

# Relationship of Husband Support With Pap Smear Action of Fertile Age Women in Munang-Maning Sub-Village West Denpasar Health Center II Work Area

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**Abstract** Cervical cancer attacks the female reproductive organ and is the highest cause of death in women in Indonesia. Pap-smear test plays an important role as a screening test for cervical cancer. Unfortunately, the coverage of the pap-smear test in Indonesia especially in Bali is still quite low. Improving a husband support is an effort that could be used to deal with this problem. This study aimed to know the correlation between husband support and pap-smear screening action on women at reproductive age in Public Health Center II of West Denpasar. This study was a descriptive correlative study with a cross-sectional approach that involved 134 participants selected by purposive sampling. The data collection was done by using A Medical Outcomes Social Support Survey (MOS-SSS) and pap-smear screening action questionnaires. The Chi-square test showed that  $p=0,000$  ( $p<0.05$ ), which indicated that there was a correlation between husband support and pap-smear screening action on the women at the reproductive age. We suggest the health professional involving spouses on the pap-smear program to improve pap-smear screening action on the women at the reproductive age.

**Index Terms**— Husband support, Pap-Smear, Woman screening action

## I. INTRODUCTION

Cervical cancer is one of the leading causes of death for women. Cancer prevalence in Indonesia already rose from 1.4% to 1.8% in 2018 [1]. Cervical cancer ranked third as the women's highest cause of death in Indonesia after colorectal cancer. Based on data from the Indonesia Health Survey Institution, the prevalence of cervical cancer in Indonesia reached 0.8% with an estimated number of cases of 98,692 cases in 2013 [1].

The low screening action of cervical cancer such as Pap smear is one reason for the high prevalence of cervical cancer in Indonesia. According to the Bali Province's Health Profile Data in 2017, the coverage of cervical cancer examinations only reached 5.397% [2]. Data from the PHC II of West Denpasar yielded that the coverage of pap-smear

screening test's coverage on the two consecutive years still on the low range, 206 (0.89%) in 2017 and 166 (0.63%) in 2018. The pilot study conducted in the PHC II of West Denpasar was also showed that seven out of 10 women at the reproductive age did not get adequate support, encouragement, and information about Pap smear from their spouses. Three out of ten women at the reproductive age also stated that they did not get approval from their spouses to do pap-smear screening test.

Some factors significantly support women at the reproductive age's pap-smear screening action, they are age, education level, level of knowledge, employment, economic status, social support, exposure to health information, support from health workers, and the distance to health facilities [3]. Social support can be provided by their spouses, families, friends, and health workers [4]. The study

aimed to identify the correlation between husband support and pap-smear screening action on women at reproductive age in Munang - Maning sub-village, Public Health Center (PHC) of II West Denpasar.

## II. METHOD

This research was a quantitative study using a cross-sectional approach and bivariate analysis (chi-square) to analyze the correlation between the independent and dependent variables. The study conducted on March 23 to April 25, 2019. The study population was all women at reproductive age in Munang-Maning, PHC of II West Denpasar with the total as 196 women. The 134 participants who met the inclusion criteria were chosen using a purposive sampling technique. There were two variables involved in this study. The dependent variable was pap-smear screening action on women at reproductive age, while the independent variable was the husband support.

The researcher and five enumerators did the data collection. A Medical Outcomes Social Support Survey (MOS-SSS) questionnaire was used to assess the husband support. Pap-smear screening action was collected using a pap smear questionnaire. After obtained permission to conduct the study, we selected the participant who met the inclusion criteria to participate in this study. We explained the aims, benefits, study procedures, rights, and obligations as a participant. If they agreed to participate, we asked them to sign an informed consent sheet and filled the questionnaires guided by the researcher and the enumerators. The collected data analyzed using the Chi-Square statistical test with  $p < 0.05$ .

## III. RESULT

TABLE I  
FREQUENCY DISTRIBUTION OF RESPONDENT  
CHARACTERISTICS (N = 134)

Variabel	Mean ± SD	Min-Max	95%CI
Age	38,75 ± 7,17	23 - 49	37,53 – 39,98
Education level	Frequency (n)	Percentage (%)	
No education	3	2,2	
Elementary school	11	8,2	
Junior high school	19	14,2	
Senior high school	66	49,3	
Perguruan Tinggi	35	26,1	
Profession	Frequency (n)	Percentage (%)	
Not working	35	26,1	
Entrepreneur or trader	52	38,8	
Private or government employees	39	29,1	
Others	8	6,0	
Income/month	Frequency (n)	Percentage (%)	
<Rp2.500.000	27	20,1	
Rp2.500.000 – Rp5.000.000	57	42,5	
>Rp5.000.000	50	37,3	

Demography characteristic analysis (table 3.1) showed that the majority of the participants were aged 38.75 years old (SD 7.17), graduated from the senior high school (49.3%), working as entrepreneur or trader (38.8%), and were having the total of family expenditure per month between Rp.2,500,000 to Rp.5,000,000 (42.5%).

TABLE II  
RESULTS OF THE ANALYSIS OF THE RELATIONSHIP BETWEEN  
HUSBAND'S SUPPORT AND THE PAP SMEAR ACTION

		Pap smear action				OR (95% CI)	P value
		Pap smear		Non-pap smear			
		n	%	n	%		
Husband's support	Positive	54	55,7	43	44,3	5,382 (2,156- 13,438)	0,0001
	Negative	7	18,9	30	81,1		
Total		61	45,5	73	54,5		

Based Chi-square test (table 3.2), we identify that there were 54 participants (55.7) who got positive spouse support and seven participants (18.9%) were got negative support from their spouses ( $p=0.0001$ ,  $p<0.05$ ). This result indicated that there was a significant difference in the proportion between positive and negative husband support on the women at reproductive age in the Munang-Maning, PHC II of West Denpasar. This result also showed that there was a significant correlation between husband supports with the pap-smear screening action on the women at reproductive age. The Odds Ratio (OR) obtained from the statistical test (5.382) could be referred that women at the reproductive age who got positive support from their spouses are having five times higher possibility to do pap-smear screening tests compared to women at the reproductive age who got negative husband support.

## IV. DISCUSSION

Husband support is the source and form of love given by the husband to his partner to deal with every crisis and problems that occur in daily life [5]. Based on the results of this study, it is known that the majority of women at reproductive age in Munang-Maning received positive support from their spouses. Some similar studies also found that most women at reproductive age in the urban areas got positive support from their spouses [6],[7]. This study also found that the pap-smear screening action in the Munang-Maning was still low. This was parallel with a study done by Miri et al., which found that regular pap-smear screening test action for women's health was still very low [8].

The result of this study indicated that there was a correlation between husband support and pap-smear screening action on the women at the reproductive age. This result is contrary to a result conducted by Masturoh which found that there was no correlation between husband support and pap-smear screening action on the women at reproductive age [9]. According to Nazari et al., this may be attributed to the fact that social support is a subjective phenomenon, and could be depended on the level of individual perceptions [6].

Pap-smear screening action on the women at reproductive age could be affected by some factors. Susanti, et al. stated that there are some factors affected pap-smear screening action, such as employment, education level, income, financial support, and social support [10]. Other factors that

can influence the pap-smear screening action are economic status, the distance of the home to health services, level of knowledge, attitudes, and social support from the spouse or husband [3],[11]. Mouttapa et al. revealed that spouses play an important role in providing physical and psychological support to the women at the reproductive age to do pap-smear screening test. The support of a husband or spouses to his partner significantly influences the pap-smear screening action on the women at reproductive age [12]. The correlation between husband support and pap-smear screening action on the women at the reproductive age are supported by a study conducted by Ebu et al. that found women who received social support from their husband were more likely to be motivated and do the pap-smears test [13]. Spouses' support potentially improves women's health, especially among middle-income level and highly educated women [14]. A study done by Marlina yielded that a factor that associated with pap-smear action on women of childbearing age was husband social support [15]. The majority of the participants agreed that the higher the support they got from their spouses, the higher the possibility they would do the pap-smear screening test [16]. The results of this study are also in accordance with the research conducted by Williams et al., which revealed that participants didn't want to do pap-smear screening tests because of the husband attitude to the pap-smear test. A close minded and attitude from the spouse coupled with the financial factors were caused the women didn't do pap-smear test [17]. Astiti also found a parallel result on her study that was conducted in PHC I of Kuta. Astiti found that permission and support from the spouse correlated with the higher motivation to do the pap-smear test on the women at reproductive age [18].

## V. CONCLUSION

The results showed there was a relationship between husband's support and pap smears in women of reproductive age. Further research is expected to be able to examine other factors that influence the pap smear actions of women of reproductive age such as knowledge, economic status, distance to health facilities, attitudes and support of health workers for multivariate analysis and examine more specifically the husband's support in each domain.

## ACKNOWLEDGMENT

The author thanks to Public Health Center II of West Denpasar for the research permission, and UPPM Faculty of Medicine, Udayana University, Bali.

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