

Fertility age couples motivation on cervical cancer early detection

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Abstract

This research aims to get the results from the fertility age couples' motivation on cervical cancer early detection. The preparation of a scoping review adapted the Arksey & O'Malley framework consisted of 5 stages: research questions with the PEOs framework (Population, Exposure, and Outcomes), searching literature using relevant databases. From the 12 articles used to consist of 3 themes, namely sexual and reproductive health problems, sexual health problems, and sexual and reproductive health. The conclusion of the research are motivation and early detection of cervical cancer is a public health problem that has serious implications for adolescents. There is a need to provide women or youth with appropriate information and education about sexual and reproductive health.

Keywords: *motivation; cervical cancer; fertility age couples; early detection*

INTRODUCTION

Motivation is the impulse that drives people to do something. It can determine the ability to fulfill the individual needs (Arkiang, 2016). Motivation in the health sector has a significant role. Motivation is used to prevent disease. It will encourage someone to learn about the disease, such as the cause, prevention, effect, and treatment method. Motivation is influenced by physical and mental factors, heredity factors, environment, age maturity, intrinsic factors (knowledge, education, and job), facilities and infrastructure, socio-culture, and the media used (Arkiang, 2016).

The education can be obtained through formal and informal channels (Gustiana, Dewi, & Nurchayati, 2014). Government agencies, non-governmental organizations, and cancer care groups often carry out cervical cancer promotion or counseling. That activity is an effort to create a community with conducive health behavior through health education to increase the community's knowledge, attitudes, and behavior. The Health Office already has a health promotion program through the citizen health center, including reproductive health material. However, the health education that is being carried out is not specific. It has not been followed up with concrete actions such as early detection.

Most women in the world mostly faced cervical cancer. After breast cancer, cervical cancer becomes second cancer infecting women. Cervical cancer disease is forecasted to increase by nearly 25% over the next ten years. Compared with modern countries, the annual number of female deaths due to cervical cancer in developed



countries exceeds 270,000 (Nicolas Gaudin, 2013). According to the 2013 Basic Health Research (Riskesdas) data, Indonesia's cancer prevalence rate is 4.1 cases per 1,000 people or 330,000. The highest cancer in Indonesia for women is breast and cervical cancer. In view of assessments by Globocan, the International Agency for Research and Cancer (IARC) in 2012, the rate of breast cancer was 40 each 100,000 women, and cervical cancer growth was 17 each 100,000 women. (Dewi, 2014).

According to the 2013 Data and Information Center of the Ministry of Health of the Republic of Indonesia, the highest prevalence rate of cervical cancer in Indonesia is 4.1 cases per 1,000 population (15%) in Yogyakarta Special Region (Kesehatan & Indonesia, 2011). Kulonprogo and Gunung Kidul districts are the areas with the most cervical cancer sufferers. In these two districts, cervical cancer patients reached 4.1% per 1,000 people. The two districts were used as a demonstrative program to vaccinate the Human Papilloma Virus (HPV) at the national level.

The midwives role for overcoming cervical cancer is the most effective way by conducting cervical tests and screening to determine the condition of the HPV virus. The HPV virus that causes cervical cancer is spread due to infections of the genitals transmitted by sexual contact. Currently, cervical cancer is first cancer that is dangerous and afflicts many women in the world. Because cervical cancer is challenging to detect from the start, most cervical cancer is discovered after the tumor grows in an advanced stage. Pap smears, HPV vaccine injections, and stop smoking can prevent cervical cancer. Besides, the way to prevent cervical cancer by applied a healthy life and making a religious approach.

The incidence of cervical cancer can actually be suppressed by carrying out primary prevention efforts such as increasing or intensifying outreach activities to the community to carry out a healthy lifestyle, avoiding risk factors for cancer, immunizing with the HPV vaccine and followed by early detection of cervical cancer through Pap smear or IVA examination. (visual inspection using acetic acid). Prevention efforts against cervical cancer will be influenced by the motivation of each individual. There is no effort to prevent the incidence of cervical cancer, it shows the low motivation in preventing cervical cancer itself. Based on this background, the researcher wants to conduct a literature study on the role of family and husband in early detection of cervical cancer.

RESEARCH METHODS

The preparation of the scoping review adapted the Arksey & O'Malley framework, which consisted of 5 stages. Those determine research questions with the PEOs framework (Population, Exposure, and Outcomes), conducting literature searching using relevant databases. The selection of relevant studies using inclusion and exclusion criteria. Those are conducting a critical appraisal to assess the quality of literature, perform data extraction, analyze data, map themes, and report results. Assing the article quality using Joana Brigs. A prism flowchart is used to describe the flow of literature search.

Stage 1: Identification of Research Questions

In this scoping review, the researchers focused on the motivation of fertility-aged couples to detect cervical cancer?

Stage 2: Identification of relevant studies

a. Inclusion and Exclusion Criteria

After identifying the scoping review questions, the next step is to identify the relevant articles. This step is done by specifying key parameters, such as:

Table 1. Inclusion and Exclusion Criteria Framework

• Included Criteria	• Excluded Criteria
Original article	Opinion article
English language article	Review book
Articles from 2009-2019	Health workers opinion
Primary/secondary research	Review article
Discussing the experience in early cervical cancer detection	
Relate with the impact of lack of motivation to detect early cervical cancer	

Stage 3: Articles Selection

In search of 3 databases and a reference list, the number of articles was 275. The 275 articles were screened based on titles/abstracts related to fertility-age couples' motivation to detect cervical cancer early. It obtained 275 articles. Re-screen these articles to obtain articles that match the effect of menarche on sexual and reproductive health. A full-text search of 88 identified articles was carried out to filter the content of the articles. The results of filtering the articles' content, the population is suitable, and the critical appraisal results. Twelve articles will be used for the Scoping Review.

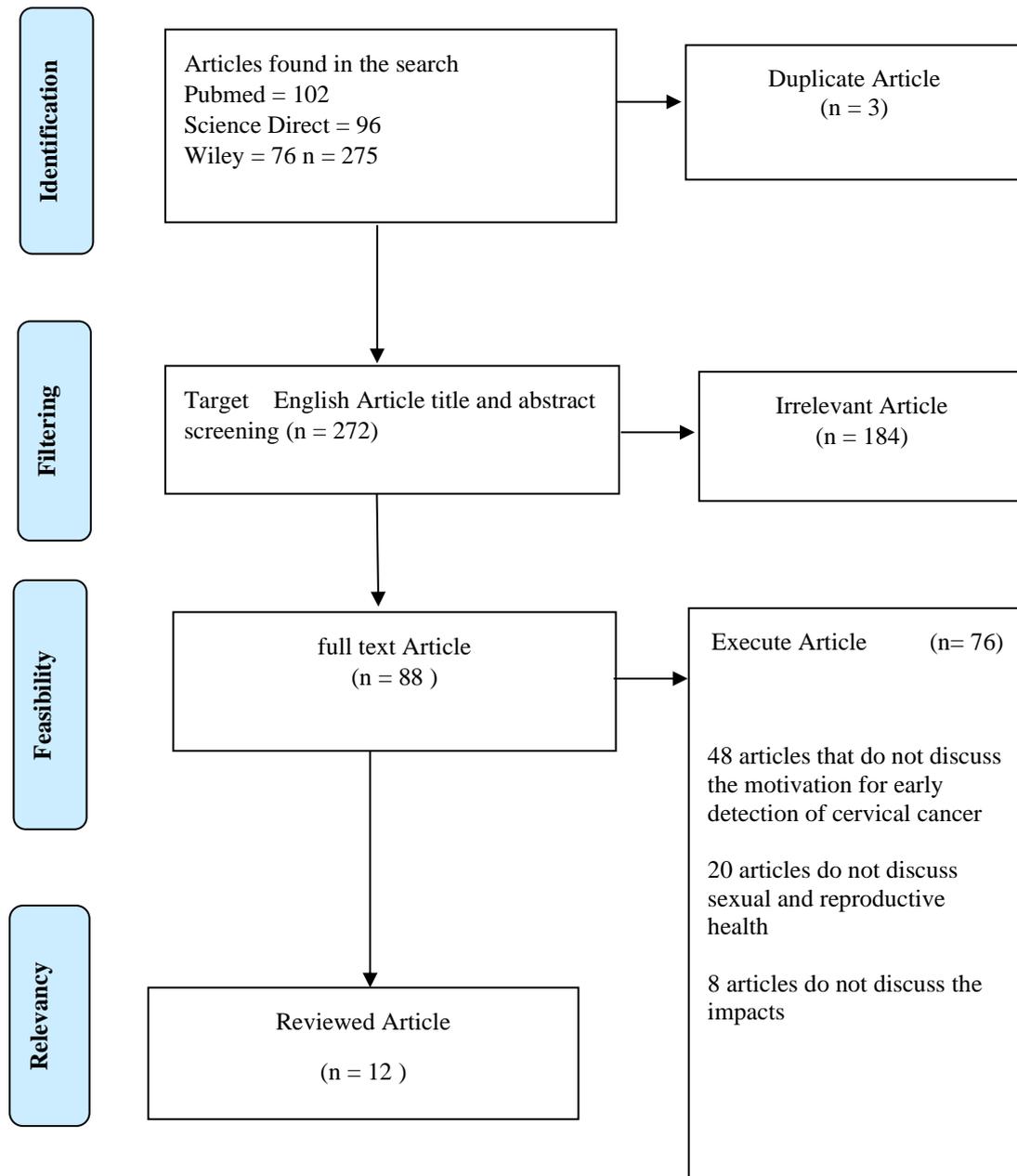


Figure 1. Prisma Flowchart

Stage 4: Compile, summarize and report the results

The data from 12 articles includes key criteria such as the location of study, the population of study, the objective of study, the methodology, and the findings or the recommendations. The author records the information independently and then compares the chart data.

Table 2. Data Charting

Author/year/ country/grade	Study Design / methods/sample	Results
Bukirwa et, al (2015)/ Uganda	qualitative by interview, 24 respondents	Inspirations for cervical cancer screening typify the need for a far reaching evaluation, finding, and the board, all things considered. It is wont to ensure the physiological condition, the concern of cervical cancer growth results, doubt of danger, and a need to keep up a fair relationship with medical services staff. The resulting factors hurt cervical screening business: Myths and misguided judgments like the possibility that women's ovaries and female inside conceptive organ might be eliminated all through the screening. The agony identified with cervical screening, the concern of disrobing, and women must keep up their protection, danger of cancer growth saw low cervix. A deficiency of clinical analysts routinely gives cervical cancer schooling and screening, and needs for providers and patient transient request. The most boundaries to continue screening typify confined data and enthusiasm for the need for re-screening and a nonattendance of updates.
Chigbu et al (2013)/ Nigeria	Cross-sectional with survey data, 2,312 female participants.	A sum of 2,312 women was interviewed. The help from spouses and local area pioneers was regularly reportable, propelling ladies to partake in screenings. The majority of the members expected prompt outcomes for screening tests and quick treatment for any variations from the norm distinguished. End Community-based help for cervical cancer screening is a proficient method for making mindfulness in cervical disease screening. Backing from life partners and local area pioneers is important to consider a woman's call to require the upside of cervical cancer screening administrations in southeast African nations. Quick outcomes and prompt medicines can have the principal sway. Family and local area investment ought to be coordinated into cervical disease bar programs. This program should accumulate with a "see and care" approach. It ought to be important to deal with the low use of cervical cancer screening administrations in an African country and comparative rustic settings. © 2012 International Federation of Gynecology and medication. A ton of this stockpile text is expected to ask additional interpretation information Send viewpoint Panel input.

Compaore et, al (2016)/Afrika	Qualitative by interview, 351 participants from 3 groups	Multivariate inventory relapse was performed to anticipate cervical screening. The investigation members were similarly youthful (37.5 ± 10.7 years) and overwhelmed by metropolitan occupants (83.8%). There are the greater part of them had a secondary school training. Over 90% of members had known about cervical disease. About 55% of them had middle level information on the infection, screening, and additionally hazard factors. The degree of information on the country populace is lower than that of the metropolitan populace. Screening indicators included more significant level of instruction. Low mindfulness and financial obstructions bring about the underutilization of screening administrations for women. Inspiration and schooling by medical services workers square measure essential components for expanding screening rates. Coordinated patient and talented training programs in gynecological administrations square measure supreme to improve screening in Burkina Faso and elective low-asset nations in Africa
Interis et, al (2015)/Jamaika	Cross-sectional, with survey data, 225 women	The structure was acquainted with survey women's perspectives, information, hazard factors, and cervical disease indications. The move-in data and goal to the screen were surveyed misuse matched t-tests and tests for connecting extents. Members were followed roughly a half year present mediation on decide cervical malignant growth screening rates. We discovered genuinely critical increments from pre-test to post-test in the level of inquiries addressed accurately and the members' expectation to screen for cervical malignant growth. The main improvement was seen in reactions to inquiries regarding information, manifestations, and counteraction. A few things expanded by 62% from pre-test to post-test. Absolute 123 women reached for follow-up, 50 (40.7%) were screened for cervical malignant growth. This hypothesis based instructive mediation essentially builds information and expectations for cervical cancer growth screening. It very well may be reproduced in comparable settings to bring issues to light and expand screening rates.
Darj, Chalise, dan Shakya (2019)	Qualitative with Focus Group Discussion (FGD), 72 men aged 18-54	Findings: Women have misinterpretations about screening and low degrees of information. Socio-social hindrances, specialist co-op conduct, geographic difficulties, and restricted money were

	through 6 focus groups.	totally viewed as boundaries to going to the screening place. Encouraging components, for example, investment in mindfulness projects and backing from families and ladies' gatherings. Those can persuade women to go to screening centers. End: These discoveries add to the data on the impression of Nepalese ladies with respect to cervical disease screening. They may serve to help the advancement of the Government of Nepal's cervical disease screening and treatment as an appropriate for every single Nepalese women, at whatever point required.
Darlin et al. (2013)/ Swedia	Qualitative by In-Depth Interviews, 242,678 women, 32-65 years	Reaction rates to HPV self-testing were multiple times higher than those of adaptable outpatient center solicitations (147/1000 ladies (14.7%) contrasted with 21/500 (4.2%) $p < .0001$). High danger (hours) - HPV was found in 10/147 women who examined themselves (6.9%). 7/10 hours of HPV positive women went to colposcopy, however no HSIL was found. Among the facility test ladies, 2/21 had jam-HPV, and 1/21 had HSIL. Explanations behind not going to were "awkward with the vaginal assessment," "feeling great," "absence of time," and "the experience meet s hostile of wellbeing laborers."
Egawa-Takata et, al (2016)/Japan	Cross-sectional, with survey data, 997 mothers, ages 40-60 years.	In the event that it is Compared with moms who were not screened, women who went through cervical disease screening had altogether more information about cervical cancer growth and screening ($p < 0.05$). Moms' girl screened as of late got HPV immunization more often than moms who were not screened as of late ($p = 0.018$). Moms with a new screening history would in general urge their little girls to go through cervical cancer screening all the more habitually ($p < 0.05$). At the point when moms were satisfactorily instructed about cervical cancer and its screening, they were essentially bound to suggest that their little girl had it ($p < 0.0001$).
Eze, Obiebi, and Umuago (2018) Nigeria	Cross-section, by interview, 316 workers	Most of respondents knew about cervical cancer growth, however it was altogether higher among women, $p = 0.001$. The greater part of the respondents, 266 (84.2%), were under 40 years of age yet information about cervical cancer growth screening diminished by expanding age, $p = 0.039$. Just 92 (29%) had great information on cervical screening. Better information on cervical screening was essentially connected with working in clinical offices, working longer than two

		<p>years, and being female. At that point, all ladies screened for cervical Ca, 18 (11%) had a Pap smear, and most of 15 (83%) had screened just a single time. Variables related with screening are level of schooling, working experience, and being in the clinical office. Reasons given for not screening incorporated the agony of the system, the expense, and the postponement in getting results. Ends: The information on cervical screening isn't acceptable among DELSUTH staff, and screening practice is likewise wretched. They can get a profit by wellbeing instruction and advancement programs coordinated towards better screening rehearses. The presentation of more agreeable and more affordable screening modalities, for example, VIA/VILI may likewise build the ingestion.</p>
Hweissa, Lim, dan Su (2016)/ Li	<p>Qualitative with In-depth Interviews, 16 women</p>	<p>The interviewed were recorded and deciphered, at that point dissected utilizing topical investigation. Our discoveries propose that medical care suppliers don't give sufficient data on cervical disease screening for women going to medical services offices. The outcomes feature the pretended by medical care experts in spurring women to go to cervical cancer screening programs. At that point, the requirement for wellbeing instruction from medical care suppliers to offer important guidance on screening. Then again, medical services suppliers featured that executing a cervical cancer growth screening update framework would uphold them to build screening participation. Likewise, medical care specialist organizations underlined the requirement for an instructive and mindfulness crusade on cervical malignancy screening among Libyan ladies.</p>
Smith et, al (2014)/ Canada	<p>Cross-sectional, with survey data, 25 women, 25-65 years</p>	<p>The general overview reaction rate was 63.8% (981/1538), with 447 (45.6%) revealing they needed to gather themselves, versus 534 (54.4%) detailing that they didn't. In the univariate investigation, women with more than auxiliary schooling were bound to gather autonomously. women who expected to get a HPV versus Pap smear test were 1.94 occasions bound to pick self-take. The individuals who plan to self-gather had altogether higher disposition scores toward HPV self-assortment. Changed chances proportions and 95% certainty spans from the multivariate examination indicated mentalities toward self-assortment were the lone critical factors anticipating ladies' aim</p>

		to submit without anyone else (OR 1.25; 95% CI: 1.22, 1.29).
Young et al. (2018)/ Inggris	Qualitative with In-depth Interviews, 61 women	The outcomes 34 examinations met the consideration rules. They are related with eliminating the bosom, cervical, colorectal, prostate, ovarium, and cellular breakdown in the lungs. Three principle topics arose out of the blend. These incorporate medical care choices impacted by trust, adherence to control, protection from control or management, and saw inability to meet social, strict, and phonetic necessities. The 'dread of malignant growth screening' is a helper and a hindrance from multiple points of view and to various degrees. Procedures for arranging moderate degrees of dread are demonstrated. 'Danger encounters' incorporate making a talk on elective individual dangers and the utilization of screening as an adapting system, impacted by convictions of disease and sound inclination and success.
Spencer et al. (2016) / Inggris	Qualitative by In-depth Interviews, 43 women of children aged 12-13 years	Results 97/606 of the ones who reacted to the survey altered their perspectives on cervical screening. 23 women were talked with, 10 of whom expressed positive changes, and 13 didn't change. The greater part of them has examined antibody data, including cervical screening, with their little girls. Moms who settled on sure change choices knew about their girls' danger of creating cervical disease, the requirement for future screening, and the significance of their good example. Thusly, the little girl turns into a 'critical other' in fortifying their moms' cervical assessments' inspiration.

RESULTS AND DISCUSSION

Based on data mapping, results were obtained are in the form of methods, countries, and themes of selected articles from 12 selected articles, 5 articles using cross-sectional research methods, and 7 articles using qualitative methods. The motivation of early age couples towards early detection of cervical cancer, lack of knowledge, education and economics causes women to have a lack of motivation to ensure early detection of cervical cancer. Knowledge and information experienced by women, lack of pap smear and VIA examinations can cause cervical cancer. Early detection of cervical cancer that is too late will be fatal in women's reproductive health. Because the biggest cancer in Indonesia after breast cancer is cervical cancer.

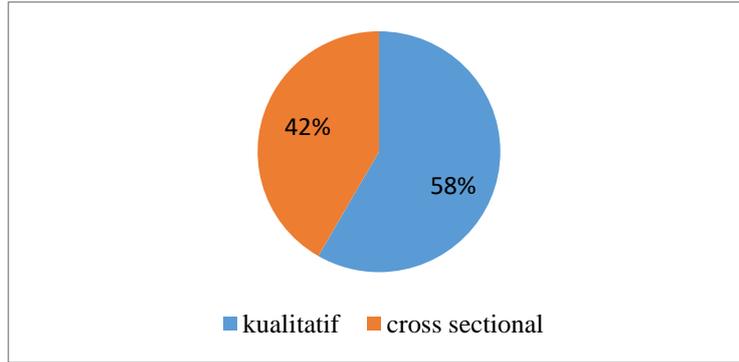


Figure 2. Characteristics of Research Methods

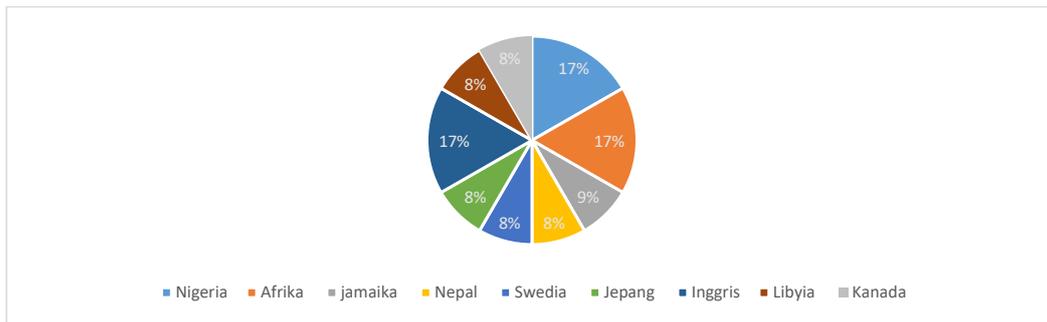


Figure 3. Characteristics of Developed and Modern Countries

Table 3. Mapping Data

No	Theme	Sub-theme	Article
1	Sexual and reproductive health problems	a. Early sexual	4,5,6,7
		b. Medical workers	2,3, 5,7,9
		c. Less Motivated	4,6,11
2	Sexual and reproductive disease	a. STI (sexually transmitted infection)	1,12
		b. HIV	1,2,7,9
3	Affecting health factors sexual and reproductive.	a. Education	2,3,4,8,9
		b. Knowledge	3,12
		c. Economy	2,3,4,7,9

Characteristic

1. Sexual and Reproductive Health Problems

a. Early Sexual

The research result was conducted by (Ajah et al., 2015). The mean age of the reproductive age partners is under 17 years—a total of 101 (21%). Although 365 (75.7%) women are aware of the importance of reproductive health, only 89 (18.5%) of them are aware, and 88 (8.9%) of them are less motivated towards reproductive health itself. Research shows that people who are under 17 years old have a higher risk of early sexual activity. The low age, partaking with men and society could assume a synergistic part with mindfulness, formal instruction, and free or supported administrations to expand the take-up of intentional cervical cancer growth screening (Young et al., 2017) (Abadeh, Ali, Bradley, & Magalhaes, 2019).

b. Medical Worker

In this article (Eze et al., 2018). The cervical cancer views and screening practices in kids teaching hospitals in Southern African country. The hospital applied smart screening practices to be a decent health data supply and motivation to push the overall public's screening. The evaluation of their perceptions and practices of cervical screening might convey gaps. It might inspire efforts to boost leading indicators among them and also the broader population. Most respondents are attentive to cervical cancer; however, it is a better risk than women aged less than forty. However, the knowledge about cervical cancer screening decreases by increasing their age. They have good cervical filtering knowledge. A better knowledge of cervical screening was hugely related to clinically departmental work, work experience less than two years, and females. All women screened for cervical Ca had a Pap smear, and the majority experienced one screening. (Abamecha, Tena, & Kiros, 2019), (Abounouh et al., 2019)

c. Less Motivated

In the article by ((Smith et al., 2014) (Ahmad et al., 2019). Women might not participate in cervical cancer screening (cultural, language, geographic, and access to sample barriers). Self-collection offers another to visiting a doctor for screening. The ladies embed an inspecting device into the cervical-vaginal waterway to assemble the example in a really non-public setting with self-assortment. The example is then conceived or sent for testing, wiping out the specialist's clinical forte assessment prerequisite. Studies assessing ladies' insights and retention of self-examining found that ladies ordinarily felt idealistic with respect to the methodology's exhibition. In British Columbia (B.C.), cervical disease screening is directed commonly through a populace based cervical malignant growth screening program. Exploration has indicated that inspecting can expand support rates in difficult to-reach and less-screened ladies in screening programs. It is critical to design a program to address cervical disease screening techniques. It will give a more coordinated advance through arranging the essential HPV test schedule for cervical malignant growth screening.(Aldohaian, Alshammari, & Arafah, 2019).

2. Sexual and reproductive diseases

a. IMS (Sexually transmitted infections)

This review is found in an article that discusses sexually transmitted diseases or STDs in research (Compaore, Ouedraogo, & Koanda, 2015). That article explained that

the sexually transmitted diseases found among women who have never done early detection of cervical cancer. It is constrained by access to information; support from husbands is limited by the economy. Their daily expenses only rely on their husbands whose has uncertainty monthly. Our study also found that women's area is a significant factor in cervical malignancy screening. It either impacts screening or impacts different elements, including occupation and information or mindfulness. Women who live in metropolitan territories have a higher possibility of being screened than the individuals who go to semi-metropolitan regions. At that point, ladies in semi-metropolitan zones have a more prominent possibility of being screened than country ladies. Metropolitan women are bound to be utilized than their partners in semi-metropolitan and country territories. The degrees of information vary across the regions of home in our examination. Information on sickness, screening, and danger factors was higher in metropolitan zones than in semi-metropolitan and rustic territories. Studies directed in country Tanzania (Al-hasan et al., 2020) found a higher extent of ladies with low information levels. The place of residence and educational genes in Tanzania could be a cause of reference in the findings. Similar to a Bharat study, our findings passed in a very tertiary hospital, like this study. Visual review of the cervix is that the sole methodology out there for cervical screening in Upper Volta. The value is believed cheaper, as reported by most of the ladies during this study. Burkina Faso's government subsidizes visual review value to be cheaper for women in the Republic of Indonesia.(Darj et al., 2019a), (Oketch et al., 2019)

b. HIV

In the article by (Darlin et al., 2013b), totally, 25.5% of those tested were HSV-2 positive, and 5.6% were HIV positive. The efficiency of the cervical screening program depends primarily on the coverage of the program population. It depends on the acceptance of the invitation. Women who have not had a screening test for nine years or more appear very reluctant to reply to some invitation. They replied to the questions about why the test was performed not being present. The most common answers were "Not comfortable with vaginal examinations." The other common reasons were "lack of time," "feeling in good condition," or "unfriendly experiences of health workers." Self-sampling is a appropriate way of dealing with low competition. Then, satisfaction with screening efforts made to enhance adherence rates in organized community-based screening programs. (Darj, Chalise, & Shakya, 2019b).

3. Factors Affecting Sexual and Reproductive Health

a. Education

Cervical cancer occurred in 87.9% of these study respondents, less than 72%, and previously 74.4% in Nigeria and Uganda. However, this compares with the 65% reported in the U.K., which occurred in 75.1% of respondents. Then, less than 85.5% reported in Calabar, Nigeria. Cervical cancer and cervical cancer cases are severe. Lack of education and self-motivation (Chigbu et al., 2013).

b. Knowledge

The knowledge level is different between all women respondents. It consists of various education levels. There are has elementary student education levels to S1 education level. (Smith et al., 2014).

c. Economy

The economy becomes one of the factors inhibiting access to women's reproductive health. The expensive costs conduct a test such as pap smears and IVA. The social gap causes the woman challenging to get motivation from their husband's roles. (Oketch et al., 2019). (Eze et al., 2018)

CONCLUSION

According to the results and discussion, the fertile age, couples' motivation to early detection of cervical cancer is a smaller amount. It is caused by an absence of information, education, and social science. The lack of knowledge and information about pap smears and IVA examinations trigger cervical cancer. Then, the late detection of cervical cancer will be fatal in women's reproductive health. The most significant cancer in Indonesia after breast cancer is cervical cancer.

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