

An Overview Of The Knowledge Of Married Women Of Childbearing Age About Cervical Cancer In Neighborhood II, Kelurahan Peace Stabat

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ABSTRACT

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Cervical cancer is a malignant process that occurs in the cervix / cervix so that the surrounding tissue cannot carry out its function as it should. According to the World Health Organization (WHO) 490 thousand women were diagnosed with cancer, 240 thousand of them died, 80% of these cases occurred in developing countries. Research objective: to determine the knowledge description of married women of reproductive age about cervical cancer in the environment II sub-district of peace, sub-district of stabat, Langkat district in 2013. Research methodology: This type of research is a descriptive survey using primary data. The population in this study were married women of childbearing age in the neighborhood II of Peace Village with a sample of 40 people. The results obtained that the majority of 40 respondents lacked knowledge as many as 22 respondents (55%), based on age >35 years as many as 24 (60.0%) based on high school education as many as 24 respondents (60%) with sufficient knowledge, based on occupation the majority of IRT were 28 (70%), based on sources of information from health workers as many as 18 (45%). Suggestions It is hoped that the community will be more active in seeking information related to women's health maintenance.

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1. Introduction

Cervical cancer or also known as cervical cancer is a disease caused by HPV or an oncogenic Human Papilloma Virus, which has a fairly high percentage of causing cervical cancer, which is around 99.7%. Cervical cancer is one of the most common diseases in women. Every hour, one woman dies in Indonesia from cervical cancer. The facts show that millions of women in the world are infected with the HPV virus, which is considered the most common sexually transmitted disease in the world. (Tilong, 2012)

Cervical cancer occurs in the female reproductive organs. The cervix is the narrow part at the bottom between the vagina and uterus. This is where cervical cancer occurs and grows, a serious disease that attacks women whose number of sufferers has increased in recent years. all patients in Indonesia, one third are cervical cancer sufferers. (Tilong, 2012)

Cervical cancer is a cancer that mostly affects women, cervical cancer ranks second from cancer that attacks women in the world and ranks first in developing countries. From data from the World Health Organization, it is known that there are 493,243 people per year with new cervical cancer in the world with a death rate due to this cancer as many as 273,505 people per year. Looking at the development of the number of sufferers and deaths from cervical cancer, it is estimated that about

10 percent of women in the world have been infected with the Human Papilloma Virus (HPV). There is a new fact that all women are at risk for getting HPV infection. (Emilia, 2010)

Cervical cancer is the second most common type of cancer in women and is the cause of more than 250,000 deaths in 2005. Approximately 80% of these deaths occur in developing countries. Without adequate management, it is estimated that deaths from cervical cancer will increase by 25% in the next ten years. (Imam Rasjidi, 2007)

Until now, cervical cancer is still a health problem for women in Indonesia due to its high incidence and mortality rate. Delay in diagnosis at an advanced stage, weak general condition, low socioeconomic status, limited resources, limited facilities and infrastructure, type of histopathology, and degree of education participate in determining the prognosis of patients. (Rasjidi, 2008)

Based on the description above that cervical cancer is still a problem that requires top priority in an effort to improve the health of women of childbearing age, knowledge and awareness of the dangers of cervical cancer, therefore the authors are interested in conducting research with the title Description of Knowledge of Married Women of Childbearing Age about Cervical Cancer. in environment II of Peace Village, Stabat District, Langkat Regency in 2016.

2. Research methods

a. Concept framework

In order for the research objectives to be achieved, it is necessary to develop a conceptual framework that explains the WUS Knowledge Description about Cervical Cancer with variables related to the problem, especially those to be studied, in accordance with the problem formulation and literature review. The conceptual framework is stated in the form of a schematic or diagram. The explanation of the research concept framework in the form of a narrative includes the variables to be studied. So the conceptual framework of this research is described as follows:

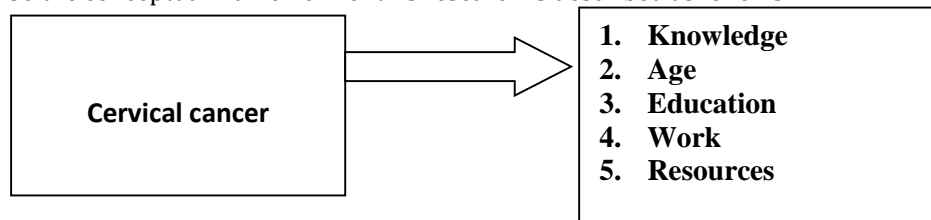


Figure 1. An overview of married women's knowledge about cervical cancer

b. Types of research

This type of research is descriptive in nature to find out the Knowledge Description of Infertile Female Couples (WUS) about Cervical Cancer in Dusun II of Peace Environment, Stabat District, Langkat Regency in 2016.

c. Population and Sample

The study population was all women of childbearing age who were married in Dusun II Peace Environment, Stabat District, Langkat Regency in 2016. The sampling technique was purposive sampling, namely the sample was taken based on samples found in Hamlet II Peace Environment, Stabat District, Langkat Regency in 2016

d. Research Location and Time

The location of the research was carried out in Hamlet II, Peace Village, Stabat Subdistrict, Langkat Regency. The research was conducted May-June 2016

e. Data Collection Techniques

Data collection was carried out using primary data using a questionnaire sheet for all women of childbearing age (WUS) in Dusun II, Peace sub-district, Setabat District, Langkat Regency in 2016 after an explanation of the procedure for filling out the questionnaire, the questionnaire was filled in directly by the respondent at that time. after that it was rearranged. After everything was collected then tabulated using a table.

f. Measurement Aspect

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Before determining the category of good, sufficient, less, first determine the criteria for the knowledge. All answers to the questionnaires that have been collected are scored for each answer and question using the following scale:

- a Score 4 for the respondent's correct answer according to the answer key is associated with $5 \times 20 = 100$
- b A score of 0 for the respondent's incorrect answer does not match the answer key associated with the number $0 \times 20 = 0$

By category:

- 1 Good category, if the question is answered correctly by the respondent $> 70\%$
- 2 Enough category, if the question is answered correctly by the respondent $60-70\%$
- 3 Less category, if the question is answered correctly by the respondent $<60\%$

g. Data Processing and Analysis

The data collected was processed manually with the following steps:

1. Editing: Checking the completeness of the data that has been collected
2. Coding: Create a code for each respondent
3. Tabulating: Calculation according to the required variables and then input the frequency table.

Data analysis was carried out descriptively by looking at the percentage of data that had been collected and presented in the frequency distribution table. Data analysis is then continued by discussing the results of the study with a review of the existing literature.

3. Research and Discussion

3.1 Research result

From the results of research conducted on "Description of knowledge of married WUS about Cervical Cancer in the environment II peace in Stabat District, Langkat Regency in 2016" this study was carried out by 40 people, the authors obtained the following results:

1. Respondent's Knowledge

TABLE 1
KNOWLEDGE DISTRIBUTION OF MARRIED WOMEN OF REASONABLE AGE RESPONDENT ABOUT CERVIC CANCER IN ENVIRONMENT II KELURAHAN PERDAMAIN SUB-DISTRICT STABAT, LANGKAT REGENCY IN 2016

Knowledge	Frequency	%
Well	2	5
Enough	16	40
Not enough	22	55
Total	40	100

From the table above, the majority of respondents have less knowledge as many as 22 respondents (55%) and the minority have good knowledge as many as 2 respondents (5%).

2. Respondent's Age

TABLE 2
DISTRIBUTION OF MARRIED WOMEN OF CERVICAL CANCER BASED ON AGE IN ENVIRONMENT II KELURAHAN PERDAMAIAAN SUB-DISTRICT STABAT, LANGKAT REGENCY IN 2016

Age	Frequency	%
< 20 years	5	12.5
20 - 35 years	11	27.5
>35 years old	24	60.0
Total	40	100.0

3. Respondent's Education

TABLE 3
DISTRIBUTION OF MARRIED WOMEN OF CERVIC CANCER BASED ON EDUCATION IN ENVIRONMENT II KELURAHAN PERDAMAIN SUB-DISTRICT STABAT IN 2016

Education	Frequency	%
JUNIOR HIGH SCHOOL	17	42.5
SENIOR HIGH SCHOOL	23	57.5
Diploma / PT	0	0
Total	40	100.0

From the table above, the education level of the majority of respondents is high school education as many as 24 respondents (60%) and junior high school as many as 16 respondents (40%).

4. Respondent's Job

TABLE 4
DISTRIBUTION OF MARRIED WOMEN OF CERVIC CANCER BASED ON OCCUPATION IN ENVIRONMENT II KELURAHAN PERDAMAIAN SUB-DISTRICT STABAT, LANGKAT REGENCY IN 2016

Work	Frequency	%
IRT	28	70.0
Self-employed	12	30.0
Total	40	100.0

From the table above, the majority of respondents work as household workers as many as 28 respondents (70%), the minority are entrepreneurs 12 respondents (30%).

5. Resources

TABLE 5
DISTRIBUTION OF MARRIED WOMEN OF CERVICAL CANCER BASED ON SOURCES OF INFORMATION IN ENVIRONMENT II KELURAHAN PERDAMAIAN SUB-DISTRICT STABAT, LANGKAT REGENCY IN 2016

Resources	Frequency	%
Mass media	2	5.0
Electronic media	5	12.5
Family Friends	15	37.5
Health workers	18	45.0
Total	40	100.0

From the table above, the majority of respondents obtained sources of information from health workers as many as 18 people (45.0%) and a minority of sources of information from mass media as many as 2 people (5.0%).

6. Distribution of Respondents' Knowledge by Age

TABLE 6
KNOWLEDGE DISTRIBUTION OF MARRIED WOMEN OF REASONABLE AGE RESPONDENTS BY AGE ABOUT CERVIC CANCER IN ENVIRONMENT II KELURAHAN PERDAMAIAN SUB-DISTRICT OF STABAT, LANGKAT REGENCY IN 2016

Knowledge	Age						Total	
	<20 years		20-35 years old		>35 years old			
	F	%	F	%	F	%	F	%
Well	0	-	1	2.5	1	2.5	2	5
Enough	4	10	-	-	12	30	16	40
Not enough	1	2.5	10	25	11	27.5	22	55
Total	5	12.5	11	27.5	24	60	40	100

From the table above, it is found that respondents with less knowledge at the age of > 35 years are 11 people (27.5%) and at the age of <20 years are 1 person (2.5%).

7. Distribution of Respondents' Knowledge Based on Education

TABLE 7
KNOWLEDGE DISTRIBUTION OF MARRIED WOMEN OF RELIABLE AGE BASED ON EDUCATION ABOUT CERVIC CANCER BASED ON EDUCATION IN ENVIRONMENT II KELURAHAN PERDAMAIAN SUB-DISTRICT STABAT LANGKAT REGENCY IN 2016

Knowledge	Education				Total	
	JUNIOR HIGH SCHOOL		SENIOR HIGH SCHOOL			
	F	%	F	%	F	%
Well	-	-	2	5	2	5
Enough	4	10	12	30	16	40
Not enough	13	32.5	9	22.5	22	55
Total	17	42.5	23	57.5	40	100

From the table above, it is found that respondents with less knowledge at the junior high school education level are 13 people (32.5%) and high school education are 9 people (22.5%).

8. Distribution of Respondents' Knowledge Based on Occupation

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TABLE 8

KNOWLEDGE DISTRIBUTION OF MARRIED WOMEN OF RELIABLE AGE BASED ON OCCUPATION ON CERVICAL CANCER BASED ON OCCUPATION IN ENVIRONMENT II KELURAHAN PERDAMAIAN SUB-DISTRICT STABAT LANGKAT REGENCY

Knowledge	Work					
	IRT		Self-employed		Total	
	F	%	F	%	F	%
Well	1	2.5	1	2.5	2	5
Enough	10	25	6	15.0	16	40
Not enough	17	42.5	5	12.5	22	55
Total	28	70.0	12	40	100	

From the table above, it is obtained that respondents with less knowledge with work as IRT as many as 17 people (42.5 %) and entrepreneurs as many as 5 people (12.5%)

9. Distribution of Respondents' Knowledge Based on Information Sources

TABLE 9

DISTRIBUTION OF KNOWLEDGE OF RESPONDENT AGE COUPLES ABOUT CERVIC CANCER BASED ON SOURCES OF INFORMATION IN ENVIRONMENT II KELURAHAN PERDAMAIAN SUB-DISTRICT OF STABAT, LANGKAT REGENCY IN 2016

Knowledge	Resources								Total	
	Mass media		Electronic Media		Friend/Family		Health workers		F	%
	F	%	F	%	F	%	F	%	F	%
Well	1	2.5	-	-	-	-	2	5	2	5
Enough	1	2.5	-	-	5	12.5	11	27.5	16	40
Not enough	-	-	-	-	12	30	10	25	22	55
Total	2	5	-	-	17	42.5	23	57.5	40	100

From the table above, the data obtained from the majority of respondents with less knowledge who received information from friends/family as many as 12 people (30%) and a minority with good knowledge who obtained information from Health Workers as many as 2 people (5%)

3.2 Discussion

1. Knowledge

After conducting research on 40 respondents in Environment II of Peace Village, Stabat District in 2016 regarding the Knowledge Description of Married Women of Childbearing Age About Cervical Cancer, a discussion can be carried out according to the following variables: Knowledge of Women of Childbearing Age about Cervical Cancer from the 40 majority respondents who are knowledgeable Less A total of 22 respondents (55 %) and 2 respondents (55%) have good knowledge. Meanwhile, according to Notoadmodjo's theory (2003), that knowledge is the result of knowing someone after sensing a certain object which basically consists of a number of facts and theories that allow a person to be able to find out a problem so that the results obtained are in accordance with the existing theory.

2. Knowledge by Age

Notoadamodjo (2003), states that age is a variable that is always considered in epidemiological investigations, morbidity and mortality rates in almost all circumstances show a relationship with age. With this search people can read easily and see patterns of illness or death by age group.

From the results of this study, it is known that the majority aged 20-35 years who have sufficient knowledge are 12 respondents (30%) and the minority aged < 20 years who have less knowledge are 1 respondent (2.5%).

According to the researcher's assumptions, the age group >35 years is the age where more or less experience has been gained so that the desire to act will increase as well as awareness in seeking health information.

3. Respondent's Knowledge Based on Education Level

From the results of this study, it is known that respondents with less knowledge of junior high school education level are 13 respondents (32.5%). This is in accordance with Notoadmodjo (2003) which states that education is a learning process related to the process of growth, development or change towards a more mature, better and more mature individual, group or community that cannot be separated from learning activities. A person can be said to be learning if there is a change in him from not knowing to knowing, not being able to do something to doing something.

One's education can affect the level of knowledge. The higher the level of education, the higher the level of education, the better the knowledge. The lower a person's level of education, the lower the level of knowledge.

4. Respondent's Knowledge Based on Occupation

From the results of the study, the majority of respondents had less knowledge as IRT as many as 17 respondents (42.5%). It is focused on men whose partners have cervical cancer. It is estimated that exposure to certain materials from a job, dust, metal, chemicals, tar, or engine oil can be a risk factor for cervical cancer. (Rasjidi, 2008).

However, according to the researcher's assumption, work is a formal activity carried out by married mothers every day, working mothers, especially those who work in offices and in urban areas, will have easy access to information. The ease obtained in accessing the information will increase the mother's knowledge about an object. On the other hand, mothers who work as housewives and farmers and live in rural areas will get less information where access to information and reading culture is very low.

5. Knowledge of Respondents Based on Information Sources

From the results of this study, it was found that the respondents had less knowledge of getting information from friends/family as many as 12 respondents (30%). This is in accordance with the theory which states that health workers are very good sources of information because they use visual tools that are caught by the eye that are easily digested by the brain. According to sensory research, the part that transmits knowledge a lot into the brain is the eye, so that the mother's knowledge increases.

According to the assumption of the researcher, the information obtained from various sources of information is a person's level of knowledge, if someone gets a lot of information who has clear knowledge. From the results of the study, it was found that not all information obtained from all information could increase respondents' knowledge, because one's knowledge depends on the ability to absorb existing information.

4. Conclusion

Based on the results of the study and the description of the knowledge of married women of childbearing age about cervical cancer in the peace II environment of the stabat sub-district, Langkat district in 2016 obtained: WUS knowledge about cervical cancer is mostly knowledgeable. WUS knowledge about Cervical Cancer. WUS knowledge about Cervical Cancer is based on sufficient age, from the results of this study it is evident that the knowledge of older WUS is much lower than the knowledge of younger WUS. WUS knowledge about Cervical Cancer based on education level is still less than the results of this study, it is proven that the knowledge of WUS who are not educated is much lower than the educated ones. WUS knowledge about Cervical Cancer based on the majority of information sources is lacking, from the results of the study it was found that not all information obtained from information sources obtained from information sources could increase respondents. Because one's knowledge depends on the ability to absorb existing information.

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