DESCRIPTION OF FACTORS OF HUSBAND AND HEALTH WORKERS' SUPPORT TOWARDS CERVICAL CANCER DETECTION BEHAVIOUR IN THE CHILD-BEARING AGE AT SINGAPARNA HEALTH CENTRE, TASIKMALAYA SUB-DISTRICT

S Susanti[1*], W M Ningrum[2], H Sulistiyoningsih[3]

[1,2]Program Studi Kebidanan STIKes Respati Tasikmalaya
[3]Program Studi Kebidanan STIKes Respati Tasikmalaya
***corresponding author: santiazhari@gmail.com**

Abstract

Cervical cancer is a significant problem, especially in developing countries in which around 80% of cervical cancer cases occur every year (Ministry of Health, 2016). It is the second most frequent cancer that occurs among Indonesian women. Tasikmalaya has become the city with the highest cancer rates in Indonesia (Ministry of Health, 2018). The general objective of this study is to describe the factors related to the behaviour of early detection of cervical cancer in women of childbearing age (WCA) in the surrounding area of Singaparna Health Center in Tasikmalaya district in 2018. The research method used in this study was a quantitative method with a descriptive approach. The population of this study consisted of 5,760 women of child-bearing age living around Singaparna Health Centre. The sample size was calculated by using the Lameshow formula (1991), resulting in 374 samples chosen. The data were collected by using a questionnaire. Then, the data were analyzed by using univariate analysis method. Husbands' support mostly belonged to the good category with the frequency of 213 (57%). Similarly, the support of health workers mostly belonged to the good category with the frequency of 220 (58.8%). A small number of participants, precisely 18 people (4.8%), had also carried out early detection tests of cervical cancer. Most husbands and health workers had provided good support in terms of examining cervical cancer. However, only a small number of participants had carried out a test of cervical cancer. For the women of childbearing age, this study suggests that they could actively seek information regarding cervical cancer by consulting directly to health workers to have early detection. Health services should provide access to services for early detection of cervical cancer.

1. INTRODUCTION

Cervical cancer is a serious health problem faced by women throughout the world. This cancer is the second most common type of cancer in women; experienced by more than 1.4 million women worldwide. Every year more than 460,000 cases occur, and around 231,000 women die from the disease. Moreover, cervical cancer is a significant problem especially in developing countries where around 80% of cases of cervical cancer occur every year [1]. In Indonesia, cervical cancer ranks the second most common cancer in women. The estimated incidence rate of cervical cancer in several cities are; Jakarta 100/100,000, Bali 152/100,000, Tasikmalaya 360/100.000, Sidoarjo 49/100,000. This statistic shows that the city of Tasikmalaya is the city with the highest rate of cervical cancer in Indonesia [1]. Cervical cancer is directly related to previous infections from one or more Human Papilloma (HPV) viruses. HPV infection often causes no symptoms. The most common signs of infection are small pink spots that appear around the genitals which cause itching or burning sensation [1]. In general, cervical cancer cases can be detected by knowing that there is a change in the cervix by performing a cytology examination using a Pap test [2]. It is difficult to perform and

maintain the Pap tests in many developing countries because they involve complex and expensive steps. Recent data show that a visual examination of the cervix using acetic acid (IVA) is at least as effective as the Pap test in detecting disease and can be done with fewer logistics and technical barriers. IVA tests use techniques that are easy, low-cost, and highly sensitive which are considered as important factors in determining the usefulness of a screening program in developing countries. The results of research in India conducted by cytology technicians showed that IVA tests showed better performance in terms of the level of accuracy (specificity) (92.2%) compared to Pap tests (91.3%) [1]. Early detection of cervical cancer is the key to efforts to cure all types of cancer. Early detection is urgent in order to reduce the prevalence of the number of sufferers and to prevent cancer from reaching an advanced stage. Currently, there are still many women of childbearing age who are not aware of the urgency of early detection of cervical cancer. A study conducted by Pakkan in Kendari City discovered a relationship between knowledge, occupation, and socioeconomic conditions of mothers with the motivation of the mothers to carry out the IVA test [3]. In addition, Yuliwati's study in 2012 suggests that the behaviour of women of childbearing age in the early detection of cervical cancer by using IVA method is significantly influenced by several factors, namely, knowledge, attitudes, affordability distance, exposure to information/mass media, and supports from husbands, health workers and health cadres [4]. Based on data obtained from the Tasikmalaya District Health Office, it was known that in 2016, the number of women took early detection of cervical cancer with the IVA method and breast cancer with the clinical examination was 1,294 (0.49%) from 265,654 women aged 30-50 years [5]. Whereas, in 2017, it reached 1,281 people (0.48%) from 265,858 women aged 30-50 years. Singaparna Health Center is a health centre designated by the Tasikmalaya District Health Office as the centre for treating cervical cancer [6]. The percentage of early detection of cervical cancer in 2016 was 0.19% and then experienced an increase in 2017 to 0.27% [5,6]. The Singaparna Health Center (*Puskesmas*) is not only supported by qualified human resources in relation to examining cervical cancer but also located in a district centre where access to health services is very easy. The general objective of this study is to describe the factors related to the behaviour of early detection of cervical cancer in women of childbearing age (WCA) in the surrounding area of Singaparna Health Center in Tasikmalaya district in 2018. The specific objectives are: (1) to investigate husbands' support for early detection tests of cervical cancer, (2) to investigate health workers' support for early detection tests of cervical cancer, (3) to investigate the behavior of early detection tests of cervical cancer in women of childbearing age.

2. MATERIAL AND METHOD

The research method used in this study was a quantitative method with a descriptive approach. The study was conducted for 6 months, from August to February 2018. The location of the study was in the area around Singaparna Health Center, Tasikmalaya district. The population of this study consisted of 5,760 women of childbearing age living around Singaparna Health Centre. The sample size was calculated by using the Lameshow formula (1991), resulting in 374 samples chosen. The formula in question is shown below:

$$SE = \frac{\sqrt{PXQ}}{n} x \frac{\sqrt{Np-n}}{\sqrt{Np-1}}$$

The sampling technique used was Stratified Random Sampling with the Villages as the strata. It is calculated by using the Slovin's formula as shown below:

$$n = \frac{N}{N\ total} x\ n\ total$$

The data was collected by visiting the respondents' homes. Initially, the respondents will be given an explanation regarding this study and fill out the consent form for becoming the respondents in this study. Then, the respondents were asked to fill in the questionnaire. After completing the questionnaire, they were asked to return it immediately at that moment. The research instrument used was a questionnaire. As for analysing the data, the univariate analysis method was used with the formula as follows:

$$P = \left(\frac{F}{N}\right) \times 100\%$$

Information:
P = Percentage
F = Number of respondents according to category
N = Number of all samples

3. Results and Discussion

Most husbands' support belonged to the good category with the frequency of 213 (57%). Husbands are the closest person to the respondents. In a family, the husband's treatment will influence the

3. RESULTS AND DISCUSSION

Most husbands' support belonged to the good category with the frequency of 213 (57%). Husbands are the closest person to the respondents. In a family, the husband's treatment will influence the behaviour of the wife. In this study, support refers to several actions, namely, the husband encourages or advises his wife to have an early detection test of cervical cancer, the husband gives his wife permission to have an early detection test of cervical cancer, the husband feels happy if his wife has an awareness of the test and the husband facilitates his wife to visit the test place. According to Ayuningtyas and Ropitasari (2018), husband's positive supports to the wife's attitudes will form good behaviours in the wife and, conversely, the husband who does not give support to the wife's attitudes will result in the negative behaviours. The husband's supports in the form of motivation, encouragement, information, empathy or assistance can make the wife feel more calm and safe. The husband's supports can bring pleasure, security, satisfaction, comfort and make the wife feel emotionally supported which in turn can affect her soul wellbeing [7]. Husbands' support is shown in table 1.1 as follows:

Table 1.1 Frequency Distribution of Husband Support in Early Detection of Cervical Cancer in the Singaparna Health Center Work Area

Husbands' Support	Frequency	%
Good	213	57.0
Not Good	161	43.0
Total	374	100.0

Similarly, the study conducted by Linadi (2013) in Semarang had discovered a relationship between husband's support and Pap smear visits. According to Lawrence Green's theory, family support can be a reinforcing factor for someone getting a Pap smear. Family support is the closest form of social support that takes place throughout the lifetime of a person. Husband is the person who is closest to a woman, even a person who can influence decisions made by a woman. Husband's support is a form of social support as a response that can be considered beneficial by family members. Therefore, supports given by a husband to his wife to do a Pap smear can be a driving force for a woman to participate in a Pap smear. Interest and support are the exchange of resources between at least two individuals aiming to improve the wellbeing of the recipient. According to Friedman, husband's support can be (1) support expectation/psychological support in the form of positive expressions shown to the wife so that the wife has someone to communicate with about the problem at hand. Positive expressions can be in the form of encouragement and approval of the ideas or feelings expressed by the wife. (2) Real/Tangible support can be in the form of providing physical, financial, and material support so that it can solve problems experienced by the wife, including providing support by providing money and transportation. (3) This support can be in the form of providing solutions to problems, advice, directions, or feedbacks about his wife's condition. A husband can provide information for his wife as an effort to improve the prevention of cervical cancer in his wife. (4) A wife needs to get emotional reinforcement. Emotional support from the husband can make his wife feels comfortable and passionate. Emotional supports can be expressed in the form of empathy, care, and attention to his wife. [8,9,10]. According to Linadi (2013), most of the supportive husbands are initiative to motivate respondents to do Pap smears. Unfortunately, not all women of childbearing age do what their husbands suggest because there are inhibiting factors coming from themselves. Negative attitudes that are still possessed by the respondents make the respondents delay the Pap test. If the respondents have an awareness and interest in Pap smear, and then they are supported by their husband, the desire of women to have the Pap smear can significantly increase. The patriarchal culture is thought to be the cause of the respondents not having pap smears even though they have good education and occupations. This indicates the existence of cultural values that whether realized or not have shaped the attitudes and behaviours in making decisions.

The support of health workers mostly belonged to the good category with the frequency of 220 (58.8%). The support in this study refers to an invitation and provision of information by health workers to respondents in relation to early detection of cervical cancer as well as the existence of services for the detection of cervical cancer in the Singaparna Health Center.

According to Level and Clark, the first level of prevention consists of health promotion, which is improving the health status of the community through several activities such as public health education [11]. Providing information to the public about cervical cancer by health workers is an important component to foster public awareness of carrying out early detection of disease. The results of the study showed that the respondents obtained most of the information from television programs instead of health workers. Some media that can be used by health workers in disseminating information about early detection of cervical cancer are through Integrated Health Service Posts (*Posyandu*), Village Family Planning (*Desa KB*) programs, and other community empowerment programs. Health workers can also empower cadres in spreading the information. Health workers' support is shown in table 1.2 as follows:

Table 1.2 Health Workers' Support in Early Detection of Cervical Cancer in the Singaparna Health Center Work Area in 2018

Health Workers' Support	Frequency	%
Good	220	58.8
Not good	154	41.2
Total	374	100.0

A study conducted by Anggreani, et al. (2016) showed that there was a relationship between the support of health workers and the actions of women of childbearing age to have IVA test in Kinilow Village, North Tomohon Subd-District. Among respondents who got the support of the health workers, 15 people (40%) were willing to have IVA tests, whereas; 23 people (60%) wew not willing to have the test. According to Anggreani, et al. (2016), health promotion activities carried out by health workers had not carried out properly. It is proven by the fact that the people in the community still had not possessed adequate knowledge regarding IVA test [12]

A small number of respondents, precisely 18 people (4.8%), had carried out a test for early detection of cervical cancer. Whereas, 72 people (19.3%) did not get the test. As for the rest of the respondents, that is 284 people (75.9%), chose not to answer the question. The researcher then confirmed this information to the village midwife; however, no exact number was obtained. Based on information obtained from the midwife, there was still a small number of women of childbearing age who had gotten the test. This information reinforces the results of this study which suggests that women of childbearing age still had little awareness of the urgency of early detection of cervical cancer. This condition is in line with the study conducted by Anggraeni, et al. (2016) which found that 10 people (5%) had already gotten early detection of cervical cancer (5%) and 191 people (95%) had not had it. Likewise, the research of Rikandi and Rita (2017) discovered that 234 (60.9%) of women of childbearing age had never gotten an early detection test of cervical cancer with the IVA method at the Lubuk Buaya Padang Health Center. The respondents' early detection behaviour of cervical cancer is shown in the following table:

Table 1.3 Frequency Distribution of Early Detection of Cervical Cancer in the Singaparna Health Center Work Area in 2018

Pap Smear/IVA test	Frequency	%
Yes	18	4.8
No	72	19.3
Not answer	284	75.9
Total	374	100.0

Early diagnosis and prompt treatment are two efforts that needed to be done to find cancer cases at an early stage. Therefore, prompt and appropriate treatment can be performed in order to increase the chance of getting healed and the hope for a longer life. Early detection of cancer is a method to identify a disease or disorder that is clinically unclear by using certain tests, examinations, or procedures that can be used quickly to distinguish people who look healthy and truly healthy from the ones who look healthy but suffer from disorders. Early detection aims to find

the existence of cancer that can still be cured in order to reduce cancer morbidity and mortality [13]. According to Rasjidi (2009), the following are the basics of conducting early detection of cervical cancer: The stages of cancer generally start from cancer in situ or local cancer in cellular or organ levels. The duration of the local cancer phase is generally long enough before invading the secondary site (metastasis). Many cancer cases arise from tumours or pre-cancerous lesions that have long existed, More than 75% of cancer cases occur in organs or places that can be examined easily so that they can be easily found, Cancer patients usually visit the doctor after the disease is in an advanced stage, Result of an early treatment is much better than advanced treatment. Early cancer can be cured easier than advanced cancer which is difficult to or even cannot be cured again, Spontaneous cancer healing rarely happens [13]. The cause of cervical cancer is dominated by the Human Papilloma Virus (HPV). At the initial stage, the sufferer will not experience significant complaints. In fact, almost no symptoms appear. It means that most cases of cervical cancer are diagnosed late. All women have the same potential of suffering from cervical cancer. The causes of cervical cancer are many, including age, genetic, lifestyle, wrong treatment of female organs, sexual intercourse in such a young age, and having multiple sexual partners [14].

4. CONCLUSION

To conclude, based on the findings of this study, husbands and health workers' support for early detection of cervical cancer are mostly good. Nevertheless, the early detection behaviour rate of WCA is still low. It is suggested that women of childbearing age actively seek information about cervical cancer by consulting directly to health workers or getting information from other media. It is also suggested that WCA should have early detection of cervical cancer once a year. Health workers should improve the education program about cervical cancer in the community through various activities that exist in the community, or by empowering health cadres. Health Center (*Puskesmas*) should inform the public that the Health Center facilitates the IVA test as a cheap and effective way of early detection of cervical cancer.

5. ACKNOWLEDGEMENT

We would like to express our gratitude to STIKes Respati Tasikmalaya for funding provided to support this study. We also would like to express our special thanks to the head of the Singaparna Health Center and all midwives in the Singaparna area as well as the Posyandu cadres who had assisted us in the process of research data collection.

REFERENCES

[1] Kementrian Kesehatan RI., 2016., *Buku Acuan pencegahan Kanker Payudara dan Kanker Leher Rahim*, Direktorat jendral pencegahan dan pengendalian penyakit tidak menular

[2] Rasjidi.I., Sulistiyanto., 2007, *Vaksin Human Papiloma Virus dan Eradikasi Kanker Mulut Rahim*., Sagung Seto, Jakarta

[3] Pakkan,Rosmiati., (2015), *Faktor-faktor yang berhubungan dengan motivasi ibu melakukan pemeriksaan metode inspeksi visual asam asetat (IVA) di Kelurahan Lepo-Lepo Kota Kendari*, http; //media.neliti.com/media/publication/227216-faktor-faktor-yang-berhubungan-dengan-m0-13735632.pdf, 7 Mei 2018

[4] Yuliwati, 2012, *Faktor-faktor yang berhubungan dengan perilaku WUS dalam deteksi dini kanker leher Rahim metode IVA di wilayah Puskesmas Prembun kabupaten Kebumen tahun 2012*., Skripsi, fakultas kesehatan *masyarakat* UI, lontar.ui.ac.id/file?file=digital/20318324-S-Yuliawati.pdf 7 Mei 2018, 13 Febrari 2019 (14.05)

[5] Profil Kesehatan Kabupaten Tasikmalaya, Dinas Kesehatan, tahun 2016

[6] Profil Kesehatan Kabupaten tasikmalaya, Dinas Kesehatan, tahun 2017

[7] Istiyanah Ayuningtiyas, Ropitasari., 2018, Hubungan Antara Dukunan Suami Dengan Sikap Istri pada DeteksiDIni Kanker Leher Rahim Menggunakan Tes IVA di Puskesmas Jaten II Kabupaten Karanganyar, Placentum Jurnal Ilmiah Kesehatan dan Aplikasinya, Vol.6(2) 2018, Univeritas Sebelas Maret., file:///D:/Downloads/22854-52288-1-PB.pdf 14 Februari 2019 (14.30)

[8] Linadi.K.E, 2013, Dukungan Suami Medorong Keikutsertaan Pap Smear Pasangan Usia Subur (PUS) Di Perumahan Pucang Gading Semarang, Jurnal Kesehatan Reproduksi Vol. 4 No 2, Agustus 2013 : 61 – 71., https://media.neliti.com/media/publications/106617-ID-dukungan-suami-mendorong-keikutsertaan-p.pdf 14 Februari 2019 (15.10)

[9] Notoatmodjo.S., 2012, *Promosi Kesehata Teori dan Aplikasi*, Rineka Cipta, Jakarta

[10] Notoatmodjo.S., (2010), *Ilmu Kesehatan Masyarakat Prinsip-Prinsip Dasar*, PT Rineka Cipta, Jakarta

[11] Mubarok.W.I., Chayatin.N., Rozikin.K., Supradi., (2007)., Promosi Kesehatan : Sebuah Pengantar Proses Belajar Mengajar dalam Pendidikan., Graha Ilmu, Yogyakarta

[12] Anggreany T. C. Pamaruntuan*, Grace D. Kandou**, Billy J. Kepel (2016), Faktor-Faktor Yang Berhubungan Dengan Tindakan Wanita Usia Reproduktif untuk Melakukan Inspeksi Visual Dengan Asam Asetat Di Kelurahan Kinilow Kecamatan Tomohon Utara, Universitas Samratulangi, file:///D:/Downloads/555-1090-1-SM.pdf, 14 Februari 2019 (15.15)

[13] Rasjidi.I., (2009), Deteksi Dini dan Pencegahan Kanker pada Wanita, Sagung Seto, Jakarta

[14] Savitri.A., dkk. (2015). Kupas Tuntas Kanker Payudara Leher Rahim & Rahim, Pustaka Baru Press, Yogyakarta