Identification of Knowledge of Women of Childbearing Age On Examination of Visual Infection Acetic Acid (IVA)

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ABSTRACT

Background: Cervical cancer is a disease caused by the growth of uncontrolled cervical epithelial cells. In Indonesia an estimated 15,000 new cases of cervical cancer occur each year, while the death rate is estimated at 7,500 cases per year where 40-45 new cases are found each day with the number of deaths reaching 20-25 people. Therefore, WHO states that Indonesia is among the countries with the highest incidence of cervical cancer in the world with 66% dying. The key to the healing of all types of cancer is early detection, one of them is with Visual Inspection of Acetic Acid.
Purpose: identified the knowledge of Women of childbearing age (WUS) about examination of Visual Inspection of Acetic Acid (IVA) at Banjarmasin Indah Health Center.
Methods: this research is descriptive research with population that is woman of childbearing age who visited in Poly Health Mother and Child (KIA) Banjarmasin Indah Health Center last three months. The sampling technique used is simple random sampling.
Results: The results showed that respondents had plenty knowledge about the examination of visual inspection of acetic acid (63,08%), this result is evidenced by the number of women of childbearing age who are not screened or IVA examinations.

Keywords: Knowledge, Visual infection of acetic acid, Women of childbearing age.

Introduction

Cervical cancer is still the most common cancer in Indonesia because of its carcinogenic protein (Protein E6 and E7), carcinogen carrier vector (HPV virus), and cervical carcinoma cell carcinoma pathway is one of carcinogenic model through stages or multistep, starting from an early carcinogenic process to becoming invasive cancer (Andrijono, 2012). Cervical cancer is a disease caused by the growth of uncontrolled cervical epithelial cells. Based on data from the World Health Organization in 2013, cervical cancer is the fourth type of cancer commonly found in women. As many as 528,000 new cases, 266,000 deaths are found worldwide and> 85% are from developing countries including Indonesia (WHO, 2013).

All women who are sexually active have a risk of becoming infected with cervical cancer or early stage of cervical cancer, regardless of age and lifestyle. If pulled the average is often infected and can kill them at the productive age around the age of 30-50 years (Tilong, 2012).

The number of cases of severe cancer in Indonesia due to knowledge about cervical cancer is less so public awareness for early detection was low (Wijaya, 2010). Cervical cancer can be recognized in the pre-cancer stage by screening Pap smears and IVA. Visual Inspection of Acetic Acid (IVA) is one of the simplest ways to detect cervical cancer by applying acetic acid to the cervix and the results can be known directly.

In 1995, the International Agency for Research on Cancer (IARC) concluded that four case–control studies yielded sufficient evidence to classify HPV types 16 and 18 as human carcinogens, but the evidence was limited or inadequate for other types (IARC, 1995). Since then, we have completed seven additional case–control studies in other populations, using similar protocols and HPV DNA–detection assays. We report here the pooled data from the 11 studies. These results form the basis for an epidemiologic classification of HPV types associated with cervical cancer, which can be compared with the phylogenetic classification. This information is essential for planning prevention

by HPV vaccines and for screening programs based on HPV testing.

Based on data from Basic Health Research in 2013 there are 98,692 cases of cervical cancer with estimated number of cases of cervical cancer in south Kalimantan as much as 2087 cases (Riskesdas, 2013). In 2016 there are 62 cases of cervical cancer and 15 of them are new cases that the average patient aged 45-55 years.

Based on data obtained at the City Health Office Banjarmasin on the sheet "Recapitulation of Cervical Cancer Screening with IVA and Breast Cancer Method" where examination Visual Inspection of Acetic Acid (IVA) in 2015 was found in Banjarmasin Indah Health Center, which were 118 examiners (Dinas Kesehatan, 2015).

Based on preliminary study conducted by the researchers through simple interviews to 10 women of childbearing age (WUS) who visited Banjarmasin Indah Public Health Center, only 1 out of 10 people knew the definition, purpose and plan to conduct Visual Inspection of Acetic Acid (IVA).

Based on the background and supported by these data, the researcher is interested to examine the "Identification of Knowledge and attitude of Women of Childbearing age (WUS) on Visual Inspection of Acetic Acid (IVA) at Banjarmasin Indah Health Center". The purpose of this study was to identified knowledge and attitude of women of childbearing age (WUS) about examination of Visual Inspection of Acetic Acid (IVA).

Material and Methods

The population in this study are women of childbearing age are aged 20-45 years as many as 179 people. The simple technique used is random sampling as much as 65 respondent.

Results

Table 1 Distribution of Respondents Frequency Based on Knowledge of Visual Inspection of Acetic Acid

No.	Knowledge	F	%
1.	Good	12	18,46
2.	Plenty	41	63,08
3.	Less	12	18,46
	Total	65	100

Women of childbearing age (WUS) have the most knowledge level is plenty that 41

respondents (63,08%) and at least is good as much 12 respondents (18,46%).

Discussion

Based on the result of research that knowledge of women of childbearing age is plenty/enough. The research conducted similar to the research done by Susanti (2014) to 100 women of infertile age (WUS) at Pekauman health center about knowledge of IVA examination as much as 42 respondents (42%) that is enough. However, there are differences in education where the research conducted by Susanti is dominated by junior high school education while research conducted by researchers is dominated by high school.

Based on study Phianmongkhol *et al*., (2011), surveyed basic knowledge about HPV infection, risk factors and prevention strategies for cervical cancer among registered nurses in Chiang Mai University Hospital, Thailand. Overall, the level of knowledge about cervical carcinogenesis among these participants was considerably high. More than 70.0% of participants correctly responded that HPV infection is a causal factor of cervical carcinogenesis and that additional risk factors for cervical carcinogenesis are sex at the early age, multiple sexual partners, and smoking. They knew that cervical cancer-related morbidity and mortality can be prevented by an adequate scale of cervical screening. Herbert *et al* (2009) reported that the screend-detected cervical cancers are more likely to be found at an earlier stage that those which are symptomatic. Therefore, the details about the natural course of cervical cancer progression should be incorporated into an information program.

Based on study Tebeu *et al*., (2008) from 171 women, 48 (28%) had prior knowledge of cervical cancer; they were classified as the ‘‘aware group’’ compared with 123 of 171 (72%) women who were uninformed about cervical cancer and they were classified as the ‘‘unaware group’’ (UG). The UG of women tended to be single mothers, illiterate, housewives, and had their first child before the age of 20 (P , 0.005).

Despite the awareness of cervical cancer by 28% of women, only a minority of them, 4 of 48 (8.3%), underwent a preventative

screening test. Only 71 of 171 (41.5%) women stated that they would be having a screening test in the future. The awareness of cervical cancer by women in Cameroon is still inadequate.

The limitation of the study include a lack of variables studied, inadequate research methods, so this research can be improve for the next research by researcher or other.

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