FAKTOR PERSONAL, *SELF EFFICACY* DAN UPAYA PENCEGAHAN KANKER SERVIKS PADA PEREMPUAN USIA PRODUKTIF

(Personality Factor, Self Efficacy and Prevention of Cervical Cancer among Childbearing Age Women)

Ni Ketut Alit Armini*, Iqlima Dwi Kurnia*, Fani Lailatul Hikmah*
*Faculty of Nursing Universitas Airlangga
Kampus C Jl. Mulyorejo Surabaya, Telp. 031 5913754,
Email: nk.alita@fkp.unair.ac.id

ABSTRAK

Pendahuluan: Kanker serviks menjadi penyebab utama morbiditas dan mortalitas di seluruh dunia. Program pencegahan kanker serviks yang kurang baik menyebabkan keterlambatan penanganan sehingga sebagian besar responden mengalami kanker serviks stadium lanjut. Penelitian bertujuan untuk mengetahui hubungan faktor personal, *self efficacy* dengan upaya pencegahan kanker serviks pada wanita usia produktif. **Metode**: desain penelitian ini adalah deskriptif korelatif dengan pendekatan *cross sectional*. Populasinya adalah semua wanita usia produktif di wilayah Puskesmas Kenjeran Surabaya. Besar sampelnya adalah 64 responden wanita usia produktif dengan menggunakan *Probability Simple Random Sampling*. Variabel independen adalah faktor personal dan self efficacy. Variable dependen adalah upaya pencegahan primer dan sekunder. Data dianalisis menggunakan uji statistik Spearman's rho untuk mengetahui variable yang berhubungan dengan upaya pencegahan kanker serviks. **Hasil**: hasil penelitian menunjukkan hubungan antara faktor personal dan upaya pencegahan kanker serviks menghasilkan p = 0,025 ($\alpha \leq 0,05$). Sedangkan variable hubungan *self efficacy* dengan upaya pencegahan kanker serviks pada wanita usia produktif menghasilkan p = 0,094 ($\alpha \leq 0,05$). **Diskusi**: Faktor personal berhubungan dengan upaya pencegahan kanker serviks pada wanita usia produktif sedangkan *self efficacy* tidak berhubungan dengan upaya pencegahan kanker serviks pada wanita usia produktif. Untuk peneliti selanjutnya dapat menggunakan variabel lain dari teori *Health Promotion Model* untuk melakukan upaya pencegahan kanker serviks.

Kata kunci : wanita usia produktif, kanker servik, *self efficacy*, faktor personal.

ABSTRACT

Introduction: *Cervical cancer is a major cause of morbidity and mortality worldwide. Bad cervical cancer prevention program cause delays in treatment. Thus, leading most of the respondents had cervical cancer in advance stadium. The study aims to determine the correlation of personal factors, self efficacy in the prevention of cervical cancer in women of childbearing age.* ***Methods:*** *The study design was descriptive correlative with cross sectional approach. The population were all women of childbearing age in Puskesmas Kenjeran Surabaya. Samples were 64 respondents gathered by using simple random sampling. The independent variable were the personal factor and self efficacy. The dependent variable was the primary and secondary prevention efforts. Data were analyzed using Spearman's rho test to determine the variables which associated with the prevention of cervical cancer.* ***Results:*** *The results showed the correlation between personal factors and prevention of cervical cancer with p = 0.025 ($\alpha \leq 0.05$). While self efficacy had no correlation with the prevention of cervical cancer with p = 0.094 ($\alpha \leq 0.05$).* ***Discussion:*** *Personal factors related to the prevention of cervical cancer in women of childbearing age, while self efficacy is not related to the prevention of cervical cancer in women of childbearing age. For the next researcher to use other variables of the theory Health Promotion Model to take steps to prevent cervical cancer.*

Keywords: *women of childbearing age, cervical cancer, self efficacy, personal factors.*

INTRODUCTION

Cancer affects all levels of society from low and upper economic level, old and young, low or high educated (Depkes 2011). Risk population requires prevention efforts as early as possible in order to implement healthy behavior (Anthony M et al 2010). Cervical cancer is a malignant tumor that grows in the the lowest part of the uterus and could attached to the top of the vagina.

Nursing theory focuses on prevention and promotion of health behaviors is the Health Promotion Model (HPM) by Nolla J Pender (2002). The theory encourages the use of integrative model of health, which takes a broad view on the biopsychosocial phenomenon of human health. Clinical indicators in the theory were interpersonal behaviors, social support, socioeconomic status, mood, complaints, hormone levels, antibody status. Human responses determine indicators of healthy or unhealthy. HPM theory is a theory that explains and predicts the interaction between environmental factors and perceptions that can affect health.

Cervical cancer is a major cause of morbidity and mortality in the world, according to World Health Organization (WHO) estimates that in 2012 the incidence of cancer is about 14 million new cases and 7.6

million deaths. Figures Cervical Cancer Incidence varies greatly. Cervical cancer is the second most common cancer to strike women in developing countries is expected in 2012 about 270,000 women die from cervical cancer. In Indonesia, the prevalence of cervical cancer cases is quite high. Globocan based on data from 2008, found 20 cases of cervical cancer deaths every day. The disease is also a top ten cause of death in Indonesia (Herman 2014). Nationally, the prevalence of cancer in the population of all ages in Indonesia in 2013 was 1.4 ‰ or estimated to be around 347 792 people. Yogyakarta province had the highest prevalence of cancer, which amounted to 4.1 ‰. Based on the estimated number of cervical cancer is the cancer with the highest prevalence in Indonesia in 2013, which amounted to 0.8 ‰ of cervical cancer. Based on the estimated number of cervical cancer are highest in the province of East Java and Central Java Province. The incidence of cervical cancer in Surabaya each year has decreased, the estimation Surabaya City Health Office in 2011 approximately 17.97%, in 2012 amounted to 17.13%, and 14.31% in 2013. According to previous research, the behavior of cervical cancer prevention is affected because of their holistic and complex interaction of the individual with the environment in the surrounding areas (Chusairi,A & Hartini 2003) these things that influence the decision to take precautions.

In addition there are other factors that can influence the behavior of prevention, namely internal and external factors of patients, such as beliefs, spiritual encouragement, confidence, financial condition and culture that had been used in the search for prevention efforts. Cultural backgrounds have an important influence on aspects of community life, including their beliefs, behaviors, perceptions, emotions and attitudes to the disease that has significance for health (Herman 2014). Self-efficacy affects the motivation and confidence of every woman to perform on cervical cancer prevention. WHO said in developing countries cervical cancer is ranked top among various types of cancer that causes death in women in the world who attack the childbearing age. The main cause of cervical cancer is infection Human Papilloma Virus (HPV).

HPV infection can strike women, ranging from 20-year-old woman until women are no longer in the childbearing age. Some of the risk factors of infection HPV among others, women who married at the age of 18 years are at risk 5-fold infected with HPV, women with sexual activity high and have multiple partners, smokers, have a history of venereal disease, parity (number of births) , use of oral contraceptives in the long term. There is a significant relationship between the level of education, occupation, income, knowledge and attitudes of women EFA with a Pap smear in Banda Aceh (Nurhasanah, 2008). Health Promotion Model is a model for nurses to explore the complex biopsychosocial processes, which motivates people to behave in certain ways, which is intended to improve the health status (Tommey, A.M & Alligood 2006). Decrease the severity of cervical cancer is very important, especially the prevention of cervical cancer in Women of childbearing age. Communities with low socioeconomic have less opportunity to do prevention by Pap smear (Wilopo 2010). IVA test and Pap smears in Women of childbearing age are still not maximized due to fear and shame to double check the cervix rechildbearing organs against health workers (Candraningsih 2011).

METHOD

This research used descriptive correlational design with cross sectional approach. Population of study were 193 people and the samples were 64 people. The sampling technique used in this study was simple random sampling. The independent variables in this study were personal factors (biological, psychological, and sociocultural) and self efficacy. The dependent variable in this study was primary and secondary prevention. Instrument used in this study was a questionnaire. Personal factors questionnaires associated with a domain statement to measure biological, psychological, and sociocultural containing 10 items of questions with answer choices strongly agree, agree, neutral, disagree, strongly disagree. Self-efficacy questionnaire containing 10 items of questions with answer choices strongly agree, agree, neutral, disagree, strongly disagree. Questionnaires primary and secondary prevention efforts related to healthy check regularly, avoiding smoking, regular physical activity, a balanced diet, adequate rest, stress management which contains 6 questions with answer choices often, rarely, never. This research was conducted in

Puskesmas Kenjeran Surabaya. Any data will be measured using Spearman's rho that if the set value of significance $\alpha \leq 0,05$.

RESULT

Table 1. Respondent characteristic (n=64)

No	Responden		F	%
1	Age	18-35 years old	36	56,3
		36-50 years old	28	43,7
2	Activity	Wife	39	60,93
		Comerce	8	12,5
		Labour	4	6,25
		Swasta	13	20,31
3	Education	Not School	3	4,68
		Elementary	19	29,6
		JHS	23	35,9
		SHS	17	26,5
		University	2	3,125
4	Salary	≤Rp. 3.045.000	58	90,6
		>Rp. 3.045.000	6	9,4

Table 2. Reproduction history (n=64)

No	Characteristic	Criteria	f	%
1	Child	0-2 children	47	73,4
		>2 children	17	26,5
2	Information about cancer	No	42	65,6
		Yes	22	34,4
3	Check IVA/Pap Smear	No	63	98,5
		Yes	1	1,5
4	Vaksin HPV	No	64	100

According to the table 1 above concerning the characteristics of respondents shows that in the age range 18-35 years there are 36 mother with a frequency (56.3%). Ages 18-35 have the opportunity to multiply to cervical cancer prevention efforts. Most jobs of most respondents is to be a housewife mother with a frequency of at least 39 (60.93%). Most housewives around puskesmas Kenjeran have good social relationships so that health information about cervical cancer prevention can be seen easily. Last Education respondents, 35.9% (23 persons) have SMP. This resulted in a lack of information obtained in formal education, so that could affect prevention efforts. Family income in one month there were 90.6% (58 people) ≤ Rp 3.045.000 million. This has an impact on the behavior of primary and secondary prevention efforts of local residents Kenjeran PHC Surabaya.

According to the table 2 on the rechildbearing history of respondents that the number of children, knowledge of cervical cancer, IVA examination / Pap, HPV vaccine. There were 73.4% (47 persons) have 0-2 children, from these results indicate that the risk of cervical cancer due to high parity, is able to reduce the incidence of cervical cancer in the region Kenjeran Surabaya. 65.6% (42 people) had lack of knowledge about cervical cancer, 98.4% (63 people) have never done IVA examination / pap smear, and 100% (64 people) have never done the HPV vaccine. Those data indicates that the majority of women in childbearing age have less prevention efforts.

Table 3. Personal factor, *Self efficacy*, cervical cancer prevention (n=64)

Variable	Cathegory	f	%
Personal Factor	Negative	30	47
	Positive	34	53
Self Efficacy	Weak	43	67
	Strong	21	33
Prevention	less	31	48
	Good	33	52

Table 3 shows personal factor in cervical cancer prevention at Kenjeran health center of Surabaya. Most of the respondents had positive personal factors leading to good prevention behavior. 43 (67%) respondents had weak self efficacy. Respondents who had weak self-efficacy will affect both primary and secondary prevention of cervical cancer. Most of the respondents had never received counseling about cervical cancer is that it can improve healthy behaviors for the prevention of cervical cancer increases.

Table 4. Correlation between personality factor and cervical cancer prevention

Personality Factor	Prevention				Total	
	Bad		Good			
	f	%	f	%	Σ	%
Negative	19	61,2	11	33,3	30	46,8
Positive	12	38,8	22	66,7	34	53,2
Total	31	100	33	100	64	100
Spearman rho p = 0,025 r = 0,280						

Table 4 indicates that personality factor had less correlation with cervical cancer prevention behavior. Respondents who had positive personality behavior tended to had good prevention behavior, but still a few number of respondents who had negative personal factor also had good prevention behavior.

Tabel 5. Correlation between *self efficacy* and cervical cancer prevention

Self effiacy	Prevention		Total
	Bad	Good	

	f	%	f	%	Σ	%
Weak	24	77,4	19	57,5	43	67,1
Strong	7	22,6	14	42,5	21	32,9
Total	31	100	33	100	64	100
Spearman rho p = 0,094 r = 0,211						

There were no correlation between self efficacy and prevention behavior of cervical cancer. It can be seen from the data on table 5 that majority women in childbearing age had weak self efficacy but they had good prevention behavior.

DISCUSSION

Most respondents had positive personal factors and good prevention. Personal factors can improve a woman to take steps to prevent cervical cancer. One of the components in the personal factor is age. The demographic data were obtained that majority of respondents were aged 18-35 years and 36-50 years old. Age affects prevention by increasing knowledge acquired. At the middle age, people will be more actively involved in community and social life (Rahayu, et al 2014).

Good prevention among 22 respondents can be also caused by followed the cervical cancer education. Respondents were mostly as housewives were able to influence the level of knowledge for social interaction into successful healthy behavior of each individual. Social and cultural interaction increased the prevention of cervical cancer because it can provide an emotional benefit or affect the behavior included in preventive medicine (Supartiningsi 2003). Personal factors related to the prevention of cervical cancer because inividu with positive personal factors such as avoiding marriage under 18 years of age, not using hormonal birth control in the same period of 5 years, avoiding cigarette smoke, can increase an individual effort to prevent cervical cancer.

There are several reasons that make the 12 respondents have bad prevention behavior despite having good personal factors. It can be seen through their perception, that pap smear test only need to be performed by women who had unsafe sexual behavior (changing sexual parters).

Based on demographic data there are 42 respondents who did not know about cervical cancer, 63 respondents had never perform pap smears and nearly all respondents never do HPV vaccines. This is because women of childbearing age have not received information about the prevention of cervical cancer so that respondents can not manage stress well and are reluctant to undertake secondary examination of cervical cancer. But there are 11 respondents with a negative personal factors but has a good prevention efforts.

In this research, many respondents already implemented primary prevention in their daily behavior, such as avoiding smoking, doing regular physical activity, implementing a healthy diet and adequate rest. All these behaviors may reduce the incidence of cervical cancer. The action has not been done by the respondent in the prevention of cervical cancer was the Pap smear and Acetic acid visual inspection (AVI test). Family support and cadres to implement the health actions were very influential in the local area. There was a correlation between personal factors and prevention of cervical cancer, because of personal factors will positively lead to the improvement of health and prevention behavior. It would also require regular counseling program so that every woman of childbearing age in Kenjeran can understand aboutb cervical cancer prevention and undertake primary prevention behaviors in their daily lives, as well as secondary prevention with AVI examination or a pap smear regularly.

The results showed self-efficacy is not related to the prevention of cervical cancer in women of childbearing age in Puskesmas Kenjeran Surabaya. Some respondents did not understand how to prevent cervical cancer in women of childbearing age. Most respondents have a poor self-efficacy and a small portion of respondents have a strong self-efficacy. Recapitulation of self-efficacy questionnaire indicated that the respondents were sure to do the primary and secondary prevention of cervical cancer, so that respondents could improve self efficacy and eliminated anxiety to do prevention. Self-efficacy is the belief to take the desired action, self-efficacy is a person's background to perform an action or control certain situations (Bandura 1994). Experience and family support also affects the primary and secondary prevention of cervical cancer. The majority of respondents have 0-2 children and a small proportion of respondents have more than two children, thereby increasing the risk of cervical cancer. Motivation, self-efficacy, and self-confidence is an important part of healthy behaviors

(Rosenstock 1976). Self-efficacy plays a role in creating healthy behaviors in a person.

There were respondents who had self-efficacy is weak but able to take steps to prevent cervical cancer. This caused by a low educational background hence lack of knowledge about prevention of cervical cancer. In addition there were respondents who had strong self-efficacy but less prevention efforts. The respondents did not know about cervical cancer prevention, have a rest period of less than 8 hours per day and can not manage stress. When viewed from the level of anxiety, the respondents had lower levels of anxiety. This may affect the prevention of respondents. Despite having self-efficacy is less but still there is a sense to maintain health and prevention, especially primary prevention of cervical cancer.

Respondents who have strong self-efficacy and good prevention efforts as many as 14 people. One supporting factor is the level of education. Most respondents were middle and high school graduates. Education is a tool that can be used to improve behavior in social life. The level of education effect in response to a stressor that comes from outside. People who have a higher education will provide a more rational response than the low education or no education at all. Secondly, information obtained from formal and non formal education can increase knowledge. Information emerging from cognitive can provide the foundation for the formation of knowledge. According Erfandi (2009) factors that affect a person's level of knowledge among others, education, media, environment, experience, age, socio-cultural and economic.

Based on the interview, respondents are sure to maintain good health and will take steps to prevent cervical cancer as early as possible. This indicates that respondents have a good self-efficacy. Respondents perform various prevention efforts because they feel uncomfortable if the risk for cervical cancer. There is a relationship between preventive behaviors with good self-efficacy, due to the high value of self-efficacy individuals able to direct people to behave. On average respondents experiencing high anxiety before performing a secondary examination of cervical cancer. This causes the respondents are reluctant to undergo examinations and Pap smears AVI related to the prevention of cervical cancer. Strong self-efficacy will increase confidence, reduce anxiety levels, improving preventive behaviors in yourself.

CONCLUSION AND RECOMMENDATION

Conclusion

Women of childbearing age who have positive personal factors tend to have good prevention behavior while those who have strong self-efficacy lean to have less cervical prevention behavior of cervical cancer.

Recommendation

Health provider at Puskesmas Kenjeran needs to improve the knowledge among women of child bearing age, because good knowledge will increase good prevention behavior of cervical cancer. Health education can be held among the cadres (community health volunteer), so they can spread the knowledge through their community and reduce the incidence of cervical cancer.

REFERENCE

Anthony M et al, 2010. Stroke prvnton: Awaeeness of risk factors for Stroke Among African american Resident in the Missisipi Delta Region. *Journal of the National Medical Assosiation*, 102(2), pp.84–89.

Bandura, A., 1994. *Self-efficacy. In V.S Ramachaudran (Ed), Encyclopedia of human behavior*, New York: acadmc press.

Candraningsih, 2011. Hubungan Tingkat Pengetahuan WUS Tentang Kanker Serviks dengan Praktek Deteksi Dini Kanker Serviks di BPS Is Manyaran Semarang. Available at: http//ejournal.ac.id/index.php/ilmukeperawatan/search.

Chusairi,A & Hartini, N., 2003. *Health seeking behavior pada penderita paliatif*, surabaya: Airlangga.

Depkes, 2011. kejadian kanker serviks. Available at: <http://depkes.go.id.

Herman, 2014. Kesadaran untuk Deteksi Dini kanker Serviks Masih Rendah. Media Release. 4 Juli. Yayasan Kanker Indonesia. Available at: .<http://yayasankankerindonesia.org/2014/kesadaran-untuk-deteksi-dini-kanker-serviks-masih-rendah/>..

Rahayu s, 2010. *Peran kader paguyupan perempuan waspada kanker (PPWK) dalam mei=ningkatkan kesadaran*

masyarakat untuk deteksi dini kanker servik. Universitas 11 maret.

Rosenstock, I.M., 1976. *The health belief model and preventive health behavior. Health education Monographs*,

Supartiningsi, 2003. Peran ganda perempuan , sebuah analisis filosofi kritis. Jurnal filsfat.

Tommey, A.M & Alligood, M.., 2006. *Nursing theorists and their work.Six Edition.St. Louis Missouri, Mosby.Verralls,S* six editio.,

Wilopo, 2010. Epidemiologi dan Pencegahan Kanker Leher Rahim. Available at: http://chnrl.net/mkia-kr/files/CaCervic-texfinal.pdf.