DESCRIPTION OF THE LEVEL OF KNOWLEDGE OF PRODUCTIVE AGE MOTHERS REGARDING THE IVA TEST IN EARLY DETECTING CERVICAL CANCER IN THE WORKING AREA OF THE NAGRAK PUSKESMAS

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Abstract

Cervical cancer is a type of malignancy caused byHuman Papilloma Virus(HPV) is an oncogenic disease that attacks the cervix (Maharie, & Indrawati, 2012). Cervical cancer can be transmitted through sexual intercourse, so if someone has had sexual intercourse, it is recommended to carry out early detection (Rasjidi, 2007). Cervical cancer most often occurs in women aged 15 to 49 years, and the risk of cervical cancer increases between the ages of 20 and 30 years (Information Center on HPV and Cancer (ICO), 2014. WHO predicts that in 2030 there will be a surge in cancer sufferers in Indonesia up to seven times. Every year, no less than 15,000 cases of cervical cancer occur in Indonesia. This makes cervical cancer the number one killer of women in Indonesia The highest number of cervical cancers in the world (WHO, 2013). The high morbidity and mortality rate of cervical cancer is caused by delays in treatment. Cervical cancer sufferers generally only come to health services after they are in an advanced stage, even though if they are detected as early as possible, cervical cancer can most likely be cured. can increase the life expectancy of women suffering from cervical cancer. The increasing incidence of cervical cancer occurs due to delays in early detection and lack of public knowledge about cervical cancer (Wee & Gerald, 2016). The type of research used in this research is researchdescriptivewhich is carried out to determine the value of the independent variable, either one variable or more(independent)without making comparisons, or connecting one variable with another variable. Sampling is carried out "purposive sampling" namely a sampling technique with certain considerations.

Keywords ***:*** knowledge; cervical cancer; IVA Test

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INTRODUCTION

Cervical cancer is a type of malignancy caused byHuman Papilloma Virus(HPV) is an oncogenic disease that attacks the cervix (Maharie, & Indrawati, 2012). Cervical cancer can be transmitted through sexual intercourse, so if someone has had sexual intercourse, it is recommended to carry out early detection (Rasjidi, 2007). Cervical cancer most often occurs in women aged 15 to 49 years, and the risk of cervical cancer increases between the ages of 20 and 30 years (Information Center on HPV and Cancer (ICO), 2014.

WHO predicts that by 2030 there will be a seven-fold increase in cancer sufferers in Indonesia. For cervical cancer sufferers, every year no less than 15,000 cases of cervical cancer occur in Indonesia. This makes cervical cancer the number one killer of women in Indonesia. The high number of cervical cancer cases in Indonesia has led WHO to place Indonesia as the country with the highest number of cervical cancer sufferers in the world (WHO, 2013).

The high morbidity and mortality rates for cervical cancer are caused by delays in treatment. Cervical cancer sufferers generally only come to health services after they are in an advanced stage, even though if cervical cancer is detected as early as possible it is likely that it can be cured and can increase the life expectancy of women suffering from cervical cancer. The increasing incidence of cervical cancer occurs due to delays in early detection and lack of public knowledge about cervical cancer (Wee & Gerald, 2016).

Cervical cancer detection is an examination for precancer in women who are at risk of developing cervical cancer. There are three types of tests currently available, including the conventional method (Pap Smear) and liquid-based cytology (LBC/Liquid-Based Cytology), Acetic Acid Visual Inspection (IVA), and HPV testing for high-risk HPV types, for example type 16 and 18 (WHO, 2014). Screening is recommended for every woman aged 25 to 49 years, or who has had sexual relations, to undergo screening at least once in their lifetime.

In line with research conducted by DeGroff, et all in Europe in 2016, routine examinations for early detection of cervical cancer showed a reduction in the death rate caused by cervical cancer. More than 50% of women who are diagnosed with cervical cancer say they never had early detection, this is proven by the number of new cervical cancer sufferers visiting hospitals or health centers, around 70% are in advanced (severe) stages and

30% are in early stages, this problem occurs because women's awareness of their own health is still lacking, where they state that early detection of cervical cancer is not necessary because they consider themselves not sick, there is a sense of shame, fear of a positive diagnosis result, lack of motivation from their husbands, and most women don't know not even aware of the symptoms of cervical cancer (Ministry of Health, 2010).
According to Romadhoni, et al (2012), the low level of knowledge is believed to worsen existing conditions and it is estimated that the incidence of cervical cancer continues to increase every year. Research on knowledge of early detection of cervical cancer states that the results of research at Darmais Hospital, Jakarta, conducted by Dimyati (2012), stated that respondents' knowledge about early detection was still relatively lacking (46.7%).

RESEARCH METHODS

The early detection program for cervical cancer at the Nagrak Community Health Center uses the IVA method, and health promotion related to early detection of cervical cancer has been carried out. The implementation of this health promotion was carried out by health workers at the Nagrak Community Health Center at the start of planning the program. Health education regarding cervical cancer and early detection of cervical cancer has also been carried out at the Posyandu in the Nagrak Community Health Center area, however community utilization in the area is still low, only 1% of the number of women of reproductive age in the Nagrak area carry out early detection of cervical cancer, even though the women are aged Reproductives can detect cervical cancer for free at the Community Health Center. Women in the Nagrak Community Health Center work area do not know about early detection and there is still a lack of women's knowledge of the causes and signs and symptoms of cervical cancer, so it is necessary to explore further regarding women's knowledge about early detection of cervical cancer. The type of research used in this research is researchdescriptivewhich is carried out to determine the value of the independent variable, either one variable or more(independent)without making comparisons, or connecting one variable with another variable. Sampling is carried out “purposive sampling” namely a sampling technique with certain considerations.

RESULT DAN DISCUSSION

1. Distribution of respondents based on level of knowledge about the Visual Inspection Acetic Acid (IVA) Test

Table 3.1
Frequency Distribution of Respondents' Level of Knowledge Regarding Acetic Acid (IVA) Visual Inspection Examination at Nagrak Community Health Center in 2022

Knowledge	Frequency	Percentage
Good	8	8,8%
Enough	26	28,6%
Less	57	62,6%
Amount	**91**	**100%**

Table 43.1 shows that of the 91 respondents, it can be seen that only 8 respondents (8.8%) have a level of knowledge in the good category, 26 respondents (28.6%) have a sufficient level of knowledge and 57 respondents (62.6%) have a good level of knowledge. have a low level of knowledge regarding the Visual Inspection Acetic Acid (IVA) Test.

2. Distribution of respondents based on level of knowledge regarding the meaning of Acetic Acid Visual Inspection (IVA)

Table 3.2
Frequency Distribution of Respondents' Level of Knowledge Regarding the Understanding of Acetic Acid Visual Inspection (IVA) Test at Nagrak Community Health Center in 2022

Knowledge	Frequency	Percentage
Good	25	27,5
Enough	0	0
Less	66	72,5
Amount	**91**	**100**

Table 3.2 shows that of the 91 respondents, it is known that the number of respondents who have a

good level of knowledge regarding the meaning of Visual Inspection of Acetic Acid (IVA) Test is 25 respondents (27.5%) and 66 respondents (72.5%) who have poor knowledge, based on level of knowledge regarding the meaning of Visual Inspection of Acetic Acid (IVA) Test.

3. Distribution of respondents based on level of knowledge about the purpose of Visual Inspection of Acetic Acid (IVA)

Table 3.3
Frequency Distribution of Respondents' Level of Knowledge Regarding the Purpose of the Acetic Acid Visual Inspection (IVA) Test at the Nagrak Community Health Center in 2022

Knowledge	Frequency	Percentage
Good	67	73,6
Enough	0	0
Less	24	26,4
Amount	**91**	**100**

Table 3.3 shows that of the 91 respondents, it is known that the number of respondents who have a good level of knowledge about the purpose of the Acetic Acid Visual Inspection (IVA) Test is 67 respondents (73.6%) and 24 respondents (26.4%) who have poor knowledge, based on level of knowledge about the purpose of the Visual Inspection of Acetic Acid (IVA) Test.

4. Distribution of respondents based on level of knowledge about indications for Acetic Acid Visual Inspection (IVA)

Table 3.4
Frequency Distribution of Respondents' Level of Knowledge Regarding Indications for Visual Inspection of Acetic Acid (IVA) Test at Nagrak Community Health Center in 2022

Knowledge	Frequency	Percentage
Good	25	27,5
Enough	35	38,4
Less	31	34,1
Amount	**91**	**100**

Table 3.4 shows that from 91 respondents, it can be seen that the distribution of respondents who have a good level of knowledge is 25 respondents (27.5%), 35 respondents (38.4%) who have a sufficient level of knowledge and 31 respondents (34.1%) who have a low level of knowledge based on the level of knowledge regarding the indications for the Visual Inspection of Acetic Acid (IVA) Test.

5. Distribution of respondents based on level of knowledge about contraindications for Visual Inspection of Acetic Acid (IVA)

Table 3.5
Frequency Distribution of Respondents' Level of Knowledge Regarding Contraindications to the Acetic Acid Visual Inspection (IVA) Test at the Nagrak Community Health Center in 2022

Knowledge	Frequency	Percentage
Good	40	44
Enough	0	0
Less	51	56
Amount	**91**	**100**

Table 3.5 shows that of the 91 respondents, it is known that the number of respondents who have a good level of knowledge about the contraindications for the Visual Inspection of Acetic Acid (IVA) Test is 40 respondents (44%) and 51 respondents (56%) who have a poor level of knowledge, based on the level of knowledge about Contraindications Visual Inspection Acetic Acid (IVA) Test.

6. Distribution of respondents based on level of knowledge about the advantages and disadvantages

of Acetic Acid Visual Inspection (IVA)

Table 3.6
Frequency Distribution of Respondents' Level of Knowledge Regarding the Advantages and Disadvantages of the Acetic Acid Visual Inspection (IVA) Test at the Nagrak Community Health Center in 2022

Knowledge	Frequency	Percentage
Good	11	12,1
Enough	23	25,3
Less	57	62,6
Amount	**91**	**100**

Table 3.6 shows that of the 91 respondents, it is known that the number of respondents who have a good level of knowledge about the advantages and disadvantages of the Acetic Acid Visual Inspection (IVA) Test is 11 respondents (12.1%), 23 respondents (25.3%) who have a good level of knowledge. sufficient and 57 respondents (62.6%) had a poor level of knowledge, based on the level of knowledgeLearn about the advantages and disadvantages of the Visual Inspection Acetic Acid (IVA) Test.

CONCLUSSION

Based on the results of research conducted regarding the description of the level of knowledge of women of childbearing age regarding the Acetic Acid Visual Inspection (IVA) Test at the Nagrak Health Center in 2022, conclusions can be drawn:

1. In general, the level of knowledge of respondents regarding the Acetic Acid Visual Inspection (IVA) Test is still in the poor category. Of the 91 respondents, 57 respondents (62.6%) had a low level of knowledge.
2. Most respondents had insufficient knowledge about the meaning of Visual Inspection for Acetic Acid (IVA) Test. It can be seen that from the 91 respondents studied, there were 66 respondents (72.5%) who had a poor level of knowledge.
3. The majority of respondents studied had a level of knowledge in the good category, 67 respondents (73.6%) regarding the purpose of the Acetic Acid Visual Inspection (IVA) Test.
4. The level of WUS knowledge regarding the Visual Inspection Indications for Acetic Acid (IVA) Test, from the research results showed that the majority of respondents studied had sufficient knowledge, namely 35 respondents (38.4%).
5. Most of the respondents studied had insufficient knowledge about the Contraindications for the Visual Inspection of Acetic Acid (IVA) Test. It can be seen that from the 91 respondents studied, there were 51 respondents (56%) who had a poor level of knowledge.
6. The level of WUS knowledge regarding the Advantages and Disadvantages of Visual Inspection of Acetic Acid (IVA) Test, from the research results shows that the majority of respondents studied had insufficient knowledge, 57 respondents (62.6%)

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