

## CLINICAL ARTICLE

## Gynecology

# The willingness for cervical cancer screening among sexually active women in Indonesia: Lesson learned from two districts

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## Abstract

**Objective:** To determine the factors that affect women's willingness at childbearing age to detect/screen for cervical cancer.

**Methods:** A cross-sectional study was carried out on sexually active women, aged 30–50 years residing in Banyumas and Gunung Kidul Districts, Indonesia. There were 600 respondents. This study focused on the impact of knowledge, access to health information, and support of their husband on the willingness to undergo early detection of cervical cancer.

**Results:** This study revealed that there was a statistically significant difference ( $P = 0.000$ ) between the women who were willing and unwilling to do the screening in terms of higher knowledge (64.67% and 36.21%), obtained access to the information (80.43% and 54.74%), and supported by their husband (63.59% and 29.31%). This study also discovered that the willingness to be screened was significantly affected by spousal support (odds ratio [OR] 4.19, 95% confidence interval [CI] 2.81–6.27). Other factors, such as education level (OR 2.94, 95% CI 1.20–6.63), knowledge (OR 2.29, 95% CI 1.52–3.44), and access to information (OR 2.08, 95% CI 1.34–3.24), were also important drivers.

**Conclusion:** To improve the coverage of cervical screening, several aspects could be treated, including education, knowledge, access to information, and spousal support.

## KEYWORDS

cervical cancer, early detection, screening willingness, sexually active women

## 1 | INTRODUCTION

Cervical cancer is still one of the deadliest diseases among women. The mortality and incidence rates of cervical cancer are second and fifth compared with other cancers globally, respectively.<sup>1–3</sup> In Indonesia, the incidence rate of cervical cancer is the second highest, with a percentage of 9.3% after breast cancer, which has a percentage of 16.7%.<sup>3</sup> Until 2018, the highest cancer prevalence occurred in DI Yogyakarta province (4.86%) and Central Java Province (2.11%) was in second place.<sup>4,5</sup>

With the high incidence of cervical cancer in women, the Indonesian government has sought to control the incidence of cervical cancer by early detection methods/screening. However, conditions are still far from ideal. The government issued the National Program for Early Detection of Cervical Cancer in 2008, by Mrs. Ani Yudhoyono, and then the first lady, Iriana Jokowi, from 2015 to 2019.<sup>6</sup> However, coverage of cervical cancer detection by visual inspection with acetic acid until 2018 had only reached an average of 7.34% throughout Indonesia, and Central Java was still below the Indonesian average of 5.07%.<sup>4</sup> Out of 9422 health centers in 32

provinces, only 717 have implemented early detection/screening programs for cervical and breast cancer.<sup>6</sup> In Central Java until 2017, the number of women of childbearing age who underwent early detection/screening for cervical cancer and breast cancer was 75 690, or 1.61%, which is far from the target of 10%.<sup>5</sup>

Several factors can affect the low early detection/screening for cervical cancer. One of the factors is a lack of knowledge.<sup>7-9</sup> A study in India found that women with low education obtained low participation in early detection/screening for cervical cancer because they do not understand the benefits of early detection/screening (Nene et al., 2007). Besides knowledge, other factors that affect the participation of women of childbearing age in early detection/screening for cervical cancer are attitudes, access to information, and husband's support.<sup>9</sup> This is not in line with the research,<sup>10</sup> where the husband's support does not affect the participation of women of childbearing age in early detection/screening for cervical cancer. Most respondents obtained low husband support in this study, but early detection/cervical cancer screening was still conducted. Distance also does not affect participation by women of childbearing age in cervical cancer early detection/screening.<sup>9</sup>

As there were differences among previous research results, Indonesia-specific information on factors that influence willingness to undergo cervical screening among sexually active women is required to increase the coverage of early detection/screening for cervical cancer in Indonesia. Furthermore, the increase of cervical cancer screening could reduce the incidence of severe cases of cervical cancer and death related to cervical cancer in Indonesia.

## 2 | MATERIALS AND METHODS

In this study, several factors, including respondent characteristics, knowledge of cervical cancer and its prevention, access to cervical cancer-related information, and spousal support for cervical cancer screening, were recorded. The impact of those specific factors on the willingness of sexually active women to undergo cervical cancer screening was evaluated. This study were carried out in both Gunung Kidul Distric (sub-district Playen Wonosari, Karangmojo, Nglipar Pathuk, and Gedangsari) in Special Region of Yogyakarta Province and Banyumas District (sub district Pekuncen, Ajibarang, Wangon, Gumelar, Lumbir, East Purwokerto, Kembaran, Kalibagor, Somagedhe, Sumpiuh, and Sokaraja) in Central Java Province. Deciding the sub-district in the selected districts was performed using a random sampling method, but determining the minimum sample size on each sub-district was calculated proportionally. The ethics committee approved this study with ethical clearance number KEPK/UMP/03/XII/2019.

Inclusion criteria were sexually active women, married, aged 30–50 years (according to the targeted population of cervical cancer screening in Indonesia), willing to participate in the study, and able to read and write. Exclusion criteria were women who had been previously diagnosed with cervical cancer, as they most likely know about cervical cancer, and their willingness to undergo cervical cancer

screening is considered not applicable for them. Based on those criteria, 600 respondents were included during the data collection process using accidental sampling.

A standardized questionnaire to measure the knowledge on cervical cancer and its prevention was developed. This questionnaire explicitly asks several questions on etiology, symptoms, risk factors, cervical cancer medication, and cervical screening. In terms of the unfavorable question, this questionnaire adopts a two-point Likert scale where the “yes” answer will get 1 point and the “no” or “don't or doesn't know” answer will get 2 points. On the other hand, a favorable question will give 2 points for the “yes” answer and 1 point for the “no” and “do not or does not know” answers. The Indonesian version of the complete questionnaire is provided in Appendices A and B. In addition, some information on (1) access to cervical cancer related to information sources, (2) spousal support for cervical screening, and (3) the willingness to undergo cervical screening were also collected from the included respondents.

Construct validity and reliability test were performed on the developed questionnaire that measures the level of knowledge on cervical cancer. These tests were conducted on 35 respondents outside the selected study area, Baturaden sub-district in Banyumas. This validity test was measured using the Pearson correlation product moment test to evaluate the correlation of the score from each question in the questionnaire with the total score (representing the main construct, which is cervical cancer knowledge). Furthermore, each question was determined as a valid question if the *r* value of each score was higher than 0.333 (*r* table, 95% confidence interval [CI]).

In addition, a reliability test was performed to evaluate the consistency of the questionnaire at collecting the intended information. A reliable questionnaire was defined when the value of Cronbach's  $\alpha$  was higher than or equal to 0.6.

The participants were differentiated into two groups in this study: women who were willing and unwilling to have cervical screening. Some information regarding respondent characteristics was collected, including education level, occupation, age when they had their first marriage, and parity. In addition, information regarding contraceptive methods was also collected, including the history, type, and duration of contraception. The difference of respondent characteristics and the use of contraception between the two groups were evaluated using  $\chi^2$  test if the requirements were met; otherwise, the Fisher test or Kolmogorov–Smirnov test was used in this step. Finally, the impact of independent variables on the willingness to undergo cervical screening was evaluated using logistic regression.

## 3 | RESULTS

The first validation test found two invalid questions, question number 1 regarding etiology and question number 4 regarding the risk factor of cervical cancer, so modification of those questions and a revalidation process was required. Question number 1 (*r* count –0.049) was modified from “cervical cancer is not a genetic disease” into “heredity is not a risk factor of cervical cancer” because heredity

is not the leading cause of cervical cancer. However, there was a slight chance of heredity influencing the development of cervical cancer. Question number 4 (*r* count of 0.302) was removed from the questionnaire because it was not included as a risk factor, but it was close to the interpretation of cervical screening results.

Furthermore, questions 19 and 20 have almost the same interpretation, so we choose one of them. Out of 20 questions during its early development, the knowledge questionnaire finally consisted of 19 questions, and after the second validation process, we found that all the questions were valid and reliable. In addition, the reliability test showed that there was an increase in the reliability of the knowledge questionnaire (the value of Cronbach's  $\alpha$  increased from 0.748 to 0.904).

Although the first validation process on the questionnaire of spousal support on performing cervical screening showed a valid and reliable questionnaire, a modification on the questions was performed to improve the questionnaire and make it more understandable. Question number 1 was improved from "my husband does not want me to do cervical cancer screening" to "my husband does not allow me to do cervical cancer screening". Question number 3 was improved from "my husband gives me motivation to perform cervical cancer screening" to "my husband supports me to

perform cervical cancer screening". Finally, question number 5 was improved from "my husband gives me appreciation after I perform cervical cancer screening" to "my husband gives me compliments after I perform cervical cancer screening". The second validation process also showed that the questionnaire on spousal support on performing cervical cancer screening was valid, and its reliability was also increasing (the value of Cronbach's  $\alpha$  increased from 0.716 to 0.784).

There were several comparable characteristics between women who were willing to and unwilling to undergo cervical cancer screening, including occupation ( $P = 0.937$ ), age of their (first) marriage ( $P = 0.051$ ), and their parity ( $P = 0.604$ ). There was a difference in the education level between the two groups. The proportion of women finishing their higher education in the group of women who were willing to undergo cervical cancer screening was higher than in the other group (11.1% and 5.6%,  $P = 0.021$ ) (Table 1).

Although the correlation between the history of contraception usage and the willingness to undergo cervical cancer screening was questionable, this study described that there were no differences among groups on the use of contraception ( $P = 0.612$ ), whether they used hormonal contraception ( $P = 0.534$ ), and the duration of contraception use ( $P = 0.156$ ). Generally, most of the respondents

TABLE 1 Respondent characteristics<sup>a</sup>

| Characteristics               | Willingness to be screened |                       | Total (n = 600) | P value |
|-------------------------------|----------------------------|-----------------------|-----------------|---------|
|                               | Willing (n = 368)          | Not willing (n = 232) |                 |         |
| Education                     |                            |                       |                 |         |
| Higher                        | 41 (11.14)                 | 13 (5.60)             | 54 (9.00)       | 0.021   |
| Basic                         | 327 (88.86)                | 219 (94.40)           | 546 (91.00)     |         |
| Occupation                    |                            |                       |                 |         |
| Employed                      | 72 (19.57)                 | 46 (19.83)            | 118 (19.67)     | 0.937   |
| Unemployed                    | 296 (80.43)                | 186 (80.17)           | 482 (80.33)     |         |
| Age of first marriage         |                            |                       |                 |         |
| <20 years                     | 92 (25.00)                 | 75 (32.33)            | 167 (27.83)     | 0.051   |
| ≥20 years                     | 276 (75.00)                | 157 (67.67)           | 433 (72.17)     |         |
| Parity                        |                            |                       |                 |         |
| ≥3                            | 112 (30.43)                | 66 (28.45)            | 178 (28.67)     | 0.604   |
| <3                            | 256 (69.57)                | 166 (71.55)           | 422 (70.33)     |         |
| Contraceptive use             |                            |                       |                 |         |
| With contraception            | 325 (88.32)                | 208 (89.66)           | 533 (88.83)     | 0.612   |
| Without contraception         | 43 (11.68)                 | 24 (10.34)            | 67 (11.17)      |         |
| Types of contraception        |                            |                       |                 |         |
| Hormonal                      | 201 (54.62)                | 137 (59.05)           | 338 (56.33)     | 0.534   |
| Non-hormonal                  | 128 (34.78)                | 71 (30.60)            | 199 (33.17)     |         |
| Without contraception         | 39 (10.60)                 | 24 (10.34)            | 63 (10.50)      |         |
| Duration of contraceptive use |                            |                       |                 |         |
| >5 years                      | 172 (46.74)                | 91 (39.22)            | 263 (43.83)     | 0.156   |
| <5 years                      | 157 (42.66)                | 117 (50.43)           | 274 (45.67)     |         |
| Do not use                    | 39 (10.60)                 | 24 (10.34)            | 63 (10.50)      |         |

<sup>a</sup>Values are presented as number (percentage).

had a history of using contraception (88%–89%), and more than half of them used hormonal contraception (54.6%–59.1%). Most of the women willing to undergo cervical cancer screening were contraceptive users for more than 5 years; on the other hand, most of the women in the other group had used contraceptives for less than 5 years. However, these differences were not statistically significant (46.7% to 50.4%,  $P = 0.156$ ).

In this study, women with a higher knowledge level had access to information about cervical cancer and its prevention. Those whose husband/spouse supported them to take part in cervical cancer screening were generally willing to do so (Table 2). These factors increased the willingness by three to four times compared with women who had low knowledge, did not have good access to health information, and were not supported by their husband/spouse; these increases were statistically significant.

The sources of information among sexually active women in this study are presented in Table 3. The proportion of women who had access to cervical cancer information and its screening was significantly higher among the women who were willing to undergo cervical cancer screening compared with women who were not (80.4% and 54.7%,  $P = 0.000$ ). Regarding the type of source of information, both groups mainly obtained information about cervical cancer and its prevention from healthcare workers. Furthermore, the second most common source of information among women who were willing to undergo cervical cancer screening was the internet. The other group was primarily from social media such as Whatsapp, Facebook, and Instagram.

The association between willingness to take part in cervical cancer screening among sexually active women and its possible influencing factors was explored (Table 4). this model showed that this willingness was not significantly influenced by duration of contraceptive use (odds ratio [OR] 1.24, 95% CI 0.91–1.68;  $P = 0.170$ ) and age of their first marriage (OR 0.75, 95% CI 0.48–1.16;  $P = 0.196$ ). Our final model (model II) showed that spousal support

was the main issue that drove sexually active women to be willing to undergo cervical cancer screening (OR 4.19, 95% CI 2.81–6.27;  $P = 0.000$ ). This influencing factor was followed by other factors such as education level (OR 2.94, 95% CI 1.30–6.63;  $P = 0.009$ ), women's knowledge (OR 2.29, 95% CI 1.52–3.44;  $P = 0.000$ ), and their access to cervical cancer information (OR 2.08, 95% CI 1.34–3.24;  $P = 0.001$ ).

## 4 | DISCUSSION

The low coverage of cervical cancer screening in Indonesia is a considerably important issue on cervical cancer prevention because the HPV vaccination policy has not been implemented nationally. This study explores the primary driver of willingness to take part in cervical cancer screening among sexually active women in several parts of Indonesia. The important finding in this study is that the willingness is mainly influenced by spousal support. In addition, other factors such and education, knowledge, and access to cervical cancer-related information have to be considered to increase the willingness to have cervical cancer screening among sexually active women. These findings imply that in terms of education about cervical cancer prevention for the Indonesian population, the target should not only be sexually active women but also their spouses or partners. Several studies support our findings and explain that knowledge,<sup>11–15</sup> spousal support,<sup>16–21</sup> and access to information<sup>21–23</sup> substantially influence the willingness to undergo cervical cancer among sexually active women.

Among all types of information, health workers were the most accessible source of information in this study. This finding indicates that health workers play essential roles in disseminating and educating not only sexually active women but also the general population.<sup>24,25</sup> Medical doctors are considered the most common health and reliable resources among health workers because

**TABLE 2** Correlation between knowledge, access to information, and husband support on the willingness to undergo cervical cancer screening among sexually active women<sup>a</sup>

| Variable              | Willingness to undergo screening |                       | Total (n = 600) | OR                |
|-----------------------|----------------------------------|-----------------------|-----------------|-------------------|
|                       | Willing (n = 368)                | Not willing (n = 232) |                 |                   |
| Knowledge             |                                  |                       |                 |                   |
| High                  | 238 (64.67)                      | 84 (36.21)            | 322 (53.67)     | 3.23 <sup>b</sup> |
| Low                   | 130 (35.33)                      | 148 (63.79)           | 278 (46.33)     |                   |
| Access to information |                                  |                       |                 |                   |
| Have access           | 296 (80.43)                      | 127 (54.74)           | 423 (70.50)     | 3.39 <sup>b</sup> |
| Do not have access    | 72 (19.57)                       | 105 (45.26)           | 177 (29.50)     |                   |
| Spousal support       |                                  |                       |                 |                   |
| Get support           | 234 (63.59)                      | 68 (29.31)            | 302 (50.33)     | 4.78 <sup>b</sup> |
| Do not get support    | 95 (25.82)                       | 132 (56.90)           | 227 (37.83)     |                   |

Abbreviation: OR, odds ratio.

<sup>a</sup>Values are presented as number (percentage).

<sup>b</sup>Statistically significant.

**TABLE 3** Source of information on cervical cancer and its prevention among sexually active women<sup>a</sup>

| Resources information     | Willingness to be screened |                       | Total (n = 600) |
|---------------------------|----------------------------|-----------------------|-----------------|
|                           | Willing (n = 368)          | Not willing (n = 232) |                 |
| Health workers            | 211 (57.34)                | 86 (37.07)            | 297 (49.50)     |
| Internet                  | 24 (6.52)                  | 7 (3.02)              | 31 (5.17)       |
| Social media              | 17 (4.62)                  | 10 (4.31)             | 27 (4.50)       |
| Family                    | 15 (4.08)                  | 4 (1.72)              | 19 (3.17)       |
| Friends/siblings          | 14 (3.80)                  | 8 (3.45)              | 22 (3.67)       |
| Advertisement             | 11 (2.99)                  | 2 (0.86)              | 13 (2.17)       |
| Magazine                  | 2 (0.54)                   | 8 (3.45)              | 10 (1.67)       |
| Others                    | 2 (0.54)                   | 2 (0.86)              | 4 (0.67)        |
| Do not obtain information | 72 (19.57)                 | 105 (45.26)           | 177 (29.50)     |

<sup>a</sup>Values are presented as number (percentage).**TABLE 4** Results of the logistic regression on the willingness to perform cervical cancer screening among sexually active women (n = 600)

| Variable                      | Coefficient | P value | OR (95% CI)      |
|-------------------------------|-------------|---------|------------------|
| Model I                       |             |         |                  |
| Constant                      | -6.673      | 0.000   | 0.001            |
| Duration of contraceptive use | 0.215       | 0.170   | 1.24 (0.91-1.68) |
| Age at marriage               | -0.289      | 0.196   | 0.75 (0.48-1.16) |
| Education                     | 1.064       | 0.011   | 2.89 (1.28-6.57) |
| Knowledge                     | 0.819       | 0.000   | 2.27 (1.50-3.42) |
| Access to information         | 0.710       | 0.002   | 2.03 (1.30-3.17) |
| Spousal support               | 1.442       | 0.000   | 4.23 (2.83-6.33) |
| Model II                      |             |         |                  |
| Constant                      | -6.876      | 0.000   | 0.001            |
| Education                     | 1.078       | 0.009   | 2.94 (1.30-6.63) |
| Knowledge                     | 0.828       | 0.000   | 2.29 (1.52-3.44) |
| Access to information         | 0.734       | 0.001   | 2.08 (1.34-3.24) |
| Spousal support               | 1.434       | 0.000   | 4.19 (2.81-6.27) |

Abbreviations: CI, confidence interval; OR, odds ratio.

they are available in public and private primary health care, which are mainly dealing with health education and promotion in Indonesia.

In terms of respondent characteristics, education level was initially suspected to influence the willingness of sexually active women. This finding is in line with other studies from Indonesia and China.<sup>13,26</sup> Further analysis that integrated all factors that could influence the willingness showed that education level was fairly influential. This finding implies that active education or counseling about

cervical cancer and its prevention is a substantial activity that has to be carried out by health workers to increase the willingness of women to take part in cervical cancer screening.

One of the limitations in this study was that this study used the cross-sectional method, where both willingness to undergo cervical cancer screening and its factors, including education, knowledge, access to information, and spousal support, were collected simultaneously. This method reduces the strength of causality between outcome (willingness to perform cervical screening) and its factors. Therefore, further research, for example, using cohort or randomized control clinical trials, is required to explain the main drivers of the willingness to perform cervical screening among sexually active women.

Another limitation of this study is that the data about spouse or husband support were collected from the women who were met during the data collection process. As a result, the data on husband support was mainly dependent on the women's perspective on their spouse. This occurred because respondents were mostly met during working hours when their husband was not at home or during the women's meeting at the sub-district level. Data on spousal support collected directly from the spouse or husband would increase the validity of the data and also possibly alter the magnitude of influence on the willingness to undergo cervical cancer screening among sexually active women. Finally, the question on access to cervical cancer-related information only asks whether they are ever receiving information and did not explore the intensity and quality of the information. Therefore, the quality and intensity of cervical cancer-related information has to be explored comprehensively and categorized as to whether the information is correct and objective.

In conclusion, this is one of the few studies exploring the factors that influence the willingness to take part in cervical screening among sexually active women in Indonesia. Our findings suggest that increasing the support from their spouse will substantially influence the willingness. In addition, increasing the knowledge and providing good and accessible sources of information on cervical cancer prevention will also increase the willingness among sexually active women.

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## CONFLICT OF INTEREST

The authors have no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article

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## APPENDIX 1

## LEMBAR PERMINTAAN MENJADI RESPONDEN

Saya yang bertanda tangan di bawah ini:

Nama: Didik Setiawan\*, Irmas Miranti, Tri Devi Partiwati, Dwi Anggraeni Puspitasari, Filza Nugraheni Ramadhan.

Adalah dosen dan mahasiswa Fakultas Farmasi Universitas Muhammadiyah Purwokerto, akan melakukan penelitian dengan judul: “Faktor-Faktor yang mempengaruhi Kesiediaan Wanita Usia Subur Dalam Deteksi Dini Kanker Serviks di Kabupaten Banyumas, Jawa Tengah dan Gunung Kidul, DIY”.

Untuk maksud di atas, saya mohon kesediaan Ibu menjadi responden dalam penelitian tersebut. Adapun hal-hal yang perlu Ibu ketahui adalah:

1. Tujuan penelitian ini adalah untuk menganalisis Faktor-Faktor yang mempengaruhi Kesiediaan Wanita Usia Subur Dalam Deteksi Dini Kanker Serviks di Kabupaten Banyumas bagian barat.
2. Identitas Ibu akan dirahasiakan sepenuhnya oleh peneliti dan hanya data yang Ibu isikan yang akan digunakan demi kepentingan penelitian.
3. Penelitian ini tidak akan memungut biaya apapun dari Ibu.
4. Kerahasiaan informasi yang diberikan Ibu dijamin oleh peneliti karena hanya kelompok data tertentu saja yang akan dilaporkan sebagai hasil penelitian.
5. Jika Ibu bersedia menjadi responden, silahkan menandatangani lembar persetujuan dan mengisi kuesioner yang telah saya siapkan, dan jika keberatan, Ibu tidak akan dipaksa menjadi responden dalam penelitian ini.

Demikian surat permohonan ini saya buat. Atas perhatian dan partisipasi Ibu sekalian saya ucapkan terima kasih.

Hormat Saya, Didik Setiawan.



**APPENDIX 2****LEMBAR PERSETUJUAN MENJADI RESPONDEN PENELITIAN**

Saya yang bertandatangan di bawah ini, menyatakan bahwa telah mendapatkan informasi tentang rencana penelitian dan bersedia menjadi peserta atau responden penelitian yang dilakukan oleh Irmas Miranti, Mahasiswa Fakultas Farmasi Universitas

Muhammadiyah Purwokerto yang berjudul **"Faktor-Faktor yang mempengaruhi Kesiediaan Wanita Usia Subur Dalam Deteksi Dini Kanker Serviks di Kabupaten Banyumas Bagian Barat"**. Persetujuan ini saya buat dengan sadar dan tanpa paksaan dari siapapun. Demikian pernyataan ini saya buat untuk dipergunakan sebagaimana mestinya.