSE) is a simple and effective method for the early detection of testicular cancer; however, awareness and practice among adolescents are still very low, especially in Aceh. This study aimed to analyze the factors influencing knowledge, attitudes, and behavior regarding TSE among male adolescents. A quantitative cross-sectional study was conducted from July to August 2025 among 422 junior high school students aged 14–17 in Aceh, selected through a stratified random sampling method. Data were collected using validated and reliable questionnaires and analyzed with PLS-SEM. The results showed that age and access to TSE information significantly influenced knowledge and attitudes, while general reproductive health information had no significant effect. Knowledge and attitudes significantly predicted TSE behavior, explaining 58.8% of the variance. These findings highlight the need for schools to integrate reproductive health education through outreach programs, posters, and curriculum content to improve adolescent knowledge, foster positive attitudes, and encourage regular TSE practices for early detection of testicular cancer.

Keywords: adolescents; attitudes; behavior; knowledge; testicular self-examination

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INTRODUCTION

Adolescent reproductive health, particularly among men, is a rarely discussed issue. Sexual health is part of the overall health and well-being agenda, closely linked to SDGs 3 and 5, with strong links to other health conditions such as diabetes mellitus, cardiovascular disease, and depression. Men's access to fertility care is highly relevant to SDGs 1, 3, 5, and 10 due to barriers that create unequal access, particularly for the poor, unmarried, less educated, unemployed, and marginalized (SDG 10) (De Jonge et al., 2024).

Male reproductive problems are diverse and quite common, ranging from erectile dysfunction to low sexual desire. One study showed that common male reproductive issues include erectile dysfunction, premature ejaculation, other ejaculation disorders (azospermia, painful ejaculation, hemospermia, and others), and low sexual desire. In Germany (Cologne), the prevalence is 19.2%, increasing sharply with age. The incidence is approximately 19–26 new cases per 1,000 men per year. Furthermore, globally, the prevalence of low sexual desire ranges from 3–28% (Salonia et al., 2024). Men are also at risk of infertility, the most severe form of which is known as azoospermia. Azoospermia is defined as the complete absence of spermatozoa in two separately centrifuged semen specimens, while aspermia is the complete absence of ejaculation. Azoospermia affects nearly 1% of the male population and approximately 10% to 15% of all men experiencing infertility. Furthermore, testicular cancer is a malignancy that can affect men, with approximately 1,038 cases in Indonesia and a mortality rate of 465 cases (Sung et al., 2021).

Although the cure rate for reproductive problems in men can be detected early, awareness of the importance of testicular self-examination remains very low, especially in Aceh. Testicular Self-Examination (TSE) is one of the most effective methods for detecting testicular cancer in its early stages. Yet, awareness and knowledge of this technique remain very low among adolescents (Etita et al., 2017; Mei-mei et al., 2024). An individual's knowledge and attitudes toward health typically play a significant role in shaping healthy behaviors. Health behavior theory suggests that good knowledge about a health condition will influence attitudes and ultimately influence an individual's behavior (Ajzen, 2020). However, research examining the relationship between knowledge, attitudes, and TSE behavior among adolescents is still very limited, particularly in Indonesia (Nito & Ariani, 2022). Therefore, a structural model was developed to link knowledge and attitudes to TSE behavior in adolescents. This study aimed to analyze the factors influencing knowledge, attitudes, and behavior regarding TSE among male adolescents.

METHOD

This study employed a quantitative, cross-sectional approach. The study was conducted from July to August 2025 among junior high school students in Aceh. The population was male adolescents aged 14-17 in Aceh. The sample consisted of male adolescents aged 14 to 17 who agreed to participate in the study. The sample size was calculated using the Lemeshow formula for an unknown population, resulting in 384 individuals. To account for dropout, the sample size was increased by 10%, resulting in a total sample of 422 respondents. The sampling technique used was stratified random sampling, stratified by school/educational institution. Operational definitions and measurement of variables include the following.

- a. Knowledge: everything adolescent boys know about testicular self-examination for the early detection of reproductive disorders. Knowledge data was collected by distributing a questionnaire consisting of 10 questions with correct and incorrect answer options. The questionnaire was tested for validity and reliability, with a Cronbach's alpha value of 0.950.
- b. Attitude: the responses, opinions, or perceptions of adolescent boys regarding testicular self-examination for the early detection of reproductive disorders. Attitude data were collected by distributing a questionnaire consisting of 10 questions with answer options on a Likert scale ranging from "strongly agree" to "strongly disagree." The questionnaire was tested for validity and reliability, with a Cronbach's alpha value of 0.871.
- c. Behavior: the early detection actions taken to examine testicular self-examination. Behavioral data were collected by distributing a questionnaire consisting of 10 questions with answer options on a yes-or-no scale. The questionnaire was tested for validity and reliability, with a Cronbach's alpha value of 0.769.

This study employed PLS-SEM (Partial Least Squares Structural Equation Model) analysis, which involved two evaluation stages: the measurement model (outer model) and the structural model.

RESULT

Respondent Characteristics

Respondent characteristics consisted of age, access to reproductive health information (Kespro), and access to information on testicular self-examination (TSE). The distribution of respondent characteristics can be seen in Table 1.

Table 1 shows that the majority of respondents (237 respondents) were aged 15 years and above. 227 (53.8%) had never accessed information on reproductive health. The majority of respondents (361 respondents, 85.5%) had never accessed information about testicular self-examination.

Table 1.
Respondent Characteristics

Variable	f	%
Age		
14 Years	5	1.2
15 Years	237	56.2
16 Years	141	33.4
17 Years	39	9.2
Access to Reproductive Health Information		
Never	227	53.8
Ever	195	46.2
Access to TSE Information		
Never	361	85.5
Ever	61	14.5

Construct Validity Results

Construct validity testing in PLS-SEM includes convergent validity and discriminant validity. Convergent validity is measured through analysis of the measurement model (outer model) by examining the indicator factor loading values, Average Variance Extracted (AVE) values, and Composite Reliability values. Discriminant validity is assessed by reviewing cross-loadings and the Fornell-Larcker criterion to ensure that the indicators accurately represent the intended construct and are distinct from other constructs. The results of the outer model in this study are presented in the following figure.

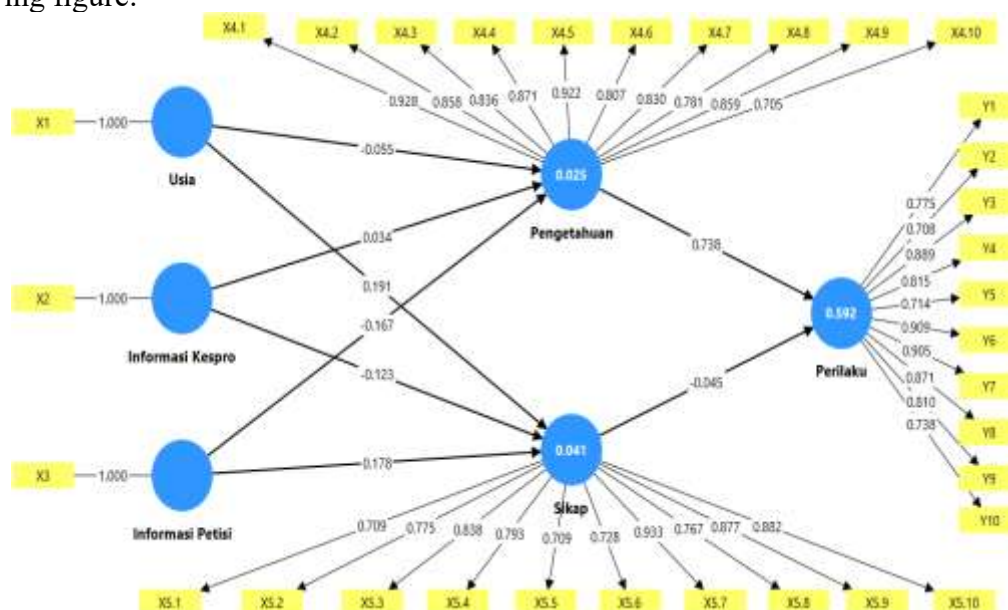


Figure 1. Outer Model Graph

Source: Data Processing with Smart PLS, 2025

Convergent Validity

Convergent validity tests the strength of the correlation between a construct and its measurement items, as well as how the construct correlates with other similar constructs. Some criteria for convergent validity include the following:

- If the loading factor value for each indicator is above 0.70, then the indicator is valid in representing each construct.
- If the Average Variance Extracted (AVE) value is greater than 0.50, then the average construct variance explained by the indicator is greater than the measurement error variance.

The results of convergent validity in this study are presented in the following table.

Table 2.
Outer Loading Values

Question	Variable	Loading Factor	Average Variance Extracted (AVE)
X1	Age (X1)	1.000	1.000
X2	Access to Reproductive Health Information (X2)	1.000	1.000
X3	Access to TSE Information (X3)	1.000	1.000
X4.1	Knowledge (X4)	0.928	0.709
X4.2		0.858	
X4.3		0.836	
X4.4		0.871	
X4.5		0.922	
X4.6		0.807	
X4.7		0.830	
X4.8		0.781	
X4.9		0.859	
X4.10		0.705	
X5.1	Attitude (X5)	0.869	0.667
X5.2		0.859	
X5.3		0.835	
X5.4		0.886	
X5.5		0.932	
X5.6		0.880	
X5.7		0.962	
X5.8		0.884	
X5.9		0.908	
X5.10		0.955	
Y1	Behavior (Y)	0.774	0.806
Y2		0.709	
Y3		0.889	
Y4		0.816	
Y5		0.713	
Y6		0.909	
Y7		0.905	
Y8		0.871	
Y9		0.809	
Y10		0.738	

Source: Data Processing with Smart PLS, 2025

Table 2 shows that the factor loading value for each construct or indicator exceeds the threshold value of 0.70, indicating that each construct and variable meet the criteria for convergent validity. Furthermore, the Average Variance Extracted (AVE) value for each variable is also above 0.50, suggesting that each variable has good convergent validity.

Discriminant Validity

Discriminant validity is conducted to determine whether different constructs are uncorrelated with each other by examining the cross-loading values. Each variable's cross-loading value must be greater than 0.7, thus confirming that the test model meets the requirements for discriminant validity. The results of the discriminant validity test are presented in the following table.

Table 3 shows that the cross-loading values for each construct are higher than those for the other constructs, thus concluding that the research indicators used have good discriminant validity.

Table 3.
Cross-Loading Values

	Age (X1)	Access to Reproductive Health Information (X2)	Access to TSE Information (X3)	Knowledge (X4)	Attitude (X5)	Behavior (Y)
X1	1.000	0.029	0.049	-0.104	-0.118	-0.061
X2	0.029	1.000	-0.133	0.016	0.003	0.030
X3	0.049	-0.133	1.000	0.108	0.085	0.067
X4.1	-0.108	0.016	0.074	0.928	0.219	0.765
X4.2	-0.104	0.025	0.109	0.858	0.167	0.629
X4.3	-0.052	0.009	0.086	0.836	0.179	0.602
X4.4	-0.073	0.025	0.093	0.871	0.150	0.642
X4.5	-0.122	0.013	0.082	0.922	0.187	0.730
X4.6	-0.062	0.045	0.008	0.807	0.163	0.631
X4.7	-0.113	0.044	0.107	0.830	0.118	0.632
X4.8	-0.056	0.023	0.070	0.781	0.178	0.528
X4.9	-0.073	-0.017	0.128	0.859	0.187	0.710
X4.10	-0.101	-0.057	0.167	0.705	0.152	0.510
X5.1	-0.075	0.001	0.039	0.126	0.869	0.160
X5.2	-0.059	0.008	0.033	0.157	0.859	0.178
X5.3	-0.079	0.033	0.046	0.187	0.835	0.169
X5.4	-0.068	0.001	0.046	0.156	0.886	0.151
X5.5	-0.130	-0.013	0.090	0.219	0.932	0.238
X5.6	-0.145	-0.012	0.139	0.170	0.880	0.208
X5.7	-0.131	0.008	0.083	0.222	0.962	0.233
X5.8	-0.047	-0.005	0.015	0.168	0.884	0.155
X5.9	-0.141	-0.009	0.121	0.200	0.908	0.209
X5.10	-0.115	0.022	0.076	0.178	0.955	0.176
Y1	-0.077	0.021	0.018	0.526	0.194	0.774
Y2	-0.053	0.068	-0.001	0.457	0.087	0.709
Y3	-0.059	0.016	0.138	0.773	0.223	0.889
Y4	-0.021	0.080	0.057	0.592	0.138	0.816
Y5	-0.051	0.035	0.002	0.508	0.139	0.713
Y6	-0.038	-0.006	0.109	0.749	0.203	0.909
Y7	-0.048	0.048	0.037	0.716	0.217	0.905
Y8	-0.027	0.025	0.055	0.667	0.212	0.871
Y9	-0.069	-0.003	-0.009	0.586	0.161	0.809
Y10	-0.071	-0.021	0.091	0.563	0.143	0.738

Source: Data Processing with Smart PLS, 2025

Construct Reliability Results

Reliability testing is used to demonstrate the accuracy, consistency, and precision of a measurement instrument within a measurement structure. Construct reliability testing in PLS-SEM is assessed using Composite Reliability (CR) with a threshold value of greater than 0.60 and Cronbach's Alpha with a threshold of greater than 0.70, thus concluding that the indicators within the construct consistently measure the same concept. The composite reliability and Cronbach's alpha results for all variables are shown in the following table.

Table 4.
Composite Reliability and Cronbach's Alpha Values

Variable	Composite Reliability	Cronbach's Alpha
Age (X1)	1.000	1.000
Access to Reproductive Health Information (X2)	1.000	1.000

Access to TSE Information (X3)	1.000	1.000
Knowledge (X4)	0.960	0.954
Attitude (X5)	0.989	0.974
Behavior (Y)	0.955	0.944

Source: Data Processing with Smart PLS, 2025

Based on Table 4, all variables meet the reliability criteria. This can be seen from each variable having a composite reliability value greater than 0.70 and a Cronbach's alpha value greater than 0.6; thus, the research instrument is suitable for further analysis as it meets the reliability requirements.

Inner Model Results (Structural Model)

The inner model, or structural model, is a model in Structural Equation Modeling (SEM) that explains the causal relationships between latent variables, or variables that cannot be measured directly. Several tests for the structural model include the R-squared (R^2) value, which determines the variability explained by the model, and the hypothesis of a relationship between these variables based on existing theory. This is evaluated using indicators such as the path coefficient to determine the strength of the relationship. The results of the SEM analysis in this study are as follows:

R-square. The R-square values in this study are as follows:

Table 5. R-Square Test Results

Variable	<i>R-square</i>	<i>R-square Adjusted</i>
Knowledge (X4)	0.025	0.018
Attitude (X5)	0.023	0.016
Behavior (Y)	0.588	0.586

Source: Data Processing with Smart PLS, 2025

Table 5 shows that the r-square value for knowledge is 0.025, meaning that age, reproductive health information, and TSE information influence the knowledge variable by 2.5%, with the remaining 97.5% influenced by other variables. The R-squared value for knowledge is 0.023, meaning that age, reproductive health information, and TSE information influence the knowledge variable by 2.3%, with the remaining 97.7% influenced by other variables. The r-square value for behavior is 0.588, meaning that knowledge and attitude variables influence the testicular self-examination behavior variable by 58.8%, with the remaining 41.2% influenced by other variables.

Hypothesis Testing

Hypothesis testing is a method used to determine the level of significance of the relationship between variables by examining the path coefficient or inner model. If the t-statistic value is higher than the t-table value (≥ 1.96 for a two-tailed hypothesis), then the hypothesis is considered supported. If the p-value is <0.05 , then the hypothesis is accepted. In this study, the bootstrapping method was used for testing, with the following results. Table 6. Path Coefficient

Tabel 6.

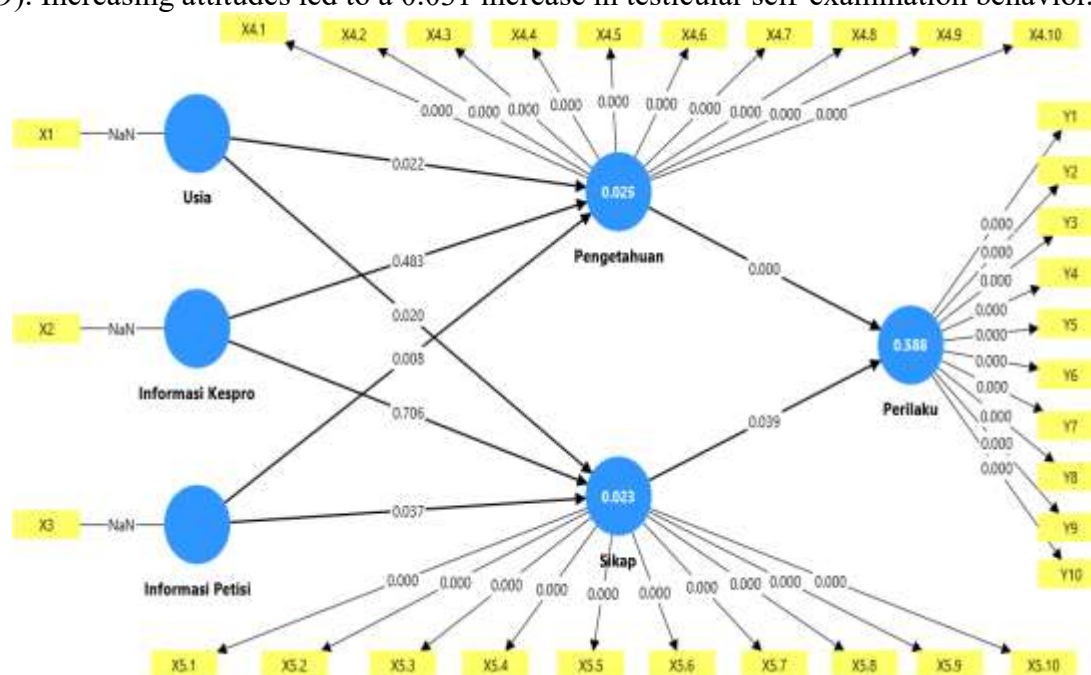
Path Coefficient

	<i>Original Sample</i>	<i>Sample mean</i>	<i>Standard Deviation</i>	<i>t-Statistic</i>	<i>p-Value</i>
Age -> Knowledge	-0.055	-0.055	0.024	2.284	0.022
Age -> Attitude	-0.123	-0.125	0.053	2.327	0.020
Age -> Behavior	-0.045	-0.045	0.018	2.449	0.014
Access to Reproductive Health Information -> Knowledge	0.034	0.034	0.049	0.702	0.483
Access to Reproductive Health Information -> Attitude	0.037	0.036	0.098	0.377	0.706
Access to Reproductive Health Information -> Behavior	0.027	0.027	0.038	0.715	0.474
Access to TSE Information -> Knowledge	0.167	0.169	0.063	2.636	0.008
Access to TSE Information -> Attitude	0.266	0.266	0.127	2.091	0.037
Access to TSE Information -> Behavior	0.134	0.136	0.050	2.689	0.007
Knowledge -> Behavior	0.752	0.753	0.027	27.456	0.000
Attitude -> Behavior	0.031	0.032	0.015	2.069	0.039

Source: Data Processing with Smart PLS, 2025

Table 6 shows that age significantly influences knowledge about testicular self-examination ($\beta = -0.055$; $p = 0.022$), attitude towards testicular self-examination ($\beta = -0.123$; $p = 0.020$), and behavior towards testicular self-examination ($\beta = -0.045$; $p = 0.014$). As respondents' age decreased, knowledge decreased by 0.055, attitudes decreased by 0.123, and behavior tended to decrease by 0.045. The variable of access to reproductive health information did not significantly influence knowledge about testicular self-examination ($\beta = 0.034$; $p = 0.481$), attitudes about testicular self-examination ($\beta = -0.123$; $p = 0.218$), or behavior regarding testicular self-examination ($\beta = 0.031$; $p = 0.412$).

Access to information about testicular self-examination significantly influenced knowledge about testicular self-examination ($\beta = 0.167$; $p = 0.008$), attitudes about testicular self-examination ($\beta = 0.226$; $p = 0.037$), and behavior regarding testicular self-examination ($\beta = 0.134$; $p = 0.007$). Respondents with access to information about testicular self-examination increased their knowledge by 0.167, their attitudes by 0.226, and their behavior by 0.134. The knowledge variable had a significant influence on behavior regarding testicular self-examination ($\beta = 0.752$; $p = 0.000$). Increasing knowledge led to a 0.752 increase in testicular self-examination behavior. The attitude variable had a significant influence on behavior regarding testicular self-examination ($\beta = 0.031$; $p = 0.039$). Increasing attitudes led to a 0.031 increase in testicular self-examination behavior.



Source: Data Processing with Smart PLS, 2025

Figure 2. Inner Model Graph

The SEM analysis results in Figure 2 show that testicular self-examination behavior is influenced by knowledge and attitudes. Furthermore, knowledge and attitudes are also influenced by age and information about testicular self-examination.

DISCUSSION

Factors Influencing Knowledge About Testicular Self-Examination (TSE)

The results show that age and the source of TSE information influence knowledge about testicular self-examination, while the source of reproductive health information does not. As age decreases, knowledge about TSE tends to decrease with a $\beta = -0.055$. This indicates that younger individuals have more limited or less up-to-date information about testicular self-examination compared to older individuals. Similarly, a study in metropolitan Tehran showed that young age was a significant

predictor of poor sexual and reproductive knowledge (coefficient = -0.161, $p < 0.001$) when other influencing factors were controlled (Rahimi-Naghani et al., 2016).

This contrasts with the results of a study conducted in Nepal, which showed no correlation between age and knowledge of testicular self-examination. However, respondents aged >25 years were at risk of having lower knowledge than those aged <25 years (Dhakal et al., 2021).. Older age groups have less access to and interest in reproductive health information, including testicular self-examination, compared to younger age groups. Limited access to information and a generational factor, less accustomed to discussing reproductive health issues, are considered the main causes of this decline in knowledge. Adequate knowledge is a crucial factor in increasing awareness and implementation of testicular self-examination for early detection of testicular cancer.

The results of this study also showed no correlation between access to reproductive health information and knowledge. However, access to information about the TSE did not influence knowledge. Respondents who received information about the TSE showed an increase in their understanding of testicular self-examination. This suggests that knowledge will increase if individuals receive information tailored to their needs. Research conducted among university students in Nepal revealed that sources of information from parents and teachers had a significant influence on their knowledge. In contrast, sources from health workers, sexual education, and the media did not have a significant impact on knowledge about testicular self-examination (Dhakal et al., 2021). Information from parents or teachers is typically provided directly in an interpersonal context, allowing individuals to clarify, discuss, and ask questions more freely. Two-way interactions enhance understanding more effectively than one-way media sources.

This can be explained because information obtained from parents or teachers is generally delivered directly in an interpersonal context, allowing for clarification, discussion, and question-and-answer sessions. This two-way interaction tends to strengthen understanding compared to information obtained from one-way mass media or from health workers whose interactions are often limited to specific situations, or from health workers whose interactions are limited by factors such as situation, time, and trust (Donné et al., 2017; Lee, 2009; Redmond et al., 2010). Knowledge about testicular self-examinations can also be influenced by several factors not examined in this study. Many argue that knowledge about reproductive health, particularly male reproduction, remains taboo in the community (Hidayat et al., 2025; Santoso, 2022; Tarapanjang & Suwarno, 2024; Triana & Pandu, 2025). Therefore, it is necessary to provide information about testicular self-examinations to increase knowledge, while also considering the age at which interventions are implemented. Education provided according to age groups is believed to improve understanding.

Factors Influencing Attitudes Regarding Testicular Self-Examination (TSE)

The results of this study indicate that age and the source of information on the TSE influence attitudes toward testicular self-examination. In contrast, the source of reproductive health information generally does not affect attitudes toward testicular self-examination. These results align with research in Nepal, which found that age and source of information significantly influence positive attitudes. Significant sources of information were social media and parents or teachers (Dhakal et al., 2021). Male students were more likely to be exposed to information about testicular cancer through the media than through close or personal encounters (e.g., family or friends) (Guven, 2020).

As respondents' age decreases, attitudes toward testicular self-examination decline. During adolescence, awareness of bodily changes increases, leading to a more responsive attitude toward personal health, including testicular self-examination (Lubis, 2025). However, with age, motivation, and awareness to perform self-examination may also decline due to prioritizing health concerns and

decreasing levels of anxiety about disease. Furthermore, information sources have been shown to significantly influence attitudes toward testicular self-examination. However, specific sources of information about testicular self-examination remain limited. A study in Turkey showed that 90.6% of participating students had never heard of the TSE (Demir & Türkben Polat, 2022).

These results differ from a study in Ghana, which showed no association between age and attitudes toward testicular self-examination [10]. This may be due to socio-demographic characteristics, such as religion, family history of testicular cancer, and cultural background (Zelege et al., 2019). Having a family member with a history of testicular cancer may increase intentions or positive attitudes toward testicular self-examination (Milecki et al., 2021). Health Belief Models, such as perceived vulnerability, perceived threat, perceived benefits, barriers, and self-control, can all be influenced by religious background, cultural norms, and family experience with the disease, and also affect attitudes toward testicular self-examination (Gümüş & Terzi, 2018). Researchers hypothesize that age and information sources are key factors influencing attitudes toward testicular self-examination. Therefore, it is recommended that age groups be considered when providing information to foster positive attitudes and ultimately increase testicular self-examination behavior, a crucial step in early detection of testicular cancer.

Factors Influencing Testicular Self-Examination Behavior (TSE)

Research results indicate that age, access to specific information about TSE, knowledge, and attitude are the main factors influencing testicular self-examination behavior. In contrast, access to general reproductive health information has no significant influence. Knowledge and attitude influence testicular self-examination behavior by 58.8%. With increasing age, knowledge increases, which impacts better testicular self-examination behavior. A study in Northern Ireland showed that respondents with greater knowledge about testicular cancer were more likely to indicate intention to perform a self-examination (Roy & Casson, 2016). Similarly, research in Tegal, Indonesia, has shown that good knowledge and access to information are significantly associated with positive reproductive health practices (Susilowati et al., 2023). Age, including access to specific details through TSE, was found to influence testicular self-examination behavior, both in terms of knowledge and attitudes.

This finding aligns with research in Ghana, which has shown that age influences testicular self-examination behavior (Amertil et al., 2024). Older individuals typically possess better reasoning skills and greater risk awareness, enabling them to take more informed actions based on the information they receive. This aligns with research findings showing increased levels of knowledge and intention to perform testicular self-examination in older age groups (Peltzer & Pengpid, 2015). However, younger individuals can also demonstrate positive behavior, as younger individuals generally tend to follow instructions and are therefore more likely to perform testicular self-examinations (Batubara, 2016).

Furthermore, access to information about TSE also influences knowledge and attitudes, which in turn increase the likelihood of testicular self-examination behavior. Information sources can raise awareness of the importance of testicular self-examination (Peltzer & Pengpid, 2015). This increase in behavior is also influenced by the type of media, information source, timing, content, and method of information delivery (Sagir & Altinel, 2023). Iranian research suggests that an educational intervention based on the Health Belief Model can enhance perceived benefits, mitigate barriers, and boost self-efficacy, ultimately influencing attitudes and behaviors related to testicular self-examination (Khani Jeihooni et al., 2021). Other research also agrees that social media plays a significant role in shaping positive attitudes toward health behaviors, including early detection behavior (Korkmaz et al., 2025).

Although testicular self-examination aims to detect testicular cancer and other problems early, increased awareness of testicular cancer does not necessarily increase self-examination behavior (Roy & Casson, 2016). A study of Polish police officers showed that recommendations from general practitioners, information campaigns, concerns expressed by their partners, and a family history of testicular cancer increased the likelihood of men performing self-exams (Milecki et al., 2021). Furthermore, research showed that more than half of university students did not perform self-exams because they were unaware of the examination and perceived testicular cancer as not a threat to their health. However, individuals who received information were more likely to perform self-exams to diagnose testicular cancer early (Güven, 2020). Psychological and cultural factors influenced self-examination practices (Saleh et al., 2024).

Researchers assumed that self-exam behavior was influenced by age, access to specific information through TSE, knowledge, and attitudes, with knowledge and attitudes acting as mediators. Access to appropriate, consistent, and contextual information would increase knowledge and shape positive attitudes, thereby increasing the likelihood that individuals will perform regular self-exams. However, improved behavior was influenced not only by knowledge and attitudes but also by external factors, including encouragement from the social environment and health professionals. Therefore, promotive and preventive efforts to improve self-testicular exam (TSE) behavior should focus on providing specific, easy-to-understand information, effectively utilizing social media, involving health workers, and considering age and environmental support factors.

CONCLUSION

Testicular self-examination behavior among adolescents in Aceh is influenced by knowledge and attitudes. Furthermore, knowledge and attitudes are also influenced by age and information about testicular self-examination. Knowledge and attitudes influence testicular self-examination behavior by 58.8%. It is hoped that adolescents will more actively seek information about the importance of testicular self-examination (TSE) for early detection of testicular cancer and will practice performing it regularly. Schools are also encouraged to provide reproductive health education through outreach activities, educational posters, and integration of materials into lessons, so that adolescents' knowledge and positive attitudes about maintaining their reproductive health will increase.

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