

# The Usage of Video in Encouraging Women With Cervical Cancer Risk to Do Early Detection: A Qualitative Study

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**Abstract— Global Burden of Cancer identified that cervical cancer is the fourth most cancer, but is the second most cancer in women aged 15-44 years and is estimated to be > 80% in developing countries. This research is a qualitative research with casus study approach. Sampling was done by using purposive sampling technique. The use of video media containing cervical cancer material and early detection can increase knowledge and positive attitudes towards cervical cancer and early detection. Conclusion: The use of video in health promotion can increase knowledge and positive attitudes towards cervical cancer and early detection. Knowledge and positive attitude towards the urgency of early detection of cervical cancer are fully practiced in the form of concrete behavior.**

**Keywords— Video, women at risk, cervical cancer, early detection.**

## I. INTRODUCTION

Based on the Global Burden of Cancer (Globocan), in 2012 cervical cancer was identified as the fourth most common cancer in all women but was the second highest in women aged 15-44 years [1]. In 2012, the estimated number of new cervical cancer cases in the world was 527,624 with 266,000 deaths [2]. Based on data from Globocan, it is estimated that in 2030, there will be about 98% of deaths from cervical cancer that occur in developing countries [3]. The incidence of cervical cancer in developing countries is 15.7 per 100,000 which shows a higher rate than the incidence of cervical cancer in the world, which is 14 per 100,000 women [1]. Indonesia is included in the category of developing countries where cervical cancer is the second highest occurrence. In Indonesia, in 2012, the incidence of new cases of cervical cancer was 20,928 cases with 17 incidents per 100,000 women and 9498 cases of death [1].

Based on data from the World Health Organization (WHO), in 2008, 38 new cases were estimated every day and 21 women died of cervical cancer [4]. while in the world itself it is estimated that every two minutes one person dies of cervical cancer [5]. In developing countries, including in

Indonesia, 80- 90% of people with cervical cancer are usually difficult to cure because they come to health services (hospitals) more than 70% already with acute conditions [2]. The World Health Organization (WHO) states that routine screening for cervical cancer, either through visual inspection of acetic acid (IVA) or Pap Smear, can significantly reduce the morbidity and mortality of cervical cancer. Screening tests can detect pre- invasive and invasive processes in the very early stages, where if cervical cancer is found, treatment will be carried out as soon as possible so that the chances of cure will be higher than if cervical cancer is found in advanced stadium [6]. Some factors that cause women not willing to do early detection of cervical cancer include fear, feelings of shame, worry or anxiety to undergo early detection also affect women so that they do not do early detection [7]. This condition occurs due to lack of knowledge [8] on the dangers of cancer and lack of education on the importance of early cervical cancer screening [9, 10]. One effort to increase women's knowledge regarding early detection of cervical cancer is to conduct health promotion with appropriate media, such as the use of video through entertainment- education and print media such as the use of booklets [11]. he use of video media has advantages, such as being able to attract attention, provide a more real picture and increase memory retention so that it will be easier to remember [12].

## II. METHOD

The case study began with a health promotion intervention on cervical cancer and early detection using video media, followed by in-depth interviews. The case study was conducted with the consideration that cervical cancer is personal because it is related to the female reproductive organs so a personal approach is needed because each individual has their own response. This research was qualitative, which is to obtain answers to the question why or how to get a finding [13]. n order to obtain active participation from specific problem subjects in certain

situations, the researcher took actions that have been prepared systematically in advance.

Research subjects who met the inclusion criteria was 21 people where they were further given health promotion with video media about cervical cancer and early detection. Sampling was done based on the purpose (judgment sampling or purposive sampling) in order to choose a case to get in-depth information [13]. The main informants in this study were 9 people and 2 informants who were experts in the field of reproductive health. Data analysis in this study was carried out using an Interactive Analysis Model [14].

### III. RESULT AND DISCUSSION

#### A. Overview of Research Subjects

The informants in this research was 9 people (Table 1). From 9 main informants, there were 3 informants in the category of low risk of cervical cancer that is married at the age of 20 years, have children less than 3 and do not use contraception (ie I.3-N, I.8-R, I.9-S) and 6 high risk category informants namely married age over 20 years, have more than 3 children and have a history of using IUD contraception (ie I.1-K, I.2-E, I.4-U, I.5-A, I.7-K).

#### B. The Application of Health Promotion Videos

Health promotion of cervical cancer and early detection in this research activity began with a video playing on cervical cancer prevention that tells the story of a female figure from a poor family who, due to lack of knowledge and limited funds, is late in knowing that she has cervical cancer. Thanks to the encouragement of family and community and the help of a non-governmental organization (NGO), women with cervical cancer were successfully treated and cured. After the video was played, it continued with interactive discussions. An interactive discussion was guided by an expert reproductive health facilitator. Participants were encouraged by the facilitator to provide responses to the video they have watched in relation to understanding, risk factors, signs and symptoms, and prevention efforts. Two weeks after the health promotion intervention with audiovisual media and interactive discussion methods, the next stage of the study was to conduct in-depth interviews with selected informants.

All informants expressed interest in the health promotion model using films and interactive discussions. According to them, this information method was effectively implemented in a limited forum. Their interest was even realized by commenting on time, the ideal number of participants, clarity of material on the video, information needs about cervical cancer and early detection and interactive discussion methods in health promotion. Here are some informants' expressions regarding the time spent in health promotion activities:

"It's actually interesting ... but too bad, the time is very short ...!" (I.4-U) "Wow, why is it so quick", "When will there be counseling like this again", I will be happy to come again at this kind of counseling..."(I.5-H).

According to the informants, the duration of health promotion activities which is 60 minutes are not enough, especially in an interactive discussion session that only 30

minutes. This is because not all informants has shared their experiences about the topics discussed. Regarding the number of participants participating in counseling, according to one informant, 21 people is quite ideal, but it would be better if there were fewer numbers like in the Dasawisma forum which around 10 people. This is as stated by one of the informants as follows:

"Bu... niku menawi dinggo pengajian bisa lho bu....nopo teng arisan RT utawa dawis (dasawisma- P) nggih langkung sae...wonge mung sitik". (Ma'am ... I think this event can be held during religious gathering too ... or when social gathering or dasawisma, it will be better ... because there are only few people) (I.7-K).

According to multi-media experts, the number of participants is quite good, although there are several other influential factors such as atmosphere, time of the counseling starts, as stated as follows: "... 20 people with a calm atmosphere is good in my opinion ... I think the amount of 20 people is effective ... than if the event was held in a building with a crowded atmosphere because of the sound of vehicles, it actually will make people not focus....." (I.11-D).

Interactive discussion activities are active learning methods that function as triggers that can encourage group dynamics to share experiences, events where various information needs are answered, in groups that can encourage the active role of participants. The role of the facilitator in this case is as a motivator so that participants can express their experiences [15]. Therefore, the number of participants that is not too much will be able to give participants the opportunity to share their experiences about the topic being discussed. The more senses are used to receive something, the more understanding and understanding is also obtained [16] About 90% of a person's learning outcomes are obtained through the sense of sight, 5% of listening and 5% of other senses, so that audio-visual media video will produce better results in remembering, recognizing and connecting a fact) [17]. the better the material processing (encoding), the better the storage so that the better the pattern of the process of extracting from memory. [18] in his research on short-term memory, suggested that the series of images and words contained in a video when combined were more effective for retaining memories than using only pictures or words [19]. The presentation of images and colorful words in cervical cancer videos given to respondents also has an influence on increasing knowledge, where color has a strong effect on short-term memory and visual attention [19]. Measurement of memory by comparing various types of media obtained the results that the highest ability to absorb and store the highest information was obtained on media using audiovisual or video, with a percentage of 50% [20]. In this case it can be seen that the informants who have been given health promotion treatment with video media have an average value of knowledge and a better attitude. The level of success of an information can be influenced by the method of delivery, setting the appropriate place of implementation for providing information, interestingly packaged information media, mastery of the material by the facilitator, as well as a conducive learning atmosphere in the delivery of the information [21]. The opinions of the informants about video media about cervical cancer and interactive discussions in health promotion can be seen in Figure 1.

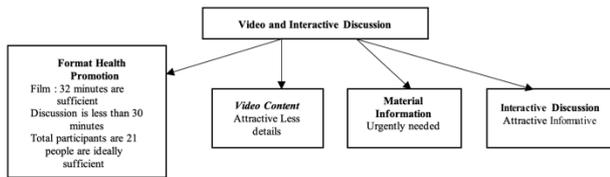


Fig. 1. Videos and interactive discussion methods

To find out the impact of health promotion that has been carried out, then after 2 weeks after the video playing and interactive discussion, the next step was to conduct in-depth interviews with specified informants. From the results of a qualitative approach by conducting in-depth interviews, it was obtained that the knowledge, attitudes and behavior of informants about cervical cancer and early detection, before being given health promotion were generally in the category of inadequate, both in terms of, risk factors, signs, and prevention efforts.

This can be seen from the informant's statement, as follows:

*"Uhm... cervical cancer ... all I know is in women, it is an uterine disease ... and just like a tumor ...!" (I.1-C).*

From the informant's statement, it indicates that knowledge about cervical cancer and early detection among mothers are still relatively low. The lack of knowledge about cervical cancer and early detection was strengthened by the statement of one of the health cadres as follow:

*"Here, there is never any health education ... it is just social gathering or religious gathering ... but what is discussed is limited to religious matters only. Or just talk a little about health in general*

*... " (I.9-S).*

From the above statement, it can be concluded that most informants do not yet know about cervical cancer and early detection of the disease because they have not received specific information. After being given health promotion, knowledge of cervical cancer and their early detection improved quite well. This was proven when the informants were interviewed, they were able to explain about understanding, risk factors, signs of symptoms and efforts to prevent cervical cancer. The higher level of education, then an individual will be easier to filter information so that he can properly receive and implement a positive response after being given a health promotion. [22]. The higher the level of one's education, the better the knowledge possessed.

One informant suggested that cervical cancer is a cancer that attacks women and causes damage to cervical tissue (cervix), and can even cause death. This was stated by one informant as follows:

*"... cervical cancer is ... the damaged tissue ... yes that's what I mean ... " (I.5-H).*

Meanwhile, the knowledge about risk factors for cervical cancer, some informants argue that risk factors can occur in every woman who is over 35 years old, married too young (less than 20 years). Regarding this risk factor, the informant put it as follows:

*"...That is a very dangerous disease, which may be infected is that most women aged 35 years and over. Especially married, "(I.8-R)" ... women or men who have more than one partner too ... (I.9-S)*

Efforts to provide basic knowledge about cervical cancer and early detection (pap smears and IVA) are very important. That is because with increasing knowledge, it will be easier to encourage changes in attitudes and behaviors of early detection of cervical cancer as expected.

Before being given the promotion of cervical cancer health and early detection, the attitude of the informants in general still considered that it was not necessary (urgent), except for one person who did routine detection once a year since the last 10 years.

In general, informants still think traditionally in responding to the health of women's reproductive organs. They feel themselves healthy so they don't need to make efforts to detect early cervical cancer, both pap smears and Inspeksi visual Asam Asetat/IVA (Visual Inspection with Acetic Acid). For example, if there are complaints regarding the reproductive organs, they are embarrassed to do a check-up, so they only consume traditional herbal medicine, for example drinking turmeric white herbs. This is consistent with the statement of one of the informants as follows:

*"Isin ah..kalo diperiksa..kalau ada keluhan ya minum jamu kunyit asem niku..kok ya njur enak rasane... malah ngerti-ngerti mari dewe..nggeh wau tahajud niku..je (I feel ashamed to do early detection of cervical cancer. If I am not feeling well with my reproduction organ, I drink turmeric herbal ... after that I will feel better and what makes me feel not well will disappear ... and I do the midnight prayer) ... (I.6-A).*

Informants do not yet know the importance of efforts to detect cervical cancer early because they feel healthy so that there is no need to make early detection efforts. The knowledge of the problem object (cervical cancer) is not fully understood, so the attitude of the informant cannot be said to be *favorable* or *unfavorable* to conduct a rational response (early detection) of the object (risk of cervical cancer). [23]. After being given a health promotion regarding cervical cancer that provides (additional) knowledge about the understanding of cervical cancer, risk factors and ways of early detection, all informants expressed a *favorable* attitude towards the early detection of cervical cancer.

The attitude of agreeing to efforts to detect cervical cancer early argues that by making early detection, the actual health condition can be known, as stated by the informant, as follows:

*"Ehm... ya itu rencananya ya juga pengen periksa untuk mengetahui sedini mungkin..." ( "Um ... that is my plan, to do the early detection to find out as early as possible ...") (I.1-C). "yen kula pikir kok kemanteban...rasah isin periksa,..sing penting awake sehat ngaten lho...yen kulo..." (If I think the situation is very necessary, then there is no need to feel ashamed to check ... the important thing is our body is healthy ... that is in my opinion.) (I.7-K).*

Early Detection Behavior of Cervical Cancer

After 2 weeks of health promotion about cervical cancer and early detection, the results showed that all informants

had not done any early detection except for 1 person (I-4U) who had routinely (once a year) conducted early detection in the last 7 years on the recommendation doctor. Some of the reasons mentioned by the informants have not made early detection of cervical cancer in line with their attitude towards the early detection of cervical cancer. Among them there are those who reason because they feel ashamed of the genitals and fear if they are found to be diseased.

An informant who has never carried out early detection of cervical cancer expresses a reluctance to do early detection on their own, but if carried out together feel more comfortable and motivated, as he expresses, as follows:

*"... kalau memang mau diadain pemeriksaan disini*

*saya mau...tapi ya bareng-bareng saja,biar pada semangat....."* (...if in here will be an early detection for cervical cancer here, of course I want to but it should be done collectively, so everyone will feels more couraged) (I.4-U).

The desire of the informants to conduct early detection in a coordinated manner is supported by the experience of reproductive health experts as well as private practice midwives, as expressed below:

*"... like my experience during counseling " what*

*if we facilitate all mothers here to do an early examination of cervical cancer, so later you just need come to where I practice ... to take the specimen , or the material to be examined so that it will be more practical for you and save more time "* (I.10-U).

The reluctance of informants to do early detection of cervical cancer individually but stated that they are willing to do it collectively, shows the nature of the group of research subjects that tend to be grouped or like family (*gemneinschaft*), always want to be all together and lack personal initiative [24]. Meanwhile, related to detection costs, it is generally not a problem, as stated by the informant, as follows:

*" Bayarpun ya nggak apa-apa.. murah tinimbang*

*yen lara luwih larang obate..* (For the cost does not matter, it must be cheaper than if the disease is already severe,it must be more expensive) (I.7-K).

In general, informants have sufficient knowledge in terms of efforts to maintain their reproductive health. This is understandable because the informants come from a relatively well educated community with sufficient economic status. Efforts to maintain daily reproductive health are carried out both physically and spiritually. To maintain the health of the reproductive organs is done by maintaining cleanliness, choosing the type of underwear that is able to absorb moisture, how to clean genitals properly and pay attention to the cleanliness of the water used. They believe that these methods will prevent diseases related to reproductive organs, as stated by the informants, which are as follows:

*"... I change panties 2 times, morning and evening*

*... keep the reproduction organs clean ... change underpants when it feelsnot comfortable ... and wear cotton underwear ..."* (I.3-N).

Efforts to maintain spiritual health are done by praying, performing the obligatory prayers and there are several informants who add to praying at night to pray to the Almighty God to keep them healthy. The following is the statement of the informant about efforts to maintain spiritual health:

*"... just pray, ... hopefully it won't happen again. Because it makes me traumatized, ... "(I.5-H). "... I pray, hoping I will never have cervical cancer ... and always healthy ... after watching the video yesterday, I was a bit worried, plus I have never checked for cervical cancer ..." (I3-N)*

Health promotion of cervical cancer and early detection through video media followed by interactive discussions is very interesting and can arouse the enthusiasm of the participants. To instill the knowledge, attitudes and behavior of women, they are more personal in nature which is different from the understanding of other diseases such as dengue fever, malaria, diarrhea that are influenced by environmental and community health conditions.

Based on the analysis that has been done, it is obtained that the health promotion of cervical cancer and early detection with a video about cervical cancer can improve the knowledge and attitudes of participants towards cervical cancer and early detection. Knowledge and positive attitude towards the urgency of early detection of cervical cancer cannot guarantee that early detection behavior will occur. The reluctance of mothers to do early detection of cervical cancer, among others because they feel ashamed, that is, they want to do it together and are facilitated in a residential environment. The teachings of religion (Islam) about efforts to maintain health are still understood as knowledge and have not been fully practiced in the form of concrete behavior, including efforts to detect cervical cancer early.

#### IV. CONCLUSION

The findings obtained from this study are as follows:

- Health promotion of cervical cancer and early detection using video media and interactive discussions are effective for increasing knowledge and attitudes in a limited forum, which is socially equal and has a personal closeness among participants.
- The behavior or desire of mothers to do early detection of cervical cancer individually (alone) is not ready (unfavorable) because there is a sense of shame and worry about the results that will be obtained afterwards. Nevertheless they are willing (favorable) early detection collectively in a residential environment. Efforts to maintain reproductive health are carried out daily physically by maintaining the cleanliness of the reproductive organs and spiritually by means of compulsory worship (Sholat) and prayer.

Based on this conclusion, it is recommended that health material, especially reproductive health, should be included in routine religious gathering activities in the environment, including following up if there is a desire to do early detection of cervical cancer in its members The government (in this case is Department of Health) should be capable of providing various audiovisual materials that are in

accordance with the culture and community condition by including the dimension of Islamic teaching that taking care of health is part of the worship. While the implementation of routine health promotion can be conducted by Community Health Service Center such as Integrated Service Post that has been done every month by utilizing the forum of women conference and such. Community health center especially the doctor or the midwife can do 'pick up the ball' program to do early detection examination of cervical cancer (pap smear or IVA) to the places approved together with the guided groups in their area.

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