
Religiosity of Women with Cervical Cancer in RSUD Dr. Moewardi Surakarta

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ABSTRACT

The prevalence of cervical cancer cases in RSUD (Regional General Hospital) Dr. Moewardi Surakarta has increased compared to previous year. The physiological and psychological impacts of cervical cancer treatment cause patients to feel tired and surrendered to medication. One of the important needs that patients want is to fulfill religious needs to improve their quality of life. Religious behavior is action(s) taken by a person to be able to get peace of mind for example by doing salah (Muslim prayer), dhikr, praying, and reciting Qur'an. Religious aspects must be concerned in the treatment especially for patients with terminal cases. The importance of revealing the image of patient's religiosity is that the results can become the main material for further research on the religiosity of cervical cancer patients. This study aims to determine the image of religiosity and family religious support among the women with cervical cancer who were treated at RSUD Dr. Moewardi Surakarta. This quantitative research using descriptive method was conducted in Dr. Moewardi Surakarta involving 90 samples selected through purposive sampling; data were collected using questionnaires and processed using univariate analysis and central tendency. The results of this study indicate that the religious image of cervical cancer patients shows that the most religious activity done is dhikr (97.8%); and family religious support among the patients is not sufficiently good (64.4%).

Keywords: Religiosity, Woman, Cervical Cancer

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BACKGROUND

Being religious is an attitude and behavior of practicing a religion that can create peace of mind, so that it can relieve negative psychological burden of any situation which can cause stress; and help individuals to adapt to any stressful or underpressured situations [1]. Religious behavior is an action taken by the patient to get peace of mind, for example doing *salah* (prayers Muslim perform everyday), dhikr, praying, and reciting Qur'an. Religious aspects must become one of the concerns in medical treatment, especially patients with terminal cases. Cervical cancer is the fourth most common cancer in women with an estimate of 570,000 new cases in 2018 representing 6.6% of all cancers in women. About 90% of deaths from cervical cancer occur in low and middle income countries, including Indonesia. The incidence rate of cancer in Indonesia is the 8th in Southeast Asia, with 136.2 / 100,000 population, while the incidence of cervical cancer is 23.4 / 100,000 population with an average mortality rate of 13.9 / 100,000 population.

The prevalence of cervical cancer in Surakarta city showed 2,141 cases in 2017, and increased in 2018 to 2,213 cases with 1,283 cases of which were cervical cancer patients treated at Dr. Moewardi Surakarta. Based on a case study conducted by researchers, cervical cancer cases at RSUD Dr. Moewardi in 2019 from January to September 2019 showed 389 cases.

The impacts of cervical cancer, including physical, psychological, and social impacts make healing become very difficult, causing the sufferer's condition to decrease. Many cervical cancer patients who hardly recover cause patients feel the importance of religious needs to improve their quality of life. Physical and psychological impacts which can trigger the emergence of more stressful conditions is one of the reasons why physical and psychological treatments are best to start very early, since through these treatments patients are expected to calm down more quickly and get a more positive prognosis [1].

Beside the triggering impacts, the absence of either worship facilities or Qur'an in the wards, make it harder for patients to fulfill their religious needs. Religious needs are behaviors that obey the religion they believe in. Essentially, if humans have problems in their lives, they must submit to Allah SWT. By believing in God, humans are able to know the meaning of life [3].

Previous research shows that religious beliefs had effects on patients' treatment and health. One of them is Stoll's research which found that praying either alone or together with people who were (psychologically) closest to the patients can be used as a good and positive coping strategy for the patients. Praying to God is an expression of trust, feelings and hope to God Almighty [2]. Previous research show that cervical cancer patients who get spiritual support from their families are able to fulfill their spiritual needs, as many as 82.8% of 77 respondents [3].

Research conducted by Nuraeni (2015) states that patients with cervical cancer really need spiritual dimension. Spiritual and religious needs are the most preferred needs and are felt having the most effect on psychological condition and can increase the spirit of healing [4]. According to Distinarista's (2018) research on cervical cancer patients, it shows that spirituality provides strength and motivation to sufferers in undergoing treatment until they are declared cured, by surrendering, being grateful, patient, *istighfar* (ask for God's forgiveness), dhikr, *False*, praying, accepting destiny, reciting surah *yasin* (one of the chapters in Quran), almsgiving, and reciting *salawat* (salutation phrase upon prophet Muhammad) [5]. Patients with cervical cancer who have low level of spirituality tend to be more depressive of their suffering than those who have higher spiritual level [6].

Based on the explanation above, the researchers are interested to conduct research on the religiosity of women with cervical cancer at RSUD Dr. Moewardi Surakarta.

METHODS

This study used a quantitative descriptive design to explain the religious phenomenon of cervical cancer patients and family religious support to the patients. The research was conducted at a ward named Flamboyan 7 RSUD Dr. Moewardi Surakarta in December 2019– January 2020. The research involved 90 samples by purposive sampling technique, with the inclusion criteria of cervical cancer patients being treated at Flamboyan 7 RSUD Dr. Moewardi Surakarta at all stages, Muslim; whereas the exclusion criteria is the cervical cancer patients who undergo chemotherapy. The data were collected using questionnaire instruments and processed with univariate analysis and central tendency test.

RESULTS

Sample characteristics

Table 1. The Characteristics of Cervical Cancer Patients in Flamboyan 7 RSUD Dr. Moewardi Surakarta

Characteristics	Freq (n)	Percentage (%)
Age		
30-39	6	6.7
40-49	18	20
50-59	44	48.9
60-69	22	24.4
Education		
Without formal schooling	12	13.3
Elementary School	44	48.9
Secondary High School	6	6.7
Senior/Vocational High School	28	31.1
Occupation		
Housewife	32	35.6
Private sector	30	33.3
Farmer	28	31.1
Stage		
Stage 1	2	2.2
Stage 2	22	24.4
Stage 3	30	33.3
Stage3B	36	40.0

Based on the table 1 above, the characteristics categories of the sample showing largest percentage are: age of 50-59 years with 44 samples (48.9%); elementary school level of education experience with 44 samples (48.9%); working as housewives 32 samples (35.6%), and cervical cancer stage 3B, with 36 samples (40.0%).

Religiosity of Cervical Cancer Patients

Table 2. The Frequency Distribution of Patients' Religiosity

Aspect	Freq (n)	Percentage (%)
Religious knowledge		
Poor	14	15.6
Moderate	36	40.0
Good	40	44.4
Religious acts		
<i>Salah</i>		
Done	26	28.9
No	64	71.1
<i>Dhikr</i>		
Done	88	97.8
No	2	2.2
Reciting Qur'an		
Done	12	13.3
No	78	86.7
Religious belief		
Good	68	75.6
Moderate	16	17.7
Poor	6	6.7

Based on the table 2 above, the frequency distribution of patients' religiosity shows that: most of the patients have good religious knowledge that is 40 samples (44.4%); the mostly performed religious act by the patients is *dhikr*, done by 88 samples (97.8%), meanwhile performing *salah* is the religious act which is not done by the majority, 64 samples (71.1%) confirmed not doing salah; 68 samples (86.7%) did not recite Qur'an; and 68 samples (75.6%) of the patients have good religious belief.

The frequency distribution of patients' religiosity shows that most of the patients have good religious knowledge and religious beliefs, but the most religious act that is done is *dhikr*.

A. Family Religious Support to Cervical Cancer Patients

Table 3. The Frequency Distribution of Family Religious Support

Family Religious Support	Frequency	Percentage
Poor	58	64.4
Moderate	8	8.9
Good	24	26.7
Total	90	100

The results of the univariate analysis on table 3 above show that most of the research samples that is 58 patients (64.4%) stated that they received poor religious support from their family; family religious support in moderate category is 8 samples (8.9%); and 24 samples (26.7%) stated that they received good religious support from their family.

Table 4. Central Tendency Test

Distribution	Value
Mean	5.11
Mode	4
Min	1
Max	9
Std. Deviation	1.991
Std. Error	0.297

The results of the analysis of central tendency test for family religious support showed an average of 5.11, with the most frequent value was 4, the lowest score was 1, the highest score was 9, the standard deviation was 1.991, and the standard error was 0.297.

DISCUSSION

Patients' Characteristics

Based on the characteristics of cervical cancer respondents in table 1, it is found that the majority of ages who experience cervical cancer are 51-60 years old, according to the research of Madadeta & Widyaningsih (2015), the result of the characteristics of respondents, especially their age category, 51-60 years old shows the highest distribution. Patients' age surely affect their maternal health and this age range of 51 to 60 is at risk of cervical cancer because it is closely related to postpartum, labor, and pregnancy. Cervical cancer in the latent period takes about 10 years to change from a pre-invasive to an invasive phase [3]. At the age of more than 60 years the risk for cervical cancer is greater. Only 9% of women younger than 35 years showed invasive cervical cancer at the time of diagnosis.

As stated by Bramanuditya (2018), at the age of above 35 years, metabolism will decrease and affect a person's immune system, and virus will easily enter the body. The incidence of cancer at the age of above 35 increases because cervical cancer takes a long time to grow and develop, so that someone suffering from cervical cancer will be aware and know the disease when signs and symptoms of cervical cancer appear, usually at an advanced stage or even at the late stage [7]. The process of cervical cancer formation is related to the metaplasia process where about 95% of cancer cells are squamous cells that experience dysplasia. Cancer lesions usually occur at the age of 40 to 50 years and usually develop to carcinoma in situ, until eventually become invasive carcinoma [8].

Based on the characteristics of cervical cancer respondents in table 1, it is found that the patients' latest education level was mostly Elementary School. Low level of education can affect the level of knowledge and attitudes of a person towards the signs and symptoms of cervical cancer that appear. Education is a conscious and planned effort carried out in order to increase one's knowledge so that it can develop the potential to have religious spiritual strength, intelligence and good noble morality. Lack of knowledge and low education can hinder the development of one's behavior towards the acceptance of newly introduced information and values [9].

Previous research by Suwendar et al. (2018) stated that the most respondents who suffered cervical cancer were respondents whose latest education was Elementary School. The higher a person's education, the higher the understanding of the information obtained and this influences the ability to respond and to act when dealing with physical problems. Respondents who have low level of education are likely at higher risk of cervical cancer due

to lack of understanding of the information they obtaine and the attitude dealing with early detection of the appearing signs or symptoms [10].

Based on the characteristics of cervical cancer respondents in table 1, it is found that most of the respondents do not work. A person who works can have broad insight and can easily access good information about health and other things [11].

Work is an activity carried out by people to earn money and to fulfill the needs of their economy. Work is an important thing for people, to spend time at work and exchange opinions and information with their colleagues at work. Thus, if they go to work, they will be easier to access and get exposed to information about the signs and symptoms of cervical cancer and its prevention. Work is also associated with the women independence for having their own income, therefore, to pay for regular doctor visits will be easier for them. Women with low socioeconomic level have 4 times higher risk [12].

Based on the characteristics of cervical cancer respondents in table 1, it is found that most of the respondents are cancer patients with stage IIIB. This study is in line with research conducted by Natosba et al., (2019) stating that the majority of patients with stage IIIB cervical cancer as much as 73%. When the cancer has entered stage IIIB, the tumor has spread beyond the cervix and involves the tissue in the pelvic cavity.

Cancer in stage III has undergone local and regional expansion, and with broadly widespread metastatis in stage IV. Life expectancy in advanced cancer is very small because the cancer cells have spread and invaded other organs which can cause complications and even death. The need for treatment and harder struggle, can cause suffering to patients, therefore, family support is extremely needed [13].

Religiosity of Cervical Cancer Patients

Religious Knowledge

The results of the analysis of religious knowledge show that the patients' knowledge is good. A person's religious knowledge is very important in order to be able to carry out good religious activities either in healthy or sick condition.

Religious knowledge is how far a person knows a religion which is in accordance with their beliefs. Basically one must know fundamental things about the religion. This shows that the level of knowledge and understanding about religiosity especially in Islam is in accordance with their experience in studying Quran [21]. In carrying out religious acts, a person starts from having knowledge about his religion. Therefore, one must know about religious knowledge first, before practicing any religious act [22].

Religious Acts

Based on the results of the analysis of the religious acts of the patients, the majority of patients do not perform Islam obliged prayers or *salah* because they: do not carry prayer tools, are lack of knowledge about how to do *salah* in sick condition, feel unable to do *salah*, and lack of both motivation and support from their family regarding their religiosity at the hospital. The result of this study shows that the majority of the sample patients did not do prayer or *salah* while they were in the hospital, even though they stated that they did *salah* at home five times a day. This result corresponds with the research which found that patients do not perform *salah* because they feel lazy and lack of motivation [14].

Islam gives easier way for sick people in performing worships, including *salah*. To perform *salah* based on particular conditions and abilities, if the patient is unable to stand, he is allowed to sit, lie down, or by gesturing. *Wudu* (ablution) in sick conditions can be replaced with *tayamum* (dry ritual purification with sand or dust) [15].

The most religious act the patients can do in this study is *dhikr*. The *dhikr* phrases that patients often perform are *SubhanaAllah* (Allah is exalted), *Allahuakbar* (Allah is great), *Astagfirullah* (I seek forgiveness from Allah), and *LaailaahailaAllah* (No God but Allah). Patients perform *dhikr* because *dhikr* can support healing, reduce symptoms of depression, and provide peace of mind and a sense of optimism. The results of this study conclude that the patient stated that *dhikr* can provide peace of mind and a sense of optimism, although the majority of patients said that *dhikr* should be done in the heart [5].

Dhikr provides strength that can generate confidence and optimism. This optimism will help to undergo treatment and accelerate healing, so that the patients' physical health improves. *Dhikr* can reduce anxiety among cervical cancer patients, and *dhikr* leads to peaceful heart [16].

Based on the results of the analysis of the religious act of reciting Quran, the majority of patients stated they did not do reciting Qur'an because they did not bring Quran with them in the hospital, some of them could not read Quran, and the hospital did not provide religious worship facilities such as Qur'an, *juz 'amma* (the 30th juz of the Holy Qur'an), or digital Qur'an for patients, so that the majority of patients do not do reciting Qur'an while hospitalized. Reciting Qur'an can reduce stress because it leads who reads to have peace of mind, train patience, manage emotions, and improve mental health. Qur'an can help cure various kinds of both physical and spiritual ailments such as restlessness and anxiety [14].

Based on the results of the analysis of religious beliefs, the majority of the patients' beliefs are good because they believe that Allah SWT will provide healing. Regarding with the illness they suffer, they always pray and be surrendered in their belief, that the worship they do is worth goodness and as a form of obedience to Allah SWT. The patients' belief in God's power makes them become merrily surrendered, sincere, and accepting whatever destiny granted by God [17].

Good belief in God makes the patients become sincere and patient, as a force that brings the patients to get closer to God, so that they do not easily grieve nor give up on both life tests and illness they suffer [18].

Family Religious Support

Religion is a factor that influences the formation of humans' attitudes and behavior. If someone has poor religiosity level, he will be more likely to get depressed and have psychological pressure than someone who has good religiosity level. Every aspect of religion is influenced by family because family has an important role in one's view of the illness suffered and how to react to it [6].

Based on the results of the analysis on table 3, it is found that most respondents get religious support under poor category. Researchers believe that this poor support is due to lack of preparation of equipment for carrying out worship such as prayer tools, prayer beads, Qur'an, patients' perceptions of their illness, lack of patients' motivation to perform worship in the hospital, lack of knowledge among the patients and their family about how to perform *salah* in sick condition.

According to the study conducted by Syahaya (2017) at RSUD Dr. H. Abdul Moeloek Bandar Lampung, family support for cervical cancer patients under poor category consists of 13 respondents (54.2%). Poor religious support can affect psychological dimension of cervical cancer patients in negative way such as depression, unstable emotion, rejection and distrust of the illness' condition [19].

In contrast to research conducted by Madadeta & Widyaningsih (2015), better spiritual support carried out by the family of the most patients, 82.8% under good category. Spiritual

is an emotion related to God and religiosity as an action that can influence a person's spiritual soul in positive way [3]. The religious support given by the family helps cervical cancer patients to believe that there is no impossibility if God has willed, since family is the closest people having important role in improving the patients' health and religiosity status [20].

Based on the results of the analysis of religious acts of dhikr, most of the patients performed dhikr. There was only one patient who did not perform *dhikr* due to a lack of religion knowledge. *Dhikr* phrases that were often recited by the patients were *SubhanaAllah*, *Allahuakbar*, *Astagfirullah*, *Laailaahailah* and the patients always prayed to Allah. They perform dzikir because dzikir can support healing, reduce symptoms of depression, and provide peace of mind and a sense of optimism. The patients confirmed that *dhikr* can lead to peaceful heart and enhance the sense of optimism, although most of them said that *dhikr* should be done in the heart [5].

CONCLUSION

This study concludes that the patients with cervical cancer treated in Flamboyan 7 ward at RSUD Dr. Moewardi had good religious knowledge and religious beliefs, meanwhile the most religious act which was done while being treated is *dhikr*. In contrast, performing *salah* and reciting Qur'an were the acts that most of them did not do.

Family religious support for cervical cancer patients treated in the Flamboyan 7 ward Dr. Moewardi showed poor religious support which could be caused by lack of either knowledge or preparedness to provide support for the patients in terms of performing religious activities such as *wudu* (ablution) and *salah* in sick condition.

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CONFLICT OF INTEREST

There is no conflict of interest between authors.

ETHICAL APPROVAL

This study was declared to have obtained research ethics permission from Health Research Ethics Commission (KEPK), Faculty of Medicine, Muhammadiyah University of Surakarta.

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