

# Husband Support in Implementation of Dynamic Cancer Detection Method of Visual Acetic Acid (IVA) Inspection in Kediri

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**Abstract.** The World Health Organization (WHO) states, cervical cancer currently take the highest rank among various types of cancer that cause death in women in the world. Most women diagnosed with cervical cancer do not do screening tests or do not follow up after finding abnormal results. The purpose of this study was to determine the relationship between husband's support and the implementation of early detection of cervical cancer using the Visual Acetate (IVA) Inspection method in Kediri, Indonesia. This study used a cross sectional design with a sample of 205 respondents. Sampling is done by simple random sampling method. The research instrument uses a questionnaire that has been tested for validity and reliability. Data analysis using the Spearman rho test. Based on statistical tests, husband's support has a significant relationship with the implementation of cervical cancer early detection method IVA (p value = 0,000) in Kediri, with moderate relationship strength (correlation coefficient = 0.62) and the direction of positive relationships means the better support from husband then women will be more obedient in the early detection of cervical cancer IVA method. Based on the results of these studies, it is recommended that health workers should involve their husbands or families to participate in providing support to their wives to carry out routine screening tests for cervical cancer in the IVA method.

**Keywords:** Cervical Cancer, Early Detection, Husband Support, Implementation, IVA Method

## 1. Introduction

Cancer is one of the leading causes of death throughout the world. Cervical and breast cancer is a cancer with the highest prevalence in Indonesia. In 2013, the incidence of cervical cancer was 0.8% and breast cancer was 0.5 [1]. Early detection of cervical cancer and immediate treatment has proven effective for reducing morbidity and mortality, but the average visit of early detection in developing countries is still far from expected [2] [3]. According to WHO, cervical cancer is currently ranked second among various types of cancer that cause death in women in the world and 85% occur in women in developing countries [2], [4]. Cervical cancer is actually a disease that can be prevented and can be treated if it is known early on [5].

Based on data from Globocan, International Agency for Research on Cancer (IARC), the prevalence of cervical cancer in the world is 16 per 100,000 women [5]. Based on Globocan in 2012 there were 528,000 cases of cervical cancer in the world [6]. Indonesia is the country with the second most cervical cancer cases after China [7]. In Indonesia, every year an estimated 13,762 women diagnosed with cervical cancer and 7,493 die. Cervical cancer in Indonesia is also ranked second in terms of the number

of cancer patients in women after breast cancer [4]. Based on the estimation of the number of sufferers of cervical cancer and breast cancer most are found in East Java Province and Central Java Province [1]. East Java Province is the first ranked province with the largest number of cervical cancer cases in Indonesia [7]. The number of visits to cervical cancer patients at Dr Soetomo Hospital Surabaya every year is always number one among other cases of oncology. In Indonesia, cervical cancer patients generally go to the hospital for advanced stages, namely: stage IA and IIA recorded 28.6%, stage IIB to IVB who came to the hospital as much as 66.4% and stage IIIB was recorded 37.7 % [8]. Cervical cancer is actually a disease that is very easily prevented if it is detected at the stage of precancerous lesions and treated with the correct procedure [9]. In Indonesia almost 70% of cervical cancers are found in advanced stage conditions. Most women diagnosed with cervical cancer do not do screening tests or do not follow up after finding abnormal results. Not doing regular screening tests is the biggest factor causing cervical cancer in a person [10].

The aim of public health is to reduce the incidence and prevalence of cervical cancer and deaths from cervical cancer, by preventing precancerous lesions from becoming invasive cancer [11]. There are two components of secondary prevention, namely screening and education about early diagnosis. There are several known methods for screening cervical cancer by examining Visual Inspection with the Application of Acetic Acid (IVA) or cytology (Papanicolaou / Pap smear) [12]

Nowadays there are several screening methods from early detection of cervical cancer, namely: 1) Pap smear test; 2) Check IVA; 3) Colposcopy; 4) Servicography and 5) Human Papilloma Virus (HPV) Tests. In developed countries Pap smears have been shown to effectively reduce the incidence of cervical cancer [13]. Unlike Indonesia, the Pap smear has not been proven to be able to increase the findings of early-stage cervical cancer and precancerous lesions. This is because the quantity of human resources is low, the Pap smear procedure is complex, the accuracy of Pap smears is very varied with high false negatives and a less practical reporting system, the territory of Indonesia is very extensive related to transportation and communication difficulties and women often reluctant to be examined because of ignorance, shame, fear and cost factors [14]. The key to the success of the cervical cancer control program is screening followed by adequate treatment. This is based on the fact that more than 50% of women diagnosed with cancer have never screened [12]. To achieve satisfactory results, screening must focus on women who have been targeted. Based on the results of the study, screening can actually be done at the age of 20 - 74 years, but the priority of screening programs in Indonesia is for women aged 30-50 years [12].

The IVA method is very suitable for use in developing countries such as Indonesia because the technique is easy or simple, low cost or cheap and high sensitivity, fast and accurate enough to find abnormalities at the stage of dysfunction or before precancerous. The coverage of the implementation of early detection of cervical cancer in the IVA method in Indonesia is still low at 2.45%, thus requiring stronger efforts to achieve the target, namely early detection of 50% of women aged 30-50 years for 5 years [5]. Research conducted by [15] states that the factors that influence the visit of early detection of cervical cancer are women who have previously screened, a history of sexually transmitted infections (STIs), users of contraception and condom use, married status (cohabiting), no smoking and already have given birth [16]. In addition, the possibility of visiting because of increasing age. Women who are not obedient to cervical cancer screening are also affected by physical examinations, health workers, test procedures, low risk knowledge. Women who are obedient to early detection are affected because women are afraid of cancer, good relationships with health workers, adequate knowledge, understand the risks and importance of routine examinations [17].

Efforts to improve the behavior of early detection of cervical cancer should be carried out through a multispectral approach related to culture and competent services. Doctor's recommendations and community empowerment are effective strategies to improve the behavior of early detection of cervical cancer [18]. In addition, family support is also needed in the implementation of early detection of cervical cancer in women and the importance of increasing patient satisfaction and good communication between health workers and patients [3] [19]. To improve the behavior of early detection of cervical cancer by women an approach is needed that can build knowledge, attitudes, beliefs and culture about the behavior of early detection of cervical cancer. Research conducted by Adi (2009), added that the

campaign model for early detection of cervical cancer needs to be considered a model of promotional activities through environmental awareness of the closest person (significant others) [20].

The purpose of this study was to determine the relationship between husband's support and the implementation of IVA cervical cancer early detection in women in the City of Kediri, Indonesia.

## 2. Method

This study used a cross sectional design which tried to explain the relationship between husband's support for the implementation of the IVA cancer early detection of cervical cancer. The population in this study were all women in the Working Area Health Center of the City of Kediri Health Office in 2017 who met the population characteristics of all married women who were not pregnant. The sample in this study is that some women who are married and not pregnant in the City of Kediri in 2017 with a sample of 205 respondents. Sampling is done by simple random sampling method.

Data collection is done by giving a questionnaire that has been tested for validity and reliability. The activity of giving a questionnaire begins with determining the respondent. After meeting the prospective respondent, the researcher gave an explanation of the purpose and objectives of this study, how to fill out the questionnaire, and explained the benefits of research for research subjects solely for the development of knowledge about cervical cancer and early detection of cervical cancer with the IVA method, as well as confidentiality. The results of filling out a questionnaire filled in by the respondent. After understanding and understanding the explanations given, they are then asked to fill out the format of the respondent's agreement, where the woman has the right to choose to be a respondent or unwilling, after making a choice regarding her participation, please submit the approval format and fill out the questionnaire.

## 3. Results

The research respondents used in this study were 205 respondents. Respondents were randomly or randomly selected from women aged 20-50 years who met criteria with various backgrounds, both education, employment, culture and so on. Characteristics of respondents known the age of respondents when the study was mostly aged  $\geq 35$  years, namely 68.3%. Nearly half of respondents' education is secondary education (high school equivalent) which is 50.2%. The majority of respondents work are housewives, namely 78.0%.

**Table 1.** Variable Frequency Distribution Husband Support and Implementation of Early Detection of Cervical Cancer in Health Centers in the Work Area of Kediri City Health Service

No	Variabel	Kategori	Frekuensi	(%)
1	Husband Support	Very Good	34	16,6
		Good	40	19,5
		Less	131	63,9
2	Early Cancer Detection Method Of Visual Acetic Acid (Iva) Inspection	Yes	56	27,3
		No	149	72,7

Based on table 1. it can be seen that most of the respondents get husband's support in the less category that is equal to 63.9%. The implementation of the IVA cervical cancer early detection method IVA in the City of Kediri also found that most did not carry out early detection of cervical cancer IVA method that is equal to 72.7%.

**Table 2.** Relationship between Husband's Support and the Implementation of Early Detection of Cervical Cancer in Puskesmas Kediri

Variable	Category	Early Cancer Detection Method Of Visual Acetic Acid (Iva) Inspection		Equal	
		Yes N	No n	n	%
Husband Support	Very Good	30	4	34	16,6
	Good	34	6	40	19,5

Less	32	99	131	63,9
	56	149	205	100

P value = 0,000

coefficient correlation = 0,62

Description: \*\*: p value <0.05 (significant), CI: Confidence Interval

Table 2 shows that based on the statistical spearman rho test it can be seen that husband's support has a significant relationship with the implementation of IVA (p value = 0,000), with middle relationship strength (correlation coefficient value = 0.62) and the direction of positive relationships means better husband support then women will be more obedient in carrying out the examination of early detection of cervical cancer IVA method.

#### 4. Discussion

Cervical cancer is a malignancy that occurs in the cervix which is the lowest part of the uterus that protrudes to the peak of the intercourse [12]. Cervical cancer is the second largest number of cancers suffered by women in the world, namely in 2012 around 528,000 new cases and 250,000 deaths every year. About 90% of cervical cancer cases are found in low-income countries and developing countries [15]. According to data on cancer-based pathology of cervical cancer is the highest cause of death for gynecologic cancer in women, because the discovery of most cases is already at an advanced stage so treatment is difficult. This is inseparable from the low awareness of women to carry out early detection of cervical cancer, which is largely due to the low knowledge of women about early detection of cervical cancer.

Early detection of cervical cancer can reduce the incidence of cervical cancer and deaths from cervical cancer because by early detection there will be precancerous lesions that can be immediately treated in a comprehensive manner [21] [6]. Screening efforts are said to be adequate if the test can cover all or almost all the target population, for this reason a study of types of checks is needed that can be carried out under conditions of limited resources such as Indonesia [12]. IVA examination is an examination by observing it using a speculum, looking at the cervix that has been crushed with acetic acid or vinegar (3-5%). In precancerous lesions will display a white patch color called acetowhite epithelium. A woman who gets a negative IVA test must undergo screening once a year. Those who have positive IVA test results and get treatment must undergo the next IVA test six months later [12].

The results showed that there was a positive relationship between husband's support and the implementation of cervical cancer early detection in the IVA method. The results of this study in accordance with the study [15] [22] [6] stated that internal and external factors would influence individuals' perceived cervical cancer, perceived threat, trigger, perceived individuals regarding IVA examination and confidence in ability to act (perceived self-efficacy). Internal factors consist of age at first sexual intercourse, family history of cancer, marital status, education, employment and income and knowledge. External factors consist of husband's support, social culture and access. This is also incompatible with HBM theory [23] which states that perceptions are influenced by demographic variables such as age, gender and cultural background.

According to [6] which states that there are three characteristics that influence perceptions of risk, namely individual characteristics (such as psychological traits, social demographics), risk characteristics and social and environmental characteristics (such as political, geographic, and cultural conditions [24] [13] also mentioned that family support has an important role in women's decision making for early detection of cervical cancer [3].

Decision making for the early detection of cervical cancer IVA method is seen from the way of decision making and the consequences of decision making. The way to make decisions on the implementation of early detection of cervical cancer was carried out by seven participants together with their husbands, while the two participants said they were decided on their own, without involving a partner. Seven participants who made a decision with their husbands said that to be able to carry out the IVA examination asked for approval from the husband. Most family decision makers are husbands, so that low husband support for the implementation of early detection will cause low participation of women in the behavior of early detection of cervical cancer. This is also appropriate according to the research [6] stated that internal and external factors will influence individuals' perceived cervical cancer,



perceived threat, trigger, perceived individuals regarding IVA examination and confidence in the ability to act (perceived self efficacy ) Internal factors consist of age at first sexual intercourse, family history of cancer, marital status, education, employment and income and knowledge. External factors consist of husband's support, social culture and access.

Research conducted [15] states that the relationship between health workers and patients influences the practice of women's health treatment. Family support also has an important role in women's decision making to do cervical cancer screening. A person's perception of risk is not always based on direct experience, but also through information originating from various sources. Information received plays an important role in creating perceptions of risk. New information about an event is thought to have a very significant influence in creating a person's risk perception [25]

According to the researchers' assumption that IVA examination by women can be routinely carried out the target of counseling must also be considered, it is better for mothers and husbands because at this time most of those given counseling are always mothers. Whereas the husband's role in the implementation of early detection of cervical cancer is quite large because to be able to carry out an early detection examination the majority of mothers always ask for their husband's consent. In order for IVA examination by women to be carried out routinely, it is also needed by the husband as a motivator. As expressed by participants who have conducted IVA examinations six times regularly, namely as follows:

... yes, mbak is routine every 6 months, if you forget, my husband reminds me, I leave my wife rounded, or my husband reminds me of this time ... (P2, 40 years)

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## 5. Conclusion

The target of counseling must also be considered, preferably mothers and husbands because at this time most of those given counseling are always mothers. Whereas the husband's role in the implementation of early detection of cervical cancer is quite large because to be able to carry out an early detection examination the majority of mothers always ask for their husband's consent.

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