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Perceived Benefits and Barriers Related to Cervical Cancer Screening Among Married Women in Indonesia

Dora Samaria[a*]
[a]*Faculty of Health Science, Universitas Pembangunan Nasional "Veteran" Jakarta, Depok, West Java, Indonesia*
*e-mail correspondence: dora.samaria@upnvj.ac.id

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Abstract

Cervical cancer remains a significant public health issue in Indonesia including women in urban areas. Despite the availability of screening services in cities like Jakarta, Tangerang, Bekasi, and Depok, uptake remains low. Understanding how women perceive the benefits and barriers to cervical cancer screening is essential to improving participation rates. This study aimed to examine the perception of benefits and barriers related to cervical cancer screening among married women living in urban areas of Indonesia. A descriptive cross-sectional study was conducted among 748 married women aged 21–65 years in Jakarta, Tangerang, Bekasi, and Depok. Data were collected using a structured questionnaire and analyzed using descriptive statistics to summarize key variables, including educational level and employment status, income level, and perceptions of screening. The majority of participants had a low education level (78.6%), unemployed (77.7%), and social economy status below the regional minimum wage (86.1%). A total of 57% of respondents reported low perceived benefits of cervical cancer screening, and 48.5% perceived high barriers. Despite residing in urban areas with better access to healthcare, many women continue to hold limited poor perceptions about benefits of cervical cancer screening. These findings underscore the need for targeted health education, culturally sensitive interventions, and improved accessibility to increase screening uptake in Indonesia's urban communities.

Keywords: Cervical Cancer, Screening, Perceived Benefit, Perceived Barrier, Urban Women

INTRODUCTION

Cervical cancer continues to be a community health issue of concern for the government and the public, as it remains the second leading cause of death among women in Indonesia (Ministry of Health, 2022). Although Indonesia has implemented a national cervical cancer screening program, thousands of women still receive a delayed diagnosis due to inadequate screening coverage (Kementerian Kesehatan RI, 2022). Cervical cancer screening includes a Pap smear, Visual Inspection with Acetic Acid (VIA), or an HPV DNA test to identify persistent infection with the Human Papillomavirus (HPV), known to be the primary cause of this cancer (Basoya & Anjankar, 2022; Liu & Ai, 2024).

The government has initiated efforts to expand cervical cancer screening coverage through its national VIA program, but the portion of women who utilize this program remains low (Globocan,

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2022; Kementerian Kesehatan RI, 2022; Samaria, 2022). This low-rate participation happens not only in rural areas but also in urban areas, such as Jakarta, Tangerang, Bekasi, and Depok, which are part of Indonesia's metropolitan areas, where healthcare facilities should be more accessible (Dinas Kesehatan Kota Depok, 2010; Dinas Kesehatan Provinsi DKI Jakarta, 2021; Kementerian Kesehatan, 2023). Although hospitals, public health centers (Puskesmas), and private clinics offer cervical cancer screening programs in these major cities, participation rates remain below national targets. A 2021 study conducted by the Indonesian Ministry of Health found that only about 5% to 10% of eligible women have undergone cervical cancer screening, far below the WHO-recommended coverage of 70% (Kementerian Kesehatan, 2023; Pangribowo, 2019). This gap demonstrates that equity access to healthcare services based on location alone is not enough to ensure community participation; women's perceptions of the benefits and barriers to screening also play a significant role in influencing their health behaviors (Samaria, 2022; Samaria et al., 2024).

The perceived benefits of cervical cancer screening include early detection, increased chances of successful treatment, reduced financial burden due to advanced cancer, and peace of mind (Binka et al., 2019; Ndejjo et al., 2017). Women's perceptions of screening benefits, such as early detection, peace of mind, and improved treatment outcomes, significantly influence their willingness to undergo the procedure (Baskaran et al., 2013; Salem et al., 2017; Thapa et al., 2018). Studies show that individuals who personally believe in the value and effectiveness of screening are more likely to participate in this screening uptaking (Di Giuseppe et al., 2022; Rochkmana et al., 2020). Research from various urban areas in Indonesia indicates that many women do not fully understand these benefits, particularly those with low education(Ananti & Sari, 2018).

Furthermore, various perceived barriers continue to discourage women to undergo cervical cancer screening. Barriers can be categorized as psychological (fear of diagnosis, embarrassment), practical (lack of time, cost), and informational (lack of knowledge or misunderstanding) (Cui et al., 2022; Putri et al., 2022). Approximately equal proportions of participants reported high and low perceived barriers has been observed in Widiasih's study suggesting that increasing access to healthcare must be accompanied by behavioral interventions at the community level (Widiasih & Nelson, 2018).

Cultural and religious factors also influence screening behavior in urban Indonesia. Taboos surrounding reproductive health discussions, feelings of shame, and concerns about male health professionals performing exams can contribute to negative perceptions of cervical cancer screening. Misconceptions that screening is only necessary when symptoms appear or after marriage also persist, especially among younger women (Widiasih & Nelson, 2018).

In urban settings, some individuals have high levels of health literacy and awareness, while others have limited levels. Studies conducted in Jakarta and its surrounding areas show that women with higher education and have access to health information are more likely to recognize the benefits of screening and to seek cervical cancer screening services (Samaria, 2022; Samaria et al., 2024). Conversely, women from low-income neighborhoods or migrant populations in these cities often face informational and systemic barriers to accessing preventive services (Yanti, 2023).

Although cervical cancer awareness has been studied in Indonesia, research specifically investigating how perceived benefits and perceived barriers influence cervical cancer screening among married women in urban settings is limited. This study aims to analyze the perceived benefits and barriers among women in urban areas (Jakarta, Tangerang, Bekasi, and Depok) regarding cervical cancer screening, and how these perceptions influence their participation in cervical cancer screening. Understanding these perceptions is crucial because, without such evidence, urban screening programs may fail to address key barriers faced by married women, resulting in low screening participation rates and continued inequities in cervical cancer prevention.

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METHODS

Research Design

This study used a cross-sectional descriptive survey design with quantitative methods to collect data on women's perceptions of cervical cancer screening in urban areas (Jakarta, Tangerang, Bekasi and Depok). The inclusion criteria consisted of married women living in selected cities, aged 21–65 years, and eligible for cervical cancer screening. Data were collected from April 22, 2024, to August 30, 2024.

Sample Size and Sampling Techniques

The sampling technique was purposive sampling. The sample size was 748 women, calculated based on the female population in each city, with a 95% confidence level and a 3 % margin of error based on the Lemeshow formula (Lwanga & Lemeshow, 1991). Therefore, 187 samples were taken from each urban areas: Jakarta, Depok, Bekasi, and Tangerang.

Data Collection Tools and Procedures

The research instrument included a demographic questionnaire, perceived benefit questionnaire, and perceived barrier questionnaire. The demographic questionnaire covered education, occupation, and income. The perceived benefit questionnaire measures the perceived benefits of early cervical cancer detection by respondents. The questionnaire used was derived from a previous study entitled Beliefs and Perceptions Regarding Cervical Cancer and Screening Associated with Pap Smear Uptake in Johannesburg: A Cross-Sectional Study (Mabotja et al., 2021). The questionnaire consisted of nine statements about the perceived benefits of cervical cancer screening using the Pap Smear Test method, with a 5-point Likert scale. This questionnaire has been translated into Bahasa Indonesia and tested for its validity and reliability among 30 respondents. This tool was validated with r-counts ranged from 0.406 to 0.862 (r-table was 0.361) and reliable with a Cronbach's Alpha equal to 0.894.

The next instrument was a questionnaire regarding perceived barriers to cervical cancer screening. The questionnaire was also derived from a previous study entitled "Beliefs and Perceptions Regarding Cervical Cancer and Screening Associated with Pap Smear Uptake in Johannesburg: A Cross-Sectional Study" (Mabotja et al., 2021). The questionnaire consisted of 14 statements regarding perceived barriers to cervical cancer screening using the Pap Smear Test. This tool also have been transformed into Bahasa Indonesia and verified by validity and reliability test. The results of validity test showed the range of r-counts 0.368-0.657 (with r-table was 0.361), while reliability test revealed a Cronbach's Aplha of 0.830.

Data analysis

Data were analyzed using computerized. Demographic characteristics of participants, perceived benefits and perceived barriers analyzed using descriptive statistical tests (frequency, percentage, average).

Ethical Considerations

This research adheres to the ethical principles of confidentiality and anonymity of respondents . This research protocol has passed the ethical review of the Research Ethics Commission of the Universitas Pembangunan Nasional "Veteran" Jakarta, under approval number 111/IV/2024/KEP.

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RESULTS

This study involved 748 married women living in the urban areas of Jakarta, Tangerang, Bekasi, and Depok. All respondents were within the age range eligible for cervical cancer screening and met the study's inclusion criteria.

Table 1. Characteristics of Respondents (n=748)

Variable	f	%
Education		
High school and below	588	78.6
Higher education	160	21.4
Working status		
Unemployment	581	77.7
Employee	167	22.3
Income		
Below the regional minimum wage	644	86.1
Above the regional minimum wage	104	13.9
Total	**748**	**100**

Table 1 shows the characteristics of respondents. The majority of respondents had a low level of education (78.6%), were unemployed (77.7%), and earned below the regional minimum wage (86.1%).

Table 2. Perceived benefits and perceived barriers related to cervical cancer screening practices (n=748)

Variable	f	%
Perceived Benefits		
Poor	426	57.0
Good	322	43.0
Perceived Barriers		
Low	385	51.5
High	363	48.5
Cervical Cancer Screening Practices		
Ever been screened	205	27.4
Never screened	543	72.6
Total	**748**	**100**

Table 2 illustrates the perceived benefits and barriers related to cervical cancer screening in married women. This table shows that more than half of the respondents (57%) reported low perceived benefits of cervical cancer screening. Furthermore, it is also highlighted that respondents were almost evenly divided between high (48.5%) and low (51.5%) perceived barriers to cervical cancer screening.

DISCUSSION

This study aims to explore the perceived benefits and barriers associated with cervical cancer screening among married women in urban Indonesia, specifically Jakarta, Tangerang, Bekasi, and Depok. The findings reveal important insights into how socio-demographic factors and personal beliefs influence women's screening behavior.

Socio-Demographic Context

Most respondents had a low level of education, with at just over one-fifth having completed higher education. This aligns with previous research showing that education level plays a central role in shaping women's knowledge and attitudes toward cervical cancer screening (Ananti & Sari, 2018; Sari

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et al., 2019). Educated women are more likely to access health information, understand the importance of early detection, and address misconceptions (Claritha et al., 2020).

Additionally, the majority of participants were unemployed, and earned below the regional minimum wage. These economic constraints can limit access to healthcare due to cost, even if screening is subsidized or free (Ananti & Sari, 2018; Claritha et al., 2020). Previous studies in Indonesia and other low-income countries have consistently shown that financial hardship, combined with limited autonomy and a low priority of preventive healthcare, reducing women's involvement with services such as Pap smears or IVA tests (Winarti et al., 2021).

Benefits Perceived from Cervical Cancer Screening

More than half of respondents had a low perception of the benefits of cervical cancer screening indicates that this is a major barrier to public health efforts. The finding that many respondents reported low perceived benefits may reflect limited awareness of the importance of cervical cancer screening, suggesting a need for strengthened health education and promotion. Women do not fully understand that cervical cancer is preventable and that screening can detect precancerous changes before symptoms appear. They tend to be less aware of the benefits of regular screening (Widiasih & Nelson, 2018)

These findings highlight the urgent need to strengthen health education efforts, particularly among women with low education and income levels (Samaria et al., 2024). The perceived benefits of screening should be clearly communicated, emphasizing early detection, improved survival, and peace of mind. Community-based education programs, social media campaigns, and counseling during maternal health visits can help raise awareness (Putri et al., 2022; Samaria, 2022).

Perceived Barriers to Cervical Cancer Screening

The finding that nearly half of respondents perceived high barriers suggests that substantial obstacles to cervical cancer screening remain among married women. Commonly reported barriers in similar contexts included fear of pain or discomfort during the procedure, embarrassment or stigma associated with the pelvic exam, fear of a cancer diagnosis not knowing where to get a Pap test, no health facility near their home that provides Pap tests, mistrust of health professionals, cultural taboos around reproductive health, lack of time, and never having a Pap test if they had to pay (Mabotja et al., 2021). These findings are consistent with research which emphasize how psychological and cultural barriers can prevent women from undergoing screening even when services are available (Oringtho et al., 2024).

In urban Indonesia, these barriers may be exacerbated by misinformation and a lack of consistent outreach. For example, misconceptions such as "screening is only for sexually active or older women" or "screening is not necessary without symptoms" persist (Mutyaba et al., 2006). The nearly equal percentage of perceived barriers between low and high in this study suggests that although some women are beginning to accept screening, substantial barriers remain.

Implications for Public Health and Policy

These findings emphasize that access alone is not enough, instead perceptions and knowledge must be improved to increase screening participation. There are several implications could be taken, including the need for targeted health promotion. This can be achieved through public health campaigns that tailor messages to less educated and economically disadvantaged women, addressing specific misconceptions and emphasizing the benefits of early detection (Samaria et al., 2025; Wangechi & Macharia, 2018). Furthermore, community involvement, such as community leaders, religious leaders, and women's groups, in awareness-raising initiatives can help reduce stigma and normalize cervical screening. Increasing the accessibility and convenience of screening programs also

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plays a crucial role. This can be achieved by Increasing the availability of mobile clinics, flexible screening hours (evenings/weekends), and community-based screening days can address practical barriers, particularly for women who work or have limited time. Integration with services available at nearby health facilities is also necessary. This can be achieved by incorporating cervical screening into routine maternal and child health visits at community health centers (Puskesmas), which can increase participation, particularly among housewives and caregivers (Samaria et al., 2024).

Research Limitations

This study was cross-sectional and relied on self-reported data, which may be influenced by recall bias or social attraction. Furthermore, the study focused only on married women, excluding unmarried but sexually active women who are also at risk for cervical cancer.

CONCLUSION

This study examined the perceived benefits and barriers to cervical cancer screening among 748 married women living in urban areas of Jakarta, Tangerang, Bekasi, and Depok. Despite living in areas with relatively better access to healthcare facilities, the majority of respondents reported low perceived benefits (57%) and nearly half perceived high barriers (48.5%) to cervical cancer screening.

Key sociodemographic characteristics such as a low education level (78.6%), unemployment (77.7%), and low income (86.1%) were prevalent among participants, all of which are known to contribute to low health literacy, limited access to services, and low engagement in preventive health behaviors.

The results of this study highlight the urgent need for targeted public health interventions to improve good perceived benefits and reduce the perceived barriers of cervical cancer screening that influence the women behavior in seeking screening services in urban populations. Although screening services are available in urban areas in Indonesia, many women still lack awareness of their benefits and face significant perceived barriers. These perceptions are influenced by socioeconomic and educational factors and must be addressed through tailored, community-based, and culturally sensitive interventions. Increasing knowledge and reducing stigma surrounding cervical cancer screening are crucial to achieving higher participation rates and ultimately reducing mortality from this preventable disease.

Further research is recommended to explore and strengthen the findings of this research topic. Several suggestions for future research include conducting qualitative studies to in-depth explore the reasons behind women's perceptions and behaviors, particularly related to cultural and psychosocial barriers. Furthermore, future research should expand its population to include unmarried women and adolescent girls, as part of early childhood education and primary prevention efforts.

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