

The Effect of Health Education on Adolescent Knowledge about Cervical Cancer Prevention in SMP Muhammadiyah Pone

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Abstract. *This study aims to look at the knowledge of adolescents on cervical cancer prevention. This study uses a quasi-experimental, namely experimental activities that aim to determine the effect that is caused. The sample used total sampling with a sample of 18 people using a one group pre-test and post-test design. The data analysis technique used was the Wilcoxon test. The results of this study indicate that there is a significant effect of health education on the knowledge of adolescent girls with a P-value of 0.001 < (α) 0.05. In conclusion, there is an effect of health education on the knowledge of young women about cervical cancer prevention.*

Keywords: *Health Education, Knowledge, Cervical Cancer*

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INTRODUCTION

Adolescence is a dynamic developmental phase in the individual's life span. This period is a transition period from childhood to adulthood (puberty). Adolescence/puberty begins at the age of 12 to the age of 21 years. Early adolescence occurs at the age of 12-15 years. Physically at this time there are changes in sexual organs that require young women to be able to take care of their reproductive organs. During this period, young women will also experience various challenges in their daily lives. One of the problems faced is the threat of cervical cancer that lurks every time (Kusmiran, 2012).

Cervical cancer is a gynecological disease that has a fairly high level of malignancy and is the main cause of cancer death in women in developing countries. Cervical cancer is a malignancy that occurs in the cervix and is caused by infection with the Human Papilloma Virus (HPV) (Fitriana, 2012).

Cervical cancer is the second most common cancer that affects women in the world and the first in women in developing countries (Emilia, 2010). From data from the International Agency for Research on Cancer Global Burden Cancer (Cancer globocan, 2012) it is estimated that 528,000 people per year are new cervical cancer sufferers in the world (Guideto Introducing HPV Vaccine into National Immunization Programmes, 2016). Data from the World Health Organization (WHO), every 2 minutes one person in the world dies of cervical cancer in developing countries. Cervical cancer is often found

in developing countries such as Indonesia, India, Bangladesh, Thailand, Vietnam, and the Philippines. In developing countries, including Indonesia, cervical cancer ranks first (Depkes RI 2012).

Health education is a dynamic process of behavior change with the aim of changing or influencing human behavior which includes components of knowledge, attitudes, or practices related to healthy living goals, both individually, in groups and in society, as well as components and health programs (Notoatmodjo, 2007)

Knowledge is the result of human curiosity about something and the desire to increase the dignity of life so that life becomes better and more comfortable which develops as an effort to meet human needs both now and in the future (Notoadmodjo, 2012). Knowledge is also interpreted as the result of knowing that occurs after being carried out on certain objects through the use of the senses such as sight, smell, feeling, touch and hearing (Wawan, 2014).

Knowledge about cervical cancer prevention must be known by adolescents, so that adolescents can get through their teenage years by carrying out productive and healthy activities, which are free from behaviors or actions that can be harmful to themselves, so that they can cause a disease that has a negative impact on health (Mirna, 2013).

In Gorontalo itself, cervical cancer sufferers are quite high. The Gorontalo Provincial Health Office noted that in 2017 alone there were 98 women aged 30-50 years who were positive for IVA. Meanwhile, there were 20 mothers who were positive for a lump in the breast that could potentially have breast cancer. This number may increase if Iva's coverage is tested carried out by the Provincial, Regency/City Health Offices can run optimally. The reason is, in 2017 the target for Gorontalo women was 173,604 people, the progress of the Iva test coverage only reached 5 percent (2,572 Gorontalo women) of the 30 percent target (52,082 women) aged 30-50 years. This makes it difficult for the Gorontalo Provincial government to detect cervical cancer early. In 2018 the number of women who checked themselves only slightly increased. As of June 2018, the Gorontalo Provincial Health Office has only managed to examine 1087 women and found 31 positive Iva women and 9 women with lumps in the breasts.

METHODS

This research has been carried out at Muhammadiyah Pone Middle School, West Limboto District, Gorontalo Regency, this research was carried out in September 2020. The research design uses a quasi-experimental design, which is an experimental activity that aims to determine the effects caused, as a result of certain interventions or treatments (Notoadmodjo, 2010). The study used a one group pretest and post-test design, namely a group that was pre-tested first, then given treatment and after that a post-test was conducted.

RESULTS AND DISCUSSION

Univariate Analysis

Table 1. General Characteristics of Respondents

Characteristics	Intervention Group		Control Group	
	n	%	n	%
Age				
12 years old	3	16.7%	4	22.2%
	15	83.3%	14	77.8%
Knowledge				
Well	6	33.3%	18	100.0%
Enough	8	44.4%	-	-
Not enough	4	22.2%	-	-
BACHELOR	5	27.8%	4	22.2%
Work				
IRT	13	72.2%	14	77.8%
HONORARY	5	27.8%	3	16.7%
civil servant	0	0%	1	5.6%
parity				
Primipara	13	72.2%	8	44.4%
Multipara	5	27.8%	10	55.6%

Source: Processed primary data (2020)

Table 1 shows that in this study it can be seen that the majority of respondents aged 13 years were 11 people (61.1%) aged 12 years were 4 people (22.2%) and those aged 14 years were 3 people (16.7%). Meanwhile, based on the characteristics of cervical cancer prevention obtained, it can be seen that all 18 respondents (100%) had never received information about cervical cancer prevention.

Table 2. Comparison of the frequency of knowledge before being given counseling and after being given counseling on cervical cancer prevention.

Knowledge	Frequency			
	Before Counseling		After Counseling	
	n	%	n	%
Well	6	33,3	18	100,0
Enough	8	44,4	-	-
Not enough	4	22,2	-	-
Total	18	100,0	18	100,0

Table 2 shows that before the counseling was carried out the majority of respondents with poor knowledge category were 4 people (22.2%), respondents with sufficient knowledge category were 8 people (44.4%) and respondents with good knowledge category were 6 people (33.3 %). At the time after being given counseling, it was known that the majority of respondents with sufficient knowledge category were 0 people (0%) and respondents with good knowledge category were 18 people (100%).

When compared, between the data before being given counseling and the data after being given counseling it is known that there has been an increase in the criteria for knowledge, where on the criteria both before being given counseling there are 6 people (33.3%) and after being given counseling there are 18 people (100%)., while the criteria are sufficient before being given counseling amounted to 8 people (44.4%) and after

being given counseling to 0 people (0%). In the criteria of less before being given counseling, there were 4 people (22.2%) and after being given counseling it was seen that those who did not understand (before being given counseling) had become aware so that the category of lack of understanding was no longer there (0%).

Bivariate Analysis

Table 3 shows that the mean±SD value of respondents' knowledge before being given cervical cancer prevention counseling, the lowest total score was >5 and the highest total score was 7-9 with a median value of 5-6 while after being given cervical cancer prevention counseling the average respondent had value 7-9, which is categorized as good. This shows that after being given counseling on cervical cancer prevention, the percentage of total knowledge value increases.

Based on the results of the Wilcoxon signed rank test, it can be seen that the p value is $0.001 < (\alpha) 0.05$, this proves that there is an increase in the knowledge of young girls in Muhammadiyah Pone Junior High School before and after being given cervical cancer prevention counselling.

Table 3. Comparison of knowledge before being given counseling and after being given counseling on cervical cancer prevention

Knowledge	N	Mean (SD)	Median	Min-max	z	p value
Pre test	18	5.72	6.00	2-8	-3.282	0.001
Post test	18	7.89	8.002	7-9	-3.282	

Source: Processed primary data (2020)

Pone Muhammadiyah Junior High School is a private school with NPSN 40500388. Pone Muhammadiyah Junior High School is located in Pone Village, Limboto Barat District, Gorontalo Regency, Gorontalo Province. SMP Muhammadiyah Pone is located at 0.6377 latitude and 122.9513 longitude. This school was founded in 1986, with a decree of establishment dated August 16, 1986 and operational permit on August 16, 1986. The number of teachers at SMP Muhammadiyah Pone is 12 people, PNS is 5 people, Honor is 4 people, Ptt is 3 people. The total number of students is 173 people with 91 male students and 82 female students.

Table 1 shows that the majority of respondents aged 13 years were 11 people (61.1%) aged 12 were 4 people (22.2%) and those aged 14 years were 3 people (16.7%). Meanwhile, based on the characteristics of cervical cancer prevention obtained, it can be seen that all 18 respondents (100%) have never received information about cervical cancer prevention.

Judging from the age of the respondents, as shown in table 1, the results showed that the majority of respondents were 13 years old, amounting to 11 people (61.1%). According to Notoatmodjo (2014) that age affects the perception and mindset, increasing a person's age will affect the mindset so that the knowledge gained will be better. So that from the information obtained will form a knowledge and attitude that can be seen after the respondent receives the information.

Table 2 shows that before the counseling was carried out the majority of respondents in the category of lack of knowledge were 4 people (22.2%), respondents with sufficient knowledge category were 8 people (44.4%) and respondents with good knowledge category were 6 people (33.3%). At the time after being given counseling, it

was known that the majority of respondents with sufficient knowledge category were 0 people (0%) and respondents with good knowledge category were 18 people (100%).

When compared, between the data before being given counseling and the data after being given counseling it is known that there has been an increase in the criteria for knowledge, where on the criteria both before being given counseling there are 6 people (33.3%) and after being given counseling there are 18 people (100%)., while the criteria are sufficient before being given counseling amounted to 8 people (44.4%) and after being given counseling to 0 people (0%). In the criteria of less before being given counseling, there were 4 people (22.2%) and after being given counseling it was seen that those who did not understand (before being given counseling) had become aware so that the category of lack of understanding was no longer there (0%).

It is known that the respondent's knowledge before being given counseling on cervical cancer prevention had the lowest percentage of total score <5 and the highest percentage of total score was 7-9 with a median value of 5-6. Respondents who answered well there were as many as 6 people they had heard of information about cervical cancer in print media, While those who answered less they had never heard of information about cervical cancer. carry out productive and healthy activities, which are free from behaviors or actions that can be harmful to themselves, so that they can cause a disease that has a negative impact on health (Mirna, 2013).

After being given counseling on prevention of cervical cancer, the average respondent who has a value of 7-9 which is categorized as good about various matters relating to a program. Counseling is also a reciprocal relationship between two individuals, where a person who provides counseling can change the attitude and behavior of the client to achieve an understanding of himself in dealing with future problems. The success of counseling can be influenced by several things, including the use of effective media and counseling methods.

According to Budiman & Agus (2013) knowledge is very closely related to education, generally someone with higher education also has wider knowledge. However, it should be emphasized that a person with low education does not mean absolutely low knowledge, because increased knowledge can be obtained from formal or non-formal education. This is what encourages most parents to continue sending their children to higher education levels.

The nuclear family consists of father and mother, both of whom have the same position as parents. However, the role of the mother as a symbol of affection makes the child closer to the mother than the father. In addition, the mother is the first environment where children socialize from birth to adulthood. Children spend more time with their mothers than their fathers or anyone else. This is what makes the closeness of mother and child exceeds the closeness of anyone (Hidayati, 2013).

Table 3 shows the test results get a p value of 0.001, because the significant value is $< (\alpha) 0.05$, thus H_0 is rejected and H_a is accepted or it can be concluded that there is an effect of cervical cancer prevention counseling on the level of knowledge of young girls in SMP Muhammadiyah Pune.

According to Notoatmodjo (2012) Health education is the process of increasing one's knowledge and abilities through learning practices with the aim of changing or influencing human behavior, both individuals, groups and communities in order to

achieve the goal of healthy living. The purpose of this counseling is to increase people's knowledge or attitudes, to change people's behavior and to improve public health status.

Counseling conducted by researchers using the lecture method with slide media. This lecture method is done by conveying the material directly. The advantage of counseling with the lecture method is that it is easy to use, can foster interest in learning, stimulates the mind and can be combined with dialogue between the lecturer and the audience (Wijaya, 2016). Extension media such as slides are effective for discussing a certain topic and the audience can observe each material carefully because slides are repeatable and help the audience to understand and remember well (Nurjanah, 2013)

CONCLUSION

The knowledge of young women before being given counseling was included in the category of lack of knowledge, amounting to 4 people (22.2%). Meanwhile, respondents with sufficient knowledge category are 8 people (44.4%), and respondents with good knowledge category are 6 people (33.3%). Knowledge of young women after being given counseling on cervical cancer prevention all respondents with good knowledge category. There is an effect of cervical cancer prevention counseling on the level of knowledge of young women in SMP Muhammadiyah Pone.

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