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RESEARCH

Relationship between Husband's Support, Knowledge Level, and Motivation with IVA Examination Behavior in Women of Childbearing ge in Padang City

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Abstract

Background: Cancer is the second leading cause of death in the world. Cervical cancer is in the 9th position out of 35 types of cancer causing the most deaths in the world. Cervical cancer is the second highest type of cancer after breast cancer in women, which affects more than 1.4 million women worldwide. Every year more than 460,000 cervical cancer incidents occur and about 231,000 women die from the disease.

Objectives: This study aims to determine the relationship between husband's support, level of knowledge and motivation, with the behavior of IVA examination in fertile aged women in the city of Padang.

Methods: This research is an analytic observational study with cross-sectional comparative study approach that looks at the relationship between knowledge, motivation, and husband's support with IVA examination behavior in women of childbearing age.

Results: The percentage who did not perform IVA examination was higher among respondents with low motivation compared to those with high motivation, namely 54.7% versus 45%. Statistically this difference was not significant (p> 0.05). The number of respondents who did not perform IVA examinations was higher for respondents with less husband's support, namely 32 respondents (42.1%) and more than half of respondents who did IVA examinations, namely 44 respondents (57.9%) who received less support from their husbands. Statistically this difference was significant (p <0.05).

Conclusion: There is a relationship between the level of knowledge and the behavior of the IVA examination, there is no relationship between motivation and the behavior of the IVA examination and there is a relationship between the level of knowledge and the behavior of the IVA examination.

Keywords: IVA, women of childbearing age, education

INTRODUCTION

Cancer is the second leading cause of death in the world. Cervical cancer is in the 9th position out of 35 types of cancer, causing the most deaths in the world. Cervical cancer is the second highest type of cancer after breast cancer in women, which affects over 1.4 million women
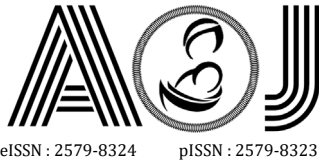
worldwide. Each year over 460,000 cervical cancer incidents occur and about 231,000 women die from the disease.

Data from the ministry of health shows Indonesia have 90-100 cases of cervical cancer per 100,000 population per year, and the spread is accumulated in Java and Bali.[2] Cervical cancer is a malignant tumor that grows in the cervix or cervical cancer originates from 90% squamous cells which lines the cervix and the remaining 10% comes from mucus-secreting gland cells in the cervical canal leading into the uterus.[3] Cervical cancer is directly related to previous infection of one or more Human Papilloma Viruses (HPV).[4]

Several methods of screening and early detection of cervical cancer are known, include: the pap smear test, IVA, IVA examination with *ginescopy, colposcopy, cervixography*, thin prep and HPV test.[5] However, under the conditions in developing countries Indonesia include is to use the IVA method, because the technique is easy / simple, low cost / cheap and the level of sensitivity is high, fast and accurate enough to find abnormalities at the stage of cell disorders (dysplasia) or before pre-cancer. For this reason, an IVA test is recommended for all women aged 30 to 50 years and women who have had sexual intercourse.[4]

Family support plays a very important role in increasing the interest or willingness of women to carry out early detection tests using the IVA method. Families can be a powerful motivator if they always take the time to accompany or escort to health services and remind mothers to do IVA checks. Linadi's research (2013) also states that there is a relationship between husband's support and WUS participation behavior in early detection of cervical cancer. The intended support from the husband can be in the form of providing information about cervical cancer or IVA examinations or in the form of a positive response if the wife invites a discussion about women's health problems such as cervical cancer and IVA examinations. Besides husband's support, education and knowledge also influence the low coverage of early detection of precancerous lesions. According to research conducted by Sumartini (2013) in Linadi (2013), the low coverage of early detection is one of the reasons for the growing development of cervical cancer.[6]

Based on previously described, it needs similar research to study the effect of husband's support, level of knowledge and motivation with early detection of cervical cancer in several subs-districts in Padang City, with relatively low IVA examination coverage. This study is almost the same as the previous research, the difference is that this research was conducted in Padang city which has differences in social life compared to other areas, still influenced by cultural backgrounds which still consider examining the pubic area is taboo.
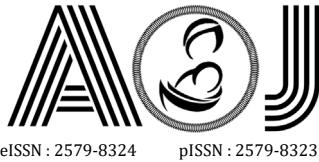
PURPOSE

This study aims to determine the relationship between husband's support, level of knowledge and motivation, with the behavior of IVA examination in Woman of childbearing age in Padang City.

METHOD

This research is an observational analytic study with a cross-sectional comparative study approach that looks at the relationship between knowledge, motivation, and support of husbands with IVA examination behavior in women of childbearing age. The study was conducted at the Padang City Health Center from January to February 2020. All population of this study was women of childbearing age in Padang city. Samples 62 people each group. Samples were women who came to the Health Center in Padang City and women who had performed IVA examinations based on data at the Health Center that met the inclusion criteria.

Inclusion criteria
1. Willing to be research respondents
2. Husband and wife live together

The instrument in this study was a questionnaire, used to assess individual characteristics, knowledge of IVA, motivation, and support provided by husbands to wives.

RESULT

Table 1 Respondent Characteristics

Characteristics	Do not perform IVA Mean ± SD	Perform IVA Mean ± SD
Age	32,1 ± 6,1	34,4 ± 8,7
	f (%)	f (%)
Education		
a. Elementary	1 (50,0%)	1 (50,0%)
b. Junior High	5 (41,7%)	7 (58,3%)
c. High school	43 (53,8%)	37 (46,3%)
d. Diploma/Bachelor degree	13 (43,3%)	17 (56,7%)
Occupation		
a. House wives	47 (57,3%)	35 (42,7%)
b. Civil Servant	6 (46,2%)	7 (53,8%)
c. Self-worker	3 (25,0%)	9 (75,0%)
d. Merchant/Enterpreneur	6 (35,3%)	11 (64,7%)
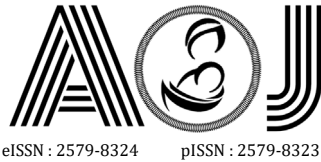
Based on Table 1, it is known that the mean age who did not undergo IVA examination was 32.1 ± 6.1 years, while in the group that did IVA examination, it was 34.4 ± 8.7 years. Most of the respondents were 43 (53.8%) in the group who did not undergo IVA examination and 37 (46.3%) in the group who did the IVA examination with high school education level. More than half of the respondents, namely 47 (57.3%) in the group that did not undergo IVA examinations and 35 (42.7%) in the group that did the IVA examination were housewives.

Table 2 Relationship between Knowledge Level and IVA Examination.

| Knowledge Level | IVA Examination | | | | Total | | p value |
| | No | | Yes | | | | |
	f	%	f	%	f	%	
Low	34	61,8	21	38,2	55	100	0,03
High	28	40,6	41	59,4	69	100	
Total	62	50	62	50	124	100	

Based on Table 2, the percentage who did not perform IVA examinations was higher in respondents with low knowledge than those with high knowledge, i.e. 61.8% versus 40.6%. Statistically this difference was significant (p <0.05).

**Table 3** Relationship between individual motivation and IVA examination.

| Individual Motivation | IVA Examination | | | | Total | | p value |
| | No | | Yes | | | | |
	f	%	f	%	f	%	
Low	35	54,7	29	45,3	64	100	0,37
High	27	45,0	33	55,0	60	100	
Total	62	50	62	50	124	100	

Based on Table 3, it is known that the percentage respondents who did not perform IVA examinations higher in respondents with low motivation compared to those who had high motivation, 54.7% versus 45%. This difference was not statistically significant (p>0.05).

Table 4 Husband's Support Relationship with IVA Examination.

| Husband's Support | IVA Examination | | | | Total | | p value |
| | No | | Yes | | | | |
	f	%	f	%	f	%	
Less	32	42,1	44	57,9	76	100	0,04
Good	30	62,5	18	37,5	48	100	
Total	62	50	62	50	124	100	

Based on Table 4, the number of respondents who did not perform IVA examinations was higher in respondents with less husband's support, 32 respondents (42.1%) and the
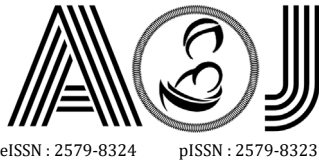
respondents who did IVA examinations were more than half, 44 respondents (57.9%) had less husband's support. Statistically this difference was significant (p <0.05).

DISCUSSION

Based on the results, the mean age of respondents who did not perform IVA examination 32.1 ± 6.1 years. 43 out of 62 respondents who did not perform IVA examinations had a history of high school education and 47 respondents were housewives. According to WHO, women aged 40-45 years have a high risk for cervical cancer. Women in the premenopausal age range should do an examination to detect cervical cancer early, in the form of an IVA examination or a pap smear.

The results of this study show that the level of knowledge can influence the behavior of the IVA examination. Over half of the respondents who did not perform IVA examinations had a low level of knowledge regarding cervical cancer and IVA examinations. The results of this study are in line with research by Linadi (2013) where there is a relationship between the level of knowledge and participation in the pap smear.[6] 69% of respondents did not know that over 35 years of age are at risk of developing cervical cancer. The results of the study also showed that 69% of respondents thought IVA examinations could only be done by obstetricians and gynecologists. This situation shows that the lack of public knowledge due to the lack of information they get about cervical cancer and efforts to prevent it. Therefore, more active health promotion efforts are needed, especially for health centers as the first level health facilities that provide early detection services for cervical cancer through IVA examinations.

From the results, we know that individual motivation does not affect the behavior of the IVA examination. In contrast with research conducted by Indah (2015) where maternal motivation is related to IVA examination behavior.[7] Likewise, with research conducted by Sari (2017) where there is a relationship between motivation for early detection of cervical cancer and the act of carrying out a pap smear. Individuals' motivation and attitudes towards screening efforts can influence their decision to perform the screening or not. Motivation has a function, specifically encouraging someone to make a healthy effort, in this case an IVA examination. Motivation can determine the direction of the action to achieve goals. The results indicate that there is no relationship between motivation and IVA examination. Internal and external factors can influence a person's motivation.

The results of this study indicate that husband's support is associated with IVA examination behavior. More than half of the respondents who did not undergo IVA examinations received less support from their husbands. However, in the group that underwent IVA examinations, more than half of the respondents did not get support from their husbands. This shows that most of the respondents who performed IVA examinations of their own volition. The results of this study are in line with research conducted by Linadi
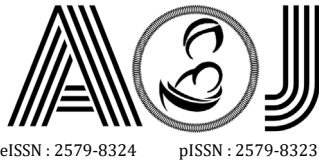
(2013) where there is a relationship between husband's support and participation in the pap smear. Most of the respondents who did not do the pap smear did not get support from their husbands.[6]

CONCLUSION

There is a relationship between the level of knowledge and the behavior of the IVA examination, there is no relationship between motivation and behavior in the aIVA examination and there is a relationship between the level of knowledge and behavior in the IVA examination.

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