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The Factors Related to the Interest of Women Chiildbearing Age (WUS) in Acetic Acid Visual Inspection (IVA) Screening in the Service Area of Puskesmas Gumelar Indonesia

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ABSTRACT

Cervical cancer is the fourth leading cause of cancer death worldwide. In Indonesia, it is estimated that 41 new cases of cervical cancer occur every day, and approximately 20 people die daily from the disease. Puskesmas (Community Healthcare Center) Gumelar has the lowest IVA screening rate in the Banyumas Regency, at 2.7%. To identify the factors related to the interest of women of childbearing age (WUS) in undergoing Acetic Acid Visual Inspection (IVA) screening in the service area of Pukesmas Gumelar. Method: This quantitative correlational study used a cross-sectional design. Where the independent variables (knowledge, attitudes, access to information, role of health cadres, and family support) and dependent variable (interest) are measured or collected simultaneously at one point in time. The instrument used was a questionnaire. The respondents were 90 women of childbearing age from five villages in the Gumelar district. This research uses qualitative data analysis and sampling techniques using probability sampling with proportionate random sampling technique. The factor most associated with interest in VIA examination is knowledge (p-value 0.001) followed by access to information (p-value 0.003), attitude (p-value 0.005), family support (p-value 0.006) and the unrelated factor is the role of health cadres (p-value 0.064). Factors such as knowledge, attitude, access to information, and family support are related to the low interest of women of childbearing age in undergoing IVA screening.

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1. INTRODUCTION

In the world, cancer is the second leading cause of death after cardiovascular disease. According to the Global Burden of Cancer (GLOBOCAN) 2020 [1] , the number of newly diagnosed cancer cases in 2020 was 19.3 million, and nearly 10.0 million died from cancer. GLOBOCAN predicts that the number of cancer cases will increase to 28.4 million by 2040. The highest types of cancer in women in the world are breast cancer (38 per 100,000 women) and cervical cancer (16 per 100,000 women) [2]. One of the biggest causes of death in women in Indonesia is cervical cancer. The incidence of cervical cancer in Indonesia is 0.8% or 23.4/100,000 population. Cervical cancer is the most common cancer and occupies the second position attacking women in Indonesia after breast cancer [3]. Data and WHO (2020) show the number of cases around 270,000 deaths, and

530,000 new cases per year. In developing countries, 85% of deaths occur due to cervical cancer, while in countries with low and middle economic levels deaths from cervical cancer are 18 times higher [4].

The incidence of cervical cancer in Central Java Province shows 1,545 cases, and in 2022 it will be 2,444 cases or an increase of 57.9%. In Banyumas district, the incidence rate of cervical cancer in 2022 was 2.1% of cases or 3/295 WUS suspected of cervical cancer [5]. Government efforts in order to reduce the incidence of cervical cancer are by conducting early detection through acetic acid visual inspection (VIA), papsmear, Thin Prep (Liquid Base Cytology) and colposcopy. Data from [6] up to 2022 from the results of VIA examinations have found 50,171 positive VIA and 5,847 suspected cervical cancer. Early detection of cervical cancer aims to increase knowledge about the health of reproductive organs and prevent disease progression if early symptoms of cervical cancer are found [24]. Delayed early detection is the main cause of the high incidence of cervical cancer in Indonesia. Patients with cervical cancer are generally detected at an advanced stage.

This is due to the low awareness of WUS to conduct early detection of cervical cancer through IVA examination. Data from the Indonesian Ministry of Health noted that only 8.3% of women aged 30-50 years had undergone early detection of cervical cancer using the IVA method [2]. In accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 29 of 2017 concerning breast cancer and cervical cancer prevention, cervical cancer screening efforts are carried out through acetic acid visual inspection (VIA) examinations, if the patient is positive, cryotherapy will be carried out or referred to the hospital [7]. According to the [3], the lowest coverage of VIA examination in Indonesia is 0.6%. This is influenced by factors of attitude, knowledge, education, husband and family support [8]. In addition, limited public visits to health workers due to the covid-19 pandemic is one of the factors that has resulted in reduced public awareness and vigilance about the importance of early detection of cervical cancer [9].

Efforts that can be made to increase public awareness of early examination of cervical cancer are by conducting counseling on the understanding of VIA examination, the purpose, benefits and methods of VIA examination [10]. Based on data from [11] regarding the coverage of early detection of cervical cancer using the VIA method, it was found that out of 40 health centers in Banyumas, the highest number of VIA examiners was found in Cilongok District, namely in Cilongok 1 health center with a total of 464 people who performed VIA examinations out of 466 women aged 30-50 years or 99.6%. Meanwhile, the lowest number of VIA examiners was found in Gumelar Health Center with 26 VIA examiners out of 955 women aged 30-50 years or 2.7%. Data from the Puskesmas of Gumelar, Banyumas Regency shows the incidence of cervical cancer from 2019-2021 is 1 new case per year and increases in 2022 to 2 cases.

In 2022, the coverage of VIA examination at the Gumelar Health Center was only 2.7% (26 people) of the target of 955 WUS. In 2019-2021, the target of VIA examination was 490 people, but the VIA examination program and mobile counseling on VIA examination did not run because it was hampered by the Covid-19 pandemic so that the coverage of VIA examination was 0%. The results of a preliminary study conducted at the Gumelar Health Center, Banyumas Regency, on 10 women aged 30-50 years who visited the health center. The results of the interview showed that the low interest of WUS in early detection of cervical cancer was influenced by embarrassment, discomfort, fear, and reluctance to perform IVA examination. In addition, lack of knowledge about early detection of cervical cancer and low family support are one of the factors causing the lack of awareness of WUS about cervical cancer detection. The source of information for WUS has only come from counseling, so that mothers are indifferent and lack understanding about VIA examination.

The VIA examination program at Puskesmas Gumelar has been free of charge, but the program has not provided satisfactory results because many WUS do not come. WUS who come to the health center to perform an IVA examination are mostly women with complaints of vaginal discharge. Some people also think that embarrassment causes a lack of interest in WUS in early detection of cervical cancer due to cultural and religious norms that prohibit showing the female area to others, fear of feeling pain on examination, and lack of family encouragement, especially husbands who consider VIA examination a taboo examination [8]. Interest is a sense of preference and a sense of attachment to a thing or activity without anyone commanding [12], the factors that influence WUS interest are knowledge, attitudes, access to information, and the role of husbands [8]. In addition, the results of [13] state that knowledge and husband support are factors that influence WUS's interest in performing VIA testing.

Based on the above background, the researcher is interested in taking the title of the study on “Factors Associated with the Interest of Women of Fertile Age (WUS) with Visual Inspection of Acetic Acid (VIA) in the Gumelar Health Center Working Area”.

2. RESEARCH METHOD

This study is a quantitative correlation study with a cross sectional design in which the independent and dependent variables are measured or collected together at one time. This study was conducted at the Gumelar Health Center in May-June 2024 with 90 respondents of fertile women (WUS). Inclusion criteria consisted of

WUS who were married or had had sexual intercourse, aged 20-49 years, registered in the puskesmas data and willing to become respondents. Exclusion criteria consisted of women who had experienced menopause at the age of <50 years, women who were not married or had sexual relations, women who were not present or were not present at the time the collection was carried out. The sampling technique uses probability sampling with proportional stratified random sampling technique. The research instrument used was a questionnaire. With the results of validity and reliability tests on each variable as follows: knowledge (p-value=0.001) attitude (p-value=0.005) access to information (p-value=0.003) role of health cadres (p-value=0.064) and family support (p-value=0.006).

The data analysis test in this study used the Chi-Square test. The ethics committee for this research comes from the Health Research Ethics Committee of the Muhammadiyah University of Purwokerto with registration number: KEPK/UMP/62/VII/2024.

3. RESULTS AND DISCUSSIONS

Based on **Table 1**, it is known that women of childbearing age in this study had an average age of 39 years with the youngest age being 31 years and the oldest age being 54 years. The last education of respondents in this study was mostly with a history of elementary school education. A total of 34 (37.8%) respondents had only elementary school education. A total of 30 (33.3%) respondents had junior high school education. A total of 19 (21.1%) respondents had a high school education and 7 (7.8%) respondents had a bachelor's degree. The occupation of the respondents in this study was mostly housewives, 61 (67.8%). 5 (5.6%) respondents have civil servant jobs while 24 (26.7%) respondents have private sector jobs.

Based on the **Table 2**, it is known that the level of knowledge of respondents towards IVA examination mostly has less knowledge as many as 69 (76.7%). The attitude of respondents towards IVA examination was found to be almost half the respondents had a poor attitude as many as 47 (54.8%). Access to information on IVA examination is also not good as many as 64 (71.2%) respondents stated that information requests were still lacking. The role of health cadres is quite good with the number of respondents who gave this statement as many as 67 (74.4%). Family support for IVA examination was obtained by half of the respondents 45 (50.0%) had less family support.

Based on **Table 3**, it was found that out of 67 respondents who had a sufficient level of knowledge, 52 respondents (57.8%) did not perform VIA. The statistical test results showed that the p-value = 0.001 means that there is a relationship between knowledge and VIA examination in the Gumelar Health Center Working Area. It was found that out of 41 respondents who had a less supportive attitude towards VIA, 35 respondents (38.9%) did not perform VIA. The statistical test results showed that the p-value = 0.005 means that there is a relationship between attitude and IVA examination in the Gumelar Health Center Working Area.

It was found that out of 67 respondents who stated that the role of health cadres was sufficient in providing information, 54 respondents (60.0%) did not perform VIA. The statistical test results showed that the p-value = 0.064 means that there is no relationship between the role of health cadres and VIA examination in the Gumelar Health Center Working Area.

It was found that out of 45 respondents who stated a lack of family support, 38 respondents (42.2%) did not perform VIA. The statistical test results showed that the p-value = 0.006 means that there is a relationship between family support and VIA examination in the Gumelar Health Center Working Area. Based on the **Table 4**, it is known that the most related factor between WUS interest and VIA examination is the knowledge factor with a p-value of 0.014. Based on the results of the logistic regression test, the variables in this study predict that the achievement of VIA examination is 86.7%. Respondents taken in this study were women of childbearing age (WUS) who had been married. Based on research conducted by [14] states that the requirements for conducting an IVA examination are women of childbearing age who are married or have had sexual intercourse.

Table 1. Characteristics of Respondents

Characteristics	Frequency	Percentage
Age	Mean	Min – Max
	39.39	31 – 54
Education		
Primary School	34	37.8
Junior High School	30	33.3
Senior High School	19	21.1
Bachelor	7	7.8
Job		
Housewife	61	67.8
Civil Servants	5	5.6

Characteristics	Frequency	Percentage
Self-employed	24	26.7
Total	**90**	**100.0**

Table 2. Frequency Distribution of Knowledge, Attitude, Access to Information, Role of Health Cadres, and Family Support of Women of Childbearing Age in the Working Area of Puskesmas Gumelar, Banyumas Regency, 2024

No	Variable	Total	%
1	**Knowledge Level**		
	Less	69	76.7
	Simply	17	18.9
	Good	4	4.4
2	**Attitude**		
	Less	47	54.8
	Simply	36	37.7
	Good	7	7.5
3	**Information Access**		
	Less	64	71.2
	Simply	13	14.4
	Good	13	14.4
4	**Role of Health Cadres**		
	Less	15	16.7
	Simply	67	74.4
	Good	8	8.9
5	**Family Support**		
	Less	45	50.0
	Simply	38	42.2
	Good	7	7.8
Total		90	100.0

From the results of the study, it is known that the age of fertile women in the working area of the Gumelar health center has an age range of 23-45 years. The majority of women of childbearing age are housewives, there are some WUS who work as entrepreneurs and civil servants. The average education of WUS only reaches elementary school level.

a. Relationship between Knowledge and Interest in VIA Examination in the Working Area of the Gumelar Health Center, Banyumas Regency, 2024

Knowledge is everything that is known, or understanding and awareness of something. The results of univarat analysis found that more than half of the respondents 69 (76.7%) had insufficient knowledge. Of the 67 respondents who had sufficient knowledge, 52 respondents (57.8%) did not perform VIA. Those with sufficient knowledge did not do VIA because most of them felt afraid and still thought that VIA examination was taboo and not really needed. In addition, some of them are also busy working so they don't usually take the time to do an IVA test at the Puskesmas [15]. From the research that has been done, the p-value = 0.001 <0.005 means that there is a relationship between knowledge and VIA examination.

Table 3. The relationship between knowledge, attitude, access to information, the role of health cadres, and family support with the interest of women in VIA examination in the Gumelar Health Center Working Area, Banyumas Regency, 2024

Variable	IVA				Total		*p-value*
	Not Do IVA		Do IVA				
	F	%	F	%	F	%	
Knowledge Level							
Less	15	16.7	2	2.2	4	100	0,001
Simply	52	57.8	17	18.9	69	100	
Good	0	0.0	4	4.4	17	100	
Attitude							
Less	35	38.9	6	6.7	41	100	0,005
Simply	30	33.3	12	13.3	42	100	
Good	2	2.2	5	5.6	7	100	

Variable	IVA				Total		*p-value*
	Not Do IVA		Do IVA				
	F	%	F	%	F	%	
Information Access							
Good	5	5.6	8	8.9	13	100	0,014
Simply	12	13.3	1	1.1	13	100	
Less	50	55.6	14	15.6	64	100	
Role of Health Cadres							
Less	9	10.0	6	6.7	15	100	0,064
Simply	54	60.0	13	14.4	67	100	
Good	4	4.4	4	4.4	8	100	
Family Support							
Less	22	24.4	16	17.8	38	100	0,006
Simply	38	42.2	7	7.8	45	100	
Good	7	7.8	0	0.0	7	100	

Table 4. Factors most associated with VIA examination in the Gumelar Health Center Working Area, Banyumas Regency, 2024

			95% CI for EXP (B)		
		Sig.	Exp(B)	Lower	Upper
Step 1	Role of Health Cadres	0.534	1.474	0.434	5.007
	Knowledge	0.013	9.939	1.631	60.566
	Information Access	0.020	4.593	1.272	16.593
	Family Support	0.020	0.259	0.083	0.811
	Attitude	0.035	3.146	1.084	9.128
Step 2	Knowledge	0.014	9.448	1.588	56.201
	Information Access	0.024	4.183	1.211	14.450
	Family Support	0.020	0.256	0.809	0.809
	Attitude	0.026	3.318	1.153	9.542
Total %					86.7

This study is in line with Riyanto's research (2020) that 175 (45.6%) WUS have insufficient knowledge about early examination of cervical cancer with the IVA method. Respondents' lack of knowledge is about the meaning of VIA and the benefits of VIA.

b. Relationship between Attitude and Interest in VIA Testing in the Working Area of the Gumelar Health Center, Banyumas Regency, 2024

Attitude is the way a person reacts to a stimulus or situation, or the tendency to react in a certain way. Based on the results of the research that has been done, it is found that most of the respondents 47 (54.8%) have a negative or less supportive attitude towards VIA examination. With the result of p-value = 0.005, it means that there is a relationship between attitude and interest in VIA examination. This study is in line with Achmad's research (2021), which shows that the results of the statistical analysis test obtained a p-value = 0.000, which means that there is a significant relationship between attitude and WUS behavior in conducting an examination for VIA. This study is in line with [16] that more respondents have a negative attitude 29 respondents (46.3%).

After conducting open interviews with several respondents, the reason they did not do the VIA examination was because they were embarrassed to check their female organs and also some respondents thought that those who did the examination were male health workers so they were reluctant to do the VIA examination. Attitude is a reaction or response that is still closed from a person to a stimulation or object, the manifestation of attitude cannot be directly seen, but can only be interpreted first from closed behavior, attitudes clearly indicate the connotation of the suitability of reactions to certain stimuli in everyday life [17].

c. Relationship between Access to Information and Interest in VIA Examination in the Working Area of the Gumelar Health Center, Banyumas Regency, 2024

Access to information is the convenience provided to a person or community to obtain the public information they need. Based on the results showed that most of the respondents 63 (70.0%) stated a lack of access to information about VIA examination. It was found that the p-value = 0.014 means that there is a relationship between access to information and interest in VIA examination. This result is in accordance with research conducted by (18), which shows that good access to information will support mothers to do VIA screening. From the results of the study, it was found that there was a significant relationship between access to

information and VIA visits at Puskesmas Simpang Tiga Pekanbaru in 2021 ($\rho = 0.000 < \alpha = 0.05$). Access to information is one of the factors supporting the growth of knowledge that WUS have about cervical cancer and how to detect it. This is in accordance with knowledge that can be obtained from experiences derived from various sources of information so that it can form a belief for a person [17].

Information about cervical cancer and VIA examination can be obtained from midwives, cadres or other health workers. Access to information is one of the predisposing factors to increase knowledge about cervical cancer in WUS to perform VIA examination. WUS who get good access to information tend to find it easy to know things about VIA examination.

d. Relationship between the Role of Health Cadres and Interest in VIA Testing in the Working Area of the Gumelar Health Center, Banyumas Regency, 2024

The role of cadres in general is to carry out service activities and make it a success with the community as well as planning health service activities. Based on the results of the research conducted, it shows that most respondents 67 (74.4%) stated that the role of health cadres was considered quite good in VIA activities. Bivariate analysis found that the p-value = 0.064>0.005 means that there is no relationship between the role of health cadres and interest in VIA examination in the Gumelar Health Center Working Area. These results differ from research conducted by [19] which states that there is an influence between the support of health cadres with early detection of cervical cancer by VIA method. Based on information obtained by researchers, health cadres have made a series of efforts to support the behavior of early detection of cervical cancer by VIA method through health promotion activities with counseling, cooperation with women's groups, and providing rewards for WUS who carry out early detection.

However, from a series of efforts that health cadres have made, it turns out that it is not enough for WUS to make a decision to do early detection.

e. Relationship between Family Support and Interest in VIA Examination in the Working Area of the Gumelar Health Center, Banyumas Regency, 2024

Family support is the family's attitudes, actions and acceptance of other family members. Based on the results of the study, it was found that most of the 45 respondents (50.0%) did not get enough support from their families to check VIA. Respondents who received family support but did not perform VIA were due to laziness and fear in performing VIA. The magnitude of a person's laziness still defeats the behavior of performing VIA even though the respondent has good knowledge and family support. Then, another influencing factor is work so that respondents do not have enough time to do VIA [17]. From the results of the study, it was found that the p-value = 0.006 <0.05, meaning that there is a relationship between family support and interest in VIA examination in the Gumelar Health Center Working Area. This is in line with [20], the results showed that there was a significant relationship between the role of family support and decision making for early detection of cervical cancer (p-value = 0.000).

In addition, [21] shows that there is a relationship between family support and VIA examination in the Sukorame Health Center working area, Kediri City with a p-value = 0.002.

f. Factors Most Associated Between the Interest of Women of Fertile Age (WUS) with Acetic Acid Visual Inspection (VIA) Examination in the Gumelar Health Center Working Area

Based on the results of multivariate analysis of several variables, namely knowledge, attitude, access to information, the role of health cadres, and family support, it was found that the results had the largest beta exponent value, namely knowledge with a p-value = 0.001. So that the most influential factor with VIA examination is knowledge. Poor knowledge is more influential than good knowledge.The existence of new information through mass media about something provides a new cognitive basis for the formation of knowledge on this matter. Providing information and education has an influence on the formation of knowledge because it can increase one's insight into something [22]. In accordance with research conducted by [23] that the knowledge of WUS about VIA examination is very important because knowledge affects the attitude of WUS in VIA examination, with a simple VIA examination it is hoped that the coverage of examinations can be wider, early discovery of more pre-cancerous lesions so that mortality from cervical cancer can be prevented.

Providing health education to WUS about cervical cancer and VIA examination is a necessary step to increase the coverage of VIA examination. Health education using media will help clarify the information to be conveyed because it can be interesting, interactive and characteristic of the media used [25]. Respondents' lack of knowledge about the meaning and benefits of VIA was due to the fact that women of childbearing age usually do VIA examinations because there is a family planning safari program so they will not find out much about the examination. Furthermore, their knowledge is still minimal because they are still limited by the lack of counseling given to WUS regarding VIA.

4. CONCLUSIONS AND RECOMMENDATIONS

Most respondents were >35 years old, most respondents completed low education, most respondents did not work, most respondents did not perform VIA, almost half of the respondents had poor knowledge, most respondents had a less supportive attitude, access to information provided was lacking, some respondents stated

that the role of health cadres was quite good, and most families did not provide support to respondents to conduct early detection. In the above study, it was found that there was a relationship between the factors of knowledge, attitude, access to information and family support with the interest of WUS in VIA examination. While the health cadre support factor has no relationship with WUS interest in VIA examination. The results showed that VIA examination is not only seen from knowledge, attitudes, access to information, the role of health cadres, and family support alone but there are other factors that influence. Furthermore, other studies to continue this research with different designs of experiments, quasi, with quantitative and qualitative and with a larger sample size so that the results are better.

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