

HUSBANDS' ATTITUDE OF CERVICAL CANCER EARLY DETECTION: IVA TEST

I Nova Alfiandhi¹, Yanti Hermayanti¹, Lilis Mamuroh¹

¹Faculty of Nursing, Universitas Padjadjaran

Corresponding Email: lilismamuroh65@unpad.ac.id

Abstract

The increasing incidence of advanced cervical cancer is caused by the lack of women's participation in cancer early detection. One factor that may influence women to participate in early detection of cervical cancer through IVA test is the lack of husbands' involvement, suggest, and support the wife to participate in cancer screening. The purpose of this study was to determine the husband's attitude about the IVA examination. This research method used quantitative descriptive, the sample in this study was 100 men, the sampling was chosen using the consecutive sampling method. Data was collected using a questionnaire about the husband's attitude and support. The research location was in Pasundan Public Health Center in Garut Regency. Data were analyzed using a univariant statistical test. The results of the analysis showed that most respondents, 87 people (87%) respondents did not support and only 13 people (13%) respondents supported the IVA test. The conclusions from this study show that most husbands do not support their wives who do VIA tests. Health education about IVA examinations to husbands and the socialization of the importance of wives to conduct IVA examinations would increase women's participation.

Keywords: Attitude, Early Detection of Cervical Cancer, husbands, IVA Examination.

INTRODUCTION

In Indonesia the incidence of cervical cancer was the first rank of a deadly disease among women. According to Riskesdas in 2013 the data showed that the cancer prevalence was 0.8% or around 98,692 residents. According to the Garut District Health Office Data in 2017 the cervical cancer early detection program using IVA tests conducted at 16 PHC at 3,914 (2.16%) women found 80 (2.04%) affected by tumors and 2 (0.05%) were suspected of cancer (Garut Health Service Profile, 2017). The increase in mortality and cervical cancer cases illustrates that women and families in Indonesia have not yet realized the importance of early detection as one of the prevention actions for the discovery of advanced-stage cancer.

In developing countries, including Indonesia, prevention of cervical cancer can be done by IVA test or Pap smear because the early symptoms of cervical cancer often have no obvious signs and symptoms. Examination using IVA test has proven to be an early screening for cervical cancer which is quite effective and efficient. IVA examination in women of reproductive age is important to know the health conditions of the reproductive organs especially the cervix and will recognize the need to maintain their reproductive health (Soehartono, 2010). However, few women in Indonesia participated in the IVA examination program.

Several studies have identified factors that can cause women to undergo cervical cancer screening, one of which is the husband's support (Munthali, 2015). In Malawi, there was a lack of involvement of husbands to motivate wives to participate in cancer screening and also lack of screening facilities, those factors affect the low participation of women in screening. In Indonesia there are still limited studies that examine the involvement of a husband in supporting his wife to participate in the IVA test. The purpose of this study was to determine the husband's attitude about the examination of IVA test.

METHODS

This research was quantitative descriptive research. Data processing is done by frequency distribution. The sampling technique in this study used *consecutive sampling*: 100 husbands with criteria, their wives were 24-49 years, and number children > 2. The instrument in the study was a questionnaire adopted from the study (Chioma C. Asuzu, Elizabeth Akin-Odanye, 2014) which asked the husband's attitude to his wife about cervical cancer screening. Questionnaire questions include how husbands' attitudes towards screening wives, whether husbands encourage their wives to screen for cervical cancer, whether husbands know the risk factors for wives who are prone to cancer, and how to prevent them. The question also related to financial support and time to accompany his wife to health services during the cervical cancer screening schedule.

The location of the study was in the Pasundan Health Center in Garut Regency. Data were analyzed using a frequency distribution based on question items per sub-variable. The husband's attitude was categorized into two criteria that are supporting, and not supporting. Components of attitude include cognitive, affective, and conative. The researcher also examined the characteristics of respondents including age, education, occupation, and the number of children. The results of the analysis are presented in tabular form, namely the respondent characteristic table, husband's attitude table, and attitude component table.

RESULTS

Tabel 1 Characteristics of Respondents (n = 100)

Variable	Frequency	(%)	Husband's Attitudes			
			Support		Does Not Support	
			f%	F%	F%	F%
Age						
18-40 years	47	47	4	8	43	92
41-60 years	53	53	9	17	44	83
education						
elementary	71	71	6	8.4	65	91.6
junior	19	19	3	16	16	84
high school	10	10	4	40	6	60
colleges	0	0	0	0	0	0
Employment						
Labor	77	77	10	13	67	79
PNS	1	1	0	0	1	100
Self Employed	19	19	3	16	16	84
Other	3	3	0	0	3	100
Income						
<UMR	95	95	12	13	83	87
> UMR	5	5	1	20	4	80
Number of Children						
2-3	58	58	8	14	50	86
4-5	38	38	4	11	34	89
6-7	3	3	1	33	2	77
8-9	1	1	0	0	1	100

Table 1 found that the majority of respondents in middle adulthood (ages 41-60 years) 53 people (53%); 71 respondents (71%) had an elementary school education; almost all respondents, 77 respondents (77%) work as laborers and have monthly income <UMR: more than half of respondents, 58 respondents (58%) have more or equal children with 3 children.

Table 2 Husband's Attitude About IVA Examination (N = 100)

Husband's Attitude	Frequency (f)	Percentage (%)
Supporting	13	13
Not Supporting	87	87
Total	100	100

From the table above it is known that the majority of husbands had not 's support of IVA examination as much as 87 people (87%) and only a small proportion who supported their wives for IVA Test, 13 people (13%).

Table 3 Frequency Distribution of Aspects of Cognitive, Affective, Conative (N = 100)

Attitude Aspects of	Supporting		Not Supporting	
	F	%	F	%
Cognitive				
Supporting	3	3	0	0
Not supporting	0	0	97	97
Knowledge	11	11	89	89
Attitudes towards wives who doing an IVA examination	15	15	85	85
Effectively				
Supporting	6	6	0	0
Not supporting	0	0	94	94
Making Suggestions	8	8	92	92
Paying attention to reproductive health	10	10	90	90
Knowing Cancer Prevention	11	11	89	89
Conative				
Supporting	4	4	0	0
Not supporting	0	0	96	96
Giving encouragement	10	10	90	90
Providing Funds	9	9	91	91
Spending Time	5	5	95	95

Table 3 showed the husband's cognitive attitude about IVA examination, almost all respondents do not support and only a small proportion of respondents support. The results of the analysis of affective and conative components are also the same.

DISCUSSION

Husband's Attitude About IVA Examination

The findings showed that most husbands do not provide support in IVA examination. Factors influencing the lack of husband support for IVA examination were the knowledge of most

respondents that almost half of them only attended primary school; and almost all of the respondents work as laborers and have monthly income <UMR. So in addition to limited health knowledge, they are also financially limited to support their wives participating in the IVA test.

According to Cholil (Bobak, 2005), that the factors influencing the husband's support in IVA examination were financial and knowledge. Financial factors or economic factors affect the support of the husband in the IVA examination, it was found in the field that the family income in Sukanegla Kelurahan mostly earns below the UMR of 95 people (95%), the effect is that the husband does not give money to the wife to do the IVA Examination. Furthermore, the husband's knowledge in the IVA examination is influenced by several factors, namely experience, education level, beliefs, sources of information, and income. Most respondents had last education at the elementary level (SD) and limited sources of information about IVA examinations, there was no socialization or health education about IVA examination tests involving the head of the family, especially the husband. The low husband's knowledge and limited access to health information about IVA examination would influence the husband in making decisions effectively.

Based on research conducted by (Mupepi, Sampsel, & Johnson, 2011) that accessing cervical cancer screening services depends on their husbands and requires support from their husbands. One of the causes related to the low participation of women in the early detection of cervical cancer was the husband who did not permit his wife for an IVA test (Kemenkes, 2014). Based on the Government's program, early detection program includes to provide counseling activities, to provide an overview of the female reproductive organs, symptoms of cervical cancer, risk factors, and actions to prevent it. After counseling, the health professional will write a woman's name as screening participants. The requirements for conducting an IVA test include women are not in the menstruation period, and not having sexual intercourse for 24 hours. The Indonesia government has developed many programs to encourage women in participating in the IVA Examination program can run well (Septadina, 2015). However, there is not program related to husbands' involvement.

Cognitive, Affective and Conative Aspects of the Husband regarding VIA Examination

The cognitive attitude of the husband describes what a person believes (husband) towards something, in this case, is IVA examination. Trust is the basis of one's knowledge of an object. Based on the results of research on the cognitive attitude of the husband in IVA showed that almost all husbands were less supportive. Most respondents have jobs as laborers, so maybe respondents find it difficult to take the time to find information about early cancer detection, and they are busy working, they cannot drop their wives to do an IVA examination. The husband's income has an impact on them. Husbands provide less suggests because of the long distance from home to health services requires costs.

Affective attitude is a feeling that involves the emotional aspects of an object. Based on the results of research on affective attitudes that a small proportion of respondents support the examination of IVA. Conative attitude is an aspect of a person's tendency to behave in certain ways. The results of this study husband's conative attitude only 4 people (4%) respondents who support. The results showed that most respondents did not give encouragement and approval to their wives in conducting IVA examinations. This is likely due to the lack of understanding and information from the husband about the importance of IVA screening, the absence of health education and health promotion related to IVA examinations to the husbands on the PHC officer has an impact on limited husband understanding about the benefits of IVA examination even though cancer screening is very important to women's reproductive health.

CONCLUSION AND RECOMMENDATION

Based on the results of research that has been conducted by researchers about the husband's attitude about IVA examination at the Pasundan Health Center, Garut, West Java, it was concluded that most of the husbands were less supportive and only a small portion supported his wife's participation for IVA examination from the Cognitive, Affective, and Conative. Health education about IVA examination and socialization to husband about IVA examination are expected to increase husband's support for his wife to participate in an early detection program for cervical cancer through IVA test.

REFERENCES

- Arikunto, S. (2010). *Research Procedure A Practical Approach*. Jakarta: Rineka Cipta.
- Astrid Savitri, et al (2015). *Peel Completely Cervical & Cervical Breast Cancer* Yogyakarta: Pustaka Baru Press.
- Asuzu, Elizabeth & Adebola. (2014). Husband's Knowledge, Attitude, and Behavioral Disposition to Wives Screening for Cervical Cancer in Ibadan. *African Journal*, 167-i76.
- Bobak, IM. (2005). *Maternity Nursing Textbook 4th edition*. Jakarta: EGC.
- Data and information Center. (2015). *Cancer Situation*. Jakarta: Indonesian Ministry
- DKK. (2017). *Profile of Garut Regency Health Service in 2017*.
- West Java Province Health Service. (2017). *Health Profile of West Java Province 2017*.
- Ministry of Health. (2014). *JKN Guarantees Early Detection of Uterine and Breast Cancer*. Jakarta: <http://www.depkes.go.id/article/print/2014270003/jkn-menjamin-pemeriksa-detect-dini-kanker-leher-rahim-dan-payudara.html>, accessed on 4 February 2015 pukul 19.35 WIB
- Ministry of Health Basic Health Research (Riskesdas). (2013). *Ministry of Health Research and Development Agency of the Republic of Indonesia in 2013*.
- Munthali, AC, Ngwira, BM, & Taulo, F. (2015). Exploring barriers to the delivery of cervical cancer screening and early treatment services in Malawi: some views from service providers. *Patient preference and adherence*, 9, 501.
- Mupepi, Sampelle, & Johnson. (2011). Knowledge, attitude, and demographic factors influencing cervical cancer screening behavior from Zimbabwean women. *Journal of Women's Health*, 943-952.
- Soehartono. (2010). *Vaginal systemologist*. Jakarta: Balai FKUI
- Wigati, PW. (2016). *Path Analysis with the Health Belief Model Regarding the Use of Acetic Acid Visual Inspection Screening for Early Detection of Cervical Cancer in Fertile Age Women in Kediri City (Doctoral dissertation, Sebelas Maret University)*.