INFLUENCE OF CANCER FETALISM AND FAMILY SUPPORT AGAINST DELAY CERVICAL CANCER SUFFERERS SEEK TREATMENT AT THE HOSPITAL CENTER H. ADAM MALIK MEDAN INDONESIA

by Elisabeth Surbakti

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Abstract

Cervical cancer is a cancer that occurs in the uterine cervix, the part of the female reproductive organ is the entrance to the uterus is located between the uterus with liang vagina. Cervical cancer cause the burden of economic, social, physical, psychological suffering even deaths related to the delay in getting treatment. At the hospital, h. Adam Malik Medan 2013 diagnosed cervical cancer sufferers 65.5% advanced stage. The purpose of the study to find out the influence of cancer fetalism and family support against cervical cancer sufferers to delay medical services at the Adam Malik hospital by 2015. Cross sectional design research. Sample research women's cervical cancer sufferers are diagnosed through examination of the histopatologik stadium He-IVb and meets the criteria for inclusion and exclusion (n = 169). The results showed that the respondents came to the Ministry of health has already advanced stage (67.5%). There is the influence of cancer fatalism, and support families against delays in seeking treatment to healthcare p < 0.05. The delay of the sufferer to the health service needs to do: minimize the beliefs of fatalism, motivating families provide support, increase public awareness through Educational Information Communications not only on those who have a family history of cancer but also potential suffering from cervical cancer. Optimize your cervical cancer prevention efforts, so that the community does not come at an advanced stage, early detection through Visual inspection of acetic acid test (IVA) or early screening, health promotion designed to increase the awareness of concern and the importance of cervical cancer screening that involves public figures, religious and Social Institutions of society.

INTRODUCTION

Cancer is a disease that raises the burden of economic, social and physical, psychological suffering which became one of the public health issue cervical cancer which many result in death in women, either in Indonesia or in the world.

Cervical cancer is the second most common cancer found in women after breast cancer all over the world, with new cases of 250,000 and 500,000 death each year. According to GLOBOCAN data in IARC (2010), with an average of 15 per 100,000 women by 7.8 per year number of deaths from all cancers in women in the world. The majority (80%) cases occurred in a country develops. Almost all cervical cancer cases (99%) are associated with genital infection by Human Papilloma Virus (HPV), which is the most common virus infects the reproductive tract (WHO, 2006).

In Indonesia, data collected from 15 pathology laboratory shows cervical cancer ranks first among the top 10 (28,66%) overall cancer in women and became one of the six leading causes of death in Indonesia after infectious diseases, cardiovascular diseases, traffic accidents, congenital diseases and nutritional deficiencies (Tjindarbumi, 2002).

The high mortality due to cervical cancer are associated with cervical cancer sufferers delay getting treatment in the health service, as many as 60-70% of patients seek treatment too late, so thatat the time of initial cervical cancer sufferer diagnosed already in advanced stages.
In North Sumatra, the actual numbers of cervical cancer is not known, but was h. Adam Malik Medan in 2011 recorded 367 patients who are diagnosed with cervical cancer and 65.5% of sufferers come to seek treatment at an advanced stage, namely stage IIb – the main complaint with the IVb stage presence of bleeding as much pervaginam 77.9% of cases. (Prandana, 2012). Until recently the results of treatment of cervical cancer by means of treatment are well known for this is far from adequate, especially for advanced stage cancer. Based on the "Annual Cerviks Review Cancer" in America in 1995 stated that the more advanced stage of the disease, the treatment success is down dramatically even with cutting edge way.

In some studies it was found that the implementation of the screening program of lowering the death rate because the case can be found at the early stage. Studies conducted by Behbakht et al (2004) on women who are newly diagnosed cervical cancer in urban areas in America found that as many as 36% of cases have never done screening before being diagnosed with cervical cancer. One reason is due to cancer fatalism. Cancer fatalism is defined as the belief that cancer is inevitable in any effort undertaken and death is inevitable when it was being diagnosed with cancer, it is based on the belief that every single thing that happened in life are beyond human control and it is destiny.

The other thing is the problem is the lack of knowledge of individuals regarding cervical cancer until they come to the hospital are already at an advanced stage, coupled with the cost of treatment is quite expensive. The expensive medical expenses excuse individuals not to take seriously his illness.

In addition, family support is also highly expected. In the process the sufferer should have the support or the motivation to be able to carry out the process of treatment. Only with a strong motivation of cervical cancer sufferers will show an interest, its activities and its participation in following the process of treatment.

Paps smear and That Visual with acetic acid (IVA) is how early detection of cervical cancer is simple and is the standard most popular examination for the early detection of cervical cancer. If the results of the early detection of abnormal, then it takes a few extra checks soon to confirm the diagnosis, knowing the spread of cancer and determining treatment options (Zeller, 2007). Interpretation the presence of suspicion towards cervical cancer at the time of screening should be a reason for women to seek treatment as soon as possible, or as a reason for health workers who perform screening do reference as soon as possible so that it can be dealt with at an early stage. But the fact terlambatnya patients get treatment in a less profitable, the stadium need may do research on what factors are associated with cervical cancer sufferers delays in seeking treatment to the Ministry of health.

Matherial and Methods

The design of the study used is the study of Cross sectional observational approach. The population is all women cancer patients of cervical uteri that had been in the diagnosis through examination of histopatologik start stadium he reached the Ivb stage treated in inpatient obstetrics and Oncology Hospital Midwifery Poly Adam Malik Medan in July to August 2015, a total of 169 respondents.

Way of sampling non probability sampling way (quota). As the variable is sufferers seek treatment to delay health care while free variables i.e. cancer fetalism, and family support. Study on the delay in seeking treatment to the Ministry of health, is the Diagnosis of cervical cancer stage based on the records of the medical records, which are categorized: late and not too late. Cancer fatalism is the belief that cervical cancer is not inevitable and it is

destiny, measured by item 15 statements about cancer fatalism, with high category when you score 9-15 and low when the score is 0-8. Knowledge about cervical cancer is: mother's ability in answering a number of statements that are associated with cancer of the cervix, divided 2 categories: low = score high median = < score = median. Family support is support, understanding and assistance from the family are given for performing actions in the form of seeking treatment of cervical cancer, does not endorse and support. As for the Instrument in this study include: 1) data sosiodemografi, 2) questionnaires to measure cancer fatalism using questionnaires adapted fro Powe Fatalism Inventory (PFI) (Spurlock and Cullin, 2006). PFI questionnaire consists of 15 items statement provides the answer "Yes" and "no" to each statement, 3) family support.The research results will be analyzed by chi-square test, using statistical test of chi-square (?2), with a level of significance of 0.05 p < and Confidence Interval (95%).

RESULT

The number of respondents in this research as much as 169 people. For more details can be seen in table 1. Based on table 1 that the Characteristics of respondents, Cancer Fatalism, and support families have influence on the delay in Seeking Treatment to the Ministry of health.

1. Age of respondents with a value of $p < 0.001$; RP = 3.03 (CI 95%: 1.91-4.30) meaning respondents aged > 40 years have 3 times the delay in seeking treatment into health services in comparison with respondents aged = 40 years.

Table 1. The Influence of Characteristics of Respondents, Cancer Fatalism, Family Support Against Delays inSeeking Treatment in to Health Services in A Hospital Center. Adam Malik 2015

No.	Variable	The Delay in Seeking Treatment				P	Rp	Ci 95%
		To Health Services						
		= 2b	%	< 2b	%			
		(Late)		(Not Late)				
1.	Age							
	> 40 years	92	93.9	6	6.1	<0.001	3.03	2.13 – 4.30
	= 40 years	22	31	49	69			
2.	Education							
	Low	50	86.2	8	13.8	<0.001	1.49	1.23 – 1.80
	High	64	57.7	47	42.3			
3.	Parity							
	High	95	72.5	36	27.5	0.01	1.45	1.04 – 4.04
	Low	19	50	19	50			
4.	Social Economy							
	Low	10	15.9	53	84.1	<0.001	0.16	0.09– 0.28
	High	104	98.1	2	1.9			
5.	A family history of cancer							
	There are	54	81.8	12	18.2	<0.001	1.40	1.15–1.71
	There is no	60	58.3	43	41.7			
6.	Cancer Fatalism							
	High	96	99	1	1	<0.001	3.95	2.65–5.90
	Low	18	25	54	75			
7.	Family Support							
	Not supported	79	100	0	0	<0.001	2.57	1.98–3.33

	In support	35	38.9	55	61.1		
8.	Knowledge						
	Low	82	85.4	14	14.6	<0.001	1.94	1.48–2.56
	High	32	43.8	41	56.2			
9.	References to the Midwife Post IVA							
	Do not reference	75	68.8	34	31.2	0.61	1.06	2.13–1.32
	a Reference a	39	65	21	35			

2. Education of respondents with a value of p <0.001; RP = 1.49 (95% CI: 1.23 - 1.80) this means that the respondents with lower education have the possibility of experiencing time delay 1.49 seek treatment to health services compared to respondents who are highly educated.
3. Parity with the value p < 0.05; RP = 1.45 (95% CI: 1.04 – 4.04) means that respondents who have children more than 2 has the possibility of 1.45 times more experienced delays in seeking treatment to health services compared to respondents who have children less than 2.
4. The respondent's socio-economic value of p < 0.001; RP = 0.16 (95% CI: 0.03 – 0.06) lower socioeconomic means being protective factors or preventing the respondents experienced a delay in seeking treatment kepelayanan health.
5. Family history of suffering from cancer with a value of p < 0.001; RP = 1.40 (95% CI: 1.15 – 1.71) does that mean respondents with family history of suffering from cancer has the possibility of 1.43 times more experienced delays in seeking treatment to health services compared to respondents who do not have families with a history of cancer.
6. Cancer fatalism with value p < 0.001; RP = 3.95 (95% CI: 2.65 – 5.90) means that the respondents with high fatalism has the possibility of cancer 4 times more experienced delays in seeking treatment to health services compared to respondents with cancer fatalism.
7. The knowledge of the respondents with a value of p < 0.001; RP = 1.94 (CI 95%: 1.48 – 2.56) means that respondents with less good knowledge about cervical cancer has the possibility of 2 times more experienced delays in seeking treatment to health services compared to respondents who have a good knowledge,
8. Family support respondents with a value of p < 0.001; RP = 2.57 (95% CI: 1.98 – 3.33) means that the respondents who do not get the support of the family seek treatment has the possibility of 2.57 times more experienced delays in seeking treatment to health services compared to respondents have family support.
9. While the reference to a midwife post screening IVA has no influence on the delay in seeking treatment to health services with a value of p > 0.05.

MULTIVARIATE ANALYSIS

Based on Table 2 that variable is the education, social, economic, and family history of cancer fatalism to delay cervical cancer sufferers seek treatment into health services. Further variables do not affect issued from subsequent analysis and analysis results can be seen in Table 3. Based on table 3. It looks that all of the variables included in the analysis by method enter phase II has an impact on cervical cancer patients delay seeking treatment to the Ministry of health. Variables that influence most dominant is the cancer fetalism, followed by the lower socioeconomic and high parity is a protective factor in preventing delays in sufferers seek treatment into health services

DISCUSSION
DELAY CERVICAL CANCER SUFFERERS COMETO HEALTH SERVICES

The research shows that the Stadium when the respondent came looking for the majority of health services above = 2b (67.5) which means that most of the respondents are getting cancer treatment in health services at the stadium which is already advanced. The results of this study in accordance with the research done in 2013 where of 367 patients who are diagnosed with cervical cancer and 65.5% of sufferers come to seek treatment at an

No.	Variable	P	Exp (ß)	95% CI
1.	Age .	506	2.092	0.23 - 18.42
2.	Education .	791 .	707	0.05 - 9.20
3.	Parity .	002 .	008	0.00 - 0.17
4.	Socioeconomic .	006	66.758	3.37 - 1320.07
5.	Family history .	106	11.606	0.59 – 227
6.	Cancer fatalism .	006	280.140	5.13 – 15302
7.	Knowledge .	557 .	535	0.07 - 4.30
8.	Family Support .	995	2.1718	0.00 -

Table 3. Multivariate analysis of economic, social, education, family history of cancer and cancer fatalism with delays in seeking treatment into health services in a hospital center H. Adam malik 2015 (method enter phase ii)

advanced stage, namely stage IIb – the main complaint with the IVb stage presence of bleeding as much pervaginam 77.9% of cases. (Prandana, 2013), it supports the high mortality due to cervical cancer are associated with cervical cancer sufferers delay getting treatment in the health service, as many as 60-70% of patients seek treatment too late, so that at the time of initial cervical cancer sufferer diagnosed already in advanced stages.

Age

The results showed that age > 40 years has the possibility of 3 times more experienced delays in seeking treatment into health services in comparison with respondents aged = 40 years. It supports research and Siahpus Singh (2002) who found that women aged older 1.9 times greater disregard for health examination of to health came cervical cancer. Ostbye et al. (2003) says the perception that older women are associated with the risk for death played a role in their decision to conduct the search for cancer treatments. Women who have the perception that they have a greater life expectancy more seeking health services compared with women who have the perception of low life expectancy. Reasons to avoid health screening in women who are older can be caused by two reasons, namely those who are generally very or extremely optimistik. A very woman who who looks at life in poor considers that although the medical examination carried out they have no expectations or was too old to prevent cancer, otherwise a very optimistik woman has always believed that all the world is good or well so have hope always looked at as something of a medical examination is not required until health problems occurred already.

Education

Low education of respondents have likely suffered more delay time 1.49 seek treatment to health services compared to respondents who have a college education. Education has a direct influence on prevention by increasing awareness of the importance of conducting health checks on a regular basis and want to do the vetting (Harlan et al., 1991; Simoes, et al., 1999; Hamond, 2002 in Sabates and Feinstein, 2004). Supports research

results Mishra et al. (2001) which found that higher education has the possibility of doing more checkups pap smears and seek treatment if there is a suspicion in the early stages compared with those with low formal education. Arevian et al., (2006) States that health education programs about cervical cancer should be able to prevent the delay come to health service. Health promotion can prevent delays in both communities submitted orally or by various media such as brochures or printed media and also delivered from the mouth to the mouth, which can be accessed by all circles including by those who are educated, low can increase awareness so that women are encouraged to undertake an examination of cervical cancer and improving the coverage of cervical cancer handling at an early stage or at the time of early stage.

Parity

The parity that has more than 2 children the possibility of 1.45 times more experienced delays in seeking treatment to health services compared to respondents who have children are 2 or less. According to this researcher's assumptions with regard to the Affairs of women a priority in everyday life. The number of children that many seem to distract women to ignore his personal health and give precedence to the interests of children and families.

the respondents

Experienced a delay in seeking treatment to the Ministry of health. Freeman (1989) says social economic status with regards to how to prioritize sources that have for survival so that socioeconomic low is one of the important obstacles for supervisory activities. For people with low socioeconomic status requires a tremendous sacrifice to obtain and pay for health services so as to decrease the chance they have access to health services. However, in the analysis of the socioeconomic status, bivariat low have a meaningful relationship with delay in seeking treatment to sufferers medical services. But the results of this study in accordance with research Arevian et al. (2006) found that in women who were given a free screening cards do more screening than women who are not given a free screening card. Jamkesmas services, programs and health insurance rates in each pattern the enforcement service at the Hospital Center H Adam Malik resulted in low socioeconomic status into a protective factor in the delays in sufferers seek treatment into health services.

A Family History Of Cancer

Family history of suffering from cancer has the possibility of 1.40 times more experienced delays in seeking treatment to health services compared to respondents who do not have families with a history of cancer. The results of this study contradicts research Weinrich et al., (1995), who found had no family history of cancer is associated with poor compliance with screening and do women get treatment at early stage. McCaul and Tulloch (1999) says that a family history of cancer associated with more likely to seek treatment at an early stage. Family history of suffering from cancer can affect the decision they do checks through many ways, among others, through the advice of doctors, increasing feelings of vulnerability of individuals or increased anxiety due to cancer. Experience related to illness, recovery and special death happens to parents or siblings can add to the understanding of disease and the individual will change their perception of the risks of the disease so as to encourage them do screening and seek treatment early to minimize the threats they face and adds control of personal vulnerability a threat of disease. But in this study according to the assumptions of the researcher a feeling of fear of the risks the possibility of experiencing a

larger cancer experienced by respondents compared with the desire to minimize the threat that they face that results in the sufferer being late in getting treatment to the Ministry of health.

Cancer Fatalism

Cancer fatalism has high possibility of 4 times more experienced delays in seeking treatment to health services compared to respondents with cancer fatalism. Powe and Johnson (1995) States that fatalism is the view that customarily felt in life based on the belief that events in life is inevitable and the destiny is not determined by myself but by something the forces that are beyond the control of individuals, often determined by the forces of metaphysics like supernatural powers, the all-powerful ruler or God Almighty (Powe and Johnson, 1995). The research focused on women of African descent in the Americas with regard to slavery of fatalism estimates they experienced during some breeds so affects their belief that whatever happens in life good goodness nor malice as fate should they receive (Powe and Johnson, 1995).

It is not clear how Indonesia underwent fatalism but estimated to be influenced by the cultures that held mainly by people who still believe in the values of tradition. Some people still believe human life can not deviate from the path of destiny. The effort and endeavor of any kind will not be able to head off the line of fate. Some people the understanding of mengamini Indonesia so that tends to be skeptical in the digest changes that occur. They menyakini the life of the wheel back and forth on these forces cycle of birth, death, love and fortune are already governed by the Almighty. Everything happens or not, depend on the consent of the Lord Almighty, therefore, fatalistic attitude is perfect for people who are still very strong with receive acknowledge-understand that is traditional. Resigned to any Genesis live according to them is the chain reach the essential nature of humanity because they believe, God Almighty has already set the path of human life with the best. If any distress, torment and pain it is not only more trials for the good (Ekodiono, 2007). Bivariat analysis results showed cancer fatalism as a belief that affected respondents, have an impact on cervical cancer patients delay getting the treatment into health services. The results of this study in accordance with the research conducted by Chavez et al. (1997) which found that the conviction of time is one of the factors that influence the use of pap smears in women Latin immigrants in America. Chavez also suggested that fatalism is one major cause of the rejection of health promotion activities and the increased use of preventive services that are focused on individual behaviour change. The results of this research as well as discovered by Behbakht et al. (2004) who discovered cervical cancer sufferers who never did a cervical cancer screening before being diagnosed with cervical cancer cervical cancer is stated as the result of a bad fate. They expressed did not expectMgiven the information if they had cervical cancer. In addition, they were more convinced of the cancer as a punishment which resulted in death or as a punishment from God and holds very little they can do to prevent cancer. As a perspective, fatalism resulting from a complex psychology cycle marked by feelings of fear, the belief that what happened in the past, the present and the future has been set before, the attitude of looking bad in terms of lives (pessimism) and the belief that death is inevitable (Powe and Johnson, 1995).

According to Davidson et al. (1992) in Straughan and Seow (1998) fatalism is the belief that some health problems are beyond human control. This includes thoughts on luck, fate and destiny. Fatalism involves the destiny of, for example, there are some things in life including the emergence of the disease is severe, we will keep any natural effort that we do, so that women who are more time less pro-active in health improvement efforts because they are likely to experience low self capability. They did not participate in the screening and

ignore health although they've suffered health problems because they believe there is nothing that can be done to change their destiny.

Knowledge

The knowledge of the respondents less good about cervical cancer chances are 2 times more experienced delays in seeking treatment to health services compared to respondents who have a good mengetahuan. The lack of a level of knowledge of respondents about cervical cancer resulting in lack of vigilance that the conditions experienced by the disorder requires handling should be a priority.

Family Support If it does not get the support of the family the possibility of 2.57 times more experienced delays in seeking treatment to health services compared to respondents have family support. According to Sarwono (2003) support is an effort that is given to others, good moral or material to motivate that person in carrying out the activities. Bailon and Maglaya in Sudiharto (2007) stated, that the family is two or more individuals who join because of a blood relationship, marriage or adoption. They live in one household, do interaction with one another according to their respective roles, as well as creating and maintaining a culture. The family is a group of two or more persons who are in a sticky by bonds of blood, marriage, or adoption and residing together.

Family support is a process that occurs throughout his life, nature and type of support varies at each stage of the life cycle (Friedman, 1998). Sudiarto (2007), stating that each family member has a structure of formal and informal roles, for example the formal role father as head of the family and breadwinner. The informal role as father is a role model and protector of the family. Family structure includes the ability to communicate, the ability, the ability of sharing family support system between family members, self care ability and ability to resolve the problem. Family support is a verbal information, objectives, a real help or behavior that was given by people who are familiar with theM subject in the social environme or in the form of attendance and things that can give you an advantage or emotional influence on the behaviour of his acceptance. In this case people who feel social support, emotionally lieved to note, get advice or a pleasant impression on him.

According to Sarason in Zainudin (2002). Family support is an objection, the sadness, the concern of people who are dependat, appreciate and care for us. Cobb (2002) defines the family as a support the existence of comfort, attention, appreciation or help people with the attitude of accepting its conditions, support the family retrieved from individuals and groups. (Suparyanto, 2012). The absence of family support in seeking treatment is estimated to result in terlambatnya of respondents obtain the treatment into health services.

Reference A Midwife

References to the midwife post screening IVA has no influence on the de in seeking treatment to health service because the value p > 0.05. One of the major part in the Organization of health services the health is a reference. Health reference can be referred to as the handover of responsibility from one Ministry of health to other health services or as a system of organizing health services carry out pelimpahan the reciprocal responsibility of the one case of disease or health problem vertically (from units that are better able to handle), or horizontally (between the units ability level). That is, the reference system should be set up where and where a person with certain health disorders checked state of pain. The implementation of the reference system has been set up with a form of multilevel or tiered levels of healthcare, namely the first, second and third, which in practice does not stand alone but are on a system and are interconnected. In the primary health service cannot do the action

of primary level medical so he handed over the responsibility to the level of service on it, and so on.

When all constituents (Government, technology, transportation) are met then the process will go well and lay communities will soon be handled appropriately. In terms of the handling of cases of suspected cancer, the reference immediately is a necessity because of delays in handling means giving an opportunity for the cancer cells to grow rapidly without any handling. Hatmoko (2000), States that one of the purposes of the reference is making efforts of health services clinic curative and rehabilitative in nature in order to successfully and Sepik. In this case, the reference is required for diagnostic purposes sufferers consultation, treatment, operative actions and others. The sooner a suspected cancer cases were referred to the health kepelayanan more competent then the larger and the more opportunities a treatment that can be done. The absence of any reference to the influence of midwives in the delay of sufferers get treatment in the health service is probably because sufferers do not do screening to midwives but directly home aching or perhaps sufferers never get access to information about the threat of kenker cervix.

THE MOST DOMINANT FACTOR AFFECTINGTHE DELAY OF CERVICAL CANCERPATIENTSTO HEALTH SERVICES

Based on Multivariate analysis with logistic regressi double then the most dominant factor affecting the delay of cervical cancer patients to health care are Cancer fatalism high, low Socioeconomic and high parity Low education possibilities 1.49 times more experienced delays in seeking treatment to health services compared to respondents who have a college education, family history of cancerexperience the possibilities of 1.40 times more experienced delays in seeking treatment to health services compared to respondents who do not have families with a history of cancer. The respondents should have a family suffering from cancer better and know in terms of empirical experience in terms of the prevention of the occurrence of cervical cancer, so there happen to delay coming kepelayanan health. Respondents with high fatalism has the possibility of cancer 4 times more experienced delays in seeking treatment to health services compared to respondents with cancer fatalism is low, including in terms of Predeterminasi, Fear and Pessimism. While low socioeconomic factors into protective or preventing the respondents experienced a delay in seeking treatment kepelayanan health. In order to avoid delays in seeking treatment kepelayan health particularly cervical cancer respoden is important to know the maximum education.

CONCLUSION

There is an influence: age > 40 years, low education, parity is more than 2, low socioeconomic, family history of cancer, cancer fatalism, less family support knowledge are having cervical cancer against the delay in seeking treatment to the Ministry of health. There is no reference to the influence of midwives in post skrening inspection visual inspection with acetic acid (IVA) in cervical cancer sufferers against the delay in seeking treatment to the Ministry of health. The logistic variables then regressi dominant influence of cervical cancer patients delay in seeking treatment to health care are Cancer fatalism high, low Socioeconomic and high parity.

SUGGESTIONS

1. The need for prevention efforts or care of cervical cancer, so that people do not come at an advanced stage. Needs to be done skrening or early detection through IVA test.
2. Do the health promotion designed to increase the awareness of awareness about cervical cancer and the importance of cancer screening is done cervical. health promotion may involve community leaders, religious figures and NGOs concerned with cervical cancer.
3. Health workers as educators can be more successfully minimize the beliefs of fatalism, including family support.
4. the need to increase public awareness through communication, Educational information, not only on families who have a family history but also potential suffering from cervical cancer.

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