International Journal of Healthcare Sciences ISSN 2348-5728 (Online)
Vol. 9, Issue 2, pp: (1-6), Month: October 2021 - March 2022, Available at: www.researchpublish.com

THE RELATIONSHIP OF CERVICAL CANCER KNOWLEDGE LEVEL TOWARDS PARTICIPATION IN EARLY DETECTION OF CERVICAL CANCER IN WOMEN OF CHILDBEARING AGE IN THE WORKING AREA OF KAYU TANGI PRIMARY HEALTHCARE BANJARMASIN

I Made Aryasa Mugi Raharja[1], Riska Rismawaty[2]

[1] Indonesian Doctor Internship Program at Kayu Tangi Primary Healthcare Banjarmasin, South Kalimantan, Indonesia

Abstract: **The purpose of this study was to determine the relationship of cervical cancer knowledge level towards participation in early detection of cervical cancer in women of childbearing age in the working area of Kayu Tangi Primary Healthcare Banjarmasin, South Kalimantan, Indonesia. The research design used in this study was a cross-sectional observational study. Respondent data was taken at once through structured interviews by filling out a previously prepared questionnaire. Then the data is presented in the form of respondent characteristic data and respondent knowledge data.**

Keywords: **cervical cancer, cross- sectional study, Human Papilloma Virus.**

I. INTRODUCTION

Along with the development of time there has been a change in the pattern of diseases that exist in the world. In the past, the disease was dominated by infectious diseases where at that time a low socioeconomic level and unsanitary living behavior were the triggers for infectious diseases. But now there has been a shift in disease patterns where currently the pattern is dominated by non-infectious disease patterns. One of the diseases whose incidence continues to grow is cancer. WHO has campaigned efforts to reduce the incidence of cancer worldwide by inviting all countries in the world to create a national cancer control program.

Cervical cancer is cancer that occurs in the cervix, precisely at the bottom of the uterus that protrudes into the vagina, this section is often called the uterine cervix.[6,7] Cervical cancer can invade adjacent tissues such as the uterus, vagina, urinary rectum, and parametrial tissue. The cervix is located in the lower half to one third of the uterus, is cylindrical in shape, and connects the uterus to the vagina through the endocervical canal. The cervix uteri consists of the portio vaginalis, the part that protrudes towards the vagina and the supravaginal part. The length of the uterine cervix is approximately 2.5 – 3cm and has a diameter of 2 – 2.5cm. The cervix is anterior to the bladder. Posteriorly, the cervix is covered by peritoneum. In the cervix there is a transformation zone, which is an area of physiological changes in the squamous and columnar cells of the cervical epithelium. The cervix has a lymphatic system via parametrial, cardinal, and uterosacral routes.[7,8]

Very early cervical cancer lesions are known as cervical intraepithelial neoplasia (Cervical Intraepithelial Neoplasia = CIN) which is characterized by dysplastic changes in the cervical epithelium. Sometimes cervical cancer does not cause

symptoms in patients, even though there has been invasion of tumor cells into the stroma. When the tumor is in its early stages, the early signs that appear are not so specific, such as the presence of profuse vaginal discharge and sometimes spotting bleeding. As the disease progresses, the bleeding becomes more pronounced. At an advanced stage when the tumor has spread beyond the cervix and involves the tissues in the pelvic cavity, signs such as pain that radiates to the hips or legs may result in marked bleeding.[5,6]

Of the several types of gynecologic cancer, cervical cancer ranks second most. In several developing countries, including Indonesia, cervical cancer is one of the health problems faced nationally. Cervical cancer is caused by infection with the Human Papilloma Virus (HPV). Several factors that can cause HPV infection include sexual intercourse at a young age, high parity, use of contraception, smoking, and low socioeconomic status.

Data released by GLOBOCAN in 2018 noted that in the world there were 18.1 million new cases of cancer with a mortality rate of 9.6 million deaths. One in six women in the world experience cancer and one in eleven women die of cancer.[1]

The incidence of cancer in Indonesia, which is 136.2 per 100,000 population, ranks 8th in Southeast Asia, while in Asia ranks 23rd. The highest incidence of cancer in Indonesia for women is breast cancer, which is 42.1 per 100,000 population with an average death rate of 17 per 100,000 population, followed by cervical cancer at 23.4 per 100,000 population with an average death rate of 13.9 per 100,000 population. resident.[2]

Based on data from the South Kalimantan Provincial Health Office, cervical cancer patients in South Kalimantan in 2017 amounted to 461 or 1.9% of 33,000. This figure is still in the pre-cancerous category, although further examinations must still be carried out in order to determine the number of women detected.[4]

II. MATERIAL AND METHODS

A. Subject

The research design used in this study was a cross-sectional observational study. Respondent data was taken at once through structured interviews by filling out a previously prepared questionnaire. Then the data is presented in the form of respondent characteristic data and respondent knowledge data.

The variables in this study are knowledge about cervical cancer and participation in an early detection program for women of childbearing age in the work area of the Kayu Tangi Community Health Center, Banjarmasin City, South Kalimantan.

Respondents knowledge of everything related to cervical cancer, especially its causes, risk factors, symptoms of cervical cancer, how to prevent and early detection.

Respondents participation in early detection programs for cervical cancer such as following counseling about cervical cancer, Pap smear examination or Visual Inspection with Acetic Acid and Cryotherapy and Vaccination of the human papilloma virus (Human Papilloma Virus).

All women of childbearing age (20-40 years) in the work area of the Kayu Tangi Community Health Center, Banjarmasin City, South Kalimantan. The number of samples in this study was 60 respondents who were interviewed to fill out the prepared questionnaire. This research was conducted in the work area of the Kayu Tangi Primary Health Center, Banjarmasin City, South Kalimantan in March 2021.

III. RESULT AND DISCUSSION

In this study, 60 female respondents of childbearing age were interviewed in the work area of the Kayu Tangi Community Health Center, Banjarmasin City, South Kalimantan. All respondents are women of childbearing age with a maximum age of 40 years. The characteristics of all respondents in this study can be seen in Table 1.

Table 1: Sample Characteristics

Charecteristics	N	%
Age:		
20-30 year	30	50
31-40 year	30	50

Number of children:		
Have no children	22	36,67
1-2 children	31	51,67
3-4 children	7	11,66
5-6 children	-	-
> 6 children	-	-
Education:		
Basic (Elementary, Junior High School)	5	8,33
Middle (Senior High School, equal)	7	11,67
High (Diploma, Bachelor)	48	80
Occupation:		
Not working/housewife	7	11,67
Farmer atau Labor	22	36,67
Private Sector	15	25
Government Employees	16	26,66
Military Personel/Police Officer	-	-

There are still many respondents (21.67%) who have never received any information about cervical cancer. Both from health workers at the Puskesmas or hospitals, as well as from friends and social media, and from reading themselves in print media.

Of the 47 (78.33%) respondents who have received information, only 10 (21.28%) have received information from health workers in the form of counseling. Most of the rest (37 or 78.72%) get information from friends, social media and read on their own from various sources including print media. The respondent's education is high enough to make it possible to seek access to information and choose representative sources of information so that it is not too dependent on the role of health workers.

However, when viewed from the answers to questions about cervical cancer, what causes it, and how cervical cancer can occur, the data appear to be inconsistent. Only 43.33% answered correctly that cervical cancer is a malignant disease caused by a virus and attacks the cervix. Only 26.67% answered correctly about the cause of cervical cancer is the papilloma virus in humans. However, 65% of respondents have answered correctly that the papilloma virus in humans can be transmitted through sexual contact. Very few (13.34%) respondents answered correctly that the complaints caused by cancer were long, recurrent and smelly vaginal discharge and vaginal bleeding.

Table 2: Description of Respondent's Knowledge

Have you ever received information about cervical cancer ?		
Not at all	13	21,67
Already one time	30	50
More than one time	17	28,33
Where did you get information about cervical cancer ?		
From health workers at the health center or hospital	10	21,28
From friends and social media	26	55,32
From printed media	11	23,40
If so, what form of media did you get ?		
Counseling	10	21,28
Social Media	28	59,57
Newspaper or other printed media	9	19,15
What do you know about cervical cancer		
Malignant disease caused by bacteria and attacks the uterus.	26	43,33
Malignant disease caused by a virus and attacks the cervix.	26	43,33
Malignant disease of the uterus due to frequent bleeding.	8	13,34

What causes cervical cancer ?		
HPV Virus Infection	16	26,67
Bacterial Infection	34	56,66
Fungal Infection	10	16,67
How does cervical cancer occur ?		
Through sexual intercourse	39	65
During childbirth	15	25
While breastfeeding	6	10
What are the early symptoms of cervical cancer ?		
Pain in the genitals.		
White discharge and bleeding from genitals.	45	75
Nausea and vomiting.	8	13,34
	7	11,66
Which is not a risk factor for cervical cancer?		
Early marriage	15	25
Change partner	38	63,33
Breastfeeding too long	7	1,67
Can cervical cancer be cured ?		
Not at all	7	11,66
Yes, if detected at early stage	16	26,67
yes, if detected at late stage	37	61,67
Can cervical cancer be prevented ?		
Yes	10	16,67
Not at all	5	8,33
Can be prevented depent on the stage	45	75
How to do early detection of cervical cancer?		
X-ray and Ultrasonography	44	73,34
Ultrasonography and Visual Inspection with Acetic Acid (VIA)	8	13,33
Pap Smear and Visual Inspection with Acetic Acid (VIA)	8	13,33
Have you ever done early detection of cervical cancer ?		
Not at all	13	25
One time	5	9,62
More than one time	34	65,38
Where do you do cervical cancer early detection ?		
Primary Healthcare (PMC)	42	80,77
Hospital	4	7,69
Clinic	6	12,54
Do you want to get counseling or early detection of cervical cancer ?		
Yes	54	90
No	2	3,33
Doubtful	4	6,67
Are you not ashamed of having an early detection of cervical cancer ?		
Not at all	49	81,67
Not if conduct by female	1	1,67
Ashamed if conduct by male	10	16,66
Do you know about HPV vaccination to prevent cervical cancer ?		
Not at all	40	66,67
Find out from health workers	16	26,67
Find out from other source	4	6,66
Have you ever had the HPV vaccine ?		
Not at all	54	90
Only Once	2	3,33
More than once	4	6,67

Regarding the involvement of risk factors, most of the respondents did not know that marriage at a young age and that multiple partners are risk factors for cervical cancer.

Most of the respondents (88.34%) knew that cervical cancer could be cured, although 61.67% said that it could be cured even at an advanced stage. Only 26.67% answered that cervical cancer can be cured if it is found at an early stage.

It is interesting to see the respondents' understanding of cervical cancer early detection and papilloma virus vaccination in humans. Most (90%) of respondents' mothers want to get counseling or examination for early detection of cervical cancer. And most (81.67%) do not feel ashamed if an examination is carried out as part of an early detection effort. However, as many as 66.67% of respondents do not know about HPV vaccination to prevent cervical cancer. It is also proven that many (73.34%) answered incorrectly (X-ray examination and ultrasound) as a way to carry out early detection in the context of preventing cervical cancer.

This is in accordance with what is summarized by the World Health Organization WHO. It is said that the high incidence of cervical cancer in developing countries including Indonesia is related to 4 things, namely 1). The low level of awareness of this disease, 2). There is no early detection and prevention program, even if there is a bad quality, 3). Health Deployment does not support, and 4). A referral system that does not exist or does not work well (WHO, 2015).

Most (90%) of respondents have a desire to get information about cervical cancer and 81.67% do not feel ashamed if they do an examination, but it is unfortunate that they do not get it so they do not know about vaccination as a way to prevent cervical cancer. It is also proven that 90% of respondents have never been vaccinated against papilloma virus in humans.

If we look at the respondents' knowledge of cervical cancer, it appears that only 43.33% know that cervical cancer is a malignancy of the cervix caused by viral infection. It was further proven that only 26.67% were aware of the HPV virus as the cause of cervical cancer. Furthermore, only 13.34% of respondents knew the early symptoms of cervical cancer in the form of vaginal discharge and vaginal bleeding. Only 26.67% of respondents know that cervical cancer can be completely cured if it is found at an early stage and treated properly.

Although 75% of respondents have had an examination for early detection of cervical cancer, only 13.33% answered correctly Pap Smear and IVA as a way of doing early detection of cervical cancer.

IV. CONCLUSION

Respondents knowledge of cervical cancer is still low due to the lack of information obtained from both health workers and other sources. Even if you have received that information only once. There are still many respondents (21.67%) who have never received any information about cervical cancer. Most (90%) respondents have a desire to get information about cervical cancer and 81.67% do not feel ashamed if an early detection examination is carried out.Only 26.67% answered correctly that the cause of cervical cancer was the human papilloma virus. Most (66.67%) respondents did not know about HPV vaccination to prevent cervical cancer and 90% had never been vaccinated.

REFERENCES

[1] GLOBOCAN (2018). Latest Global Cancer Data: Cancer Burden Rise to 18,1 Million New cases and 9,6 Million Cancer Deaths in 2018.

[2] Riset Kesehatan Dasar (Riskesdas). (2018). Badan Penelitian dan Pengembangan Kesehatan Kementerian RI tahun 2018.

[3] Depkes. (2015). Infodatin pusat data dan informasi kementrian kesehatan RI:Situasi penyakit kanker di Indonesia. http://www.depkes.go.id/resources/download/pusdatin/infodatin/infodatin kanker.pdf

[4] M. Zainur Rasyid, Maliani. 2018 Kebijakan Pengendalian Kanker Melalui Pelaksanaan Tes IVA (Inspeksi Visual Asam Asetat) Dalam Upaya Deteksi Dini Kanker Leher Rahim Di Banjarbaru. Banjarbaru: Jurnal Kebijakan Pembangunan Volume 13 Nomor 2 Desember 2018 : 123-128

[5] 2013. Deteksi Dini dan Pencegahan Kanker pada Wanita. Jakarta: Sagung Seto

[6] 2006. Onkologi Ginekologi: Buku Acuan Nasional. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo

[7] Manuaba, IBG, dkk. Ilmu Kebidanan Penyakit Kandungan Dan KB. Jakarta : EGC. 2010.

[8] Andrijono. 2007. Kanker Leher Rahim. Divisi Onkologi Dep. Obstetri-Gynekologi. FKUI

[9] Ocvyanti D. Berbagai Teknik Deteksi Dini Kanker Leher Rahim dan Payudara. Jakarta: FKUI/RSCM. 2009.

[10] Diananda R. Panduan Lengkap Mengenai Kanker. Jogjakarta: Mirza Media Pustaka. 2009.

[11] Kementerian Kesehatan RI.2013. Pedoman Pengendalian Kanker Payudara dan Kanker Leher Rahim. Jakarta

[12] Juanda D, Kesuma H,. 2015. Pemeriksaan Metode IVA (I n s p e ksi Vis u a l A s am A s e t a t) u n tu k Pencegahan Kanker Leher rahim. Jurnal Kedokteran dan Kesehatan Volume 2, No 2. pp: 169-174

[13] Peto J, Gilham C, Deacon J, et al. Cervical HPV infection and neoplasia in a large population-based prospective study: the Manchester cohort. Br J Cancer. 2004;91:942–953.

[14] American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 99: management of abnormal cervical cytology and histology. Obstet Gynecol. 2008;112:1419–1444.

[15] International Agency for Research on Cancer. IARC Handbooks of Cancer Prevention: Cervix Cancer Screening. Vol. 10. Lyon, France: IARC Press; 2005.

[16] American Cancer Society. Cervical Cancer. Atlanta, GA: American Cancer Society; 2006. [19 April 2011]. Accessed at http://www.cancer.org/cancer/cervicalcancer/index

[17] Zur Hausen H. Human papillomaviruses in the pathogenesis of anogenital cancer. *Virology* 1991; **184**: 9– 13.