



Analysis of Factors Affecting Women's Participation in IVA (Visual Inspection of Acetic Acid) Examination at the Kebonsari Health Center, Surabaya, Indonesia

Nabila Sukma Tania^{1*}, Wiwik Afridah¹, Ika Arifiyanti²

¹Universitas Nahdlatul Ulama, Surabaya, Indonesia

²Puskesmas Kebonsari, Surabaya, Indonesia

ARTICLE INFO

Keywords:

Human resources
IVA program
Knowledge
Participation

*Corresponding author:

Nabila Sukma Tania

E-mail address:

nabilasukma034.km19@student.unusa.ac.id

All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/amcr.v4i2.308>

ABSTRACT

Visual inspection of acetic acid (IVA) is a simple method of detecting abnormal cell changes in the cervix (cervix) that may indicate the presence of precancerous lesions or cervical cancer. Factors such as stigmatization, myths or false beliefs associated with the examination, or taboos against examining the female reproductive organs may hinder participation. This study aimed to determine the factors that influence women's participation in VIA examinations at the Kebonsari Health Center, Surabaya, Indonesia. This study was qualitative observational research. Extracting information is done by interviewing research respondents. The results of the in-depth discussion found a number of factors that contributed to the lack of participation in IVA activities at the Kebonsari Health Center, Surabaya, Indonesia. The problem of human resources is a factor that is believed to play a role in the lack of participation of respondents in IVA activities at the Kebonsari Health Center, Surabaya, Indonesia. Respondents complained that they often had difficulty getting VIA examination services due to the absence of implementing staff at the Health Center location. In conclusion, the human resources implementing IVA services and the lack of respondents' knowledge of the IVA program are the main factors in the low participation of women in the IVA program at the Kebonsari Health Center, Surabaya, Indonesia.

1. Introduction

Examination of women's reproductive health is very important to maintain health and prevent problems related to the reproductive system. Routine examinations can help detect reproductive health problems early, such as sexually transmitted infections (STIs), cervical cancer, ovarian cysts, uterine myomas, or endometriosis. The sooner this problem is detected, the better the chance of treating it or managing it. Reproductive health checks can assist in the prevention of diseases and conditions that can affect fertility and pregnancy. For example, by having regular Pap smears, you can detect

precancerous changes or cervical cancer early, so that action can be taken before the condition worsens. Reproductive health checks also help in managing fertility. Reproductive health examinations can also provide an overview of a woman's general health. Several health conditions, such as diabetes, hypertension, or thyroid disorders, can affect reproductive health. By carrying out routine check-ups, every woman can detect early indications of this health problem and take the necessary action.¹⁻⁵

Visual inspection of acetic acid (IVA) is a simple method of detecting abnormal cell changes in the cervix (cervix) that may indicate the presence of



precancerous lesions or cervical cancer. This procedure is usually done as part of routine check-ups on women for early detection of cervical cancer. In general, several studies and studies have shown that IVA has varying degrees of sensitivity and specificity. The sensitivity of IVA can range from 40% to 80%, while the specificity can reach around 80% to 95%. Participation in a visual inspection of acetic acid (IVA) can be affected by various factors. The level of knowledge and awareness about IVA and the importance of early detection of cervical cancer can influence participation. If someone does not know about IVA or is not aware of the importance of the examination, they may not choose to undergo an examination. Social norms, cultural values, and societal views on reproductive examinations can influence participation in IVA. Factors such as stigmatization, myths or false beliefs associated with the examination, or taboos against examining the female reproductive organs may hinder participation.⁶⁻⁸ This study aimed to determine the factors that influence women's participation in VIA examinations at the Kebonsari Health Center, Surabaya, Indonesia.

2. Methods

This study was qualitative observational research and used primary data taken from interviews with respondents at the Kebonsari Health Center, Surabaya, Indonesia. The sampling process was carried out using the snowball technique to obtain data saturation from the respondents. The interview began with ice breaking and introductions between the interviewer and the respondent. Furthermore, conducted questions and answers in a directed and regular manner. The data from the interviews were analyzed and studied for phrases, words, and sentences so that a number of factors played a role in the respondents' participation in IVA activities at the Kebonsari Health Center, Surabaya, Indonesia.

3. Results and Discussion

The results of the in-depth discussion found a number of factors that contributed to the lack of participation in IVA activities at the Kebonsari Health Center, Surabaya, Indonesia. The problem of human resources is a factor that is believed to play a role in the lack of participation of respondents in IVA activities at the Kebonsari Health Center, Surabaya, Indonesia. Respondents complained that they often had difficulty getting VIA examination services due to the absence of implementing staff at the Health Center location. Limited human resources at the Kebonsari Health Center cause many multiple tasks that must be carried out by each individual. This dual task caused difficulties for the human resources at the Kebonsari Health Center to provide IVA services. IVA service officers, sometimes only 1 or 2 days, can stand by at the Health Center. For the rest, the IVA officer has to go out to carry out other functions and tasks. The difficulty in meeting with the IVA implementing officer caused reluctance from respondents to come back to conduct an IVA examination. Interviews with respondents also found that there were problems with the professionalism of service implementers in conducting IVA. Respondents complained of an uncomfortable taste felt by respondents after the IVA examination was carried out. Respondents complained of feeling pain in the area of the genital organ for almost 1 week after the examination. This feeling of discomfort and pain made the respondent reluctant to return for an IVA examination. The professionalism aspect and dual duties of the IVA service HR are believed to be the basis for this reason. Less human resources professionals in carrying out the task are the basis for the emergence of uncomfortable side effects after the IVA examination.

Human resources can make a significant contribution to organizational growth and performance. Human resources must be seen as a valuable asset and managed properly. This involves planning, developing, managing, and maintaining



human resources. Good human resource management can increase organizational productivity. It also helps to create a conducive organizational culture and ensures that all team members work together to achieve organizational goals. It also enables organizations to increase customer loyalty and promote effective teamwork. For example, human resource management can assist in offering training and development to employees to ensure that they have the necessary skills to achieve organizational goals, as an illustration, like planting a tree. You have to water it, clean the roots, and feed the tree to grow strong, healthy plants that can produce great fruit. Likewise, with the organization, you must provide training and development to employees so that they can carry out the mission and goals of the organization effectively. The human resources of the Health Center, if managed and given effective and optimal tasks, are expected to be able to provide excellent service to patients as well.⁹⁻¹²

The interview results also found that respondents still did not understand what it was to participate in the IVA examination. Many respondents admitted that they only saw leaflets or something about the existence of the program from other people. Respondents also admitted that what they knew from the IVA program was to look at the health of women's genital organs. Respondents lack knowledge that IVA is useful for screening for malignancy of the cervix. Knowledge helps one to understand the impact of certain actions. This allows people to make more informed and wiser decisions. Knowledge can also help people to take more sustainable actions. By knowing more about the consequences of certain actions, people can decide whether these actions will bring long-term benefits to them and the environment around them. Knowledge also helps people to understand how their actions can impact others, helping them to make more ethical and responsible decisions. The Behavioral Attitudes Knowledge Theory states that people who know more about a problem are more likely to have a positive

attitude toward it and, therefore, more likely to take more sustainable action. This shows that knowledge is the beginning of changing behavior. By increasing knowledge about an issue, we can build a more positive and sustainable attitude. Knowledge gives us the opportunity to take wiser action. For example, when we understand how some environmental threats negatively impact our health, we can act by reducing the use of harmful resources and products. It's like building a house. To build a strong, durable house, we must know what must be understood and what must be made to ensure it stays up. Knowledge is a solid foundation that allows us to build higher levels of quality and ability. This applies to everything in life. With the right knowledge, we can make more informed decisions and avoid problems. We can also use the knowledge we have to achieve our goals and make our dreams come true. By using knowledge, we can better navigate the world. We can make more informed decisions because we have sufficient information to make decisions. We can also use knowledge to find more efficient ways to achieve our goals and dreams.¹³⁻¹⁵

4. Conclusion

The human resource factor for implementing IVA services and the lack of respondents' knowledge of the IVA program are the main factors in the low participation of women in the IVA program at the Kebonsari Health Center, Surabaya, Indonesia.

5. References

1. Ahmed FA, Moussa KM, Petterson KO, Asamoah BO. Assessing knowledge, attitude, and practice of emergency contraception: a cross-sectional study among Ethiopian undergraduate female students. *BMC Public Health*. 2012; 12: 110.
2. Tajure N, Pharm B. Knowledge, attitude and practice of emergency contraception among graduating female students of Jimma



- University, Southwest Ethiopia. *Ethiop J Health Sci.* 2010; 20(2): 91–7.
3. Nsubuga H, Sekandi JN, Sempeera H, Makumbi FE. Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda: a cross-sectional survey. *BMC Womens Health.* 2016; 16: 6.
 4. Ahrold TK, Farmer M, Trapnell PD, Meston CM. The relationship among sexual attitudes, sexual fantasy, and religiosity. *Arch Sex Behav.* 2011; 40(3): 619–30.
 5. Macdowall W, Jones KG, Tanton C. Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *BMJ Open.* 2015; 5(3): e007837.
 6. Chen AC, Neilands TB, Chan SM, Lightfoot M. Contextual influence of Taiwanese adolescents' sexual attitudes and behavioral intent. *Nurs Health Sci.* 2016; 18(3): 355–61.
 7. Zhang XD, Kelly-Hanku A, Chai JJ, Luo J, Temmerman M, Luchters S. Sexual and reproductive health risks amongst female adolescents who use amphetamine-type stimulants and sell sex: a qualitative inquiry in Yunnan, China. *Harm Reduct J.* 2015; 12: 34.
 8. Cao Y, Xiao H, Yan H, Li J1, Li S. Prevalence and sex-related risk factors of premarital pregnancy and reproductive tract infections among female undergraduates in Wuhan, China. *Asia Pac J Public Health.* 2015; 27(2 Suppl): 30S–40S.
 9. Yen CF, Cheng CP, Wang SY, Ko NY, Hsu ST. Multidimensional discriminative factors for unprotected sex among adolescents in southern Taiwan. *Kaohsiung J Med Sci.* 2009; 25(4): 193–202.
 10. Chima Anyanwu F, Ter Goon D, Tugli A. Perception of susceptibility to the negative outcomes associated with unprotected sex among University of Venda students. *Pak J Med Sci.* 2013; 29(6): 1306–10.
 11. Zhan W, Shaboltas AV, Skochilov RV, Kozlov AP, Krasnoselskikh TV, Abdala N. Depressive symptoms and unprotected sex in St. Petersburg, Russia. *J Psychosom Res.* 2012; 72(5): 371–5.
 12. Masters NT, George WH, Davis KC. Women's unprotected sex intentions: roles of sexual victimization, intoxication, and partner perception. *J Sex Res.* 2014; 51(5): 586–98.
 13. Guzzo KB, Hayford SR. Adolescent reproductive and contraceptive knowledge and attitudes and adult contraceptive behavior. *Matern Child Health J.* 2018; 22(1): 32–40.
 14. Sassler S, Michelmore K, Qian Z. Transitions from sexual relationships into cohabitation and beyond. *Demography.* 2018; 55(2): 511–34.
 15. van Hedel K, Martikainen P, Moustgaard H, Myrskylä M. Cohabitation and mental health: Is psychotropic medication use more common in cohabitation than marriage?. *SSM Popul Health.* 2018; 4: 244–53.

