

The Influence of Health Coaching on the Self Efficacy of Women of Childbearing Age in the Prevention of Cervical Cancer with Visual Inspection Acetic Acidate (IVA)

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Keywords: Health Coaching, Self-efficacy, Woman of Childbearing Age, Cervical Cancer Prevention.

Abstract: Introductions: Cervical cancer is the second leading cause of death in women after breast cancer, Mortality and morbidity rates increase continuously, this phenomenon occurs because IVA examination is rarely found in women of childbearing age. in women Low self-efficacy, lowers the commitment of society to prevent cervical cancer With Visual Inspection Acetic Acidate. Method: This research was a quasi-experiment study using pre and post control group design. A total of 70 responden from Puskesmas panagan pamekasan divided into 35 for the treatment group and 35 for the control group. The sampling method used was cluster sampling based on the area. The dependent variable was self-efficacy and health coaching was the independent variable. Data were taken with questionnaire and analysed by Wilcoxon signed rank test and Mann Whitney U test with significance level 0.05. Result: The results showed the value of pre-test and post test both in the health coaching group and the control group there is a significant difference this can be seen from the known value of Asymp.Sig. (2-tailed) for the health coaching group of 0,000 and the control group 0.001. but when compared to post test between both groups it is known that the average difference is 49.14 for health coaching group and 21.86 for control group where there is difference of difference of mean value equal to 27,28 points. By looking at the value of Asymp.Sig. of 0,000, where the value of Asymp.Sig. 0.000 <0.05, then there is a significant difference in self efficacy value between the health coaching group and the control group. Conclusion: It can be concluded that health coaching is effective in improving women of childbearing age (WUS)'s self-efficacy in the prevention of cervical cancer

1 BACKGROUND

Cervical cancer is the second leading cause of death in women after breast cancer, especially in developing countries. (Denny and Prendiville, 2015) states that cervical cancer is the second leading cause of death in women after breast cancer. Mortality and morbidity rates increase continuously, cases of cervical cancer are found to be more advanced and cause death in women (WHO, 2007). This phenomenon occurs because IVA examination is rarely found in women of childbearing age. They already came to health services in a state of illness so late to be treated, consequently the mortality and morbidity caused by cervical cancer increase continuously.

(Kolutek, Avci and Sevig, 2016) states that women come to health services already in a state of

illness and in advanced stage so that the mortality and morbidity caused by cervical cancer continues cancer increase continuously in the community. Dealing with it, it is necessary to prevent cervical cancer by performing IVA tests. According to the study (Rogers et al., 2008) that the mortality rate in women due to cervical cancer decreased significantly after screening. IVA examination in Indonesia is less than five percent (2.45%.) WHO (2007). Estimated number of cervical cancer patients in Indonesia in 2013 known East Java Province has the largest cancer patients that is 98,692 cases (Riskesda, 2013). Based on preliminary study in Panaguwen Puskesmas work area, health promotion about cervical cancer and IVA test have been done, only few women come to do IVA test, carrying the examination of IVA in 2017 as many as 5 from 341 women of childbearing age, and all found abuse fluoride and recommended therapy according to

doctor's instructions. In the previous year nobody did an IVA test. According to the study (Saleh et al., 2013) stated that from 200 participants After the IVA examination was found positive in 24/200 (12%) patients and Pap smears found 8 (4%). This means that IVA examination is more sensitive to early detection of cervical cancer and easier and more affordable.

Highly effective IVA screening contributes to lower mortality & morbidity associated with malignancy of cervical cancer. In some large clinical studies, IVA screening has shown clinical sensitivity ranging from 41% - 92%, nearing the standard of colposcopy. When compared with Pap-smear examination, IVA increases detection by up to 30%.

Provision of health coaching in women of childbearing age (WUS) is one method of education not only providing cognitive aspects but also psychomotoric and psychological aspects. Before Health Coaching respondents do not understand how to manage the disease, but after doing Health coaching patients understand how to manage in order to avoid recurrence (Crittenden, at al., 2017).

Health coaching is centered on the patient, where the selection of activity objectives is determined by the patient so that the patient is more involved, and there is a learning process which can influence the self efficacy that has a role in shaping the commitment and behavior of cervical cancer prevention. (Hermens et al., 2014) health coaching Personal Health coaching Systems is a great way to develop and maintain healthier behaviors. After educating cervical cancer and health awareness all respondents experienced increased knowledge of cervical cancer screening and willing to participate in screening (Lor., Al., 2014). Health promotion provides support in relation to healthy behaviors, and this leads to disease reduction and reduction of unhealthy behaviors such as smoking, drinking alcohol, fatigue, depression (West-Leuer, 2014). The visual inspection of cervical cancer with visual inspection acetate (IVA) in puskesmas panaguan pamekasan.

2 METHOD

This research was a quasi-experiment study using pre and post control group design. A total of 70 responden from Puskesmas panaguan pamekasan divided into 35 for the treatment group and 35 for the control group. The sampling method used was cluster sampling based on the area. The dependent

variable was self-efficacy and health coaching was the independent variable. Data were taken with questionnaire and analysed by Wilcoxon signed rank test and Mann Whitney U test with significance level 0.05. The research design used in this research is the type of quantitative research with Quasi experimental design, that is the research that gives treatment or intervention on the research subject then the effect of the treatment is measured and analyzed. The research templates used were pre-test and post-test with control group design. This design was used to compare the results of health coaching interventions on women of childbearing age in the group measured before and after intervention. In the implementation of the research the treatment group was given a health coaching on cervical cancer prevention behavior with IVA method, while the control group only followed the standard of Puskesmas.

3 RESULT

The population in this study are women of reproductive age who are married and who are in the working area of Panaguwen Puskesmas.

Based on the above "Test Statistics" output, it is known Asymp.Sig. (2-tailed) is worth 0,000. Since the 0.000 value is less than <0.05, it can be concluded that "Ha is accepted". This means that there is a difference in self efficacy before the Health Coaching action is given after being given Health Coaching action on the treatment group. so it can be concluded also that "there is influence Health Coaching on self efficacy in treatment group. In addition to knowing the magnitude of the improvement of health coacing intervention results

Table 1: Different test before and after action of Health Coacing on treatment group

	Post test - Pre test Self-efficacy group Health Coacing
Z	-4.927 ^b
Asymp. Sig. (2-tailed)	.000
a. Wilcoxon Signed Ranks Test	
b. Based on negative ranks.	

Table 2: Self efficacy of treatment group

		N	Mean Rank	Sum of Ranks
Post test- Pre test Self-efficacy group Health Coacing	Negative Ranks	0 ^a	.00	.00
	Positive Ranks	31 ^b	16.00	496.00
	Ties	4 ^c		
	Total	35		

Table 3: Statistic result of treatment group

	Post Tests - Pre-test Self-efficacy Control Group
Z	-3.464 ^b
Asymp. Sig. (2-tailed)	.001

Table 4: Pre and Post test on control group

		N	Mean Rank	Sum of Ranks
Post Tests Self-efficacy Control Group	Negative Ranks	0 ^a	.00	.00
	Positive Ranks	12 ^b	6.50	78.00
Pre-test Self-efficacy Control Group	Ties	23 ^c		
	Total	35		

Table 5: Statistic test of treatment and control group

	Group	N	Mean Rank	Sum of Ranks
Post self-efficacy	Health Coacing	35	49.14	1720.00
	Control	35	21.86	765.00
	Total	70		

Table 6: Mann-whitney test of treatment dan control group

	post self efficacy
Mann-Whitney U	135.000

can be seen from the ftable 2.

Based on the value of Positive Ranks Pre Test and Post Test of respondents experienced

improvement of self efficacy from Pre Test to Post Test value, with the average increase is 16.0.

Based on the table 3 "Test Statistics" output, it is known Asymp.Sig. (2-tailed) is worth 0,000. Since the value of 0.001 is less than <0.05, it can be concluded that "Ha is accepted". This means that there are differences in self efficacy in the control group.

In addition to knowing the magnitude of effusions of pre and post results in the control group can be seen from the table 4.

Based on the value of Positive Ranks Pre Test and Post Test of respondents experienced improvement of self efficacy from Pre Test to Post Test value, with the average increase is 6.50.

Based on Mean Rank value post self efficacy test in helath coacing group with control group table 5 known average difference of 49.14 for health coaching group and 21.86 for control group which happened difference difference of mean value equal to 27,28, while to know whether the difference is significant or not seen from nilia P (Asymp Sig. (2-tailed) in the table 6:

Based on the above table, the value of Asymp.Sig is known. of 0,000, due to the value of Asymp.Sig. 0.000 <0,05, hence there is significant difference of self efficacy value between treatment group and control group. So it can be concluded that there is influence Health Coacing on self efficacy in women of childbearing age in doing cervical cancer prevention with Visual Acetate Inspection method (IVA).

4 DISCUSSION

Based on the result, the difference of self-efficacy level of treatment group on pretest and posttest through Wilcoxon test showed p value <0.05, beside that in Mann Whitney test to see difference of posttest result between treatment group and control group got p value <0,05 which mean H1 accepted that there is influence of health coaching to increase self-efficacy of woman of child-bearing age in prevention of cervical cancer in work area of Puskesmas panaguan the 35 respondents in the intervention group, there were 19 respondents who did IVA examination, and the result of IVA examination found that 6 respondents positive IVA and 1 respondent found lumps on the uterine wall of large and small size, 1 respondent whitish with infection, and 4 respondents found regular whitenss without the presence of infection, the rest is 7 respondents stated normal, for respondents who have

problems on IVA examination directly followed up by a specialist obstetric disease (Obgen), while 16 respondents who did not do IVA examination, 6 of them were not allowed by her husbands, 5 of them at the time of examination before the IVA test, respondents was declared menstruation so they did not do IVA test, and 5 others resigned at the time of IVA examination, for fear of known their illness

Based on the Pender theory there are 2 basic assumptions underlying health coaching: first the health worker as part of the environment will affect the person and the second is that each individual will actively regulate his own behavior (Alligood, 2014). The principle of health coaching is to help the respondent self-regulate to change his behavior where according to the Pender theory by changing the affective status of a person will increase the self-efficacy of the person (Gale, 2012). health coaching contributes to care, patient planning and physician activation as well as leadership development (National Health Service, 2014). Individuals take active and anticipatory action to eliminate or mitigate harm by placing themselves directly on existing circumstances and taking action in accordance with what has been done by people who have experienced before (Yunitasari, 2016)

Based on data analysis, the result of self-efficacy is increasing. This is in accordance with the opinion of Gale (2012) which states the goal of health coaching is to improve self-efficacy. Mechanism of the increase of self-efficacy during health coaching begins with the determination of goals together with researchers and respondents in implementing the prevention of cervical cancer with IVA action method.

5 CONCLUSIONS

Health coaching effectively improves self-efficacy in the prevention of cervical cancer by IVA method with realistic goal selection mechanisms as well as lowering HIT and increasing HET which is a form of affective response that determines the level of one's self-efficacy.

Respondents are advised to always conduct a clean and healthy lifestyle by routinely performing the correct vulva hygiene and immediately replace the pads at the time of menstruation and perform IVA tests for early detection of cervical cancer. Health coaching to momodify healthy lifestyles, study results show that patient participation in health

management is necessary (Crittenden, Seibenhener and Hamilton). Health Coaching is designed to promote a healthy lifestyle and prevent T2DM, whereby Health Coaching is provided with a Via Cell Phone method provided to adolescents to reduce the risk of T2DM, via via telephone health coaching is given as a healthy lifestyle change (Jefferson et al., 2011). Nurses are advised to use health coaching as an alternative method in implementing health promotion programs in the prevention of cervical cancer as well as other cases. The researcher is then expected to conduct research with health coaching as well as to examine other aspects of behavioral and affective behavioral cognition domains which include benefit of action, barrier, action, activity related affect, interpersonal influence, and situational influence.

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