

Factors That Influence the Low Participation of Mothers in Early Detection of Ca Cervix in Manokwari District Papua Barat Province

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ABSTRACT

Background: Cervical cancer is the first cancer in women. Early detection efforts carried out by the government through Puskesmas services including in Manokwari Regency and the achievement of participation in examining cervical cancer is still low which is influenced by age, education, work, socio-economic, knowledge, attitudes and family support.

Objective: To find out the lack of participation of mothers in the detection of Ca Cervix in Manokwari District, Papua Barat Province.

Research Methods: Observational analysis carried out in Sangggeng, Amban, Wosi, Sowi, Pasir Putih Community Health Centers was 575 married people with a total sample of 85 people conducted in September 2018. Data were obtained using questionnaires and analyzed using chi square, odds ratios and logistic binary regression.

Results: Factors that influence the participation of Ca Cervix examination in Papuan mothers in Manokwari Regency are age (p-value = 0.004; RP = 1.514; CI95% (1.146 - 2,000), (p-value = 0.001; RP = 1,657 ; CI95% (1,213 - 2,265), occupation (p-value = 0.018; Rp = 0.698; CI95% (0.514 - 0.947), socio-economic (p-value = 0.002; Rp. 1.546; CI95% (1.162 - 2.057), knowledge (p-value = 0.004; RP = 1.486; CI95% (1,187 - 1,860), attitudes (p-value = 0.042; RP = 1.339; CI95% (1,048 - 1,711). Factors that have no effect on Ca. Cervix examination participation Papuan mothers in Manokwari District are family support (husband) (p-value = 1,000; RP = 0.966; CI95% (0.736 - 1.266). Age and education have a dominant factor in the participation of Papuan mothers in Ca Cervix examination in Manokwari Regency.

Keywords: Low Participation Papuan Mother To Early Check up Ca Cervix

1. INTRODUCTION

Cervical cancer is one of the most frightening cancers for women which attacks the lower part of the uterus which protrudes or protrudes into the vaginal cavity. Uterine cancer has the greatest potential at the age of 35-55 years (Emilia 2010; Nurcahyo, 2010). Worldwide, the number of people with this killer disease reaches 2.2 million per year. Cervical cancer ranks first in the number of cancer cases in developing countries, while in developed countries only ranks 10th. This means that the level of understanding and information about this disease is quite important in an effort to reduce the mortality caused by it (Nurcahyo, 2010) Cervical cancer is a cancer that attacks many women.

In developing countries most 80% are infected with HPV, meaning the incidence of new infections in developing countries is on average 61 per 100,000 women. This figure is almost six times the incidence of cervical cancer in women in developing countries in the past 5 years, globally it is estimated that 1,401 cases of cervical cancer have been diagnosed from that number of developing countries with cervical cancer totalling 1,064,000 cases.

The Indonesian Ministry of Health stated that to date there are an average of 100 cases of uterine cancer every 100 thousand Indonesians per year. While the Indonesian cancer foundation data (2007)

mentions more "great" numbers, five hundred thousand women in Indonesia are detected as having cervical cancer every year and half of them die from the cancer. Indonesia ranks second in the cause of female mortality due to cervical cancer, estimated the incidence of cervical cancer in Indonesia (age-standardized rate (ASR) 15.7 per 100,000) almost the same as the incidence in Southeast Asia and Malaysia, in Indonesia It is estimated that 15,000 new cases of cervical cancer occur annually while the mortality rate is estimated at 7,500 cases per year (Emilia, 2010).

Based on research conducted by WHO, every day in Indonesia there are 40 women diagnosed and 20 women dying of cervical cancer. The number of cervical cancer cases in Indonesia is due to lack of knowledge about cervical cancer so that public awareness for early detection is still low. The coverage of IVA examination in West Papua Province in early detection of cervical cancer in 2014 is 5,309 (1.78%) of the target number of 119,863 women (Ministry of Health, 2017). The data shows that the examination of early detection of cervical cancer, including in Manokwari Regency, was low at 0.78%. In addition, the low examination of cervical cancer was also found in the Sanggeng, Amban, Wosi, Sowi, Pasir Putih Community Health Centers as the most populated Puskesmas in Manokwari Provnsi West Papua and there was still a lack of awareness of Papuan women to examine cervical cancer. Based on the preliminary study, the examination of IVA by women of childbearing age in the Sanggeng Health Center in 2016 was 85 people, in 2017 there were 185 people and the period of January - June 2018 no IVA examination. Based on the data above, the researchers are interested in examining the factors that influence the lack of participation of mothers in early detection of cervical cancer in Manokwari Regency, West Papua Province.

2. MATERIALS AND METHODS

2.1 Types of Research

This research is a quantitative research with a cross sectional study approach, which is to determine the influence of two or more variables with data collection carried out simultaneously at one time (Notoatmodjo, 2012).

2.2 Location and Time of Research

1. Research Location

The research was conducted in five health centers, namely Sanggeng, Amban, Wosi, Sowi, Pasir Putih, Manokwari Regency.

2. Research Time

This research was conducted in July 2018

2.3 Population and Samples

1. Population

This population is an object / subject that has certain qualities and characteristics set by the researcher to be studied and then draw conclusions (Sugiyono, 2013). The population in this study were all women of childbearing age who were visited at the BKIA Room in Sanggeng, Amban, Wosi, Sowi, Pasir Putih Community Health Centers, as many as 575 people who had married as many as 575 people.

2. Sample size
According to Nototatmodjo (2012) the sample is a portion of the population that is considered representative. The sample size was obtained by 85 people.

3. RESULTS

Bivariate Analysis

a. Effect of age on maternal participation in early detection of cervical cancer

Table 1. Effects of Age on Participation Early examination of cervical cancer in Manokwari District

No	Age	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	N	%		
1	< 30 year	39	88,6	5	11,4	44	100
2	≥ 30 year	24	58,5	17	41,5	41	100
Total		63	74,1	22	25,9	85	100

p-value = 0,004; RP = 1,514; CI95% (1,146 – 2,000)

Table 1 shows that of 44 respondents aged <30 years as many as 39 people (88.6%) did not carry out an early examination of the cervix and as many as 5

people (44%) did an early examination of cervical cancer. Mothers aged >30 years from 41 respondents as many as 24 people (58.5%) did not do a cervical examination and as many as 17 people (41.5%) did an early examination of cervical cancer. Chi square statistical test results at 95% significance value ($\alpha = 0.05$) obtained p-value 0.004 or $p < \alpha$ (0.05), which means there is an influence of age on the lack of maternal participation in conducting early cervical cancer examination in Manokwari Regency. When viewed from the value of $RP = 1,514$; $CI95\%$ (1,146 - 2,000) interpreted that mothers aged <30 years at risk of not participating in early examination of cervical cancer by 1,514 times compared to mothers aged > 30 years.

b. Effects of Education on Participation Early examination of cervical cancer in Manokwari Regency

Table 2. Effects of Education on Participation Early examination of cervical cancer in Manokwari District

No	Education	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	n	%		
1	Low	43	89,6	5	10,4	48	100
2	High	20	54,1	17	45,9	37	100
Total		63	74,1	22	25,9	85	100

p-value = 0,001; RP = 1,657; CI95% (1,213 - 2,265)

Table 2 shows that of the 48 respondents who were low educated as many as 43 people (89.6%) did not carry out an early examination of cervical cancer and as many as 5 people (10.4%) did an early examination of cervical cancer. The respondents who were highly educated from 37 respondents as many as 20 people (54.1%) did not carry out an early examination of cervical cancer and as many as 17 people (45.9%) did an early examination of cervical cancer. The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.001 or $p < \alpha$ (0.05) which stated that there was a significant educational effect on the lack of maternal participation in conducting an early examination of cervical cancer in the district Manokwari. The results of the value of $RP =$

1,657; $CI95\%$ (1,213 - 2,265) interpreted that mothers with low education were at risk of not participating in the early examination of cervical cancer by 1,657 times compared to mothers who were highly educated.

c. Effects of Work on Participation Early examination of cervical cancer

Table 3. Effects of Work on Participation Early examination of cervical cancer in Manokwari District

No	Occupation	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	n	%		
1	Work	20	58,8	14	41,2	34	100
2	Not work	43	84,3	8	15,7	51	100
Total		63	74,1	22	25,9	85	100

p-value = 0,018; RP = 0,698; CI95% (0,514 - 0,947)

Table 3 shows that of 34 respondents who worked as many as 20 people (58.8%) did not carry out an early examination of cervical cancer and as many as 14 people (41.2%) did an early examination of cervical cancer. Respondents who did not work from 51 respondents as many as 43 people (84.3%) did not carry out an early examination of cervical cancer and as many as 8 people (15.7%) did an early examination of cervical cancer. The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.018 or $p < \alpha$ (0.05), thus there is no significant effect of work on the lack of maternal participation in conducting an early examination of cervical cancer in Manokwari Regency. When viewed from the value of $RP = 0.698$; $CI95\%$ (0.514 - 0.947) below the number 1, so that the work is not meaningful towards maternal participation in the use of cervical cancer.

d. Socio-Economic Influence on Participation Early examination of cervical cancer

Table 4. Effect of Socio-Economic on Participation Early examination of cervical cancer in Manokwari Regency

No	Social Economy	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	n	%		
1	Less	40	88,9	5	11,1	45	100
2	Enough	23	57,5	17	42,5	40	100
Total		63	74,1	22	25,9	85	100

p-value = 0,002; RP = 1,546; CI95% (1,162 - 2,057)

Table 4 shows that of the 45 respondents who were less socio-economically as many as 40 people (88.9%) did not carry out an early examination of cervical cancer and as many as 5 people (11.1%) did an examination of early detection of cervical cancer. Respondents who were socio-economic enough from 40 respondents as many as 23 people (57.5%) did not carry out an early examination of cervical cancer and as many as 17 people (42.5%) did an examination of early detection of cervical cancer. Chi square statistical test results at 95% significance value ($\alpha = 0.05$) obtained p-value 0.002 or $p < \alpha (0.05)$, thus there is a significant socio-economic influence on the lack of maternal participation in conducting an early examination of cervical cancer in Manokwari Regency. When viewed from the value of $RP = 1,546$; $CI95\% (1.162 - 2.057)$ which is interpreted that mothers who are less risky socioeconomic do not participate in the early examination of cervical cancer by 1.546 times compared to mothers who are socioeconomic enough.

e. Effect of Knowledge on participation in early cervical cancer examination

Table 5. Effects of Knowledge on Participation Early examination of cervical cancer in Manokwari District

No	Knowledge	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	N	%		
1	Less	21	47,7	2	9,1	23	100
2	Good	23	52,3	20	90,9	43	100
Total		63	74,1	22	25,9	85	100

p-value = 0,004; RP = 1,486; CI95% (1,187 - 1,860)

Table 5 shows that of the 23 respondents who were less knowledgeable about participating in the early stage of cervical cancer screening as many as 21 people (47.7%) and as many as 2 people (9.1%) did an early examination of cervical cancer. Knowledgeable respondents from 43 respondents as many as 23 people (52.3%) did not carry out an early examination of cervical cancer and as many as 20 people (90.9%) did an early examination of cervical cancer. The chi square statistical test results at 95% significance value ($\alpha = 0.05$) obtained p-value 0.005 or $p < \alpha (0.05)$,

thus there is a significant effect of knowledge on the lack of maternal participation in conducting early cervical cancer examinations in Manokwari Regency. When viewed from the value of $RP = 1,486$; $CI95\% (1,187 - 1,860)$ which was interpreted to mean that mothers who were less at risk of not participating in the early examination of cervical cancer were 1,486 times compared to well-informed mothers.

f. Effect of Attitudes towards participation in early cervical cancer examination

Table 6. Effects of Attitudes Against Participation Early examination of cervical cancer in Manokwari District

No	Attitude	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	n	%		
1	Not support	32	86,5	5	13,5	37	100
2	Support	31	64,6	17	35,4	48	100
Total		63	74,1	22	25,9	85	100

p-value = 0,042; RP = 1,339; CI95% (1,048 - 1,711)

Table 6 shows that of the 37 respondents who did not support as many as 32 people (86.5%) did not carry out an early examination of cervical cancer and as many as 5 people (13.5%) did an early examination of cervical cancer. Respondents who were supportive of 48 respondents as many as 31 people (64.6%) did not carry out an early examination of cervical cancer and as many as 17 people (35.4%) did an early examination of cervical cancer. The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.042 or $p < \alpha (0.05)$, thus there is a significant influence on the lack of maternal participation in conducting early cervical cancer examination in Manokwari Regency. When viewed from the value of $RP = 1,339$; $CI95\% (1,048 - 1,711)$ interpreted that mothers who are not supportive are at risk of not participating in the early examination of cervical cancer by 1,339 times compared to mothers who are supportive.

g. Effects of Family Support (Husband) on participation in early cervical cancer examination

Table 7. Effects of Family Support (Husband) on Participation Early examination of cervical cancer in Manokwari District

No	Husband Support	Participation Early examination of cervical cancer				n	%
		Not		Yes			
		n	%	n	%		
1	Not support	21	72,4	8	27,6	29	100
2	Support	42	75	14	25	56	100
Total		63	74,1	22	25,9	85	100
<i>p-value = 1,000; RP = 0,966; CI95% (0,736 – 1,266)</i>							

Table 7 shows that of the 29 respondents who did not receive family support as many as 21 people (72.4%) did not carry out an early examination of cervical cancer and as many as 8 people (27.6%) did an early examination of cervical cancer. Respondents who received family support from 56 respondents were 42 people (75%). Chi square statistical test results at 95% significance value ($\alpha = 0.05$) obtained *p*-value 1,000 or $p > \alpha$ (0.05), thus there was no significant effect of husband's support on the lack of maternal participation in early cervical cancer examination. in Manokwari Regency. When viewed from the value of *RP* = 0.966; *CI*95% (0.736 - 1.266) below number 1 interpreted that husband's support is not a risk factor for participation in early cervical cancer examination.

4. DISCUSSION

4.1 Effects of age on participation in early cervical cancer examination

The results showed that there was a significant effect of age on participation in early examination of cervical cancer in Manokwari Regency. This study is in line with previous studies by Dewi (2016), that there was an influence of age on participation in early examination of cervical cancer. Age is a long time to live or exist since birth (Handayani and Suryani, 2013). According to Ropitasari (2014) at the age of married women it is the right age to do cervical cancer prevention early on. Whereas at an early age the early tend to be more careful in taking action on their health and middle-aged adults who are more abstract thoughts. In general, the level of maturity in old age is more likely to carry out various healthy behaviors such as attending a health check up regularly.

Respondents who did not participate in conducting an early examination of cervical cancer at the age of <30 years were 39 people (88.6%) and as many as 24 people (58.5%) were > 30 years old. From the results of the prevalence ratio test interpreted that mothers <30 years of age tend not to participate in early examination of cervical cancer tend to not participate in early examination of cervical cancer 1,514 times compared to mothers aged > 30 years. This study agrees with the theory according to Notoatmodjo (2012), that the better the knowledge the better the actions taken on his health. In this case, well-informed fertile-age women, many are willing to participate in conducting an early examination of cervical cancer.

Individuals with age <30 are not a few of those who are unable to reach maturity. This is due to the many problems it faces and is unable to overcome them. Early adulthood can develop the desire to find out new roles. When associated with health knowledge, this reflects a person's maturity to make decisions in attitudes and preventive actions of an illness (Damailia, 2015). The increasing age of the individual, the level of ability, the power to think, and work will be more mature, so that the increasing age of women will have a higher level of alertness to prevent the occurrence of cervical cancer (Pangesti, 2015).

The results of this study are in line with those of Dewi (2016), that most women of childbearing age >30 years of age are more willing to participate in early examination of cervical cancer because at that age more have good knowledge. This agrees with according to Mubarak (2011) that at the age of adolescents, the power of capture or the power of thought someone more easily capture the information obtained compared to someone older. But this is influenced by the information received.

4.2. Effect of education on participation in early cervical cancer examination

The results showed that there was a significant effect of education on the

participation of early cervical cancer examination in Manokwari District. The research is in line with previous research by Finaninda (2017), revealing that there is an educational influence on women's participation in early cervical cancer examinations. Respondents who did not participate in conducting an early examination of cervical cancer in Sanggeng Community Health Center were 43 people (89.6%) higher than those with high education as many as 20 people (54.1%). The prevalence ratio test results obtained the value of $RP = 1,657$; $CI95\%$ (1,213 - 2,265) that mothers with low education tend not to participate in the early examination of cervical cancer by 1,657 times compared to mothers who are highly educated. Respondents with high school education are respondents who are already included in the middle level education, making it easier to digest a new experience and knowledge. Formal education functions as a means of empowering individuals to increase knowledge and develop their potential.

The results of this study are in line with the research conducted by Dewi (2016) that women of childbearing age who participated in conducting an early examination of cervical cancer were mostly in knowledgeable mothers who had more high school and tertiary education, but in early examination of cervical cancer the majority were educated mothers low. Education is the process of changing attitudes and behavior of a person or group of people in an effort to mature people through teaching and training efforts (Prayoto, 2014). According to Notoadmodjo (2012), the factors that influence knowledge include education and interests and information. The higher a person's education, the easier it is for them to receive information, and ultimately the more knowledge they have. But it needs to be stressed that someone who is low-educated does not mean low knowledge.

The assumption that researchers are inferior to mothers who are willing to take an early examination of cervical cancer is

not caused by a lack of knowledge so that a low interest or encouragement to participate in conducting an early examination of cervical cancer. According to Mubarak (2011), one of the low interests of women in conducting health checks is due to lack of knowledge. This was also revealed by Rahmawati (2015) that women who have relatively low education are lacking in developing insights and following new developments, especially in the prevention of an illness (Aisah, 2013). The lower the level of individual education, the lower the interest in examining (Rahmawati, 2015).

Low education has an impact on reasoning power or thinking power so that the information conveyed is incomprehensible, so there needs to be attention from health workers in furnishing information with a language approach that is easily understood and understood by low-educated people.

4.3. Effect of work on early participation in cervical cancer examination

The results showed that there was no significant effect of work on the participation of early examination of cervical cancer in Manokwari District. The results of this study are in line with the research conducted by Ropitasari (2014) that most of the mothers who did not work mostly did not participate in conducting an early examination of cervical cancer. Work is something that is done to earn a living, make a living. Today women have the opportunity to work openly. The basic reason for a woman to have a marriage is not the same as one another. The reason that is commonly found is because of financial needs to enrich personal experience and knowledge, achievement (Prayoto, 2014).

Respondents who did not participate in the early examination of cervical cancer were higher in respondents who did not work as many as 20 people (58.8%) lower than respondents who did not work as many as 43 people (84.3%), but this was not meaningful from the results of the RP value = 0.698; $CI95\%$ (0.514 - 0.947) does not include 1, so the work is not meaningful for

the action in participating in conducting an early examination of cervical cancer.

The work of women of reproductive age is more in private and civil servants, but according to Finaninda's research (2017), as many as 10% of women of childbearing age are working. The majority of them participate more in conducting an early examination of cervical cancer than those who do not work, this is related to the income earned. So that mothers who do not work and have more time have time, but the distance of homes that are far away and low family income can influence participation in early examination of cervical cancer.

Work has a work environment that can provide experience and knowledge directly or indirectly, so many housewives who only relate to people around the house don't know and participate in conducting an early examination of cervical cancer (Wahyuningsih, 2015). Based on the work of mothers in Sanggeng Public Health Center, 34.1% were willing to conduct cervical cancer examination.

According to Theresia, Karningsih and Delmaifanis (2012), the work environment allows WUS to be informed about early detection of cervical cancer by the method of early examination of cervical cancer. In addition, work is associated with purchasing power so that women who work will be more independent and easier to check their health. From the results of the study, researchers assumed that women who did not work had more free time that could be used to make IVA visits, mothers who did not work did not mean they could not manage their time to participate in conducting an early examination of cervical cancer. This is in accordance with the opinion according to Notoatmodjo (2012), the existence of work will cause someone to spend a lot of time and energy to complete the work that is considered important.

4.4. Socio-economic influence on participation in early cervical cancer examination

The results of the study showed that there were significant socio-economic

influences on participation in early cervical cancer examination in Manokwari District. From the results of the prevalence ratio test (RP) = 1,546; CI95% (1,162 - 2,057) which is interpreted to mean that socioeconomic mothers are less likely to participate in early cervical cancer testing of 1,546 times than those of sufficient socioeconomic mothers. Previous research by Gustiana (2014) in East Java revealed that respondents who had high income had the opportunity to take preventive behavior at 0.64 times compared to low income respondents. According to Sudremi (2007) "income is all of a person's income as a service in the production process. Reply to the suit can be in the form of wages, interest, rent, or profit depends on the factors of production on those involved in the production process. While Suyanto (2008) defines income as a sum of funds obtained from the utilization of the factors of production owned.

Mothers from Papuan tribes who did not participate in the early examination of cervical cancer in less socio-economic mothers as many as 40 people (88.9%) were higher than respondents who were sufficiently socio-economic as many as 23 people (57.5%). This shows that the higher the socio-economy the better it is participating in the early examination of cervical cancer. This is because social economic mothers make it easy for mothers to access health services and other accommodation related to the utilization of health services.

Early detection in early examination of cervical cancer is given free of charge to patients who follow JKN participation, so that it is not difficult for mothers to participate in conducting examinations. Mothers who have enough who do not participate are due to mothers who are busy at work while those who do not participate in socio-economic mothers are less due to limitations in reaching health services, in this case the costs of transportation and other accommodations when going to health services. So this causes the mother to choose and consider other basic needs as a

result of the mother's low socio-economy to meet family needs.

4.5. Effect of knowledge on participation in early cervical cancer examination

The results showed that there was a significant effect of knowledge on participation in early cervical cancer examination in Manokwari District. The results of this study are in accordance with Dewi (2016) 's study that knowledge of women of childbearing age on the early examination of cervical cancer in the good category more often participated in the early examination of cervical cancer. Knowledge was lacking in respondents because they did not know that in the IVA screening procedure the results were immediate, only waiting for about two minutes to find out the results. In addition, respondents assume that husbands do not need to be involved in early examination of cervical cancer and do not recognize one of the symptoms of cervical cancer such as vaginal bleeding.

Respondents who did not participate in conducting an early examination of cervical cancer in the respondents who were less knowledgeable were 47.7% lower than respondents who had as much good knowledge and participated in the early examination of cervical cancer as much as 90.9%. This shows that the higher the higher the participation in early cervical cancer examination and from the results of the prevalence ratio test found that respondents who lack knowledge about early examination of cervical cancer have a risk of 9,130 times higher not participating in early examination of cervical cancer compared to knowledgeable respondents less.

This shows that women of childbearing age who are more or less knowledgeable are not willing to take an early examination of cervical cancer because the respondents do not know about the purpose and benefits of early cervical cancer examinations, conditions for taking an early examination of cervical cancer and the involvement of participating husband and health care workers cervical cancer.

Based on the observations of the researchers, the conditions in the Sanggeng Health Center area in terms of health personnel resources were sufficient to carry out counseling routinely in each village, because of the 13 villages, all of them already had village midwives. The obstacle is that not all midwives in the village live in the village can be overcome by making an extension schedule. For midwives in the village who have not been trained in IVA so that they are able to carry out counseling, especially regarding early detection of cervical cancer, the IVA method has not been maximized, it can be overcome by conducting training / socialization on early detection of cervical cancer IVA method.

Besides that, it can be the right technique to increase people's knowledge, especially WUS and also their husbands / fathers, so that it is expected that 90% of them will have good knowledge of IVA behavior. With increasing knowledge, it is expected that the target group will want to participate in conducting an early examination of cervical cancer so that it will also increase coverage. To increase the coverage of IVA services can also be done by inviting mothers to take an early examination of cervical cancer. Because based on experience that the majority of women are willing to take an early examination of cervical cancer if invited by officers or health cadres

4.5. Effect of attitudes toward participation in early cervical cancer examination

The results showed that respondents who did not participate carried out an early examination of cervical cancer with an attitude of not supporting as many as 32 people (86.5%) while in mothers who were supportive as many as 35.4% participated in the early examination of cervical cancer. The results of statistical tests stated that there was a significant influence on the participation of early cervical cancer screening in Manokwari District. When viewed from the value of $RP = 1,339$; $CI95\%$ (1,048-1,711) interpreted that

respondents who were negative about early examination of cervical cancer had a risk of 1,339 times higher not participating in conducting an early examination of cervical cancer compared to respondents who were positive.

The results of this study indicate a significant relationship between attitudes and behavior of early cervical cancer examination. This is in line with the research of Dewi (2016), which states that all women who carry out an examination of early detection of cervical cancer have a positive attitude towards early detection of cervical cancer. This research is also in line with Sarini's research (2011) which says that not all women who are positive conduct an examination of early detection of cervical cancer. Women who are positive about the value of health do not always manifest in real action (behavior), because a positive attitude will be followed by behavior which refers to the experience of others or is based on a lot or a little experience of a person. Being negative about the examination of early detection of cervical cancer, related to knowledge, they are still unfamiliar with it and do not know the purpose and benefits of early examination of cervical cancer.

4.6. Effect of family support (husband) on participation in early cervical cancer examination

The results showed that there was no significant effect of husband support on participation in early cervical cancer examination in Manokwari District. The results of this study are not in line with the research conducted by Dewi (2016) about women's participation in HIV testing. Women who get good social support tend to do early detection of cervical cancer. The social support in question is support from husband, family, friends and community leaders. The amount of support contributions from the closest person or group to strengthen the reason for someone to behave. If a woman does not have the closest person or group who has a good understanding of health, it will indirectly affect the woman's behavior. Therefore

information about cervical cancer and the examination of early detection of cervical cancer are not only women who are the main focus, but men are also a very potential target (Sarini, 2011).

Most social conditions in Manokwari District support, but the absence of influence on participation in early cervical cancer testing is due to the influence of the mother herself who wants to take an early examination of cervical cancer so that husband's support is not a risk factor for early cervical cancer examination.

Research conducted by Purba (2011) which states that an important factor in providing encouragement for mothers to carry out an examination of early detection of cervical cancer is the closest people, namely husband and family. But the decision of the mother to follow an early examination of cervical cancer is higher, due to the limitations of the husband getting information about early examination of cervical cancer.

The importance of Puskesmas health workers in providing husband and family support is very strong in participating in the early examination of cervical cancer by counseling husbands / fathers when there are services, or other activities in each village. In addition, it can coincide with home visits such as neonatal visits, maternal visits, or other home visits, health workers or health cadres providing counseling to their husbands / fathers. But the obstacle is that not all groups of husbands / fathers take part in other meeting activities or activities and not all husbands / fathers are at home when the health officer or cadre provides counseling.

5. CONCLUSION

1. There is a significant influence of age on the participation of early cervical cancer examination in mothers in Manokwari Regency (p-value = 0.004; RP = 1.514; CI95% (1.146 - 2,000).
2. There is a significant influence of education on the participation of early cervical cancer examination in mothers in

Manokwari Regency (p-value = 0.001; RP = 1.657; CI95% (1,213 - 2,265).

3. There is no significant effect of work on the participation of early cervical cancer examination in mothers in Manokwari District (p-value = 0.018; RP = 0.698; CI95% (0.514 - 0.947).

4. There is a significant socio-economic influence on the participation of early cervical cancer examinations in mothers in Manokwari District (p-value = 0.002; RP = 1.546; CI95% (1.162 - 2.057).

5. There is a significant influence of knowledge on the participation of early cervical cancer examination in mothers in Manokwari Regency (p-value = 0.004; RP = 1.486; CI95% (1,187 - 1,860).

6. There is a significant influence on the participation of early cervical cancer in mothers in Manokwari Regency (p-value = 0.042; RP = 1.339; CI95% (1,048 - 1,711).

7. There is no significant influence of family support (husband) on the participation of early cervical cancer examination in mothers in Manokwari District (p-value = 1,000; RP = 0.966; CI95% (0.736 - 1.266).

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