ANALYSIS OF FACTORS CAUSING COUPLES OF CHILDBEARING AGE (PUS) NOT TO PERFORM VISUAL INSPECTION OF ACETIC ACID (IVA) IN VILLAGE SEKIP LUBUK PAKAM

Tifani Situmorang[1], Yulina Dwi Hastuty[2], Suswati[3]
[1,2,3] Politeknik Kesehatan Kementerian Kesehatan Medan
Email : yulinadwihastuty@gmail.com

ABSTRACT

Cervical cancer is one of several health problems that threaten women's lives and ranks among the top causes of death in women in the world. In Indonesia, more than 15,000 cases of cervical cancer are detected every year and about 8,000 of them end in death. Cervical cancer. Early detection can be done through visual acetate inspection (IVA). In Sekip Village, Lubuk Pakam, women of childbearing age who perform IVA examinations are only 10%. This study aims to analyze the factors that influence childbearing age couples (PUS) not to perform IVA tests. This type of research is descriptive analytic with cross sectional design, the population in this study were all women of childbearing age (PUS) in Sekip Lubuk Pakam totaling 169 respondents and the sample was 63 respondents. Sampling using *accidental technique* and data collection was done using a questionnaire. Data were analyzed using the Chi-square test. The results showed that the characteristics of respondents who did not perform IVA test were mostly < 40 years old, low education, not working, less knowledge, less attitude, with distance to health facilities < 3 KM, low information exposure, less support from husbands and health workers. Factors affecting PUS not conducting IVA tests include low education, knowledge, attitudes, information sources, husband support, and health worker support with a p-value <0.05, no influence was found between age and occupation with PUS not conducting IVA tests. It is expected that PUS increase awareness to conduct IVA tests to detect cervical cancer early.

Keywords : *IVA test, PUS, Cervical Cancer*

INTRODUCTION

Cervical Cancer is one of several health problems that threaten the lives of women. Cervical Cancer is characterized by changes in normal cells into abnormal ones that grow in the area of the mouth of the uterus to the neck. Of all the cases of cervical cancer, patients generally have a history of HPV or human papilloma virus infection. Actually most HPV does not pose a serious danger. However, in some cases, certain types of HPV such as HPV 16, 18, 31, 35 and 38 can make sufferers contract cervical cancer, in addition to being caused by HPV, cervical cancer is also caused by genetic factors and other factors that have become a habit in society, even today it is

understood. These factors include: smoking, free sex, changing partners, having sexual intercourse at an early age (Ratnawati, 2018).

There are a number of risk factors associated with cervical cancer, the presence of human papilloma virus (HPV), (most at risk are types 16 and 18), women with low socioeconomic status, multiparous, women who engage in sexual activity at a young age or with multiple partners, and smoking, increase the risk of developing cervical cancer. Women with a history of sexually transmitted infections especially herpes or genital warts and no cervical screening also have a greater risk in women (Peate, D, 2018).

The World Health Organization (WHO) notes that cervical cancer ranks top among the various types of cancer that cause death in women in the world. In Indonesia, every year more than 15,000 cases of cervical cancer are detected and about 8,000 of them end in death (Saifullah, 2012). Cervical cancer is a frightening disease threat for women cervical cancer is caused by the Human Papilloma Virus (HPV) which is transmitted through sexual intercourse and other risk factors such as sexual behavior, contraception, nutrition, and smoking (Indarwati, 2012).

Based on Riskesdas data (2018), the prevalence of tumors/cancers in Indonesia showed an increase in second place from 1.4 by 1000 population in 2013 to 1.79 by 1000 population in 2018. The highest prevalence of cancer is in the province of Yogyakarta 4.86 by 1000 population, followed by West Sumatra 2.47, 79 by 1000 population and Gorontalo 2.44 by 1000 population. In North Sumatra, data from the Provincial Health Office showed that there were 475 cases of cervical cancer in 2011, 548 cases in 2012 and 681 cases in 2013.

Based on the Indonesian Health Profile in 2018, the coverage of early detection of cervical cancer in women aged 30-35 years was 7.34%, the highest incidence was in Bangka Belitung Islands at 25.42%, followed by West Sumatra at 18.89%, Lampung at 17.47% and North Sumatra 4.59% which is still far from the target. The results of cervical cancer screening found 77,969 positive IVA and 3563 suspected cervical cancer (Kemenkes, 2018).

The high prevalence of cancer in Indonesia needs to be observed with prevention and early detection measures that have been carried out by health care providers. Cancer cases that are found at an early stage and receive rapid and appropriate treatment will provide healing and a longer life expectancy. Therefore, it is important to conduct regular routine examinations as an effort to prevent and detect cancer early. One of the early detection efforts to identify cervical cancer is by screening. Cervical cancer screening is done with the IVA (Visual Inspection of Acetic Acid) test. (Mugi W, 2015).

The low awareness of Indonesian women in screening as early detection of cervical cancer results in many cases of cervical cancer being found in an advanced stage which ultimately cannot be saved (Hesty, et al, 2019). Based on research (Hateriah et al, 2018), there is no relationship between the mother's attitude and conducting an IVA test. Meanwhile, according to (Silfia NN & Tri Muliati, 2017) there is a relationship between attitude and IVA test and this research is in line with Mayasari's research (2017). The negative attitude of respondents makes

them unwilling to do the IVA test, this is due to embarrassment, fear, lack of interest, and lack of encouragement from husbands and families, the lack of interest of women of childbearing age to take the IVA test can be caused by several things, including it can be caused because access to detection is not achieved by most people even though women's health problems are very important, this is possible because socialization still cannot be implemented optimally; besides that, even though the target couples of childbearing age (PUS) have received socialization, there are still many who do not have the awareness to take part in the examination. In Sekip Lubuk Pakam village, the number of PUS who did the iva test was only 10%. This study aims to analyze the factors that influence PUS not to conduct an IVA test as an early detection of cervical cancer.

METHOD

The research used in this study was descriptive analytic with cross sectional design. The population in this study were all women of childbearing age (PUS) in the village of Sekip Dusun Pembangunan 1 Lubuk Pakam totaling 169. With a sample of 63 respondents. The research was conducted in 2020. Accidental data collection technique. Data collection using a questionnaire and data analysis using the chi square test. This study has received ethical approval from the ethics commission of the Poltekkes Kemenkes Medan.

RESULT AND DISCUSSION

Table 1
Characteristics of PUS Respondents in Sekip Village Dsn Pembangunan I Lubuk Pakam

Variable	F	%
Age		
< 40 Years old	48	76,2
> 40 Years old	15	23,8
Education		
Low	37	58,7
High	26	41,3
Employment		
Not Working	43	68,3
Working	20	31,7
Knowledge		
Less	40	63,5
Good	23	36,5
Attitude		
Less	43	68,3
Good	20	31,7
Distance to Health Facility	49	77,8
< 3 km, < 15 minutes	14	22,2
> 3 km, > 15 minutes		
Information		
Never	44	69,8
Ever	19	30,2
Husband's Support		
Less	40	63,5
Good	23	36,5
Support of health workers	47	74,6
Less	16	25,4
Good		
IVA Test		
Check	19	30,2
No Check	44	69,8
Total	63	100

Based on the table above, it can be seen that the characteristics of PUS respondents in Sekip Lubuk Pakam village are mostly < 40 years old, have low education, do not work, have poor

knowledge, have poor attitudes, with distance to health facilities < 3 KM, low information exposure, lack of support from husbands and health workers and do not perform IVA tests with a percentage for each item exceeding 50%.

Bivariate Analysis

This analysis was used to determine the relationship between the independent variables (age, education, employment, knowledge, attitude, distance to health facility, information, husband support and health worker support) and the dependent variable (IVA test) in Sekip Village Dsn Pembangunan I Lubuk Pakam.

Table 2
Relationship between Age and IVA Examination in Sekip Village Dsn Pembangunan I Lubuk Pakam

Age	IVA Test				Total		*p-value*
	No Check		Check				
	F	%	F	%	F	%	
< 40 years	36	57,1	12	19,1	48	76,2	
> 40 years	8	12,7	7	11,1	15	23,8	0,110
Total	44	69,8	19	30,2	63	100%	

Based on the table above shows that out of 63 respondents (100%), respondents aged < 40 years in IVA test the majority did not do IVA test as many as 36 respondents (57.1%), who did IVA test as many as 12 respondents (19.1%). While respondents > 40 years old the majority also did not perform IVA test as many as 8 respondents (12.7%), who performed IVA test as many as 7 respondents (11.1%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.110 (>0.05), so there is no relationship between the age of respondents and IVA tests.

Table 3
Relationship between Education and IVA Test in Sekip Village, Dsn Pembangunan I Lubuk Pakam

Education	IVA Tests				Total		*p-value*
	Not Check		Check				
	F	%	F	%	F	%	
Low	30	47,6	7	11,1	37	58,7	
High	14	22,2	12	19,1	26	41,3	0,020
Total	44	69,8	19	30,2	63	100%	

Based on table 3 shows that out of 63 respondents (100%), respondents who have low education in IVA tests, the majority do not perform IVA tests as many as 30 respondents (47.6%), who perform IVA tests as many as 7 respondents (11.1%). While respondents who had higher education the majority also did not perform IVA test as many as 14 respondents (22.2%), who performed IVA test as many as 12 respondents (19.1%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.020 (<0.05), so there is a relationship between respondent education and IVA test.

Table 4
Relationship between Employment and IVA Tests in Sekip Village Dsn Pembangunan I Lubuk Pakam

Employment	IVA Test				Total		*p-value*
	Not Check		Check				
	F	%	F	%	F	%	
Not work	33	52,4	10	15,9	43	58,7	
Work	11	17,4	9	14,3	20	41,3	0,080
Total	44	69,8	19	30,2	63	100%	

Based on table 4 shows that out of 63 respondents (100%), respondents who did not work in IVA examination the majority did not perform IVA tests as many as 33 respondents (52.4%), who performed IVA tests as many as 10 respondents (15.9%). While the majority of respondents who worked also did not perform IVA examination, as many as 11 respondents (17.4%), who performed IVA tests as many as 9 respondents (14.3%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.080 (>0.05), so there is no relationship between the work of respondents with IVA examination.

Table 5.
Relationship between Knowledge and IVA Testing in Sekip Village, Dsn Pembangunan I Lubuk Pakam

Knowledge	Pemeriksaan IVA				Total		*p-value*
	Not check		Check				
	F	%	F	%	F	%	
Less	34	53,9	6	9,6	40	63,5	
Good	10	15,9	13	20,6	23	36,5	0,001
Total	44	69,8	19	30,2	63	100%	

Table 5 shows that out of 63 respondents (100%), respondents who had poor knowledge in IVA test, the majority did not perform IVA test as many as 34 respondents (53.9%), who

performed IVA test as many as 6 respondents (9.6%). Whereas respondents who had good knowledge, the majority of them performed IVA tests, namely 13 respondents (20.6%), who did not perform IVA tests as many as 10 respondents (15.9%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.001 (<0.05), so there is a significant relationship between respondents' knowledge and IVA screening.

Table 6
Relationship between Attitude and IVA Test in Sekip Village, Dsn Pembangunan I Lubuk Pakam

Attitude	IVA Test				Total		*p-value*
	Not check		Check				
	F	%	F	%	F	%	
Less	34	53,9	9	14,3	43	68,3	
Good	10	15,9	10	15,9	20	31,7	0,019
Total	44	69,8	19	30,2	63	100%	

Based on table 6 shows that out of 63 respondents (100%), respondents who have a poor attitude in IVA test, the majority do not perform IVA test as many as 34 respondents (53.9%), who perform IVA test as many as 9 respondents (14.3%).

Meanwhile, respondents who had a good attitude to perform IVA test were 10 respondents (15.9%), who did not perform IVA test as many as 10 respondents (15.9%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.019 (<0.05), so there is a relationship between the attitude of respondents with IVA tests.

Table 7
Relationship between Distance Affordability and IVA Tests in Sekip Village Dsn Pembangunan I Lubuk Pakam

Distance Affordability	IVA Tests				Total		*p-value*
	Not Check		Check				
	F	%	F	%	F	%	
< 3 km	38	60,2	11	17,4	49	77,8	
> 3 km	6	9,6	8	12,8	14	22,2	0,013
Total	44	69,8	19	30,2	63	100%	

Table 7 shows that out of 63 respondents (100%), respondents who had a distance of < 3 km in IVA examination, the majority did not perform IVA test as many as 38 respondents (60.2%), who performed IVA test as many as 11 respondents (17.4%). While respondents who had a

distance of > 3 km the majority did an IVA examination, namely as many as 8 respondents (12.8%), who did not perform an IVA examination as many as 6 respondents (9.6%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.013 (<0.05), so there is a relationship between the affordability of the distance of respondents with IVA examination.

Table 8
Relationship between Information Exposure and IVA Screening in Sekip Village Dsn Pembangunan I Lubuk Pakam

Information	IVA Test				Total		*p-value*
	Not check		Check				
	F	%	F	%	F	%	
Never	35	55,5	9	14,3	44	69,8	
Ever	9	14,3	10	15,9	19	30,2	0,011
Total	44	69,8	19	30,2	63	100%	

Based on table 8 shows that of the 63 respondents (100%), the majority of respondents who never received information in the IVA examination did not do the IVA examination as many as 35 respondents (55.5%), who did the IVA examination as many as 9 respondents (14.3%). While respondents who had received information the majority of respondents carried out IVA examinations, namely as many as 10 respondents (15.9%), who did not conduct IVA examinations as many as 9 respondents (14.3%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.011 (<0.05), so that there is a relationship between respondents' information exposure and IVA examination.

Table 9
Relationship between Husband Support and IVA Examination in Sekip Village Dsn Development I Lubuk Pakam

Husband Support	IVA Test				Total		*p-value*
	Not Check		Check				
	F	%	F	%	F	%	
Less	33	52,4	7	11,1	40	63,5	
Good	11	17,4	12	19,1	23	36,5	0,004
Total	44	69,8	19	30,2	63	100%	

Based on table 9 shows that out of 63 respondents (100%), respondents who have less husband support in IVA examination the majority did not do IVA examination as many as 33 respondents (52.4%), who did IVA examination as many as 7 respondents (11.1%). While

respondents who had good husband support mostly carried out IVA examinations, namely as many as 12 respondents (19.1%), who did not do IVA tests as many as 11 respondents (17.4%).

The results of statistical tests using the *Chi-square* test obtained a p-*value* of 0.004 (<0.05), so that there is a relationship between the support of the respondent's husband and IVA tests.

Table 10
Relationship between Health Worker Support and IVA Testing in Sekip Village, Dsn Pembangunan I Lubuk Pakam

health worker support	IVA Test				Total		*p-value*
	Not Check		Check				
	F	%	F	%	F	%	
Less	32	50,7	8	12,7	40	63,5	0,021
Good	12	19,1	11	17,4	23	36,5	
Total	44	69,8	19	30,2	63	100%	

Table 10 shows that out of 63 respondents (100%), respondents who had less support from health workers in IVA examination, the majority did not perform IVA examination as many as 32 respondents (50.7%), who performed IVA examination as many as 8 respondents (12.7%). While respondents who had good health worker support the majority did not perform IVA examination, namely 12 respondents (19.1%), who performed IVA examination as many as 11 respondents (17.4%).

The results of statistical tests using the *Chi-square* test obtained a *p-value* of 0.021 (<0.05), so there is a relationship between health worker support and IVA test.

DISCUSSION

Based on the results of the study, it is known that there is no relationship between age and IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.110. This is in line with research conducted by Handayani (2018). Age cannot be used as a standard for someone to prevent cervical cancer. This can be due to ignorance, no complaints or consider cervical cancer prevention unnecessary (Handayani, 2018).

The younger the woman has sexual relations, the greater the likelihood of cervical cancer. So it is expected to early or routinely perform IVA examinations as a form of early detection efforts against cervical cancer.The older a woman is, the higher her risk of developing cervical cancer.However, that does not mean that young women cannot get cervical cancer. In fact, those who have a young age if they do not have a healthy lifestyle, then they can get cervical cancer.

The results showed there was a significant relationship between knowledge and IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.020. The results of this research are in line with Masturoh's research (2016).

Education is known to also have a relationship with a person's level of knowledge. Good education on health can increase people's understanding of preventing cervical cancer. The higher a person's level of education, the more knowledge will increase compared to those with shorter education (Masturoh, 2016). Most of the respondents had low education (elementary school, junior high school). The large number of respondents who have low education who do not perform IVA examinations shows that most respondents are less aware of the importance of education to become a bridge in obtaining information.

A low level of education will make it more difficult to digest the message or information conveyed. In addition, knowledge is closely related to education, where it is expected that with higher education, the wider the knowledge of the person.

The results showed no significant relationship between work and IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.080. The results of this study are in line with the research of Sondang, et al (2019). Work is a series of tasks designed to be done by one person and in return is given wages and salary according to the qualifications of the weight and lightness of the work (Ministry of Manpower, 2014).

The absence of a significant relationship between work and IVA examination may be due to other factors such as lack of information regarding the schedule of IVA examination, PUS perceptions of the threat of cervical cancer and the benefits of IVA examination not because there is no time.

This is supported by the results of the study which showed that 58.75 PUS did not work. But in reality this was not the case, PUS who worked spent more time at work and did not have time to perform IVA examinations. Meanwhile, the operational hours of IVA testing at Puskesmas/RS are only conducted during working hours.

The results showed that there was a significant relationship between knowledge and IVA testing in Sekip Village, Dsn Pembangunan I Lubuk Pakam with p value = 0.001. This research is in line with the research of Dewi, et al (2018). Education is one of the important factors to encourage a person to be more concerned and motivated to improve the health status of himself and his family. Knowledge about cervical cancer can be obtained from print media, electronic media, friends, relatives, family and even health workers and cadres in the village (Dewi, 2018).

PUS who have better knowledge are proven to perform IVA examination more than PUS who have low knowledge about IVA examination. Lack of knowledge will influence not to do early detection of cervical cancer with IVA examination. Providing counseling has an impact on the level of knowledge and influences in making decisions in conducting IVA examinations. Increased knowledge can change people's behavior from negative to positive, besides that knowledge can also form beliefs. Some researchers found that knowledge is closely related to the

implementation of early detection of cervical cancer (Idaningsih E, 2012; Indarwati, 2012; Oktavyani 2015).

The results showed that there was a relationship between respondents' attitudes and IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.019. The results of this study are in line with research by Masturoh (2016). A positive attitude will tend to encourage someone to behave positively as well. Attitude is a closed reaction from a person to a stimulus or object. The manifestation of the object cannot be seen immediately, but can only be interpreted first (Masturoh, 2016).

Respondents with a poor attitude and good behavior want to do the examination because of an invitation from a cadre when there is a free examination organized by certain agencies. Meanwhile, respondents with a poor attitude and poor behavior tend not to do an IVA examination because they do not know and have never been exposed to information about early detection of cervical cancer, besides that early detection of cervical cancer is not considered important if it has not shown symptoms felt by the PUS itself. To improve a good attitude and good behavior can be done by changing the perspective or perception of individuals through a personal approach from cadres to PUS and always reminding information about this examination.

The results showed there was a relationship between distance affordability with IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.013. The results of this study are in line with the research of Fauza, et al (2019). Distance greatly influences a person to take health actions. The closer the distance, the more supportive a person is to make a visit to health services and vice versa. The farther the distance, the more it becomes an obstacle for someone to make a visit to health services. In efforts to reach PUS in various parts of the region, it is necessary to increase coordination between regional health centers and auxiliary health centers or health cadres (Fauza, 2019).

Mothers who perform IVA tests have high motivation. So that even though the distance of their homes is quite far from health services, they are eager to check their health. This is evidenced by the fact that there are respondents who have a long distance from home to health facilities but still carry out IVA tests. The motivational factor of the respondent greatly influences this, because PUS who perform IVA tests already have a great awareness and willingness to pay attention to their reproductive health.

The results showed there was a relationship between information exposure and IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.011. The results of this study are in line with Handayani's research (2018). Respondents with poor access to information and good behavior due to invitations from cadres to perform IVA examinations. Respondents with good access to information and good behavior regarding IVA examinations tend to know more about the dangers of cervical cancer and the benefits of performing IVA examinations. So that they will be encouraged to do the IVA examination. Respondents with good access to information, but poor behavior is due to lack of interest from themselves, fear of the results of the examination and embarrassment to be examined (Rafikasariy, 2019).

Information can be received through direct officers in the form of counseling, health education, from village officials, through mass media, leaflets, television, etc. The community is easier to receive information through mass media, someone who cannot read he can hear or get information from television, radio and daily associations. So that they can receive information or health messages that change their thoughts and perceptions to maintain their reproductive health.

The results showed that there was a relationship between husband support and IVA examination in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.004. The results of this study are in line with the research of Sondang and Hadi (2019). The husband is the first and main person in giving encouragement to the wife before other parties also provide encouragement, support and attention of a husband to his wife. Husbands and families are the closest people to PUS in interacting and making decisions, especially in determining where to seek help or treatment (Sondang, 2019).

Husband / family support can provide emotional benefits, namely providing individuals with a sense of comfort and encouragement in the implementation of individual actions that provide reinforcement of a sense of belonging or love or influence behavior, including in conducting early detection of cervical cancer (Henzayana, 2017). Currently, health information is easily available through communication media such as the internet. A husband who knows information about the importance of IVA screening will certainly advise his wife to do IVA screening. Lack of support from husbands, such as not being willing to fund the cost of screening, is one of the inhibiting factors.

The results showed there was a relationship between the support of health workers with IVA screening in Sekip Village Dsn Pembangunan I Lubuk Pakam with p value = 0.021. The results of this study are in line with Handayani's research (2018). Health cadres are the embodiment of the active role of the community in integrated services. Health promotion efforts regarding cervical cancer and early detection of cervical cancer by health workers can be carried out by delivering messages through health cadres or counseling at community gatherings such as during arisan (Dewi, 2018).

The role of health cadres is associated with low IVA visits, due to health cadres not providing health promotion. Most health cadres do not record women who have performed an IVA examination and do not remind women who have not done early detection to do so (Nurhafni, 2017). Health cadres are expected to help disseminate the knowledge and skills they have acquired to the wider community so that public knowledge about cervical cancer and its prevention increases.

CONCLUSION

Of the 63 PUS, who did the IVA test only 19 people and 44 others did not do the IVA test. Based on the characteristics of respondents who did not perform examination, the majority were < 40 years old, low education, not working, lack of knowledge, lack of attitude, with distance to health facilities < 3 KM, low information exposure, lack of husband and health worker support.

Factors affecting PUS not performing IVA tests include low education, knowledge, attitudes, sources of information, husband support, and health worker support with a *p-value* <0.05, no influence was found between age and occupation with PUS not performing IVA tests.

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