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THE RELATIONSHIP OF KNOWLEDGE, ATTITUDE AND BEHAVIOR EARLY DETECTION OF CERVIC CANCER IN MIDWIFES IN PUSKESMAS SURABAYA

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Abstract
Background: Cervical cancer is the second most common type of cancer after breast cancer. Cervical cancer is a special concern of the government to support the success of the SDGs (Sustainable Development Goals). The government established a cervical cancer prevention program for 2015-2019 in collaboration with public health centers and local governments in detecting cervical cancer early in the community. Midwives have an important role in tackling cervical cancer, but there are still few studies in Indonesia that discuss the relationship between knowledge of midwives in attitudes and behavior to carry out early detection of cervical cancer for themselves. The purpose of this study was to determine the relationship between knowledge, attitudes, and behavior of early detection of cervical cancer in midwives at Puskesmas Surabaya. Methods: This research method is observational analytic with the cross-sectional approach. The number of samples is 94 with the random sampling technique. The independent variables are knowledge and attitudes and the dependent variable is behavior. The instrument used is a questionnaire. Using chi-square and fisher test. Results: There were 72 people (78.7%) who had good knowledge at the Surabaya Public Health Center, 52 people (55.3%) with a good attitude, and 49 people (52.1%). The results of the statistical test of knowledge with behavior p = 0.221 (p> 0.05), knowledge with attitude p = 0.039 (p <0.05), and behavior with attitude p = 0.042 (p <0.05). Conclusion: There is a relationship between knowledge of cervical cancer and attitudes towards early detection of cervical cancer, there is a relationship between attitudes towards early detection of cervical cancer and behavior for early detection of cervical cancer and there is no relationship between knowledge of cervical cancer and behavior of early detection of cervical cancer.

Keywords: *early detection; knowledge; attitude; cervical cancer; midwife*

Introduction

Cervical cancer sufferers are the 2nd most cancer patients after breast cancer. Until now, cervical cancer is still a health problem in Indonesia and even the world with a higher incidence and mortality rate (Globocan, 2021). Cervical cancer is the fourth most common cancer in women in the world. Based on WHO (World Health Organization) 2018 as many as 570,000 women were diagnosed with cervical cancer and 311,000 women died from this disease. Cervical cancer is an abnormal cell located in the cervix or cervix. Almost all cervical cancers are caused by infection with the Human Papilloma Virus (HPV). Cervical cancer can experience complications due to the spread of cancer to other organs of the body. Life expectancy in cervical cancer follows how severe the stage experienced, the larger the stage experienced, the lower the hope for life (Kessler, 2017).

Cervical cancer sufferers are a special concern of the government and support the success of the SDGs (Sustainable Development Goals). In PERMENKES number 34 of 2015 concerning the prevention of cancer and cervical cancer, the reason cervical cancer is always increasing is due to the lack of detection programs that aim to detect cancer before it (Kemenkes, 2015). The government created a program in the prevention of cervical cancer 2015-2019 in collaboration with public health centers and local governments in detecting cervical cancer with IVA (Visual Acetate Inspection).

Midwives at puskesmas are an important profession in educating and detecting cervical cancer early in the prevention of cervical cancer. Midwives know about cervical cancer so they are expected to influence the attitudes and behavior of WUS in early detection (Istiqomah, 2017). Apart from that, midwives have an important role in the prevention of cervical cancer, but there are still few studies in Indonesia that discuss the relationship between midwifery knowledge in attitudes and behavior for early detection of cervical cancer for themselves.

Method

This study uses an observational analytic research type with a cross-sectional approach. The population in this study was Puskesmas in Surabaya there were 63 of puskesmas with a sample of 487 midwives working at Puskesmas. The calculation technique using Lemeshow is 81 people by adding 10% to avoid risk factors so that a minimum of 91 people is needed for this study. Sampling by looking at inclusion: Working at Puskesmas in Surabaya, Willing to be a respondent, Married. The technique of taking the subject of this research is random sampling, which is taking the health center randomly. The subjects of this research were all midwives from public health centers who had been randomly assigned.

The instrument used in this study was a questionnaire. Research subjects will answer questions on a questionnaire regarding knowledge, attitudes, and behavior. This knowledge assessment consists of 10 questions, midwives who have good knowledge if they answer correctly at least 7 questions, midwives who have less knowledge if they answer correctly are less than 6 questions. In the assessment of the attitude variable, if

the score T > the group mean then the attitude is more favorable, meaning the value is positive. if the T score < mean group means having a less favorable attitude means a negative attitude. Assessment of behavioral variables, midwives behave positively if they do early detection of cervical cancer at least once in the last 3 years, behave negatively if they never do early detection of cervical cancer in the last 3 years.

Results and Discussions

The following is data on the characteristics, knowledge, attitudes, and behavior of midwives.

Table 1
Presentation Of Variable Data

Variable	Frequency	Precentage (%)
Age		
≤35 tahun	51	54,3
>35 tahun	43	45,7
Total	94	100,0
Length of work		
≤ 10tahun	54	55,3
>10 tahun	40	44,7
Total	94	100,0
Last Education		
D3	73	77,7
>D3	21	22,3
Total	94	100
Knowledge		
Good	74	78,7
Less	20	21,3
Total	94	100
Attitude		
Positive	52	55,3
Negative	42	44,7
Total	94	100
Behavior		
Positif	49	52,1

Negatif	45	47,9
Total	94	100,0

Based on the analysis of table 1, it can be seen that the majority of respondents' age is less than 35 years as many as 51 people (54.3%). The majority of midwives worked for less than 10 years as many as 54 people (55.3%). The most recent education of midwives at the Surabaya Public Health Center was D3 as many as 73 people (77.7%). In the 3 main variables (knowledge of attitudes and behavior) there is the majority of good knowledge as many as 74 people (78.7%), positive attitudes as many as 52 people (55.3%), and behavior as many as 49 people (52.1%).

Tabel 2
Relationship Of Characteristics With Knowledge

Characteristic		knowledge				*P value*
		good		less		
		f	%	f	%	
Last Education	D3	53	71,6	20	100	0,005
	>D3	21	28,4	0	0	
Length of work	≤ 10years	43	58,1	11	55	0,803
	>10years	31	41,9	9	45	
Age	≤35 years	39	52,7	12	60	0,561
	>35 years	35	47,3	8	40	

The results of statistical analysis on the last education with knowledge obtained results of 0.005 (p <0.05), which means that there is a relationship between the last education and knowledge of cervical cancer. some D3 midwives have good knowledge as many as 53 midwives with a percentage of 71%, and there are more than D3 (D4-S2) midwives as many as 21 midwives have good knowledge and there are 0 midwives who have less knowledge. According to Mabarak 2007, education is one of the factors of knowledge. Education is the guidance of knowledge to someone about something to know and understand something. The higher the education of the midwife, the more knowledge she will have and the easier it will be to receive new information.

The results of the 2nd and 3rd statistical analysis showed that there was p = 0.803 for the length of work and p = 0.561 ((p>0.05) so it can be interpreted that there is no relationship between the length of work and age with knowledge. There are 43 midwives with working years of less than 10 years who have good knowledge, and there are 31 midwives with more than 10 years of service who have good knowledge. In addition, there are 11 midwives with less than 10 years of work having less knowledge and 9 midwives with more than 10 years of experience having less knowledge there are 8 people (40%) aged over 35 years but have less knowledge. Whereas the factor of

knowledge according to Mubarak 2007 is, the length of work, the length of work a person will get experience. The longer in the world of work the more experience and knowledge one gains. obtained. When there is a piece of new knowledge, someone reacts to it more maturely. Most likely heresy The clinic only holds basic knowledge, in general, t. o carry out its clinical duties, so that the theoretical knowledge gained is never used and is not remembered anymore.

Tabel 3
Relationship Of Knowledge With Attitude

Knowledge	Attitude				*P Value*
	Positive		Negative		
	f	%	f	%	
Good	45	86,5	29	69	0,039
Less	7	33,5	13	31	

In the results of statistical analysis using the Chi-Square test, it was found that the p-value was 0.039 which indicated that there was a relationship between knowledge of cervical cancer and the attitude of early detection of cervical cancer because p <0.05. Table 3 shows that 45 good knowledges midwives had a positive attitude (86.5%). 7 midwives who good knowledge have a positive attitude, but 29 midwives with good knowledge may have a negative attitude. Attitudes will arise due to several factors, namely knowledge from personal experience, educational institutions, culture, information from the media, and the influence of others according to Azwar in Ninik 2011. Knowledge of IVA and cervical cancer are basic competencies that respondents need to master to be able to provide midwifery services including counseling (Rochwati, 2016) so that all midwives should have an attitude that is following their knowledge or have a positive attitude.

Tabel 4
Relationship Of Knowledge With Behavior

Knowledge	Behavior				*P Value*
	Positive		Negative		
	f	%	f	%	
Good	41	83,7	33	73,3	0,221
Less	8	16,3	12	26,7	

This research shows that there is a relationship between knowledge and attitude. It is possible that 29 midwives had good knowledge but had a negative attitude. Attitudes will arise due to several factors, namely from personal experience, educational institutions, culture, information from the media, and the influence of others according to Azwar in Ninik 2011. Knowledge of IVA and cervical cancer should be a basic

competency that needs to be mastered by respondents as midwives to be able to provide services includes counseling (Rochwati, 2016) so that all midwives have an attitude that is following their knowledge or has a positive attitude.

Tabel 5
Relationship Attitude With Behavior

Attitude	Behavior				*P value*
	Positive		Negative		
	f	%	f	%	
Positive	32	65,3	20	44,4	0,042
Negative	17	34,7	5	55,6	

In table 5 of this study, there is a relationship between the attitude of early detection of cervical cancer with the behavior of early detection of cervical cancer, p = 0.042 (p <0.05). There are 32 midwives (65%) who have a positive attitude or agree with the cervical cancer early detection program also detect cervical cancer or positive behavior, but there may be 17 midwives who have a negative attitude (34.7%) but early detection of cervical cancer. In Notoatmodjo's 2012 theory regarding these attitudes and behaviors, it can be interpreted that if a midwife is given a stimulus (knowledge) there is a possibility that 2 attitudes will occur, namely, an attitude of acceptance (positive) or supporting programs or movements for early detection of cervical cancer according to government knowledge and direction and does not accept (negative) or does not support such knowledge. The attitude of the midwife has an important influence on the midwife in conducting early detection of cervical cancer. The midwives have negative behavior but have a positive attitude as many as 20 people. The reason for the negative behavior of midwives in Stressno et al's 2017 research on interview results is because they are embarrassed when they check their friends and 2 respondents do not do early detection of cervical cancer because they are afraid, afraid because the results if they get bad (positive) results and are afraid of being in pain because they have to be included. Speculum.

Researchers see continuity in the midwife's process of positive behavior or early detection of cervical cancer. The midwife's last education is an important basis for positive behavior, the higher the midwife's last education, the more experience, and knowledge will be gained. Knowledge is one of the important factors that shape a midwife's attitude. In that attitude, the midwife will decide what kind of behavior for herself.

Conclusion

In this study, it can be concluded that there is a relationship between knowledge of cervical cancer and the attitude of early detection of cervical cancer, there is a relationship between attitudes of early detection of cervical cancer and behavior of early detection of cervical cancer and there is no relationship between knowledge of cervical cancer and behavior of early detection of cervical cance.

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