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**Knowledge Differences of Women at Reproductive Age Before and After
Education on Visual Inspection with Acetic Acid Through Video Media in the
Working Area of UPTD Puskesmas Klungkung I**

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ABSTRACT

Cervical cancer is one of reproductive health problems in women. One of contributing factors to the high incident numbers is the reported cases comes with symptoms that require intense treatment. The awareness to do the early detection through Visual Inspection with Acetic Acid (VIA) in public is considered low due to the lack of knowledge and available education media. This study aim to find out the difference of knowledge before and after the education of VIA through video media within the service area of UPTD Puskesmas Klungkung I. This is a pre-experimental study with one group pre-test and post-test design. Study sample consisted of 40 women at reproductive age as respondents who were selected through purposive sampling. This study was conducted within the service area of UPTD Puskesmas Klungkung I started from March 2025 to April 2025. The data was collected through questionnaire before and after intervention. The results shows that the mean value of knowledge from pre-test is 60 with 60% of respondents have knowledge level in poor category. The mean value of knowledge from post-test is 90,5 with 92,5% of respondents have knowledge in good category. The results of Wilcoxon test shows p value 0,000 < 0,05 with study positive rank value of 37, which shows 37 respondents gain increase of knowledge after intervention. In summary, there is difference of knowledge in women at reproductive age before and after VIA education through video media. It is expected to provide education regarding the importance of early detection for cervical cancer to women at reproductive age through video media could be optimized, therefore it could motivate women at reproductive age to do VIA detection.

Keywords: Cervical Cancer; Visual Inspection with Acetic Acid (VIA); Video Media

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INTRODUCTION

Cancer is a disease characterized by uncontrolled cell growth that is invasive and capable of spreading to other tissues. Among various types of cancer, cervical cancer remains a serious health concern, as it is one of the leading causes of morbidity and mortality among women at reproductive age worldwide. Cervical cancer primarily develops as a result of persistent infection with the Human Papillomavirus (HPV) (Setianingsih et all., 2023). According to the Global Cancer Observatory (GLOBOCAN), in 2022, there were 9,664,889 cancer cases among women globally, with cervical cancer ranking eighth, accounting for 662,301 new cases and 348,874 deaths. In Indonesia, cervical cancer is the second most prevalent cancer among women after breast cancer, with a prevalence of 16.8% and a mortality rate of 8.5% (Kementerian Kesehatan RI, 2023). In Bali, the prevalence of cervical cancer increased from 2.0 per 1,000 population in 2013 to 2.3 per 1,000 in 2018 (Kementerian Kesehatan RI, 2018). These numbers highlight a substantial disease burden, particularly given that cervical cancer is largely preventable through HPV vaccination and early detection. This pinpoints that the prevention efforts remain facing significant challenges.

To address this issue, the Indonesian government has launched the National Action Plan for Cervical Cancer Elimination 2023–2030. This strategy is structured around four pillars: (1) service provision, including HPV vaccination and early detection; (2) education, training, and counseling; (3) creation of supportive environments; and (4) governance and policy (Kementerian Kesehatan RI, 2023). The national HPV vaccination program was introduced in 2023 for fifth and sixth grade elementary school girls. However, the challenges occurred in the coverage, particularly among out-of-school girls. For early detection effort, the Visual Inspection with Acetic Acid (VIA) method has been adopted due to its simplicity, affordability, practicality, and ability to provide immediate results without specialized laboratory facilities (Renata & Damayanti, 2024). Although efforts have been made, the coverage of early detection of cervical cancer in Indonesia remains low. In 2023, the national coverage reached only 20.9%, with Bali ranking 16th at 14.7%. Data from the Klungkung District Health Office in 2023 reported that early detection coverage in the

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district was 25.1%, with UPTD Puskesmas Klungkung I (Primary Health Center) ranking fifth at 22.9%. While this number is higher than the provincial average coverage of 14.7%, it remains far below the national target of 70% (Kementerian Kesehatan RI, 2023).

Several factors contribute to this low coverage. First, the knowledge and awareness of WRA regarding cervical cancer and the importance of VIA screening remain limited. Many women are not aware that cervical cancer is preventable and early detection is critical for a successful treatment. Second, logistical barriers such as financial constraints, time limitations, and distance hinder access to VIA services. Third, the structural barriers, including a shortage of trained health workers, inadequate facilities, and limited community level of advocacy and health promotion, further impede the uptake (Kementerian Kesehatan RI, 2023).

In the working area of UPTD Puskesmas Klungkung I, media for health education has primarily relied on lectures, leaflets, and flipcharts. However, these methods could not capture the interest of the participants due to its tendency to be passive, monotonous, and easily disregarded. Many of them prefer engaging in their own conversation rather than focusing on the material. In the digital era, visual media, particularly videos, serves as an effective tool for delivering information, including in health education. As a learning medium, videos are advantageous for delivering health messages more clearly and memorably. Visual elements such as images, animations, and illustrations can simplify complex concepts that may be difficult to convey through text or lectures alone. Moreover, videos can be replayed multiple times, allowing for easier internalization of key messages (Alamsyah et al., 2020; Tetelepta et al., 2021). Therefore, the use of audio-visual media such as video has been proposed as a more engaging alternative. because they stimulate both hearing and sight, making participants more focused and motivated to understand the material. This is aligns with studies by Sayuti et al. (2022) and Putri et al. (2025), which inform that the use of video media in research not only illustrates moving objects accompanied by engaging audio but also presents information, explains processes, clarifies complex concepts, and influences respondents' perceptions. Video media also presents information in a concise, clear, and easy to understand, thereby facilitating understanding and

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reinforcing respondents' memory retention. Furthermore, the use of video as an educational medium in the health education study positively impacts the output, as it makes the learning process more varied, engaging, and enjoyable.

A preliminary study conducted in the working area of UPTD Puskesmas Klungkung I found that 8 out of 10 interviewed Women at Reproductive Age (WRA) had never undergone VIA screening. Reasons vary from lack of knowledge about its benefits, fear of the results, and the perception that the procedure was intimidating. These findings highlight the need for more effective, engaging, and accessible educational strategies. Based on this, one important approach is to enhance WRA knowledge through innovative health education methods. Therefore, a study is necessary to measure the effectiveness of video-based media in improving WRA knowledge regarding VIA screening within the working area of UPTD Puskesmas Klungkung I.

The novelty of this study lies in several aspects. First, it focuses on the effectiveness of video media for VIA education, a method recognized as a national priority for early detection. While numerous studies have examined cervical cancer education, research specifically addressing video-based education for VIA remains limited. Second, the study is situated in the working area of UPTD Puskesmas Klungkung I, where VIA screening coverage remains low (22.9%), providing a strong rationale for implementing video-based interventions. Third, the study evaluates changes in WRA knowledge before and after the intervention, allowing for direct measurement of the educational impact. Finally, this research is aligned with national health priorities, particularly the National Action Plan for Cervical Cancer Elimination, which emphasizes improving the community health literacy through education and counseling (Kementerian Kesehatan RI, 2023).

Therefore, this study aims to examine differences in knowledge among women at reproductive age before and after receiving VIA education through video media in the working area of UPTD Puskesmas Klungkung I. The findings are expected to contribute to policy recommendations for incorporating audio-visual media, particularly video, into cervical cancer education programs at the primary health care level.

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METHOD

This study applied a pre-experimental design with a one-group pretest–posttest approach, which was conducted from March to April 2025 at UPTD Puskesmas Klungkung I. The study population consisted of all Women of Reproductive Age (WRA) aged 15–49 years in the working area of UPTD Puskesmas Klungkung I, totaling 5,418 individuals. The sample size for paired numerical analysis was 40 respondents, selected using a non-probability sampling technique. The researcher determined the inclusion and exclusion criteria for all Women of Reproductive Age (WRA) as samples or potential respondents in the working area of UPTD Puskesmas Klungkung I. The inclusion criteria were; WRA with a minimum education level of junior high school, WRA who had never received education on cervical cancer or VIA screening, WRA who had engaged in sexual intercourse, and WRA that willing to participate by providing informed consent. The exclusion criteria were: WRA who did not attend the study sessions, WRA who were ill during data collection, and WRA who were not permanent residents of the study area. Data were collected from primary sources, including respondents' demographic characteristics data and questionnaires. The instrument used in this study was a questionnaire adapted from Handayani (2018). The validity test results for the 20 questions indicated that all were valid, with correlation coefficients (r) above 0.361. The reliability test yielded a Cronbach's alpha value of 0.841, demonstrating high internal consistency. Another instrument employed in this study was an educational video on cervical cancer and visual inspection with acetic acid (VIA). Data collection was conducted by selecting participants who met the inclusion and exclusion criteria. During the first session, respondents completed a pretest questionnaire, followed by the viewing of the first educational video. On the third day, respondents reconvened to watch the second video. On the seventh day, the respondents gathered again to re-watch the third video and subsequently completed the posttest questionnaire. Data processing involved editing, coding, scoring, entry, and

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cleaning. Data analysis was performed using univariate analysis to describe respondents' characteristics, and bivariate analysis, including the Shapiro-Wilk test for normality, followed by the Wilcoxon test for hypothesis testing.

RESULTS

Table 1. Distribution of Characteristics of Women of Reproductive Age

Characteristics	Frequency (f)	Percentage (%)
Age		
< 20 years	0	0
20-35 Years	32	80,0
> 35 Years	8	20,0
Total	40	100,0
Education		
Basic (Junior High School)	11	27,5
Intermediate (High School)	21	52,5
Advance (University)	8	20,0
Total	40	100,0
Occupation		
Employed	27	67,5
Not employed	13	32,5
Total	40	100,0

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Obstetric status

Nulliparous	0	0
Primiparous	7	17,5
Multiparous	33	82,5
Grandemultiparous		
Total	40	100,0

Based on the data presented in Table 1, the majority of respondents were in the productive age group of 20–35 years (80.0%), with a secondary education level (senior high school) of 52.5%. Most respondents were employed (67.5%) and had a multiparous childbirth history (82.5%). These indicates that the majority of respondents were women of productive age, which is considered an ideal period for engaging in activities, experiencing pregnancy and childbirth in a healthy and safe manner, and possessing mature thinking and behavior in responding to the health education provided, along with adequate reproductive experience.

Table 2. Knowledge of Women of Reproductive Age regarding Visual Inspection with Acetic Acid Before Receiving Education through Video Media

Knowledge Level	Frequency (f)	Percentage (%)
Good	3	7,5
Fair	13	32,5
Poor	24	60,0
Total	40	100,0

Based on Table 2, prior to receiving education through video media, the majority of women of reproductive age (60%) had a poor level of knowledge regarding VIA screening. This

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Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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finding indicates that information related to early detection of cervical cancer has not yet been effectively disseminated.

Table 3. Knowledge of Women of Reproductive Age regarding Visual Inspection with Acetic Acid After Receiving Education through Video Media

Knowledge Level	Frequency (f)	Percentage (%)
Good	37	92,5
Fair	3	7,5
Poor	0	0
Total	40	100,0

Based on Table 3, after receiving education through video media, respondents' knowledge increased significantly. A total of 92.5% of respondents demonstrated a good level of knowledge, while none were categorized as poor. This result indicates that video media was effective in enhancing respondents' understanding of VIA screening.

Table 4. Knowledge Differences of Women of Reproductive Age Before and After Education on Visual Inspection with Acetic Acid through Video Media

Knowledge WRA	N	Median	Negative Rank	Positive Rank	Ties	Z	P
						value	value
Before	40	3		0	37	3	-
After	40	1				5,479	0,000

Based on Table 4, the results of the Wilcoxon test showed that the mode value before education was 3 in the poor knowledge category, while the mode value after education was 1 in the good knowledge category. The analysis further revealed negative ranks of 0, positive ranks of 37, and ties of 3, indicating that 37 respondents experienced an increase in knowledge after receiving video-based education, whereas 3 respondents showed no change. The statistical analysis yielded a Z value of -5.479 with a p-value of 0.000 (<0.05). These findings indicate a significant

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Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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difference in knowledge before and after video-based education on visual inspection with acetic acid (VIA), thereby rejecting the null hypothesis (H_0) and accepting the alternative hypothesis (H_a).

DISCUSSION

1. Knowledge of Women of Reproductive Age Regarding Visual Inspection with Acetic Acid (VIA) Before Receiving Education through Video Media in the Working Area of UPTD Puskesmas Klungkung I, 2025

The findings of this study revealed that the knowledge of women of reproductive age (WRA) regarding Visual Inspection with Acetic Acid (VIA) prior to receiving education through video media was in the poor category, with an average score of 60. A total of 60% of respondents grouped in the poor category, with the most errors observed in the aspects related to cervical cancer risk factors, VIA procedures, and examination requirements. This condition illustrates the limited public understanding of the importance of early detection of cervical cancer. Poor levels of knowledge may be influenced by educational background, access to health information, personal experience, and the lack of intensive health promotion by healthcare providers. These findings are consistent with those of Metha et al. (2023), who reported that the majority of respondents (68.7%) had inadequate knowledge about VIA, as well as Sibero and Hanum (2018), who found that 42.9% of respondents were in the fair to poor category.

Before receiving education through video media, only 7.5% of respondents have a good level of knowledge. This low percentage is associated with several respondent characteristics, including age, education, occupation, and childbirth experience. Among respondents aged 20–35 years (32 participants), who belong to the productive age group, varying levels of engagement in reproductive health issues were observed, particularly regarding VIA screening, which has not yet become a health priority due to work commitments and daily engagements. Respondents with a secondary education level (junior and senior high school) generally possessed only basic knowledge, which does not include on specific topics such as early detection of cervical cancer,

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Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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which demonstrated their limited understanding of VIA. Most respondents were employed. However, their busy work activities may have reduced their opportunities to access health education, especially when the media used was not sufficiently effective or reaching many all targets. Furthermore, childbirth experience did not necessarily correlate with better knowledge of VIA screening, particularly among women who had never received prior education or had never undergone VIA examinations. These findings are consistent with those of Anjalita et al. (2023) at Tanah Sareal Health Center, which found that 43 respondents (52.4%) had poor knowledge about VIA, while 39 respondents (47.6%) had good knowledge.

2. Differences in Knowledge of Women of Reproductive Age Before and After Receiving Education on Visual Inspection with Acetic Acid (VIA) Through Video Media in the Working Area of UPTD Puskesmas Klungkung I, 2025

Following the provision of education using video media, a significant improvement in respondents' knowledge was occurred. The mean knowledge score increased to 90.5, with the majority (92.5%) classified in the good category. This improvement demonstrates the effectiveness of video as a health education medium. As an audiovisual tool, video has the capacity to attract attention, enhance comprehension, and deliver information in a more interactive manner. These findings are supported by Sophia et al. (2023), who reported a significant increase in knowledge and attitudes of women of reproductive age regarding VIA after health promotion through video, as well as by Aribowo and Muttaqin (2019), who documented an increase in mean knowledge score of 81.67 following the use of video media.

The analysis of differences in knowledge before and after education revealed a Z value of -5.479 with $p = 0.000 (<0.05)$, indicating a statistically significant difference. Thus, the study hypothesis was confirmed, demonstrating that education delivered through video media is effective in improving the knowledge of WRA regarding VIA. These findings are consistent with the studies of Nilawati (2018) and Metha et al. (2023), which reported that counseling using audiovisual media significantly enhanced the knowledge. Video media offers advantages such as

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Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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message visualization through drama, narration, and simulation, which make information easier to understand and retain (Jatmika et al., 2019; Ridwan et al., 2020).

Related to the perspective of health communication theory, the improvement in knowledge through video media can be explained by the engagement of multiple senses, mainly on sight and listening, that enhance absorption and retention of information. For the respondents with lower educational levels or limited access to health information, the video media proved to be a simpler and more effective educational tool. This aligns with the findings of Surinati et al. (2023), which informed that the majority of adolescents achieved good knowledge levels after receiving health education through audiovisual media.

Accordingly, this study provides important implications for public health programs, particularly cervical cancer prevention efforts. Adequate knowledge of VIA may increase awareness and motivation among WRA to undergo early detection, which contribute in reducing the morbidity and mortality from cervical cancer. This is reinforced by Dewi et al. (2021), who found that age and occupation influenced knowledge levels and participation in VIA screening among WRA. Therefore, health education delivered through video media is expected to reach wider audiences, attract greater interest, and motivate women to participate in regular VIA screening.

In line with the advancement of digital technology, the use of audiovisual media in health education should continue to be developed. Innovative, relevant, simple, and engaging video content may serve as an effective strategy to enhance community health literacy. This is in line with the study of Astuti et al. (2024), which shown that health counseling using audiovisual media increased the average knowledge score of WRA on VIA from 58.49 to 89.78. Moreover, this study enforces that video-based education is a promising strategy to strengthen community knowledge and awareness of the importance of early detection of cervical cancer.

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Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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CONCLUSIONS

Based on the findings of this study, it can be concluded that there is a significant difference in the knowledge of women of reproductive age before and after receiving education on visual inspection with acetic acid (VIA) through video media in the working area of UPTD Puskesmas Klungkung I in 2025.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this study.

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Corresponding author: lenitrisnawan@gmail.com

Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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Ni Made Leni Trisnawan and all.: Knowledge Differences of Women at Reproductive Age Before and After Education on Visual Inspection with Acetic Acid Through Video Media in the Working Area of UPTD Puskesmas Klungkung I



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