



PRIMARY RESEARCH

Increasing women's awareness on the importance of early detection of cervical cancer through socialization method and focus group discussion in Sabdodadi village Bantul, Yogyakarta

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Abstract. Cervical Cancer ranks the second most suffered Cancer in Indonesia. On average, 2.5 women are getting affected, and 1.1 women are facing death every hour. The prevalence of incidence of Cervical Cancer in Yogyakarta is 1.5%. It is the highest. The rise of the prevalence is because of the late diagnosis. Early detection needs to be done to prevent deadly late stadiums. Visual Inspection Acetat Acid (VIA) test is a method to detect cervical cancer early. Unfortunately, many women do not know the importance of early detection and the VIA method. It makes women feel doubts, worries, and shame. As shown in the survey on Sabdodadi Village, Bantul, there are 285 women out of 334 women at cancer-risked age who have not done the test. The increase of women's understanding of the importance of early detection of cervical Cancer and the VIA test and the increase of women's participation in early detection of cervical cancer. The information about Cancer and VIA test is shared through socialization with slides and leaflets. After the presentation, the participants are divided into small groups, and they are asked to explore what they know. They feel about early detection of Cervical Cancer and the VIA test. The participants are straightened out of their misunderstandings about cervical Cancer and the VIA test. The reasons women have not done the test are the feeling of shame to do the test, the lack of information, the fear to do the test, and the taboo custom to examine their genitalia. The result of the socialization and focus group discussion is the increase in the number of women to do the VIA test. Thirty-six women qualified to do the VIA test participated in early detection through the VIA test provided by midwifery students in cooperation with Indonesia Cancer Foundation (Yayasan Kanker Indonesia). There is a correlation between women's knowledge about early detection and women's participation in early detection. The level of knowledge affects their behavior and belief, so women do not know and are unwilling to do the VIA test.

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INTRODUCTION

Cervical cancer is a malignant neoplasm that occurs in the cervix, the narrow part at the bottom between the vagina and womb [3]. Cervical cancer is the fourth leading cause of death of women in the world in 2012, with an estimated number of 265.700 deaths. 90% of cervical cancer occurs in developing countries: 60.100 deaths in Africa, 28.600 in Latin America and the Caribbean, and 144.400 in Asia. Cervical cancer is the fourth cancer which is widely detected in women in 2012, with an estimated 527.600 new cases in the world [7]. In developing countries, cervical cancer ranks the second cancer that was suffered by

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women and is the leading cause of cancer death in women [8, 9, 12, 19]. In Indonesia, the cervical cancer is estimated to appear in 40-45 new cases every day, and 20-25 women die. It means that every hour, one woman dies because of cervical cancer [4, 5]. Yogyakarta has the highest prevalence of cervical cancer in Indonesia.

It amounts to 2.703 people in 2013 [2]. Cervical cancer is caused by HPV (human papilloma virus) infection. Sexual intercourse at young age and multiple sexual partners can increase the risk of HPV infection [8, 12, 14]. Women who have only one sexual partner may also suffer from cervical cancer, because cancer can be caused due to several factors, such as using oral contraceptives for a long period, smoking, and high parity [8, 9, 12, 15]. A well-proven way to prevent cervix cancer is by doing early detection to find pre-cancers before it turns into late stage cancer [3].

VIA test is used for this detection. Early detection increases the chance of successful treatment by finding cervical cells changing into pre-cancer stage earlier. Most invasive cervical cancers are found in women who have not had regular VIA test [3, 6, 13]. According to the Indonesia's Ministry of Health [16], early detection method appropriate with the conditions of developing countries such as Indonesia is VIA, because VIA is easy, simple, low cost, highly sensitive, fast and accurate enough to find abnormalities in the stage of cell disorders (dysplasia) or before precancerous [3, 4, 6, 10]. The objective of this study is increasing women's understanding about early detection of cervical cancer. Through the improvement of knowledge, women will participate to do early detection by VIA test.

LITERATURE REVIEW

Cervical cancer can be detected early before even precancerous lesions stage. Early detection is one of the primary prevention efforts in health care. VIA test is an early detection method for cervical cancer. This examination can reduce the incidence of invasive cervical cancer by 50% or more [6]. Women are usually infected by HPV when they are in teens to thirties, although the cancer itself will begin to be visible 10-20 years later. The onset of cancer is preceded by changes in circumstances that are called precancerous lesions or Cervical Intraepithelial Neoplasia (NIS), it usually takes several years before it develops into cancer.

Therefore, there is actually chances to detect changes in the cells of the cervix with Papsmear or VIA. The price of treatments for early stage cancer is also lower and the chances of recovery for the patients are higher [1, 6]. VIA test is a visual examination with the naked eye inspection of the entire surface of the cervix with the acetic acid / vinegar 3-5%. By applying acetic acid on the cervix and seeing the reaction changes, precancerous cells can be detected. The costs were also low. The VIA test is recommended for all women aged from 30 to 50 years and women who have had sexual intercourse [3, 4, 6, 10].

Acetic acid alters the abnormal cells into becoming whiter and more prominent than the surface of normal cells. VIA test is almost as effective as pap smears in detecting precancerous lesions and can be in primary health care facilities. According to WHO, VIA test must be done for women at least once at the age of 35-40 years old. If facilities are available, VIA test must be performed every 5 or 10 years at the age range of 35-55 years old. Ideal and optimal screening must be done every three years for women aged from 25-60 years old. In Indonesia, women who have positive result for VIA test must do the examination once a year. If the result is negative, VIA test can be conducted once every five years [16].

RESEARCH METHOD

In 2014, the three authors were involved in undertaking one-day seminar on cervical cancer in Sabdodadi Village, Bantul, Yogyakarta. This seminar was included as part of community service and health improvement programs. We did not have formal ethic approval for this study. This is a qualitative descriptive study that examined the knowledge of women cancer-aged-risk about early detection of cervical cancer.

The participants were informed about cervical cancer and its early detection through socialization method which used slides and leaflets after forum group discussion was held. The participants were divided into small groups. This session involved getting participants to write down on a piece of paper their knowledge about early detection of cervical cancer. These pieces of paper were then collected in the box, mixed up and collated and reported back to the group.

The participant was asked permission for the pieces of the paper to be kept and combined with other pieces of paper collected. They were advised we would like to analyze their reasons and write a paper on the major categories that emerged with the aim to present the findings at conferences and a publication. Participants were reassured about that there would be no way to identify their individual comments as there were no names on the papers. They were asked to explore what they know and feel about early detection of cervical cancer and VIA test after the socialization was done.

In this session the participants were also straightened out of their misunderstandings about cervical cancer and VIA test. After the participants were informed and understood about the importance of early detection of cervical cancer, they were offered to do the VIA test which will be held in May 2014 in one of the rooms of village meeting hall building. VIA test will be provided by midwife and midwifery students of Universitas Gadjah Mada in cooperation with Indonesia Cancer Foundation of Yogyakarta. The participants must qualify the requirements of VIA test to be examined.

Participants

The Participants for this study are 334 women who were participating in the survey of rural community. We gathered demographic data in this study in table 1. The participants are women who have married, have done sexual intercourse, and lie in the age range from 30-60 years old.

Analysis

Basic health research (Riset Kesehatan dasar) which is carried out by Department of research and development health ministry of Indonesia in 2013 found prevalence rate of cervical cancer in the population of all ages in Indonesia is 1.4%. The highest prevalence of cervical cancer is in Yogyakarta province which is amounted to 4.1%. The rural community survey 2014 in Sabdodadi Village showed that 285 of 334 Women are still embarrassed to be examined by VIA test for early detection of cervical cancer.

Respondents' level of knowledge about early detection of cervical cancer and its method is low. It is shown by Figure 1 that the respondents who have ever heard or known about this are only 7 women or 18.7%. 306 women or 92.82 % respondents answered they have never heard about early detection of cervical cancer. Many reasons were provided when they were asked about why they still have no knowledge about it. Figure 2 showed their reasons by age level.

TABLE 1 . Socio-demographic data of respondents

Characteristic	Total	%
Age	79	23.65
30-40 years old	184	55.08
41-55 years old	54	16.16
55-60 years old	17	5.08
60> years old		
Level of education		7.78
No School/ uncomplete Primary	26	
Primary School	75	22.45
Junior High School	74	22.15
Senior High School	106	31.73
Undergraduate	53	15.86
Marital Status		
Single	0	0
Married	329	98.50
Divorced	5	1.49
Occupation		
Housewife	132	39.52
Entrepreneur	55	16.46
Farmer	93	27.84
Staff	28	8.38
Others work	26	7.78
Genetical Cancer history		
None	318	95.20
Have genetical cancer history	16	4.80
Total Respondents	334	100

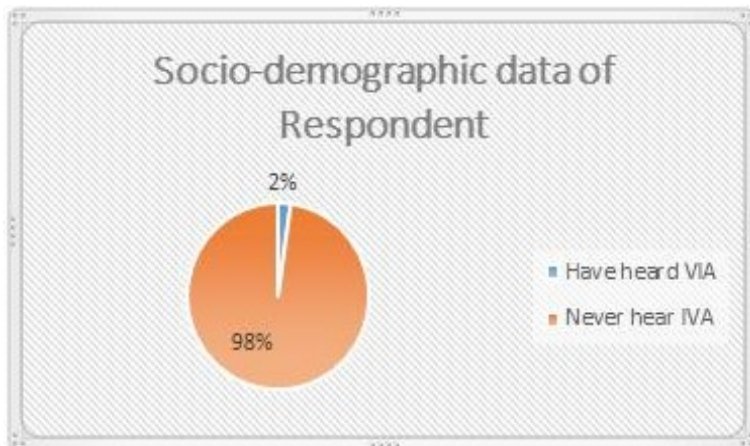


FIGURE 1 . Respondents’ level of knowledge about early detection of cervical cancer and its method

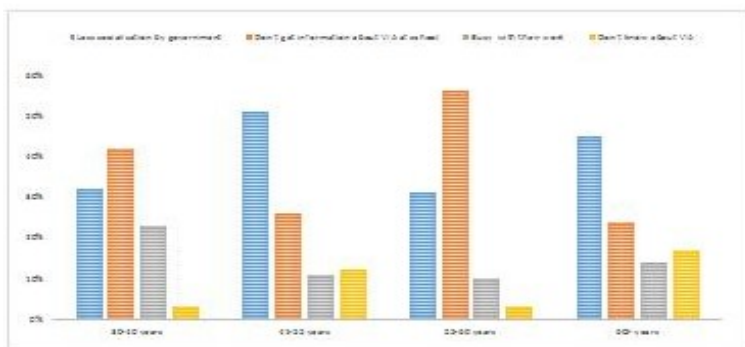


FIGURE 2 . The causes of respondents’ lack of knowledge about early detection of cervical cancer and its method

From the 334 women who participated in the program of socialization and focus group discussion about cervical cancer, 36 women or 11% were willing to do VIA test which is held in Sabdodadi Village. This test was free of cost.

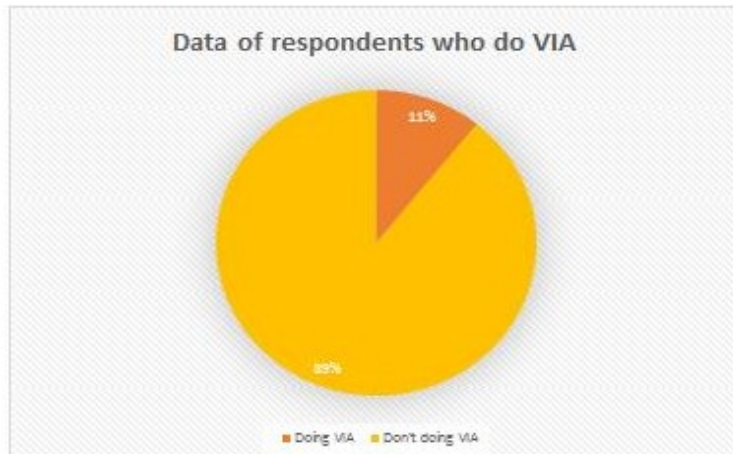


FIGURE 3 . Participation of respondents in VIA test

The lack of knowledge about early detection of servical cancer affected the willingness of respondents to do VIA test which was held. 89% women who did not participate in VIA test provided their reasons such as feeling embarassment, fear, on menstrual period, and had sexual intercourse <24 hours before examination. The figure 4 shows the reasons of respondents for not doing the test after they have given the information about the cervical cancer and the method of its early detection.

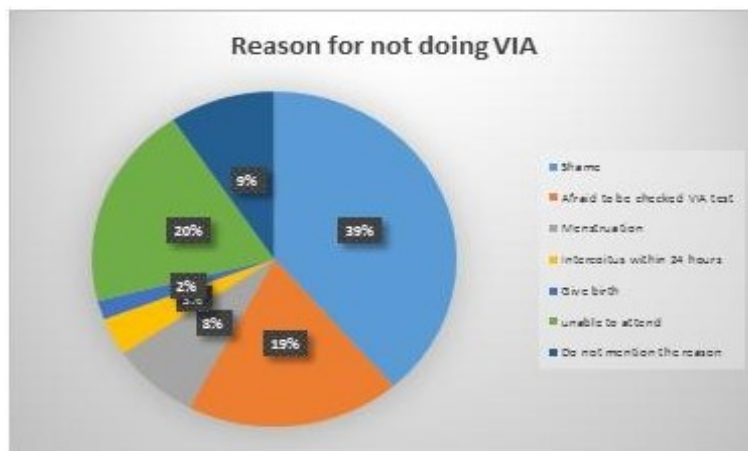


FIGURE 4 . Reasons for not doing the VIA test

FINDINGS

There are 36 of 334 women who participated in the seminar and forum group discussion agreed to be examined with VIA test. 298 women were not able to be examined because were unable to attend, had sexual intercourse in the last 24 hours, recently gave birth, feared, and mostly still felt embarassed to do VIA test. We found the problem why the

women still do not want to be examined with VIA test is reluctance from women because of feeling unwilling and doubt towards the procedure of VIA test which is exposing their private area. Women are also afraid of the procedure and the result of VIA test. The role of government and women health cadres is not still felt because they have never held the health education session about cervical cancer before. The role of husbands has not been involved to motivate and support their wives to do early detection inspite of the fact that the impact of husband is huge on women.

DISCUSSION

Cervical Cancer ranks the second most suffered cancer. Most cervical cancers are caused by HPV infection, which is transmitted through sexual intercourse. The incidence increases in women who have sex at young age and have more than one sexual partner [8]. Even if they only have one sexual partner, women are also risked to suffer the cervical cancer. The social constraints and socio-cultural community are the indirect risk factors of the high incidence of cervical cancer in developing countries. Social constraints related to knowledge and awareness of women to do early detection of cervical cancer. In this village, the women mostly have low level of education. Knowledge has a huge influence on health. Knowledge and awareness are factors which are needed in efforts to encourage women to do early detection. The level of education of participants is below middle school. According to Bansal *et al.* [17], the low level of knowledge is one of the risk factors of cervical cancer. The level of education affects the assumption towards the information that he/she gets. Knowledge is also the important domain for the formation of a person's actions (overt behavior). Behavior based on knowledge will be more lasting than the behavior that is not based on knowledge. By doing early detection, low-grade lesions will be found before they become cancer stage. However, the knowledge of women on cervicl cancer is found to be poor. The lack of knowledge about the risk factors coincides with how there are still many women who have never been examined with VIA test to do early detection of cervical cancer even they still do not know about the cervical cancer and the detection methods.

Early detection of cervical cancer is very necessary for this community. As shown in a survey, 4.80% of women in this community have a history of cancer in their family. With early detection, low-grade lesions will be found before they become cancerous. However, in line with the lack of knowledge about the risk factors, many people who have never done early detection of cervical cancer did not even know anything about early detection of cervical cancer [6]. In general, there is incidence of cervical cancer in developing countries because of social problems and socio-cultural community. Social problems are related to knowledge and awareness of individuals to do VIA test [18, 11, 20]. The level of knowledge and low awareness are determinants of the reason why women decline to do VIA test. VIA test is done with the examination of private area (genitalia).

This kind of examination is declined related to a taboo concept that is believed by women. The role of government still provides less impact to promote this secondary prevention of cancer to all women. The socialization of VIA test has never been held before. Women in this village also have never got the information about VIA test and the purpose even in school and from health public center. There were also women who had not understood and were not unwilling to know about reproductive health. So it is not easy to encourage women to open their self and agree to be examined with VIA test. Similarly, it also happened with the women in Sabdodadi villlage, Bantul, Yogyakarta. 89% women with cancer-age-risk who have never been examined with VIA test to do early detection of cervical cancer most frequently stated that they are embarrassed and afraid to be exam-

ined. Forum group discussion chosen as the method of transfer of information about the importance of early detection of cancer and VIA test procedure in the seminar program is a forum where participants and facilitators can share their knowledge and experience. This method aims to provide an overview of women who have experienced examination of VIA test and can motivate other women to do the VIA test. In the FGD, participants can more freely explain the reason why they have not done the VIA test and they are straightened out misunderstandings about VIA test procedures. VIA test can be performed easily at low price and result is out immediately. VIA test is carried out by students and lecturers of midwife in cooperation with the Indonesian Cancer Foundation. Participants who followed the screening VIA numbered to 36 people with a lifespan of 30-60 years (Table 1). Participants who followed the examination VIA were women who have requirements, i.e. a) have had sexual intercourse, b) not in menstrual period, c) unpregnant, d) did not have sexual intercourse in the last 24 hours? In practice, many obstacles remain to encourage women to do VIA test. Women who have agreed to be examined with VIA test do not have support from their husbands. They were not permitted by their husbands to be examined. There are also women who respond that they have had sexual intercourse in the last 24 hours. These things happened because the husband was not involved to support his wife's reproductive health while patrilineal culture in the sabdodadi village is still strongly believed. This affects women's reproductive health right that is still their husband's authority.

CONCLUSION

The increased incidence of cervical cancer in developing countries is related to social problems and socio-cultural community. The level of knowledge and low awareness are determinants of the reason why women decline to do VIA test. VIA test is done with the examination of private area (genitalia). This kind of examination is declined related to a taboo concept that is believed by women. So, the level of knowledge takes an effect to their behavior and their belief so women do not know and are unwilling to do VIA test. Transferring knowledge and information about early detection of cervical cancer can be done through socialization and forum group discussion. FGD can also make women more open about themselves so problems of each woman are explored more easily in terms of the VIA test.

RECOMMENDATIONS

Increasing women's participation in VIA test could be done by periodic and continuous counseling. Information and experience sharing sessions should be held and facilitated by health workers and women who have already done VIA test. Husband's role should also be involved in supporting the reproductive health of his wife by providing relevant information and understanding of the importance of VIA as a method of early detection of cervical cancer.

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