






RELATIONSHIP BETWEEN KNOWLEDGE AND ATTITUDES TOWARDS ADHERENCE IN DETECTION OF CERVICAL CANCER

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Abstract

Background: Cervical cancer is an uncontrolled cell growth that occurs in the cervix caused by the Human Papilloma Virus (HPV) virus. Early detection programs for cervical cancer can be done in several ways, including Visual Inspection of Acetic Acid (IVA), pap smear, colposcopy, cervicography, and pap net. This method has been shown to reduce the incidence of invasive cervical cancer by the amount and mortality of cervical cancer. The purpose of this study was to determine the relationship between knowledge and attitudes towards Women of Childbearing Age (WCA) compliance in early detection of cervical cancer at the Ulak Karang Health Center in Padang City. **Method:** Cross Sectional. The population in this study was all WCA mothers (19-69 years old) in the working area of the Ulak Karang Health Center in Padang City as many as 2,916 people with a total sample of 97 people taken using quota sampling. This research was carried out in the working area of the Ulak Karang Health Center, Padang City in May-July 2023. The variables in this study are knowledge, attitudes and compliance with IVA examination. Data were analyzed univariately, bivariately (chi square) and multivariate. **Results:** There was a significant association between knowledge and WCA compliance in early detection of cervical cancer (p value 0.000). There was a significant relationship between attitude and WCA compliance in early detection of cervical cancer (p value 0.000). The relationship between knowledge and attitudes towards adherence is that there is a significant relationship between knowledge and attitudes towards WCA adherence in early detection of cervical cancer (p value 0.000). **Conclusion:** There is a relationship of knowledge and attitudes towards WCA compliance in early detection of cervical cancer.

Keyword: Early detection of cervical cancer

INTRODUCTION

Cervical cancer is the fourth most common cancer experienced by women in the world. The World Health Organization (WHO) explained that in 2018 an estimated 570,000 women in the world were diagnosed with cervical cancer and around 311,000 women died from the disease (WHO 2021). Data from the Global Burden of Cancer (GLOBOCAN) released by WHO reported that in 2020 there was



an increase in cervical cancer cases of 604,100 cases with a death rate of 341,831 cases (WHO 2020).

Cervical cancer in Indonesia ranks second after breast cancer, which is as much as 14.28%. The prevalence of cervical cancer in West Sumatra, which is 2.47 per 1000 population, ranks second highest after DI Yogyakarta (Kementerian Kesehatan RI 2018). Cervical cancer patients in West Sumatra continue to increase, especially Padang City. New cases of cervical cancer at RSUP M.Djamil Padang in 2018 were recorded at 400 cases and in 2019 increased to 500 cases (Muhammad 2021). The increasing number of cervical cancer cases in Padang is related to the low coverage of early detection in Padang City. Based on data obtained from the Padang City Health Office, IVA service coverage covers 6,334 people from 132,531 Women of Childbearing Age (WCA) targets for cervical cancer screening (Dinkes Kota Padang, 2020).

Early detection programs for cervical cancer can be done in several ways, including Visual Inspection of Acetic Acid (IVA), pap smear, colposcopy, cervicography, and pap net. In developed countries, pap smears have been shown to decrease the incidence of invasive cervical cancer by 46-76% and cervical cancer mortality by 50-60% (KPKN, 2017).

Adherent behavior for early detection of cervical cancer is a health behavior. Health behaviors are all activities or activities of a person both observable and unobserved related to the maintenance and improvement of health (Notoatmodjo, 2014). According to (Tita, Melina, and Kuswanti 2018) in her research that there is a relationship between maternal knowledge about cervical cancer with maternal compliance in conducting IVA tests and it is expected that women gain knowledge about cervical cancer in order to increase WCA compliance or motivation to do IVA tests. The purpose of this study was to determine the relationship between knowledge and attitudes towards Women of Childbearing Age (WCA) compliance in early detection of cervical cancer at the Ulak Karang Health Center in Padang City.

METHOD

In this study using a cross sectional approach. The population in this study was all WCA mothers (19-69 years old) in the working area of the Ulak Karang

Health Center in Padang City as many as 2,916 people with a total sample of 97 people taken using quota sampling. This research was carried out in the working area of the Ulak Karang Health Center, Padang City in May-July 2023. The variables in this study are knowledge, attitudes and compliance with IVA examination. Data were analyzed univariately, bivariately (chi square) and multivariate.

RESULT AND DISCUSSION

1. Characteristic

Table 1. WCA frequency distribution by characteristics

Variables	Frequency	Percentage(%)
Age		
15-19 years	3	3,09
20-40 years	57	58,77
41-69 years	37	38,14
Total	97	100
Education		
College	17	17,5
Senior High School	35	36,1
Junior High School	23	23,7
Elementary	17	17,5
No School	5	5,2
Total	97	100 %
Work		
Employment	67	69
Unemployment	30	31
Total	97	100 %
Number of Children		
Don't have children yet	17	17,5
One child	35	36,1
2-4 children	28	28,8
More than four children	17	17,5
Total	97	100 %

Based on the Table above, it can be seen that the majority of respondents aged 20-40 years as many as 57 respondents or 58.77%, majority of respondents have a high school education of 35 respondents or 36.1%, the majority of respondents work as many as 67 respondents or 69%. Majority of respondents have 1 child as many as 35 respondents work or 36.1%.

2. Level of Knowledge

Table 2. WCA frequency distribution by level of knowledge

Level of Knowledge	Frequency	Percentage(%)
Good	37	38.1
Enough	54	55.7
Less	6	6.2
Total	97	100.0

Based on the table above, it can be seen that the majority of respondents have a sufficient level of knowledge as many as 54 respondents or 55.7%.

3. Attitude

Table 3. WCA frequency distribution by attitude

Attitude	Frequency	Percentage(%)
Not Supported	7	7.2
Support	90	92.8
Total	97	100.0

Based on the table above, it can be seen that the majority of respondents have a supportive attitude of 90 respondents or 92.8%.

4. WCA Adherence in Early Detection of Cervical Cancer

Table 7. WCA adherence frequency distribution by in early detection of cervical cancer

Adherence	Frequency	Percentage(%)
No	27	27.8
Yes	70	72.2
Total	97	100.0

Based on the table above, it can be seen that the majority of respondents obeyed, namely as many as 70 respondents or 72.2%.

Analysis of Research Results

1. Relationship between Knowledge and WCA Adherence in Early Detection of Cervical Cancer

Table 4. Relationship between Knowledge and WCA Adherence in Early Detection of Cervical Cancer

Level of Knowledge	Adherence				Total		P
	No		Yes		f	%	
	f	%	f	%			
Less	2	7.4	4	5.7	6	100	0,000
Enough	13	48.1	41	58.6	54	100	
Good	12	44.4	25	35.7	37	100	
Total	27	100	77	100	97	100	

Based on the table above shows that, of the 6 respondents who have a poor level of knowledge, 2 respondents (7.4%) are not compliant in early detection of cervical cancer. Of the 54 respondents who had sufficient knowledge, more than half (58.6%) respondents were compliant in early detection of cervical cancer. The results of statistical tests obtained a value of $P = 0.000$ ($P < 0.05$), it can be concluded that there is a relationship between the level of knowledge and WCA compliance in early detection of cervical cancer.



Knowledge is the result of human sensing or the result of knowing someone about objects through the senses they have. The process of sensing up to producing knowledge is greatly influenced by the intensity or level of attention and perception of objects (Notoatmodjo 2010).

This research is in line with research (Retnaningtyas, 2018) that there is a meaningful and positive relationship between WCA knowledge and cervical cancer early detection behavior ($p = 0.000$) means that the higher the level of WCA knowledge, the better WCA behavior in early detection of cervical cancer and vice versa. Similar research was also conducted by (Tita, et al., 2018) that there is a significant relationship between maternal knowledge about cervical cancer and maternal adherence to early detection of cervical cancer. A positive coefficient value means that the better the mother's knowledge, the more obedient the mother will be in early detection of cervical cancer.

The knowledge possessed by WCA will increase maternal compliance to carry out early detection of cervical cancer. This is in line with theory (Budiman and Riyanto 2013) that there are several factors that affect knowledge, namely education, age, socio-culture, experience, and environment. WCA that does not understand the early detection of cervical cancer will not come to health care facilities to carry out early detection of cervical cancer. This happens because WCA in Indonesia is still unfamiliar with cervical cancer.

Incomplete socialization is one of the factors in WCA's lack of knowledge about early detection of cervical cancer. Knowledge about the importance of early detection of cervical cancer can be done by conducting counseling, such as counseling in health care settings, empowering health cadres as an extension of health workers to conduct health counseling about the importance of early detection of cervical cancer.

Based on the results of researcher interviews with respondents who have good knowledge but are not compliant in carrying out cervical cancer detection, factors that affect compliance are obtained, including husband support. The culture of society in West Sumatra is that the husband as a leader in the family has the right to be a decision maker so that it affects maternal compliance in early detection of cervical cancer. In line with the results of research (Wahyuni,

2013) that husband support is a determining factor because partner support will provide reinforcement of motivation to do early detection of cervical cancer. Husbands who have a better understanding can provide explanation and support to wives to carry out healthy behaviors.

According to (Notoatmodjo, 2014) the success and sustainability of healthy behavior really needs support from family. Support from family, especially husbands, is very important in improving the health status of WUS. Husband support can provide emotional support to women in early detection of cervical cancer.

2. Relationship between Attitude and WCA Adherence in Early Detection of Cervical Cancer

Table 5. Relationship between Attitude and WCA Adherence in Early Detection of Cervical Cancer

Attitude	Adherence				Total		P
	No		Yes		F	%	
	f	%	f	%			
Not Supported	1	14.3	6	85.7	7	100	
Support	26	28.9	64	71.1	90	100	0,000

Based on the table above shows that, of the 7 respondents who had an unsupportive attitude, 1 respondent (14.3%) did not comply with carrying out early detection of cervical cancer. Of the 90 respondents who had a supportive attitude, more than half (71.1%) of respondents were obedient to carry out early detection of cervical cancer. The results of statistical tests obtained $P = 0.000$ ($P < 0.05$), it can be concluded that there is a relationship between attitudes and WCA compliance in early detection of cervical cancer.

Based on the results of researcher interviews with respondents who have an unsupportive attitude but are obedient to carry out early detection of cervical cancer, there are influencing factors, namely the influence of other people who are considered important in general, namely health workers. Although respondents are not supportive, respondents believe that health workers know better what is best for their health. In line with the theory (Wawan and Dewi 2017) that an individual tends to have an attitude in line with the thoughts of others who are considered important.

3. Relationship between Knowledge and Attitude towards WCA Adherence in Early Detection of Cervical Cancer

Based on the results of multiple linear regression analysis to determine the relationship between knowledge and attitudes towards WCA compliance in early detection of cervical cancer shown in the table below:

Table 6. Relationship between Knowledge and Attitudes towards WCA Adherence in Early Detection of Cervical Cancer

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2,094	0,389		5,390	0,000
	Knowledge	0,040	0,079	0,053	3,513	0,000
	Attitude	0,145	0,178	0,083	2,813	0,000

Based on the table above, it can be seen that the level of knowledge has a significance level of 0.000 ($P < 0.05$) while the attitude variable has a significant level of 0.000 ($P < 0.05$), meaning that each independent variable has an effect on compliance.

This research is in line with (Abudukadeer, et al., 2015) which shows that there is a significant relationship between knowledge and attitudes towards adherence to cervical cancer early detection with p value = 0.000. Another study conducted by oleh (Cahyaningsih, et al., 2020) shows that there is a meaningful relationship in knowledge and attitudes with cervical cancer early detection behavior.

Knowledge and attitude predispose to adherent behavior in early detection of cervical cancer. Knowledge influences WCA compliance in early detection of cervical cancer. WCA's lack of knowledge about early detection of cervical cancer is the main cause of women in Indonesia coming to health care facilities too late, in the sense that they have been diagnosed with cervical cancer.

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A supportive attitude towards early detection of cervical cancer will encourage WCA compliance in early detection of cervical cancer. The condition of WCA in the working area of the Ulak Karang Health Center who has good knowledge is less than those who have sufficient knowledge, which is 38.1%. Therefore, to change the community to be supportive and compliant in early detection of cervical cancer, it is necessary to increase WCA knowledge about the importance of early detection of cervical cancer through health counseling, social media, and print media.

Based on the results of researcher interviews with respondents who have good knowledge and have a supportive but not supportive attitude on the grounds that there is no time for a health check, namely early detection of cervical cancer. In addition, some respondents also revealed that they were afraid of the paired device and did not feel the need to carry out early detection of cervical cancer because they did not have signs of symptoms that point to cervical cancer. In line with what was stated (Wawan and Dewi 2017) that there are several factors that influence healthy living behavior, namely motivation, ability, perception, and personality.

CONCLUSION AND SUGGESTION

Conclusion in this research there is a significant relationship between knowledge and WUS compliance in early detection of cervical cancer, there is a significant relationship between attitude and WUS compliance in early detection of cervical cancer. The relationship between knowledge and attitudes towards adherence is that there is a significant relationship between knowledge and attitudes towards WUS compliance in early detection of cervical cancer.

Suggestion for Ulak Karang Health Center. More intensive counseling was held to WUS and husbands about early detection of cervical cancer. To increase husband's knowledge about early detection of cervical cancer so as to support WUS to carry out early detection of cervical cancer. For the next researcher, it is hoped that further researchers can develop further research on other factors that have not been studied related to early detection of cervical cancer.



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