http://ejournal.seaninstitute.or.id/index.php/healt
Jurnal Eduhealt, Volume 13, No. 01 September 2022
E-ISSN. 2808-4608

# Decision-Making Iva Test In Gender Power Relations Married Women

**Noor Ridha Yanti[1], Tanwiriah[2], Candra Kusuma Negara[3]**
[1,2,3] Universitas Cahaya Bangsa, Banjar, 70122 Indonesia

**ARTICLE INFO**

**Keywords:**
IVA test, Gender, Relations, Power

**ABSTRACT**

Gender power in reducing the risk of cervical cancer needs serious attention because it has a role in decision-making in the household. Many women leave all decision-making in the family to their husbands, even regarding their reproductive health problems, because of the power relations that a husband has as the head of the household. Factors of domination of power in the household, socioeconomic and patriarchal culture are some factors that relate to decision-making for women. This study analyzed the relationship between gender power relations and decision-making to conduct an IVA TEST examination. This type of research is an analytical survey with a cross-sectional research design. The study sample was taken by 100 respondents using probability sampling techniques with a simple random sampling type. The results of the bivariate analysis using the chi-square test obtained that the variables of power dominance in the household were related to the decision-making of the IVA TEST examination (p = 0.042). Socioeconomic variables consisting of education and income have no relationship with the decision-making to perform the IVA TEST examination. In contrast, knowledge relates to the decision-making to perform the IVA TEST examination (p=0.026). The patriarchal cultural variable of access to resources has no relationship with the decision-making to conduct the IVA TEST examination. In contrast, access to health facilities relates to the decision to run the IVA TEST examination (p=0.048)..

Email :
Yanti12@gmail.com



## 1. INTRODUCTION

Cancer is a disease that threatens the entire world population and is one of the leading causes of death worldwide. Among the cancers that often cause death in women is cervical (cervical) cancer. This needs to get serious attention from various circles because cervical cancer can be prevented through early detection of cervical cancer. The lack of concern for this program will cause even more casualties due to cervical cancer.

It is not yet known precisely what causes cervical cancer, but almost all cervical cancer cases are caused by HPV (Human Papilloma Virus). Several risk factors cause cervical cancer, including smoking, a treatment that affects the immune system, chlamydia infection, lack of fruit and vegetable consumption, obesity, having sexual intercourse with many partners, long-term use of contraceptives (birth control pills), having been pregnant several times and giving birth, getting pregnant and giving birth at a very young age, poverty, hereditary factors, and age (Cervical Cancer Management Guide, 2017).

According to the Global Gap Index (2017), Indonesia occupies the 9th position as the country with the highest gender equality score in Asia. However, globally it ranks 84th in the gender gap index, still lagging behind other developing countries such as Filipina, Laos, Vietnam, and Thailand. The determination of the score is taken from the participation of women in the categories of education, economics, health, and politics. In education, the illiteracy rate in women is higher than that of men, as much as 4.39 %, while the illiteracy rate in men is 2.29 %. This condition puts Indonesia in 88th place on the gender gap index (World Economic Forum, 2016).

Conditions like this give rise to gender inequality; women are weak in economic terms, so she has no power within their household in terms of decision-making. This is inseparable from the patriarchal culture that considers men more important than women (subordinate). Even if women work, their function is only as an increase in family income, unlike men, who are considered the breadwinners for their families (Daulay H, 2001). Based on Infodatin (2014), the active participation of men using contraceptives was only 6.09 %,t while the involvement of women using contraceptives was 93.66 %. According to Hendarso (2008), in terms of this condition, women carry a double burden compared to men, namely productive and reproductive roles. This situation gives rise to the complexity of women's problems related to their reproductive function, both physical, psychic, and social.

Speizer, I. S., Whittle, L., & Carter, M. (2005) posits that gender inequality in reproductive decision-making is a crucial element of the social context of reproductive health. Gender-based inequality can contribute to poor reproductive health by inhibiting women from making reproductive health decisions and limiting women's access to reproductive health services, which can result in a higher risk of developing HIV (Human Immunodeficiency Virus) infection and other Sexually Transmitted Infections (STIs). From the results of his comprehensive study, it was obtained that 25 % of women and 28 % of men revealed that men should be responsible for decision-making related to reproductive health.

## 2. METHODS

This type of research is an analytical survey research with a cross-sectional approach (Arikunto, 2010), which aims to determine the relationship between power relations and the low coverage rate of the IVA test.

## 3. RESULT AND DISCUSSION

### Univariate Analysis

Table 1. Characteristics of Respondents

| **Frequency** | Frequency | Percentage (%) |
|---|---|---|
| **Age** | | |
| <30 | 10 | 10 |
| ≥30 | 90 | 90 |
| **Tribe** | | |
| Banjar | 60 | 60 |
| Jawa | 16 | 16 |
| Dayak | 10 | 10 |
| Bugis | 4 | 4 |
| Batak | 6 | 6 |
| Padang | 4 | 4 |

Based on the table above, the results of the age of ≥30 years were obtained for as many as 90 people (90%); the most tribes were the Banjar tribe as many as 60 people (60%)

Table 2. Description of Variables of Power Domination In The Household

| No | **Dominance of Authority** | **Frequency** | **%** |
|---|---|---|---|
| 1 | Husband | 70 | 70 |
| 2 | Wife | 20 | 20 |
| 3 | Husband and Wife | 10 | 10 |
| | **Total** | **100** | **100** |

Based on the table above, it is found that the most authority dominance is in the husband, much as 70 (70%).

Table 3. Description of Socioeconomic Variables

| Variable | Frequency | Percentage (%) |
|---|---|---|
| **Wife's Work** | | |
| Work | 70 | 70 |
| Not Working | 30 | 30 |
| **Husband's Income** | | |
| Low | 44 | 44 |
| Tall | 56 | 56 |
| **Wife's Income** | | |
| Low | 78 | 78 |
| Tall | 22 | 22 |
| **Education** | | |
| No school/elementary school | 7 | 7 |
| Junior High School | 82 | 82 |
| Diploma | 8 | 8 |
| Bachelor | 3 | 3 |
| **Knowledge** | | |
| Less | 10 | 10 |
| Enough | 63 | 63 |
| Good | 27 | 27 |
| **Total** | **100** | **100** |

Based on the table above, it was obtained from the work of working wives as much as 70 (70%), husbands' income was high as much as 56 (56%), wife income was low 78 (78%), junior high school / senior high school education 82 (82%), sufficient knowledge 63 (63%).

Table 4. Description of Patriarchy Cultural Variables

| Dominance of Authority | Frequency | % |
|---|---|---|
| **Access to Resources** | | |
| Less | 5 | 5 |
| Enough | 15 | 15 |
| Good | 80 | 80 |
| **Access to health facilities** | | |
| Less | 8 | 8 |
| Enough | 22 | 22 |
| Good | 70 | 70 |
| **Total** | **100** | **100** |

Based on the table above, access to appropriate resources is obtained 80 (80%) and good health facilities as much as 70 (70%).

Table 5 Description of IVA Test decision making

| Variable | Frequency | % |
|---|---|---|
| IVA Examination | | |
| Do not | 71 | 71 |
| Already | 29 | 29 |
| **Total** | 100 | 100 |

Based on the table above, it was found that the IVA Test decision was made to choose to Do Not 71 (71%).

**2. Bivariate Analysis**

Table 6 Relationship of Authority Domination with IVA Examination

| Variable | IVA Examination | | | | | | *P* |
|---|---|---|---|---|---|---|---|
| | Already | | Do not | | Total | | |
| | n | % | n | % | n | % | |
| The Dominance of Durability | | | | | | | |
| Husband | 15 | 21,5 | 55 | 78,5 | 70 | 100 | |
| Wife | 5 | 25 | 15 | 75 | 20 | 100 | **0,042** |
| Husband & Wife | 9 | 90 | 1 | 10 | 10 | 100 | |

Based on the analysis table above, the relationship between the dominance of the IVA Test health examination authority using the Chi-Square test is prepared with a value of p = 0.0042 (p>0.05), meaning that there is no significant relationship between the examination of the IVA Test and the authority.

Table 7 Social, Economic Relations with IVA Test examination

| Variable | IVA Examination | | | | | | *P* |
|---|---|---|---|---|---|---|---|
| | Already | | Do not | | Total | | |
| | n | % | n | % | n | % | |
| Wife's Working Status | | | | | | | |
| Not Working | 17 | 58,6 | 13 | 43,4 | 30 | 100 | **0,721** |
| Work | 12 | 17,1 | 58 | 82,9 | 70 | 100 | |

Based on the analysis table above, the socioeconomic relationship with the IVA Test examination found a p-value = 0.721 (p>0.05) with the meaning of No Socioeconomic Relationship with the IVA Test Examination.

Table 8. Relationship of Working Status of wife with IVA Test examination

| Variable | IVA Examination | | | | | | P |
|---|---|---|---|---|---|---|---|
| | Already | | Do not | | Total | | |
| | n | % | n | % | n | % | |
| **Husband's Income** | | | | | | | |
| Low | 7 | 15,9 | 37 | 84 | 44 | 100 | **0,322** |
| Tall | 22 | 39,2 | 34 | 60,7 | 56 | 100 | |
| **Wife's Income** | | | | | | | |
| Low | 10 | 1,3 | 68 | 87,1 | 78 | 100 | **0,212** |
| Tall | 19 | 86,3 | 3 | 13,6 | 22 | 100 | |
| **Education** | | | | | | | |
| Low | 21 | 23.58 | 68 | 76,4 | 89 | 100 | **0,033** |
| Tall | 8 | 72,7 | 3 | 27,2 | 11 | 100 | |
| **Knowledge** | | | | | | | |
| Less | 9 | 90 | 1 | 10 | 10 | 100 | |
| Enough | 12 | 19,0 | 51 | 80,9 | 63 | 100 | **0,026** |
| Good | 8 | 29,6 | 19 | 70,3 | 27 | 100 | |

Based on the table above, it can be concluded that there is no relationship between the husband's income and the IVA Test examination. The significance value is 0.322 (p>0.05), and there is no relationship between the Wife's Income and the IVA Test examination, with the IVATest'st 0.212 significance value (p>0.05). There is a relationship between the level of education and the IVA Test examination, with a value of 0.033 (p<0.05), and there is a relationship between the Knowledge Association and the IVA Test examination, the significance value is 0.026 (p <0.05).

Table 9 Relationship of Access to Health Facilities on IVA Test examination.

| Variable | IVA Examination | | | | | | P |
|---|---|---|---|---|---|---|---|
| | Already | | Do not | | Total | | |
| | n | % | n | % | n | % | |
| **Resource Access** | | | | | | | |
| Less | 3 | 60 | 2 | 40 | 5 | 100 | |
| Enough | 11 | 73,3 | 4 | 26,6 | 15 | 100 | **0,019** |
| Good | 15 | 18,7 | 68 | 85 | 80 | 100 | |
| **Access to health facilities** | | | | | | | |
| Less | 5 | 62,5 | 3 | 37,5 | 8 | 100 | |
| Enough | 10 | 45,5 | 12 | 54,5 | 22 | 100 | **0,048** |
| Good | 14 | 20 | 56 | 80 | 70 | 100 | |

Based on the table above, it can be concluded that there is a significant relationship between resource access and the IVA Test examination with a value of 0.019 (p<0.05), and there is a relationship between access to health facilities and the IVA Test examination with a value of 0.048 (p<0.05).

**Discussion**

**The Dominant Relationship of Power in the household with the decision-making to conduct the IVA Test examination.**

Based on the results of research conducted by researchers when the dominant factor in household decision making, the IVA test of this variable obtained a p-value of 0.045 (p<0.05), concluding that there is a relationship between the current household dominance and the decision to conduct the IVA test The results of this study correspond to the results of the survey conducted by (Suryatini, 2022),

which found that there was a significant relationship between husband support and IVA test examination in Kanan village, with chi-square test results showing p-value = 0.00 < 0.05.

The results of her research (Hasibuan, 2019) explained that husband support also means granting permission because, in some societies, there are still husbands who do not want a pepermitheall wife to take the IVA test. The reason for this condition is the cultural way above, which agrees with research conducted by Negara (2017) found that the decision selection factor can be influenced by the role of family members, either wife or husband.

The results of this study correspond to the thesis (Menembu, 2017) that women have lower power than men in almost all areas of social life. Many women in developing countries have to make decisions without the input of their partners, which can be a recommendation for them. (Sastrawati, 2018) states that the consequences of gender inequality will impede communication between husband and wife in decision-making, limit their access to health services, and prevent them from reaching the highest level of sexual health services. This, in turn, will make a significant contribution to poor health.

It is generally accepted in a culture that husbands are dominant leaders in their sexual and financial relationships. In culture, the power of a wife is explained by her role in protecting the home and family. There are three ways of decision-making in the household: the way the husband dominates, the way the wife dominates, and the way the husband and wife discuss things together.

An essential aspect in the decision-making process is the strategy used by the husband or wife so that their partner is willing to carry out or influence the strategy stipends on its power people who have with likely to dominate the decision-making process by controlling, manipulating, persuading, having more input, or using coercion to influence others. A person with People with less power negotiates and compromises more.

**The Relationship of Social Economy with the decision-making of the IVA Test examination**

The research data shows no relationship between socioeconomic status and IVA test decision-making. The results of this study are from the survey (Ika, 2017), which states that there is n, Influence between educational variables and decisions using the IVA test, with the results of the chi-square p-value test = 0.673 (p > 0. 05 ) The results of this study are by the resultsby011). Namely, there is no relationship between educational factors and the early detection behavior of cere behavior. The results behavior-square test with the IVA method p value = 0.488 ( p > 0.05) Are different from the results of the study another research, which states that the educational factor is closely related to the interest in taking the IVA test with the chi-square test results, p-value = 0.000 (p < 0.05).

The status of the women-value city is influenced by various factors, including unequal gender relations. Such factors are reflected in educational attainment, participation in decision-making, mastery of resources, and access to health information resources. Education has a signify significant impact on the ability to make good decisions. The higher a person's education, the more logical and reasonable their thought process will be when considering an action to be taken.

However, in the results of this study, because there is no relationship between education and the decision to take the IVA, it can be understood that some of our society still adheres to a patriarchal culture, so that even if a woman has a high education, it does not necessarily make her a decision maker in the family, especially if the woman has a low education, she will it is unlikely to become a decision maker in the household, although women's reproductive health issues are at stake It should not be applied consistently, since such conditions can create a great potential for women's reproductive health problems Cervical cancer is cancer that can be prevented by early detection.

The results of this study support the findings (Harleyanto, 2018), which shows a strong relationship between knowledge and the implementation of early detection of cervical cancer through the IVA test method. Similarly, research conducted by (13) in Bogor found that there was a significant relationship between knowledge variables and the IVA Test exam with a pp-value= 0.001 (p < 0.05).

The research conducted by (Purwanti, 2020) also found that there was a significant relationship between knowledge variables and the participation of women of childbearing age in the IVA test, with the results of the chi-square test p-value = 0.000 (p < 0.05) providing this value different from the effects of research conducted by (Indriana, 2019) which stated that there was no relationship between

knowledge variables and early detection behavior in women of childbearing age in the Tanjung Buskismas work area with the results of the Fisher p-value test = 1,000 (p >0.05)

Research (Putra, 2019) also found that there was a relationship between the income of women of childbearing age (WUS) and the IVA test examination at the Sukmajaya Health Center, with the test score having a value of p = 0.016 (p<0.05). Implementing the IVA Test is free for women; inwomenennlinrealityns out that some women still have to pay for transportation to get health services. If the income is high, it will help cover the costs associated with these transportation constraints.

Based on the data collected in this study, it is estimated tha55 that people were working out of 121 people o. However, (5,8.2%) of the 55 respondents did not take the IVA test. The findings of this study do not support the theory that family decision-making is related to the financial sector. From the studies conducted, it was found that people with high high-incomehority in their families are closely associated with each other. According to (Fatimah, 2018) he states that income is a significantly influential indicator.

The respondent's reasoning said that because the husband is the head of the family and must be obeyed even though he has his income, the wife must be obedient to the husband.

**Relationship of Resource Access to IVA probe decision making**

A test obtained the study's results on the resource access variable with a p = 0.019 (p < 0.05), indicating a significant relationship between resource access and decision-making on the IVA. Access to resources here refers to access to finance, transportation, and a variety of resources that can be used to help cervical cancer screening efforts through the IVA technique. The results of this study are in line with the results of the survey conducted (Bram, 2018), which states that there is a relationship between variables with a value of p = 0.000 (p <0.05). In African countries, India, many women can work in their households to help their reproductive health efforts due to gender inequality. In Nepal, a study confirmed that more men, and women, use health center services. Meanwhile, larMeanwhile use conventional kinik (Halvetia, 2019).

This happens because the woman no longer has complete access to Health Facilities, so when she is sick, she tends to ignore it, and if the pain worsens, she can opt for a simple treatment at a much chelowerice. However, the results of this review are not in line with the studies carried out in Nepal, India, and Africa. This is because screening does not require too much cost, but the ease of the center and center health facilities. This is due to women's low awareness of preventing cervical cancer. Unlike the others, they did not want to be checked for IVA because they felt it was unnecessary. After all, there was and had reproductive health.

**The Relationship between Access to Health Facilities and the Decision to Conduct an IVA Test**

In the variable of access to health facilities, the results of the study obtained using the Chi-square test found a value of p = 0.048 (p < 0.05), which means that there is a significant relationship between the variables of access to health facilities to health services to conduct IVA examinations. The results of this study are in line with the research conducted by (Vani, 2020,) which states that there is a relationship between access to health facilities and the decision of the IVA examination with this-square test obtained a value of p = 0.000 (p <0.05).

The results of this study are different from the results of the survey conducted by (Warni, 2014), which states that there is no relationship between the variable affordability of distance of health facilities to the IVA examination with the results of the the-square test, p-value = 0.693 (p > 0,05) ). The research conducted by (Warni, 2014) also confirmed that there was no relationship between the affordability of the source of health facilities and the IVA examination at the Indralaya clinic, with the effect of the chi-square test found a value of p = 0.598 (p > 0.05). The results of the study conducted by (Rachmawati, 2016) also showed that there was no relationship between access to health facilities to visits on the IVA Test examination with the chi-square test obtained a value, p cost = 0.511 ( p > 0.05).

The relationship between access to health facilities and the selection to conduct IVA examinations does not have a significant relationship because if access to puskesmas is difficult, it will cause fewer and fewer people to use these health facilities because it takes a lot of time, costs, and supportive

transportation to reach these health facilities so that a woman who has some access problems will feel obstacles.

## 4. Conclusion

Based on the results of the research analysis above, the following conclusions can be drawn: The dominance factor of decision-making in the family to perform the IVA is seen in this variable with a p-value of 0.045 ($p<0.05$), which means that there is a relationship between the dominance of household power and the decision to perform the IVA test. The study results showed that the bivariate analysis test of 0.721 ($p>0.005$) meant no relationship between socioeconomics and the choice to conduct an IVA test. The effect of research on resource access variables obtained a p-value = 0.019 ($p <0.05$), so there is a relationship between resource access and IVA Test decision making. In the variable of access to health facilities, the Chi-square test was obtained, p-value = 0.048 ($p < 0.05$). This means that there is a broad relationship between the variables of access to health facilities and the decision to conduct the examination.

## REFERENCES

[1]. Bramanuditya A. HUBUNGAN ANTARA PERNIKAHAN USIA MUDA DENGAN KEJADIAN KANKER SERVIKS DI RSUP Dr. SARDJITO YOGYAKARTA. Poltekes Yogyakarta. 2018;IV:97.

[2]. Dwi Antono S. Issn : 2579-7301. Hub Pengetah Tentang Manaj Bencana Dengan Prev Masy Dalam Menghadapi Bencana Gunung Meletus Pada Kepala Kel Di Rt 06/Rw 01 Dusun Puncu Desa Puncu Kec Puncu-Kediri. 2017;5(2):1–8.

[3]. Fatimah HR. Faktor-faktor yang mempengaruhi perilaku deteksi dini kankerpayudara dengan SADARI pada wanita di Kecamatan Tegalrejo Kota Yogyakarta. J Psikol Terap dan Pendidik. 2018;99.

[4]. Harleyanto B. Hubungan Tingkat Pengetahuan, Sikap Wus Dan Dukungan Tenaga Kesehatan Tentang Kanker Serviks Dengan Perilaku Wus Dalam Pemeriksaan Iva/ Pap Smeardi Wilayah Kerja Puskesmas Lempake Samarinda Tahun 2018. Stud Ilmu Keperawatan Fak Ilmu Kesehat Univ Muhammadiyah Kalimantan Timur, Samarinda [Internet]. 2018;17(2018):17. Available from: https://dspace.umkt.ac.id/handle/463.2017/563.

[5]. Hasibuan N. Faktor Yang Berhubungan Dengan Pemeriksaan Inspeksi Visual Asam Asetat (IVA) Pada Wanita Pasangan Usia Subur Di Wilayah Kerja Puskesmas Kota Pinang Kecamatan Kotapinang Kabupaten Labuhanbatu Selatan Tahun 2019. 2019;

[6]. Ika Widayanti P. Hubungan Dukungan Suami, Motivasi, Dan Sikap Dengan Perilaku Pemeriksaan Inspeksi Visual Asam Asetat (Iva) Pada Pasangan Usia Subur Di Wilayah Kerja P Puskesmas Wirobrajan Kota Yogyakarta Tahun 2017. J Chem Inf Model. 2019;53(9):1689–99

[7]. Indriana M, Azinar M. Higeia Journal of Public Health Pencarian Pengobatan Krioterapi pada Wanita IVA Positif. 2019;3(3):479–91. Available from: http://journal.unnes.ac.id/sju/index.php/higeia

[8]. Kania D. Hak Asasi Perempuan dalam Peraturan Perundang-Undangan Di Indonesia The Rights of Women in Indonesian. Fak Syariah dan Hukum, UIN Syarif Hidayatullah. 2015;12(4):717–34

[9]. Manembu AE. PERANAN PEREMPUAN DALAM PEMBANGUNAN MASYARAKAT DESA (Suatu Studi di Desa Maumbi Kecamatan Kalawat Kabupaten Minahasa Utara). J Polit. 2017;6(1):1–28.

[10]. Meliasari D. WOMAN' S KNOWLEDGE AND ATTITUDES ABOUT PARTICIPATION IN THE INVESTIGATION IVA TEST ( VISUAL INSPECTION OF ACETIC ACID ) IN DUSUN IV DESA TENGAH PANCUR BATU SUB-DISTRICT DELI SERDANG 2014. 2014;2014:277–81.

[11]. Negara, C. K., & Wibowo, D. (2017). PENGAMBILAN KEPUTUSAN DALAM PEMAKAIAN KONTRASEPSI, PENENTUAN JUMLAH ANAK, DAN NIKAH MUDA DI PROVINSI

KALIMANATAN SELATAN. Jurnal Keluarga Berencana, 2(1), 1-8.
[12]. Nelizulfa A. Pengaruh Motivasi, Disiplin Kerja, Lingkungan Kerja Dan Kompensasi Terhadap Kinerja Karyawan. UMS; 2018.
[13]. Purwanti S. Hubungan Tingkat Pengetahuan tentang IVA dengan Perilaku Pemeriksaan IVA. J Kesehat Poltekkes Kemenkes Ri Pangkalpinang. 2020;8(1):63.
[14]. Putra DP. Hubungan Persepsi Dan Dukungan Sosial Keluarga Terhadap Keikutsertaan Wanita Usia Subur Melakukan Pemeriksaan Papsmear Dan Iva Di Kelurahan Kenjeran. J Chem Inf Model. 2019;53(9):1689–99.
[15]. Poedjianto SA. Ilmu sosial dan politik 2014 universitas airlangga. 2014;
[16]. Rahmawati A, Mulyanti L. Influential Correlation Factor Of The Iva Test Result Towards The Woman Prisoners Of Ii A Class In Semarang. 2016;(March):193–8.
[17]. Rusdiana HA. Konsep inovasi pendidikan. Konsep Inov Pendidik [Internet]. 2014;269. Available from: http://journal.umg.ac.id.
[18]. Sari AP, Syahrul F. Faktor Yang Berhubungan Dengan Tindakan Vaksinasi Hpv Pada Wanita Usia Dewasa. J Berk Epidemiol. 2014;2(3):321–30.
[19]. Sastrawati N. Laki-Laki dan Perempuan Identitas yang Berbeda: Analisis Gender dan Politik Perspektif Post-Feminisme [Internet]. 2018. 158 p. Available from: https://id1lib.org/book/5996253/a62273?dsource=recommend.
[20]. Sri Kustiyati W. Deteksi Dini Kanker Leher Rahim dengan Metode IVA di Wilayah Kerja Puskesmas Ngoresan Surakarta. Gaster STIKES 'Aisyiyah Surakarta Prodi D III Kebidanan Abstr [Internet]. 2011;8(1):681–94. Available from: http://fajar.co.id/news.phpnewsid,
[21]. Studi M, Kesehatan P, Kesehatan F, Institut M, Helvetia K. FAKTOR YANG MEMENGARUHI WANITA USIA SUBUR (WUS) DALAM MELAKUKAN IVA TES (INSPEKSI VISUAL ASAM ASETAT) DI WILAYAH UPT PUSKESMAS SAPAT KECAMATAN KUINDRA KABUPATEN INDRAGIRI HILIR PROVINSI RIAU TAHUN 2019 TESIS Diajukan sebagai salah satu syarat Untuk memeroleh gelar Magister Kesehatan Masyarakat (M.K.M) pada Program Studi S2 Ilmu Kesehatan Masyarakat. 2019;
[22]. Suryatini N, Afrila E, Rahmawati E. Hubungan peran tenaga kesehatan, dukungan suami dan media informasi dengan pemeriksaan iva tes di puskesmas sembawa. 2022;6(April):720–7.
[23]. Vani Olin Arysha, Heru Santosa, Sri Rahayu Sanusi. The Effect of Extrinsic Motivation on Housewife Actions in IVA Test in the Community Health Center Working Area at Bandar Kalipah. Britain Int Exact Sci J. 2020;2(1):352–6.
[24]. Warni Maulina. HUBUNGAN DUKUNGAN KELUARGA DENGAN MEKANISME KOPING PADA LANSIA DI DESA LEYANGAN KECAMATAN UNGARAN TIMUR KABUPATEN SEMARANG. 2014;1–10.
[25]. Widodo. Uji Kepekaan Instrumen Pada Pengkajian Risiko Dekubitus Dalam Mendeteksi Dini Risiko. Jurnal Penelitian Kesehatan, Vol. 8, No.1. 2017;10(1):114–25.