International Journal of Multicultural and Multireligious Understanding

http://ijmmu.com
editor@ijmmu.com
ISSN 2364-5369
Volume 10, Issue 5
May, 2023
Pages: 190-196

Relationship of Knowledge and Attitudes with Cervical Cancer Prevention Behavior in Early-Age Married Mothers

Nurlina Subair; Andi Alim

Department of Sociology Education, University of Muhammadiyah Makassar, Indonesia

http://dx.doi.org/10.18415/ijmmu.v10i5.4635

Abstract

Cervical cancer usually appears in mothers who marry at an early age. This role must be balanced with knowledge, attitudes and good behaviour. This study aims to determine the knowledge and attitudes of cervical cancer prevention behaviour in mothers who marry at an early age. Cross-sectional analytical research method. The study population was 40 people, the sample was taken by total sampling. Data were analyzed using the chi-square test with a significance level of $p < \alpha$ (0.05). The results of this study found that there was a significant relationship between knowledge and attitudes with cervical cancer prevention behaviour with $p = 0.022$ and $p = 0.047$, respectively. Lack of cervical cancer prevention behaviour in married mothers at an early age can lead to cervical cancer. The lack of cervical cancer prevention behaviour is due to a lack of knowledge about cervical cancer prevention so that it does not produce a positive attitude. To reduce the incidence of cervical cancer in mothers who marry at an early age, it is hoped that the participation of health workers, especially nursing personnel, to provide education about cervical cancer prevention.

Keywords: *Knowledge; Attitude; Behavior; Cervical Cancer; Indonesia*

Introduction

Cervical cancer is a malignant tumor that grows inside the cervix (the lowest part of the uterus that attaches to the top of the vagina). The cause of cervical cancer is not known with certainty, however, about 95% of cervical cancer is thought to occur due to the *Human Papilloma Virus* (HPV) (Arisusilo, 2011). Cervical cancer is the second most common cancer in women worldwide after breast cancer. The World Health Organization (WHO) reports that currently there are an estimated 11-12 million cancer patients worldwide, with 6-7 million of them in developing countries (Depkes RI, 2008b). According to report *Global Cancer Observatory* the 2018, there are 32,469 cases per year, in Indonesia there are 348,809 cases, with a death rate of 18,279 people, this figure puts Indonesia in second place for cervical cancer cases in the world (Ferlay et al., 2019).

In Indonesia, cervical cancer is the most common malignancy and is the first cause of death in women in the last three years. It is estimated that the incidence of this disease is around 100,000 inhabitants (Rasjidi, 2009).

Cervical cancer of the uterus can be stopped, the population rate which tends to increase, while reducing the health burden of the country, through awareness of early screening for early symptoms of cervical cancer and high proactivity from health workers in charge (Marliana, 2014).

By WHO, the world health agency, the death rate for women with cervical cancer is estimated to be 250 people each year, or every two minutes a woman dies (World Health Organization, 2007).

HPV (*Human Papilloma Virus*) is the main cause of cervical cancer, which is shown to be quite high, which is around 99%, especially in developing countries, but the existence of a cervical monitoring program can reduce the incidence by 50% (Tilong, 2012).

In Indonesia, people with cervical cancer reported by the Ministry of Health of the Republic of Indonesia are estimated to be around 90-100 among 100,000 inhabitants per year, and at the same time place in the first rank of cancer patients who attack women starting at the age of 20 years and reaching the peak of 50 years, by the Ministry of Women's Empowerment and child protection records 45-50 new cases per year, and around 20-25 deaths (Sjamsuddin, 2001).

Deaths due to cervical cancer which are considered quite high in Indonesia are due to, among other things, a lack of education in the form of knowledge about cervical cancer, risk factors and lifestyle, in addition to this. aggravated by the inaccuracy of choosing health care facilities which have an impact on an advanced stage and require increased costs (Yayasan Kanker Indonesia (YKI), 2012). One-third of cancer cases including cervical cancer come to health care facilities at an advanced stage or at least stage two, where the cancer has spread to other organs throughout the body, resulting in higher medical costs and higher mortality rates. Early symptoms of cervical cancer cannot be felt, usually the health party only finds out after the patient comes to check it. This is what makes cervical cancer detection late.

Knowledge influences the participation of women to undergo screening for early detection of cervical cancer. Providing information about cervical cancer and cervical cancer prevention increases the number of women who undergo screening. One of the predispositions of cervical cancer early detection behavior is influenced by attitude. A positive attitude towards cervical cancer and cervical cancer prevention supports a woman to undergo a checkup. The negative attitude is that you do not need to be tested if you have no symptoms and it is better to live your life as usual. This statement can prevent women from undergoing the examination. The behavior of early detection of cervical cancer is a factor that influences the incidence of cervical cancer. Health behavior is all activities or activities of a person, whether observable or not related to the maintenance and improvement of health.

Health behavior is influenced by three main factors, namely predisposing factors, enabling factors, and reinforcing factors. Attitude is one of the predisposing factors of behavior. One of the predispositions of cervical cancer early detection behavior is influenced by attitude. A positive attitude towards cervical cancer and cancer prevention supports a woman to undergo cervical cancer screening. The process of forming attitudes is influenced by stimulus, which is knowledge that will later be processed to produce attitudes (closed) and behavior (open).

Cervical cancer has increased in women who marry at an early age (aged> 20 years, but can appear in older women (aged 35-55), this is due to low knowledge and low awareness of the dangers of cervical cancer estimated in Indonesia. Every day there are 44 new cases and 20 of them die (Sibagariang, 2010).

According to data obtained by researchers in the working area of the Kassi-Kassi Makassar Health Center that in 2013 the number of mothers who married at an early age (≤20 years) was 486 people. and every month there were around 40 mothers who married at an early age. The number of cervical cancer patients at Kassi-Kassi Health Center in 2013 was 19. Based on several previous studies, mothers who married at an early age (≤20 years) were more at risk of cervical cancer.

Research Method

The research design used was descriptive analytic with *cross sectional* design. It was a design used to determine the effect of independent variables on the dependent variable by collecting data simultaneously (Notoatmodjo, 2010b). This study is to determine the relationship between knowledge and attitudes of early marriage mothers with cervical cancer prevention behavior in the working area of Puskesmas Kassi-Kassi Makassar". The sampling technique used was total sampling and still refers to the inclusion criteria that have been set previously, mothers who were married at an early age (under ≤ 20 years of age) who have participated in posyandu in the working area of the Kassi-Kassi Puskesmas, and are willing to be respondents.

Results

Frequency Distribution of Respondents based on Knowledge, Attitudes and Behavior

Based on table 1 in a review of the client's knowledge in preventing cervical cancer at the Kassi-Kassi Makassar Health Center, it was found that respondents who had low knowledge were 25 people (62.5%) and those who had high knowledge were 15 people (37.5%) . As for the attitudes of clients in preventing cervical cancer, it was found that respondents who had negative attitudes were 26 respondents (65.0%) and those who had positive attitudes were 14 respondents (35.0).

Table 1. Frequency Distribution of Respondents based on Knowledge, Attitudes and Behaviors in the working area of the Kassi-Kassi Public Health Center, Makassar.

Variables in	n	%
Knowledge		
Low	25	62.5
High	15	37.5
Attitude		
Negative	26	65.0
Positive	14	35.0
Behavior		
Less	20	50.0
Good	20	50.0
Total	40	100.0

Source: Primary Data, July 2020

Table 1 above also shows the client's behavior in preventing cervical cancer in the working area of the Kassi-Kassi Public Health Center in Makassar, it was found that respondents who had less behavior were 20 respondents (50.0%), and those who had good behavior were 20 respondents (50). , 0%).

Relationship of Knowledge and Attitudes with Cervical Cancer Prevention Behavior

In table 2. above, it shows that there were 25 respondents (62, 50%) who have low knowledge, where 16 respondents (64%) of them have cervical cancer prevention behavior in the poor category, and

only 9 respondents (36.00%) have good prevention behavior. Meanwhile, 15 respondents (37.50%) who had high knowledge, there were 4 respondents (26.67%) who had cervical cancer prevention behavior in the poor category and 11 respondents (73.33%) who had good prevention behavior. The results of the chi-square test showed that the value of p = 0.022, which means less than α, thus it can be said that there is a significant relationship between knowledge and cervical cancer prevention behavior in mothers who marry at an early age.

Table 2. Relationship of knowledge and attitudes with cervical cancer prevention behavior in the working area of the Kassi-Kassi Public Health Center in Makassar

Variables in	Behavior Cervical Cancer Prevention						P - value
	Less		Good		Total		
	n	%	n	%	n	%	
Knowledge							
Low	16	64.00	9	36.00	25	62.50	0.022
High	4	26.67	11	73.33	15	37.50	
Attitude							
Negative	16	61.54	10	38.46	26	65.00	0.047
Positive	4	28.57	10	71.43	14	35.00	

Source: Primary Data, July 2020

Table 2 above also shows that 26 respondents (65.00%) had negative attitudes, of which 16 respondents (61.54%) had cervical cancer prevention behavior in the poor category and only 10 respondents (38.46%) had a good category of preventive behavior. Meanwhile, 14 respondents (35.0%) had a positive attitude, there were 4 respondents (28.57%) who had cervical cancer prevention behavior in the poor category and there were 10 respondents (71.43%) who had good prevention behavior. The results of the chi-square test showed that the value of p = 0.047, which means less than α, thus it can be said that there is a significant relationship between attitudes and cervical cancer prevention behavior in mothers who marry at an early age.

Discussion

The Relationship between Knowledge and Cervical Cancer Prevention Behavior in Early Age Married Mothers

Based on the results of data analysis using the test *Chi-Square*,p = 0.047 is obtained, meaning that it is smaller than the value of α = 0.05. This means that Ho is rejected and Ha is accepted. Thus it can be said that there is a relationship between knowledge and cervical cancer prevention behavior in mothers who marry at an early age in the working area of the Kassi-Kassi Public Health Center, Makassar.

Based on the results of the study, it shows that there are 25 respondents (62.50%) who have low knowledge, where 16 respondents (64%) of them have cervical cancer prevention behavior in the poor category, and only 9 respondents (36.00%) have preventive behavior. with good category.

By Soekidjo Notoatmodjo (2010), that knowledge is very basic in the formation of one's actions (behavior) behavior based on knowledge will be more integrated in a person so that someone who has knowledge related to cervical cancer will be easier to overcome it (Notoatmodjo, 2010a).

In Indonesia, death due to cancer cervix is quite high, this is due to the low level of public knowledge about the dangers of cervical cancer, the risk of developing cervical cancer and how to handle it properly. Including how to live a right lifestyle (Yayasan Kanker Indonesia (YKI), 2012).

Most studies report the distribution of cervical cancer according to age based on prevalence, only a few are based on incidence because at the time of the onset of the disease it is very difficult to know. The incidence of cervical cancer is found early marriageable age (<20 years, but may also arise in older women (35-55 years) (Sibagariang, 2010).

Based on the research and opinions that have been expressed, it can be said that the results This study is in line with the opinion expressed. The higher a person's knowledge of the disease, the stronger the motivation for maintaining health in order to stay healthy, including its relationship with cervical cancer prevention.

The Relationship between Attitudes and Cervical Cancer Prevention Behavior in Early Age Married Mothers

Person's mental status in evaluating a plan or action determines the direction and movement of their behavior including evaluating, directing their views, and coloring their behavior in every interaction with others (Notoatmodjo, 2015).

Based on the results of data analysis using the test *Chi-Square*, it is obtained that the value of p = 0.048. This means that it is smaller than the value of α = 0.05. This means that Ho is rejected and Ha is accepted. Thus it can be said that there is a relationship between attitudes and behaviors to prevent cervical cancer in mothers who marry at an early age in the working area of the Kassi-Kassi Public Health Center, Makassar.

Based on table 2, it shows that 26 respondents (65.00%) had negative attitudes, where 16 respondents (61.54%) of them had cervical cancer prevention behavior in the poor category and only 10 respondents (38.46%) had preventive behavior in a good category.

In other research conducted by Eriet Hidayat, Diah Hydrawati Sari Hasibuan, and Yasmini Fitriyati (2014), it shows that there is a relationship between socio-cultural factors such as knowledge, beliefs, attitudes, values and habits with the occurrence of cervical cancer (Hidayat et al., 2014).

A good attitude can be seen from the behavior to prevent cervical cancer. Mothers who understand and understand the dangers of cervical cancer will find it easier to take positive actions related to cervical cancer prevention, shown by a caring attitude (Linadi, 2013).

Most studies report the distribution of cervical cancer according to age based on prevalence, only a few are based on incidence because at the time of the onset of the disease it is very difficult to know. In other words, the incidence of disease is based on age at the time of discovery rather than at the time of disease. Chronic diseases such as cervical cancer, information based on prevalence data and age data at the onset of the disease does not represent a specific risk (Depkes RI, 2008a).

This is in accordance with the opinion expressed by Yayat Suharyat (2009), attitudes have a tendency or willingness to act or give both positive and negative things to objects or things (Suharyat, 2009).

From the results of the research and the opinions expressed, it can be said that the results of this study are in line with the opinions expressed, namely if a person has a good attitude, his disability prevention behavior tends to be good.

Conclusion

There is a significant relationship between knowledge and behaviour of early marriage mothers in preventing cervical cancer and there is a significant relationship between attitudes and behaviour of early marriage mothers in preventing cervical cancer in the working area of the Kassi-Kassi Public Health Center in Makassar. So, it is hoped that health workers, especially those who work at the Kassi-Kassi Community Health Center, will provide education to increase knowledge about cervical cancer prevention for mothers who marry at an early age.

References

Arisusilo, C. (2011). Kanker Leher Rahim (Cancer Cervix) sebagai Pembunuh Wanita Terbanyak di Negara Berkembang. *SAINSTIS*, *1*(1), 112–123.

Depkes RI. (2008a). *Enam Persen Penduduk RI Menderita Kanker*. Departemen Kesehatan RI.

Depkes RI. (2008b). *Skrining Kanker Leher Rahim dengan Metode Inspeksi Visual dengan Asam Asetat (IVA)*.

Ferlay, J., Colombet, M., Soerjomataram, I., Mathers, C., Parkin, D. M., Piñeros, M., Znaor, A., & Bray, F. (2019). Estimating the global cancer incidence and mortality in 2018: GLOBOCAN sources and methods. *International Journal of Cancer*, *144*(8), 1941–1953.

Hidayat, E., Hasibuan, D. H. S., & Fitriyati, Y. (2014). Hubungan Kejadian Kanker Serviks Dengan Jumlah Paritas Di RSUD Dr. Moewardi Tahun 2013. *Jurnal Kedokteran Dan Kesehatan Indonesia*, *6*(3), 128–136.

Linadi, K. E. (2013). Dukungan Suami Mendorong Keikutsertaan PAP Smear Pasangan Usia Subur (PUS) di Perumahan Pucang Gading Semarang. *Indonesian Journal of Reproductive Health*, *4*(2), 61–71.

Marliana, Y. (2014). Akurasi Metode Inspeksi Visual dengan Asam Asetat/IVA untuk deteksi dini kanker Leher Rahim. *Jurnal Kesehatan Prima*, *8*(2), 1336–1344.

Notoatmodjo, S. (2010a). Ilmu Perilaku Kesehatan Kesehatan. In *PT. Rineke cipta*. PT. Rineka Cipta.

Notoatmodjo, S. (2010b). Metodologi Penelitian Kesehatan. In *Rineka Cipta* (Edisi Revi).

Notoatmodjo, S. (2015). *Promosi Kesehatan dan Perilaku Kesehatan* (Cet. V). Rineka Cipta.

Rasjidi, I. (2009). Epidemiologi Kanker Serviks. *Indonesian Journal of Cancer*, *3*(3), 103–108.

Sibagariang, E. E. (2010). *Kesehatan Reproduksi Wanita*. Trans Info Media.

Sjamsuddin, S. (2001). Pencegahan dan Deteksi Dini Kanker Serviks. *Cermin Dunia Kedokteran*, *133*, 8–13.

Suharyat, Y. (2009). Hubungan Antara Sikap, Minat dan Perilaku Manusia. *Jurnal Region*, *1*(3), 1–19.

Tilong, A. D. (2012). *Bebas dari Ancaman Kanker Serviks*. Flashbooks.

World Health Organization. (2007). Statement by Dr Margaret Chan, WHO Director-General, on the occasion of International Women's Day. *International Journal of Health Care Quality Assurance*, *20*(4).

Yayasan Kanker Indonesia (YKI). (2012). *YKI–Jakarta Race*. Yayasankankerindonesia.Org. http://yayasankankerindonesia.org/2012/tki-jakarta-race/.