

## KNOWLEDGE AND ATTITUDES OF COUPLES OF CHILDBEARING AGE (CCA) ABOUT EARLY DETECTION OF CERVICAL CANCER

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### ABSTRAK

Latar Belakang: Badan kesehatan dunia (WHO) menyebut kanker serviks sebagai jenis kanker nomor empat yang paling sering menyerang wanita dan mematikan. Berdasarkan data Dinas Kesehatan Kabupaten Pangkep menyatakan bahwa terdapat 7 orang yang mengalami kanker serviks dan 4 di antaranya meninggal dunia dikarenakan keterlambatan dalam penanganan kanker serviks yang disebabkan oleh kurangnya pengetahuan dan sikap masyarakat untuk melakukan pemeriksaan deteksi dini kanker serviks.

Tujuan: untuk mengetahui pengetahuan dan sikap Pasangan Usia Subur (PUS) tentang deteksi dini kanker serviks.

Metode: menggunakan desain penelitian Deskriptif Analitik dengan pendekatan Cross-Sectional pada bulan Oktober 2020.

Hasil: berdasarkan uji Chi-Square untuk variabel pengetahuan pasangan usia subur (PUS) tentang deteksi dini kanker serviks didapatkan nilai p value = 0,012 sedangkan variabel sikap didapatkan nilai p-value = 0,815.

Kesimpulan: ada pengaruh yang signifikan antara pengetahuan pasangan usia subur (PUS) tentang deteksi dini kanker serviks, akan tetapi sikap pasangan usia subur (PUS) tidak berpengaruh terhadap deteksi dini kanker serviks.

Saran: Diharapkan melakukan sosialisasi dan publikasi tentang pentingnya melakukan deteksi dini kanker serviks dapat dilakukan dengan penyuluhan maupun dengan menggunakan media cetak, seperti poster, leaflet, dan lainnya ditempat-tempat umum dan menggunakan sosial media

Kata Kunci: Deteksi Dini, Kanker Serviks, Pengetahuan, Pasangan Usia Subur, Sikap

### ABSTRACT

Background: The World Health Organization (WHO) calls cervical cancer the fourth most common type of cancer that attacks women and is deadly. Based on data from the Pangkep District Health Office, it was stated that there were 7 people who had cervical cancer and 4 of them died due to delays in handling cervical cancer caused by lack of knowledge and public attitudes to carry out early detection of cervical cancer.

Purpose: to find out the knowledge and attitude of Couples of Childbearing Age (PUS) about the early detection of cervical cancer.

Method: using a Descriptive Analytical research design with a Cross-Sectional approach in October 2020.

Results: based on the Chi-Square test for variable knowledge of couples of childbearing age (PUS) about early cervical cancer detection obtained a p-value = 0.012. In contrast, the attitude variable is based on p-value = 0.815.

Conclusion: there is a significant influence on the knowledge of couples of childbearing age (PUS) about early detection of cervical cancer, but the attitude of teams of childbearing age (CCA) does not affect early detection of cervical cancer.

Suggestion: It is expected that socialization and publication about the importance of early detection of cervical cancer can be done through counseling or by using print media, such as posters, leaflets, and others in public places and social media.

Keywords: Early Detection, Cervical Cancer, Knowledge, Couples of Childbearing Age, Attitude

## INTRODUCTION

Reproductive health is a state of complete health encompassing a physical, mental and social life related to the tools, functions, and processes of reproduction that think reproductive health is not a condition free from disease but how a person can have a safe and fulfilling sexual life before and after marriage (Gao et al., 2021; Zhao et al., 2022).

Cervical cancer develops in the cervix (the entrance to the uterus from the vagina) (Curty et al., 2020; Huang & Rofstad, 2017; Peirson et al., 2013; Punt et al., 2015; Sundström & Miriam Elfström, 2020). Almost all cases of cervical cancer (99%) are associated with high-risk human papillomavirus (HPV) infection, a prevalent virus transmitted through sexual intercourse. (Chen et al., 2020; Gabrielli et al., 2018; Goense et al., 2018). Although most HPV infections resolve spontaneously and do not preoccupy symptoms, persistent infections can cause cervical cancer in women. As a result, cervical cancer is the fourth most common cancer in women. In 2018, an estimated 570,000 women were diagnosed with cervical cancer worldwide, and about 311,000 women died from the disease (Brewer et al., 2020a; Gallagher et al., 2017; Kabakama et al., 2016).

The World Health Organization (WHO) calls cervical cancer the fourth type of cancer that most often affects women and is deadly. (Sultana et al., 2014; Tranberg et al., 2016). In addition, this cancer is most commonly found in developing countries compared to developed countries. Based on global data from the International Agency for Research on Cancer (IARC), it is known that in 2017 there were 6.8% of cancer deaths in the world were caused by cervical cancer. (Brewer et al., 2020a, 2020b; Goense et al., 2018). The high number of new cancer cases and about 40% of cancer deaths are closely related to cancer risk factors consisting of cancer risk factors that should be preventable. (Gao et al., 2021; Zhao et al., 2022).

Globocan data in 2018 showed that new cases of cervical cancer in Indonesia reached 32,469 people. In addition, the death rate from cervical cancer reaches 18,279 per year. This means that about 50 Indonesian women died from cervical cancer. (Carrasquillo et al., 2018; Kobetz et al., 2017, 2018). This figure increased sharply compared to 2012, reported that 26 Indonesian women die of cervical cancer every year. Globocan's latest data finds cervical cancer incidence 1 in 1,000 women (Carrasquillo et al., 2020; Madzima et al., 2017).

Data obtained from the South Sulawesi Provincial Office in 2018 contained 36 new cases of cervical cancer, 16 of which ended in death. (Sultana

et al., 2014; Tranberg et al., 2016; Wilcox et al., 2015). In addition, data from the 2018 Indonesian Health Profile found that only 1.34% of PUS conducted early detection of cervical cancer in South Sulawesi Province is the second-lowest province for early screening of cervical cancer after Papua Province. (RI, 2018).

In 2019 Pangkep Regency obtained data from the Health Office that the incidence of cervical cancer was as many as 7 cases; 4 of the cases also ended with death. (Jodele, 2016; Wilcox et al., 2015). This is based on a brief interview with the Head of The Field of Prevention of Non-Communicable Diseases on average cervical cancer death cases due to delays in patients checking their condition where they check their condition at an advanced stage. (Sultana et al., 2014; Tranberg et al., 2016).

The increase in deaths from cervical cancer is due to delays in handling. More than 70 percent of cervical cancer patients who come to the hospital are already at an advanced stage, namely, stage II and III. Cervical cancer is often associated with the Human Papilloma Virus (HPV). (Carrasquillo et al., 2020; Holly A. Swartz, Jessica C. Levenson, 2012; Madzima et al., 2017; Manuscript et al., 2010). According to Habtu and Laelago, more than 99% of cervical cancers contain HPV. In addition, long-term infections of certain types of HPV can cause cervical cancer (Curty et al., 2020; Huang & Rofstad, 2017).

Early detection is the primary strategy to reduce cancer deaths arising with or without symptoms. In developed countries, the incidence of cervical cancer decreases thanks to early detection programs through pap smears. (Brüggmann et al., 2022; Castelnau-Marchand et al., 2015; Dijkstra et al., 2014; Pulkkinen et al., 2021). Early detection can detect diseases that occur in the early phases before the condition gives symptoms or complaints clinically. However, more than 70% of cases that come to the hospital are found to be in an advanced state. If this cancer is known and treated at the stage, the probability is 70-75%, in stage 2 is 60%, in stage 3, it is only 25%, and in stage 4, the patient is difficult to expect to recover. Efforts to detect cervical cancer early are not widely known to the public. The reason for not detecting cervical cancer early is inadequate knowledge (Carrasquillo et al., 2020; Holly A. Swartz, Jessica C. Levenson, 2012; Madzima et al., 2017).

Information about cervical cancer is still poorly understood by most women of childbearing age (WUS) in Indonesia. Insufficient knowledge about cervical cancer, in general, is associated with the still high incidence of cervical cancer. (Gallagher et al., 2017; Kabakama et al., 2016). This is very concerning considering cervical cancer is one of the

cancers that can be prevented early with early detection, one of which is a pap smear. (Carrasquillo et al., 2018; Jodele, 2016).

Public knowledge about cervical cancer is still very minimal. Reluctance to make early detection is the main cause of women in Indonesia coming to the health service already lateness with advanced cervical cancer. Difficult to cure, and only about 12% of women in Indonesia understand cervical cancer and early detection of cervical cancer using pap smears and IVA tests. (Peirson et al., 2013; Punt et al., 2015).

Knowledge affects a woman's participation in cervical cancer screening examination (Madzima et al., 2017; Manuscript et al., 2010). The provision of information about cervical cancer and cervical cancer screening increases the number of women undergoing screening. Predisposition to early detection behavior of cervical cancer is influenced by attitude. A positive attitude toward cervical cancer and cervical cancer screening supports a woman undergoing cervical cancer screening. A negative attitude is that there is no need to undergo screening if there are no symptoms, and it is better to live life as usual. The process of forming an attitude is influenced by a stimulus or stimulation, one of which is the knowledge that will be processed to produce perspectives (closed) and behavior (open) (Kobetz et al., 2017). Such statements can be an obstacle for women undergoing cervical cancer screening. Therefore, early detection behavior of service cancer becomes an influential factor in the incidence of cervical cancer (Kabakama et al., 2016; Sultana et al., 2014; Tranberg et al., 2016).

The factors mentioned above by the research conducted results of his study revealed a significant relationship between knowledge and pus behavior in the early detection of cervical cancer. Mulyati et al. (2015) also concluded a substantial connection between attitudes and maternal behavior in the early detection of cervical cancer. The Study by Fauza et al. (2019) also corroborates a meaningful relationship between attitudes and pus behavior in the early detection of cervical cancer. (Brewer et al., 2020b; Goense et al., 2018).

Based on the initial data survey conducted through an interview with the Head of the Non-Communicable Diseases Section at the West Muna Regency Health Office, the cervical cancer early detection program through the IVA test (visual inspection of acetic acid) and Pap Smear began to be carried out since 2015 and socialization. As a result, cross-sector cooperation in conducting early detection of cervical cancer with this method, but the coverage is still low. (Dinkes Pankep, 2020).

Interviewed a study conducted by researchers on 10 PUS women, including health workers in Kombikuno Village, only two people claimed to have detected cervical cancer early. In contrast, eight people had never had cervical cancer screening either with Pap Smear or IVA test examinations for fear of pain due to actions, suspicion of results, embarrassed to be seen by officers, has not had time to check, are still waiting for the husband's decision, feels unnecessary because the husband is dead, and feels traumatized by the action because he has experienced a tear in the birth canal during childbirth (Brewer et al., 2020b; Chen et al., 2020; Goense et al., 2018). In addition, they said that socialization about early detection of cervical cancer was done twice in 2019 and once in 2020. Therefore, based on the background above, knowledge about cervical cancer for PUS is known because all symptoms and risk factors for cervical cancer can be detected early by learning things related to cervical cancer. (Kabakama et al., 2016; Sultana et al., 2014; Tranberg et al., 2016). So that researchers are interested in conducting research with the title "Knowledge and attitude of couples of childbearing age (PUS) about early detection of cervical cancer at the Pangkajene Health Center Pangkep regency."

## METHOD

This research uses a descriptive analytical research design with a Cross-Sectional approach. The research was conducted in October 2020 at the Pangkajene Health Center Pangkep regency. The sample in the study was 74 people. The sampling technique is a purposive sampling method with criteria for including mothers of childbearing age couples (CCA) aged 15-49 years and willing to be respondents. The study used the Chi-Square test. The instruments used in this study are ionizers that have been tested for validity and rehabilitation.

## RESULTS

### Analysis Univariate

Table 1. It showed that of the 74 Couples of Childbearing Age, the majority had high knowledge about cervical cancer early detection behavior, as many as 26 people (35.1%), 28 (37.8%) had moderate knowledge, and the remaining 20 PUS (27.1%) had insufficient knowledge.

**Table 1**  
**Distribution of Knowledge Frequency of**  
**Couples of Childbearing Age**  
**About Early Detection of Cervical Cancer**

Knowledge	Frequency	%
High	26	35,1
Medium	28	37,8
Low	20	27,1

Source: Primary Data, 2020.

Table 2. It showed that of the 74 Couples of Childbearing Age, the majority supported early

detection behavior of cervical cancer as many as 20 (27%), while 54 (73%) did not support it.

**Table 2.**  
**Frequency Distribution of Couples of**  
**Childbearing Age Based on Attitude**  
**About Early Detection of Cervical Cancer**

Attitude	Frequency	%
Support	20	27
Not Supporting	54	73

Source: Primary Data, 2020.

**Bivariate Analysis**

**Table 3.**  
**The Influence of Childbearing Age Couples' Knowledge About Early Detection of Cervical Cancer**

Knowledge	Cervical Cancer Early Detection Behavior				Total		(p) value
	Yes		Not		N	%	
	n	%	N	%			
High	15	20,2	11	14,9	26	35,1	0,012
Medium	10	13,5	18	24,3	28	37,8	
Low	3	4,1	17	23,0	20	27	

Sumber: Primary Data, 2020.

Table 3. It showed that of the 74 couples of childbearing age (CCA), 26 mothers had high knowledge about early detection of cervical cancer, 15 (20.2%) did early detection of cervical cancer, and 11 (14.9%) had high knowledge of not doing early detection of cervical cancer. As for mothers with moderate knowledge, there are 28 (37.8%), of which only 10 (13.5%) do early detection of cervical cancer, and 18 (24.3%) do not make early detection of

cervical cancer. As for pus with shared knowledge, there are 20 (4.1%) who detect cervical cancer early, and the rest are mostly 17 PUS (23.0%) who do not detect cervical cancer early. The results of the Chi-Square statistical test from table 5.4 were obtained as low as  $p(0.012) < 0.05$ . This means that  $H_a$  is accepted and  $H_o$  is rejected there is a significant between knowledge and pus behavior in the early detection of cervical cancer.

**Table 4.**  
**Influence of Couples' Attitudes on Childbearing Age About Cervical Cancer Early Detection Behavior**

Attitude	The behavior of Couples of Childbearing Age in Early Detection of Cervical Cancer				Total		(p) value
	Yes		Not		N	%	
	n	%	N	%			
Support	8	10,8	12	16,2	20	27,0	0,815
Not Supporting	20	27,0	34	46,0	54	73,0	

Source: Primary Data, 2020.

Table 4. It showed that of the 74 women of childbearing age couples, there were 20 mothers (27%) who supported early detection behavior of cervical cancer, with the distribution of 8 people (10.8%) doing early detection of cervical cancer, and

12 (16.2%) did not do early detection of cervical cancer. On the other hand, mothers who expressed a non-support for early detection behavior of cervical cancer amounted to 54 people (73%), with a distribution of 20 people (27.0%) who did early

detection of cervical cancer and 34 people (46.0%) did not do early detection of cervical cancer. Chi-Square statistical test results from table 4 obtained the impact of the value of  $p$  ( $0.815$ )  $> 0.05$ . This means that  $H_a$  is rejected and  $H_0$  is accepted. Therefore, there is no significant between attitude and pus behavior in the early detection of cervical cancer.

## DISCUSSION

### Knowledge of Couples of Childbearing Age About Early Detection of Cervical Cancer

The chi-square statistical test result of table 3 obtained a value of  $p$  ( $0.012$ )  $< 0.05$ . This means that null hypothesis is rejected, and alternative hypothesis accepted that there is a significant relationship between fertile age knowledge of early detection of cervical cancer. Knowledge is vital for every individual because a person can make an effort, including early detection of cervical cancer, with the capital of knowledge. Mothers who know about good cervical cancer will undoubtedly try as much as possible to reveal themselves to avoid the disease. (Peirson et al., 2013; Punt et al., 2015; Zhao et al., 2022). The knowledge covered in the cognitive domain has six levels; the first level of know (know) is to know is interpreted only as a recall (summoning) memory that has existed before after observing something, in this case, in the form of what has been seen by fertile age couple or can be interpreted to know in the form of experiences that have been seen with the five senses, Not yet at the level of understanding and applying. Knowledgeable fertile age has expertise and habits that do not do an early examination of cervical cancer, and this is because they do not understand why it is good to do.

The results of this study are in line with research conducted by Indian Dyah Susanti (2018), where the results showed a significant relationship between fertile age couple knowledge and cervical cancer early detection behavior in Pendowoharjo Sewon Bantul Village. The study results mentioned that the mother would have awareness and desire to check her health as early as possible with high knowledge. Knowledge dramatically affects a person's behavior and mindset. (Curty et al., 2020; Huang & Rofstad, 2017; Sundström & Miriam Elfström, 2020). In addition, learning involves women's participation in cervical cancer screening examinations. Public knowledge about cervical cancer is still very minimal and reluctance to make early detection is the leading cause of women in Indonesia coming to the health service is already in a state of lateness with advanced cervical cancer and

difficult to cure. (Brewer et al., 2020a; Gallagher et al., 2017).

Researchers assume less knowledge belongs to a category that has low expertise and cannot receive information and does not do so. (Brewer et al., 2020a; Gallagher et al., 2017). Knowledge affects the behavior of early detection of cervical cancer because the higher the level of expertise, the easier a person will be to adapt himself to the environment. Couples of childbearing age who are knowledgeable have experience and habits that do not do an early examination of cervical cancer; this is because they do not know why it is good to do; for example, mothers will check themselves if there is a lot of vaginal discharge and continuously or bleeding after intercourse, mothers answer correctly on questions about attitudes but answer wrongly on questions about Knowledge, it shows that the mother does not know the benefits of checking herself at the time of bleeding after intercourse. (Carrasquillo et al., 2018, 2020; Holly A. Swartz, Jessica C. Levenson, 2012; Kobetz et al., 2017, 2018; Madzima et al., 2017).

### Couples' Attitudes of Childbearing Age About Early Detection of Cervical Cancer

The chi-square statistical test results from table 4 obtained a value of  $p$  ( $0.815$ )  $> 0.05$ . This means that alternative hypothesis is rejected, and null hypothesis is accepted that there is no significant relationship between the attitude of couples of childbearing age in early detection of cervical cancer. However, the results showed that most respondents had a negative or unsupportive attitude towards cervical cancer early detection behavior.

Attitude is the reaction or response of a person who is still closed to stimulation or object. The manifestation of that attitude cannot be directly seen but can only be interpreted in advance from the closed behavior. That attitude is a readiness or willingness to act and is not an implementer of a particular motive. (Kabakama et al., 2016; Sultana et al., 2014; Tranberg et al., 2016; Wilcox et al., 2015). Attitudes that exist in every human being are factors that can encourage or cause specific behaviors. Attitude is always inside but not very active every time. Attitude is the tendency to act positively (accept) or negatively (reject) towards an object based on self-assessment of that object. (Peirson et al., 2013; Punt et al., 2015)..

In addition, pessimistic and well-behaved respondents want to examine because of the invitation from cadres when certain agencies organize a free examination. While respondents with negative attitudes and behaved less well tend not to

do the early analysis of cervical cancer because they do not know and have never been exposed to information about early detection of cervical cancer. Besides, early detection of cervical cancer is considered unimportant if it has not shown symptoms felt by Couples of Childbearing Age. (Gao et al., 2021; Zhao et al., 2022).

This study is not in line with Wulandari's research (2016), which is a significant relationship between the attitudes and behavior of IVA examinations at the Sukmajaya Health Center ( $p$ -value = 0.000). Most of the Women of the Childbearing Age have a good mood (68.5%) as in Badran Village (53.3%). On the other hand, women of Childbearing Age who have less attitude towards IVA examination at the Sukmajaya Health Center are due to lack of access to information related to knowledge (73.3%) and in Badran Village (60.0%).

Researchers assume that although most Couples of Childbearing Age have an unsupportive attitude, this does not affect their behavior to detect cervical cancer early. This is because they live in the village. Fertile age can cheat the behavior of other neighbors he thinks are good, but they themselves do not know the purpose and purpose of the action. Usually, the younger Couples of the Childbearing Age follows her other friends who are older than her. As long as it is safe, in his opinion, they will do it because they assume that the older one is more experienced than him. (Brüggmann et al., 2022; Pulkkinen et al., 2021). Attitudes concerning activity are subjective feelings experienced before and during the action, either positive or negative, funny, engaging, pleasant or not likely to affect a person will repeat or maintain the behavior. Behaviors with a positive influence tend to be repeated, while those associated with adverse effects will be avoided. (Curty et al., 2020; Sundström & Miriam Elfström, 2020).

A positive attitude results in good behavior, but if it is not balanced by the intention to perform the behavior that has been believed, it will not produce the expected behavior. (Brewer et al., 2020). The attitude determined by a person is very subjective and also influenced by the intention or commitment to do what is already believed. Therefore, behavior that has a positive impact will continue to be used, while those with a negative effect will not be done anymore and tend to be avoided. (Holly A. Swartz, Jessica C. Levenson, 2012; Kobetz et al., 2017, 2018). Attitudes related to cervical cancer prevention behavior in most of the respondents in the study were related to emotions arising from preventive measures such as fear and shame of performing cervical cancer screening. This can be influenced by the lack

of information about cervical cancer prevention behavior. (Peirson et al., 2013; Punt et al., 2015; Sundström & Miriam Elfström, 2020).

## CONCLUSION

Based on the Chi-Square test results for variable knowledge of couples of childbearing age (CCA) about early detection of cervical cancer, a value of  $p$ -value = 0.012. In contrast, the attitude variable is based on the value of  $p$ -value = 0.815, so it can be concluded that there is a significant influence on knowledge about the early detection of cervical cancer. Still, the attitude of couples of childbearing age does not affect the early detection of cervical cancer.

## SUGGESTION

It is expected that socialization and publication about the importance of early detection of cervical cancer can be done through counseling or by using print media, such as posters, leaflets, and others in public places and social media.

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