

Peer Group Method Can Improve Adolescent Behavior in Prevention of Cervical Cancer

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ABSTRACT

Cervical cancer is a disease that often attacks women's reproductive health. So we need a community empowerment in the form of training of trainers to improve cervical cancer prevention behavior in adolescents with a peer group method approach. Facilitation activities include counseling on peer group learning methods, conducting training on improving behavior in preventing cervical cancer with the peer group method for adolescents. Activities carried out for one month, starting from planning, preparation, implementation and evaluation. This training was able to increase knowledge, attitudes and behavior in preventing cervical cancer in adolescents. It is recommended that participants who have been trained to be tutors are able to train their peers at school and in their neighborhood.

Keywords: cervical cancer; prevention; training; peer group

INTRODUCTION

Cervical cancer is the most common type of cancer found in women in Indonesia, causing many deaths because it is found and treated too late. Cancer cells grow in the cervix, which is the lowest part of the uterus that attaches to the top of the vagina. Cervical cancer usually attacks women aged 35-55 years. Nearly 90% of cervical cancer originates from the squamous cells that line the cervix. While the remaining 10% comes from mucus-producing gland cells in the cervical canal leading to the uterus (1). The cause of cervical cancer is high-risk *Human Papilloma Virus (HPV)* infection or oncogenic HPV, namely HPV that contains proteins that cause cancer (oncoprotein). But most (70%) cervical cancer is caused by types 16 and 18. Early detection of HPV virus infection with the IVA Test and PapSmear is important because it can help detect the development of cervical cancer. Prevention of cervical cancer can be done primarily, namely by avoiding various risk factors and by giving vaccines to prevent infections and diseases related to HPV. The results of research by experts, women who have sexual intercourse at the age of less than 17 years have a three times greater risk of cervical cancer than those who are more than 20 years old.

Young women are the next generation of the nation that must be watched out for. This is triggered by changes in current lifestyles such as free sex, multiple sexual partners, and smoking habits. The low level of the economy is getting worse, this is because cleanliness and an unhygienic lifestyle can trigger cervical cancer. In young women, there will be no significant symptoms due to the long incubation period of cervical cancer, which can last up to decades. To overcome this problem, namely by carrying out the HPV vaccination because this vaccine is very safe and has almost no side effects and in other ways such as avoiding the causative factors, including staying away from smoking, washing the vagina incorrectly, having sex with multiple partners and the environment dirty and do not use towels that are used alternately (2). Apart from that, in adolescence it is necessary to be given the provision of knowledge to be able to choose a healthy lifestyle and change behavior from high risk to low risk of a disease, one of which is knowledge about cervical cancer prevention. This knowledge is prioritized on primary prevention, namely by eliminating risk factors and giving HPV vaccination. In addition, by carrying out early detection, especially for women who are active in sexual activity (3). Knowledge about cervical cancer prevention can be provided through peer education (*Peer Group*).

Knowledge about cervical cancer prevention can be done by providing health promotion, one of which is through a health education model. This health education is the delivery of information to individuals or groups that can be practiced in the school environment, home, workplace to facilitate them to make smart choices in their own lifestyle, especially regarding disease prevention. Promotive

and preventive efforts to prevent cervical cancer have been carried out by the government, one of the solutions from the government to fulfill the reproductive rights of each individual is the PKRT (Pelayanan Kesehatan Reproduksi Esensial=Integrated Reproductive Health Service), which is carried out in basic health care facilities. Health services suitable for adolescents, namely PKRE (Essential Reproductive Health Services) which integrates Adolescent Reproductive Health. and PKRK (Pelayanan Kesehatan Reproduksi Komprehensif=Comprehensive Reproductive Health Services) which integrates the prevention and treatment of cervical cancer (4). Likewise, the role of midwives in preventing cervical cancer can detect cervical cancer early and can provide counseling to women, it has been explained according to the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Professional Administration in Article 18 and Article 21a that Midwives Have the Authority to Provide Women's Reproductive Health Services .

METHOD

The implementation of community service uses the pre method dedication consisting of [explaining objectives, techniques and procedures], implementation methods consisting of [explaining knowledge about improving adolescent behavior in preventing cervical cancer, distributing modules, peer group learning methods, teaching techniques, forming student groups , giving *examples* of how to deliver material , providing opportunities and accompanying each student to deliver material], post-dedication method which consists of [reporting that students have practiced delivering material to their group mates, students return to the large class, students are invited to conclude together]

RESULTS

Characteristics of Students

Table 1. Description of student characteristics

No	Student characteristics	Category	Percentage
1	Health condition	Healthy	60,6
		Unwell	37,3
		Not healthy	3,3
2	Student residence	Parent	71
		boarding house	29
		rent	1
3	Age	<16 years	94.4
		16-17 years	5,6
		18-19 years	0
4	Had a discussion	Once	32
		Sometimes	57
		Never	11
5	Discussion friend	Parent	80
		You	17
		Others	3

The characteristics of the students described included health conditions, place of residence, age, whether or not they had had discussions on reproductive health and discussion partners . The results of the characteristics of the students for each component that the most were healthy health conditions, living with parents, age less than 16 years, rarely discussed reproductive health, if ever had frequent discussions with parents. Further description as table 1.

Level of Knowledge, Attitudes and Skills of Students

Table 2 shows a comparison of the achievement levels of knowledge, attitudes and skills of students after being given training.

Table 2. Comparison of students' pretest and posttest scores

No	Rated aspect	Pretest	Posttest
1	Knowledge	32,9	67,1
2	Attitude	31,6	69,4
3	Skills	35,4	74,6

DISCUSSION

To find out the level of students' knowledge of the material to be delivered, a pre-test is carried out with the benefit of being able to determine students' initial abilities in recognizing the material to be delivered later. With the pre test, it can be seen whether there are students who already know the material to be delivered. This pre test can also be used to test the level of students' knowledge of the material to be delivered. This pre test activity was carried out before this training activity began. To get an overview of the abilities achieved after the end of the delivery of training material, a post test is carried out, as a final evaluation when the material being taught has been given. In addition, the post test is also able to find out how far the effect or influence of the training has been carried out, as well as which parts of the training material are still not understood by most students. In carrying out this counseling, training participants are prepared in one class to get exposure to material on improving behavior in preventing cervical cancer in adolescents. Participants in this counseling were 35 students.

The results of the activity show that by providing counseling with material on improving behavior in preventing cervical cancer in adolescents, it can increase students' knowledge in understanding about improving behavior in preventing cervical cancer in adolescents. Efforts to promote and prevent health problems, especially in improving behavior in preventing cervical cancer, are very important for adolescents, where at this time, especially teenagers like in Surabaya with urban characteristics, urban lifestyles that are less hygienic can trigger cervical cancer.

Cervical cancer is a disease that often attacks women's reproductive health, and is also the second most common type of malignant tumor in the world. This disease ranks 7th globally in terms of incidence rates and ranks 8th as a cause of death (accounting for 3.2% of mortality, the same as the number as a cause of death (5). According to WHO, 490,000 women in the world are diagnosed with cancer every year cervical cancer and 80% are in developing countries including Indonesia. In Indonesia it is estimated that 40-45 new cases appear every day, 20 -25 people die (6). Data from the East Java Health Office in 2014 recorded 3,813 cervical cancer sufferers and 79 of them died.

Cervical cancer is characterized by the appearance of abnormal cells in the cervix. It is estimated that 90% of cervical cancer is caused by *the Human Papilloma Virus* (HPV). Factors in the occurrence of cervical cancer can also be caused by the way of treating the reproductive organs that are not correct (hygiene of the reproductive organs is not good) or the wrong lifestyle, for example smoking habits, changing partners, and having sexual activity at an early age. Other factors are also caused by viruses, bacteria, chemicals (carcinogens), exposure to ultraviolet (UV) rays, stress and genetic factors passed down to the family.

Long-term oncogenic *Human Papilloma Virus* (HPV) infection is the main cause of cervical cancer. As many as 90% of squamous cell carcinomas that line the cervix and the remaining 10% originate from cervical mucus-producing gland cells caused by oncogenic type HPV infection (7). Oncogenic HPV which can cause cervical cancer can generally be transmitted through sexual intercourse. Reproductive health is an important component for women. These reproductive health needs can be grouped into four categories. First, women have special needs related to sexual reproductive function. Second, women have a reproductive system that is easily injured. Third, women can get diseases of the reproductive organs. Fourth, women as objects of sexual deviation that affect physically, mentally or socially (8)

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Knowledge about cervical cancer prevention can be done by providing health promotion, one of which is through a health education model. This health education is the delivery of information to

individuals or groups that can be practiced in the school environment, home, workplace to facilitate them to make smart choices in their own lifestyle, especially regarding disease prevention.

Promotive and preventive efforts to prevent cervical cancer have been carried out by the government, one of the solutions from the government to fulfill the reproductive rights of each individual is by having PKRT (Integrated Reproductive Health Services). carried out in primary health care facilities. Health services suitable for adolescents, namely PKRE (Essential Reproductive Health Services) which integrates Adolescent Reproductive Health and PKRK (Comprehensive Reproductive Health Services) which integrates the prevention and treatment of cervical cancer (4).

During the implementation of counseling about improving behavior in preventing cervical cancer for Triguna Bakti Surabaya Middle School students, the students were very enthusiastic about participating in the counseling. This is of course related to topics and learning materials that are very appropriate to the age and current whereabouts of students. Every explanation of the material given, always gets a very good response, so that students are able to understand the material provided. This can be seen from the results of the tests given, there is an increase in students' understanding of knowledge.

The results of the activity show that after being given counseling and given modules with the same material, attitudes can be improved in an effort to improve behavior in cervical cancer prevention. *Peer groups* are successful peer groups where they can interact. Within this group, members feel that there are similarities with one another such as in the areas of age, needs and goals that can strengthen the group. In this group, the existence of an organizational structure is not important, but members of the group feel a sense of responsibility between the failure and success of the group.

The strength of peer influence is inseparable from the existence of strong bonds within the peer group, so strong that it leads to fanaticism, so that each member of the group realizes that they are a unit that is related and supports each other. Where the peer group (*Peer Group*) is a group consisting of friends of their age and they can associate themselves.

In peer groups, the existence of an organizational structure is not important, each individual feels that there are similarities with one another, such as in the areas of age, needs and goals. Within this peer group, individuals feel that they have found themselves (personally) and can develop their social sense in line with the development of their personality. Its members are individuals of the same age. Usually, those who become members of *the Peer Group* are individuals who have the same or almost the same age range and have the same desires, goals and needs.

In a *peer group*, individuals feel there are similarities with one another such as areas of age, needs and goals that can strengthen the group. Within *the Peer Group* there is no importance of organizational structure, but among group members feel a sense of responsibility for the successes and failures of the group. In a *Peer Group*, individuals feel that they find themselves and can develop their social sense in line with the development of their personality.

In providing learning material through this *Peer Group*, students become more aware of the importance of peers in the learning process. Studying with peers will make it easier to understand each material or topic discussed. Students are also given the opportunity to form groups or small groups to discuss more deeply about the modules that have been given. They discussed in a relaxed, casual manner, but were accompanied by a tutor for each group so that they would learn faster. If there are problems or material that is not understood, the tutor will explain the difficulties experienced. Thus, learning with the *Peer Group method* can make it easier and faster to understand the learning material provided. This can be seen from the test results which show an increase in brushing in learning to improve behavior in preventing cervical cancer in adolescents.

There has been an increase in student practice tests in understanding behavioral improvement in cervical cancer prevention in adolescents. To make it easier to understand about Cervical Cancer Prevention Behavior in adolescents, the students in this class are distributed one module each on Increasing Cervical Cancer Prevention Behavior with the *Peer Group Method* in adolescents. Furthermore, *pasa* students are given the opportunity to read and study the module. It is hoped that by being given this module, students can learn more about cervical cancer prevention behavior in adolescents. A question and answer forum from all students to resource persons is highly expected, so that all students understand the entire contents of the module. At the end of the delivery of learning material, and the module has been understood by all students, then the next activity is the distribution of peer groups, from all 35 students, divided into 7 groups, where each group consists of 5 students.

CONCLUSION

This community service activity can increase students' knowledge, attitudes and practices in improving behavior in preventing cervical cancer in adolescents. Learning with the Peer Group method for students is carried out accompanied by tutors, it can be carried out well. TOT about improving behavior in preventing cervical cancer in adolescents can be implemented well.

REFERENCES

1. Prayitno, Sunyoto, Susanto H. Buku Lengkap kesehatan Organ Reproduksi Wanita. Yogyakarta: Saufa; 2014.
2. Delia, Wijaya. 2010. Pembunuh Ganas Itu Bernama Kanker Serviks. Yogyakarta: Sinar Kejora
3. Savitri, Astrid., et al. 2015. Kupas Tuntas Kanker Payudara, Leher Rahim & Rahim. Yogyakarta : Pustaka Baru Press
4. Kementrian Kesehatan RI. 2015. Pusat data dan informasi kementrian kesehatan Republik Indonesia, InfoDatin "Stop Kanker." Kemenkes RI.
<https://doi.org/2442-7659>
5. International Agency For Research on Cancer (IARC) / WHO. GLOBOCAN 2012: Estimated Cancer Incidence, Mortality, Prevalence Worldwide in 2012. Globocan; 2012.
6. Juanda, D., & Kesuma, H. 2015. Pemeriksaan Metode IVA (Inspeksi Visual Asam Asetat) untuk Pencegahan Kanker Serviks. Jurnal Kedokteran Dan Kesehatan, 2(2), 169–174
7. Kartikawati, Erni 2013. Awas!!! Bahaya Kanker payudara & kanker Serviks. Bandung : Buku Baru
8. Kusmiran, E. 2014. Kesehatan Reproduksi. Jakarta: Salemba Medika