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Relationship between motivation of Women of Reproductive Age (WRA) and husband's support with participation in visual inspection with acetic acid examination of WRA

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Abstract

Background: Visual Inspection Test with Acetic Acid (VIA Test) is a cervical cancer screening method using a 3-5% acetic acid solution on the cervix. The impact that arises if women do not conduct early detection of cervical cancer is usually cervical cancer detected at an advanced stage. Many factors are associated with the participation of mothers to participate in the VIA test, including factors influenced by motivation and husband support.

Purpose: The purpose of this study was to determine the relationship between WRA motivation and husband support with the participation of Visual Inspection with Acetic Acid (VIA Test) examination in WRA.

Method: Quantitative research type case control study design. The population of this study were all women of childbearing age in the Blambangan Pagar Health Center Working Area of North Lampung Regency in 2025, with a total of 2436 women of childbearing age aged 30-50 years with a sample of 55 respondents using proportional sampling method. Data collection using questionnaire sheets, univariate and bivariate data analysis (chi square).

Results: The results of univariate research showed that of the 55 respondents where the respondents had performed VIA examination as many as 11 (20.0%) and respondents never participated in conducting VIA examination as many as 44 (80.0%), respondents with strong motivation as many as 15 (27.3%) and respondents with weak motivation as many as 40 (72.7%), and respondents with husband support as many as 21 (38.2%) and respondents with no husband support as many as 34 (61.8%).

Conclusion: The bivariate test found that there was a relationship between motivation (p -value = 0.001) and husband support (p -value = 0.014) with the participation of VIA examination in WRA.

Suggestion: Suggestions for husbands to be able to seek information in various media such as print media, electronic media about VIA examination, and from health workers can provide counseling about the benefits of VIA examination so that it can motivate mothers to do VIA examination.

Keywords: Husband Support; Motivation and WRA.

INTRODUCTION

Reproductive health is a state of physical, mental, social health, and not merely the absence of disease or disability related to the reproductive system, function, and process (Ministry of Health of the Republic of Indonesia, 2017). Maintaining the health of reproductive organs in women is very important because there are complex organs that can cause various dangerous diseases such as cervical cancer (Yazid & Aviyanti, 2017).

Data from the last three years (2021-2023) shows that during the 2021-2023 period, 3,114,505 women aged 30-50 years, or 14.6% of the target population, underwent early cervical cancer screening using the Visual Inspection with Acetic Acid (VIA) test. The highest early detection rates were reported by West Nusa Tenggara Province at 52.1%, followed by DKI Jakarta at 32.4%, and the Bangka Belitung Islands at 28.7%. Meanwhile, the provinces with the lowest

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early detection rates were Central Papua, South Papua, and Highland Papua (Ministry of Health of the Republic of Indonesia, 2024).

Lampung Province data in 2023, out of 1.280.628 women aged 30-50 years who underwent VIA examinations, 185.933 (14.5%) were the highest in Bandar Lampung City at 57.6% and the lowest in Tulang Bawang Regency at 2.0%, while North Lampung Regency was 15.1%, South Lampung Regency was 14.1%, and Tanggamus Regency was 10.7%. Based on an initial survey conducted at the Blambangan Pagar Community Health Center, in 2024 only 0.4% of WRA underwent VIA examinations. In comparison, 21.3% of WRA at the Kota Bumi I Community Health Center underwent VIA examinations in 2024, while 11.0% of WRA underwent VIA examinations at the Kalibangan Community Health Center (Lampung Provincial Health Office, 2025). Based on the data above, researchers can conclude that the IVA test in the Blambangan Pagar Community Health Center work area did not reach the examination target in 2024.

The Visual Inspection Test with Acetic Acid (VIA Test) is a cervical cancer screening method that uses a 3-5% acetic acid solution on the cervix and observes the color changes that occur after the application, which aims to see the presence of cervical cells experiencing dysplasia (Sawitri & Sunarsih, 2018). Research has shown that the VIA test has a high level of sensitivity and specificity to be used as a screening method for precancerous lesions (Fathurrohman, Oktarlina, & Islamy, 2019).

The IVA examination itself has been regulated by the government in the Minister of Health Regulation No. 29 of 2017 which states that Cervical Cancer Prevention prioritizes promotive and preventive aspects to the community accompanied by curative, rehabilitative and palliative individual health services originating from the target community of the program or on the initiative of the individual itself which are implemented in a comprehensive, effective and efficient manner. Screening and early detection activities are individual health services carried out by trained general practitioners or trained midwives in first-level health care facilities (Ministry of Health of the Republic of Indonesia, 2017).

Many women still haven't undergone the VIA test as a preventative measure for early cervical cancer detection. Concerns about pain during the test are a reason they're reluctant to undergo the test. Furthermore, mothers are reluctant to undergo the test due to confusion, fear, and taboos. The impact of not undergoing early cervical cancer screening is that it's usually detected at an advanced stage (Nugraha, Lisca, & Yolandia, 2024).

One effort to create community behavior conducive to health is through health education, which is an activity to improve community knowledge, attitudes, and behavior. Participation in the VIA examination is a form of behavior caused by various factors, including predisposing factors (knowledge, attitudes, motivation, etc.), enabling factors, and reinforcing factors (husband's support) (Notoatmodjo, 2012). Many factors are related to mothers' participation in the VIA test, including factors influenced by their husband's motivation and support (Marantika, Daiyah, & Rizani, 2022).

Motivation for women to participate in Visual Inspection with Acetic Acid (VIA) screening is still minimal, resulting in the majority only discovering the disease at an advanced stage, thus reducing the chances of recovery (Tridiyawati & Idealistiana, 2024). Motivation is an individual's desire that drives them to take action or act, manifested in behavior (Uno, 2023). Other research on factors related to the motivation of women of childbearing age to undergo VIA screening for early cervical cancer detection indicates that factors related to motivation include knowledge, education, and environment (Anggraini, 2021).

According to previous research, husband's support is one of the reinforcing factors that can influence wives' health-promoting behaviors. Family support, in this case, includes emotional, informational, instrumental, and reward support. Husband's support is necessary to motivate wives to undergo VIA screening. Husbands can help reduce fear and anxiety about the examination by accompanying their wives during the examination (Dewi, Ayubbana, Pakarti, & Inayati, 2024).

Another study found that 66 respondents (80.5%) did not undergo IVA screening. Fifty-one respondents (62.2%) did not have spousal support. Conclusion

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There is a relationship between spousal support (p -value = 0.003 and OR 6.900 (CI 95% 1.982-24.021)). There is a relationship between the role of health workers (p -value = 0.011 and OR 7.438 (CI 95% 1.566-35.332) (Apriyanti, wirautami, Yantina, & Hermawan, 2020). In line with previous studies where statistical test results showed that family support (husband) (p -value = 0.03) was associated with IVA screening. This study has different variables, making it different from previous studies (Rizani, 2021).

RESEARCH METHOD

This research uses a quantitative approach based on the philosophy of positivism. The goal is to examine a specific population or sample, collect data using research instruments, and analyze it quantitatively to test the established hypotheses. The study was conducted in the Blambangan Pagar Community Health Center (Puskesmas) working area, North Lampung Regency, from February to June 2025. The research design used was a case-control study with a retrospective approach. This approach began by identifying a group of cases—those with a specific disease or health effect/status—and then comparing them with a control group without the aforementioned effect or risk factor in the past.

The study population was all women of childbearing age (WRA) in the Blambangan Pagar Community Health Center working area in 2025, totaling 2,436 individuals aged 30–50 years. The sample was drawn using proportional sampling, followed by simple random sampling. When the number of cases was limited, all available cases were used and the number of controls was increased. In this study, there were 11 cases that met the criteria, so to increase statistical power, a case:control ratio of 1:4 was used, resulting in 44 control respondents and a total sample of 55 respondents. Matching was performed based on variables that could potentially be confounders, such as age, education level, employment status, and parity. Inclusion criteria

included mothers who were willing to be respondents, sexually active women, and having a husband; while exclusion criteria were respondents who had been diagnosed with cancer.

The independent variables of the study were husbands' motivation and support, while the dependent variable was participation in cervical cancer screening using the VIA method. Operational definitions were established for each variable, and the data collection instrument was a questionnaire. The motivation questionnaire consisted of 25 questions (18 favorable, 7 unfavorable), while the husbands' support questionnaire consisted of 20 questions (10 favorable, 10 unfavorable). The questionnaire also included participation in the VIA screening. Assessment used an ordinal scale, and reliability test results showed an r -alpha value of 0.750 for motivation and 0.726 for husbands' support, indicating instrument reliability.

The data collection procedure began with the application for research permits and ethical approval. The enumerator team, consisting of three village midwives, was briefed on data collection procedures, sample selection, and questionnaire completion and checking. Data collection took place at integrated health service posts (Posyandu) for three weeks, including interviews, explanations of the research, informed consent, and self-completion of the questionnaire by respondents. The collected data were then edited, coded, processed, and cleaned before analysis.

Data analysis was performed univariately to describe the distribution of each variable, and bivariately using the Chi-Square test to test the relationship between independent and dependent variables, with a significance level of $\alpha = 0.05$. The Prevalence Odds Ratio (POR) value was used to assess the strength of the relationship, interpreted as a protective factor if $POR < 1$, not a risk factor if $POR = 1$, and a risk factor if $POR > 1$.

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RESEARCH RESULT**Tabel Karakteristik Responden (N=55)**

Variable	Results
Age (Mean±SD) (Range) (Year)	
≤ 45	30/54.50
> 45	25/45.50
Education (n/%)	
Junior High School	5/9.10
High School	40/72.70
Bachelor's Degree	10/18.20
Employment (n/%)	
Yes	40/72.70
No	15/27.30
Participation in IVA examination (n/%)	
Ever participated	11/20.0
Never participated	44/80.0

Based on Table 1 above, it is clear that the characteristics of the respondents in this study included age, education, and occupation, which were distributed proportionally between the case and control groups based on predetermined matching criteria. This matching aimed to control for external variables that could influence the results, allowing for a more valid and objective comparison of key variables such as motivation and husband's support.

In the case group (women who had undergone cervical cancer screening), 6 (54.5%) were aged ≤45 years, while 5 (45.5%) were aged >45 years. This indicates that the majority of respondents in the case group were of productive age and still socially and economically active. In terms of education level, the majority of respondents in the case group had a high school education, namely 8 (72.7%). Respondents with a junior high school education and a bachelor's degree were 1 (9.1%) and 2 (18.2%), respectively. The high proportion of respondents with secondary education may reflect a potential openness to health information and an understanding of the importance of early disease detection.

Regarding the occupation variable, it is known that the majority of respondents in the case group were housewives (IRT), namely 8 people (72.7%). Meanwhile, there was 1 person (9.1%) who worked as a civil servant (PNS) and 2 people (18.2%) who worked as self-employed. This condition indicates that most WRA in the case group were in a household environment, which may have more time and opportunity to access health services. Thus, the characteristics of respondents in the case group have been adjusted to the matching criteria with the control group, to maintain equality of demographic background and minimize potential bias in analyzing the main research variables. It is known that 11 (20.0%) respondents who had participated in the VIA examination were the case group and 44 (80.0%) respondents in the control group who had never participated in the VIA examination.

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Table 2. Frequency distribution of motivation and husband's support for WRA

Variable	Cervical cancer screening		P-value	OR 95% CI
	Yes	No		
Motivation (n/%)				
Strong	8/2.7	7/15.9	0.001	14.095 (2.981-66.640)
Weak	3/27.3	37/84.1		
Husband's support (n/%)			0.014	6.359 (1.453-27.837)
There is support	8/2.7	13/		
No support	3/27.3	31/		

Table 2. shows the frequency distribution of women of childbearing age (WRA)'s motivation for cervical cancer screening in 2025. Based on these data, it can be seen that in the case group (WRA who had undergone cervical cancer screening), of the 11 respondents, the majority, or 8 (72.7%), had strong motivation, while 3 (27.3%) had weak motivation. This indicates that the majority of WRA who underwent cervical cancer screening had strong motivation to maintain their health.

Meanwhile, in the control group (WRA who had never undergone cervical cancer screening), of the 44 respondents, only 7 (15.9%) had strong motivation, while 37 (84.1%) had weak motivation. This indicates that the majority of WRA who did not undergo cervical cancer screening had low motivation.

Of the 11 WRA who had undergone cervical cancer screening, 8 (72.7%) received support from their husbands, while 3 (27.3%) did not. This indicates that the majority of WRA who underwent cervical cancer screening had good husband support. Meanwhile, in the control group, of the 44 WRA who had never undergone screening, only 13 (29.5%) received support from their husbands, while 31 (70.5%) did not. This indicates that the majority of WRA who had not undergone cervical cancer screening tended to lack support from their husbands.

The p-value obtained was 0.001, meaning $p < \alpha = 0.05$ (H_a was accepted and H_o was rejected). It can be concluded that there is a relationship between WRA motivation and participation in VIA screening. With an OR of 14.095, respondents with strong motivation were 14 times more likely to have undergone VIA screening compared to respondents

with weak motivation. The p-value = 0.014 was obtained, which means $p < \alpha = 0.05$ (H_a is accepted and H_o is rejected), so it can be concluded that there is a relationship between husband's support and participation in IVA examinations in WRA in the working area of the Blambangan Pagar Health Center, North Lampung Regency in 2025. With an OR value of 6.359, it means that respondents with husband's support have a 6.3 times greater chance of having participated in IVA examinations compared to respondents without husband's support.

DISCUSSION

The results of the study showed that 11 respondents (20.0%) had undergone a VIA examination, while 44 respondents (80.0%) had not. This finding is in line with previous studies that showed low participation in VIA examinations, such as previous researchers who reported that 58% of respondents had not undergone VIA in the last three years (Jamilah, Rahmayani, & Palimbo, 2022). Other studies found that only 19.5% of respondents had undergone VIA (Apriyanti, WiraUtami, Yantina, & Hermawan, 2020). VIA is a simple, sensitive screening method that can be performed in primary health facilities for the early detection of pre-cancerous cervical lesions (Indrawati, 2018; World health Organization, 2021). The low participation in this study indicates the need for increased education and health promotion so that WRA understand the benefits of VIA examinations. According to the researchers, this examination is not only clinically effective but also affordable, so it is hoped that its coverage can be increased through

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Relationship between motivation of Women of Reproductive Age (WRA) and husband's support with participation in visual inspection with acetic acid examination of WRA

community-based interventions and the active role of health workers.

Most WRA who underwent cervical cancer screening had strong motivation (72.7%), while in the group that did not undergo screening, the majority had weak motivation (84.1%). This result is consistent with previous research that reported that most respondents had strong motivation (Suartini, Marhaeni, & Suindri, 2021). and previous research that also found a dominance of moderate motivation in respondents. High motivation in the case group is likely influenced by good knowledge, social support, and awareness of the importance of early detection. Conversely, low motivation in the control group may be caused by a lack of information, fear, cultural barriers, and lack of family support (Patimah, Hartati, & Andira, 2023). These findings confirm that motivation is an important determinant of screening behavior, so health interventions need to target increasing motivation, especially in low-risk groups.

This study found that 72.7% of WRA who underwent screening received support from their husbands, while in the group that did not undergo screening, only 29.5% received support. This is in line with previous research that revealed that husband support is an important motivating factor in screening behavior (Apriyanti et al. 2020; Jamilah et al., 2022). Husband support includes emotional encouragement, assistance, and granting permission for screening (Harmoko, 2021). Lack of support can be a psychological barrier, especially on reproductive health issues that are considered taboo. According to researchers, husband involvement plays a strategic role in increasing the coverage of VIA screening. Therefore, health education and promotion programs need to involve married couples, for example through family health classes or joint counseling.

The results of the Fisher's Exact Test showed a p value = 0.001 (<0.05) with an OR = 14.095 (95% CI: 3.481–57.089), which means there is a significant relationship between WRA motivation and participation in VIA examinations. WRAs with strong motivation have a 14 times greater chance of undergoing VIA examinations compared to WRAs with weak motivation. This finding is consistent with previous studies showing a significant relationship

between motivation and IVA screening behavior (Suartini et al., 2021; Friscila, & Iswandari, 2025; Patimah (2023). Based on the Health Belief Model, health actions are carried out when someone feels at risk and believes in the benefits of the action (Rosenstock, 1974). However, the data shows that there are 23 respondents with strong motivation but did not undergo screening, and 7 respondents with weak motivation who still underwent screening. This indicates that motivation is not the only determining factor; husband's support, knowledge, the role of health workers, and access to services also play a role. Thus, motivation-enhancing interventions need to be accompanied by strengthening other supporting factors to encourage the sustainability of screening behavior.

The results of the Fisher's Exact Test showed $p = 0.014$ (<0.05) with OR = 6.359 (95% CI: 1.453–27.837), which means there is a significant relationship between husband's support and participation in VIA examinations. WRA who received husband's support were 6.36 times more likely to undergo VIA examinations compared to those who did not receive support. These results are in line with previous findings that show husband's support as an important determinant of screening behavior (Apriyanti et al., 2020; Jamilah et al., 2022). Support can be in the form of permission, assistance, emotional motivation, or logistical assistance (Sarafino & Smith, 2014). Although husband's support plays an important role, the data shows that there are respondents who continue to undergo examinations even without support, as well as respondents who receive support but do not utilize it. This shows that husband's support must be balanced with knowledge, personal readiness, and adequate access to services. In the context of a patriarchal culture, partner support is crucial, so health promotion programs need to involve husbands through family counseling or partner-based health campaigns.

CONCLUSION

There is a relationship between WRA motivation and participation in IVA examination in WRA (p-value = 0.001) and there is a relationship between husband's support and participation in IVA examination in WRA (p-value = 0.014).

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SUGGESTION

It is hoped that women with reproductive health issues will increase awareness and concern for reproductive health, particularly regarding early detection of cervical cancer through the VIA test. Women with reproductive health issues are advised to seek valid information and understand the importance of regular screenings as a form of prevention. Furthermore, women with reproductive health issues should establish good communication with their partners to gain both moral and practical support in maintaining their health. Community health centers are also expected to expand access and expand the schedule for Visual Acetic Acid Inspection (VIA) health services within their respective areas. They should be more active in promoting health related to VIA testing, not only targeting women of childbearing age but also involving husbands as they play a crucial role in providing support. For future researchers, the results of this study can be used as a reference for further research.

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Relationship between motivation of Women of Reproductive Age (WRA) and husband's support with participation in visual inspection with acetic acid examination of WRA

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