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Inspection Visual of Acetic Acid (IVA) Strategy for Early Detection of Cervical Cancer at the Community Health Centre Namorambe Deli Serdang District

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Abstract: ***Introduction: Cervical cancer is the main cause of death in women especially in developing countries. The delay in the discovery of cases of cervical cancer cause delays in handling because of lack of symptoms arise, a lack of knowledge about the symptoms and risk factors of cervical cancer. The implementation of early detection lowers mortality due to cervical cancer are found at an early stage. Early detection of cervical cancer in Indonesia with a papsmear and IVA is still low (about 5%), whereas early detection is very effective for lowering the number of pain and death of WUS for cervical cancer is around 85%. research objectives to prove IVA as a strategy for early detection of cervical cancer to find out the knowledge, attitudes, actions and cultural communities as well as explore factors – opportunities and obstacles factors of IVA. Research methods: qualitative and quantitative. Interpretivist perspective paradigm with qualitative and quantitative research with cross sectional. The population of Fertile Age all women (WUS) who are at risk of suffering from cervical cancer, Coordinator and head of the community health centers are the informants in this study. Data processed and analysed by the method of narrative. Research results: respondents had less knowledge (44.4%) less attitude (55.6%), and the implementation of the IVA is not incompatible with religious values (80.3%) but the fear of inspection results 90.1% while the culture of shame for early detection (85.1%). Barriers in the implementation of the IVA IE: still the lack of trained health workers. Conclusion: policy leadership and adequate infrastructure be opportunities program execution early detection of cervical cancer with an IVA. Expected so that education and training cadres personnel and health workers to do IVA. Need to provide information communication education and IVA becomes strategy early detection of cervical cancer.***

Keywords: IVA, strategy, early detection of cervical cancer

1. Introduction

Cancer is a major problem in the world, the world health organization (WHO) said that every year around 6.25 million cancer patients and more than 4 million died. Deaths from cancer are about 10% of the total number of deaths in the last decade, around 9 million people died of cancer. 2/3 incidence of cancer occur in developing countries including Indonesia, an estimated 100 sufferers from 100,000 inhabitants (WHO 2003). Cervical cancer is a malignancy of the cervix causing problems on reproductive health in women of fertile age (WUS) which is the leading cause of cancer deaths in women in Indonesia in the last three dasawasa (Sjamsudin 2010).

Cervical cancer cancer main cause of death in women especially in developing countries. On the basis of the International Agency For Research on cancer (IARC) in 2008, the incidance rate (IR) of cervical cancer in the world amounting to 9.7% and the number of cervical cancer deaths around 9.3% annually from all patients with cancer in women in the world. Each year an estimated 500,000 people are sufferers of cervical cancer in the world, 77% are found in countries that are developing. Cervical cancer (99%) occur due to genital infection by Human Papilloma Virus (HPV), a virus that causes cervical cancer (WHO, 2006).

In the United States the year 1990 of cervical cancer was ranked 8th of cancer suffered the women. The number of occurrence of 13,500 people.In Asia the year 2000 insidence rate of cervical cancer as much as 510/100,000 women with case fatality rate (CFR) 39.8% (Hecker& Moore 2001). While in the developing countries such as Latin America, Africa and Southeast Asia including Indonesia, cervical cancer ranks first (25%) is higher than breast cancer (15%) (Tara Elizabeth, 2001). According to estimates of the Ministry of health, Indonesia the number of new cervical cancer sufferers are women range from 90-100 people per 100,000 residents. Each year 200,000 people happen to cervical cancer (Sjamsuddin 2010).

In Indonesia, data collected from 15 pathology laboratory that cervical cancer ranks first out of 10 cancers in women (28.66%) and one of the six leading causes of death in Indonesia after infectious diseases, cardiovascular disease traffic, accidents, congenital diseases and undernourishment (Tjindarbumi, 2002).

Several studies carried out in Jakarta, Yogyakarta, Semarang, and Surabaya that cervical cancer occupies first place (26.1%) and includes one of the most popular types of cancer suffered by women with relative frequency of Indonesia highest (25.6%).

In North Sumatra 1999 year cervical cancer sufferers as much as 475 people, year 2000 as many as 548 people and the year 2001 as much as 683 people (North Sumatra Provincial Health Office, 2002). The data of the medical record in hospital Adam Malik Medan year 2005 as many as 111 people, year 2006 as many as 140 people, the year 2007 as much as 215 people, year 2008 as many as 220 people, the year 2009 as many as 231 people, year 2011 there are

367 people are diagnosed with cervical cancer and 65.5% of sufferers come to seek treatment at an advanced stage, namely stage IIb – the main complaint with the IVb stage presence of bleeding pervaginam 77,9% as much as men. The year 2013 there are 746 people in inpatient disease cervical cancer (medical record data was. H. Adam Malik year 2013).

Cervical cancer if discovered sooner then the handling is easier to recover the higher expectations, 70% of sufferers dating to the hospital already advanced stage (Pradana 2012; Surbakti 2013. E). The delay in the discovery of cases of cervical cancer resulting from the delay, since early detection of minimal symptoms, as well as lack of knowledge and risk factor for cervical cancer. In addition to these delays can also be caused by lack of knowledge, poverty, social economy. At the early stage of cervical cancer does not cause any symptoms or pain so less awareness of Indonesia woman to do prevention and early detection of cervical cancer (Ratna 2004). The high mortality rate of cervical cancer in Indonesia caused sufferers to come for medical treatment when the State of cervical cancer is already heavy and the conditions of the cervical cancer sufferers have been critical or advanced stage.

In the developed world that have long been doing a program early detection through papsmear found disease at the level of pre cancer, so the death rate dropped dramatically to 50 – 60%. In developed countries, a point the weight of attention directed at the prevention and early detection, whereas in Indonesia still focus their efforts on the treatment of invasive cervical cancer. The incidence of cervical cancer in Indonesia still ranks 1 of 10 most types of cancer in women i.e. approximately 68.1% (Indriyani D 1991, Aziz F 2012).

Risk factors of cervical cancer is quite complex and is only triggers the appearance of cervical cancer Human Papilloma Virus, while (HPV) are still the main cause of the alleged due to sexually transmitted diseases (STDS). The condition is that 90% of cervical cancer associated with HPV (Scaraberg. ef 2003). Some risk factors cervical cancer occurrences such as the status of marriage, the age of first marriage (first coitus), parity, birth spacing, hygiene is lacking, Socioeconomics, the couple changed their sexual activity (promiskuitas), as well as sexual intercourse with men who have wives with cervical cancer. Other factors (suspected risk factor) is the smoking habit either passive or active users and birth control pills (2012, S F Aziz Fauzi 2002).

Other obstacles to the implementation of the pap smear as early detection is not practical because the techniques are carried out by trained staffs, interpretation of the results requires longer time and expensive cost of inspection, the means are used, such as the cytobrush not always available. (Halimun WA 2000).

Indonesia has a number of midwives, where midwives, health workers is close to the health problems of women are potential needs to be optimized for a cervical cancer screening. The data in the Office Bonding areas of Indonesia (IBI) Center, in 1997 the number of midwives in the villages as many as 55,000 people and ban private practice as many as 16,000 people. Research Nuranna L and Aziz MF in 1991, acquired that health workers including midwives, midwife alertness ability against cervical cancer is still in doubt (Nuranna L1999 Shepart JH, 1997). The women are reluctant to review by budata due to ignorance, embarrassment, fear of terhdap the results will be the results of the examination, as well as economic factors. This is caused by a low level of education and knowledge in Indonesia. (Originally I 1993).

According to Health RI (2008), the early detection of cervical cancer in Indonesia through a papsmear and IVA around (5%), while the coverage of effective screening lowers the number of pain and the death rate for cervical cancer is around 85%. Median the median – achievement of cervical cancer screening in 6 areas of pilot project in t 5 years is 11.64%, while the yearly target by 20%.

According to the officer in the service of health IVA Deli Serdang district, the number of target women who examine cervical with IVA in the year for a minimum of 80% of the predetermined amount per year

2. Methods Research

This type of research is a mixed method research i.e. qualitative and quantitative research. Quantitative research with cross sectional approach while the qualitative research paradigm interpretivist perspective with IE looking for information in the context of perpekstif people who observed (emic view). Qualitative researcher perpekstifinterpretivist aims to explore the phenomena on related to the social, cultural, political and physical environment of the people observed (Ulin, 2005). Qualitative research to explore the obstacles and opportunities the IVA of Community Health Center. The informant was a midwife Coordinator and head of the community health centre. The qualitative analysis of the survey's first introduction to the field, and the subsequent analysis is done as follows: read the information, gives the code, create a detailed description about the case and the context. Interpret and find relationships between some categories as well as build a strategy. Finally give the overall study results and interpretation present in narrative.

The population is all women of fertile Age Women (WUS) which has the risk of the occurrence of cervical cancer at the community health centre Namorambe. The method of sampling by means of consecutive sampling, the degree of deviation of 10% or 0.1 then the total sample as many as 80 respondents. The sample of women who have husbands in the Fertile Age as target collation IVA at the community health centre Namorambe. The criteria of inclusion: women of fertile Age who are married, healthy and willing to respondents. Exclusion criteria: women of fertile age, unmarried and not willing to be the respondent.

3. Results and Discussion

A. Quantitative Research

3.1 Characteristics of Respondents

Table 3.1: Distribution of Respondent Who Do IVA Based on Age and Education in Community Health Center Namorambe Deli Serdang District

No	Variable	Frequency	%
1	Age (years)		
A	18-27	42	51,9
B	28-36	30	37,0
C	37-45	9	11,1
2	Education		
A	Basic	39	48,2
B	Medium size	38	46,9
C	High	4	4,9
	Total	81	100

From table 3. 1. age i.e. the majority of respondents age 18 - 27 years (51.9%) and found the phenomenon of being married at a young age. Ruffin MT (2003) and Baay (2006) found the promiskuitas and marriage to a young age as the two risk of cervical cancer. Research Doctors in America Aida (2009) that most cervical cancer sufferers at the age of 40 years, namely < 82.6%. Prananda and Rusda research (2011) against cervical cancer sufferers in hospital Adam Malik sufferers come to hospital treatment and generally the majority age 40-55 IIIb stadium that is as much as 214 patients (58.3%). SementariNasir (2009) States that the development of HPV terinveksi after become cervical cancer occurs after 10-20 years.Prananda research and Rusda above, the patient's cervical cancer sufferers in hospital H. Adam Malik terinveksi HPV virus at the age of 20-35 years. Incident cancer occurring age 40 years, then < respondents the majority of group 18-27 years need to do IVA for the early detection of cervical cancer.

Education namely the majority of respondents (48.9%) of basic education and secondary education 46.9%.Ginting (2003) cervical cancer sufferers most data on education are (JUNIOR-senior high school) that is 48.5%. Prananda and Rusda (2011) found the same IE the number of cervical cancer patients most found in secondary education (JUNIOR-senior high school) as much as 52.7%. Education is associated with a person's ability in understanding or receive information. Education means the guidance provided someone is against the development of others towards specific goals. The higher the education of a person, the more receptive to information so that the more knowledge anyway. Conversely, the less education will hamper the development of a person's attitude towards new values was introduced.

Knowledge. Attitude, Action and Socio-Cultural Factors of Respondent Conducted Iva.

Women of fertile age have to undergo screening/deteksi early cervical cancer are often reluctant to be examined because of ignorance, fear, embarrassment and the cost factor. This is caused by the still low level of education and pengetahua respondents. The majority of the less knowledge (44.4%). Lack of knowledge of the respondent influenced the lack of information about cervical cancer and the IVA. The results of the interviews with midwives Coordinator that the extension is done once a year. Information obtained intensity greatly affect a person's level of knowledge. The error information will also affect the respondent's lack of knowledge. The habit of Midwives (extension officers) convey information papsmear as IVA lead to ignorance of the respondents against the IVA. According the above stated theory of perception against objects greatly influences the knowledge. IVA information delivery errors that are often called papsmear resulted in misperceptions on society.

The majority of the respondents have less attitude that is 55.6%. Attitudes are influenced by the education of respondents was low. According to Sukidjo the less education will hamper the development of a person's attitude. Lack of knowledge and attitude of respondents related positively with the actions of the respondent who never do early detection of IVA. The Goddess (2008) stated that in theory a low level of knowledge will be at risk is categorized more than twice for treatment failure compared to the high level of knowledge. The lack of socialization examination IVA to the community a major factor this problem. According to the Safa'dah in the knowledge related to the motivation of the respondent do IVA.

An explanation of the majority of the respondents have IVA fear do IVA (90.12%). Fear because respondents feel concerned against the results of IVA, if declared suffering from cancer. Respondents expressed fear if in the process the IVA will feel soreness and pain.Shame affect respondent due to examine vagina, fear and shame due to lack of knowledge of respondents about cervical cancer and its early detection with an IVA. less knowledge will lead to less motivation to disease that will be suffered to cause to feel indifferent and not important and does not contradict with religious values (80.25), Safa'ah declared the human capacity to change or modifying environmental quality depends on the extent of social culture of a region.

Socio-Cultural Aspects

Table 3.2: The Social Aspects of Culture at the Community Health Center Namorambe Deli Serdang District

No	*Category*	*Frequency*	*%*
1	Contrary to Religions		
A	Yes	16	19,8
B	Not	65	80,3
2	The Fear		
A	Yes	73	90,1
B	Not	8	9,9
3	The Shame		
A	Yes	69	85,1
B	Not	12	14,8
	Total	**81**	**100**

From table 3.3 the majority of respondents said IVA does not conflict with the value of the value of the religion of 80.3%, fear of 90.1% inspection results and feel embarrassed with the implementation of the IVA 85.1%.

3.3 Barriers and Opportunities Early Detection Iva

Table 3.3: Distribution of Midwives TrainingIVA in Community Health Center NamorambeDeli Serdang District

No	Midwife	Frequency	%
1	Trained IVA	2	2,6
2	Not trained IVA	76	97,4
	Total	**78**	**100**

From table 3.4 States 97.4% of midwives has never trained IVA

3.5 Resources IVA

Table 3.5: Resource the IVA at Community Health Centre Namorambe Deli Serdang District

No	Resources	Yes	No	Description
1	Room IVA	√		Community Health Centre
2	Material/ Equipment IVA	√		Available in Health Centers
3	KIE IVA	√		Once in a year Only 2 people, Midwife Clinics
4	Health Workers Trained	√		
5	Transport To The Village		√	

From table 3.5.Resources associated with IVA /, materials/ equipment IVA, ComunicationEducational Information, counselling and health care personnel while IVA transport to the village does not exist

B. Qualitative Research

In-depth interview to midwives Coordinator, that phenomenon which states that implementing IVA is very limited.

Informan midwife, "Program IVA road, but was overwhelmed because midwives are trained for only 2 people (a midwife midwives, immunization and KIA) and 2 doctors. of which 4 people 2 people trained doctors already moved. The limitations of the trained personnel so hard to reach all villages. More activities in health centers, examination of IVA only funded at the clinic. "

Informant Midwife said if the results of the term is ever done IVA to the Adam Malik Hospital. Referral process experienced a shortage so that programs at the corner of IVA IVA formed in Community Health Center did not go well.

There are patients who checked once referred to the Adam Malik hospital. But do not know the results of the checks carried out at the hospital, whether a cancer diagnosis or just an infection, reference no Reply from the hospital was given to the patient and we also don't know whether in send to patients but not forwarded to the clinic. Finally we make the rules, When the patient was referred to the hospital, had to return the records from the hospital to a clinic. Community Health Center party restrained berobatnya card. We've found that our patients referred to the hospital, apparently deceased, information from his family caused cervical cancer. This we ensure that the results of IVA downright positive and we diagnose in medic at the corner record card IVA community health centers. We do not have the time and funds to always visit our patients, because there is no implementation funding for the visit. "

The program has a budget extension at the Community Health Centers program, but the funding is very limited. The efforts made by the execution of counseling is to add the IVA at the moment (Posyandu), but many barriers to implementation.

"There is an extension Program funds butettapi one time in a year. Certainly not enough, sometimes the transport to the village was also not paid. The solution we add extension this time IVA posyandu. But it can not be done because we must collect mothers when posyandu to listen to the mother, while the extension has to leave work and be deprived of revenue semenara money for wage replacement is not available, good transport and eat. It is these barriers are if you want to collect the mother – mother, "Midwifery Coordinator the head of the community health centers say that IVA as early detection of cervical cancer is a very good program and economically because of the cheap cost already can find cervical cancer sufferers as early as possible for the next performed treatment.

Public health center Chief informant says "Program so that the IVA is very supportive of our program, because it can find cervical cancer sufferers as early as possible with the cheap cost, and expected to increase life expectancy cervical cancer sufferers. For this reason, we provide a special room for IVA in community health centers. Indeed the implementing power IVA less, because we are waiting to act again for the training of health service Deli Serdang district, "head of the public health Center

Leadership community health centers lack of knowledge and attitudes about early detection of cervical cancer and became one of the constraints or obstacles in this program.

From the results above, the researcher formulates strategy IVA as early detection of cervical cancer at the community health centre Namorambe as follows:

1. The Community

Improve knowledge and attitudes as well as cultivate a willingness to do a full awareness by the IVA periodically (once in six months). Strategy targeting communities that IVA was aimed at eliminating the fear and shame towards early detection of cervical cancer with an IVA. Activities formulated that:-the giving of information communication Education (KIE) for IVA as early detection of cervical cancer with culture-based approach. Strategy communication of information Education (KIE)

a) Based culture is the right approach because the planning and implementation given in accordance with the relevant values that are owned by the community.
b) Community empowerment by training kader of posyandu. The increase of the posyandu program within the grant information IVA for the early detection of cervical cancer. This activity will be useful in administering intensive information to mothers at the Posyandu activities. Kader also will alert and monitor the card examination of cervical cancer through the IVA

periodically at least once in six months

2. Health Resources

The goal of strategy IVA as target health resources is to meet the needs of trained health workers and ensure ongoing program management with IVA planning and proper implementation.

The activities of the strategy in this case is:

a) The training of Midwives about IVA, it is hoped the whole midwife can do IVA is not only restricted to community health centers, maternal and child clinic but became the site of the execution of the IVA because closer to shelter women of fertile age.
b) Management of the implementation of the Health Centre at the mas IVA.
c) The efforts made, namely, repair the system references the IVA, WUS for card printing checks periodically, and manufacture of SOP execution IVA for midwives

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