Detection of Cervical Cancer Among Female Sex Workers

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ABSTRACT

Cervical cancer is successfully treated when found early and followed by adequate treatment. Herein, the purpose of the research was to identify the risk of cervical cancer incidence using Ananto Sidohutomo's questionnaire and Pap smear, which can detect the incidence of cervical cancer in female sex workers (FSW). The research used descriptive method with a sample of 30 female sex workers who checked their health atMawar Clinic. It was carried out from March to October 2015. The results show that all samples were included in the high risk category and the Pap smear result was negative for intraepithelial lesion or malignancy, which means abnormal cervical cells were not found, but Candida albicans, Bacterial Vaginosisis, and Cervixitis were found. Normal cells do not directly become cancerous cells, but first turn into abnormal cells. The change from normal to abnormal cells can be caused by exposure to germs, infections, fungi, and the like. It is suggested that preventive measures be taken to avoid cervical cancer by taking part in the screening program recommended for cervical cancer according to WHO.

Keywords: Cervical cancer, Screening

INTRODUCTION

Cervical cancer is a type of malignancy or neoplasm located in the cervical area, the cervical region, or cervix.[1] Some of the risk factors that cause cervical dysplasia and cervical cancer are having sexual activity at an early age (under the age of 18 years) and sexual behaviors with multiple partners. It should be noted that not only multiple sexual partnersof the women that play a major part in the occurrence of cervical cancer, but the multiple sexual partners of the male counterpart also play an important role. World Health Organization (WHO) stated that cervical cancer is currently ranked first among the various types of cancer that cause deaths among women in the world. Cervical cancer in Indonesia also ranked first among all diseases caused by cancer in Indonesia.[2]

The high number of cases of cervical cancer is due to limited access to screening and treatment and the fact that there are still many women in Indonesia who are less informed about and have limited access to cervical cancer services. This is due to the low economic level and the women's lack of knowledge about screening.[3]

According to Ananto Sidohutomo, one affordable and convenient way to check the level of risk for cervical cancer is to use the card of early detection of cervical cancer risks.[5] Sidohutomo warned though that the questionnaire could not replace doctors' diagnosis. However, it can be a means of prevention before the condition gets worse. If cervical cancer can be prevented, it will not be a "killer machine" among women.[5]

Female sex workers (FSW) are very susceptible to cervical cancer, since one of the causes of cervical cancer is the presence of sexually transmitted infections (STIs).Therefore, female sex workers should also get good services, both inaccessing informationand getting examination, to detect the presence of cervical cancer, so that the next steps can be taken before the cancer gets worse.

Mawar Clinic is one of the clinics that developan integrated and comprehensive service program in the prevention and services of sexually transmitted infections (STIs). Based on the result of STI examination to a number of female sex workers, about 99% of them had suffered from STIs. This shows a low level of condom use during sexual transactions (about 21%, consistentlyfor 6 months) and the difficulty to change the behavior of accessing the right services (about 31% of the female sex workers accessed the correct Clinical services).

Looking at the data, the present research becomes important, considering the danger of cervical cancer can threaten every woman at all times, especially female sex workers (FSW) who have frequent sexual activity and

often switch partners; thus,making them at highrisk to contract sexually transmitted diseases that can stimulate changes to the cervix and trigger a very high risk of cervical cancer. Herein, the researchers are interested in conducting research on "Detection of cervical cancer amongfemale sex workers at Rose Clinic, PKBI (Indonesian Planned Parenthood Association/IPPA), West Java."

The problem of this research is formulated as follow: "What is the rate of cervical cancer risks in female sex workers (WPS)?", and the research attempts to determine the risks of cervical cancer in female sex workers, with the specific purposes of: 1) identifying the risk of cervical cancer incidence using Ananto Sidohutomo's questionnaire, 2) identifying the risk of cervical cancer incidence using Pap smears.

METHODS

The population in this research was all female sex workers, while the sample consisted of 30 female sex workers who checked their health at Mawar Clinic. The research was conducted from March to October 2015. The sample of this research filled out a questionnaire about early detection of cervical cancer made by the managing partner of A & A Bidadari Consulting, Ananto Sidohutomo. Based on the results of the questionnaire, a group of female sex workers who were at high risk of cervical cancer was determined, and followed up by Pap smear examination. Data analyzed descriptively by using frequency and percentage.[6]

RESULTS

Table1. Distribution of Early Detection Score based on Ananto Sidohutomo

Classification of Early Detection	Total	Percentage
Alert	0	0
High Risk	30	100
Suspicion of Malignancy	0	0
Total	30	100

As indicated by table 1 above, the entire 30 samples of female sex workers (100%) belonged to the category of having a "high-risk" of cervical cancer.

Table 2. Distribution of Pap smear Result

Pap Smear Results	Total	Percentage
Negative for Intraepithelial Lesion or Malignancy	30	100
Positive for Intraepithelial Lesion or Malignancy	0	0
Total	30	100

Based on table 2 above, it can be seen that the whole 30 samples of female sex workers (100%) belonged to the category of Negative for Intraepithelial Lesion or Malignancy.

DISCUSSION

The results showed that all samples were included under the high-risk category and Pap smear results indicated that the samples were found to be negative for Intraepithelial Lesion or Malignancy, which means that no abnormal cells were found, but Candida albicans, Bacterial Vaginosisis, and Cervixitis were found.

The risk of cervical cancer occurrence that is caused by multiple sexual partners should be considered not only from the female side, but also the male side. Normal cells do not turn directly into cancerous cells, but they first turn into abnormal cells. The change of normal cells to abnormal cells can be caused by exposure to germs, infections, fungi, and so on. Knowing these various causes, women can take measures to avoid cervical cancer.

CONCLUSION

All samples were categorized into being at "high risk"for cervical cancer and Pap smear indicated negative for intraepithelial lesion or malignancy.

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