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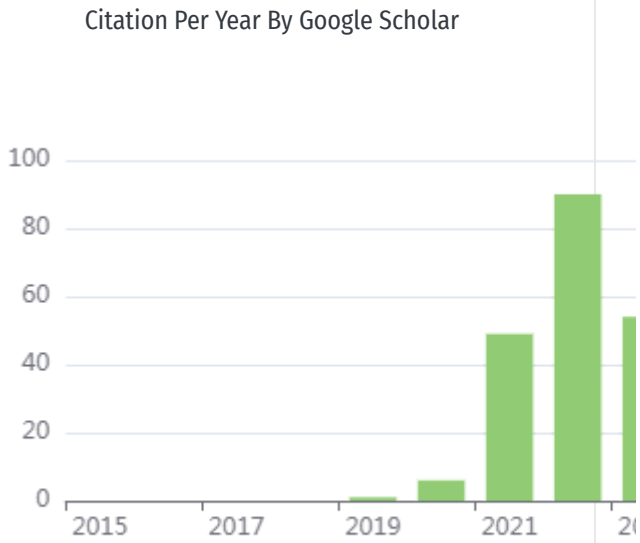

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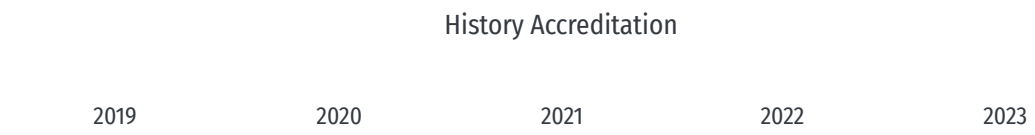

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KNOWLEDGE AND INTERESTS OF WOMEN OF CHILDBEARING AGE (PUS) ABOUT ACETIC ACID VISUAL INSPECTION (IVA)

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ABSTRACT
Reproductive health is a complete physical, mental and social condition, not only free from disease or disability in all aspects related to the reproductive system, its functions and processes. Cervical cancer is a primary malignant tumor originating from squamous epithelial cells, cancer that occurs in the cervix or cervix which is located between the uterus and the vaginal opening. Overcoming this problem requires efforts to solve the problem with other screening methods that are more capable, cost-effective and possible to be carried out in Indonesia. One of the alternative methods of cervical cancer screening that can answer these requirements is IVA (Visual Inspection with Acetic Acid Overlay). Women of Childbearing Age (PUS) about Acetic Acid Visual Inspection (IVA) In RW 05, Campurejo Village, Mojo Subdistrict, Kediri The research design used in this research is correlation research. The approach in this study uses a Cross Sectional approach. This research was conducted to find a relationship between the knowledge of Women of Childbearing Age (PUS) about Acetic Acid Visual Inspection (IVA) with an interest in Acetic Acid Visual Inspection (IVA).Results: Based on the results of the Spearman Rank test, P value = 0.007 <0.05 from a significant level of 5%, then H0 is rejected and H1 is accepted, meaning that there is a relationship between women's knowledge of IVA about IVA with interest in doing IVA in RW 05 Kelurahan Campurejo District City of Kediri. From results can be concluded that H1 is accepted, meaning that there is a relationship between knowledge of women of childbearing age (IVA) about Visual Inspection of Acetic Acid (IVA) with an interest in conducting Visual Inspection of Acetic Acid (IVA).

Keywords: acetic acid visual inspection (IVA); knowledge and interests; women of childbearing age (PUS)

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INTRODUCTION

Reproductive health is a complete physical, mental and social condition, not only free from disease or disability in all aspects related to the reproductive system, its functions and processes. Reproductive health is very important for everyone, regardless the gender. Reproductive health is identical to the life of a woman, especially women. Therefore women should be more aware to maintain health, because women have vital organs that are susceptible to disease. There are so many problems related to reproductive health, one of which is cervical cancer (Bertiani, 2009). Cervical cancer is a primary malignant tumor originating from squamous epithelial cells, a cancer that occurs in the cervix or cervix which is located between the uterus and the vaginal opening (Riksani, 2016: 18). This cancer is one kind that can be cured if detected at an early stage. Thus, early detection of cervical cancer is

very necessary (Dedeh, 2015: 1). This cancer is the second most common type of cancer in women, experienced by more than 1.4 million women worldwide. (Ministry of Health RI: 2015).

Early detection of cancer is an attempt to identify a disease or disorder that is not clinically clear by using tests, examinations, or procedures that can be used quickly. This detection aims to find an early, curable cancer to reduce cancer morbidity and mortality. (Rasjidi, 2009: 5). Early detection can be carried out with supporting examinations, such as Pap Smear cytology, Schiller test, colposcopy, colpomicroscopy, biopsy, and conization. if the early examination is carried out using a pap smear test and after the test, the vaccine will usually be given. But now there is a new, cheaper test method with a high level of accuracy, namely the IVA test which was discovered by Dwiana Ocviyanti. (Diananda, 2009:56).

The awareness of Indonesian women to carry out early detection of cervical cancer on a regular basis is still low. The coverage of early detection in Indonesia is less than five percent so many cases of cervical cancer are found at an advanced stage which often causes death. Inadequate results were caused by several factors, including the exclusion of women at risk (high-risk group) and incorrect sampling technique for cytological examination. There are several factors that support Women of Childbearing Age (PUS) to carry out a IVA (Visual Acetate Inspection) examination, namely: education factors, knowledge factors, and family support (Arum & Rina, et al. 2011).

Another problem with cervical cancer screening efforts is the reluctance of women to be screened out of shame. Other causes are hassles, doubts about the importance of examinations, lack of knowledge about the importance of examinations, fear of the reality of the examination results that will be faced, fear of feeling sick on examinations, reluctance to be examined by male doctors or midwives and lack of family encouragement, especially husbands. Many patient-related problems can be eliminated through patient education and good doctor/midwifery relationships. In addition, cervical cancer screening innovations in public health services can be carried out simultaneously. Cytological examination interval (screening interval) is another important thing in the screening method (Arum & Rina, et al. 2011).

The ideal number of screening implementations is 80% of the female population in an area, unfortunately the percentage of screening in Indonesia is still at 5% when compared to the current population of Indonesia, which is 250 million people, 5% is a small number. Whereas the number of women affected by cervical cancer in Indonesia based on population is quite large, 58 million women in the age range 15-64 years and 10 million in the age range 10-14 years. Therefore, it is not surprising that the number of new cases of cervical cancer reaches 40-45 per day and the number of deaths caused by cervical cancer reaches 20-25 per day. (Riksani, 2016: 21)

According to the WHO 2011 cervical cancer or cervical cancer is one of the leading health problems striking for women worldwide with an estimated 529,409 new cases and about 89 percent in developing countries. (Dedeh, 2015: 1). Currently, cervical cancer ranks top among various types of cancer that cause death in women in the world. The prevalence of cervical cancer cases in the world reaches 1.4 million with 493,000 new cases and 273,000 deaths. From these data, more than 80% of patients come from developing countries, in South Asia, Southeast Asia, Sub-Saharan Africa, Central America and South America (Nadia, 2009).

In Indonesia, every year more than 15,000 cases of cervical cancer are detected and about 8000 of them end in death. The incidence of cervical cancer in Indonesia in 2011 reached 100 per 100,000 population per year, and its spread was seen accumulating in Java and Bali. This figure is estimated to continue to increase by 25% in the next 10 years if no preventive measures are taken (Rasjidi, 2012). The incidence of cervical cancer based on data from the Cancer Registration Agency of the Indonesian Pathologist Association (IAPI) in 13 hospitals in Indonesia, cervical cancer was ranked first with a percentage of 17.2%. At Cipto Mangunkusumo Hospital, the incidence of cervical cancer is 76.2% among gynecological cancers (Kemenkes RI, 2015).

The incidence of cervical cancer every year in East Java continues to increase. In 2009 it reached 671 people, then 2010 (868), 2011 (1,028), 2012 (1,478), 2013 (1,987) and in 2014 the sufferer continued to increase to 1,536 people. The East Java Health Office (Dinkes) hopes that in 2019 all Community Health Centers (Puskesmas) will have Acetic Acid Visual Inspection (IVA) and Pap Smear services. To achieve equal distribution of IVA and Pap smear services in all Puskesmas, currently the East Java Health Office is training 52 personnel from the Puskesmas. Data from the East Java Health Office stated that only 60 percent of Puskesmas were able to provide IVA and Pap smear services. (Abdilah, 2015).

Based on the results of the IVA examination in the City of Kediri from the data reported, for the IVA examination in 2018 from reports of nine puskesmas in the City of Kediri only 856 people were examined and only one was positive. Meanwhile, in 2018 the number of women who had checked themselves reached 1,278 with a positive IVA reaching 23 people. Patients who check themselves are known to be between 45-55 years old, women of childbearing age above 30 years and have previously had sexual intercourse are advised to immediately seek medical attention. Because so far the threat of cervical cancer is still quite large (Kedirikota, 2019).

Based on a report from the Campurejo Health Center that carried out an IVA examination in 2019 to date as many as 9 people, of these 9 people there were 6 people who did an IVA with an IVA result (-), IVA (+) 1 person while suffering from cervicitis 2 people. Based on a report from Campurejo Village, there are 1470 Women of Childbearing Age (PUS). From this data, in RW 05, Campurejo Village, there are 147 Women of Childbearing Age (PUS). Some Women of Childbearing Age (PUS) from RW 05 of Campurejo Village do not understand the importance of Acetic Acid Visual Inspection (IVA) and rarely do Acetic Acid Visual Inspection (IVA) examinations, so there is less interest in doing IVA.

The impact of lack of knowledge and interest of Women of Childbearing Age (PUS) to carry out early detection of IVA examinations will cause no symptoms or cervical cancer to be detected, so women of reproductive age (IVA) are often found in an advanced stage. The reluctance to carry out early detection has caused more than 70 patients to start undergoing medical treatment even when their condition is severe and difficult to cure. Only about two percent of women in Indonesia know cervical cancer. (Maharani, 2009).

Overcoming this problem requires efforts to solve the problem with other screening methods that are more capable, cost-effective, and possible to be carried out in Indonesia. One of the alternative methods of cervical cancer screening that can answer these requirements is IVA (Visual Inspection with Acetic Acid Overlay). Efforts to prevent it are still a problem that attracts health workers' attention. Of the various existing efforts, Visual Inspection of Acetic Acid is one of the early detections of cervical cancer using 3-5% acetic acid in specula and

seen by naked observation. Abnormal cervix if smeared with 3-5% acetic acid will be white. (Dedeh, 2015: 23). From the various problems above, it was found that some women of childbearing age (IVA) did not understand and did not understand the Acetic Acid Visual Inspection (IVA) examination. So that interest in performing an Acetic Acid Visual Inspection (IVA) examination is also lacking, this is because the participation of health workers is less active in providing health information about the Acetic Acid Visual Inspection (IVA) examination in RW 05, Campurejo Village, Mojoroto District, Kediri City. roduction

METHOD

The research design used in this research is correlation research. The approach in this study uses a Cross Sectional approach. This research was conducted to find a relationship between the knowledge of Women of Childbearing Age (PUS) about Acetic Acid Visual Inspection (IVA) with an interest in Acetic Acid Visual Inspection (IVA). In analyzing the data, the researcher used the Spearman Rank correlation test. This test is used to measure the level or close relationship between two variables on an ordinal scale. By using SPSS Version 21.00.

RESULTS

Table 1.
Characteristics of Mothers Based on Age

Age (Years)	f	%
<20	0	0
20-35	29	49,15
>35	30	50,85

Table 1, it can be seen that most of the respondents are aged >35 (50.85%) and a small proportion of respondents are aged 20-35 (49.15%).

Table 2.
Characteristics of Respondents Based on Education Level

Education	f	**%**
Elementary School	3	5,08
Midle School	13	22,04
High School	38	64,41
University	5	8,47

Table 2, it can be seen that most of the respondents have a high school education, namely 38 (64.41%), and a small proportion at the elementary school education level of 8 (13.55%).

Table 3.
Characteristics of Mothers Based on Employment

Profession	f	%
Private-employee	4	6,77
Entrepeneur	3	5,09
Farmer	0	0
Cicil Servant	2	3,39
Housewife	50	84,75
Etc.	0	0

Table 3, it can be seen that the occupations of most of the respondents are household workers, as many as 50 (84.75%), and a small proportion of respondents are civil servants as many as 2 (3.39%).

Table 4.
Mother's Characteristics Based on Whether or not Received Information

Information	f	%
Ever	18	30,51
Never	41	69,49

Table 4, it can be seen that most of the respondents have never received information about cervical cancer as much as 41 (69.49%) and a small portion has received information about cervical cancer as much as 18 (30.51%).

Table 5.
Characteristics of Mothers Based on Sources of Information

Information	f	%
Health Workers	5	8,47
Mass Media	3	5,08
Other People	10	16,95
Never	41	69,50

Table 5 shows that most of the respondents did not get information as much as 41 (69.50%), and a small portion obtained information from the mass media as 3 (5.08%).

Table 6.
Characteristics of Mothers Based on IVA

Examination	f	%
Ever	0	0
Never	59	100

Table 6, shows that most of the respondents have never done an examination as many as 59 (100%).

Table 7.
Characteristics of Mothers Based on Where to do IVA

Place	f	%
Rumah sakit	0	0
Puskesmas	0	0
Rumah bidan	0	0
Lain – lain	0	0

Table 7, shows that most of the respondents have never done an IVA examination as 0 (0%).

Table 8.
Distribution of Mothers' Frequency Based on Knowledge of IVA

Knowledge	f	%
Good	20	33,9
Satisfactory	18	30,5
Less	21	35,6

Table 8 shows from 59 respondents mostly in get as many as 21 (35,6 %) with less knowledge and a 18 (30,5 %) with satisfactory level.

Table 9.
Frequency Distribution of Mothers Based on Interest in doing IVA

Knowledge	f	%
High	0	0
Moderate	24	40,7
Low	35	59,3

Table 9 shows from 59 respondent, the majority of respondents has low interest as much as 35 (59,3%) and a small proportion of respondents have moderate interest as much as 24 (40,7%).

Tabel 10.
Cross-tabulation Pus Knowledge Regarding IVA with PUS Interest

Knowledge	Interest							
	High		Moderate		Low		Jumlah	
	f	%	f	%	f	%	f	%
Good	0	0	12	50	8	22,86	20	33,9
Satisfactory	0	0	8	33,33	10	28,57	18	30,50
Less	0	0	4	16,67	17	48,57	21	35,6

Spearman Test with α 5% (0,05)
P-value = 0,007

Table 10, it shows that most of the respondents are classified as lacking in knowledge, namely 21 (35.6%) with low interest, good knowledge with good interest as many as 20 (33.9%) and a small proportion of respondents. respondents entered sufficient knowledge with moderate interest as many as 18 (30.50%).Based on the results of t he Spearman Rank test, P value = 0.007 <0.05 from a significant level of 5%, then H0 is rejected and H1 is accepted, meaning that there is a relationship between women's knowledge of IVA about IVA with interest in doing IVA in RW 05 Kelurahan Campurejo District City of Kediri.

DISCUSSION

Based on the results of the research conducted, it was found that there was a relationship between knowledge about IVA and interest in doing IVA. This can be seen from the data from the cross-tabulation results, most of which lack knowledge about IVA with low interest in conducting IVA examinations, which are 17 (48.57%) respondents. Based on the results of the Spearman Rank test, P-Value = 0.007 <0.05 from a significant level of 5%, then H0 is rejected and H1 is accepted, meaning that there is a relationship between women's knowledge of IVA about IVA with interest in doing IVA in RW 05 Campurejo Village. Kediri City District.

Knowledge is the result of "knowing" and this occurs after the person perceives occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of the human knowledge is obtained through the eyes and ears (Notoadmodjo, 2007: 143). According to T. Albertus which is translated by Sardiman A.M. interest is a person's awareness that an object, a person, a matter, or a situation has something to do with him (Djaali, 2013: 122). Respondent's lack of knowledge about IVA affects their interest in doing IVA. IVA women still do not know that the IVA examination is very important. The benefit of the IVA examination is to detect cervical cancer early.

The low interest of IVA women in IVA examination is supported because of the lack of knowledge of IVA women about IVA. This is because the participation of health workers in

providing motivation to IVA women is less active so there is less interest in IVA women in IVA examinations. Based on table IV.6 shows that out of 59 respondents did not get information, 41 (69.49%). We all know that the lack of information obtained does not explain correctly the known object or material and where to apply it so that conclusions can be drawn from the known object. According to Hurlock (2011), interest is a source of information that encourages people to do what they want when they are free to choose.

The lack of interest in IVA women to carry out IVA examinations is supported by the knowledge of IVA women about IVA. The participation of health workers in motivating IVA women to do IVA will foster interest in doing IVA because it is not easy to grow interest from someone. Based on the results of cross-tabulation, it shows that from 59 respondents, most of the respondents were in poor knowledge, namely 21 (35.6%) with low interest, good knowledge with good interest, as many as 20 (33.9%), and a small proportion of respondents entered in knowledge. enough with moderate interest as many as 18 (30.50%). From these data, it is known that the knowledge of IVA women about IVA is lacking with low interest in doing IVA. This shows that the interest of IVA women to do IVA is influenced by the knowledge that women of IVA have about IVA. this is due to a lack of support or encouragement as well as information about the benefits of doing an IVA.

According to (Wawan & Dewi. 2010), increasing knowledge is influenced by several factors providing information. Providing information can be done with various kinds of mass media tools (newspapers, magazines, books), and electronic media (television, radio, etc.), but it can also be done with lecture methods, counseling, and so on. Information about IVA can be obtained in various ways, such as through counseling and consultation provided by health workers. At least the information obtained by the respondents is due to the information obtained through direct consultation, while the capture power or ability of each respondent to receive information is different. Therefore, respondents are expected to increase their knowledge about IVA by asking health workers to find out about IVA and also from mass or electronic media so that IVA women have high knowledge as well. It is hoped that all the information obtained can be absorbed so that it can be applied by IVA women. Health workers must also provide updated information so that they will not miss the information obtained about IVA, it will generate interest in IVA women to do IVA. After knowing the importance of the role of health workers, health workers must further increase their participation in providing information about the importance of conducting IVA so that they can motivate women in IVA to carry out IVA examinations.

CONCLUSION

Knowledge of Women of Childbearing Age (IVA) regarding Visual Inspection of Acetic Acid (IVA) in the poor category of as many as 21 (35.6%) respondents. Interest of Women of Childbearing Age (PUS) in performing Visual Inspection of Acetic Acid (IVA) in the low category of as many as 17 (48.57%) respondents. From the analysis of the Spearman Rank test, the P-Value = 0.007 <0.05 with a significant level of 5%, it can be concluded that H1 is accepted, meaning that there is a relationship between knowledge of women of childbearing age (IVA) about Visual Inspection of Acetic Acid (IVA) with an interest in conducting Visual Inspection of Acetic Acid (IVA).

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INTRODUCTION

Reproductive health is a complete physical, mental and social condition, not only free from disease or disability in all aspects related to the reproductive system, its functions and processes. Reproductive health is very important for everyone, regardless the gender. Reproductive health is identical to the life of a woman, especially women. Therefore women should be more aware to maintain health, because women have vital organs that are susceptible to disease. There are so many problems related to reproductive health, one of which is cervical cancer (Bertiani, 2009). Cervical cancer is a primary malignant tumor originating from squamous epithelial cells, a cancer that occurs in the cervix or cervix which is located between the uterus and the vaginal opening (Riksani, 2016: 18). This cancer is one kind that can be cured if detected at an early stage. Thus, early detection of cervical cancer is very necessary (Dedeh, 2015: 1). This cancer is the second most common type of cancer in women, experienced by more than 1.4 million women worldwide. (Ministry of Health RI: 2015).

Early detection of cancer is an attempt to identify a disease or disorder that is not clinically clear by using tests, examinations, or procedures that can be used quickly. This detection aims to find an early, curable cancer to reduce cancer morbidity and mortality. (Rasjidi, 2009: 5). Early detection can be carried out with supporting examinations, such as Pap Smear cytology,

Schiller test, colposcopy, colpomicroscopy, biopsy, and conization. if the early examination is carried out using a pap smear test and after the test, the vaccine will usually be given. But now there is a new, cheaper test method with a high level of accuracy, namely the IVA test which was discovered by Dwiana Ocviyanti. (Diananda, 2009:56).

The awareness of Indonesian women to carry out early detection of cervical cancer on a regular basis is still low. The coverage of early detection in Indonesia is less than five percent so many cases of cervical cancer are found at an advanced stage which often causes death. Inadequate results were caused by several factors, including the exclusion of women at risk (high-risk group) and incorrect sampling technique for cytological examination. There are several factors that support Women of Childbearing Age (PUS) to carry out a IVA (Visual Acetate Inspection) examination, namely: education factors, knowledge factors, and family support (Arum & Rina, et al. 2011).

Another problem with cervical cancer screening efforts is the reluctance of women to be screened out of shame. Other causes are hassles, doubts about the importance of examinations, lack of knowledge about the importance of examinations, fear of the reality of the examination results that will be faced, fear of feeling sick on examinations, reluctance to be examined by male doctors or midwives and lack of family encouragement, especially husbands. Many patient-related problems can be eliminated through patient education and good doctor/midwifery relationships. In addition, cervical cancer screening innovations in public health services can be carried out simultaneously. Cytological examination interval (screening interval) is another important thing in the screening method (Arum & Rina, et al. 2011).

The ideal number of screening implementations is 80% of the female population in an area, unfortunately the percentage of screening in Indonesia is still at 5% when compared to the current population of Indonesia, which is 250 million people, 5% is a small number. Whereas the number of women affected by cervical cancer in Indonesia based on population is quite large, 58 million women in the age range 15-64 years and 10 million in the age range 10-14 years. Therefore, it is not surprising that the number of new cases of cervical cancer reaches 40-45 per day and the number of deaths caused by cervical cancer reaches 20-25 per day. (Riksani, 2016: 21)

According to the WHO 2011 cervical cancer or cervical cancer is one of the leading health problems striking for women worldwide with an estimated 529,409 new cases and about 89 percent in developing countries. (Dedeh, 2015: 1). Currently, cervical cancer ranks top among various types of cancer that cause death in women in the world. The prevalence of cervical cancer cases in the world reaches 1.4 million with 493,000 new cases and 273,000 deaths. From these data, more than 80% of patients come from developing countries, in South Asia, Southeast Asia, Sub-Saharan Africa, Central America and South America (Nadia, 2009).
In Indonesia, every year more than 15,000 cases of cervical cancer are detected and about 8000 of them end in death. The incidence of cervical cancer in Indonesia in 2011 reached 100 per 100,000 population per year, and its spread was seen accumulating in Java and Bali. This figure is estimated to continue to increase by 25% in the next 10 years if no preventive measures are taken (Rasjidi, 2012). The incidence of cervical cancer based on data from the Cancer Registration Agency of the Indonesian Pathologist Association (IAPI) in 13 hospitals in Indonesia, cervical cancer was ranked first with a percentage of 17.2%. At Cipto Mangunkusumo Hospital, the incidence of cervical cancer is 76.2% among gynecological cancers (Kemenkes RI, 2015).

The incidence of cervical cancer every year in East Java continues to increase. In 2009 it reached 671 people, then 2010 (868), 2011 (1,028), 2012 (1,478), 2013 (1,987) and in 2014 the sufferer continued to increase to 1,536 people. The East Java Health Office (Dinkes) hopes that in 2019 all Community Health Centers (Puskesmas) will have Acetic Acid Visual Inspection (IVA) and Pap Smear services. To achieve equal distribution of IVA and Pap smear services in all Puskesmas, currently the East Java Health Office is training 52 personnel from the Puskesmas. Data from the East Java Health Office stated that only 60 percent of Puskesmas were able to provide IVA and Pap smear services. (Abdilah, 2015).

Based on the results of the IVA examination in the City of Kediri from the data reported, for the IVA examination in 2018 from reports of nine puskesmas in the City of Kediri only 856 people were examined and only one was positive. Meanwhile, in 2018 the number of women who had checked themselves reached 1,278 with a positive IVA reaching 23 people. Patients who check themselves are known to be between 45-55 years old, women of childbearing age above 30 years and have previously had sexual intercourse are advised to immediately seek medical attention. Because so far the threat of cervical cancer is still quite large (Kedirikota, 2019).

Based on a report from the Campurejo Health Center that carried out an IVA examination in 2019 to date as many as 9 people, of these 9 people there were 6 people who did an IVA with an IVA result (-), IVA (+) 1 person while suffering from cervicitis 2 people. Based on a report from Campurejo Village, there are 1470 Women of Childbearing Age (PUS). From this data, in RW 05, Campurejo Village, there are 147 Women of Childbearing Age (PUS). Some Women of Childbearing Age (PUS) from RW 05 of Campurejo Village do not understand the importance of Acetic Acid Visual Inspection (IVA) and rarely do Acetic Acid Visual Inspection (IVA) examinations, so there is less interest in doing IVA.

The impact of lack of knowledge and interest of Women of Childbearing Age (PUS) to carry out early detection of IVA examinations will cause no symptoms or cervical cancer to be detected, so women of reproductive age (IVA) are often found in an advanced stage. The reluctance to carry out early detection has caused more than 70 patients to start undergoing medical treatment even when their condition is severe and difficult to cure. Only about two percent of women in Indonesia know cervical cancer. (Maharani, 2009).

Overcoming this problem requires efforts to solve the problem with other screening methods that are more capable, cost-effective, and possible to be carried out in Indonesia. One of the alternative methods of cervical cancer screening that can answer these requirements is IVA (Visual Inspection with Acetic Acid Overlay). Efforts to prevent it are still a problem that attracts health workers' attention. Of the various existing efforts, Visual Inspection of Acetic Acid is one of the early detections of cervical cancer using 3-5% acetic acid in specula and seen by naked observation. Abnormal cervix if smeared with 3-5% acetic acid will be white. (Dedeh, 2015: 23). From the various problems above, it was found that some women of childbearing age (IVA) did not understand and did not understand the Acetic Acid Visual Inspection (IVA) examination. So that interest in performing an Acetic Acid Visual Inspection (IVA) examination is also lacking, this is because the participation of health workers is less active in providing health information about the Acetic Acid Visual Inspection (IVA) examination in RW 05, Campurejo Village, Mojoroto District, Kediri City. roduction

METHOD

The research design used in this research is correlation research. The approach in this study uses a Cross Sectional approach. This research was conducted to find a relationship between the knowledge of Women of Childbearing Age (PUS) about Acetic Acid Visual Inspection (IVA) with an interest in Acetic Acid Visual Inspection (IVA). In analyzing the data, the researcher used the Spearman Rank correlation test. This test is used to measure the level or close relationship between two variables on an ordinal scale. By using SPSS Version 21.00.

RESULTS

Table 1.
Characteristics of Mothers Based on Age

Age (Years)	f	%
<20	0	0
20-35	29	49,15
>35	30	50,85

Table 1, it can be seen that most of the respondents are aged >35 (50.85%) and a small proportion of respondents are aged 20-35 (49.15%).

Table 2.
Characteristics of Respondents Based on Education Level

Education	f	**%**
Elementary School	3	5,08
Midle School	13	22,04
High School	38	64,41
University	5	8,47

Table 2, it can be seen that most of the respondents have a high school education, namely 38 (64.41%), and a small proportion at the elementary school education level of 8 (13.55%).

Table 3.
Characteristics of Mothers Based on Employment

Profession	f	%
Private-employee	4	6,77
Entrepeneur	3	5,09
Farmer	0	0
Cicil Servant	2	3,39
Housewife	50	84,75
Etc.	0	0

Table 3, it can be seen that the occupations of most of the respondents are household workers, as many as 50 (84.75%), and a small proportion of respondents are civil servants as many as 2 (3.39%).

Table 4.
Mother's Characteristics Based on Whether or not Received Information

Information	f	%
Ever	18	30,51
Never	41	69,49

Table 4, it can be seen that most of the respondents have never received information about cervical cancer as much as 41 (69.49%) and a small portion has received information about cervical cancer as much as 18 (30.51%).

Table 5.
Characteristics of Mothers Based on Sources of Information

Information	f	%
Health Workers	5	8,47
Mass Media	3	5,08
Other People	10	16,95
Never	41	69,50

Table 5 shows that most of the respondents did not get information as much as 41 (69.50%), and a small portion obtained information from the mass media as 3 (5.08%).

Table 6.
Characteristics of Mothers Based on IVA

Examination	f	%
Ever	0	0
Never	59	100

Table 6, shows that most of the respondents have never done an examination as many as 59 (100%).

Table 7.
Characteristics of Mothers Based on Where to do IVA

Place	f	%
Rumah sakit	0	0
Puskesmas	0	0
Rumah bidan	0	0
Lain – lain	0	0

Table 7, shows that most of the respondents have never done an IVA examination as 0 (0%).

Table 8.
Distribution of Mothers' Frequency Based on Knowledge of IVA

Knowledge	f	%
Good	20	33,9
Satisfactory	18	30,5
Less	21	35,6

Table 8 shows from 59 respondents mostly in get as many as 21 (35,6 %) with less knowledge and a 18 (30,5 %) with satisfactory level.

Table 9.
Frequency Distribution of Mothers Based on Interest in doing IVA

Knowledge	f	%
High	0	0
Moderate	24	40,7
Low	35	59,3

Table 9 shows from 59 respondent, the majority of respondents has low interest as much as 35 (59,3%) and a small proportion of respondents have moderate interest as much as 24 (40,7%).

Tabel 10.
Cross-tabulation Pus Knowledge Regarding IVA with PUS Interest

Knowledge	Interest							
	High		Moderate		Low		Jumlah	
	f	%	f	%	f	%	f	%
Good	0	0	12	50	8	22,86	20	33,9
Satisfactory	0	0	8	33,33	10	28,57	18	30,50
Less	0	0	4	16,67	17	48,57	21	35,6

Spearman Test with α 5% (0,05)
P-value = 0,007

Table 10, it shows that most of the respondents are classified as lacking in knowledge, namely 21 (35.6%) with low interest, good knowledge with good interest as many as 20 (33.9%) and a small proportion of respondents. respondents entered sufficient knowledge with moderate interest as many as 18 (30.50%).Based on the results of t he Spearman Rank test, P value = 0.007 <0.05 from a significant level of 5%, then H0 is rejected and H1 is accepted, meaning that there is a relationship between women's knowledge of IVA about IVA with interest in doing IVA in RW 05 Kelurahan Campurejo District City of Kediri.

DISCUSSION

Based on the results of the research conducted, it was found that there was a relationship between knowledge about IVA and interest in doing IVA. This can be seen from the data from the cross-tabulation results, most of which lack knowledge about IVA with low interest in conducting IVA examinations, which are 17 (48.57%) respondents. Based on the results of the Spearman Rank test, P-Value = 0.007 <0.05 from a significant level of 5%, then H0 is rejected and H1 is accepted, meaning that there is a relationship between women's knowledge of IVA about IVA with interest in doing IVA in RW 05 Campurejo Village. Kediri City District.

Knowledge is the result of "knowing" and this occurs after the person perceives occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of the human knowledge is obtained through the eyes and ears (Notoadmodjo, 2007: 143). According to T. Albertus which is translated by Sardiman A.M. interest is a person's awareness that an object, a person, a matter, or a situation has something to do with him (Djaali, 2013: 122). Respondent's lack of knowledge about IVA affects their interest in doing IVA. IVA women still do not know that the IVA examination is very important. The benefit of the IVA examination is to detect cervical cancer early.

The low interest of IVA women in IVA examination is supported because of the lack of knowledge of IVA women about IVA. This is because the participation of health workers in providing motivation to IVA women is less active so there is less interest in IVA women in IVA examinations. Based on table IV.6 shows that out of 59 respondents did not get information, 41 (69.49%). We all know that the lack of information obtained does not explain correctly the known object or material and where to apply it so that conclusions can be drawn from the known object. According to Hurlock (2011), interest is a source of information that encourages people to do what they want when they are free to choose.

The lack of interest in IVA women to carry out IVA examinations is supported by the knowledge of IVA women about IVA. The participation of health workers in motivating IVA women to do IVA will foster interest in doing IVA because it is not easy to grow interest from

someone. Based on the results of cross-tabulation, it shows that from 59 respondents, most of the respondents were in poor knowledge, namely 21 (35.6%) with low interest, good knowledge with good interest, as many as 20 (33.9%), and a small proportion of respondents entered in knowledge. enough with moderate interest as many as 18 (30.50%). From these data, it is known that the knowledge of IVA women about IVA is lacking with low interest in doing IVA. This shows that the interest of IVA women to do IVA is influenced by the knowledge that women of IVA have about IVA. this is due to a lack of support or encouragement as well as information about the benefits of doing an IVA.

According to (Wawan & Dewi. 2010), increasing knowledge is influenced by several factors providing information. Providing information can be done with various kinds of mass media tools (newspapers, magazines, books), and electronic media (television, radio, etc.), but it can also be done with lecture methods, counseling, and so on. Information about IVA can be obtained in various ways, such as through counseling and consultation provided by health workers. At least the information obtained by the respondents is due to the information obtained through direct consultation, while the capture power or ability of each respondent to receive information is different. Therefore, respondents are expected to increase their knowledge about IVA by asking health workers to find out about IVA and also from mass or electronic media so that IVA women have high knowledge as well. It is hoped that all the information obtained can be absorbed so that it can be applied by IVA women. Health workers must also provide updated information so that they will not miss the information obtained about IVA, it will generate interest in IVA women to do IVA. After knowing the importance of the role of health workers, health workers must further increase their participation in providing information about the importance of conducting IVA so that they can motivate women in IVA to carry out IVA examinations.

CONCLUSION

Knowledge of Women of Childbearing Age (IVA) regarding Visual Inspection of Acetic Acid (IVA) in the poor category of as many as 21 (35.6%) respondents. Interest of Women of Childbearing Age (PUS) in performing Visual Inspection of Acetic Acid (IVA) in the low category of as many as 17 (48.57%) respondents. From the analysis of the Spearman Rank test, the P-Value = 0.007 <0.05 with a significant level of 5%, it can be concluded that H1 is accepted, meaning that there is a relationship between knowledge of women of childbearing age (IVA) about Visual Inspection of Acetic Acid (IVA) with an interest in conducting Visual Inspection of Acetic Acid (IVA).

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