

The effect of health education to women's knowledge level about pap smears early detection of cervical cancer prevention

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The effect of health education on women's knowledge level about pap smears early detection of cervical cancer prevention

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Abstract

Background: Cervical cancer is a high prevalent cancer in women all over the world. It is hoped if women's knowledge is good about pap smear, cervical cancer can be prevented. **Objective:** Knowing the information of the women's knowledge level about pap smear early detection of cervical cancer prevention. **Methods:** This was a quasi-experimental with One Group Pretest Posttest design in a group of Murni Teguh Memorial Hospital North Sumatra on June to July 2018. There were 36 samples selected using purposive sampling. Wilcoxon Signed Rank Test was used for data analysis. **Results:** Results of this study showed that there was a difference in the mean value of each knowledge level (0-D) before and after intervention. **Conclusion:** There was a significant effect of health education to increase the level of women knowledge about pap smear early detection of cervical cancer prevention. It is expected that health education to guide early detection of cervical cancer prevention is very important will be done for the women to prevent cervical cancer.

Key words: health education, pap smears, cervical cancer.

INTRODUCTION

The cancer has surpassed heart disease as the top cause of death for Hispanics in the United States, it is even more critical to focus on early detection of cancer in this population (Mojica, CM., et al, 2015). Cervical cancer is a malignant tumour growing inside the neck of the uterus/the cervix of the lowest part from the uterus that it sticks on the branch the top of the vagina. Cervical cancer usually attacks old lady 35-55 years 90 % from cervical cancer originate from an squamous that lines the cervix of and 10 % the remaining one from the cell in attempting to balance their glands mucus on a tract of cervical region of the who want to go to into the uterus (Sakthi, P., 2013; Handayani and Suharmati., 2012). Cervical cancer is a highly prevalent cancer in women all over the world, which causes about 300,000 deaths each year, continues to be the leading cause of death among gynaecological malignancies. Although the cervical cytology screening benefits a lot in the early diagnosis and treatments, cervical cancer outcomes vary significantly (Zhang, et al., 2015).

The problem of cervical cancer started the presence of a viral infection HPV especially stems from behaviours wrong, have sex early, having partner I or U of sex and have sex early high risk was hit by a viral infection HPV (Siti H., 2014). Based on the World Health Organisation (WHO), 630 million women's get infected cervical cancer and daily lives 600 women in the world ripped through them. Each year is 500,000 new cases of cervical cancer in the world (Soebachman and Agustina, 2010).

In developed countries, the incidence of cervical cancer is about 4% of all cancer incidence in women, while in developing countries, for example in South Asia and Southeast Asia reaches above 15.95. The numbers in Latin America and sub-Saharan Africa the same with the numbers in Asia. Estimated incidence of cervical cancer in the Philippines (age-standardised rate (ASR: 20.9 per 100,000), Thailand (ASR: 19.8) and Vietnam (the ASR: 20.2) (Emilia, O., 2010).

While according to data Indonesia Cancer Foundation, the prevalence of woman with cervical cancer in Indonesia is considered to be large. Every day found 40–45 a new case with the number of deaths 20–25 people. The number of women at risk have cancer uterine at 4B million people. Therefore, Indonesia including the number of women at risk have cervical cancer highest in the world, with the odds 66% died (Siti, H., 2014). Also according to M. Tlong (2012), who is someone experts in Obstetrics and gynecology at Husada Hospital in Jakarta Indonesia, said that cervical cancer is cancer the number one commonly suffered by women (Tlong, 2012).

The number of cases of cervical cancer in Indonesia due to public knowledge about the pap smear the early detection of cervical cancer prevention is still low. Therefore, the socialization of early detection of cervical cancer prevention is very necessary to be able to change the behavior of the woman in maintaining her health especially of her reproductive organs. Cervical cancer is a type of cancer that most can be prevented, namely by avoiding risk factors, screening or early detection and HPV vaccination. Early detection of cervical cancer can be done by the method of IVA (Visual Inspection with Acetic Acid or pap smear (Emilia, 2010). But according to Emilia (2010) that the social constraints of the community with regard to the concept of "taboo" is one of the barriers to screening tests cervical cancer. While the program of HPV vaccination is still a new thing although has been licensed in the year 2006, but they socialization has yet to reach women. Cervical cancer and its prevention effort are still an interesting problem to the attention of the medical profession Emilia (2010).

In an effort to improve the health of the community, then the program of the Department of Health through the health center is currently more emphasis on promotional and preventive efforts. In this case it is important to do the prevention of diseases such as cervical cancer because it is a type of cancer that can be prevented and detected early so it is very necessary socialisation and screening against this disease. One of the objectives of the prevention of cervical cancer, namely worries. For that need to be given information early knowledge about they pap smear early detection of cervical cancer prevention (Rozi, 2013j).

Based on the assumption of researchers be aware that most of women do not know the signs and symptoms of cervical cancer earlier and the average women who visits the hospital are often already up to the second stage and even next stage. If the woman is known about the purpose of pap smear is likely they will know more early about how to be the importance of pap smear for them to prevention of cervical

METHODS

Study design

The design used in this study was a quasi-experimental study with pretest without control group. This design is used to determine the influence of health education on the level of women knowledge about pap smear early prevention of cervical cancer. There are thirty-six samples are selected by using the purposive sampling techniques with pretest and post-test without control groups Wilcoxon Signed Rank Test used to analyse the data in this study because the data distribution is not normal by normality data test with Shapiro-Wilk showed that before intervention is 0.043 and after intervention is 0.00. This research was conducted at Gynaecology and Obstetric Oncology unit of Alurni Teguh Memorial Hospital, North Sumatra Indonesia during 2 months for June to July 2018.

Research subject

Subjects in this study are thirty-six samples of women (Nursalam, 2008) and selected using the technique of purposive sampling Arikunto dan Suharsimi, 2008). The inclusion criteria the women who have visiting at Gynecology and Oncology unit of Alurni Teguh Memorial Hospital with age range 35–55 years, have good communicate verbally, conscious, married, will in to be respondents and understand Indonesian language. The exclusion criteria the women who is not at Gynecology and obstetrics

who has not
SAV

Oncology unit of Alumni Teguh Aleniorial Hospital, dofi't ufiderstafid Indonesian lafiguaše, dofi't willing to be respufi befit, age betweeri aroufid below 35 years arid above S5 years afid urirriarried

Interventio n

Health education was done on the 25th June — 7th July 2018 at around 08.30 WIB — 11.30 WIB AM in the Gynecology and Obstetrics Oncology unit of M urni Teguh Memorial Hospital. Before dist ribu ted the q uestiofi nai re, the researc her explained to the women about the purpose and the inafifier of fillifig the questioiriers that containing staterrieri I werriafi krowledge about the prevonRion of cervical ccicer that has been used by previou researc her (Batas, Arid re w, ct all., 2. 013, Nursafiti, T 013). After that, the researcher distributed the inr rmed consent who was willing to be respondent. Then researcher was

shared questionnaires to the w'oinen'sJ to be filled and after it is collected back the questionnaire. If there is empty data then the respond ent Bill complete it. The researcher was explained papa smear early prevention of cervical cancer been twenty-five minutes around. The educational material provided is about the meaning of cervical cancer, stgns and symptoms, causes, they risk factors, meaning and purpose of pap smear, how to prepared by sell before doing pap smear and proSide suggestioJ to doing pap smear earl detection of cervical cancer. media been used in this study as like pictures and brochure cont ining about cervical cancer and pap smear. Aker given health education, the researcher distributed back the same questionnaire to the respondents then collected it back.

Instruments

The questioiraire used in this study is desigried by Nursariti (2014) and Batas, Arid rew (2013) to measure ul the wofriefi krowledge about the pap siiiear early detectlufi too preven ti one at cervical cancer. The instrument has been dv rie of the velldit5 and reliability test by prt vieus rese Archers (N ursanti, 2014; 2 013).JT he questionnaire is divided into parts, the identity of the respondents an d question consists of twenty stdtements with using mu l tiple choice question with total scores is twenty. TIioJ scores of respondents are converted into the three-category good (16 — 20), enough (12 — 15) and lesI (<11) (N ootatmodjo, Soekidjo., 2014).

Ethical consideration

This research had been approved by The Ethics Committee of the Research, School of Health Professions Health b j irriisby of Republic Indonesia in Medan, No. 065/KEPK/PO/TEKESMEDAN/2018. Each respondent signed an informed consent for respondents who have been willing to be respondents. Data n'er collected for 25th June — 7th Jul

Data analysis

To determine the influen ce of health education to levels **lien** about Pap smear early detection of cervical cancer prevention, independent t-test unpaired here used. To identify the influence of health education to levels **l ipen** about pap smear early detect:os»r cervical cancer prevention, the researchers used the univariate and bivariate analysis wit *n 84ilcoz on* Signed Rank Test and confidential interval (CI) 95%. If p value <0.05 there is irifluericeJ between both of stud red variables. Bivariate analysis aims to determine the influence between health ed'ieationsJ with the ley else knowledge of women about Pap smear early detection for cervical can cer prevention. Biva9iate analysis with vvilcoxon ranged analyse test un paired used in this study because both the independent and dependent variables eg d obe 8 Je is statisticallyJsignificant neue b'etl eTh' hev y bles l\ e 0.05 Ar:::h: D h::,s:: 200

RESULTS

Table 1. The Frequency Distribution Characteristics of Women.

No	Characteristics	Frequency (f)	Percentage (%)
	Umur	Frcquency' (f)	Percentage (fi)
	Umur		

No	Characteristics	Frequency (f)	Percentage (%)
1	35 - 40	5	13,9
2	41 - 45	8	22,2
3	46 - 50	10	27,8
4	51 - 55	13	36,1
Total		36	100
Education			
1	Elementary	0	
2	Junior School	6	16,7
3	High School	21	58,3
4	Bachelor	9	25,0
Total		36	100,0
Occupation			
1	Housewife	20	55,6
2	Farmers	1	2,8
3	Employees	13	36,1
4	Self-employed	2	5,6
Total		36	100,0

Based on table 1 above, the majority of the woman's age at 51 - 55-years-old as many as 13 people (36.1st.) and least in the age range of 35 - 40 years as many as 5 people (13.9%). Based on education, that the level of education of women the majority of high school graduates as many as 21 people (58.3%) and the lowest is junior school as many as 6 people (16.7%) as well as the rest of the bachelor as many as 9 people (25.0%). Based on the occupation, that the majority of respondent's occupation is the housewife as many as 20 people (55.6%), and farmer 1 person (2.8%), employees 13 people (36.1%) and self-employed 2 people (5.6%).

Table 2 The Frequency Distribution Respondents' Knowledge About the Pap Smear Early Detection of Cervical Cancer Prevention Based on Age.

Age Group	Frequency (f)	Percentage (%)
35 - 40	4	13,9

q	Good	Enough	Less	Total

Based on table 2 above shows that respondents' knowledge of a woman seen from the characteristics of women respondents by age before health education on the age range of 35 - 40 years knowledge either does not exist, enough 4 people (80%) and less 1 person (1%). The knowledge of female respondents in the age range of 41 - 45 years, good knowledge is nothing, enough 2 people (25%), and less 6 people (75%). The knowledge of female respondents in the age range 46 - 50 years, knowledge either does not exist, enough 6 people (to 67.7%) and less 4 people (33.3%). The knowledge of female respondents in the range of 51 - 55 years, good knowledge of 1 person (7.1%), enough 5 persons (35.7%) and less 7 people (50%). However, after health education to the female respondents, their level of knowledge to be changed into a better. The knowledge of women in the age range of 35 - 40 years good is 5 people (100%), enough and less nothing. The knowledge of female respondents in the age range of 41 - 45 years, good knowledge of 5 people (100%), enough and less nothing. The knowledge of female respondents in the age range 46 - 50 years, of the knowledge of good 8 people (100%), enough and less nothing. The knowledge of female respondents in the range of 51 - 55 years, good knowledge of 8 people (80%), enough 2 people (20%) and less nothing.

Table 3 Frequency Distribution Respondents' Knowledge About The Pap Smear Early Detection Of Cervical Cancer Prevention Based On Education.

Education	Before			After			Total
	Good	Enough	Less	Good	Enough	Less	
Elementary							0 0
Junior School		2 33,3	4 66,7	6 100			6 100
High School	4,76	52,4	9 42,9	21 100			21 58,3
Bachelor		7 77,8	2 22,2	9 100			9 25,0
Total		10	15	36			36 100,0

Based on table 3 above shows that the respondents' knowledge of the characteristics of female respondents by education level before the health education that female respondents there is not educated elementary. The knowledge of female respondents in the Junior school level of knowledge either does not exist, enough 2 people (33.3%), less 4 people (67.7%). The knowledge of female respondents at the high school level of the knowledge of good 1 person (4.76%), enough of 11 people (52.4%) and less 9 people (42.9% in). The knowledge of female respondents at the bachelor's level of knowledge either does not exist, enough 7 people (77.8%) and less 2 people (22.2%). However, after health education there is a change in the level of knowledge of female respondents to be better, at the level of Junior school, good knowledge of 6 people (100%), enough and less nothing. The knowledge of female respondents at the high school level, a good knowledge of 21 people (100%), enough and less nothing. The knowledge of female respondents at the bachelor's level, a good knowledge of 9 people (100%), enough and less nothing.

Table 4 Frequency Distribution Respondents' Knowledge About the Pap Smear Early Detection Of Cervical Cancer Prevention Based On The Occupation.

Occupation	Before			After			Total
	Good	Enough	Less	Good	Enough	Less	
Housewife	1	10	9	20			20
Farmers							
Employees		9	4	13			13
Total		19	16	36			36

Based on table 4 above shows that respondents' knowledge of a woman seen from the characteristics of women respondents based on the occupation before the health education that the knowledge of female respondents as housewife of the knowledge of good 1 person (5%), enough 10 people (50%) and less 9 people (45%). The work of the respondent women as farmers the knowledge of good and enough is nothing, less 1 person (100%). The knowledge of female respondents as the employee's knowledge of good nothing, enough 9 people (62.9%) and less 4 people (30.8%). The knowledge of female respondents as self-employed the knowledge of good and enough is nothing, less 2 people (100%). However, after health education the knowledge level of women by occupation all turn out to be good, namely, knowledge of the female respondents as a housewife of the knowledge of good 20 people (100%), enough and less nothing. The work of the respondent women as farmers the knowledge of good 1 person (100%), enough and less is nothing. The knowledge of female respondents as employees of the knowledge of good 13 people (100%), enough and less nothing. The knowledge of female respondents as self-employed the knowledge of good 2 people (100%), enough and less nothing.

Table S Statistical Analysis Wilcoxon Signed Rank Test

	N	Mean Rank	Sum of Ranks	Test Statistics*
Negative Ranks	1 ^a	7	7	After - Before
Positive Ranks	34 ^b	18.32	623	Z
Ties	1 ^c			Asymp. Sig. (2-tailed)
Tots	36			.000

Based on table S above, the results of the t t using statistical analysis Wilcoxon Signed Ranks Test showed that p value <0.005 where p valu = 0.00 it can be concluded that there is significant influence provision of health education on the l cl of knowledge of women about pap for early detection of cervical cancer prevention.

DISCUSSION

The aim of this study was to emmine the effect of the health education on the level of women knowledge about prevention of cervical cancer. Findings of this study revealed that there was a significant increase of knowledge level after intervention (p=<0.05).

Health education is any planned attempt to influence others, whether individuals, groups, or communities, so that they do what is expected by the offender to education or health promotion. And these limits are implied elements of the input (target and educators of education), process (an effort that is planned to influence others) and outputs (doing what is expected). The expected result of promotion or health education is health behavior, or behavior to maintain and improve the health of the choice by target of healtono (Notoadmojo, 2012). the purpose of this study is to identify the influence of health education on the level of knowledge of women about Pap smear for early detection of cervical cancer prevention. In this study it was found that there is a significant influence on increasing the knowledge of women after the intervention (p value =<0.05 or 0.00). The course of health education conducted approximately 25 – 30 minutes around's and before the health education, the researchers first explain the intent and purpose of the collection of the data and after that welcome the respondents to fill in the informed consent for willingness. Jobe respondents. If the respondent is willing then distributed the questionnaire and explained how to fill it first. After the questionnaires completed filled, then collected back questionnaire and continued to give health education about the Pap smear early detection of cervical cancer prevention. As for the materials contained in the health education health is cousin the brochure two pages covering about definition of the cancer cervix, the data statistics not e incidence of cervical cancer globally and nationally, the cause of cervical cancer, signs and symptoms »r cervical cancer and the risk of cervical cancer. While page two contains the definition of Pap smear, the ways of pap smear preparation, pap smear and term

pap smear. After being given health education, then the questionnaire about the knowledge of women is distributed back to the respondents to be filled with the same statement. Once it is clerical processing the data by analyzing the effect of health education on the level of knowledge of Ayn new about early detection of cervical cancer.

Age is an important thing in influencing knowledge. With increasing age of the person, will be a change in the physical and psychological aspects, where the psychological aspects of this make the level of thinking of someone more mature and adult (Henry & Dewi, 2011). Based on the results of research that at the highest age before health education there is the level of knowledge of female respondents in the range of S1 — S5 years, good knowledge of 1 person (7.1%), enough 5 persons (35.7%) and less 7 people (50%). This result is in accordance with that expressed by Henry and Dewi (2011), that age is an important thing in influencing the knowledge of increasing the age of a person then the better was his knowledge.

Education is guidance given to one person to another in order to understand a thing. It cannot be denied that the higher the education a person has, the more easily they receive information, and ultimately knowledge will be more and more. On the contrary, if a person has a low level of education, it will inhibit the development attitude of the person towards acceptance of the information and new values introduced (Supardi and Sudibyo, 2013; Siswanto and Susila, 2013).

From this study, is not in accordance with the theory expressed by Supardi and Sudibyo, (2013); Siswanto and Susila, (2013) which reveals where the higher the level of education a person has, the easier to absorb the information so as to add knowledge for a person. Where in this research the knowledge of high school is better if compared to the undergraduate level, because before the health education found that the knowledge of female respondents at the high school level of the knowledge of good 1 (4.76%), sufficient knowledge of 11 people (52.4%) and less 9 people (42.9% in). While the knowledge of female respondents at the bachelor's level of knowledge either does not exist, enough 7 people (77.8%) and less 9 people (22.2%). It is because at the high school level to get up information through the gadget where it is known from research that the average using the gadget almost > 12 hours per day. So, it depends on the person how to get the information and it's easy and available in the internet (Yuni, RPP Hidayat, AC., 2017).

According to Notoatmodjo (2010), said the work is the activity or activities carried out by the respondents so as to obtain income. The work environment can make a person gain experience and rocket, either directly or indirectly. Job factors also run with knowledge. Someone who works his knowledge will be wider than on someone who does not work, because with work someone will have information.

Based on the results of research on the 36 female respondents in MTM as indicated on the table 4 above shows that respondents' knowledge of a woman seen from the characteristics of women respondents based on the occupation before the health education that the knowledge of female respondents as follows: the knowledge of good 1 (5%), enough 10 Orang (50%) and less 9 people (45%). The work of the respondent women as farmers the knowledge of good and enough nothing, less 1 person (100%). The knowledge of female respondents as the employee's knowledge either does not exist, enough 9 people (62.9%) and less 4 people (30.8%). The knowledge of few are independent as self-employed the knowledge of good and enough nothing, less 2 people (100%) However, after health education, the knowledge level of women by type of

work all turn out to be good, namely, knowledge of the female respondents as a housewife of the knowledge of good 20 people (100%), enough and less nothing. The work of the interviewees women as far as the knowledge of good 1 per cent (100%) enough and less nothing. The knowledge of female respondents as employees of the knowledge of good 13 per cent (100%), enough and less nothing. The knowledge of few male respondents as self-employed the knowledge of good 2 people (100%), enough and less nothing.

From such a result is not in accordance with what was stated by Notuarmuji S. (2010) that the job factors also influence knowledge. Someone who works his knowledge will be wider than on someone who does not work, because with work someone will have information. The results of this showed that is not forever someone did not work was less knowledgeable and this proved where found in this study before health education that in women as housewife of the knowledge of good 1 (5%), enough 10 people (50%) and less 9 people (45%) compared to female respondents who work no good knowledge before health education. This is because as the housewife, if he is able to set the time and there is a willingness to find out something for sure his knowledge will increase. Especially in this day and age all the information is easily accessible due to the availability of smart phone and the price is still affordable making it easier for someone to find the information needed.

From the result of the research what has been done on female respondents 36 people in MTMH, based on table 3 above that before the health education the number of women who are good knowledgeable 3 people (8.3%), enough 12 people (33.3%) and less 21 people (58.3%). However, after done health education showed no change repair things about the knowledge of women as shown in table 4 above that after health education, the number of women who are good knowledgeable to be 30 people (83.3%), enough 2 people (5.6%) and less 4 people (11.1%). It can be said there is a significant influence in increasing the knowledge of women about Pap smear early detection of cervical cancer in MTMH as shown in table 5 above, the results of the test using statistical analysis Wilcoxon Signed Ranks Test showed that p value <0.005 where p value = 0.00 it can be concluded that there is significant influence provision of healthy education
percentage of knowledge of women about pap smear for early detection of cervical cancer

Some of the results of research conducted by previous researchers such as Erdin Ister, 11., (2010) women after health education about the benefits of the HPV vaccine in Turkey, the level of knowledge of such a woman to be better. So also, health education conducted by Ezerigbo, Chinwe & Ude, Nebonta A., (2015) conduct research on the Influence of Health Education on Knowledge, Attitude and Practice of Cervical Cancer Screening Among Secondary School Teachers in the State of Enugu has been a change in knowledge on the Secondary School teachers. The same as done by the Ashtarian, H. et al., (2016) has conducted research on the Knowledge about Cervical Cancer and Pap Smear and the factors that Influence Pap test Screening among Women. For women who have a good knowledge about pap test screening, who would do the screening. Means of knowledge is one of the factors that change the pattern, the attitude of a person's behavior. With the presence of health education it can increase one's knowledge into a better direction.

CONCLUSION

From results of research obtained that there is influence which significant provision of health education to increase the knowledge of women about pap smear for early detection of cervical cancer prevention in Pure Teguh Memorial Hospital 2018 before intervention, where the value of $P= 0.00$ or $p < 0.05$. Therefore, health education can be used to improve the knowledge of women about pap smear for early detection of cervical cancer prevention in Murni Teguh Memorial Hospital 2018, then it is advisable to further in health institutions both government and private sector can carry out health education to the community to improve their knowledge especially in the field of health. So also, for health education institutions in order to improve the service of health education for the wider community towards healthy Indonesia in all walks of life.

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