



Factors Influencing IVA Examination in Women of Childbearing Age in Kaligawe Flats, Semarang

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Abstract. IVA examination is intended for women of childbearing age for cervical cancer screening. Data at the Gayamsari Health Center from January to July 2022 states that only 15% of the target of 100% of women of childbearing age have not had an IVA examination. This study aims to determine the factors that influence the behavior of IVA examinations of women of childbearing age in Kaligawe Flats. This study used an analytical observational method with a cross sectional design. The study was conducted in Kaligawe Flats, in December 2022. The research subjects were taken by cluster sampling as many as 106 subjects. Knowledge and attitude of IVA examination were assessed using a questionnaire that had been used before. The majority of respondents were in the age range of 20-35 years (50%), housewife (55.5%), high school education level (51%), medium knowledge of IVA examination (51.9%), supportive attitude toward IVA examination (53.8%), far access from health care center (51.9%), positive family support (53.8%), and have never done an IVA examination (91.5%). The majority of respondents have never done an IVA examination, this may be due to remote access from health care center, lack of information received regarding IVA examination procedure, and less of friend support. However, with a supportive attitude it will be easier to invite women to have an IVA examination.

Keywords: Visual Inspection of Acetic Acid, Women of Childbearing Age, Screening, Ca Cervix.

1. Introduction

The human papilloma virus (HPV) is the cause of cervical cancer, a disease that now frequently results in the death of women. Cervical cancer is the third most common disease in women worldwide, accounting for 7,9% of all cancer cases, the cancer also claims the lives of about 7,5% of these cases. These statistics come from The International Agency for Research on Cancer (IARC) [1]. This state of affairs is consistent with Indonesia's growing cervical cancer patient population. Priorities for illness prevention and treatment include early detection and health promotion. According to the World Health Organization (WHO),

Indonesia reports about 15.000 new cases of cervical cancer annually [2]. Indonesia has the greatest incidence of cervical cancer cases in the world [3].

The prevalence of cervical cancer is rising as a result of social factors, such as peer and husband support [4]. The spouse plays a crucial role in supporting the mother in doing health examinations. The closest individuals to women of childbearing age for discussion and decision-making, particularly when determining whether to seek assistance or therapy, are their husband's and families [5]. The spouse participates in decision-making and financial matters inside the household. Peers also have a significant and favorable impact on the application of early cervical cancer screening [6]. Aside from that, the most significant element influencing the behavior of early cervical cancer detection is the absence of awareness or involvement in the examination efforts for early cervical cancer detection [6] [7].

This situation is also in accordance with data from January to July 2022 at the Gayamsari Community Health Center which shows that the percentage of Cervical Ca screening in the working area of the Community Health Center has not met the target. Of the programs that have been implemented, only 15% of the achievements have been achieved, while the expected target is 100%. Especially in the Rusunawa Kaligawe Semarang area because the location is quite far from the Gayamsari Health Center [8].

This research aims to find out what factors influence the behavior of women of childbearing age in the Kaligawe area. As in Lawrence Green's theory, factors that influence behavior include predisposing factors including the respondent's knowledge and attitudes. Enabling factors include access and infrastructure for carrying out an IVA, as well as reinforcing factors, namely how the support of a husband, the environment, and colleagues can influence the decision to carry out an IVA examination [9] [10].

2. Method

This research is an observational analytical study, with a cross sectional design. The research location is the Kaligawe flats, Semarang. The sample criteria were married women of childbearing age in the Kaligawe Flats area, Semarang. The sampling technique used consecutive sampling. The independent variables are education level, knowledge about cervical cancer, respondent's attitude towards taking IVA, access to doing IVA, husband's support, and friend support. Meanwhile, the dependent variable is IVA participation behavior. The instrument to assess knowledge about cervical cancer and attitudes towards performing IVA uses a previously tested questionnaire. Analysis between independent and dependent variables uses the chi square test.

3. Results and Discussion

The majority of respondents had knowledge about cervical cancer and its prevention in the quite good range (51.9%), positive attitudes towards IVA (53.8%), access to distant health centers (51.9%), supported by their husbands in carrying out IVA (53.8%), and is not supported by parks or the environment.

Table 1. Variable Frequency Distribution

No	Variable	n	Percentage
1	Knowledge of Ca Cervix and IVA		
	Good	40	37.7%
	Enough	55	51.9%
2	Less	11	10.4%
	Have gotten IVA		
	Ever	9	8.5%
3	Never	97	91.5%
	Attitude toward IVA		
	Supportive	57	53.8
4	Not supportive	49	46.2
	Access of information		
	Good	79	74.5
5	Less	27	25.5
	Distance access to get IVA		
	Near	51	48.1
6	Far	55	51.9
	Husband or family support		
	Supported	57	53.8%
7	Not supported	49	46.2%
	Friend supported		
	Supported	41	38.7
	Not supported	65	61.3

Table 2. Association of Each Variable

Variables	Behavior of having already gotten IVA				p
	Ever		Never		
	n	%	n	%	
Knowledge of Cervix and IVA					
a. Good	1	11.1	39	40.2	0.065
b. Enough	8	88.9	47	48.5	
c. Less	0	0	11	11.3	
Attitude toward IVA					
a. Supportive	2	22.2	55	56.7	0.078
b. Not supportive	7	77.8	42	43.3	
Access of Information					
a. Good	5	55.6	74	76.3	0.228
b. Less	4	44.4	23	23.7	
Distance access to get IVA					
a. Near	5	55.6	46	47.4	0.735
b. Far	4	44.4	51	52.6	
Husband or family supported					
a. Supported	3	33.3	54	55.7	0.297
b. Not supported	6	66.7	43	44.3	
Friend supported					
a. Supported	3	33.3	38	39.2	1,000
b. Not supported	6	66.7	59	60.8	
Total	9	100	97	100	

Based on the research results, it is known that there is no statistically significant relationship between knowledge and behavior in carrying out IVA examinations on respondents. This is not in line with research in Zimbabwe that knowledge about cervical cancer screening is a significant factor in VIA behavior. WUS who have knowledge about screening have an 83% chance of carrying out screening than those who do not have knowledge [11] [12].

The majority of respondents who had knowledge in the fairly good category knew about the symptoms of cervical cancer and the benefits of VIA examination as an early detection to see early signs of cervical cancer. This statement is in accordance with the access to information obtained by the majority of respondents from various media such as the

internet, articles and other sources. Meanwhile, the knowledge that is most often not understood is related to risk factors for cervical cancer and its prevention [12] [13].

Knowledge about cervical cancer is one of the predisposing factors for women of childbearing age to undergo IVA examinations. Respondents who have knowledge about cervical cancer have the urge to check their condition to find out whether there are symptoms of cervical cancer, so that appropriate action can be taken.

There is no relationship between attitudes and behavior in carrying out IVA examinations on respondents. These results are not in line with previous research which stated that there was a relationship between respondents' attitudes and behavior in carrying out cervical cancer examinations using the IVA method [12] [13]. The unsupportive attitude was caused by the majority of respondents being afraid of the possible test results that would appear. Meanwhile, the attitude of respondents who support VIA examinations is because the majority think that routine IVA examinations can prevent and detect cervical cancer early and respondents agree that VIA examinations are necessary for all women who are married or have had sexual relations.

There was no relationship between access to health services and behavior in carrying out VIA examinations among respondents. The majority of respondents who have never performed an IVA have long distance access to service locations. Respondents with a long distance to the service location tend not to carry out an IVA examination because they have to travel more than 15 minutes to get to the service location. Meanwhile, respondents who have carried out IVA examinations can only carry out examinations when certain events occur and tend to have been carried out in the past.

There is no relationship between access to information and behavior in carrying out IVA examinations on respondents. These results are not in accordance with previous research which shows that good access to information will support mothers to undergo IVA screening. 19 Access to information is one of the factors that supports the knowledge that respondents have about cervical cancer and how to detect it through VIA examination. Respondents who have access to good information tend to find it easy to find out things about IVA examinations, including the place where they are carried out, the time of the examination, and what must be prepared before carrying out the examination.

There is no relationship between husband's support and behavior in carrying out VIA examinations on respondents. This is inconsistent with study findings that indicate a link exists between a husband's support for IVA exams [12]. These findings are consistent with prior 2014 study that found no connection between respondent behavior on the IVA exam and the husband's support. Support from their husbands is one way to encourage women to get IVA exams [14]. In social terms, the family's role is to provide self-confidence, give

feedback, and assist in problem solving. In economic terms, the family's role is to provide sufficient financial resources to support the care process. In summary, the role of the family is critical to every aspect of health care [11]

Providing information about the location and time of IVA examination is one of the husband's responsibilities in order to let respondent know where and when they can conduct the examinations. Husbands must then assist the women in doing examinations in order to prevent cervical cancer.

There is no relationship between friend support and behavior in carrying out IVA examinations on respondents. This result is different from other research which states that there is a relationship between social support and cervical cancer prevention behavior in women of childbearing age in Rejosari Pekanbaru. The results in this study of respondents who have or have never had IVA, the majority are not supported by friends or their environment. This may be one of the factors influencing respondents' decision making. Friends can be an influential source of information in providing information to women. Women as social creatures really need other people/friends in their interactions with each other, especially in the case of VIA examinations, women feel they have close similarities, have a sense of empathy between fellow women so that the information provided is more trustworthy. In this case, information from friends should be able to provide correct knowledge about the detection of cervical cancer, so that they can improve their actions in preventing cervical cancer [15] [4].

Peer (social) support is one thing that can change the thinking of individuals who are often influenced by the surrounding environment. This change in thinking can then influence habits, so that a culture can be created in the individual. Friends who can change thinking are usually those who are known to be close and have a good relationship with the person who also provides information about IVA [12] [15].

4. Conclusion

Long distance access to IVA service locations and weak environmental supported were obstacles for respondents in carrying out IVA examinations. Providing facilities to check IVA in the respondents home environment could be solution to encourage respondents to more easily carried out IVA checks. And the peer education method could increase the behavior of women to perform IVA.

Authors' Contributions

HDA and MRS participated in the sequence alignment and drafted the manuscript. HDA carried out the survei with respondent. HDA and MRS participated in the design of the study and performed the analysis. All authors read and approved the final manuscript.

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