

RESEARCH METHODOLOGY

PAR (PARTICIPATORY ACTION RESEARCH) METHOD IN CERVICAL CANCER PREVENTION THROUGH EMPOWERMENT OF WUS (WOMEN OF CHILDBEARING AGE)

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Preliminary

Research methodology is a set of activities, rules and procedures used by researchers of a scientific discipline. Methodology is also a theoretical analysis of a method or method. Research is a systematic presentation with the aim of increasing knowledge, which consists of a theoretical analysis of the body of methods and principles associated with this branch of knowledge. Usually includes concepts such as paradigms, theoretical models, quantitative or qualitative phases and techniques [1][2]

The methodology is a systematic theoretical analysis of the methods applied to the field of study, about the methods, philosophical and analytical considerations based on the suitability and logical limits of various approaches and perspectives on research, in this case the PAR method in cervical cancer prevention through WUS empowerment [3][4].

Empowerment essentially aims to help clients gain power, strength and ability in making decisions and actions related to the client's self, including reducing personal and social obstacles in taking action [5]. Empowerment of women is an effort to improve and strengthen women in the social, economic, political and legal fields that can guarantee equal rights for women. [6]

The PAR method in this study was carried out in the working area of the Padang Bulan Health Center for WUS women, both the Perwiritan and Moria groups (religious groups). The selection of the location through the initial survey of the study found limitations in running the cervical cancer early detection program at the Puskesmas, the lack of KIE providers (Communication, Information, Education) and limited operational funds so that it was necessary to empower WUS on cervical cancer prevention.

Implementation of empowerment using the PAR (Participatory Action Research) method, starting with conducting social research which aims to find problems, identify potential, analyze problems and potentials, choose problem solving solutions and intervene on problems together with women of childbearing age (WUS)

Participatory Action Research is an inevitable conscious intervention in social situations. PAR-based research is designed to examine something in order to change and make an improvement [7] PAR is a cycle (cycle), namely participation, research and action. The results of research that have been carried out in a participatory manner are implemented into action. Actions based on proper participatory research will be right on target. On the other hand, actions that do not have a basic problem and condition of the actual research subject will be counter-productive [8]

However, after the action does not mean that it just goes away, but continues with evaluation and reflection which then becomes material for researching the condition of the research subject after the action. And so on until then it becomes something steady. By Stephen Kemmis the process of action research is described in a cyclical model like a spiral. The PAR conducted in this study consisted of 2 (two) cycles with 5 (five) stages, which were preceded by social research.[9]

Discussion

PAR Method in Cervical Cancer Prevention Through Empowerment of WUS

WUS empowerment is an effort to make WUS independent through their potential capabilities, so they can improve their quality to be empowered and independent in early detection and prevention of cervical cancer [10]

Community empowerment is also a continuous cyclical process, a participatory process in which community members work together in formal and informal groups to share knowledge and experiences and strive to achieve common goals, community empowerment is more of a process. Empowerment is the process of providing information to individuals, families or groups (clients) continuously and continuously following the client's development, as well as the process of helping clients, so that the client changes from not knowing or being aware (knowledge aspect), from knowing to wanting (attitude aspect).) and from willing to be able to carry out the introduced

behavior (practice aspect). Empowerment targets can be carried out on; a) individual; b) family, and c) group/community [11][12]

Community empowerment is a process to raise awareness, willingness, ability to maintain and improve the health of individuals, groups and communities by taking an action or attitude of healthy behavior where the community takes the initiative to start the process of social activities [13][14]

Community empowerment can only occur if its citizens participate. Participatory Research or participatory research is a combination of social research, educational work and political action using the concept of participatory research in the context of historical materialist methodology, which is defined as research organized through democratic interactions between researchers and oppressed classes of people and takes the form of a dialectical unification of theory and practice. reciprocally between researchers and the oppressed class [15]

Cervical cancer is a primary malignant tumor originating from squamous epithelial cells, which occurs in the cervix or cervix, an area in the female reproductive organs which is the entrance to the uterus, located between the uterus and the vaginal opening [16] Nearly 90% of cervical cancers are caused by the human papilloma virus (HPV), which usually occurs through sexually transmitted diseases (STDs), and has been proven to cause cervical cancer, which can take up to 20-30 years later. HPV infection most often occurs in the 18-28 year age group [17] Cancer cells can spread upward to the lower part of the uterus, downward to involve the vagina, and to the periphery through the cervix to involve the viscera [16] [18]

Cancer prevention can be defined as the introduction of various causative factors, especially risk factors and efforts to avoid risk factors, reduce exposure and increase body resistance to carcinogenic substances, foster healthy lifestyles.

Participatory Action Research (PAR) is a study that actively involves all relevant parties (stakeholders) in reviewing ongoing actions (where the experience of WUS is a problem in cervical cancer prevention) in order to make changes and improvements for the better [10]

PAR is a way of strengthening people (in this case WUS) through self-awareness to take effective actions towards improving their living conditions [19] PAR is research that actively involves all relevant parties (stakeholders) in reviewing ongoing actions (where their own practice is a problem) in order to make changes and improvements for the better. Must carry out critical reflection on historical, political, cultural, economic, geographical and other related contexts. Underlying doing PAR is our need to get the desired changes [10]

PAR consists of three words that are always related, such as cycles, namely participation, research, and action. The results of research that have been carried out in a participatory manner are then implemented into action. Actions based on proper participatory research will be right on target. On the other hand, actions that do not have a basic problem and condition of the actual research subject will be counter-productive. However, after the action, it does not mean just giving up, but continuing with evaluation and reflection which then becomes material for researching the condition of the research subject after the action. And so on until then it becomes something steady. By Stephen Kemmis (2013), the action research process is described in a cyclical model like a spiral. Each cycle has four stages, namely planning, action, observation, and reflection. PAR is an inevitable conscious intervention in social situations. PAR-based research is designed to examine something in order to change and make improvements to it [20]

Method of Collecting Data

Data collection techniques are carried out:

a. Interview

Interviews were conducted to collect and obtain information directly from the source. This study uses informal interview techniques, in-depth interviews and focused interviews. In-depth interviews were conducted to determine the knowledge of WUS attitudes and actions towards cervical cancer prevention before and after empowerment, which ended with evaluation and reflection.

b. Observation technique

Observations were made to see WUS activities accurately, to record emerging phenomena and to consider the relationship between aspects of the phenomenon. Observations are made in order to gain understanding to find problems, identify potentials and problem-solving solutions. Researcher observations can reflect thoughts, experiences, especially to informants/research subjects who are less aware of it. Observations include environmental conditions, expressions and behavior during observation. Observations were made during the PAR intervention to see the sensitivity, the situation where the PAR took place and the actions after PAR (evaluation).

c. FGD (Focus Group Discussion) or Focus Group Discussion

FGDs were conducted for the systematic collection of data and information regarding problem solving solutions through group discussions. This FGD was conducted to explore the potential

and choose a solution to the problem of cervical cancer prevention from WUS, by WUS and For WUS. The stages of the FGD carried out were exploring the potential, habits, beliefs of WUS and problem solving solutions. FGDs were conducted 2 times, with details once for the Perwiritan group and once for the Moria group. The FGD was conducted at the house of one of the informants. The place for the FGD was chosen in a neutral, comfortable, safe, not noisy place. The participant's sitting position is relaxed and in the form of a semicircle with the moderator's position as the focus. How to conduct FGD by way of brainstorming, discussion and question and answer. The liaisons for FGD participants are health cadres who know the surrounding WUS, contact and ensure the participation of FGD participants. The FGD activities were immediately invited by WUS as the leader of the group, thus WUS became more participatory. Researchers as technical implementers and drafters in the ongoing FGD.

Research Procedure

The procedure for collecting data in this research activity was carried out in the following stages:

1. Stage of preparation:

The preparation stage includes preparing facilities and infrastructure that support this research activity such as research permits from the Medan City Health Office and the Medan City Government, coordination with the midwives of the Puskesmas, Kelurahan, PKK mothers, the head of Perwiritan and the head of Moria, pocket books, leaflets and officers who help. in the research process

2. Stages of Planning and Implementation of Empowerment with PAR

Empowerment with PAR begins with social research that aims to conduct community-based analysis of social issues and orientation towards action, with the following process

1 Found a problem

Finding problems and recognizing potential is at the core of community empowerment. We stick to the concept and fully understand the needs of the community and the problems it faces. Some of the problems explored include:

- a) Various factors in the dimensions of Women of Childbearing Age including age, education, occupation, marital status, married several times, involvement in decision making, freedom to choose health facilities, sources of information about cervical cancer and WUS perception of themselves and cervical cancer prevention including risk factors occurrence of cervical cancer.
- b) The relationship of the powerlessness of WUS to reproductive health, especially the prevention of cervical cancer. Such as limitations in obtaining information about Cervical Cancer, limitations in conducting IVA/Pasmear (limited costs), limitations in time or distance to health services.
- c) Views or perceptions about reproductive health, especially cervical cancer prevention including risk factors: having sex at an early age, sexual partners in many people, low economic status (may not be able to pay for regular Pap smears), sexual partners who change partners or who participate in high-risk sexual activities, weakened immune system, smoking habits, large number of children, use of contraception.
- d) The pattern of delays in recognizing problems, making decisions, referring and getting treatment. The role of nuclear family members, extended families and the community in reproductive health, especially in the prevention of cervical cancer
- e) Health behavior including the use of health facilities, prevention of cervical cancer based on culture.
- f) Other matters related to research such as local government policies on cervical cancer prevention, religious and cultural views, local cultural contexts, oriented to cervical cancer prevention to detect problems inductively so as to minimize the influence of conceptualization.

2 Analyze the problem

Problems have been found, then analyzed and explored the potential that exists in the group (the ability to handle WUS problems themselves)

3 Recognizing Potential and Selecting Troubleshooting Solutions

Choosing a problem solving solution is done by making a SWOT analysis (strength = strength, Weakness = weakness, Opportunity = opportunity, trthough = challenge). From the problems obtained, it is possible to explore the potential that exists in the WUS group with the following details

- a) Strengths of the potential or resources, skills or advantages possessed by WUS that can be explored to be able to participate in cervical cancer prevention
- b) Weaknesses, limitations or deficiencies in community resources (health workers), skills and capabilities that effectively hinder the performance of health workers, especially in the prevention of cervical cancer
- c) Opportunities there are important favorable situations in the WUS environment, trends are opportunities such as technological changes, increasing relations between health workers and the community, in this case WUS
- d) Threats of an important unfavorable situation in the WUS environment. Threats are a major nuisance to the current or desired position of health services in the future.
- e) Choosing a problem-solving solution, in the first cycle, just live it as it is at the research location. In the second cycle, WUS may offer something for researchers to be empowered. It is hoped that WUS will be more active than researchers, meaning that the portion of researchers will be smaller, which means that the success criteria: “sensitive...” have started to exist. This means whether WUS has a strong sensitivity to cervical cancer and early detection and there is a desire to carry out early detection of cervical cancer prevention in WUS. Maybe there are WUS who are aware of going to health services for IVA / Pap smears sendiri

4 Planning for Change (intervention)

Planning changes (interventions) with the solutions that have been chosen together. Before making changes (solutions or interventions) measurements are carried out on WUS knowledge, attitudes and actions (pre test).

5 Carry out and observe the process and the consequences of change

Implement the changes (solutions) that have been selected. Various solutions that have been selected are carried out together and observe the reaction or response of WUS to the solutions (interventions) implemented. Before empowerment, perhaps one or two WUS people had an IVA or Pap smear. After empowerment, there may be 10 or 15 or more mothers who want an IVA or Pap smear test or there is a positive response from WUS. If the WUS reaction or response is lacking, then a re-planning of changes or solutions is carried out.

6 Analyzing Problems in Cycle I, Replanning, Intervention and re-observing, Reviewing and Evaluation (CYCLE II)

Analyzing Problems in Cycle I, Re-planning, Intervention and re-observation, Reviewing and Evaluation (CYCLE II), can be seen as below

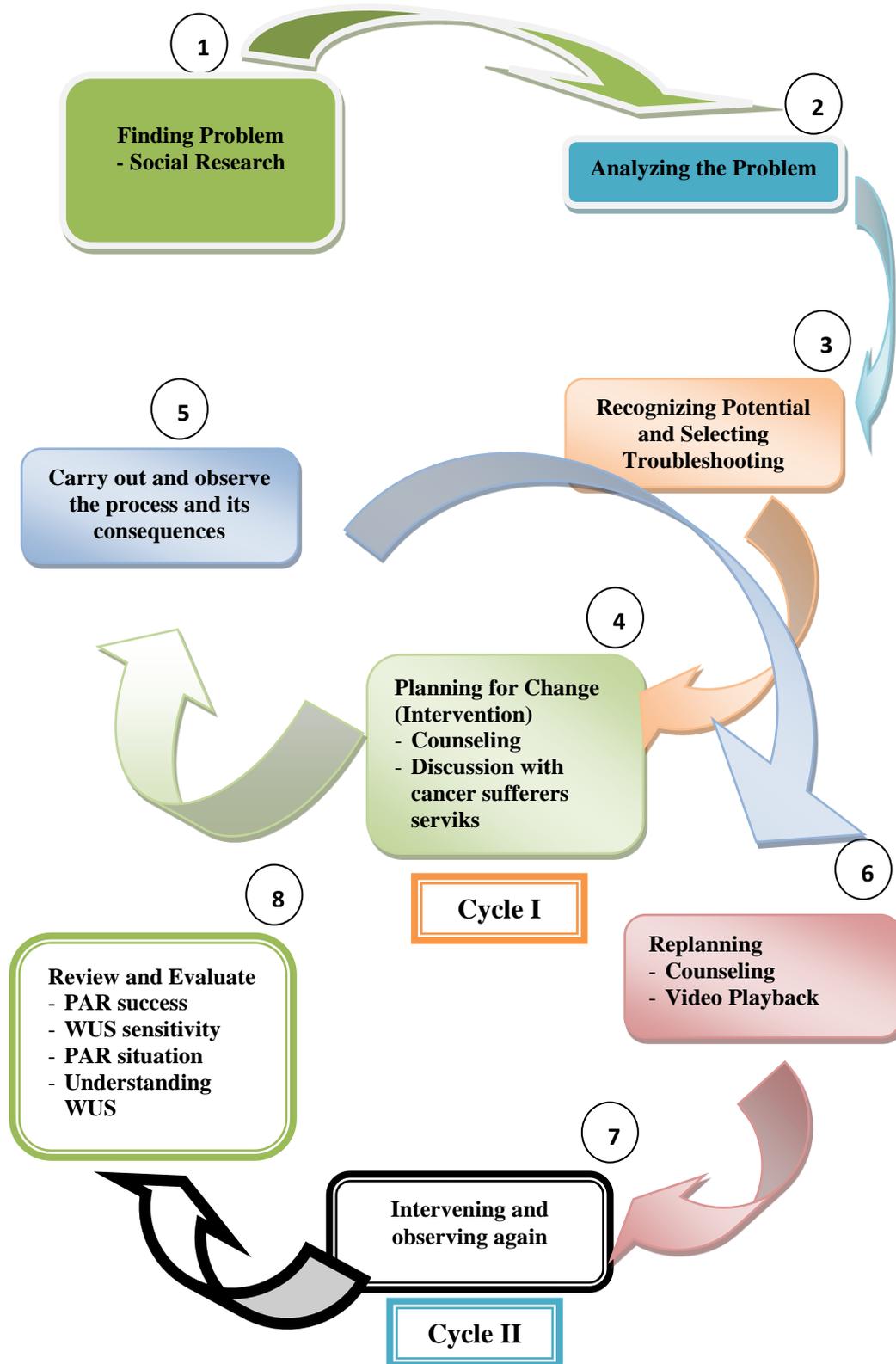


Figure : Schematic of Research Flow (Intervention Process)

Research Participants

The participants in this study were WUS in the Perwiritan and Moria groups in Titi Chain Village, Padang Bulan Public Health Center, Medan. Informants in the implementation of social research amounted to 11 people, namely 5 people in the Perwiritan group and 6 people in the Moria group.

Participants selected at this stage, WUS who are in Perwiritan and Moria who have higher education and low education, who have not had their IVA or Papsmear checked at all and who have been examined but have been examined more than five years ago, WUS should have had an examination IVA or Pap smear but did not do it, mothers who have many children, mothers whose husbands work as drivers. Informants from health workers are 2 people, namely the midwife who is in charge of the IVA implementation and the obgyn doctor at the Puskesmas.

Participants in the evaluation or reflection stage were 11 people, namely 5 people from the Perwiritan and 6 people from the Moria group, namely mothers who did not ask during the implementation, mothers who had been examined, mothers who had never been examined, mothers who were less enthusiastic in carrying out activities. Participants for FGD activities at Perwiritan were 9 people, namely: 1 person from the head of the Perwiritan, 2 health cadres, 1 person from the Puskesmas staff. The most active members of the Perwiritan group are 4 people and the PKK mother is 1 person.

There were 10 participants for the FGD activity in Moria, namely Moria Runggun 2, the 4 most active participants from the Moria group, 2 health cadres, 1 Puskesmas officer and 1 PKK mother.

Researchers conduct social research that aims to find and explain problems, analyze problems and potentials, choose community-based problem solving solutions to social problems and orientation towards action with the process of cervical cancer prevention in the Moria group in the Padang Bulan Public Health Center, Medan.

Researchers explore issues related to WUS empowerment in cervical cancer prevention at the research locus. The implementation of WUS empowerment in cervical cancer prevention is expected to be able to encourage the creation of a dynamic participatory social system, which can increase WUS capacity not only in terms of knowledge, attitudes and actions but also habituation of ways of thinking and acting with self-awareness. culture that can be passed down from generation to generation and the surrounding environment.

Empowerment begins with social research to find problems, identify potentials, analyze problems and potentials, choose problem solving solutions and intervene on problems together with women of childbearing age (WUS).

The PAR method in preventing cervical cancer through WUS empowerment showed that the Implementation of WUS Empowerment with the PAR method in the Padang Health Center work area in Medan

WUS has become more active meaning the success criteria: "sensitive" already exists. This means that WUS has a strong sensitivity to cervical cancer prevention and early detection and WUS already has a desire and wants to check health services. WUS has realized that they have to go to the health service themselves to do an IVA/Papsmear. Researchers continue to monitor the implementation of early detection of cervical cancer, both VIA and Pap smears. In certain activities at the Padang Bulan Health Center, researchers are still invited by IVA officers to urge the Perwiritan and Moria groups, especially those who have not done the IVA examination, to participate.

Strong WUS sensitivity to early detection of cervical cancer, Improved WUS understanding (WUS knowledge and attitudes) and the situation where PAR (Participatory Action Research) takes place where WUS actively participates and participates in cervical cancer prevention.

Carrying out activities (changes) that have been decided together by intervening in WUS through empowerment in increasing knowledge, attitudes and actions, in general there is a significant change where most of WUS are willing to come to health services with their own awareness (have done VIA examination or Pap smear 90 %). The results of the study show that empowerment can increase knowledge and awareness of women of childbearing age in preventing cervical cancer. Empowerment can increase positive attitudes and motivate WUS towards cervical cancer prevention. There was a positive action through the empowerment of WUS in the prevention of cervical cancer. Empowerment can improve the behavior or actions of women of childbearing age towards cervical cancer prevention and can control or reduce the high incidence of cervical cancer.

Closing

WUS empowerment with PAR is effectively carried out as a method of increasing public awareness, so as to create a series of WUS empowerment in cervical cancer prevention.

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