

WOMEN'S ATTITUDE TOWARD CERVICAL CANCER EARLY DETECTION USING THE VIA TEST METHOD

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Abstract

The incidence of cervical cancer in Indonesia is still high, cervical cancer is detectable, the earlier in detecting cancer, the more potential to treat. The Visual inspection of the cervix with the Acetic acid (VIA) test is an early detection method to check the abnormal conditions of cervical. This test is simple, easy, accurate, effective and inexpensive. The purpose of this study was to determine the attitudes of women about early detection of cervical cancer using the VIA test method. This quantitative descriptive study involved 339 adult Women aged 30-50 years. The respondents were chosen using a *purposive sampling technique*. Data were collected using instruments of the attitudes of women about early detection of cervical cancer with the VIA Test. The study was conducted from May-July 2019. The results showed that most respondents had negative attitudes (56.3%). Based on the sub-variables, the most negative attitudes identified from the cognitive components (52.2%), negative affective components (60.2%) and negative conative components (73.8%). In conclusion, most women had a negative attitude towards the early detection of cervical cancer with the VIA test. It is expected that women would seek information about the importance of the VIA Test, proactively. Health workers should improve health education activities for women and families about the importance of cancer screening.

Keywords: Attitude, early detection, VIA Examination, WUS.

INTRODUCTION

The *World Health Organization* (WHO) in 2017 states that 168,411 (54.1%) women had cervical cancer, and this cancer ranked fourth in the prevalence of cancer in women in the world after breast, colon and liver cancer. In Indonesia in 2018 cervical cancer was second-largest cancer in women, with 18,279 (10.12%) after breast cancer (International Agency for Research on Cancer, 2018). If cervical cancer is discovered early, treatment can be done immediately, so the potency of success in treatment is high and the complication can be prevented. To determine pre-cervical cancer, early detection can be done by Pap Smear and VIA test (Wahyuni, 2013). Pap Smear is a safe test to detect abnormalities that occur in cervical cells, Pap Smear takes 3-7 days to know the results from the laboratory (Wahyuni, 2013). VIA is a test for early detection of cervical cancer using vinegar acid solution (3-5% acetic acid) with fast, known, accurate, simple, easy, effective and inexpensive. The test results can be

released quickly, during the examination, the cervical pre-cancer treatment can be done using the therapy *Cryotherapy* (Kumalasari & Andhyantoro, 2012).

According to the Indonesian Ministry of Health in 2018, cervical cancer occurred at the age of 30-50 years, and women who did an early detection of cervical cancer as many as 3,040,116 women (8.12%) of targeted women (37,415,483 women). 105,418 (3.46%) of them were VIA positive, and 3,601 (0.12%) suspected cervical cancer. In West Java has targeted 7,206,164 women aged 30-50 years from 27 cities, and only 64,220 (0.89%) women participated. 829 (1.3%)) of them were VIA test positive (Indonesian Ministry of Health, 2018). In Garut Regency, 16 PHC provided VIA test services, 3,914 with 80 (2.04%) women detected having tumors, and 2 (0.05%) suspected of cervical cancer (District Health Office Garut, 2018).

The PHC of Pasundan is the only referral PHC in Garut Regency that provides services for clients with a positive VIA test with *cryotherapy*. Women who did early detection of cervical cancer through the VIA test method in 2017 were 274 (0.02%) women, and 24 (8.76%) of women had positive VIA tests and had positive cancers. One person from the PHC referred to a hospital in Bandung. Pasundan Health Center has conducted health education for women such as counseling on VIA examinations, and treatment *cryotherapy* (Puskesmas Pasundan, 2018). The coverage of VIA test rates in the PHC of Pasundan is still low (0.75%). This study aimed to determine the attitudes of women about early detection of cervical cancer with the VIA test method.

METHODS

The method used in this research was quantitative descriptive. The population was Women aged 30-50 years in the PHC Pasundan, about 2,243 women. The sample in this study was 339 women. Data collection was carried out by researchers assisted by 3 numerators, using instruments made by researchers including the characteristics of respondents (age, education, occupation) and the attitudes of women about early detection of cervical cancer with VIA Test which consisted of 20 questions. The

instrument had been tested for validity to 30 people with the lowest score of 0.381, the highest 0.748. The *Cronbach alpha* score was 0.773. The univariate data analysis in the form of frequency distributions and results are presented using a frequency distribution table. Assessment of variables and sub-variables used a median because the data distribution is found to be abnormal for attitudes variables; negative with a score ≤ 50 and positive > 50 , for the cognitive component sub variable criteria included negative scores ≤ 21 and positive > 21 , sub-variables of affective component: negative scores ≤ 14 and positive > 14 , and the conative component, a negative score ≤ 15 and positive > 15 . This research was conducted from May to June 2019 and was approved by the Research Ethics Committee of Padjadjaran University with number 622 / UN6.KEP / EC / 2019

RESULTS

Table 1 Characteristics of Respondents (n = 339)

Characteristics	Frequency (f)	Percentage (%)
Age		
≤ 35 years	141	41.6
> 35 years	198	58.4
Education		
Basic	291	85.8
Secondary	45	13.3
High	3	0.9
Employment		
Housewives	323	95.3
Self	5	1.5
Labor / farmer	7	2.1
PNS / employee	4	1.2

Table 1 shows the characteristics of the respondents mostly the age group > 35 years (58.4 %), almost all respondents have basic education (85.6%) and work as housewives (95.3%).

Table 2 the attitudes of respondents about the VIA test method (n=399)

Variable	sub variable	Rate	Frequency (f)	Percentage (%)
Attitudes		Negative	191	56.3
		Positive	148	43.7
Cognitive		Negative	177	52.2
		Positive	162	47.8
Affective		Negative	204	60.2
		Positive	135	39.8
Conative		Negative	250	73.7
		Positive	89	26.3

Table 2 shows that the majority of respondents have a negative attitude (56.3%). Based on the cognitive component, respondents mostly in the negative category (52.2%), a similar result found the affective component (60.2%) and the conative component (73.8%).

Table 3 Respondents' Attitudes Based on Cognitive Component Indicators About Cervical Cancer Detection using the VIA Test Method (n = 339)

Indicator	Positive		Negative		Total	
	F	%	F	%	F	%
Importance of VIA test	260	76.7	79	23.3	339	100
cervical cancer can be known by the VIA test	259	76.4	80	23.6	339	100
The results of the VIA test are very long *	209	61.7	130	38.4	339	100
Not all married women need to do a VIA test *	218	64.4	121	35,7	339	100
Malignant tumors in the uterus can be identified as early as possible through a VIA test	253	74.7	86	25.4	339	100
Unmarried women are encouraged to do a VIA test *	150	44.2	189	55.7	339	100
Women who are menstruating are not recommended do a VIA test	253	74.7	86	25.4	339	100
Pregnant women may have a VIA test *	187	55.2	152	44.8	339	100

Remarks * negative question

Table 3 shows that almost all of the respondents' cognitive attitudes about early detection of cervical cancer VIA test methods are in a positive attitude, while the dominant-negative attitude score highest in the indicator of unmarried respondents is recommended to do a VIA test as many as (55.7%) respondents.

Table 4. Respondents' Attitudes Based on Indicators of Affective Components About Detection of Cervical Cancer by VIA Test Method (n = 339)

Indicator	Positive		Negative		Total	
	f	%	F	%	F	%
Accurate VIA test results	225	66.4	114	33.7	339	100
Costs cheap VIA test	141	41.6	198	58.4	339	100
VIA test is not complicated	163	48.1	176	51.9	339	100
VIA test is very scary *	112	33	227	67	339	100
Someone who does a VIA test will feel ashamed *	83	24.5	256	75.5	339	100
Take part in conducting a scary VIA test *	70	20.7	269	79.3	339	100

Table 4 shows the respondent's affective attitude mostly have negative attitudes, the indicators were of the inexpensive cost of a VIA test (58.4%), the VIA test is very scary (67 %%), someone who does a VIA test will feel ashamed (75.5%) and participate in conducting a VIA examination (79.3%).

Table 5 Respondents' Attitude Based on Indicators of the Conative Component About the Detection of Cervical Cancer by VIA Test Method (n = 339)

Indicator	Positive		Negative		Total	
	f	%	F	%	F	%
Cervical cancer is dangerous if known after the final stage	237	69.9	102	30.1	339	100
Will not conduct a VIA test if experiencing vaginal discharge *	225	66.3	114	33.7	339	100
Will continue to carry out the examination even though the distance is far away	116	34.2	223	65.8	339	100
Doing a VIA test because of active sexual intercourse	179	52.8	160	47.2	339	100
Do not do VIA test because they do not change partners *	124	36.6	215	63.4	339	100
Do not do VIA test because they do not have the risk of cervical cancer *	98	28.9	241	71.1	339	100

Remarks * negative question

Table 5 shows the conative attitude of respondents found that most of them have a negative attitude, that is, the indicator included they will continue to check even though they live long distance from health services (65.8%), do not conduct VIA test because they faithful to their partners (63.4%), and they did not have the risk of cervical cancer (71.1%).

DISCUSSION

The results of the study found that the cognitive component of attitudes in women regarding the early detection of cancer with the VIA test method is mostly in the negative category. Someone who is cognitively negative, their trust and understanding is also lacking, as cognitive attitude is formed from the knowledge and information that have an impact on their behavior (Azwar, 2013). According to (Ministry of Health Republic of Indonesia, 2018) married women should participate in the early detection of cervical cancer. The impact of respondents' negative attitudes regarding the early detection of cervical cancer is they do not have any effort to do early detection of cervical cancer (Sulistiowati & Sirait, 2014). Another impact is increasing the risk of cervical cancer (Ministry of Health of the Republic of Indonesia, 2017). This is strengthened by research (Parapat et al., 2016) that early detection would identify the disease as early as possible when it detected at an early stage, so it is expected to be cured or get treatment immediately, finally reducing women's morbidity and mortality. However, a woman with a negative attitude, will not participate in the early detection of cervical cancer.

This negative attitude can be influenced by various factors, according to research (Sulistiowati & Sirait, 2014), lack of women's knowledge have an impact to the low participation in early detection, this is because Indonesian women are still unfamiliar about cervical cancer. According to (Nursalam, 2017) a person's level of knowledge will be influenced by one's level of formal education if one's education is higher the higher their understanding and information, and they can make the right decision.

This can be seen in the characteristics of the respondents. Most of them attended elementary school / junior high school education, it can be assumed that the negative attitudes occurred because respondents 'low levels of education, with low levels of education respondents, may have low levels of knowledge and attitudes about VIA test (Nasihah & Lorna B, 2013).

Based on the results, the affective component is mostly in the negative category. Someone who has a negative effect, it would be related to emotional problems. Someone attitude towards something would be equated with feelings about a certain object (Azwar, 2013). The respondents had score 2 for several indicators including the cheap cost of the VIA test, scary and feel ashamed to have a VIA test. These indicators hinder women to participate in conducting the VIA test, even though the cost of a VIA test is cheap, In the early stadium, it is expected that cancer can be (Parapat et al., 2016).

The impact of negative attitudes of the respondent regarding the VIA test method according to (Febriani, 2016) felt shame. Feeling shame is a person's emotions or conditions, in the end, it would affect the respondent's decision regarding participation in the VIA test. According to Dewi L. *et al.*, (2013) a positive attitude tends to participate in the VIA test, while a negative attitude would have contrast behavior, this can be seen that most of the respondents did not want to attend a VIA examination.

Negative attitudes can be influenced by several factors including feeling embarrassed to open her vagina during the VIA test (Febriani, 2016). This is proven by most respondents had score 2 regarding feeling shame to participate in the VIA test. According to (Febriani, 2016) although women have higher education, enough information, high socioeconomic, support from family and cadres, they do not want to have a VIA test when they fear with the procedure.

The results from the conative category showed that women have a negative attitude toward the VIA test. Someone with a negative attitude in the conative category tends to behave negatively toward an object, it can be seen from the subject's response to several activities (Azwar, 2013). The results of this study found most of the respondents had score two related to the indicator of the far distance to health services, faithful to partners, and do not do a VIA test because they do not have the risk of cervical cancer. Even though these indicators have score 2, respondents should have a strong sense and interest for screening as no one guarantee of cervical cancer-free, as many risk factors of this cancer including contraception, age, first sexual intercourse, and immune system disorders (Astuti & Astutik, 2018).

The results of the study stated that most respondents are in negative attitudes, one of the factors is the respondent's interest to participate in screening. The interest is a sense of preference and without being instructed (Artiningsih, 2011). In addition, according to Gerungan's (2004), there are internal and external factors that influence women to participate in the VIA test. Internal factors can be personal and emotional experiences. Good experience would form a positive attitude, while a bad experience would form a negative attitude. Emotional factors are a person's psychological condition, such as feelings of pleasure, and attraction, these feelings would form a positive attitude, whereas conversely, feelings of distrust and hate would form a negative attitude. External factors would encompass the influence of communication, group interaction and cultural influence (Gerungan, 2004). The better the attitude of women the higher the attitude of women to participate in the VIA screening test (Dewi L. et al., 2013).

CONCLUSION

The results of the study showed that the categories of cognitive, affective and conative attitudes were mostly negative. It is expected that women proactively seek information about the importance of the VIA Test and health workers are developed an innovative health education to women about the importance of VIA test screening.

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