The Relationship Between Knowledge and Attitudes of Women of Reproductive Age Regarding Early Detection of Cervical Cancer with Iva Examination

Nailatun Nadrah¹, Novica Jolyarni D¹, Fitriyani Nasution¹

Email: nailatunnadrah@gmail.com

¹Midwife Diploma Study Program, Faculty of Health Sciences, Ika Bina Institute of Health and Technology, Indonesia

Abstract

Cervical cancer is a major health issue for women all over the globe. Human papillomavirus (HPV) infection is the leading cause of cervical cancer, which is a cancer of the cervix. The more convenient, less costly, and doable Visual Inspection Method with Acetic Acid test (IVA) is in Indonesia. The researchers at Sigambal Health Center wanted to learn more about the WUS's expertise and perspectives on IVA screening for cervical cancer in order to better serve their patients. This study used a cross-sectional, descriptive analytic strategy. Using data from 38 reproductive-age females. Study findings showed that among 38 responders, only 5 (31.2%) had a strong understanding of cervical cancer and 12 (63.2%) were supportive, whereas 22 (57.6%) WUS did not get IVA screening. There is a correlation between WUS knowledge of cervical cancer early detection and IVA, as measured by chi-square analysis, with a P-value of 0.045 0.05, rejecting H0 and accepting Ha. The link between WUS attitudes about acetate visual inspection (IVA) for the early diagnosis of cervical cancer and its prevalence was statistically significant (P = 0.009 0.05; Chi square analysis test on attitude). Health officers should encourage women to have Pap tests and use the IVA technique for WUS to screen for cervical cancer.

Keywords: Knowledge, Attitude, IVA

Received: May 17, 2023 Received in Revised: June 15, 2023 Accepted: July 4, 2023

Introduction

Cervical cancer poses a significant health concern for women on a global scale. Cervical cancer is a neoplastic condition that arises in the cervix as a result of infection with the Human Papilloma Virus (HPV). Human papillomavirus (HPV) is primarily transmitted via sexual contact, leading to infection in approximately 75% of women who have engaged in sexual intercourse. Cervical cancer ranks as the second most prevalent form of cancer among women, following breast cancer, with an estimated global population of approximately 1.4 million individuals affected (Ferlay, et al., 2010). The growth of abnormal cells in the cervix, situated between the uterus and the vaginal opening, leads to the development of cancerous cells (Ismarwati et al., 2011).

According to the World Health Organization (2019), approximately 490,000 women across the globe receive a diagnosis of cervical cancer, resulting in 240,000 fatalities among females. The majority of cases, specifically 80%, are concentrated in developing countries. If prompt action is not taken, it is projected that there will be a surge of approximately 25% in the mortality rate due to cervical cancer within the next decade. Based on the findings of Riskesdas (2018), the

incidence rate of tumors/cancer in Indonesia is reported to be 1.4 cases per 1000 individuals (Ministry of Health RI, 2019).

According to the International Agency for Research on Cancer (IARC), as reported by Globocan, breast cancer has the highest incidence among women, accounting for 48,998 cases (30.5%), followed by cervical cancer with 20,928 cases (13.0%). The effectiveness of cancer control measures in Indonesia has been suboptimal, as evidenced by the discovery that approximately 70% of newly diagnosed cases are already in an advanced stage (RI Ministry of Health, 2019).

The progression of cervical cancer entails a considerable duration, typically spanning from 5 to 20 years, commencing with the acquisition of human papillomavirus (HPV) infection and culminating in the manifestation of cancerous growth. If a female individual receives a diagnosis of cervical cancer at the age of 55, it is likely that she contracted the human papillomavirus (HPV) infection around the age of 35. Therefore, it is imperative to take proactive measures in the early prevention of cervical cancer, particularly among women of reproductive age who engage in sexual activity and employ contraceptive methods to postpone or prevent pregnancy, such as oral contraceptive pills and childbirth (Wijaya, 2015; Dianada, 2007).

The need to address the significant incidence of cancer in Indonesia necessitates the implementation of preventive and early detection strategies as outlined by healthcare professionals (Domingo et al., 2008). According to Bartelset al. (2008), individuals diagnosed with cancer at an early stage and promptly receiving appropriate treatment are more likely to experience remission and have an increased life expectancy. Hence, it is imperative to conduct regular systematic examinations as a measure to proactively identify and diagnose cancer at its early stages (Austin & Zhao, 2012).

According to the Cancer Sub Directorate, Directorate of Non-Communicable Diseases, the government has implemented a cancer control program that includes the utilization of the Visual Inspection with Acetic Acid (IVA) method. Engaging in early detection practices for cervical cancer can significantly decrease the likelihood of developing the disease among women. The primary objective of early detection is to identify pre-cancerous lesions at the earliest possible stage, facilitating prompt administration of treatment upon their discovery (Mishra et al., 2011).

The Visual Inspection Method with Acetic Acid test (IVA) is a detection method that offers practicality, cost-effectiveness, and feasibility for implementation in Indonesia. Furthermore, it is worth noting that the IVA method exhibits a notable level of sensitivity, demonstrating its ability to swiftly and accurately detect abnormalities, even at the stage of cell abnormalities (diplasia) or prior to the development of precancerous conditions. Disease prevention through the utilization of this detection method constitutes a health-promoting practice or a manifestation of a healthy lifestyle. Therefore, it is advisable to administer an IVA (IntraVaginal Assessment) test to women between the ages of 30 and 50, as well as those who have engaged in sexual activity. According to Wahyuni (2023),

The correlation between knowledge and education in relation to the implementation of early detection of cervical cancer through IVA revealed that 50% of women under study (WUS) possessed limited knowledge and exhibited a lower frequency of IVA participation, amounting to 83.3%. In a study conducted by Suratin (2018), the researcher examined the correlation between the knowledge and attitudes of mothers regarding early detection of cervical cancer through IVA examinations at the Sekupang Batam Health Center. The findings revealed that a

significant proportion of mothers, specifically 74.6%, demonstrated inadequate knowledge about cervical cancer. Moreover, 64.7% of the participants exhibited a negative attitude towards the subject matter, while 64.8% did not undergo an IVA examination.

Based on the aforementioned background information, the researcher aims to undertake a study investigating the correlation between the knowledge and attitudes of women of childbearing age (WUS) in relation to early detection of cervical cancer using the IVA method at the Sigambal Health Center.

Methods

Quantitative observational analysis is the method of study. This study employs a crosssectional research strategy with concurrent or incidental data collection. Women of reproductive age (19-50) who received care at the Sigambal Health Center were the subjects of this research. There were 38 participants in this research, all of them were women of reproductive age (19-50) from the Sigambal Health Center. We used a completely random sampling strategy for this.

Depending on the observed data type, we used one of two methods for collecting it: Knowledge: This knowledge quiz tests your familiarity with IVA. Each question has a value of 1 if the answer is accurate and 0 otherwise. Attitude is assessed by having respondents rate their agreement with ten statements on a four-point Likert scale: strongly agree (4), agree (3), disagree (2), and severely disagree (1). Strongly agree (1), Agree (2), Disagree (3), and Strongly disagree (4) are all negative assertions. When evaluating the success of an IVA test, researchers look at the respondent's medical history.

The obtained information includes both independent and dependent factors. Next, the researcher and respondent data undergoes the following processing processes. Data cleaning, also known as data editing, is the process of making sure the information gathered is complete and legible. To achieve this, we look at each completed questionnaire page, checking for mistakes or other irregularities and making any necessary corrections. The process of assigning numerical values to symbols or data in the responses given by respondents is known as coding. The purpose of using codes is to speed up data input and aid in data analysis. We manually analyze the data by adding up the responses of each responder, and then we use a frequency table to summarize the results. Data cleansing refers to the process of double-checking previously entered information for accuracy.

Data Analysis

To get a feel for how often certain categories of knowledge, attitudes, and the IVA test came up, we conducted a univariate analysis. The purpose of this study's bivariate analysis was to use the chi-square test to examine the correlation between the independent variables (knowledge and attitude) and the dependent variable (IVA assessment).

Results and Discussion

Univariate Analysis

The purpose of the univariate analysis was to examine a summary or description of a study variable in the form of a frequency distribution and presentation. This research set out to examine how women of reproductive age at the Sigambal Health Center felt about the possibility of early identification of cervical cancer using IVA testing.

Table 1. Frequency Distribution of Respondents by Age of Women of Reproductive Age atthe Sigambal Health Center

| Age | f | % |
|------------|----|-------|
| < 40 years | 27 | 71,05 |
| ≥40 years | 11 | 28,95 |
| Sum | 38 | 100,0 |

According to the data presented in Table 1, it can be observed that out of the total 38 female participants within the childbearing age group, a majority of 27 individuals (71.05%) were below the age of 40, while the remaining 11 individuals (28.95%) were aged 40 years or above.

Table 2. Frequency Distribution of Respondents Based on Education of Women of Childbearing Age at Sigambal Health Center

| Education | F | % |
|-------------|----|--------|
| High School | 29 | 76,31 |
| Diploma 3 | 2 | 5,27 |
| Loss 1 | 7 | 18,42 |
| Sum | 38 | 100,00 |

According to the findings presented in Table 2, it is evident that among the 38 female participants within the childbearing age group, a significant majority of 29 individuals (76.31%) possess a high school education level. Conversely, a smaller proportion of 7 respondents (18.42%) exhibit an average education level of 1, while an even smaller subset of 2 individuals (5.27%) have attained a diploma III education level.

Table 3. Frequency Distribution of Respondents Based on the Work of Women ofChildbearing Age at Sigambal Health Center

| Work | F | % |
|---------------|----|--------|
| Civic Servant | 6 | 15,78 |
| Self employed | 13 | 34,22 |
| Not Working | 19 | 50,00 |
| Sum | 38 | 100,00 |

According to the data presented in Table 3, it is evident that among the 38 female respondents within the childbearing age bracket, a significant proportion of 50% (19 respondents) were found to be non-employed. Conversely, a notable percentage of 34.22% (13 individuals) were engaged in self-employment, while a smaller fraction of 15.78% (6 individuals) were employed as civil servants.

Table 4. Frequency distribution of respondents based on the knowledge of women of
childbearing age at the Sigambal Health Center

| Knowledge | F | % |
|-----------|----|--------|
| Good | 10 | 26,3 |
| Enough | 8 | 21,1 |
| Less | 20 | 52,6 |
| Sum | 38 | 100,00 |

According to the data presented in Table 4, it is evident that among the 38 female respondents within the childbearing age group, a majority of 20 individuals (52.6%) possess a lesser degree of knowledge regarding the early detection of cervical cancer. On the other hand, 10 respondents (26.3%) exhibit a commendable level of knowledge, while 8 participants (21.1%) demonstrate a sufficient understanding of this crucial matter.

| Table 5. Frequency distribution of respondents based on the attitude of women of |
|--|
| childbearing age at Sigambal Health Center |

| Attitude | F | % |
|---------------|----|--------|
| Support | 19 | 50,0 |
| Not Supported | 19 | 50,0 |
| Sum | 38 | 100,00 |

According to the data presented in Table 5, it is evident that among the 38 female respondents within the childbearing age category, exactly half of them, or 19 individuals (50.0%), exhibit a favorable disposition towards the early detection of cervical cancer. Conversely, an equal number of respondents, also comprising 50.0% or 19 individuals, hold an unsupportive stance regarding this matter.

Table 6. Frequency distribution of respondents based on IVA examination of women ofchildbearing age at Sigambal Health Center

| Age | F | % |
|-----------|----|--------|
| Do | 16 | 42,1 |
| Not Doing | 22 | 57,9 |
| Sum | 38 | 100,00 |

According to the data presented in Table 6, it is evident that among the 38 female respondents within the childbearing age group, a total of 16 individuals (42.1%) underwent an Intra-Vaginal Assessment (IVA) examination, while the remaining 22 individuals (57.9%) did not partake in this particular examination.

Bivariate Analysis

A bivariate analysis was undertaken to ascertain the presence of a potential association between attitudinal knowledge regarding early detection of cervical cancer and the utilization of IVA examination at the Sigambal Health Center. The findings of this analysis are presented in the table provided below:

 Table 7. The relationship of knowledge about early detection of cervical cancer with IVA examination of women of childbearing age at Sigambal Health Center

| | | IVA Examination | | | | | Р | |
|-----------|--------|-----------------|------|------------|------|-----|-------|-------|
| | | Do | | Did not do | | Sum | | |
| | | F | % | F | % | f | % | |
| Knowledge | Good | 5 | 50,0 | 5 | 50,0 | 10 | 26,3 | 0.045 |
| | Enough | 6 | 75,0 | 2 | 25,0 | 8 | 21,1 | |
| | Less | 5 | 25,0 | 15 | 75,0 | 20 | 52,6 | 0,045 |
| Tota | 1 | 16 | 42,1 | 22 | 57,9 | 38 | 100,0 | |

According to the data presented in Table 7, it is evident that out of the 16 individuals who conducted the VIA examination, 6 individuals (75.0%) possessed an adequate level of knowledge, while 5 individuals (25.0%) demonstrated a commendable level of knowledge. Additionally, it is noteworthy that 5 individuals (25.0%) exhibited a comparatively lower level of knowledge in this context. In the interim, among the cohort of 22 individuals who abstained from undergoing an Individual Voluntary Arrangement (IVA) assessment, it was observed that 15 individuals (constituting 75.5% of the group) possessed an inadequate level of knowledge, while 5 individuals (equating to 25.0%) exhibited a commendable level of knowledge.

Additionally, an equal number of 5 individuals (also accounting for 25.0%) demonstrated a satisfactory level of knowledge.

The statistical analysis employing the chi-square test yielded a noteworthy finding with a p-value of $\rho = 0.045$, which is less than the conventional significance level of 0.05. Consequently, the null hypothesis (Ho) is rejected, while the alternative hypothesis (Ha) is accepted. This outcome suggests a substantial association between knowledge regarding early detection of cervical cancer and the utilization of IVA examination.

Table 8. Relationship of Attitude about early detection of cervical cancer with IVAExamination of Women of Childbearing Age at Sigambal Health Center

| | | IVA Examination | | | Sum | | Р | |
|----------|---------------|-----------------|------|------------|------|----|-------|-------|
| | | Do | | Did not do | | | | |
| | | F | % | F | % | F | % | |
| Attitude | Support | 12 | 63,2 | 7 | 36,8 | 19 | 50,0 | |
| | Not Supported | 4 | 21,1 | 15 | 78,9 | 19 | 50,0 | 0.009 |
| | Total | 16 | 42,1 | 22 | 57,9 | 38 | 100,0 | |

According to the data presented in Table 8, it is evident that out of the total 16 individuals who participated in the IVA examination, a majority of 12 individuals (63.2%) exhibited a favorable and supportive disposition, while a smaller proportion of 4 individuals (21.2%) displayed an unfavorable and unsupportive attitude. Among the cohort of individuals who refrained from undergoing an Individual Voluntary Arrangement (IVA) assessment, it is noteworthy that a majority of 78.9% (n=15) exhibited a disposition that can be characterized as unsupportive, while a smaller proportion of 36.8% (n=7) displayed a supportive inclination.

The statistical analysis employing the chi-square test has yielded a noteworthy outcome, with a calculated p-value of $\rho = 0.009$, which is less than the conventional significance level of 0.05. Consequently, the null hypothesis (Ho) is rejected, while the alternative hypothesis (Ha) is accepted. This finding implies that a substantial association exists between attitudes towards early detection of cervical cancer and the utilization of IVA examination.

WUS knowledge about early detection of cervical cancer at the Sigambal Health Center

Drawing upon the findings derived from a comprehensive examination encompassing a cohort of 38 female participants within the childbearing age group, it was revealed that a majority of 52.6% (n=20) exhibited a dearth of knowledge pertaining to the detection of early-stage cervical cancer. Conversely, a noteworthy proportion of 26.3% (n=10) demonstrated a commendable level of understanding, while a smaller yet significant contingent of 21.1% (n=8) possessed an adequate level of knowledge regarding this critical aspect of cervical cancer detection. The acquisition of knowledge serves as a fundamental catalyst for the transformation of collective mindsets and societal behaviors.

The acquisition of knowledge is a culmination of cognitive processes that transpire subsequent to the perception of a particular stimulus. In the scholarly work of Notoatmodjo (2012), Lawrence Green expounds upon the multifaceted determinants of health behavior, highlighting three pivotal factors. Among these factors, knowledge emerges as a crucial determinant, wielding significant influence over individuals' health-related choices and actions. In the scholarly work by Notoatmojo (2003), the concept of knowledge is expounded upon as being the culmination of the cognitive process known as "knowing". This cognitive process is initiated when individuals engage their senses to perceive a particular object. The acquisition of knowledge or cognitive abilities holds paramount significance in shaping an individual's actions, surpassing mere behavioral patterns.

Based on the suppositions posited by researchers, the deficiency in knowledge can be attributed to the dearth of education as well as the limited acquisition of information by the respondents. The formation of a respondent's knowledge can also be influenced by factors such as their age and occupation. The possession of profound knowledge among women in the childbearing age cohort does not guarantee the execution of an Intrauterine Vaginal Assessment (IVA) examination, as highlighted by Marhaeni et al. (2021). The dearth of medical consultations aimed at early detection of cervical cancer may stem from a dearth of knowledge regarding IntraVaginal Assessment (IVA), thereby instilling apprehension towards undergoing such examinations. Once an individual acquires a comprehensive understanding of the VIA examination, their apprehension and self-consciousness towards early detection will dissipate. The pressing issue at hand pertains to the prevalence of cervical cancer.

The attitude of WUS regarding early detection of cervical cancer at the Sigambal Health Center

The findings of the study revealed that among a cohort of 38 women in the reproductive age group, exactly half of them, precisely 19 individuals, exhibited a positive inclination towards the early detection of cervical cancer. Conversely, an equal number of 19 participants, constituting 50.0% of the sample, displayed a less favorable attitude towards this crucial aspect of healthcare. Attitude can be defined as the cognitive and affective response exhibited by an individual in relation to a particular stimulus or object, indicating their predisposition or inclination towards it. The concept of attitude can be understood as a cognitive predisposition that influences an individual's behavior, although it does not directly manifest as an action or activity. The facilitation of embracing novel behaviors can be significantly enhanced when grounded in accurate knowledge, heightened awareness, and a constructive mindset. The concept of attitude has historically been construed as a prerequisite for the manifestation of a particular behavior. The concept of attitude encompasses a cognitive process that engages in the evaluation, formation of perspectives, emotional tinting, and subsequent influence on behavioral inclinations towards stimuli encountered in our environment. The human experience is intricately shaped by the interplay between memories, knowledge, and our perceptions of the present. Our views and emotions are profoundly influenced by the recollections of our past, as well as our understanding of the world, and the impressions we form in response to the circumstances we encounter in the present moment.

Based on the conjectures put forth by the researchers, it is postulated that a significant proportion, precisely 50.0%, of the participants harbor an unsympathetic disposition towards the early identification of cervical cancer. There exist several factors that contribute to the development of a pessimistic outlook. These include the perception that the matter at hand lacks significance, the belief that cervical cancer poses no genuine threat, the absence of discernible distressing symptoms, apprehension regarding potential discomfort, feelings of embarrassment, fear of receiving abnormal test results, concerns regarding the financial implications of undergoing examinations, and anxieties surrounding personal hygiene. The positive disposition exhibited by the respondents can be attributed to their profound understanding of the imperative nature of early detection in combating cervical cancer. This awareness underscores the significance of timely intervention, thereby obviating any potential treatment delays. The implementation of disease prevention and detection measures hinges upon individuals' subjective health beliefs, encompassing their perceived notions regarding health threats, benefits, and barriers.

IVA examination of WUS at the Sigambal Health Center

The findings of the study revealed that out of the 38 female participants within the reproductive age group, 16 individuals (constituting 42.1% of the sample) underwent an Intrauterine Visual Assessment (IVA) examination, while the remaining 22 participants (comprising 57.9% of the sample) did not undergo such an examination. There are various factors that contribute to the phenomenon of Women of Reproductive Age (WUS) who have undergone IVA counseling but choose not to undergo VIA examinations. These factors encompass a range of concerns and considerations, including feelings of embarrassment, inconvenience, uncertainty regarding the significance of examinations, limited awareness about their importance, apprehension towards potential examination outcomes, fear of discomfort during the procedure, aversion to being examined by a male physician, and insufficient familial support, particularly from spouses.

Based on the researcher's supposition, individuals who acquire sufficient knowledge regarding the VIA examination are likely to experience a reduction in fear and embarrassment, thereby facilitating their proactive engagement in early detection practices. The prevalence of cervical cancer can be mitigated through enhanced comprehension facilitated by accurate and comprehensive information dissemination.

The relationship between WUS knowledge about early detection of cervical cancer with IVA examination at the Sigambal Health Center

The chi-square statistical test yielded a p-value of $\rho = 0.045$, which is less than the conventional significance level of 0.05. Consequently, the null hypothesis (Ho) is rejected, and the alternative hypothesis (Ha) is accepted. This outcome suggests a noteworthy association between knowledge regarding early detection of cervical cancer and IVA examination. Individuals with a robust and comprehensive understanding of a subject matter are more inclined to undertake Intra-Vascular Assessments (IVAs) in comparison to those with a limited knowledge base.

The acquisition and preservation of knowledge in a tangible medium is a fundamental aspect of human intellectual progress. In the context of health behavior, one notable example is the early detection of cervical cancer through the utilization of the IntraVaginal Assessment (IVA) Test. This elucidates the correlation between an individual's knowledge and their observable health behaviors. The propensity of mothers to engage in early detection practices for the prevention of cervical cancer is significantly influenced by their knowledge, which can be acquired through various sources such as information media or their immediate surroundings. The correlation between a mother's level of knowledge and her ability to provide effective support in preventive measures, such as early detection through the IVA Test, is positively reinforced. Knowledge encompasses the vast reservoir of information and understanding that resides within the confines of our cognitive faculties. Our understanding of the world is often shaped by the personal encounters we have had. The acquisition of human knowledge predominantly relies on the faculties of sight and hearing. There exist several pivotal factors that exert a profound influence on the acquisition and expansion of knowledge. Among these factors, age, education, and experience stand out as paramount determinants. According to Notoatmodjo (2005), knowledge plays a significant role in shaping individuals' behavior. When individuals possess a high level of knowledge, they are more likely to comprehend and appreciate the significance of undergoing IVA examinations. Conversely, a lack of knowledge may hinder individuals from recognizing the importance of such examinations. In the event of individuals possessing limited knowledge, it is plausible that they may inadvertently disregard and fail to grasp the significance of health services, particularly in the context of IVA examinations.

The relationship between WUS attitudes about early detection of cervical cancer with IVA examination at the Sigambal Health Center

The chi-square statistical test yielded a p-value of $\rho = 0.009$, which is less than the conventional significance level of 0.05. Consequently, the null hypothesis (Ho) is rejected in favor of the alternative hypothesis (Ha). This outcome suggests a noteworthy association between attitudes towards early detection of cervical cancer and IVA examination.

According to Notoatmodjo (2005), the concept of attitude can be understood as an individual's reaction or response to a particular stimulus or object, indicating a state of being closed or resistant to it. The discourse further expounded upon the multifaceted nature of attitude, delineating its constituent levels as follows: reception, response, valuation, and accountability. Merely possessing knowledge that necessitates mastery within the realm of Women's Urogenital System (WUS) is insufficient. In addition, it is imperative to embrace a state of acceptance and respond with a profound sense of responsibility in order to avert health complications, particularly those pertaining to the reproductive organs, specifically cervical lesions. With an unwavering commitment to addressing the pressing issue of cervical cancer prevention, the individual's stance reflects a proactive approach in advocating for the implementation of the IVA test. This diagnostic procedure serves as a pivotal tool in the timely identification of cervical abnormalities, thereby enabling early intervention and treatment.

Conclusion

In light of the findings derived from an empirical investigation encompassing a cohort of 38 female participants within the childbearing age range, it was revealed that a majority of 20 individuals (constituting 52.6% of the sample) exhibited a dearth of knowledge pertaining to the detection of early-stage cervical cancer. Conversely, a noteworthy proportion of 10 respondents (equating to 26.3% of the sample) demonstrated a commendable level of understanding in this domain, while a smaller contingent of 8 participants (accounting for 21.1% of the sample) possessed an adequate level of knowledge regarding the aforementioned subject matter. The findings from a comprehensive investigation involving 38 female participants within the childbearing age bracket revealed intriguing insights. Precisely half of the respondents, totaling 19 individuals, exhibited a commendable inclination towards endorsing the early detection of cervical cancer. Conversely, an equivalent number of participants, also constituting 50.0% of the sample, displayed a less favorable disposition towards this crucial aspect of healthcare. The findings from the analysis of a cohort comprising 38 women of childbearing age revealed that 16 participants (42.1%) underwent an Intrauterine Visual Assessment (IVA), whereas 22 individuals (57.9%) did not undergo this particular examination. The statistical analysis employing the chi-square test yielded a noteworthy finding with a p-value of $\rho = 0.045$, which is less than the conventional significance level of 0.05. Consequently, the null hypothesis (Ho) is refuted, and the alternative hypothesis (Ha) is accepted. This outcome implies a substantial association between the level of knowledge regarding early detection of cervical cancer and the utilization of IVA examination. The statistical analysis employing the chi-square test yielded a noteworthy outcome, with a calculated p-value of $\rho = 0.009$, which is less than the conventional significance level of 0.05. Consequently, the null hypothesis (Ho) is rejected, and the alternative hypothesis (Ha) is accepted. This finding implies that there exists a substantial association between attitudes towards detection.

References

- Austin, R. M., & Zhao, C. (2012). Type 1 and type 2 cervical carcinomas: some cervical cancers are more difficult to prevent with screening. *Cytopathology*, 23(1), 6-12.
- Bartels, R. H., van der Linden, Y. M., & van der Graaf, W. T. (2008). Spinal extradural metastasis: review of current treatment options. *CA: a cancer journal for clinicians*, 58(4), 245-259.

Dianada. (2007). Kanker Serviks dan Penanganannya. Jakarta: Renika Cipta

- Domingo, E. J., Noviani, R., Noor, M. R. M., Ngelangel, C. A., Limpaphayom, K. K., Van Thuan, T., ... & Quinn, M. A. (2008). Epidemiology and prevention of cervical cancer in Indonesia, Malaysia, the Philippines, Thailand and Vietnam. *Vaccine*, 26, M71-M79.
- Ferlay, J., Shin, H. R., Bray, F., Forman, D., Mathers, C., & Parkin, D. M. (2010). Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *International journal of cancer*, 127(12), 2893-2917.
- Ismarwati, I. Sunarsih, S, Rendra, W. (2011). Promosi Kesehatan Dalam Jakarta: Rineka Cipta
- Marhaeni, G. A., Surati, I. G. A., Dewi, N. N. A., Armini, N. W., Nuratni, N. K., & Sriasih, N. G. K. (2021). Influence of Emo-Demo for Woman of Childbearing Age to Perform Cervical Cancer Screening.
- Mishra, G. A., Pimple, S. A., & Shastri, S. S. (2011). An overview of prevention and early detection of cervical cancers. *Indian Journal of Medical and Paediatric Oncology*, 32(03), 125-132.
- Notoatmodjo, S. (2012). Metodologi penelitian. Jakarta: PT.Rineka Cipta
- Notoatmodjo, S. (2014). Promosi Kesehatan dan Ilmu Perilaku. Edisi revisi.
- Wahyuni, C. (2023). The Importance of IVA for Women Aged 30-50 Years. Journal of Community Engagement in Health, 6(1), 60-65.
- Wijaya, D. (2010). Pembunuh Ganas Itu Bernama Kanker Serviks. Yogyakarta: Pustaka Pelajar.