



## KNOWLEDGE OF WOMEN OF CHILDBEARING AGE RELATED TO CERVICAL CANCER

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### ARTICLE INFORMATION

Received : August 1<sup>st</sup>, 2021  
Revised : August 18<sup>th</sup>, 2021  
Available online : October 31<sup>st</sup>, 2021

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### KEYWORDS

Cervic Cancer; knowledge of women

### ABSTRACT

**Background:** Cervical cancer is a malignant tumor that grows in the cervix, which is the lowest part of the uterus attached to the top of the vagina, usually cervical cancer attacks women aged 35-55 years.

**Objective:** This study aims to find out the description of the knowledge of women of childbearing age about cervical cancer based on their occupation and sources of information in the Balandete village, the working area of the Kolaka Public Health Center 2021.

**Method:** The research design used was cross sectional. The population in this study amounted to 215 respondents. The sampling technique used was accidental sampling and obtained a sample of 68 respondents. The data collected in this study were data on education, employment and information resources describe to describe or provide an overview of women's knowledge about cervical cancer in the village of Balandete, the working area of the Kolaka Public Health Center 2021.

**Result:** The results WUS knowledge about cervical cancer is known that out of 68 respondents (100%) who have good knowledge, 17 respondents (25%), have sufficient knowledge, 41 respondents (60.3%) and 10 respondents (14.7%) have less knowledge.

**Conclusion:**in Based on the results of research that has been carried out in the Balandete Village in the Kolaka Community Health Center work area in 2021 about the knowledge of women of childbearing age about cervical cancer in the Balandete Village based on education, occupation, and sources of information, the results of research on cervical cancer are quite good but need to be improved again so that the mother's knowledge about cervical cancer it's better than now.

## **INTRODUCTION**

Cervical cancer is one of the leading causes of cancer death among women (Mattiuzzi C, 2020). Cervical cancer ranks fourth of all cancers in women worldwide and linked to human papillomavirus (HPV) infection (Putri, 2019). Cancer is a general term for abnormal cell growth that is growing very fast, uncontrolled and not rhythmic that does not infiltrate normal body tissues and suppress normal body tissues so that it affects body functions. Early age at first intercourse and multiple sexual partners have been shown to exert strong effects on risk (Zhang S, et al, 2020). Cervical cancer is a malignant tumor that grows in the cervix, which is the lowest part of the uterus attached to the top of the vagina, usually cervical cancer attacks women aged 35-55 years (Faizah SA, 2014).

Over the past 30 years, the increasing proportion of young women affected by cervical cancer has ranged from 10% to 40% (Song B et al, 2017). According to the WHO and International Agency for Research on Cancer (IARC) estimates, the year 2008 saw 529,000 new cases of cervical cancer globally. In developing countries, the number of new cases of cervical cancer was 452,000 and ranked second among malignancies in female patients (Ferlay J, 2010). Conversely, the number of new cases of cervical cancer was 77,000 in developed countries and ranked tenth among female malignancies. In 2018 worldwide with an estimated 570,000 cases and 311,000 deaths, cervical cancer ranks as

the fourth most frequently diagnosed cancer and the fourth leading cause of cancer death in women (Bray F, 2018). However, approximately 85% of the worldwide deaths from cervical cancer occur in underdeveloped or developing countries, and the death rate is 18 times higher in low-income and middle-income countries compared with wealthier countries (Prabhu M, 2016).

In Indonesia, cervical cancer is the number one cancer commonly suffered by women. In 2018, new cases of cervical cancer were 17.8 million people and in 2019 there were 21.7 million people. It is estimated that every day 40-45 new cases appear in Indonesia, 20-25 people die, meaning that every hour an estimated 1 woman dies of cervical cancer. This means that Indonesia will lose 600-750 women who are still productive every month (Adi D. Tilong, 2019). According to the results of Khasbiyah's research (2019) at the Kariadi Doctor's Hospital, Semarang in August-September 2019 showed that the majority of patients with cervical cancer. Most sufferers have sexual intercourse for the first time at the age of under 20 years (74%) with one sexual partner (82%) statistical results show that there is a significant relationship between parity and age at first having sexual intercourse with cancer incidence (Hanik Maysaroh, 2019).

In Southeast Sulawesi, data was obtained from the provincial health office, especially at the Southeast Sulawesi

Provincial Hospital, the number of cervical cancer patients in 2016 was 16 cases (Dinkes Sultra, 2016). The high number of people with cervical cancer in developing countries can be caused by the weak economic condition of the community and unable to meet the needs of healthy nutrition, there is no cost to go to a doctor for an examination, low level of knowledge, and lack of awareness of maintaining body cleanliness and vagina hygiene (Arum, 2016). Based on the background above and from the existing problems, the researcher is interested in examining the Description of Knowledge of Women of Childbearing Age About Cervical Cancer in the Balandete Village In the Kolaka Community Health Center Working Area in 2021.

## **METHODS**

Type of research is descriptive which aims to describe or provide an overview of women's knowledge about cervical cancer in the Balandete village, the work area of the Kolaka Public Health Center in 2017 (Silalahi & Atif, 2015). Using a descriptive approach, namely knowing the description of variable knowledge (Nursalam, 2015). This study was conducted to determine the description of WUS knowledge about cervical cancer. This research was carried out in the Balandete

Village, the working area of the Kolaka Public Health Center, Kolaka District in April-July 2021. The population in this study were all women of childbearing age in April-July 2021, totaling 215 patients. Sampling Techniques In this study using the Slovin formula with a total of 68 samples. Instruments in this study using questionnaires and the data in the univariate analysis

## **RESULTS**

### **A. Univariate Analysis**

**Table 1. The Distribution Frequency Fertile Wanita Usia Knowledge About Cervical Cancer In urban village Puskesmas Balandete Kolaka In the region in 2021.**

Knowledge	Frequency	percentage
Good	17	25%
Enough	41	60.3%
Less	10	14.7%
Total	68	100%

*Source: Primary data, 2021*

From the table above shows that of the 68 (100%) total, WUS who have knowledge about cervical cancer in the good category there are 17 respondents (25%), WUS who have knowledge about cervical cancer in the sufficient category there are 41 respondents (60.3%) and WUS who have knowledge about cervical cancer in the less category there are 10 respondents (14.7%).

**Table 2. Frequency Distribution of Knowledge of Women ofAge About Cervical Cancer Based on Education in the Childbearing Balandete Village in the Health Center Work Area Kolakain 2021**

Education	Good		Enough		Less		Amount	
	n	%	n	%	n	%	n	%
Low	0	0	3	4.41	7	10.3	10	14.7
Medium	10	14.7	38	55.88	3	4.4	51	75.1
High	7	10.3	0	0	0	0	7	10.3
Total	17	25	41	60.3	10	14.7	68	100

*Source: Primary data, 2021*

Table 2 From the table above shows that of 68 (100%) the number is 10 (14.7%), WUS who have knowledge about cervical cancer in the low level of education in the good category are 0 (%), total is 10 (14.7%). WUS who have knowledge about cervical cancer in the low level of education in the sufficient category are 3 (4.4%), the number is 10 (14.7%). WUS who have knowledge about cervical cancer in the low education level are in the less category 7 (10.3%), while the number of 51 (75%). %, total 51 (75%). WUS who have knowledge about cervical cancer in the

secondary education level in the sufficient category are 38 (55.88%) and 51 (75%). There are 3 (4.4%). While the number is 7 (10.3%). WUS who have a level of knowledge about cervical cancer in higher education in the good category are 7 (10.3%), the number is 7 (10.3%). WUS who have knowledge about cervical cancer in the higher education level in the sufficient category are 0 (0%) and the number is 7 (10.3%). WUS who have knowledge about cervical cancer in the secondary education level in the less category are 0 (0%).

**Table 3. Frequency Distribution of Knowledge of Women ofAge About Cervical Cancer Based on Occupation in the Childbearing Balandete Village In the Community Health Center Work Area Kolakain 2021**

Job	Good		Fairly		Less		Total	
	n	%	n	%	n	%	n	%
Pns	7	10.3	0	0	0	0	7	10,3
Private	5	7.3	10	14.7	5	7.3	20	29.4
Farmer	0	0	5	7.3	0	0	5	7.3
Fisherman	0	0	0	0	0	0	0	0
Entrepreneur	5	7.3	21	30.88	0	0	26	38.2
Not working	0	0	3	4.4	7	10.3	10	14.7
Total	17	25	41	60.3	10	14.7	68	100

*Source: Primary data, 2021*

From the table above shows that of 68 (100%) total 7 (10.3%). WUS who have knowledge about cervical cancer in the level of civil servant jobs are in good category 7 (10.3%), total 7 (10.3%). WUS who have knowledge about cervical cancer in the level of civil servants work in the sufficient category are 0 (%), the number is 7 (10.7%). WUS who have knowledge about cervical cancer in the level of civil servants work in the less category are 0 (0%), while the number is 20 (29.4%). WUS who have knowledge about cervical cancer in private employment in the good category are 5 (7.3%), the number is 20 (29.4%). WUS who have knowledge about cervical cancer in private employment in the sufficient category are 10 (14.7%) and 20 (29.4%).

There are 5 women who have knowledge about cervical cancer in private employment in the less category (47.3%). While the number of 5 (7.3%). WUS who have a level of knowledge about cervical cancer in the farmer occupation level in the

good category are 0 (%), total is 5 (7.3%). WUS who have knowledge about cervical cancer in the farmer occupation level are 5 (7.3%), and 5 (7.3%). WUS who have knowledge about cervical cancer in the farmer's job level are in the poor category, there are 0 (%), total 0 (0%). WUS who have knowledge about cervical cancer in fisherman occupation are in good category 0 (%), total 0 (0%). WUS who have knowledge about cervical cancer in the fisherman's job level are in the sufficient category, there are 0 (0%), the number is 0 (0%). WUS who have knowledge about cervical cancer in the fisherman's work level are in the category of less than 0 (0%). While the number of 26 (38.2%). WUS who have knowledge about cervical cancer in the level of self-employed work in the good category are 5 (7.3%), the total is 26 (38.2%). WUS who have knowledge about cervical cancer in the self-employment level in the sufficient category are 21 (30.88%) and 26 (38.2%).

**Tabel 4. Frequency Distribution of Knowledge of Women of Childbearing Age About Cervical Cancer Based on information sources in the Balandete Village In the Work Area of the Puskesmas Kolaka Year 2021**

Source of information	Good		Enough		Less		Total	
	n	%	n	%	n	%	n	%
Print	2	2.9	10	14.7	3	4.4	15	22
The electronic media	41.17	17.64	28	12	0	0	40	58.9
Family	2	2.9	3	4.4	2	2.9	7	10.3
Neighbors	1	1.4	0	0	5	7.3	6	8.8
Total	17	25	41	60.3	10	14.7	68	100

*Source: Primary data, 2021*

From the table above shows that of 68 (100%) the number is 15 (22%). WUS who have knowledge about cervical cancer in the level of information sources in print media are in good category 2 (12.9%), total 15 (22%). WUS who have knowledge about cervical cancer in the level of printed media information sources in the sufficient category are 10 (14.7%), 15 (22%). There are 3 (4.4%). While the number of 40 (58.9%). WUS who have knowledge about cervical cancer in the level of electronic media information sources in the good category are 12 (17.64%), total 40 (58.9%). WUS who have knowledge about cervical cancer in the level of electronic media information sources in the sufficient category are 28 (41.17%) and 40 (58.9%). WUS who have knowledge about cervical cancer in the level of electronic media information sources in the less category are 0 (0%). While the number is 7 (10.3%). WUS who have knowledge about cervical cancer in the level of family information sources are in good category 2 (2.9%), total 7 (10.3%). WUS who have knowledge about cervical cancer in the level of family information sources in the sufficient category are 3 (4.4%), the number is 7 (10.3%).

## **DISCUSSION**

Based on table 1 above, WUS knowledge about cervical cancer in the village of Balandete in the working area of the Kolaka Public Health Center in 2017 it can be seen that from 68 respondents (100%)

who have good knowledge, 17 respondents (25%), have sufficient knowledge, 41 respondents (60.3%) and those who have good knowledge. less knowledgeable as many as 10 respondents (14,7%). The results showed that the level of knowledge of WUS did not fully have sufficient knowledge and understanding about cervical cancer as shown in the table above.

The results also showed that most of the WUS had secondary education, namely 51 respondents (75.1%). WUS knowledge based on education level is mostly secondary education, namely 51 respondents (75.1%). The researcher assumes this indicates that the way of thinking and the absorption of a person in receiving all the information obtained so that the information received can be absorbed optimally is because of a person's level of education so that the level of knowledge is sufficient. This is in accordance with Notoatmodjo (2010), changes or health maintenance actions are based on knowledge and awareness through the learning process, so that the behavior is expected to last a long time because it is based on awareness. Based on job characteristics, most of the WUS in this study were WUS who worked as entrepreneurs and had sufficient knowledge. The results of the study also showed that most of the WUS jobs were as self-employed by 26 respondents (38.2%). The highest WUS knowledge is in WUS working as an entrepreneur, namely 26 respondents (38.2%). The researcher assumes that household WUS



has more time to search for information. In addition, WUS has more time so that WUS has more time to visit the Puskesmas.

According to the researcher, this is due to the incomplete information obtained by WUS about cervical cancer from electronic media when searching for information on the internet, direct and indirect counseling from health workers is slightly different. Because counseling directly in the communication process that the element of "backflow" is a very important aspect to measure the extent to which the communication message gets a reaction or response to things that are worthy of the target. If our communication message gets a response from the right thing, it can be said that what was conveyed has reached the target because the message it receives can be understood and understood. The nature of the essence of communication is understanding or understanding, so that it is impossible for someone to carry out certain activities without first understanding what they receive. The results showed that the level of knowledge of WUS about cervical cancer did not fully have good knowledge and understanding about cervical cancer.

## CONCLUSION

Based on the results of research that has been done about the knowledge of women of childbearing age about cervical cancer in the village of Balandete based on education, occupation, and sources of information, the results of research on cervical cancer are quite

good but need to be improved so that mothers' knowledge about cervical cancer is better than now.

## RECOMENDATIONS

### 1. Respondent's

The results of this study are expected to provide knowledge to respondents that cervical cancer is a serious problem that needs to be recognized early.

### 2. Health Workers

The results of this study are expected to be used as additional knowledge for midwives, especially in providing counseling or explanations about cervical cancer.

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