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 **b**women's knowledge level about pap smears early detection **otcervical** cancer prevention

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Abstrac t

		valent cancer in women all over ihe woñd. tl iS hope if woman'
mowledge is goo	et about pap amear ⊂ a	cancer it can prevenditizes cervical cancer in
wove n Objeeti e:		mation of the women's knowledge lev(11 about pap smear
eañJd		Methmls: This was a queasy-experimental with One Group Pretest
posnRt		uh Memoñal Hospital North Sumatra on June io July 2018. There were
36 samples selecte	d using purposive sampling	ng. Wilcoxon Signed Rank Test vener used for data analysis. Results:
Results of ihis sn	idy showed ihat ihere was	as a difference in the mean value for the denote we later the second sec
		herewassassignificant effect of fleathleduration to increase the level of
		ection of cenvicelloancerprevention. It is expected that health edunation
u g <mark>ar</mark> (early detection of cervical e	cancer prevention is very important will be done for the women to
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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 Mnited 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 uterine/the cervix of the lowest part from the uterine 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 an A10 % the remaining one from the other the cell in attempting to balance their gladed mucus on a tract of cervical region of the who want to go to into the uterine (Sakthi, P., 2013; Handayari and Suharmiati, 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 **eaTy**, **having** partner IoU 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 d8ilylives 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 inciden ce in women, while in developing countries, for example in South Asymptotic Asia reaches above 15 95. Ttte 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 fo be large. Every day found 40 - 45 a new case with the number of deaths Z $\theta - 25$ people. The number of women at risk have cancer uterine at 4B million people. Therefore, Indonesia a including en untryJ with i teil cancer highest in the world, with the odds 66 °% died (Siti, H., 2014). Also acrorbing M. Tilong (2012), who is someone experts in Obstetrics and gynecology at Husada Hospital in Jakarta Ind on esia, said that cervical cancer is cancer the number one commonly suffered by women (Ttlong, 2012).

The number of cases of cervical cancer in In donesia due to public knowledge about the pap smear the early detection of cervical cancer prevention is still low. Therefore, the socialization f a part detection of cervical cancer prevention is very n ecessary to be able to change the behavior of the roman 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 *vatci na yon*. 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 E milk a (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 H earth 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 cer vocal 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 objettives of the prevention of cervical can cer, namely worries.J For that need to be given information early knowledge about they pap smear earlyJ detection of cer vichl cancer prevention (Rozi, 2013j.

Based on the assumption of researchers be aware that most o women do not know the signs and symptoms of cervical cancer earlier and the average women who wds visited the hospital are often already up to the second stage and even next stage. If the roman is known about the purpose of pap smear is likely they igl klyw more early about how to be the importance of papJsmear 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 aboutJpap smear earlyJ prevention of cer vical cancer. There are thirty-six safri plcs are selected by usirig the purpcisive sainplnig techniques with protest and past-test n'ithout cuntrol 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 Gynaeculug and Obstetric On cology unit or u urni Teguh M emori al Hospital, North Sumatra Indonesia during 2 months for June to July 2018.

Research subject

Subj ects in this study are thirty-six samples of women (N ursa lam, 2008) and selected using the techn ique of purposive sampling Arikunto dane Suharsimi, 2008). The inclusion criterial the women who have visiting at Gynecology and Oncology iihit of Alurni Teguh Memorial Hospital with dge range 35 – 55 years, have good communicate verbally, conscious, married, will in to be respondents and understand I ndonesianJ language. The exclusiofi criteria the women w io . isitoi at Gywinanagltagy afid obsteti i

ho has not y

Oncology ufiit of Alurni Teguh Aleniorial Hospital, dofi't ufiderstafid Indunesian lafiguase, dofi't willing to be respufi befit, age betw'eeri aroufid below 3S years arid above S5 years afid urirriarried

Interventio n

Health education was done on the 2Sth June -7th July 2018 at around 08.30 WI B -11.30 WIB AM in the Gynecology and Obstetrics Oncology unit of Murni Tegu h Memorial Hospital. Before dist ributed the q uestiofi nai re, the researc her explained to the women about the purpose and the inafifier of fillifig the questioriers that containing staterrieri I werriafi kriowledge about the prevoriRiori of cervical ceiicer that has previou researc her (Batas, A rid re w, ct all., 2.013, N ursafiti, TO 20), I After that, the been used by researcher distributed the inr rmed consent who was willing to be respondent. Then researcher Wds

shared questionnaires to the woinen's to be filled and after it is collected back the questionnaire. If there is empty data then the respond ent Bill cumplete 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 pa smear, how to prepared by sell before doing pap smear and proSide suggestiorJ 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 questioriAaire used in this study is designed by Nursariti (2014) and Batas, Aridrew (2013) to measure ul the wofriefi knowledge abou the pap siiiear early detectlufi too preven ti one at cervical cancer.J The Batastrumente Was beefi 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 and question consists of twenty stdtements with using mu I tiple choice question with total scores is twenty. ThioJ scores of respondents are converted into the three-category good (16 - Z0), enough (IZ - 15) and les I (<11) (N otoatmodjo, Soekidjo., 2014).

Ethical consideration

This research Had beer Republied by mestan ins Medanutee of 965 (KEERK/ROSTEKESMEDAN/2018), Each Health bJ iriis gred aneinformed consent for respondents why have been willing to be respondents. Eath respondent signed 25th Hunned thousand 2018 respondents who have been wi ent. Data n'er collected for 2Sth June - 7th Jul

Data analysis

To determine the influen ce of health education to levels 1 i com 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 penn about pap smear early detect:0» »r cervical cancer prevention, the researchers used the univariate and bivariate analysis wit ñ 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 edvieationsJ with the ley else knowledge of women about 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

8 J e is statistically Jsignificant d obe es eg betl eTh' hevy bles neue 1\ e 0.05 **Ar::::h:** D h::,s:: 200

RESULTS

No	Characteristics Table 1.	Frequency (f) The Frequency Distribution C	haracteristics of Women.	
	Umur	Frequency' (f)	Percentage (fi)	
	Umur			

Umu

No	Characteristics	Frequency (f)	Percentage (%)	
1	35 - 40	5	13,9	
2	41 - 45	8	222	
3	46 - 50	10	278	
4	51 - 55	I3	36J	
	Total	36		100
1	Elementary	0		
2	Junior School	6	16,7	
3	High School	21	58,3	
4	Bachelor	9	25,0	
	Total	36	100,0	
	Qccupatñn		100,0	
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	

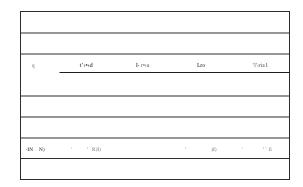
Based on table 1 above, thQthe majority of the woman's age at 51 - 51-years-of s main s 13 peoples (36.1st,) and least in the age range of 35 - 40 years as many as 5 peoples 3.996). (1 Based on education, that the level of education of women the majority of high school graduates as many as 21 people (58.3%) and the lowest is junior school as

many as 6 peoples (16.796) as well as the rest of the bachelor as many as 7 peoples (25.096). Based on the occupation, that the majority of respondent's occupation is the housewife as many as 20 peoples (55.656), and farmer 1 person (2.89h), employees 13 peoples (36.196) and self-employed 2 peoples (5.696).

Tabel 2 The Frequency Distribution Respondents ' Knowledge About the Pap Smear Early

 Sp. @P
 Detection of Cervical Cancer Prevention Based on A e.

35 - 40	4	80.0	zog	1	13,9



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 uf female respondents in the age range of 41 - 45 years, good knowledge is nothing, enough 2 people (2S%), 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 S1 - SS years, good knowledge of 1 person (7.1%), enough S 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 knowl edge of women in the age range of 3S - 40 years good is 5 people (100%), enough and less nothing. The kn the respondents is the age i arige ef 41 - 45 years, good kite vlctlgc uf S people (100*7), cue ugh and less nothing. The krio Lvl edge of female resputidents in the age i arise 46 - S0 years, of the krN•nvletlge uf gu d 8 p eople (100*2*), enough arid less nothing. The knowledge of female respondents in the range of 51 - 55 years, good knowledge of 8 p ople (80%), enough 2 people (20%) and less nothing.

		Before				ARer			
Education	fiood	Enauyh		tiooc	1	Enauyh	Less	-	Fouml
			Less						
E lcmenfury								0	0
Elementary								Ū	0
J unidir School		2 33,3	4 66.7	6	100			h	IG.7
								21	58.3
Hi ph Sch‹x›l	4,76	52,4	942,9	21	100				
Bac hel⇔r		7 77,8	2 22.2	9	100			9	25.0
T⇔tal		20	15	36				36	100,0

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

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 sch ol level obknowledge either does not exist, en ough 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 n ct exist, enough 7 people (77.8%) and less 2 people (2 2.2 %). II u ivevei after health education there is a change in the level of knowledge of female respondents to b better, at the level f Junior echotil, good knowledge of 6 people (100%), enough and less nothing. The knowledge of female i espuriderits at the high schou ml level, a gon d kite vlcclgc uf 21 pen plc (100°/o), cue ugh and less rim thing. The knowledge of female i espui indents at the bachelo i 's level, gu cd kric v leclge of 9 pen plc (10 */o).

		Before			ARer			
flcrupation	mood	Enough	Less	Good	Enough	Less	1.0	bd
Housewife	1 5.0	10 50.0	9 45.0	20 100	.0		20	55.6
Furmer»			100.0	100.0				2.8
Employees		9 69.2	4 30.8	13 100	.0		13	36. I
Total		19	16	36			36	

Table 4 Frequency Distribution Respondents 'Knowledge About the Pap Smear Early Detection Of

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 heal fh education that the knowledge of female respondents as hens ewife of the knowledge of good 1 person (S%). 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 petiple (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 level of women by occupation all turn out to be good, namely, knowledge of the nemale respondents as a housewife of the knowledge of good 20 people (100%), enough and less nothing. The work of the respondent we en as farmers the knowledge of good 20 people (100%), enough and less is n liilig. The knewledge cf fernal e respondents as employees of the kite wl eclge uf gcocl 13 people (100%u), ewe ugh and less nothing. The knowledge uf female i espu indents as self-em pluyed the kiiuwletlge uf gun d 2 pcu plc (100 /o), enough arid less ii u.

		Ν	Mean Rank	Sum of Ranks	Test Statistics*
	Negative Ranks	$1^{\bar{a}}$	7	7	After - Before
	Positive Ranks	34 ^b	18.32	623	Z -5.068ª
After !	Ties	1 ^c			Asymp. Sig000 (2-tailed)
	Tots	36			

Table S Statistical Analysis Wilcoxon Signed Rank Test

Based on table S above, the results of the t t using statistical analysis Wilcoxon Signed Ranks Test showed that prvalue <0.005 where p valu = 0.00 it can be concluded that there is significant influence provision of health education on the 1 cl of knowledge of women about pap f r early detection of coerwical 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 outputsJdoing what is ezpected). The expected

Jsult 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 e level of knowledge of women about Pap smear for earl etection 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'3iowcofill it if rst After the questionnaires completed filled, then collected back questionnaire and continued to give health education about the Pap smear ervical cancer prevention. As for the materials contained in the education earlelfd health is **cousin** the brochure two pages covering about definition of the cancer wervix, the data statistics not e incidence of cervical cancer globally and nationally, the cause forenzieral 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 cleric pi aces sing the data by ireasui in g the effect of health education u ii the level ef knowledge of Ayn new abu ut pap srneai earl detectiu ri uf cci yical cancer.J

Age is an important thing in turn uncing 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 (Hen ry & Dewi, 2 011). Based on the results of research that at the highest age before health etlucation there is the level of knowledge of female respondents in the range of S1 — S5 years, good know ie ge of 1 person (7.1 %), enough S 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 quid an ce 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, if will inhibit the depelov enmity attitude of the person towards acceptance of the information and new values introduced (Supardi and Sudibyo, 2013; Siswanto and Susila, 20 13).

From this study, is not in accordance with the theory expressed by Supardi and Sudibyo, (2013); Siswanto and Susila, (2013) which reveal s 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 res earcli 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%). I t 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, its dcpen how to get the information and it's easy and available in the internet (Yuni, RRPP bindewar, 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 ter indirectly. Job fac4tirs also run witd knowledge. SO meune vv owho work his knowledge will be wider than on someone who does not work, because with work someone will an have information.

Based on the results of research on the 66 female respondents in M TMH as indicated on the fable 4 above shows that respondents ' kno udge of a wuman seen from the characteristics of wtimen respondents based on the occupation before the health education that the knowledge of female respondents as lie us evvi f of the knowledge of good 1 (5%), enough 10 Orang (50%) and less 9 people (45%). The work o the r spondent evonen as farmers the knowledge of good and enough nothing, less 1 people (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 kiln ivledge uf few ale i espoiderits as self- ernpl eyed the kriowledge of good and enough ring, less 2 people (100*/o) H owever, 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 wuik uf the i espu iideri to women as far inei s the kriowletlge cf gc cd 1 per plc ($100^*/$) ewe ugh and less i oihing. The kiln ivledge uf female i es pendants as employees of the kricwl eclge uf go ccl 13 pen plc (100^*), enough and less nothing. The kric svledge of few ale i expend ents as self-eirpl eyed the kri osvledge of guud 2 people (100° Zu , enough and less nothing.J

Frum such a result is not in aces relaiice with what was satel by Notuatruu jc S. (2010) that the job factui s also i uri wilcl kriowleilge 3urneein who work his knowledge will be wider than on someone who does not work, bec use with wool skatemen 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 hens cwi f of the knowledge of good 1 (S%), enough 10 people (50%) and less 9 people (45%) en pare to femaler 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 kn owledge 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 MTM H, 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 tin increasing the knowledge of women about Pap s meai early detection of cervical cancer in MTMH as shown in table 5 abu ve, the results of the test u ing statistical analysis Wilcoxon Signed Ranks Test showed that p val ue <0.005 where p value = 0.00 it can be concluded that there is significant influence provis on of healthy education

p php el of knowledge of women about papa smear for early detection of cervical cancer

Some of the results of research conducted by previous researchers such as Erdin I lter, 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 E zeruigbo, Chin we & Ude, Nebonta A., (20 IS) conduct research on the InfJ uen ce of Health Education on Knowledge, Attitude and Practice of Cervical Cancer Screening Among Secondary School Teachers in the State of E nugu has been a change in knowledge on the Secondary School teachers. The same as done by the Ashtarian, H. ct all., (2016) has conduc ed research on the Kn owledge 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 p res ence of health educatio ri can ti ansfui-ir one s knowledge in to a better directiuiJ

CONCLUSIO

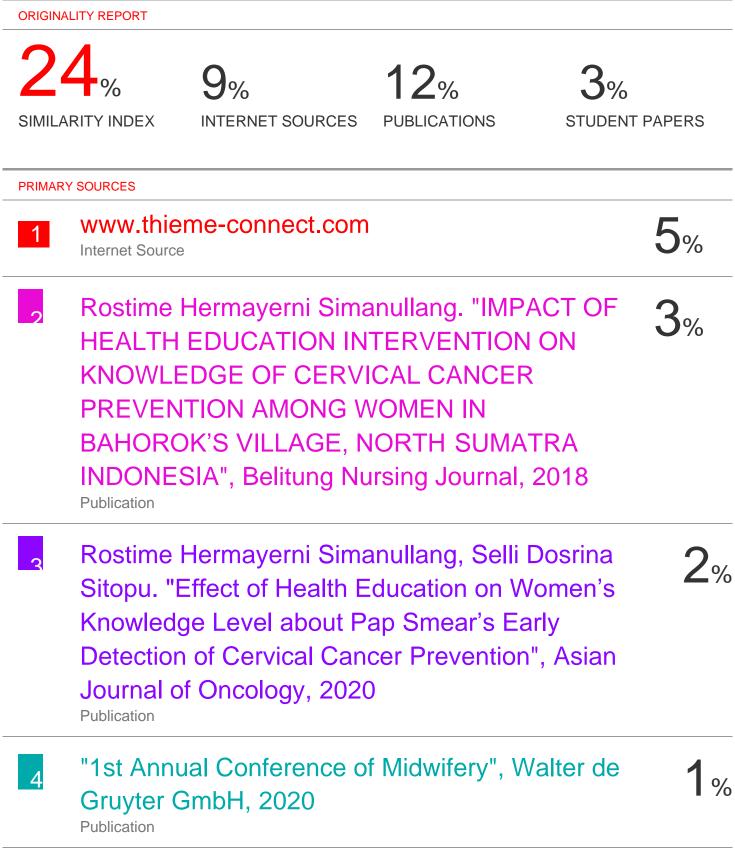
From result of research obtained that there is influence which significant provision of health education to increase the nowledge of women about parts smear for early deteQon of cervical cancer prevention in Pure Teguh Memorial Hospital 20 the determine which where the value of P = 0.00 or p = < 0.0. Therefore, health education can be used to improve the knowledge of women about papssm for early of cervical cancer prevention in Murni Teguh Memorial Hospital 201, en 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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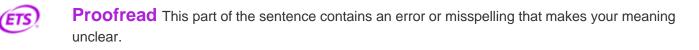
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PAGE 1	
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ETS,	Article Error You may need to use an article before this word. Consider using the article the.
ETS,	Possessive Review the rules for possessive nouns.
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ETS,	Article Error You may need to use an article before this word. Consider using the article the.
ETS)	S/V This subject and verb may not agree. Proofread the sentence to make sure the subject agrees the verb.
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Possessive Review the rules for possessive nouns.



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TS) Possessive

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PAGE 2

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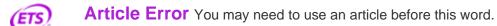
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- **ETS Possessive** Review the rules for possessive nouns.
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PAGE 4

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PAGE 5



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PAGE 8

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ETS

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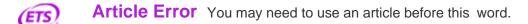


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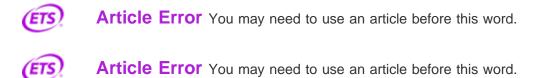


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