
RELATIONSHIP BETWEEN INCOME AND HUSBAND'S SUPPORT IN PARTICIPATION WITH VIA SCREENING METHOD IN SEXUAL PRODUCTIVE WOMEN

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ABSTRACT

KEYWORDS

Husband's Support, Income level, VIA Method.

Cervical cancer is the second most common cancer in women worldwide after breast cancer. The high incidence of cervical cancer is due to delays in diagnosis and patients coming in with advanced cancer conditions; it is necessary to have cervical cancer screening so that it is not too late in treatment. One cervical cancer screening that can be done is the visual inspection with the acetic acid (VIA) method. Based on the existing phenomena, not all women of childbearing age want to do the VIA examination because they feel ashamed, lack knowledge regarding the importance of VIA, fear feeling sick during the examination, and lack of husband's support. This study aims to determine the relationship between income level and husband's help with participation in cervical cancer screening using the VIA method in women of childbearing age. This type of research is a quantitative study with a cross-sectional approach. The research sample is women of childbearing age, which meets the sample criteria by using simple random sampling of as many as 120 respondents. The instrument used is a questionnaire and data analysis using Chi-square. The results showed a relationship between the level of income and the husband's support with participation in cervical cancer screening using the VIA method at WUS in Tandun I District, with p-values of 0.010 and 0.028 (p-value <0.05). The conclusion is that an increase in income or the provision of material support and the husband's support can make his wife carry out an IVA examination. Therefore, it is hoped that what should give an increase in income or the provision of materials support and a husband's license to the wives of couples of childbearing age to prevent cervical cancer and reduce cervical cancer mortality

INTRODUCTION

Cervical cancer is the second most common cancer in women worldwide after breast cancer (Junainah, 2017). According to the World Health Organization (WHO), there are 490 thousand women each year diagnosed with cervical cancer, and 80% are in developing countries, including Indonesia (WHO, 2021). The incidence of cervical cancer in Indonesia in 2018 was 32,439 cases, with a death rate of 1,234 (Kemenkes RI, 2020). The incidence of cervical cancer, according to the Riau Provincial Health Office profile, was 471 people (1.1%) of the 44,248 women who had the examination. Routine early detection is carried out at 30-50 years in all districts/cities in the province of Riau (Wastikasari, 2019).

Handling that can be done in preventing cervical cancer is by carrying out primary prevention, such as avoiding risk factors for cervical cancer and vaccination, followed by secondary prevention, such as early detection (Makmuriana et al, 2022).

One of the early detections is Visual Inspection of Acetic Acid (VIA) which aims to see the presence of dysplastic cells (Fadhilah et al., 2021). The number of women who screened for VIA in Indonesia was 856,872, or 1.85% of the target women aged 30-50 years, with 50,171 positive VIA (4.47%) and 5,847 suspected cervical cancer (Kemenkes RI, 2020).

The high incidence of cervical cancer can be caused by delays in diagnosis so that patients come with advanced cancer conditions. Several factors that support women of childbearing age conducting VIA examinations are education level, knowledge, income level, and husband's support. Based on the existing phenomena, not all women of childbearing age are willing to do VIA examinations because women feel ashamed, doubtful, or lack knowledge regarding the importance of VIA, are afraid of feeling sick during the examination, and lack of husband's support (Wulandari et al., 2019).

Research (Malehere et al, 2022) shows a significant relationship between the husband's support and participation in the VIA examination, with a p-value of 0.012. A husband who supports his wife will accompany her to carry out a VIA examination and provide information and support so that she is not afraid to be examined. Other studies have also shown that higher income is associated with a person's opportunity to get better health services. High income is related to the ease of women gaining access to health services because of the ability of women to pay the total costs required for health services (Yulita et al., 2022). Research (Imelda et al., 2022) shows a relationship between income and participation in the VIA examination.

Based on a preliminary study conducted at the Tandun I Health Center, the number of women of childbearing age who had an IVA examination during the last 3 years (2019 – 2021) was 0.3%-0.6%. This shows that the coverage of the VIA examination at the Tandun I Health Center is still very low. Very low achievement due to low awareness to carry out VIA examinations, low income levels, and lack of support from husbands. Therefore, this study aims to determine the relationship between the level of income and husband's support with participation in cervical cancer screening using the IVA method at WUS in Tandun I District.

RESEARCH METHODS

This type of research is a quantitative study with a cross-sectional approach. The population in this study was all WUS in the Tandun I Health Center area. The research sample used a simple random sampling technique with a selection of 120 respondents who met the inclusion and exclusion criteria. What conducted this research Tandun I Health Center working area in five villages, namely Kumain, Puo Raya, Tandun, Koto Tandun, West Tandun, Rokan Hulu Regency, Riau Province, from April 28 to May 31, 2022. This study's independent variables were the income level and the husband's support. At the same time, the dependent variable is participation in cervical cancer screening using the IVA method. The instrument used in this study was a questionnaire. Data analysis was carried out univariate and bivariate using the Chi-square test.

RESULTS AND DISCUSSION

A. RESULTS

Univariate Analysis

Table 1
Frequency Distribution Of Respondents Based On Income Level, Husband's Support, And Participation In Cervical Cancer Screening With The IVA Method At Women Of Childbearing Age In The Tandun I District

No	Variables	Category	n	%
1	Income Level	Tall	21	17.5
		Low	99	82.5
2	husband's support	Support	58	48.3
		Does not support	62	51.7
3	Participations	To do	18	15
		Do not do	102	85
Amount			120	100

Source: Primary data, 2022

Based on Table 1 for the income level variable shows that the respondents with low-income levels are 99 respondents (82.5%). Furthermore, the husband's support variable for respondents who did not get support was 62 respondents (51.7%), and most of the cervical cancer screening participants who did not do as many as 102 respondents (85%)

Bivariate Analysis

Table 2
Relationship Between Husband's Income Level And Support With Participation In Cervical Cancer Screening Using The VIA Method At Couples Of Childbearing Age In Tandun I District

Variable	Category	To do		Do not do		Total		p-value
		n	%	n	%	n	%	
Income Level	Tall	7	5.8	14	11.7	21	17.5	0.010*
	Low	11	9.2	88	73.3	99	82.5	
Husband's Support	To do	13	10.8	45	37.5	58	48.3	0.028*
	Do not do	5	4.2	57	47.5	62	51.7	

Source: Primary data, 2022

Note: * significant with p-value < 0.05.

Table 2 shows that respondents with high-income level categories are 21 respondents (17.5%), and most of the respondents have never done a VIA examination, namely 14 respondents (11.7%). The respondents in the low-income level category were 99 respondents (82.5%), and most had never conducted a VIA examination, namely 88 respondents (73.3%). The results of statistical tests using Chi-square obtained a p-value of 0.010. H_0 is accepted, which means there is a significant relationship between income level and participation in cervical cancer screening using the VIA method at women of childbearing age in the Tandun I District.

The husband's support variable shows that respondents in the supportive category are 58 respondents (48.3%), and most respondents have never done a VIA examination, namely 45 respondents (37.5%). The respondents in the level of support category were 62 (51.7%), and most had never done a VIA examination, namely 57 respondents (47.5%). The results of statistical tests using Chi-square obtained a p-value of 0.028. H_0 is accepted, meaning there is a significant relationship between the husband's support and participation in cervical cancer screening using the VIA method at WUS in Tandun I District.

B. DISCUSSION

1. The Relationship between Income Levels and Participation in Cervical Cancer Screening Using the IVA Method at Woman of Childbearing Age

Based on the research, it shows that the high-income level, most of the respondents have never done the VIA examination, many as 14 respondents (11.7%), while the low-income level respondents, most the respondents have never done the VIA examination, many as 88 respondents (73.3%). The results of statistical tests using Chi-square obtained a p-value of 0.010, which means that there is a significant relationship between income level and participation in cervical cancer screening using the VIA method at WUS in Tandun I District. Cervical cancer using the VIA method. The study's results that have a low-income level tend not to do cervical cancer screening with the VIA method. Most of the respondents are secondary educated, so the information obtained is very lacking. The possibility that there is still a lack of counseling by the government causes the community, especially homemakers, not to know much about early detection with the VIA method. In addition to these factors, women of childbearing age who wish to have a VIA examination must receive tangible physical, financial, and material such as providing financial support and transportation for cervical cancer screening using the VIA method.

According to the researcher's observations, there is a relationship between income level variables and participation in cervical cancer screening using the VIA method because respondents who are around the Tandun I Health Center area with low economic status have never done the VIA method. However, the VIA examination is relatively easy, inexpensive, and requires simple equipment. And can be done by all health workers, but the lack of information conveyed to the public is one of the reasons why many women of childbearing age have never done the VIA method. The results of this study are also in line with research (Wahyuni et al., 2019) with the title of research on the relationship of knowledge, perception, and family income to the interest of women of childbearing age in carrying out VIA examinations in the Mergansan Health Center Work Area in 2019. The results show a relationship between income and knowledge of the interest of women of childbearing age in conducting VIA examinations, with a significant value of 0.034 (Wahyuni et al., 2019). The availability of costs is one of the factors that can affect the utilization of health services by the community (Notoatmodjo, 2014).

The results of this study are also in line with research conducted by (Junainah, 2017) which states that there is a significant relationship between income level and participation in the IVA test. According to Notoatmodjo, the

theory says that income level is one of the factors that significantly influence people's behavior. If the payment of the community is sufficient, then they will fulfill their needs to the maximum, and vice versa if the community's income is less. They will ignore their needs in seeking health services such as cervical cancer screening with the VIA method. Income level is also likely a determinant of family lifestyle. All predisposing factors are related to increasing the scope of the VIA examination (Rees et al., 2018).

Families with a high-income level will be able to meet family needs such as education, food, and health costs. The higher the family income, who will meet the more requirements. In contrast, families with low-income levels tend to prefer to fulfill their daily needs and put aside education and health, including excluding cervical cancer screening with the VIA method. (Yulita et al., 2022). According to Andersen (Notoatmojo, 2014), income is included in the predisposing component. Another opinion also states that women of childbearing age with a high-income level have a better chance of preventing cervical cancer than women of childbearing age who have a low-income group. Mothers who work and have more income have access to and power over the revenue generated, so they can pay more attention to their health by conducting an VIA examination as early detection of cervical cancer (Imelda et al., 2022).

2. Relationship between husband's support and participation in cervical cancer screening using the VIA method at Woman of Childbearing Age

Based on the results of the study, it was found that there was a significant relationship between the husband's support and participation in cervical cancer screening using the VIA method at women of childbearing age women of childbearing age in Tandun I District, with a p-value of $0.028 < 0.05$. This shows that the more husband supports the mother to carry out the VIA examination, the more regular the participation of the VIA examination in the mother will be. Most of the respondents in this study received good approval and support from their husbands to carry out the VIA examination. Respondents who did not have good approval and support from their husband's because they did not have the courage to invite their husbands to discuss cervical cancer screening. Women usually have difficulty explaining the importance of having a cervical cancer screening examination to their partner which causes them not to participate in undergoing the procedure (Makmuriana et al., 2022). Husband's support in this study includes emotional support, informational support, and instrumental support.

The results of this study explain that if the wife has awareness and interest in VIA from herself, coupled with the support from her husband, it can significantly increase a woman's desire to do VIA. Based on the researcher's analysis, it is said that husbands who do not have good support for their wives to carry out VIA examinations do not have time to take them to the puskesmas or do not accompany them during the examination because it coincides with working hours. There are also other factors due to the lack of information related to the VIA examination and the benefits of the VIA examination. This was supported when the husband of the fertile couple said they were foreign to the word VIA. They said they did not know about the VIA examination, how it was carried out, when it was carried out, and how much the examination cost. This lack of information can result in the husband's low knowledge and lack of support for his

wife regarding early detection of cervical cancer with the VIA method, but this does not make the husband not support his wife in carrying out the IVA examination. They said if they knew for sure, they would fully support their wife because it is very important for health, especially the reproductive part.

The results of this study are in line with the research conducted (Nurjanah et al., 2022), which states that there is a relationship between a husband's support and participation in VIA examinations in women of childbearing age. This is in accordance with the results of the study (Fadhilah et al., 2021) that obtained a p-value of 0.022. The results showed that there was an influence between the husband's support and WUS behavior in cervical cancer screening using the VIA method. The results showed that high family support influenced the behavior of mothers when participating in cervical cancer screening with VIA. This can be seen from the respondent's statement stating that the husband gave his consent when the mother wanted to screen with the VIA method (Fadhilah et al., 2021).

Other researchers also say that a husband's support is a determining factor for providing support to his wife, because husbands play an important role in helping their wives learn new ways to live healthier, reducing fear of the reality of the examination results that will be faced, and restoring confidence in their wives. if you have health problems. According to the questionnaires, nearly half of them are the result of a lack of male support. Wives who do not get support from their husbands feel that their husbands do not know anything about women's health. Likewise, a wife who has a positive attitude will not do an VIA if she does not get positive support from her husband. As long as the wife does not complain of certain symptoms, her husband will think that she is healthy. Wives also feel that husbands do not understand much about feminine issues, so if wives want to check their health, they will do it themselves even though they still ask for their husband's consideration before taking health actions (Fauza et al., 2019; Makmuriana et al., 2022).

Husbands who respond well tend to be followed by providing support in the form of fees for the VIA examination, and the husband states that he does not mind if his wife asks to be taken to the place where the VIA examination is carried out. In addition, providing counseling for husbands also needs to be done in order to increase knowledge about cervical cancer and how to do early detection so that husbands are more aware that the examination needs to be done. Based on this, the husband can give full support to women of childbearing age in conducting the VIA examination (Haryani, 2022). A husband's support is considered the most important factor related to a woman's involvement in the early detection of cervical cancer. A husband's support can provide emotional benefits and give individuals a sense of security and motivation to take health actions. Lack of support from husbands can be a barrier to cervical cancer screening for women. Husband support consists of four types of support: emotional support, information, real help, and appreciation. Emotional support involves support in the form of love, faith, focus, listening, and being heard. Information support is the husband providing information that is used to convey the problem. Real assistance is a source of direct assistance in terms of resources, manpower, and facilities. Appreciation includes providing feedback, suggestions, and problem solving (Juwitasari et al., 2021; Rees et al., 2018).

This is in accordance with the theoretical review that a good husband's support will be able to create a positive wife's attitude. Husbands who have good support tend to encourage their wives to do VIA examinations. A lack of husband support can affect the wife's attitude negatively. This can happen when a husband and wife have little time because they are busy with work, both at work and household work, so that they lack knowledge and information about the VIA examination. Efforts to maintain good health support for health workers must be more effective in conducting regular counseling. Counseling must also include couples of childbearing age so that a husband and wife both get information about the VIA examination. Couples of childbearing age can also form a healthy lifestyle so that if they want to maintain reproductive health, there is no shame and fear when carrying out VIA examinations (Wulandari et al., 2019).

The husband's support is something that needs to be developed in a family so that the influence of mutual need between family members is fostered. The support provided can be in the form of advocating, assisting and delivering health services and influencing visits to health services. A husband's support can be a driving factor for taking actions such as making decisions on cervical cancer screening (Imelda et al., 2022). So far, according to the observations of researchers in the working area of the Tandun I Health Center, the only women who have been targeted in preventing cervical cancer have been mothers. It is necessary to conduct regular outreach in the community about cervical cancer screening with the VIA method by involving family or husbands so that husbands get the correct information so that they can provide support to their wives to screen for cervical cancer with the VIA method.

CONCLUSION

There is a significant relationship between the level of income and the husband's support with participation in cervical cancer screening using the VIA method at WUS in Tandun I District. It is hoped that an increase in income or the provision of material support and husband support should be given to the wives of couples of childbearing age with the aim of preventing cervical cancer and reducing The cervical cancer mortality rate is increasing every year. Furthermore, researchers are expected to conduct research with a qualitative study design in order to obtain more detailed information related to the factors that can affect participation in cervical cancer screening using the VIA method. Health workers are expected to increase counseling to PUS about cervical cancer, with the increase in information obtained having a positive impact, and husbands of couples of childbearing age will provide support to their wives to carry out VIA examinations.

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