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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 cancers in Indonesia. On average, there are 2.5 women getting affected and 1.1 women 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 in order to prevent deadly late stadium. Visual Inspection Acetat Acid (VIA) test is a method to do an early detection of cervical cancer. Unfortunately, many women do not know the importance of early detection and VIA method. It makes women feel doubts, worries, and shame. As it is shown in the survey on Sabdodadi Village, Bantul, there are 285 women out of 334 women at cancerrisked-age who have not done the test. The increase of women's understanding about the importance of early detection of cervical cancer and the VIA test and also the increase of women's participation to do an early detection of cervical cancer. The information about cancer and VIA test are 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 and feel about early detection of cervical cancer and VIA test. The participants are straightened out of their missunderstandings about cervical cancer and VIA test. The reasons of why 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 also the taboo custom to examine their genitalia. The result of the socialization and focus group discussion is the increase of number of women to do the VIA test. 36 women who were qualified to do VIA test participated in early detection through VIA test provided by midwifery students in cooperation with Indonesia Cancer Foundation (Yayasan Kanker Indonesia). There is correlation between women's knowledge about early detection and women's participation to do the early detection. 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.

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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,

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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 heath 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

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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 Indoensia 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 camcer 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

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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

ISSN: 2517-9616 DOI: 10.20474/jahms-3.1.2 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.



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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

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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 village, Bantul, Yogyakarta. 89% women with cancer-age-risk who have never been examined with VIA test to do early detection of

