

*Research Article*

# Analysis of Factors Influencing Refusal of Women of Childbearing Age to Undergo Visual Inspection with Acetic Acid in Beringin Jaya Village, Oba Tengah District

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**Abstract:** Refusal of Visual Inspection with Acetic Acid (VIA) examination remains a major challenge in cervical cancer early detection, particularly among women of reproductive age. This study aimed to analyze factors influencing refusal of VIA examination among women of reproductive age in Beringin Jaya Village, Oba Tengah District. A quantitative analytic study with a cross-sectional design was conducted involving 74 respondents. Data were collected using a structured questionnaire assessing educational level, knowledge, information, and the role of health workers. Data analysis included univariate analysis, bivariate analysis using the Chi-Square test, and multivariate analysis using ordinal logistic regression. The results showed that most respondents refused or hesitated to undergo VIA examination. Bivariate analysis demonstrated that educational level, information, and the role of health workers were associated with refusal of VIA examination, while knowledge level showed a tendency toward association. However, multivariate analysis revealed that only the role of health workers had a statistically significant effect on refusal of VIA examination. Educational level, knowledge, and information were not significant predictors after adjustment. These findings indicate that service-related factors, particularly the role of health workers, are more influential than individual factors in shaping decisions regarding VIA examination. Strengthening health workers' roles through effective communication and interpersonal counseling is essential to improve VIA examination uptake.

**Keywords:** Educational Level; Health Worker Role; Information; Knowledge Level; Quantitative Analytic Study

## 1. Introduction

Visual Inspection with Acetic Acid (VIA) is one of the cervical cancer early detection methods targeted at women of reproductive age and has been integrated into primary health care services. This examination is designed to be widely accessible because it uses a simple procedure, requires minimal equipment, and can be performed by trained health workers at primary health facilities. With these characteristics, VIA examination is expected to function as an effective preventive measure for cervical cancer among women of reproductive age (Khresna Dewi et al., 2025).

However, the availability of VIA services does not automatically lead to high utilization. The decision of women of reproductive age to undergo or refuse VIA examination is closely related to individual assessment processes, including knowledge, attitudes, perceptions, and psychological considerations (Rahmi & Sinta, 2020). When VIA examination is perceived as unnecessary, uncomfortable, or embarrassing, women are more likely to refuse the examination despite its availability (Hadi et al., 2022). This indicates that behavioral and perceptual factors play a crucial role in determining the acceptance of VIA examination.

Refusal of VIA examination reflects the presence of non-technical barriers in health service utilization. Limited knowledge about the purpose and benefits of VIA examination may lead women to underestimate its importance as an early detection measure (Manihuruk et al., 2021). In addition, the perception that medical examinations are only needed when

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symptoms are present can discourage preventive health behaviors. Psychological factors, such as embarrassment or discomfort related to reproductive organ examination, further contribute to reluctance and refusal. These factors interact and shape individual decision-making regarding VIA examination (Sari, 2021).

If refusal of VIA examination is not thoroughly understood, early detection efforts for cervical cancer may fail to achieve their intended outcomes. Low participation in VIA examination increases the risk of delayed detection of cervical abnormalities, which reduces the opportunity for early intervention and effective treatment (Suartini et al., 2021). Therefore, refusal of VIA examination should be viewed as a significant public health issue that requires systematic analysis of its underlying determinants, rather than merely as low program coverage (Sibarani et al., 2024).

Understanding the factors influencing refusal of VIA examination is essential for developing targeted strategies to increase participation among women of reproductive age. Identifying dominant factors contributing to refusal can assist health authorities and practitioners in designing interventions that address the actual reasons behind women's decisions, thereby improving acceptance of VIA examination and strengthening preventive health efforts (Herlina & Hartati, 2025).

A preliminary study conducted in the working area of Akelamo Inpatient Public Health Center showed extremely low utilization of VIA examination. In 2024, only 21 out of 760 women of reproductive age (2.7%) underwent VIA examination, while in 2025 (January–September), participation decreased to 13 out of 4,062 women (0.3%). In Beringin Jaya Village, none of the 90 women of reproductive age participated in VIA examination (0%). Initial interviews with 15 women indicated that refusal was mainly influenced by low knowledge about VIA examination (73%), as well as feelings of embarrassment and the belief that examination is unnecessary in the absence of symptoms (27%).

Based on these conditions, this study aims to analyze the factors influencing the refusal of women of reproductive age to undergo Visual Inspection with Acetic Acid examination in Beringin Jaya Village, Oba Tengah District. This analysis is expected to identify the factors contributing to refusal of VIA examination and provide evidence-based input for efforts to improve participation in cervical cancer early detection programs.

## 2. Proposed Method

This study employed a quantitative analytical design with a cross-sectional approach to examine the factors influencing the refusal of Visual Inspection with Acetic Acid (VIA) examination among women of reproductive age. The research was conducted in Beringin Jaya Village, Oba Tengah District. The population of this study consisted of all women of reproductive age residing in the village, while the sample was selected based on predetermined inclusion criteria. This design was chosen to identify associations between independent variables and the refusal of VIA examination at a single point in time.

Data were collected using a structured questionnaire developed to assess respondents' knowledge about VIA examination, psychological factors such as feelings of embarrassment, and perceptions regarding the necessity of VIA examination. The questionnaire was administered directly to respondents after obtaining informed consent. Primary data obtained from the questionnaires were complemented by secondary data from the Akelamo Inpatient Public Health Center to support descriptive analysis of VIA examination coverage in the study area.

Data analysis was performed using statistical software. Descriptive analysis was used to summarize respondent characteristics and variable distributions, while bivariate analysis was conducted to examine the relationship between each independent variable and refusal of VIA examination. The results of the analysis were interpreted at a predetermined level of statistical significance to identify factors associated with refusal of VIA examination among women of reproductive age.

## 3. Results and Discussion

### Univariate Analyze

Univariate analysis was conducted to describe respondent characteristics and the distribution of each research variable, including age, educational level, knowledge, attitude, information, the role of health workers, and refusal of Visual Inspection with Acetic Acid (VIA) examination among women of reproductive age in Beringin Jaya Village.

**Table 1.** Respondent Characteristics by Age.

Age (Years)	Frequency (n)	Percentage (%)
20–35	20	27.0
> 35	54	73.0
Total	74	100.0

Table 1 shows that the majority of respondents were older than 35 years (73.0%), while 27.0% were aged 20–35 years. This indicates that most respondents were in a mature reproductive age group, which should be a priority target for cervical cancer early detection through VIA examination.

**Table 2.** Respondent Characteristics by Educational Level.

Educational Level	Frequency (n)	Percentage (%)
Primary School	17	23.0
Junior High	20	27.0
Senior High	19	25.7
Higher Education	18	24.3
Total	74	100.0

Table 2 indicates that the educational levels of respondents were relatively evenly distributed. This finding suggests that refusal of VIA examination occurred not only among women with low educational backgrounds but also among those with higher levels of education.

**Table 3.** Distribution of Respondents' Knowledge about VIA Examination.

Knowledge Level	Frequency (n)	Percentage (%)
Poor	53	71.6
Fair	14	18.9
Good	7	9.5
Total	74	100.0

Based on Table 3, most respondents had poor knowledge regarding VIA examination (71.6%). This finding indicates that the majority of women of reproductive age lacked adequate understanding of the purpose and benefits of VIA examination as an early detection method for cervical cancer.

**Table 4.** Distribution of Respondents' Attitudes toward VIA Examination.

Attitude	Frequency (n)	Percentage (%)
Poor	32	43.2
Fair	34	45.9
Good	8	10.8
Total	74	100.0

Table 4 shows that most respondents had poor to fair attitudes toward VIA examination. Only 10.8% of respondents demonstrated a good attitude, indicating that positive acceptance of VIA examination remains limited among women of reproductive age.

**Table 5.** Distribution of Information Received about VIA Examination.

Information Level	Frequency (n)	Percentage (%)
Poor	42	56.8
Fair	25	33.8
Good	7	9.5
Total	74	100.0

Table 5 demonstrates that more than half of the respondents received poor information regarding VIA examination. Limited access to accurate and sufficient information may influence women's understanding and shape unfavorable perceptions of VIA examination.

**Table 6.** Distribution of the Role of Health Workers as Perceived by Respondents.

Role of Health Workers	Frequency (n)	Percentage (%)
Poor	28	37.8
Fair	31	41.9
Good	15	20.3
Total	74	100.0

Table 6 indicates that most respondents perceived the role of health workers as poor to fair. Only 20.3% perceived the role of health workers as good, suggesting that health worker

involvement in providing education, information, and motivation related to VIA examination has not been optimal.

**Table 7.** Distribution of Refusal of VIA Examination.

Refusal of VIA Examination	Frequency (n)	Percentage (%)
Refuse	43	58.1
Hesitant	24	32.4
Not Refuse	7	9.5
Total	74	100.0

Based on Table 7, the majority of respondents refused VIA examination (58.1%). Only 9.5% did not refuse the examination, indicating that refusal of VIA examination represents a major issue among women of reproductive age in Beringin Jaya Village and constitutes a central concern of this study.

#### Bivariate Analyze

Bivariate analysis was conducted to examine the association between independent variables and refusal of Visual Inspection with Acetic Acid (VIA) examination among women of reproductive age in Beringin Jaya Village. The Chi-Square test was applied with a significance level of 0.05.

**Table 8.** Association between Age and Refusal of VIA Examination.

Age (Years)	Refuse n (%)	Hesitant n (%)	Not Refuse n (%)	Total
20–35	10 (50.0)	8 (40.0)	2 (10.0)	20
> 35	33 (61.1)	16 (29.6)	5 (9.3)	54
Total	43	24	7	74

The Chi-Square test showed no statistically significant association between age and refusal of VIA examination ( $p = 0.669$ ). This indicates that refusal of VIA examination occurred across age groups and that age was not a determining factor in the decision to refuse the examination.

**Table 9.** Association between Educational Level and Refusal of VIA Examination.

Educational Level	Refuse n (%)	Hesitant n (%)	Not Refuse n (%)	Total
Primary School	14 (82.4)	3 (17.6)	0 (0.0)	17
Junior High	10 (50.0)	9 (45.0)	1 (5.0)	20
Senior High	11 (57.9)	4 (21.1)	4 (21.1)	19
Higher Education	8 (44.4)	8 (44.4)	2 (11.1)	18
Total	43	24	7	74

The Chi-Square test indicated a significant association between educational level and refusal of VIA examination based on the linear-by-linear association ( $p = 0.032$ ). Respondents with lower educational attainment were more likely to refuse VIA examination than those with higher education levels.

**Table 10.** Association between Knowledge Level and Refusal of VIA Examination.

Knowledge Level	Refuse n (%)	Hesitant n (%)	Not Refuse n (%)	Total
Poor	34 (64.2)	14 (26.4)	5 (9.4)	53
Fair	8 (57.1)	5 (35.7)	1 (7.1)	14
Good	1 (14.3)	5 (71.4)	1 (14.3)	7
Total	43	24	7	74

The Chi-Square test showed that knowledge level was not statistically significant at the 0.05 level ( $p = 0.077$ ). Nevertheless, a pattern was observed in which respondents with poor knowledge were more likely to refuse VIA examination compared to those with better knowledge.

**Table 11.** Association between Attitude and Refusal of VIA Examination.

Attitude	Refuse n (%)	Hesitant n (%)	Not Refuse n (%)	Total
Poor	19 (59.4)	9 (28.1)	4 (12.5)	32
Fair	19 (55.9)	13 (38.2)	2 (5.9)	34
Good	5 (62.5)	2 (25.0)	1 (12.5)	8
Total	43	24	7	74

The Chi-Square test indicated no significant association between attitude and refusal of VIA examination ( $p = 0.811$ ). This suggests that attitude alone did not significantly influence the decision to refuse VIA examination.



Role of Health Workers	<b>Poor</b>	<b>-25.451</b>	<b>0.000</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-25.451</b>
							<b>25.451</b>	
	<b>Fair</b>	<b>-3.418</b>	<b>1.248</b>	<b>7.505</b>	<b>1</b>	<b>0.006</b>	<b>-5.864</b>	<b>-0.973</b>
	<b>Good</b>	<b>Reference</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Based on Table 14, the ordinal logistic regression analysis showed that among all variables included in the model, only the role of health workers had a statistically significant effect on refusal of VIA examination ( $p = 0.006$ ). Respondents who perceived the role of health workers as fair were significantly more likely to refuse VIA examination compared to those who perceived the role of health workers as good.

Educational level, knowledge level, and information were not significantly associated with refusal of VIA examination after simultaneous adjustment in the multivariate model ( $p > 0.05$ ). This finding indicates that although these variables demonstrated associations or tendencies in the bivariate analysis, their effects were attenuated when analyzed together with the role of health workers.

These results confirm that the role of health workers is the most dominant factor influencing refusal of VIA examination among women of reproductive age in Beringin Jaya Village.

### Discussion

The results of this study indicate that refusal of Visual Inspection with Acetic Acid (VIA) examination among women of reproductive age in Beringin Jaya Village remains high. The majority of respondents were categorized as refusing or hesitating to undergo VIA examination, indicating that cervical cancer early detection has not yet been fully accepted as a preventive health necessity. This finding demonstrates that the availability of VIA services at health facilities does not automatically lead to utilization by the target population, highlighting the need for a deeper understanding of the factors influencing women's decisions to refuse VIA examination.

In the bivariate analysis, educational level, information, and the role of health workers showed significant associations with refusal of VIA examination, while knowledge level showed a tendency toward association. However, the multivariate ordinal logistic regression analysis revealed that only the role of health workers had a statistically significant effect on refusal of VIA examination. This finding suggests that when all factors are analyzed simultaneously, the influence of individual factors such as education, knowledge, and information becomes less dominant, while service-related factors particularly the role of health workers emerge as the primary determinants.

The non-significant effect of educational level in the multivariate analysis indicates that formal education alone is not a determining factor in VIA examination behavior. Although higher educational attainment is theoretically associated with better health information processing, the results of this study demonstrate that education does not directly influence the decision to undergo VIA examination. This finding is consistent with the study by Witri Alya et al., (2023), which reported that women with secondary and higher education may still refuse VIA examination if they do not receive effective communication from health workers. Similarly, Sibarani et al., (2024) found that education functions only as a supporting factor, whereas examination decisions are more strongly influenced by experiences of interaction with health services. Therefore, formal education without adequate communication and assistance is insufficient to promote cervical cancer early detection behavior.

The findings also show that knowledge level did not have a significant effect on refusal of VIA examination in the multivariate analysis. Although most respondents had poor knowledge and a tendency toward association was observed in the bivariate analysis, this effect did not persist after adjustment for other variables. This indicates that knowledge about VIA examination does not necessarily translate into examination behavior. Masni Riva'i et al., (2020) reported that many women are aware of VIA examination but lack understanding of the procedure, long-term benefits, and interpretation of examination results, resulting in superficial knowledge. Apriany & Martha, (2021) further emphasized that knowledge without motivational support and personal counseling rarely leads to behavioral change. These findings confirm that knowledge is an initial prerequisite, but not the final determinant in the decision to undergo VIA examination.

The information variable showed a significant association in the bivariate analysis but was not significant in the multivariate model. This suggests that access to information alone is insufficient to encourage acceptance of VIA examination. Information received by women

of reproductive age is likely to be general, one-directional, and unable to address personal concerns related to VIA examination. Putri et al., (2021) demonstrated that information delivered through mass media or group education often fails to reduce fear, embarrassment, and negative perceptions. Immawanti et al., (2024) emphasized that the quality of communication is far more influential than the quantity of information received. Consequently, information that is not accompanied by interpersonal explanation tends to have limited impact on behavioral change regarding VIA examination.

The most important finding of this study is the significant influence of the role of health workers on refusal of VIA examination. This variable was the only factor that remained statistically significant in the multivariate analysis after controlling for education, knowledge, and information. This finding highlights the central role of health workers in shaping women's decisions regarding VIA examination. All respondents who perceived the role of health workers as poor were classified in the refusal category, demonstrating the strength of this factor.

This result is consistent with the study by Mustari et al., (2023), which reported that active involvement of health workers particularly midwives and nurses has a substantial impact on women's willingness to undergo VIA examination. Health workers serve as trusted sources of information, motivators, and facilitators who can reduce fear and embarrassment through empathetic approaches. Ayu et al., (2024) also found that direct counseling by health workers significantly increased VIA examination participation compared to mass education activities. Furthermore, Rizani, (2020) reported that trust in health workers is a key factor in decision-making related to reproductive health examinations.

The dominance of the role of health workers in this study indicates that interpersonal approaches and the quality-of-service interactions exert a stronger influence than individual factors alone. Health workers do not merely function as information providers, but also as facilitators who build a sense of safety, trust, and confidence in the benefits of VIA examination. When this role is not perceived as optimal, women of reproductive age are less likely to feel sufficiently motivated to undergo VIA examination, even when they possess knowledge or have previously received information.

Overall, the findings of this study confirm that refusal of VIA examination among women of reproductive age in Beringin Jaya Village is more strongly influenced by service-related factors particularly the role of health workers than by individual factors such as education, knowledge, and information. These findings are consistent with previous studies emphasizing that the success of cervical cancer early detection programs depends heavily on the quality of interaction between health workers and the target population. Therefore, efforts to improve VIA examination coverage should prioritize strengthening the role of health workers through enhanced communication skills, individualized counseling, and empathetic approaches, so that VIA examination is perceived as an essential preventive health need by women of reproductive age.

#### 4. Conclusions

This study demonstrates that refusal of Visual Inspection with Acetic Acid (VIA) examination among women of reproductive age in Beringin Jaya Village remains high. The bivariate analysis showed that educational level, information, and the role of health workers were associated with refusal of VIA examination, while knowledge level showed a tendency toward association. However, the multivariate ordinal logistic regression analysis revealed that only the role of health workers had a statistically significant effect on refusal of VIA examination. This finding indicates that service-related factors play a more dominant role than individual factors in influencing women's decisions regarding VIA examination.

The results highlight the critical importance of the role of health workers in increasing acceptance of VIA examination. Educational level, knowledge, and information alone are insufficient to encourage behavioral change without active involvement of health workers through effective communication, interpersonal counseling, and empathetic approaches. Therefore, efforts to improve VIA examination coverage should prioritize strengthening the role of health workers in providing direct education and support to women of reproductive age, ensuring that VIA examination is perceived as an essential preventive health measure for cervical cancer.

**Acknowledgement.** The heading should not be given a number and should instead be considered as a subsection heading.

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