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**RELATIONSHIP OF KNOWLEDGE WITH DETECTION BEHAVIOR
EARLY CANCER OF THE CERVIC IN WOMEN OF REPORTABLE AGE IN
NGIDIHO VILLAGE, BARAT GALELA DISTRICT**

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ABSTRACT
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Background: Knowledge is the result of someone's knowledge in sensing a certain object. Cervical cancer is a malignant tumor that grows in the cervix or cervix. This cancer is caused by infection with the human papillomavirus (HPV). **RESEARCH OBJECTIVES:** To find out whether there is a relationship between WUS knowledge about Cervical Cancer in Ngidiho Village, West Galela District. This study uses a quantitative method with a cross-sectional approach to see the relationship between mothers' knowledge about early detection of cervical cancer in Ngidiho Village, West Galela District. **THE RESULTS** of the study found that WUS knowledge was included in the less category with (76.08%) it can be concluded that there is a relationship between maternal knowledge about cervical cancer and early detection behavior of cervical cancer in women of childbearing age in Ngidiho Village, West Galela District.

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INTRODUCTION

Cervical cancer is a malignant tumor that grows in the neck of the uterus or cervix, which is an area or female reproductive organ which is the entrance to the uterus located between the uterus and the vagina. Cervical cancer is an important health problem for women worldwide. This cancer is the second most common type of cancer in women, worldwide. This cancer is caused by the infection virus HPV (Human Papilloma Virus). If the immune system is reduced then this infection can be malignant and cause cervical cancer.

From the data from the World Health Organization (WHO), it is known that there are 493,243 people per year with cancer and it is estimated that there will be 529,000 new cases every year and 275,000 people per year

Worldwide case mortality with cervical cancer incidence is 52%. In developing countries, Cervical cancer ranks first. In Indonesia, there are 15,000 new cases with 8,000 deaths every year. This cancer is the most common in Indonesian women (33.4% of cancers in women). It is estimated that 1 woman dies every hour. In Jakarta, every 1-2 days, there is 1 woman who dies of this cancer ²

In Indonesia, cervical cancer is cancer gynecology mostly in women in Dr. Hospital. Cipto Mangunkusumo cervical cancer has 62.65% cases of 814 cancers ³ Based on 2017 Basic Health Research Data,

Body Research and Development of the Ministry of Health of the Republic of Indonesia that the Prevalence and Estimated Number of Patients with Cervical Cancer in North Maluku Province are 1.5% based on a doctor's diagnosis, while the estimated absolute number is 1,416 people. The screening interval policy is influenced by the policies of each country.⁵

Cases of cervical cancer at Bethesda Hospital from 2017 to 2020 amounted to 20 mothers who experienced cervical cancer ⁶ Number of KK (family card) in Ngidiho Village, West Galela Subdistrict, there are 471 families and the number of mothers with productive age in Ngidiho Village is 279 mothers and 46 women who are willing to be respondents of childbearing age.¹⁵

Knowledge

Knowledge is very influential on a person's behavior or taking actions, such as things that cause recurrence and the consequences of gastritis, the individual will take an action to avoid this, knowledge is not a determinant in determining how someone takes action. Another thing that can influence someone to take action is motivation.⁷

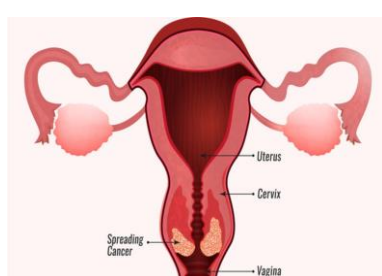
Cancer Cervix

Cervical cancer is cancer that attacks the cervical tissue. The cervix is the organ that connects the vagina to the uterus. Cervical cancer is the third most common malignancy in women in the world with an estimated 569,847 new cases and 311,365 deaths in 2018 (GLOBOCAN). This cancer is also the most common in women aged 15 to 44 years globally.

Until now, cervical cancer is still a major health problem.³

Cervical cancer greatly affects the quality of life of the sufferer, especially due to pain/discomfort and anxiety/depression.⁴ The etiologic cause of cervical cancer is persistent infection with high-risk human papillomavirus (HPV).⁵ HPV is a sexually transmitted virus, and high-risk HPV DNA can be found in 99.7% of cervical cancer specimens.⁸

Gambar. Cervical Cancer



Cervical Cancer Etiology

Cervical cancer is the most common type of cancer that attacks Indonesian women in middle age (30-50 years). The age of 30-50 years is the peak of women's productive age so cervical cancer at that age will affect their physical quality of life and sexual health.²

Etiology The main cause of cervical cancer is infection with Human Papilloma Virus (HPV) Indonesian Cancer Foundation. The process of cervical carcinoma is closely related to the metaplasia process. Changes usually occur in the squamous columnar junction or transformation area (HPV is transmitted through skin contact with an HPV-infected area, through sexual intercourse. HPV has more than 150 types, 13 of which are cancer-causing types known as types high-risk HPV that has a high

risk of causing cervical cancer are HPV types 16 and 18. This type of HPV is transmitted through sexual contact and most people are infected with HPV shortly after the onset of sexual activity, but it takes years to become cancerous⁹

Cervical Cancer Symptoms

Symptoms of cervical cancer often do not cause signs and symptoms. Symptoms will appear if you have entered the stage of cervical cancer. Symptoms of cervical cancer.

Early Symptoms:

- a. Abnormal vaginal bleeding, such as bleeding after sexual intercourse, bleeding outside the menstrual cycle, or postmenopausal bleeding.
- b. Menstruation is heavy and lasts more than 7 days
- c. Excessive vaginal discharge and smells bad.
- d. Pain during sexual intercourse

Cervical Cancer Risk Factors

Women who have a high risk of cervical cancer according to the American Cancer Society (2016); CDC (2016); is Human Papilloma Virus (HPV) infection Human Papilloma Virus (HPV) can infect cells on the surface of the skin, and those that line the genitals, anus, mouth, and throat. HPV can be spread from one person to another through skin-to-skin contact. One way HPV is spread is through sexual intercourse, including vaginal, anal, and even oral sex. HPV infection in women can not all-cause cervical cancer. This virus will disappear by itself if women infected with the HPV virus have a good immune system. There are 150 types of HPV which are grouped into low-risk HPV types and high-risk HPV types. Low-risk HPV types are the cause of warts on

the lips or tongue, in about 10 male and female genitalia, and the anal area. Low-risk HPV types rarely cause cancer. Other types of HPV are called high-risk types because they are strongly associated with cancer. The types of HPV that have the highest risk of cervical cancer are HPV 16 and HPV 18.

Cervical Cancer Early Detection Behavior

Behavior is a form of response or reaction to a stimulus or stimulus from outside the organism (people), but in responding it depends. This means that although the stimulus is the same for some people, each person's response is different. The behavior of early detection of cervical cancer itself is a form of examination response that is useful as a screening check and the presence of a tracer of cell changes towards malignancy so that pre-cancerous abnormalities can be detected early.¹⁶ Early detection of cervical cancer is done with a Pap smear. For women over the age of 25 who are married or have had sexual intercourse, it is recommended to have regular pap smears once a year.

The form of behavior for early detection of cervical cancer is seen from the form of response to the stimulus, then the behavior can be divided into two closed behavior (covered behavior) and overt behavior (overt behavior). In the behavior of early detection of cervical cancer, the response to the stimulus is clear in the form of action or practice, which can be easily observed or seen by others.

Early detection of cervical cancer

1. Understanding

Early detection of cancer is to identify a disease or disorder that is not clinically clear by using certain tests, examinations, or procedures that can be used quickly to distinguish people who appear to be healthy, really healthy from looking healthy but suffering from a disorder. Early detection is the main prevention effort for women who do not have cervical cancer symptoms and has been proven to be very effective in reducing morbidity and mortality in recent years.

2. Detection

Early detection aims to find the presence of cancer early, i.e. cancer that can still be cured to reduce cancer morbidity and mortality.

3. Basics of Conducting Detection

Cancer detection is based on the following facts:

- a. The course of cancer usually starts from this cancer or local cancer at the cellular level or the local stage of the cancer is generally quite long before foreign invasion or metastases.
- b. Many cases of cancer arising from tumors or precancerous lesions have been around for a long time.
- c. More than 75% of cancer cases are in the range or place the place that is easy to check so that young people can be found.
- d. Cancer patients generally only come to the doctor after the disease is in an advanced stage.

4. Early detection time

WHO recommends early detection intervals:

If early detection is only possible once in a lifetime, it should be done in women between the ages of 35-45 years.

For women aged 25-49 years, if resources allow early detection should be done every 3 years.

5. If twice in a row the results of the previous early detection are negative, women over the age of 65 do not need to undergo early detection. Not all women are recommended for early detection once a year.

a. Early Detection Method

Methods for early detection of cervical cancer according to early detection of cervical cancer can be done by various methods including 1). IVA test, IVA stands for visual inspection with acetic acid. It is an examination of the cervix which is used to detect cervical cancer first. Examinations and results are processed directly without waiting for laboratory results. In the IVA test, you need acetic acid or vinegar with a level of 3-5 percent, which is then rubbed on the cervix. After that, the results are immediately known, whether Miss V has cervical cancer or not.

b. Pap Smear

Through this test, pre-cancerous stages or conditions before cancer occurs can be detected. This examination checks the condition of a person's cervical or cervical cell tissue. In this test, the doctor will take a small part of the cervix, then continue to check in the

laboratory. Therefore, this test must be done when you are not menstruating. Pap smears are better done regularly, for example once every three years when you are sexually active.

c. Thin Prep liquid-based method is more accurate than Pap Smear, the doctor or expert will take a sample from the cervix or cervix. A thin Prep examination will examine all parts of the cervix. The sample is put into a vial via a Thin Prep bottle which contains a liquid. The sample cells were immediately preserved to be sent to the laboratory. A special membrane is used to make preparations with thin slices. A thin layer consisting of cells will show suspicious elements if infection or abnormal tissue Within the first 3 years after sexual intercourse or more reaching 21 years, this examination should be carried out, then routinely every year this examination should also be carried out If there are symptoms of HPV infection then this examination should be done more often.

Women of childbearing age

Women of childbearing age (Women of Productive Age) are women aged 18-49 years who are not married, married, or widowed. Several factors influence the occurrence of cancer (cervical) in women of childbearing age including age, age at first marriage or sexual intercourse, smoking, contraceptives used, the number of parity that often changes partners, and early detection that is not done. What is meant by women of childbearing age (WUS)

are women whose reproductive organs are functioning properly between the ages of 25-45 years.

METHOD

This research uses quantitative methods with a cross-sectional approach to see the relationship between maternal knowledge about early detection of cervical cancer. The instrument (data collection tool) used by researchers in this study is a questionnaire to measure the level of knowledge of mothers about the early detection of cervical cancer. The questionnaire used to measure the mother's level of knowledge about cervical cancer is a closed questionnaire containing several questions regarding cervical cancer. And respondents are asked to choose true or false from the question.

Data analysis is intended to answer the research objectives and test the research hypotheses. Data were analyzed using a computerized system with an SPSS program with a *chi-square statistical test (X²)* at a significance level of 95% (α 0.05).

This research will be carried out in Ngidiho Village, West Galela District. This research will be carried out from October to November 2020. The population in this study were mothers of productive age in Ngidiho Village, West Galela District, amounting to 46 mothers. The sample in this study were mothers of productive age who were willing to become respondents who met the inclusion criteria as many as 46 mothers.

Inclusion Criteria

Inclusion criteria are standard criteria that are set before research is carried out. The inclusion criteria used to determine whether a person can participate in this research are:

- a) Mothers of working age who are married
- b) A mother who is in the Ngidiho Village area, West Galela District
- c) A mother who is willing to be a responder

Results

Table 4.2.1 Distribution of Respondents by Age of Women of Childbearing Age.

Age	N	(%)
25-35	32	70%
36-40	8	17%
41-45	6	13%
Amount	46	100%

Data Source 2020

Based on the table above, the distribution of respondents shows that the majority of respondents are in the age group of 25-35 years with a total of 32 respondents (70%) while respondents aged 36-40 years are 8 respondents (17%) and the least are with ages between 41- 45 years only 6 respondents (13%)

Table 4.2.2 Distribution of Respondents by Education of Women of Childbearing Age

Education	N	(%)
SD	28	61%
junior high school	9	20%
senior High School	5	11%
Diploma	2	4%
S1	2	4%
Amount	46	100%

Data Source 2020

The table above shows that most of the respondents who have the most recent education are

in elementary school with a total of 28 respondents (61%) and respondents who have the last education in high school are 5 (11%) and respondents whose last education in junior high school are 9 respondents (20%) and respondents with S1 graduate education totaling 2 respondents (4%) while respondents with Diploma graduates only 2 respondents (4%)

Table 4.2.3 Distribution of Respondents by Occupation of Women of Childbearing Age

Work	N	(%)
Teacher	2	4%
Midwife	2	4%
IRT	42	91%
Amount	46	100%

Data Source 2020

From the job distribution, most of the respondents are housewives, namely 42 respondents (91%) and mothers with jobs as teachers as many as 2 respondents (4%) and respondents with jobs as midwives are 2 (4%)

Table 4.2.4 Distribution of Respondents by Number of Girls of Childbearing Age

Number Of Children	N	(%)
1-2	33	72%
3-4	8	17%
5-6	5	11%
Amount	46	100%

Data Source 2020

The table above shows that most respondents have 1-2 children, namely 33 respondents (72%) and respondents with 3-4 children as many as 8 (17%), and respondents with 5-6 children totaling 5 (11%)

Table 4.2.5 Distribution of Respondents by Knowledge of Cervical Cancer

Knowledge	N	(%)
Know	22	48%
Do not know	24	52%
Amount	46	100%

Data Source 2020

The distribution above shows a level of knowledge of women of childbearing age about cervical cancer, symptoms of cervical cancer, causes of cervical cancer, and prevention of cervical cancer. do not know there are 22 respondents (52%)

Table 4.2.6 Distribution of VIA Examination on the Behavior of Early Detection of Cervical Cancer

Behavior	N	(%)
Yes	4	9%
no	42	91%
Amount	46	100%

Data Source 2020

The distribution above shows that most of the respondents did not perform early detection of cervical cancer, namely 42 respondents (91%) and respondents who did early detection of cervical cancer only 4 respondents (9%)

Bivariate Analysis

Table 4.2.7 Distribution of Knowledge of Cervical Cancer and Behavior of Early Detection of Cervical Cancer in Women of Childbearing Age in Ngidiho Village, West Galela District.

CERVICAL CANCER							
Peng know	Know	Don't Know	N	%	X ² Cou	X ² Tab	p
	N	%	N	%	nt	le	

Good	9	19.	2	4.35	1	23.			
		57			1	92			
Not enough	1	32.	2	43.48	35	76.0	5.0	3,8	0
	5	61	0			8	91	41	.05
Amou nt	2	52.	2	47.82	4	10			
	4	18	2		6	0%			

From the table above, the relationship between knowledge about cervical cancer and early detection behavior in women of childbearing age in Ngidiho village, West Galela sub-district, namely women of childbearing age with good knowledge of 11 respondents (23.92%) who know early detection of cervical cancer as many as 9 respondents, while who do not know as many as 2 respondents (4.35%). And women with poor knowledge as many as 35 respondents (76.08%) and women of childbearing age who do not know about early detection of cervical cancer as many as 20 respondents (43.48%) and 15 respondents (32.61%) know.

DISCUSSION

Cancer is a malignant tumor that grows in the cervix, namely the female reproductive organs, precisely the uterus with a sangoma cavity (vagina). This cancer is one of the most feared diseases and is seen as the main cause of death worldwide. Diseases that can cause death are still a threat to human welfare and health in general.

This research was conducted using a questionnaire with 46 respondents taking the characteristics of respondents ranging from age, education, occupation, number of children, and a list of other questions to measure the level of knowledge of women of childbearing age about cervical cancer

with early detection behavior in Ngidiho Village, Kec. Galela Barat. And the results of the research that were obtained by the researchers were that most of the WUS in Ngidiho Village, Kec., aged 25-35 years (70%) with the last education at SD (61%) and had 1-2 children (72%) with the status of Housewife work (91%) and Wu's knowledge about cancer are in the category of less or do not know (76.08%) and Wus behavior towards early detection that most of Wus do not do IVA/Pap smear examination (91%) and mothers say no have received information or health promotion about cervical cancer :

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