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RESEARCH ARTICLE

Determinants of VIA Test Acceptance among Women of Reproductive Age at Padang Pasir

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Abstract

Introduction: *Visual Inspection with Acetic Acid (VIA) is an early detection method for cervical precancerous lesions. VIA coverage in Indonesia remains low. This study aimed to analyze the association of sociodemographic factors, information sources, and husband's support with VIA test acceptance among women of reproductive age at Padang Pasir Health Center, Padang City.*

Method: *An analytic observational study with a cross-sectional design was conducted in December 2023. The population consisted of women of reproductive age in the working area of Padang Pasir Health Center. A total of 100 respondents were selected using consecutive sampling. Data were collected through structured interviews with questionnaires and analyzed statistically.*

Result: *The analysis revealed no significant association between age, education, occupation, or socioeconomic status and VIA acceptance. In contrast, information sources and husband's support were significantly associated with acceptance. No significant relationship was found between acceptance and actual participation in VIA screening.*

Conclusion: *Sociodemographic factors did not influence VIA acceptance. Information access and husband's support were key determinants of willingness to undergo VIA testing. Strengthening health promotion and involving husbands in cervical cancer prevention programs are recommended strategies to increase VIA coverage.*

Keywords: *IVA test, women of childbearing age, cervical cancer, acceptance*

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INTRODUCTION

Cervical cancer ranks as the second most common type of cancer among women in Indonesia. According to data from the World Health Organization (WHO), there were 36,633 cases of cervical cancer in Indonesia in 2020.[1] Based on the Indonesian Cancer Foundation, West Sumatra is the second province with the highest prevalence of cervical cancer, reaching 82 per 100,000 population.[2] The high prevalence of cervical cancer requires the prevention of Human Papilloma Virus (HPV) infection, which is the main cause of cervical cancer, as well as early detection. Several methods recommended by WHO include HPV vaccination and early detection of cervical cancer through Pap smear examination, HPV DNA testing, and Visual Inspection with Acetic Acid (VIA).[3,4]

The coverage of early cervical cancer detection using the VIA method in Indonesia remains low. The minimum program target expected to be achieved within five years (2015–2019) was at least 50%; however, the actual VIA coverage in Indonesia was far below the expectation.[5]

In 2016, the VIA examination coverage in West Sumatra Province was 7.16% (Ministry of Health of the Republic of Indonesia, 2016). Padang City is one of the cities that showed an increase in VIA examination coverage, with Padang Pasir Primary Health Center being the health center with the highest VIA coverage.[3]

Several factors influence women of reproductive age in undergoing VIA examination, including knowledge, education level, occupation, and economic status.[3] In addition, awareness of VIA testing also depends on age, attitude, family support, tradition and beliefs, and the community environment.[6] Whether or not women of reproductive age receive information will determine their attitude toward VIA testing.[7] Emotional, informational, instrumental, and spousal approval support also play an important role in women's participation in VIA screening.[8]

Based on this background, the researchers were interested in conducting a study on the relationship between sociodemographic factors, information sources, and spousal support of women of reproductive age with the acceptance of VIA examination at Padang Pasir Primary Health Center, Padang City, in 2023.

METHODS

This study was an analytic observational research with a cross-sectional design. It was conducted in the working area of Padang Pasir Primary Health Center, Padang City, in December 2023. The study population consisted of women of reproductive age living in the Padang Barat subdistrict, within the working area of Padang Pasir Primary Health Center. Samples were drawn from this population, including women of reproductive age who met the inclusion and exclusion criteria.

The inclusion criteria were women aged 15–49 years, married, and not having undergone total hysterectomy. The exclusion criteria were women without a husband (divorced or widowed), those who had reached postmenopause, or those already diagnosed with cervical cancer. The sample size was calculated using the Lemeshow formula for an unknown population (N), resulting

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in a total of 100 respondents. Sampling was performed using a non-probability consecutive sampling technique.

Data were collected through a questionnaire consisting of 32 validated and reliable questions. Questionnaire responses were categorized using numerical scales and ordinal scales (Likert 1–4). Data analysis included univariate analysis with frequency and percentage to describe respondent characteristics, and bivariate analysis using the Chi-square test.

RESULT

Respondent Characteristics

Table 1. Characteristics of Study Respondents

No	Variable	Frequency (n)	Percentage (%)
1	Age		
	15-34 years	22	22
	35-49 years	78	78
2	Education Level		
	Elementary School	2	2
	Junior High School	1	1
	Senior High School	16	16
	Diploma (D3)	30	30
	Bachelor's Degree (S1)	49	49
	Master's/Doctoral Degree (S2/S3)	2	2
3	Occupation		
	Housewife	21	21
	Civil Servant	66	66
	Entrepreneur	4	4
	Others	9	9
4	Socioeconomic Status		
	Low	38	38
	High	62	62
5	Source of Information		
	Print Media	1	1
	Electronic Media	13	13
	Health Workers	83	83
	Relatives/Family	3	3
6	Husband's Support		
	Good Support	38	38
	Poor Support	62	62
7	Acceptance		
	Good	58	58
	Poor	42	42
8	Participation in Examination		
	Ever	27	27
	Never	73	73

Based on Table 1, the characteristics of respondents in this study showed that the majority

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were within the high-risk age group for cervical cancer (78%), and almost all had a higher education level (97%), with the largest proportion holding a bachelor's degree (49%). Most respondents were employed (79%), and the majority had a socioeconomic status above the regional minimum wage (62%).

Regarding information sources, most women of reproductive age (WRA) received two-way information (86%), predominantly from health workers (83%). However, fewer WRA received good support from their husbands for undergoing the VIA test (38%) compared to those who did not receive such support (62%).

In terms of acceptance, 58 respondents demonstrated good acceptance of the VIA test, while 42 showed poor acceptance. Out of the 100 respondents, only 27 had ever undergone a VIA examination.

The Relationship of Determinant Factors of Women of Reproductive Age with VIA Test Acceptance

Table 2. Relationship of Determinant Factors of Women of Reproductive Age with VIA Test Acceptance

Determinant Factors	Acceptance				Total		OR	*p-value*
	Good		Poor					
	f	%	f	%	f	%		
Age								
35-49 years	43	55,1	35	44,9	78	100	0,573	0,395
15-34 years	15	68,2	7	31,8	22	100		
Education Level								
Higher Education	58	59,8	39	40,2	97	100		0,141
Lower Education	0	0,0	3	100	3	100		
Occupation								
Employed	47	59,5	32	40,5	79	100	1,335	0,735
Unemployed	11	52,4	10	47,6	21	100		
Socioeconomic Status								
High	38	61,3	24	38,7	62	100	1,425	0,520
Low	20	52,6	18	47,4	38	100		
Source of Information								
Two-way Information	55	64,0	31	36,0	86	100	6,505	0,004
One-way Information	3	21,4	11	78,6	14	100		
Husband's Support								
Good Support	28	73,7	10	26,3	38	100	2,987	0,023
Poor Support	30	48,4	32	51,6	62	100		

Based on Table 2, women of reproductive age (WRA) in the high-risk age group mostly showed good acceptance of the VIA test (55.1%), while those in the low-risk age group also predominantly demonstrated good acceptance (68.2%). The Chi-square test yielded a p-value of 0.395, indicating no significant association between age and VIA acceptance.

Regarding education level, 59.8% of WRA with higher education showed good acceptance, while none with lower education reported good acceptance. The statistical test produced a p-value

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of 0.141, suggesting no significant relationship between education level and VIA acceptance.

Employment status showed that 59.5% of employed WRA and 52.4% of unemployed WRA had good acceptance. The p-value was 0.735, indicating no significant association between occupation and VIA acceptance.

For socioeconomic status, 61.3% of WRA with high socioeconomic status demonstrated good acceptance compared to 52.6% with low socioeconomic status. The p-value was 0.520, meaning no significant relationship was found. In terms of information sources, 64% of WRA who received two-way information showed good acceptance, while only 21.4% of those with one-way information did so. The p-value was 0.004, indicating a significant association between information sources and VIA acceptance.

Finally, 73.7% of WRA who received good husband support showed good acceptance, whereas the majority of those with poor husband support (51.6%) demonstrated poor acceptance. The Chi-square test resulted in a p-value of 0.023, confirming a significant relationship between husband's support and VIA acceptance.

The Relationship between Acceptance and Participation of Women of Reproductive Age in VIA Test

Table 3. Relationship between Acceptance and VIA Test Participation

Acceptance	Participation in Examination				Total		OR	*p-value*
	Ever		Never					
	f	%	f	%	f	%		
Good Acceptance	19	32,8	39	67,2	58	100	2,071	0,195
Poor Acceptance	8	19,0	34	81,0	42	100		

Based on Table 3, only 32.8% of women of reproductive age (WRA) with good acceptance had ever undergone a VIA test, while among those with poor acceptance, 8% had ever undergone the test. The statistical test yielded a p-value of 0.195, indicating that there was no significant association between good acceptance and participation in VIA screening.

DISCUSSION

Age greatly influences a person in making decisions, behavioral maturity, mindset, and the amount of knowledge acquired. The older a woman of reproductive age (WRA) is, the more she feels at risk of developing diseases, which leads to better health behavior.[3,9] Younger women tend not to undergo early detection because they do not feel at risk of cervical cancer. However, there are other possible reasons why younger women may not undergo screening, such as lack of knowledge, embarrassment about being examined, absence of symptoms, fear of the results, and the perception that the VIA test is neither important nor necessary yet.[5,10]

In reality, many WRAs, whether at high or low risk, are still unaware of the importance of undergoing a VIA test due to insufficient knowledge about it. If a WRA's knowledge regarding the

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VIA test is poor, her awareness and willingness to undergo the examination will also be low.[11]

The results of this study are consistent with research conducted by Lusiana et al. (2019), which found no significant relationship between age and VIA test screening among women of reproductive age.[3] Suharni's study (2019) also showed no relationship between age and VIA screening (p=0.163).[10] Meanwhile, research by Reffi et al. (2019) (p=0.008) demonstrated a significant relationship between maternal age and VIA examination.[12]

Education influences a person's ability to receive information. The higher the level of education, the easier it is for someone to process information due to better intellectual capacity. Lower levels of education may cause difficulties in receiving information because of hindered intellectual development, making it harder to accept new knowledge and insights.[5,13,14]

WRAs with higher education levels tend to be more active in practicing healthy lifestyles because they more easily understand the causes of diseases and how to prevent them. Higher education makes WRAs more prudent in making decisions to undergo health examinations in the future, resulting in better acceptance of the VIA test. Conversely, lower education levels may cause WRAs to be less concerned about diseases that can threaten their health.[9]

The attitudes of women of reproductive age (WRA) toward VIA screening are not always positive, even among those with higher education, due to limited knowledge about cervical cancer and the VIA test.15 According to Nelly et al. (2020), negative perceptions and inadequate knowledge of VIA mean that information on VIA does not significantly influence WRAs with higher education. Therefore, higher education does not necessarily lead to better acceptance of VIA screening.[13]

WRAs with lower education levels undergo VIA screening because knowledge about the test can be acquired not only through formal education but also through informal activities such as community health posts, maternal classes, and other community-based programs.[9]

These results are consistent with the study by Nelly (2020), which found no relationship between the education level of WRAs and their perception of VIA test acceptance.[16] However, Niluh's study (2017) (p=0.028) reported different findings, showing a significant relationship between education and VIA screening.[9] Similarly, a study conducted by Riama (2022) revealed that as many as 83.3% of respondents with higher education levels had undergone VIA screening.[17]

Working WRAs generally have broader knowledge as they are exposed to more information compared to non-working WRAs, making them more likely to be aware of cervical cancer and VIA screening. Working WRAs tend to interact, exchange opinions, and share experiences with colleagues, which can motivate them to undergo VIA screening.[3,11,16] On the other hand, non-working WRAs spend more time at home, limiting their access to information about VIA.[10]

Despite having sufficient knowledge about cervical cancer, working WRAs may not have the time to undergo VIA screening due to work commitments. According to Nelly et al. (2020), non-working WRAs have more free time than working WRAs, making it easier for them to attend VIA screening. However, in reality, many non-working WRAs remain reluctant to undergo the examination due to limited access to information.[16]

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According to Lusiana et al. (2019), there is no relationship between employment status and WRA behavior in undergoing VIA screening, as being busy does not necessarily affect the willingness to attend the test.[3] Mei and Ella (2019) also reported no relationship between employment and VIA screening, attributing it to other factors such as lack of information on the VIA schedule and negative perceptions of the test.[5] In the researcher's view, VIA screening does not significantly interfere with working hours. WRAs only need to set aside a short amount of time or request a brief leave from work, as the procedure is quick and does not take long.

These results are consistent with the study by Mei and Ella at Bondongan Public Health Center (2018), which concluded that there was no relationship between employment and WRA behavior in undergoing VIA screening (p=0.116).[5] However, different results were reported by Suharni (2019), who found a relationship between employment and cervical cancer prevention efforts through the VIA test (p=0.002).[10]

Lifestyle can be influenced by economic level. Socioeconomic status affects a person's view of health and their ability to pay for health services. In addition, a higher socioeconomic level enables a person to obtain information about cervical cancer and VIA screening through both formal and informal education.[14]

According to the researchers, socioeconomic status does not necessarily affect WRAs' acceptance of VIA screening, since VIA tests are now available free of charge at primary health services. Thus, all WRAs, regardless of high or low socioeconomic status, can undergo VIA screening. Differences in acceptance levels are influenced by other factors, such as a lifestyle that does not prioritize health for disease prevention, lack of information about the VIA test, and low support from close relatives.[9]

This study's findings are consistent with Niluh's research, which showed no significant relationship between socioeconomic status and VIA screening (p=0.783).[9] Similarly, research conducted by Yona and Noer (2019) reported that family income had no significant influence on VIA screening behavior.[18]

Information is suggestive in nature and can influence a person's behavior in assessing something. Women who receive information about cervical cancer and its prevention tend to have better acceptance of VIA screening. Women who do not receive information about cervical health are less likely to understand VIA and therefore have no desire to undergo screening.[19]

Currently, access to information is very easy, whether through mass media or from people around them such as family, relatives, friends, or health workers. One-way information, such as print media, television, or the internet, if not well interpreted, may lead WRAs to develop negative perceptions of VIA. According to Nelly et al. (2020), many WRAs are unwilling to undergo VIA screening because the information they receive is not well digested, making them more likely to think negatively about the examination.[16] This statement is supported by research findings that WRAs who received one-way information tended to have poor acceptance (78%).

Information obtained from other people tends to influence WRAs' perceptions of VIA more

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strongly due to its two-way nature, which allows WRAs to consult and shape their opinions about the screening.[20] According to the researchers, information provided by health workers in the form of counseling offers WRAs the opportunity to ask questions, enabling them to understand the information correctly and fostering better acceptance of VIA. However, this must be accompanied by support from those around them and active involvement from health workers.[21] WRAs who receive two-way information but still have poor acceptance are usually affected by lack of family support, limited awareness of cervical cancer risks, and insufficient understanding of the examination, which leads them to feel afraid or embarrassed to undergo screening.[7]

These findings are consistent with research conducted by Sry Arina Manihuruk (2019), which found that out of 76 women without access to information, 72 did not undergo VIA screening.[7] Another study by Yuninda et al. (2021) also showed a significant relationship between sources of information and VIA screening (p=0.000).[19]

The role of the husband as head of the household makes him a dominant factor in WRAs' decision-making. Research shows that most WRAs' husbands (65%) are involved in decision-making and grant permission for VIA screening.[15,22] Husbands who have good knowledge of family health encourage WRAs to undergo VIA screening. Forms of support from husbands may include giving advice and motivation, providing information about the importance of early detection to prevent cervical cancer, and engaging WRAs in discussions about reproductive health. In addition, husbands may provide health insurance funds, cover transportation costs, accompany, or take WRAs to undergo VIA screening. Husbands who provide strong support often take the initiative to encourage WRAs to visit health facilities for the examination.[5,19,20]

In reality, many husbands do not provide support to WRAs to undergo VIA screening. Research findings show that most husbands are unaware of VIA screening, and only a small proportion of respondents' husbands provide material support. Husbands' initiative in encouraging health examinations is still very limited, as shown by studies indicating that the majority of husbands (82%) never invite WRAs to undergo VIA screening. This is due to husbands' lack of knowledge about cervical cancer and the importance of prevention through VIA screening. Therefore, health education should be provided not only to WRAs but also to their husbands, in order to improve knowledge about the VIA test and increase screening coverage.[11,21,23]

These findings are consistent with the study by Miftahil et al. (2019), which showed that most WRAs did not receive spousal support to undergo VIA screening (p=0.000).[11] Different results were obtained by Tri Ardayani (2020), who reported no relationship between husband's support and WRAs' participation in VIA screening (p=1.000).[15]

Barriers preventing WRAs from undergoing VIA screening include lack of awareness and insufficient information about the importance of the test, as well as the belief among many WRAs that they do not need screening because they have never engaged in risky behaviors and do not feel any symptoms.[10,11,22] Therefore, even though WRAs may have a positive perception of VIA, many still do not act on it by undergoing the test.[13] According to the researchers, positive perception or belief in VIA screening alone is not enough to encourage WRAs to actually take the test.

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Interviews in this study revealed that most WRAs who had never undergone VIA screening cited fear of pain or discomfort during the procedure and fear of the results as their reasons. Findings also showed that some WRAs who had undergone VIA screening had poor acceptance (19%). This was due to several reasons, such as being busy with work, feeling embarrassed, experiencing pain or discomfort during the procedure, lack of spousal permission, and fear that a positive result would cause psychological distress.[19,21,24]

Lack of knowledge about cervical cancer and its prevention through early detection may also hinder WRAs' awareness of the importance of VIA screening.[13] Liyasda and Tanjung's (2018) study found that most WRAs did not have sufficient knowledge about cervical cancer, its symptoms, or its detection through VIA. Poor perceptions and insufficient knowledge about VIA screening lead WRAs to develop misconceptions, making them unwilling and afraid to undergo the test.[21,25]

CONCLUSION

Based on the results of the study conducted in the working area of *Padang Pasir Public Health Center* in 2023, it can be concluded that there is no significant relationship between age, education level, occupation, and socioeconomic status of women of reproductive age with the acceptance of the VIA test. However, there is a significant relationship between access to information as a source of knowledge and husband's support with the acceptance of the VIA test. Furthermore, no significant relationship was found between the acceptance of the VIA test and the participation of women of reproductive age in undergoing the test.

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