Aisyiyah Cadre Training About Cervical Cancer and Early Detection in The Gerakan Aisyiyah Sehat (GRASS)

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ABSTRACT

Background: Cancer cervix is a type of cancer that develops in the neck uterus and parts caused by infection with the Human Papilloma Virus (HPV) type of oncogenic. The incidence of cancer in the high cervix in Indonesia makes it so as one of the problems of health. Activity This aims to increase the knowledge cadre Aisyiyah about cancer cervix and early detection through training programs in 14 districts/cities in West Kalimantan. The method used is stage training with several stages that include stage preparation, implementation of online training via Zoom, and evaluation of program effectiveness. The results show that training succeeds increase the knowledge of participants with the average score of knowledge reaching 85.65±2.45 and the level of presence of participants by 95%. Training This shows success in increasing awareness and action preventive to cancer cervix in society. Success This opens opportunity for advanced programs to expand reach and impact positive to health women in the region.

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INTRODUCTION

Cancer is one of the four main diseases in society which can attack anyone regardless of social status, age, or gender (Hastuti et al. 2024). Cervical cancer is a malignancy that originates from the cervix. The cervix is the lower third of the uterus, cylindrical in shape, protruding, and connected to the vagina via the external uterine ostium. Cervical cancer is a disease that occurs in the cervix and is characterized when abnormal cervical cells grow malignantly and uncontrollably (Kementrian Kesehatan RI, 2020). Different from other types of cancer, cervical cancer is the only cancer caused by infection, namely infection with the oncogenic subtype Human Papilloma Virus (HPV).

The number of cervical cancer sufferers has increased from year to year. *Global Burden of Cancer Study* data *(Globocan),* stated that in 2018 there were 18.1 million new cases with a death rate of 9.6 million. 1 in 6 women in the world experienced cancer. The data also stated that 1 in 11 women died from cancer. The total number of cervical cancer cases in the world in 2020 reached 604,127 cases with a total of 341,831 deaths (Arbyn et al. 2020). The incidence of cervical cancer in the world is around 13.1 per 100,000 women. The high incidence of cervical cancer in Indonesia causes cervical cancer to become a major health problem and one of the highest causes of death. In 2020 (Guivarch'H 2020).

Transmission of the virus can occur through sexual intercourse, especially with partners who change frequently. Transmission of this virus can occur either by transmission through the genital organs to the genitals, orally to the genitals, or manually to the genitals. The HPV virus has 130 types and those that often infect humans are types 6, 11, 16, and type 18. Types 16 and 18 are types that have a fairly high percentage of causes of cervical cancer (Kementrian Kesehatan RI 2020).

Cervical cancer has various risk factors which are thought to be the cause. Several risk factors can increase the occurrence of cervical cancer in women, including behavioral factors such as sexual activity in adolescents, multiple partners, (Kementrian Kesehatan RI 2020), long use of hormonal contraception, and use of birth control pills (Admin and Maharisa 2021). Other factors that influence the occurrence of cervical cancer include age at first marriage, having many children, education, low socio-economic level, smoking, and sexually transmitted diseases (Ananti and Sari 2020) (Jasa 2016). Knowledge regarding the risk factors that cause cervical cancer is the main gate for carrying out prevention efforts.

Prevention and treatment carried out to reduce the incidence of cervical cancer is by carrying out primary, secondary, and tertiary prevention. Primary prevention includes health promotion in the form of education regarding risk factors for cervical cancer or special protection against disease agents (Kaur et al. 2017). Meanwhile, according, protection against disease agents can be carried out with the HPV vaccine on girls with target ages ranging from 9 to 14 years old.

Implementing effective and efficient primary and secondary prevention measures can reduce the incidence and death rate due to cancer, such as *pap smears*, IVA tests, and HPV vaccination. Research related to preventing cervical cancer through *pap smears* states that women who have good knowledge regarding risk factors for cervical cancer tend to undergo *pap smear examinations*, which can reduce the incidence of cervical cancer. This is different from poor communities, there are major problems in detecting precancerous lesions early.

Cervical cancer is a cancer disease in Indonesia that claims the lives of many women of childbearing age. Increasing the knowledge of Aisyiyah cadres is very important so that they can become a source of information in the region and help the region in improving maternal and child health, especially in preventing cervical cancer and early detection in its prevention. IVA/ *Pap* smear examination is one of effort for detect happen cervical problems. If the signs and symptoms of cervical cancer can be discovered as early as possible, the cure rate will be higher. One effort that can be made to prevent this cancer is by implementing a healthy lifestyle and early detection by carrying out an IVA/ *Pap Smear*

examination. The main aim of screening is to detect disease early so that it can prevent precancerous lesions from becoming invasive cancer (Kementrian Kesehatan RI 2020). Tertiary prevention includes rehabilitation which aims to ensure that individuals maintain an optimal level of function regardless of their disease condition. This also aims to reduce the death rate from cervical cancer.

The solution offered is training on cervical cancer for Aisyiyah cadres in 14 districts/cities in West Kalimantan. Secondary prevention includes screening activities as an early diagnosis as an initial stage in preventing the spread of disease and limiting disease defects to avoid or delay the consequences of advanced disease. Aligned with matter the above, Aisyiah in the assembly program health carrying out the Healthy Aisyiah Movement Program or GRASS. This program is a trust from Congress in Surakarta in 2022 and will be followed up by calling for a National Program at the National Working Meeting in 2023. One of the GRASS programs is a health movement- focused on reproduction prevention of cancer cervix with socialization IVA/PAP *smear* examination on cadres Aisyiyah. Problem partner is that moment This Not yet done training for cadres new Aisyiah about the cancer program cervical, detection early prevention. The activity aims to increase cadres' knowledge and skills about cervical cancer and early detection and prevention for cadres in 14 districts/cities in West Kalimantan.

METHOD

Deep method implementation activity This is implementation training consisting of several stages of activity namely: first is stage preparation. In stages preparation the team made preparations by collecting initial data and preliminary surveys at the activity location. Coordinate and socialize with the West Kalimantan Aisyiyah Regional Leadership and regional leaders in 14 regencies/cities for implementation training cadre in a way *online*. Proposer does data collection for representative participant districts/cities each through a proposal from assembly health area Aisyiyah.

The next stage is the implementation stage. On activities training, will held online via zoom with cadre Aisyiyah in 14 districts /cities as participant. Partners will do data collection and registration participation from all over Leader Area Aisyiyah (PDA) which is in the West Kalimantan region. Training held for 1 day with inviting competent sources in their fields. The executor, training will give material about the disease of cancer cervix and the detection of early in disease cancer cervix.

The program evaluation method is to prepare an instrument that contains indicators of achievement of each activity. Evaluate activities by analyzing the assessment results obtained from each instrument. For evaluation increased knowledge (cognitive) and behavior (psychomotor) are obtained by seeing difference in average *pre-test* and *post-test scores*. To evaluate the affective (attention) aspect of the program, by calculating attendance at activity attendance. Program sustainability, it will be carried out by PDA, from existing cadres will do training for cadres at the leadership of the Aisyiyah (PCA) in each Regency /City.

At stage evaluation, executor activity does evaluation related to achievements obtained in activity with indicator presentation attendance >80%, evaluation knowledge, and skills with an average score > 80

The activity implementation scheme can be seen in Figure 1 below.

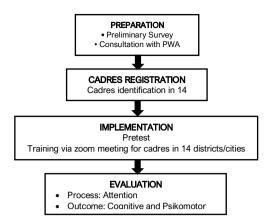


FIGURE 1. Implementation method

RESULTS AND DISCUSSION

Results

Implementation training is done via zoom meetings. Training materials filled by 2 resource persons who are experts in their fields. Training was held for 1 day and attended by 85 participants. Participants originate from the messenger assembly health leader area Aisyiyah from 14 districts/cities, apart from that also student health in the environment association college high level of Muhammadiyah/ Aisyiyah. The training event was opened by the Chancellor of ITEKES Muhammadiyah West Kalimantan. In his speech, Chancellor welcomed Good synergistic activities with associations for increase health public specifically health woman. Before held giving material, team PKM implementers carry out attendance and continued with implementing the *pre-test* via *G-form* media. The material provided is about the introduction of cancer cervix and detection early in the disease cancer. Participants are given a chance to interact, ask, and express their opinions related to the material provided, this is important because the next participants who are messengers from the assembly health leader area Aisyiyah must carry out follow-up for branches and twigs. As for documentation activity can see the following:



FIGURE 2. Percentage from speaker



FIGURE 3. Welcome from the chairman assembly health Leader region Aisyiyah West Kalimantan

After giving session material, as material evaluation from implementation training team conducted a post-test which also used *G-form* media. As for the results evaluation activity, they can seen in the following table.

TABLE 1 . Evaluation of training activities		
Indicator	Target	Achievements
Presence	>80%	95%
Knowledge	Average score >80 (in the range 0-100)	Average score 85.65 ± 2.45

Source: Primary data in 2024

From Table 1 above, it is explained that all indicators in the implementation of the training were achieved beyond the target. For the attendance indicator, participant attendance was 95%. From the evaluation results, information was obtained that many participants from areas experienced poor signal, because the participant's location was quite far from internet access, so the signal was less stable. The knowledge and skills indicators also exceeded the target, namely the average knowledge score was 85.65 ± 2.45 .

Discussion

Cervical cancer cases in Indonesia are quite high due to several factors including the low awareness of carrying out early detection of cervical cancer so that most cases are discovered after an advanced stage and also access to information regarding cervical cancer is still limited (Izhar, 2021).

The activities carried out in providing training on cervical cancer and early detection and prevention in the Healthy Aisyah Movement (GRASS), show positive achievements that can be seen from the targets that have been set. The characteristic study includes: First, learning is business aware from someone. Second, learning is marked exists a change Act encompassing behavior in all over aspects (cognitive, affective, psychomotor), and change is relatively permanent. Third, change acts in demand obtained from the interaction process with the environment and training (Faizah 2020). This activity was evaluated by considering several main indicators, namely the presence of participants, and increased knowledge and skills obtained by participants.

The participant attendance indicator achieved 95%, exceeding the target set at 80%. Even though some participants experienced problems with unstable internet signals due to the participants' location being far from internet access, overall participant attendance remained quite high. This shows the participants' enthusiasm and commitment to the training activities. Social media Already become part of life man moment. power health is expected capable of utilizing available facilities and infrastructure to adapt to changing times (Neiger et al. 2012). Besides that cooperation built in implementation activity can also be reached outside the group area, so intertwined connections all over Aisyiyah is there in the West Kalimantan region.

Regarding the knowledge of the participants, the evaluation results showed that the average knowledge score of the participants after the training was 85.65 ± 2.45 . This score also exceeded the target set, namely an average score above 80. This shows that the material presented by the resource person was successfully understood and absorbed well by the participants, as shown by several questions asked. The results of this health education can increase participants' knowledge and understanding of cervical cancer, its causes, early detection, and ways to prevent cervical cancer. Health education is an educational activity that conveys messages and builds self-confidence so that participants not only become aware, know, and understand but also participate and do things that are recommended and related to health.

CONCLUSION

The results of the training activities show that the implementation of the training has succeeded in achieving its main objective, namely increasing the knowledge and skills of Aisyiyah cadres regarding cervical cancer and early detection and prevention. This is a positive step in efforts to prevent and treat cervical cancer in the West Kalimantan region. Apart from that, the success of this training also opens up opportunities to continue with further programs to increase awareness and preventive action against cervical cancer in the wider community, especially in areas that are less exposed to cervical cancer prevention.

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