

Evaluation of The Counseling on Breast and Cervical Cancers Screening Among Women in Their Reproductive Age

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ABSTRACT

Background: Breast and cervical cancers are one of the leading causes of women's mortality. About 87% of cases of cervical cancer occur in developing countries. Breast cancer has the most increasing number amongst other cancers. Moreover, most of the cases of breast cancer are diagnosed in the late stadium. The late diagnosis of cancer cases is most probably due to a lack of screening at the beginning.

Aim: The research aimed to discover the evaluation of breast cancer counseling and cervical cancer screening amongst women of their reproductive age.

Methods: This research employed a survey method with a cross-sectional approach. The population and 63 samples were respondents taken using total sampling. The instruments were questionnaires.

Results: The results showed that 37 respondents (58.7%) showed fair rates on breast cancer counseling, while 36 respondents (57.1%) gave a fair rating on cervical cancer counseling.

Conclusion: This research has proven that women in this study gave fair ratings towards the counseling conducted. It is expected for midwives and health promotion teams to improve the promotional and preventive efforts, especially regarding breast and cervical cancer screening. Besides, women should be active in exploring more information and participating in every activity related to reproductive health, especially breast and cervical cancer screening.

Keywords: Counseling Evaluation, Breast Cancer, Cervical Cancer

INTRODUCTION

Cancer is a condition in which the cell loss its regular control and mechanism; therefore, it has abnormal growth, rapid, and uncontrollable. Cancer has become the second cause of mortality globally, which amounted to 13% after cardiovascular disease [1]. About 87% of cases of cervical cancer occur in developing countries. Breast cancer has the highest increasing number amongst other cancers. The cases of breast cancer are mostly diagnosed in the late stadium [2]. World Health Organization (WHO) has predicted that in 2030, breast cancer incidents will reach 26 million people, and 17 million of them died due to cancer. American Cancer Society recommends young women above 20 years old to take cancer screening [3]. The management of cancer disease has experienced issues which have caused 70% of the patients found in the late stadium due to the low coverage of detection or screening because they perceive that screening will not change the fact and suffering cancer is the fate for them [4]. According to the interview conducted towards 15 women in a Primary Health Center, only 5 of them have known and heard about a screening of breast and cervical cancers; 3 of them had performed self-breast examination (*SADARI*), but not routinely; 1 of them had undergone *IVA* test (Visual Acetic Acid Inspection). The result was negative; six people were uninformed about the screening of breast and cervical cancers. According to the result of an interview with one of the staff of a Primary Health Center, it was found that there was no specific schedule for counseling about early detection of cancer; the counseling will only be performed if there is a pre-determined program.

Research Method: This research was quantitative research using a survey method with a cross-sectional approach. The population of this research was childbearing

age women as many as 63 women. The sample of this research was taken through the Total Sampling technique. Thus, the entire population was taken as the sample.

Research Result: This research was conducted in Yogyakarta City. The research results are as follows.

1. Characteristics of Respondents

a) The Characteristic of Respondents Based on Age

Table 1 Distribution of Frequency of Respondents' Characteristic Based on the Age of Women

Age	Frequency (F)	Percentage (P)
19 - 28 years old	20	31.8 %
29 - 38 years old	26	41.2 %
39 - 49 years old	17	27 %
Total	63	100%

Based on Table 1, it is known that the characteristic of respondents based on the highest frequency of age was the age group of 29-28 years old as many as 26 (41.2%) of childbearing age women.

b) The Characteristic of Respondents Based on Education

Table 2 Distribution of Frequency of Respondents' Characteristic Based on Education

Education	Frequency (F)	Percentage (P)
Elementary School	6	9.5 %
Middle School	15	23.8 %
Senior High School	36	57.1 %
Higher Education	6	9.5 %
Total	63	100%

Table 2 shows that the most education acquired was Senior High School, as many as 36 (57.1%) in childbearing age women. The respondents' lowest level education was

an elementary school and higher education as many as 6 (9.5%) of childbearing age women.

c) The Characteristic of Respondents Based on Occupations

Table 3 Distribution of Frequency of Respondents' Characteristic Based on Occupations

Occupations	Frequency (F)	Percentage (P)
Housewife	46	7.3 %
Student	1	1.6 %
Labor	5	7.9 %
Entrepreneur	4	6.3 %
Private Sector	5	7.9 %
Civil Apparatus	2	3.2 %
Total	63	100%

According to Table 3, respondents' characteristics based on occupations were dominated by housewives as many as 46 (73%) women. The lowest percentage of respondents on the occupations category was student, i.e., 1 (1.6%)

2. The Evaluation Results of the Counseling of Screening for Breast and Cervical Cancers

Table 4 Distribution of Frequency of Evaluation Breast Cancer Screening Counseling

Evaluation	Frequency (F)	Percentage (P)
Good	26	41.3 %
Fair	37	58.7 %
Poor	0	0 %
Total	63	100%

Table 4 shows the data about the frequency distribution of evaluation of breast cancer screening counseling. According to Table 4.4, there were are 26 respondents (41.3%) who gave a good rating, 37 respondents (58.7%) gave a fair rating, and no respondents gave a low rating (0%). Thus, the counseling evaluation results on breast cancer screening amongst women were in the appropriate category.

Table 5 Distribution of Frequency of the Evaluation of Cervical Cancer Screening Counseling

Evaluation	Frequency (F)	Percentage (P)
Good	27	42.9 %
Fair	36	57.1 %
Poor	0	0 %
Total	63	100%

Table 8 The Analysis of Evaluation Results of Breast Cancer Screening Counseling with Education-Based Characteristic

Education Level	Evaluation Results of Breast Cancer Counseling					
	Good		Fair		Poor	
	F	%	F	%	F	%
Elementary School	2	3,1 %	4	6%	0	0
Middle School	6	10 %	9	15 %	0	0
Senior High School	14	22 %	22	35 %	0	0
Higher Education	4	6 %	2	3 %	0	0

According to Table 8, it is known that the highest evaluation result showed that 22 people (35%) gave a fair rating, which included in the education category of Senior High School.

d) The Evaluation of the Counseling of Cervical Cancer

According to Table 5, it is known that the evaluation results of the counseling of cervical cancer screening amongst women were as follow: 27 respondents (42.9%) gave a good rating, 36 respondents (57.1%) gave a fair rating, and no respondents gave low rating (0%). Thus, the evaluation results of the breast cancer screening counseling amongst women were in the appropriate category.

a) The Evaluation of Breast Cancer Screening Counseling Based on Age

Table 6 The Analysis of Evaluation Results of Breast Cancer Screening Counseling based on Age Characteristic

Group of Age	Evaluation Results of Breast Cancer Counseling					
	Good		Fair		Poor	
	F	%	F	%	F	%
19 – 28 years old	4	6%	16	25 %	0	0
29 – 38 years old	13	21 %	12	19 %	0	0
39 – 49 years old	8	13 %	9	15 %	0	0

Table 6 shows that the highest evaluation result showed that 16 people (25%) gave the fair rating of 19-28 years old.

b) The Evaluation of Cervical Cancer Screening Evaluation Based on Age

Table 7 The Analysis of Evaluation Results of Cervical Cancer Screening Counseling with Age-Based Characteristic

Group of Age	Evaluation Results of Cervical Cancer Counseling					
	Good		Fair		Poor	
	F	%	F	%	F	%
19 – 28 years old	8	13 %	12	19 %	0	0
29 – 38 years old	11	17 %	15	23 %	0	0
39 – 49 years old	8	13 %	9	15 %	0	0

Table 7 shows that the highest evaluation result showed that 15 people (23%) gave the fair rating categorized as 29-38 years old.

c) The Evaluation of Breast Cancer Screening Counseling Based on Education

Screening Based on Education

According to Table 9, it is known that the highest evaluation result showed that 19 people (30%) gave a fair rating, which included in the education category of Senior High School.

Table 9 The Analysis of Evaluation Results of the Counseling of Cervical Cancer Screening with Education-Based Characteristic

Education Level	Evaluation Results of Cervical Cancer Counseling					
	Good		Fair		Poor	
	F	%	F	%	F	%
Elementary School	1	1.6 %	5	8 %	0	0
Middle School	4	6.3 %	11	17.5 %	0	0
Senior High School	17	27 %	19	30 %	0	0
Higher Education	3	4.8 %	3	4.8 %	0	0

The Evaluation of Breast Cancer Screening Counseling Based on Occupations

Table 10 The Analysis of Evaluation Results of Breast Cancer Screening Counseling with Occupations-Based Characteristic

Category of Occupations	Evaluation Results of Breast Cancer Counseling					
	Good		Fair		Poor	
	F	%	F	%	F	%
Housewife	16	25 %	30	47.6 %	0	0
Student	1	1.6 %	0	0 %	0	0
Labor	4	6.4 %	1	1.6 %	0	0
Entrepreneur	1	1.6 %	3	4.8 %	0	0
Private Sector	3	4.8 %	2	3 %	0	0
Civil Apparatus	1	1.6 %	1	1.6 %	0	0

According to Table 10, it is known that the highest evaluation result showed that 30 people (47.6%) gave a fair rating, which included in the occupations category of a housewife.

e) The Evaluation of Cervical Cancer Screening Counseling Based on Occupations

Table 11 The Analysis of Evaluation Results of Cervical Cancer Screening Counseling with Occupations-Based Characteristic

Category of Occupations	Evaluation Results of Cervical Cancer Counseling					
	Good		Fair		Poor	
	F	%	F	%	F	%
Housewife	17	27 %	29	46 %	0	0
Student	0	0	1	1.6 %	0	0
Labor	2	3 %	3	4.8 %	0	0
Entrepreneur	4	6.4 %	0	0	0	0
Private Sector	3	4.8 %	2	3 %	0	0
Civil Apparatus	1	1.6 %	1	1.6 %	0	0

According to Table 11, it is known that the highest evaluation result showed that 29 people (46%) gave a fair rating, which included in the occupations category of a housewife.

DISCUSSION

1. Characteristics of Respondent

a. Age: The majority of the respondent's age was 29-28 years old, with 26 respondents (41.2%). The older a person, the more mature and the stronger he/she is; thus,

a person will be more mature in thinking and working. It means that age influences the behavior in which the older someone becomes, the more mature his/her perspective will be; in that order, he/she will have a careful thought of the solution in solving every problem he/she faced. Thus, it is more evident than age is the determining factor of the understanding and the judgment of someone in evaluating a health promotion program.

b. Education: According to the education level, most of the respondents are in senior high school, like 36 respondents (57.1%). This condition is following government regulation to support the nine years of compulsory education [5]. Education makes someone curious, experiences, and adequately understanding information. Therefore, the received information will become useful information reveals. Education for individuals is the dynamic influence in developing the soul, physical condition, feeling, and ethic [6]. Different levels of education will generate different experiences and life values. The education in childbearing age women is related to evaluating the counseling on breast and cervical cancer screening, which contributes to the comprehension in giving ratings towards breast and cervical cancer counseling: Occupations

Housewife dominated respondents' characteristics based on occupations in this research as 46 respondents (73%). This finding is following the population on the field that most of the local inhabitants were housewives. This research is parallel with Bennett's research, which used women age 18-45 years old. The respondent with the characteristic participants was highly educated, predominantly urban and primarily middle class or elite [7].

2. The Description of the Counseling Evaluation Results:

According to the conducted research, out of 63 childbearing age women regarding the counseling on breast cancer screening, 26 respondents (41.3%) gave a suitable category of rating, 37 respondents (58.7%) gave fair no respondents gave low category. Meanwhile, the evaluation results regarding the counseling on cervical cancer screening showed that 27 respondents (42.9%) gave a suitable category of rating, 36 respondents (57.1%) gave the appropriate category of rating. No respondents gave a low category of rating. Thus, most of the evaluation results on the counseling on breast and cervical cancers screening towards 63 childbearing age women were in the appropriate category. This result indicated that the respondents considered the provided counseling was sufficient.

a. The Evaluation of the counseling of breast cancer and cervical cancer screening based on age. The evaluation of breast cancer screening counseling based on age category showed that the age group of 19-28 years old had the highest rating in the appropriate category as many as 16 (25%) respondents, while the evaluation of cervical cancer screening counseling showed that the highest evaluation result was in the appropriate category on the age group of 28-29 years old as many as 15 (23%) respondents. This condition is due to the women of this age who experienced cognitive, emotional, and social transformation; therefore, they think in a more complex manner; at this development

stage, they will seek information and behave according to the acquired information [8].

b. The Evaluation of breast cancer and cervical cancer screening counseling based on education. The evaluation result of breast cancer screening counseling indicated that the Senior High School education level had the highest rating in the appropriate category as many as 22 (35%) respondents. In contrast, the evaluation of cervical cancer screening counseling indicated that senior high school education level had the highest rating in the appropriate category as many as 19 (30%) respondents. This condition is parallel with Erwin's theory stating that education can influence someone in understanding and judging a thing [9]. The higher the education level of someone, the more comfortable he/she receives information, and as a result, he/she will have more knowledge. Thus, if someone has a low education level, it will inhibit the development of that person's attitude towards the reception of information and newly introduced values. According to the research of Pollock, the middle-down class influences the ability to understand the information provided by staff, unable to listen or even comprehend the communication that occurs between the staff and patient [10].

c. The Evaluation of breast cancer and cervical cancer screening counseling based on occupation. According to the research results, most of the respondents were housewives, 46 respondents (73%). The evaluation results of breast cancer screening counseling, the highest rating were in housewife category in fair rating as many as 30 (47.6%) respondents and on the cervical screening result, the highest rating was also in housewife category in fair rating as many as 29 (46%) respondents. This result is contrary to the argument of Dronkers that working mothers have better knowledge and judgment on a better thing compared to the housewives with no occupation. The working mothers will have more opportunities to interact with others. Therefore, they have more chances to acquire information because satisfaction is influenced by information [11].

CONCLUSION

The evaluation results of breast and cervical cancer screening counseling in childbearing age women in Tegalrejo Primary Health Center are mostly in the appropriate category with 37 respondents (58.7%) on breast cancer counseling and 36 respondents (57.1%) on cervical cancer counseling. Meanwhile, the evaluation results of breast cancer screening counseling based on age were dominated by the age group of 19-28 years old as many as 16 respondents (25%) in the appropriate rating category. The evaluation results based on the education indicate that the highest education is Senior High School, on breast cancer screening, the appropriate category is the highest rating which occupied by Senior High School level as many as 22 (35%) respondents, while on cervical cancer screening is also Senior High School level as many as 17 (27%) respondents. The evaluation results based on the highest education is in the occupation category of a housewife. Breast cancer screening with fair rating is the highest rating on housewives' occupation category as

many as 30 (47.6%) respondents. In contrast, the highest fair rating on cervical cancer is given by the housewife category as many as 29 (46%) respondents.

Recommendation: This research can be used as inputs for midwives and the health promotion team of Tegalrejo Primary Health Center to improve the promotional and preventive efforts, especially regarding breast and cervical cancer screening. Childbearing age women are expected to become more active in searching for information and participate in every activity related to reproductive health, especially breast and cervical cancers.

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