EDUCATION INCREASING KNOWLEDGE AND INHERENT RIGHTS OF CAUDER AND WOMEN OF CHILDBEARING AGE IN THE TREATMENT OF CANCER

Yulidar Yanti[1]*, Sri Wisnu Wardani[2], Riana Pascawati[3] , Samsiah[4]
[1*,2,3)] Department of Midwifery Poltekkes Kemenkes Bandung,
[4)]University College of MAIWP International
Bandung City, West Java 40161, Indonesia
*email: yantiyulidar@gmail.com

Abstract

Introduction: Cervical cancer is one of the biggest health problems in Indonesia and is the second highest cause of death after cardiovascular disease. The high number of cervical cancer sufferers is partly caused by a lack of awareness in efforts to prevent and control cervical cancer. One way to prevent it is by providing health literacy outreach about cervical cancer to the public in the form of health education. Mortality rates and high health costs can be reduced with effective early detection, one of which is by carrying out an IVA test. To reduce the risk of women getting cervical cancer, an awareness movement is needed about the dangers of cervical cancer.
Objective: Increase knowledge about cervical cancer and independent participation of cadres and women of childbearing age to carry out IVA test.
Method: The community empowerment program was carried out in the Antapani sub-district area of Bandung City by providing education about cervical cancer to 10 cadres and 10 women of childbearing age
Results: The results of community service show an increase in the average knowledge score of 2.8 points for WUS and an increase of 3.8 points for Mitra Cadre. There is a significant difference in the pretest and posttest knowledge scores for both the women of childbearing age group and the cadre group with a p value <0.05. There has been an increase in independent participation in IVA Test examinations from 1 person to 20 people.
Conclusion: Health education using booklets as an alternative can be used as an alternative to increase knowledge about cervical cancer

Keywords: Knowledge, independent participation, cervical cancer prevention

INTRODUCTION

World Health Organization (WHO) revealed that two women die every day from cervical cancer and as much as 83% of cervical cancer occurs in developing countries. In Indonesia, cervical cancer is the most common type of cancer suffered by Indonesian women and is found in 40-45 Indonesian women every day (1)

Globocan data for 2020 recorded that the total cancer cases in Indonesia in 2020 reached 396,914 cases and the total deaths were 234,511 cases. Cervical cancer (cervix) ranks second after breast cancer with 36,633 cases or 9.2% of total cancer cases.

The high number of cervical cancer sufferers is partly caused by a lack of awareness in efforts to prevent and control cervical cancer. Cervical cancer, which is "the silent killer", is a deadly disease whose symptoms only appear after 15-20 years of infection, making women unaware of the dangers of this disease. Nearly 70% of cancer patients are detected at an advanced stage. This is very unfortunate, because cervical cancer can be found at a stage before cancer (precancerous lesions) using the Acetic Acid Visual Inspection (IVA) method or pap smear. Mortality rates and high health costs can be reduced with effective early detection.

As of 2021, as many as 2,827,177 women aged 30-50 years or 6.83% of the target have undergone early detection of cervical cancer using the IVA method. The highest early detection was reported by Kep Province. Bangka Belitung at 30.24%, followed by South Sumatra at 25.16%, and West Nusa Tenggara at 23.22%. Meanwhile, the province with the lowest early detection coverage is Papua at 0.03%, followed by West Papua at 0.56%, and Aceh at 0.57%. Meanwhile in West Java it was 3.67%. It is feared that provinces with low early detection coverage will experience an increase in morbidity and mortality due to cervical cancer. Therefore, efforts are needed to increase early detection coverage in areas with low coverage. Early detection of IVA is the basis for determining referrals for patients suspected of having cervical cancer. Early detection of cervical cancer has four categories of results, namely Positive IVA, Lumps, Suspected Cervical Cancer, and Suspected Breast Cancer. In the four early detection results, positive IVA had the highest number of 27,837. (2)

To reduce the risk of women getting cervical cancer, an awareness movement is needed about the dangers of cervical cancer as a very scary silent killer. By raising awareness of the dangers of cervical cancer for every woman, it is hoped that they will actively carry out early detection of cervical cancer on a regular basis or at least be able to prevent themselves from lifestyle patterns or culture that trigger cervical cancer.

One way to prevent it is by providing health literacy outreach about cervical cancer to the public in the form of health education. Health education is an effort to increase public knowledge that focuses on preventive aspects. Increasing WUS' knowledge about cervical cancer, etiology, signs and symptoms, management, risk factors and prevention is expected to influence the way WUS think about cervical cancer so that they become more alert.

Booklets are one of the health education media where by using this media the material can be absorbed by 83% and can be remembered by 30%. Booklets can be used as a practical learning medium because booklets can be taken anywhere and at any time, have easier material content, can be reproduced and are long-lasting. (3).

Changing the behavior of women of childbearing age in early detection of cervical cancer is absolutely necessary in an effort to reduce the incidence of cervical cancer. Various efforts continue to be made to overcome cervical cancer, although there are many obstacles and barriers in implementation. One of the factors that hinder early detection of cervical cancer is the behavior of women of childbearing age who are reluctant to be examined due to the lack of knowledge of women of childbearing age about Pap smears or IVA. (4)

The aim of this community empowerment program is to increase knowledge about cervical cancer by providing education using booklets and independent participation of cadres and WUS to carry out IVA tests.

METHODS

The community empowerment program was carried out in the Antapani sub-district area of Bandung City by providing education about cervical cancer to 10 cadres and 10 women of childbearing age.

The activity began by measuring the respondent's level of knowledge about cervical cancer by filling in a questionnaire totaling 20 questions, then respondents took part in educational activities using a booklet about cervical cancer, after seven meetings the respondent's knowledge was measured again by filling in a questionnaire totaling 20 questions. Next, it is analyzed whether there is an increase or not. For respondents' participation in the IVA test examination, they were asked via a questionnaire whether they had ever had an IVA test examination or not before the education was given and then at the end of the activity the respondent's participation in the IVA test examination activity was seen.

RESULTS AND DISCUSSION

Results

1. Increased knowledge of cadres and women of childbearing age about cervical cancer

Increased knowledge of women of childbearing age and cadres about Cervical Cancer was measured by filling out a questionnaire consisting of 20 questions. Questionnaire filling activities were carried out before and after counseling about cervical cancer using booklets.

Table. 1 Average Knowledge in 2 groups

knowledge	Kelompok	
	WUS (n=10)	Cadre (n=10)
Average Prior Knowledge	14	12,9
Average Knowledge Afte	16,8	16,7
Average Increase in Knowledge	2,8	3,8

From table 1, it is found that there is an increase in knowledge in both the WUS and Cadre groups with an average difference in the Partner 1 group of 2.8 and Partner 2 of 3.8

Table.2 Differences in Increased Knowledge Before and After Counseling in the 2 Groups

Knowledge	Group		P*value
	Pre Test	*Post Test*	
WUS (n=10)			
Mean±SD	14,00±2,90	16,30±2,00	
Median	15	17	0,032*
Range	(13-19)	(13-19)	
Kader (n=10)			
Mean±SD	12,90±2,18	16,70±1,25	0,005*
Median	13	16	
Range	(9-17)	(15-19)	

Wilcoxon Test

From table. 2 above shows that there is a significant difference in pretest and posttest knowledge scores in both the WUS group and the Cadre group with a p value <0.05

2. Increased participation of cadres and women of childbearing age in IVA Test

Before this activity, only 1 person out of 20 respondents had carried out an IVA Test examination. After the outreach activity, all respondents in this activity participated in the IVA Test examination which was carried out at the Antapani Health Center, Bandung City. The examination was carried out by Antapani Community Health Center officers in Bandung City, with negative IVA test results for all respondents.

Discussion

Booklets are a media for conveying health messages in the form of writing and images. (5) Booklets are also one of the health education media where by using this media the material can be absorbed by 83% and can be remembered by 30%. Booklets can be used as a practical learning medium because booklets can be taken anywhere and at any time, have easier material content, can be reproduced and are long-lasting. (3).

Cervical cancer education using booklets about knowledge of VIA examinations influences the level of knowledge of women of childbearing age. This is in line with the theory which explains that the higher the level of knowledge, the higher a person's understanding.(6). Other research states that there is an influence of health education about early detection of cervical cancer on increasing maternal knowledge about early detection of cervical cancer with a p value <0.005. (7) This is in line with research results which state that WUS who received health education using booklets had higher knowledge about breast cancer than the control group.(8) This is supported by the opinion that knowledge is the result of knowing and occurs after someone senses a particular object. (9)

The level of knowledge is influenced by several factors including age, education and experience. Increasing knowledge will not always cause changes in behavior, but shows a positive relationship between the two, so that if knowledge is high then behavior tends to be good. (10)

The results of the study stated that there were differences in respondents' knowledge before and after being given health education about early detection of cervical cancer. (11)

The IVA test aims to detect early and find pre-cancerous lesions before they become cancer. The IVA test method is easier, cheaper, simpler, more capable of being carried out and the results are more accurate. This method can be carried out at all levels of health services, for example in community health centers, hospitals and doctor's clinics, midwives and nurses. However, there are still many women who have not carried out an IVA test as a preventive measure for early detection of cervical cancer. There are many factors that cause this, one of which is knowledge.(12) In other research, one of the factors that hinders early detection of cervical cancer is the behavior of women of childbearing age who are reluctant to be examined because of the lack of knowledge of women of childbearing age about Pap smears or IVA..(4) Factors that influence cervical cancer screening are education, knowledge, attitudes, support from health workers, access to information, access to health services, support from friends (13)

Counseling on early VIA detection shows results that influence attitudes about VIA examinations. This is due to previous knowledge obtained from interventions that have been carried out, which creates trust or confidence in the IVA examination.(6)

The more frequently there is education about cervical cancer, the higher the positive behavior will be among women of childbearing age to carry out early detection of cervical cancer. So it can be concluded that there is a positive relationship and efficient value between counseling and WUS participation in early detection of cervical cancer. (14)

The results of the study stated that there was an influence of health education on participation in VIA examinations between the intervention group and the control group after being given health

education about cervical cancer at WUS.[15] Other research states that there is a significant relationship between knowledge and attitudes of couples of childbearing age towards early detection of uterine cancer. [16] Other research results show the influence of health education about cervical cancer on the intention to carry out early detection of cervical cancer. [14]

CONCLUSION

There is an increase in knowledge about cervical cancer in WUS with an average increase of 2.8 and cadres with an average increase of 3.8 and increased participation of WUS and cadres in IVA examination activities. Tests and booklets can be used as an alternative in providing education

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