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PROCEEDINGS

The 4th International Conference on Sustainable Innovation (ICoSI) 2020

Cutting Edge Innovations for Sustainable Development Goals

Universitas Muhammadiyah Yogyakarta (Indonesia)
October 13 - 14 2020

https://icosi.umy.ac.id/

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Preface by the Chairperson of the 4th ICoSI 2020

Dr. Yeni Rosilawati, S.IP. S.E., MM.

Assalamu'alaikum Wr. Wb.

All praise is due to Allah, the Almighty, on whom we depend for sustenance and guidance. Prayers and peace be upon our Prophet, Muhammad SAW, his family and all of his companions.

On behalf of the organizing committee, it is my pleasure and privilege to welcome the honourable guests, distinguished keynote & invited speakers, and all the participants.

With the main theme of "Cutting-Edge Innovations on Sustainable Development Goals (SDGs)", the 4th International Conference on Sustainable Innovation (ICoSI) 2020 serves as a forum to facilitate scholars, policy makers, practitioners, and other interested parties at all levels from Indonesia and abroad to present their novel ideas, promote cutting-edge research, and to expand collaboration network. The conference has about 1373 participants participating from more than 8 countries 4 continents all over the world, making this conference a truly international conference in spirit.

This multidisciplinary conference was first held in 2012 and has undertaken various changes and adopted to the current technological trends of our education system. From having this conference with just 175 participants back in 2012 we have come a long way in making the conference a huge success with more than 1373 participants participating in this two-day conference.

Formerly, this conference consisted of only 9 (nine) focal conferences. This year, there are 14 focal conferences from various disciplines, namely: 1) The 2nd International Conference on Pharmaceutical Updates (ICPU), 2) The 6th International Conference on Management Sciences

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(ICoMS), 3) The 9th International Conference on Law and Society (ICLAS), 4) The 4th International Conference Medical and Health Sciences (ICMHS), 5) The 6th International Conference for Accounting and Finance (ICAF), 6) The 2nd International Language and Education Conference (ILEC), 7) The 2nd International Conference on Nursing (ICONURS), 8) The International Conference on Information Technology, Advanced Mechanical and Electrical Engineering (ICITAMEE), 9) The 2nd International Conference of Agribusiness and Rural Development (IConARD), 10) The 10th International Conference on Public Organization (ICONPO), 11) The 2nd International Symposium on Social Humanities Education and Religious Sciences (ISHERSS), 12) The 5th Dental Research and Exhibition Meeting (DREAM), 13) The International Conference on Hospital Administration (ICHA), and 14) The 3rd International Conference on Sustainable Agriculture (ICoSA).

Accordingly, We are proud to announce that this year, the 4th ICoSI 2020 breaks the Museum Rekor-Dunia Indonesia (MURI) record as the Virtual Multidisciplinary Conference with the Largest Number of Area of Fields in Indonesia

In addition, this year, this conference holds special value since this is the first conference in the history of our university where the entire conference is taking place remotely on a digital platform through the use of advance technologies due to the Covid-19 Pandemic.

I would take this opportunity to express my highest respect to the Rector of Universitas Muhammadiyah Yogyakarta, Dr. Gunawan Budiyanto who gave approval and ensured the maximal support from all the faculty members of Universitas Muhammadiyah Yogyakarta (UMY) that made this event a big success. In addition, my appreciation goes to all the support teams who have provided their valuable support and advice from planning, designing and executing the program.

Let me conclude my speech by encouraging the delegates to participate with an increasing number in all the activities and discussions through the digital platforms for the next two days. I wish everyone a successful, safe, and fruitful conference.

Thank you!

Wassalamu’alaikum Wr. Wb.

Yogyakarta, Indonesia, 14 October 2020

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Welcoming Remarks by the Rector of Universitas Muhammadiyah Yogyakarta

Assoc. Prof. Dr. Gunawan Budiyanto

Innovation is the beginning of the development of technology, and technology is a development machine that is expected to provide benefits to humans and provide the smallest possible impact on environmental quality. In the concept of sustainable development, development must improve the quality of human life without causing ecological damage and maintain the carrying capacity of natural resources.

International Conference on Sustainable Innovation (ICoSI) is an international conference which is an annual conference held by the University of Muhammadiyah Yogyakarta (UMY), Indonesia. In 2020 this raises the issue of "Cutting-Edge Innovations on Sustainable Development Goals." Therefore, on behalf of all UMY academics, I would like to congratulate you on joining the conference, hoping that during the Covid-19 Pandemic, we can still provide suggestions and frameworks for achieving sustainable development goals.

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About The 4th International Conference on Sustainable Innovation (ICoSI) 2020

Cutting Edge Innovations for Sustainable Development Goals

The 2030 Agenda for Sustainable Development is enacted by the United Nations as a shared blueprint for peace and prosperity for people and the planet, now and into the future. It consists of strategies to improve health and education, reduce inequality, and spur economic growth while also conserving natures by 2030.

This year, however, at the first one-third of its timeline, the SDG Reports shows that the outbreak of COVID-19 did hinder the achievement, or at least decelerate the progress of achieving the 17 goals. In fact, according to the report, "some number of people suffering from food insecurity was on the rise and dramatic levels of inequality persisted in all regions. Change was still not happening at the speed or scale required", accordingly.

Therefore, in this event of pandemic, the quantity and quality of research, innovation, and more importantly multi-disciplinary collaboration are indispensable. Furthermore, there needs to be clear ends of those works. That is how those research are applicable and benefits directly to the society. That is how those research is incorporated as the drivers of policy making, and used practically in the society. Hence, the stakeholders especially the triple helix of higher education institution, government, and industry must be re-comprehended and supported to reach the common goal of the SGD.

International Conference on Sustainable Innovation (ICoSI) has been essentially attempting to strengthen this regard since its first establishment. One of the goals of ICoSI is to provide primarily a platform where scholars, practitioners, and government could grasp the development and trends of research. Hopefully, meeting these actors altogether would result in stronger collaboration, sophisticated and advantageous research, and brighter ideas for further research. Based on these reasoning, this year, the 4th ICoSI 2020 UMY is themed 'Cutting-edge Innovations for Sustainable Development Goals".

Improving from last year conference which brought nine focal conference, this year ICoSI 2020 UMY brings 14 disciplines, from social sciences, natural sciences, and humanities. ICoSI 2020 received as much as 1005 papers. The paper works submitted in ICoSI 2020 UMY will be published in Atlantis Proceedings, IOP Proceedings, National/International Journals, and ICoSI ISBN-indexed Proceedings.

Nevertheless, ICoSI believes that publication is only the beginning of research dissemination. The publications will enhance the chance of the research known by wider audience, and then used, applied, and incorporated at either system, institutional, or personal level of human lives.

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An Overview of the Implementation of IMCI in Primary Health Community of Bantul and Yogyakarta City

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ABSTRACT

The mortality rate for infants and toddlers aged 12-59 months in the city of Yogyakarta has shown a fluctuating trend between the years 2008 - 2014, to reduce infant and toddler mortality rates the Yogyakarta city government has made some efforts one of which is the implementation of integrated management of children illness (IMCI). Thus, that it can be said that one of the successful actions of the government in reducing mortality and morbidity of infants and toddlers is determined by optimizing the role of IMCI in Primary Health Community (PHC) as the vanguard in public health services. The results of the preliminary study found that all PHC in the cities of Bantul and Yogyakarta had implemented IMCI, although there were no data related to how the inputs, processes and outputs in the implementation of the IMCI. The purpose of this study was to determine the implementation of IMCI related to its inputs, processes and outputs at PHC in Bantul and Yogyakarta City. This research method uses descriptive research. Most puskesmas have not had special funds for the implementation of IMCI and more than 60% of toddlers who come to the health center have been served using IMCI.

Keywords*: Implementation; IMCI; Primary health community*

1. INTRODUCTION

The infant's mortality rate in Bantul has shown a fluctuating trend between 2012 - 2017. Based on the data obtained from the profile of Bantul's health in 2018, the year of 2017 saw a rise of birth, accounting for 8.47 / 1000 births of living rise when compared with the year 2016 with 7.65/1000 live births (Health Profile of Bantul Regency, 2018). The cases of infant mortality in Bantul Regency in 2017 reached 108 cases with the highest infant deaths occurring in PHC Jetis II and Sedayu II area. Furthermore, infant mortality caused by Low Birth Weight (LBW) reached 22 cases, while the mortality due to congenital abnormalities reached 20 cases. On the other hand, the mortality cases of under-five years old children's death in 2017 reached 115 people with the largest number's deaths was in PHC Jetis 2 which reached 10 people (Bantul District Health Profile, 2018).

Sustainable Development Goals (SDGs) or Objective Development of Sustainable is often referred to the agenda of development of global scope which is more extensive than the Millennium Development Goals or Objectives Development of the Millennium (MDGs) which had ended in 2015. Sustainable Development Goals (SDGs) aims to ensure a healthy life and improve well-being for all populations of all

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ages by improving reproductive, maternal, and child health; ending or stopping the epidemic of major infectious diseases; reducing the disease which is not contagious and are caused by the environment; achieving universal health coverage; and ensuring access to drugs and vaccines are safe, affordable, and effective for all (National Development Planning Ministry and the United Nations Children's Fund, 2017).

According to the World Health Organization (WHO) in 2005, Integrated Management of Children Illness (IMCI) is an integrated approach to children's health that focuses on the welfare of all children. Integrated Management of Children Illness (IMCI) aims to reduce death, disease, and disability, and to improve the growth and development that is good for under five year's old children. Integrated Management of Children Illness (IMCI) includes elements of preventive and curative arecarried out by the family and society as well as by the 's health facilities.

The government, especially Ministry of the Health Republic of Indonesia, has continued improving the quality and scope of service IMCI improvement in the health center with various kinds of strategies that lead to the improvement of the quality human resources, improvement of management services and the evaluation of the health service with the Integrated Management of Children Illness (IMCI) approach. In fact, there's a difference of quality and scope of Integrated Management of Children Illness (IMCI) in every Health center in each region.

The previous study from the Department of Health of Bantul and Yogyakarta showed that all of Health center in Bantul and Yogyakarta have implemented Integrated Management of Children Illness (IMCI) program, but the Input, Process, and Output activities have not yet been completed. It brings us to find out more how the implementation of Integrated Management of Children Illness (IMCI) in Bantul and Yogyakarta health centers is.

2. MATERIALS AND METHODS

This research was conducted from December 2018 until May 2019 This was a descriptive research which aimed to determine the implementation of Integrated Management of Children Illness (IMCI) Health Center in Yogyakarta and Bantul which involved seven health centers in Yogyakarta and seven health centers in Bantul selected randomly and had ethical clearance from Health and Medicine Faculty University Muhammadiyah of Yogyakarta with number 067/EC-KEPK FKIK UMY/III/2019.

Table 1. The Public Health Community List Which Become the Research's Subject

No	Yogyakarta City	Bantul
1	Ngampilan	Kasihan I
2	Jetis	Sewon II
3	Gondokusuman II	Jetis I
4	Umbulharjo I	Pandak I
5	Kotagede II	Banguntapan II
6	Danurejan II	Imogiri 1
7	Pakualaman	Kretek

The data collection used structured sheets/notes and observation sheets which divided into 3 sections namely 'input', 'process', and 'output' activities data of IMCI implementation in each health center. In fulfilling the sheet/notes, we inquired it directly into the responsible officer for the IMCI program while for the retrieval of 'process' data, we used an observation sheet to observe the caring process at the health center for five times which consisted of assessment and classification by using IMCI' form; treatment measuring based on IMCI assessment and classification; counseling; and referral or follow-up assessment. To capture the 'output' data, we took the documentation of the IMCI visit service report in each health centers every month. The data were analyzed by univariate analysis by using computer and in the tabulation was derived based on the number of frequency and percentage.

Table 2. The Input Distribution (for Human resources and funding) of the IMCI Service in Primary Health Community of Yogyakarta City(n= 7) and Bantul (n=7)

No	Input	Yogyakarta City		Bantul	
		Percentage (%)		Percentage (%)	
		Available	Not available	Available	Not available
1	IMCI Team Leaders	85.7	14.3	42,9	57,1
2	IMCI Officers	100	0	100	0
3	IMCI Training	85.7	14.3	71,4	28,6
4	IMCI Funding	0	100	14,3	85,7

Source: Primary Data, 2019

The resources are the major factor in the program implementation. If the resources are less or not appropriate

program is not able run effectively (Firdaus, Sudiro, & Mawarni, 2013).

The human resources support, then, is necessary to support the implementation of qualified Integrated Management of Children Illness (IMCI) in PHC. To gain the qualified human resources, the human resources officers should receive training which intended to build the professional officers in doing the Integrated Management of Children Illness (IMCI) Health Center service (Zainuri, 2014). The training of Integrated Management of Children Illness (IMCI) of IMCI' officers will provide them information about how to serve the sick infants. In this training, each of the officers will get both cognitive and psychomotor knowledge (Rohayati, 2015).

In addition, to complete of the program, it is necessary for the program developer to gain the financial support to carry out the health service effort, which is aimed at operational funds, facilities, infrastructure and the Integrated Management of Children Illness (IMCI)' training program (Zainuri, 2014).

Subsequently, the purpose of the IMCI' training is to teach the health service human resources such as nurses, midwives, doctors, nutritionist, and the other health service officers about the management process in handling the sick infants. The IMCI' training can also improve the officers' knowledge and skills, especially to assess and classify the infants and toddler's disease (Zainuri, 2014).

Many of health centers stated that the quantity of health officers, which consisted of general practitioners and nurses especially in the IMCI section still lacked, because there was disparity of the number of patients and the trained officers. In addition, the implementation the IMCI should take into account a whole of body condition checking. This means that the IMCI' implementation should be supported by the trained officers and the leadership capability of the IMCI's head program (Indrawati et al, 2017).

Furthermore, to complete the program, the funding supports are needed. However, the IMCI' implementation in each PHC in Yogyakarta has not been supported by Department of Health of Yogyakarta because of every Health center which currently running the IMCI program was expected to be able to find their funding supports by themselves. According to this case, Muninjaya (see Mansur, 2017) said that operational funds, however, should be directed to support the program activities that implemented by the staff. These funds could be allocated for the cost of field visits, maintenance, and equipment purchase to support the program activities. The lack of support from the Department of Health of Yogyakarta then becomes one of the factors of funding crisis of IMCI program in every health center which leads into the obstacle of the implementation of IMCI (Wardani, 2016).

Table 3. The Input distribution (for facilities dan infrastructures) of IMCI service in the health centers of Yogyakarta (n= 7) and Bantul (n=7)

No	Input	Yogyakarta		Bantul	
		Percentage (%)		Percentage (%)	
		Available	Not Available	Available	Not Available
1	The watch for calculating the Heart Rate	100	0	85,7	14,3
2	Tensimeter and child cuffs	57,1	42,9	85,7	14,3
	Spoon, glass and teapot for boiled water (used in ORS corner)	28,6	71,4	28,6	71,4
4	*Infuse set* dengan *wing needles* number 23 and 25	42,9	57,1	71,4	28,6
5	Syringe and syringe needle size 1 ml; 2.5 ml; 10 ml	57,1	42,9	100	0
6	Babies scale	100	0	100	0
7	*Thermometer*	100	0	100	0
8	Gauze or cotton	42,9	57,1	100	0
9	Gastric pipe	30	70	28,6	71,4
10	Pounding drugs stuffs	42,9	57,1	71,4	28,6
11	Sucking lenders stuffs	28,6	71,4	42,9	57,1

Based on the results of the study, it could be seen that almost PHC have the watch for calculating the Heart Rate and scales for babies. Meanwhile, there are only two health centers which have Spoons, glasses to place boiled water (Oral Rehydration Therapy Corners) since the availability of places, while the infusion sets, needles, and syringes, gauze, pipe stomach, tool suction lenders are mostly not available in the IMCI's room but IGD (emergency room). Furthermore, the tool grinding drugs is only available in Pharmacy room. This lack of the infrastructure then leads the IMCI's program to run in not optimal progress.

Subsequently, other problems that were encountered on the IMCI's infrastructure fulfillment is the lack of the space that is adequate for the IMCI' implementation. It is because IMCI program, during its implementation, has joined KIA room and General Section. Furthermore, the IMCI service is often hampered since the unavailability of the infrastructure (Zainuri, 2014).

The research moreover shows that seven health centers has already ~~been~~ met the equipment that is needed for IMCI ~~which~~ based on IMCI module 7 guidelines. However, some tools are not available in many health centers such as spoons, cups, and teapots to place boiled water (used in Oral Rehydration Therapy Corners). There are only two health centers (28.6%) which have the complete equipment.

The Oral Rehydration Therapy Corner is a part that should be available in the health center, especially in the waiting room, because Oral Rehydration Therapy Corners can be used as the observation center for diarrhea sufferers. The ORS corner is expected to increase the society and the officers trust for the diarrhea patients' prosecution, especially by oral

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rehydration (Suparmi et al, 2018).

The health center can provide special room that can be ~~in~~ used as an active rehydration oral corner. The officers can promote oral rehydration to the mothers the patient's family. When doing promotions to them, the officers can also explain how to prepare oral rehydration and how much sufficient consumption for the patients is (Suparmi et al, 2018).

Table 4. The Results Of Evaluation Of IMCI Service Process In The Health Centers Of Yogyakarta (n= 7)

Puskesmas	Persentase (%)			
	1	2	3	4
Danurejan II	100	100	20	0
Gondokusuman II	100	100	60	0
Jetis	100	100	100	40
Kotagede II	100	100	40	0
Ngampilan	100	100	100	60
Pakualaman	100	100	100	0
UmbulharjoI	100	100	40	0
Rata-rata	100	100	65,7	14,2

Source: Primary data, 2019

Table 5. The Results Of Evaluation Of IMCI Service Process In The PHC Of Bantul (n=7)

Puskesmas		**1**	**2**	**3**	**4**
Kasihan I	Yes	100,0	100,0	0,0	0,0
	No	0,0	0,0	100,0	100,0
Sewon II	Yes	100,0	100,0	0,0	0,0
	No	0,0	0,0	100,0	100,0
Jetis I	Yes	100,0	100,0	40,0	0,0
	No	0,0	0,0	60,0	100,0
Pandak I	Yes	60,0	60,0	60,0	40,0
	No	40,0	40,0	40,0	60,0
Banguntapan II	Yes	100,0	100,0	80,0	20,0
	No	0,0	0,0	20,0	80,0
Imogiri I	Yes	0,0	0,0	0,0	0,0
	No	100,0	100,0	100,0	100,0
Kretek	Yes	100,0	100,0	0,0	0,0
	No	0,0	0,0	100,0	100,0

Source: Primary data, 2019

Information:

1. assessment and classification using the IMCI form,
2. treatment measures based on assessment and classification of IMCI,
3. counseling,
4. referral or follow-up assessment

Furthermore, based on the results of this study, most of the health centers have not been implemented the program gradually.

Many of them, when handling sick infants, still used conventional methods that eventually not address the age levels. The officers also said that IMCI have not been fulfilled completely because of the lack of human resources to finish this stage, which made them did not comply with the IMCI procedures (Husni and Ansar, 2012).

This research, subsequently, also showed that some health centers in Yogyakarta have been carrying out a program of IMCI based on IMCI module 7. However, there were PHC that have not been carrying out a program of IMCI coherently with that guidelines. On the IMCI process, there are many programs that should be passed, including assessment and classification by using the IMCI form, decisive action treatment based on assessment and classification of IMCI, counseling stage based on IMCI procedure, and referral or assessment following the plan of treatment in IMCI (Kowaas , Ismanto & Lowang , 2017).

The implementation of the referral which did not implemented perfectly, can be occurred by several possibilities such as the lack of human resources availability (Firdaus, Sudiro, & Mawarni, 2013) and the infrastructure for the prosecution of sick infants/toddlers. (Zainuri, 2014).

Table 6. The Mean of IMCI Service Output per month of in PHC of Yogyakarta (n = 7) and Bantul (n=7)

No	Yogyakarta	%	Bantul	%
1	Ngampilan	40	Kasihan I	85,3
2	Jetis	84,8	Sewon II	65,6
3	Gondokusuman 2	69	Jetis I	91,1
4	Umbulharjo 1	66,5	Pandak I	96
5	Kotagede 2	61,4	Banguntapan II	99
6	Danurejan 2	80	Imogiri I	90,7
7	Pakualaman	55	Kretek	93
	Mean	65,2		88,7

Sources : Secondary data, 2019

Moreover, based on the results of previous study, in 2019, the average health center had fulfilled the 'output' activities regarding to 60% toddler visits carrying out IMCI. This means that some health centers have implemented the IMCI program optimally.

3. CONCLUSIONS

Generally, 100% of the health centers have had IMCI officers. However, almost 100% the health center didn't have funds allocation for IMCI implementation. Moreover, some

of health centers have fulfilled the facilities and infrastructure related to IMCI although they have not been implemented optimally. Apart of that case, on the process of IMCI implementation and follow-up stages have not catered as the patient's needs during the examination. For the IMCI output activities, based on the records, many of PHC have performed IMCI services to more than 60% under five-year-old children who came to them it. The research then suggests that the implementation of IMCI does not require funds allocation. However, the budget is still needed by the Department of Health of Bantul and Yogyakarta to conduct supervision activities and IMCI officers training, due to the limited human resources who have already passed IMCI training.

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The Influence of Cervical Cancer Education on Cervical Cancer Prevention Behaviour in Women of Childbearing Age: a Literature Review

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ABSTRACT

Cervical cancer is the second most common cancer in the world for women after breast cancer. GLOBOCAN in 2018 stated that the prevalence of cervical or cervical incidence in Indonesia was 84,201 cases of all ages with a mortality rate of 18,279 cases. In Yogyakarta itself 2,703 cervical cancer cases were recorded. The cause of cervical cancer is known to be the HPV virus (human papilloma virus) oncogenic subtypes, especially subtypes 16 and 18.Therefore, increasing efforts to treat cervical cancer, especially in the field of prevention and early detection are urgently needed. (Ministry of Health, 2017). This study aims to determine the cervical cancer prevention behavior of women of childbearing age before and after being given counseling about cervical cancer. The method in this study used a literature review research method. The criteria for articles in this study are journals published in 2011-2020 using Indonesian and full text. The search results were obtained as many as 10 journals and a review was carried out in this study. From the literature review of 10 journals, it was found that 2 journals said that there was no effect before being given counseling after being given counseling, while 8 journals among them said that there were differences before being given counseling and after being given counseling, The journal data base used in the literature review search uses Google Scholar, PUBMED, Indonesia one search by Perpusnas. So it can be concluded that there is an influence or difference before being given cervical cancer counseling and after being given counseling about cervical cancer on cervical cancer prevention behavior. Suggestions for women of childbearing age are expected to maintain cervical cancer prevention behavior, and conduct early detection of cervical cancer.

Keywords *: cervical cancer counseling, preventive behavior*

1. INTRODUCTION

The prevalence rate of cancer in the world is still the highest after cardiovascular disease and is the main cause of death. based on Basic Health Research (Riskesdas) conducted in 2013, the incidence of tumors and cancer in Indonesia itself reached 1.4 per 1000 population (around 330,000 people)[1]. Meanwhile, in 2018 the number of cancer patients increased to 1.8 per 1000 population. The highest prevalence was in Yogyakarta. The number of cancer sufferers in Yogyakarta in 2018 was around 4.9 per 1000 population[2].

The cause of cervical cancer is known to be the HPV virus (human papilloma virus) oncogenic subtypes, especially subtypes 16 and 18. The incidence of cervical cancer will greatly affect the life of the sufferer and his family and will also greatly affect the financing sector by the government. Therefore, increasing efforts to treat cervical cancer, especially in the field of prevention and early detection are needed[2].

The main impact of cervical cancer is a decrease in the quality of life of women who experience cervical cancer. Impairment of quality can cause suffering. Suffering experienced by individuals who experience cancer in the terminal phase has three components, namely, loss of autonomy, reduced self-esteem, and loss of hope which shows no meaning in life.[3].

There are still many people outside who do not know about how to prevent cervical cancer. The level of knowledge, attitudes, access to information and support from husbands are related to the participation of women of childbearing age in early detection of cervical cancer. Husband's support is the most dominant factor affecting childbearing age woman participation in the early detection of cervical cancer with the VIA method[4]. The purpose of this study was to determine the effect of cervical cancer counseling on cervical cancer prevention behavior. The urgency of this study is to describe based on the journal the effect of counseling on cervical cancer on cervical cancer prevention behavior.

2. RESEARCH METHODS

This study uses a type of review literature research, which explains that the review literature is a description of the theory, findings, and other research materials obtained from reference materials that will be used as the basis for

research activities to compile a clear frame of mind from the formulation of the problem the researcher wants to research.

. Which is used to try to explore how and why health phenomena occur then perform a dynamic analysis of the correlation between phenomena or risk factors with the effect of these factors.[3].This study uses two variables, namely the independent variable or the independent variable of this study is the effect of cervical cancer counseling. Meanwhile, the dependent variable or dependent variable of this study is cervical cancer prevention behavior.

3. RESULTS AND DISCUSSION

The journal written by dyah SK and mega AP (2014) with the title of the journal of the influence of counseling on cervical cancer in women of reproductive age couples (PUS) with VIA examination (Visual Inspection of Acetic Acid) in two hamlets in the working area of the pitu health center. This research is descriptive using purposive sampling technique, namely the researcher determines the sampling by determining special characteristics in accordance with the research objectives. So the sample in this study was a sample of the group that was given counseling of 17 people and the sample that was not given counseling was 17 people[4].

From research [6]The results showed that in women couples of reproductive age who were given counseling, the number of women of reproductive age couples who underwent examinations was 2 (11.76%) and women of reproductive age couples who were not given counseling (0%). Cervical cancer counseling is a way to provide better behavior change for respondents.

From the journal [6]Also obtained from interviews with respondents who checked that the two respondents wanted to do an examination because there were driving factors that motivated these respondents to carry out cervical cancer prevention behavior by motivating them to do VIA. Although there is increasing knowledge and information about cervical cancer through counseling activities, it is not certain that the expected behavior can be achieved, it is necessary to have self-awareness to be willing to carry out examinations and preventive behavior.

The second journal was written by Yulieta LJ (2015) with the title the effect of health education on female students' knowledge about cervical cancer prevention at Nursing Academic eternal Samarinda [7]. Research from Yulieta LJ (2015) is inversely proportional to research from dyah SK and Mega AP (2014), in this study it is shown that there is an effect before and after being given health education.

The results of this study were from a total of 62 respondents who received health education about cervical cancer as much as 41.9% (26 respondents) experienced an increase in knowledge, and as many as 37.1% (23 respondents) their knowledge was fixed, while 13 respondents did not experience an increase of knowledge. There is an effect of health education on student knowledge about cervical cancer prevention with p value 0.010. From the results of the Wilxocon test, it was found in the counseling intervention group that the p-value <0.05 was obtained, so that H4 was accepted, in other words it was concluded that there was a significant difference between before and after being given health education about cervical cancer.

While the journal written by Mukhlisiana Ahmad (2017) with the title perceptions of cervical cancer health promotion. healthy motivation for cervical cancer prevention behavior in midwives in Depok area[8]. In line with the research written by Dyah SK and Mega AP (2014), that there is no effect before and after health education is given.

The results of this study are the direct effect of health promotion on cervical cancer prevention behavior in midwives for their own health. -0.069 and t-statistic of 1.295. From these findings it can be interpreted that health promotion has no direct and insignificant effect on cervical cancer prevention behavior in midwives for their own health, meaning that the higher health promotion (triggering factors, driving factors and driving factors) the lower the midwife's cervical cancer prevention behavior (knowledge, attitudes and actions), or vice versa, the lower the health promotion, the higher the cervical cancer prevention behavior. efforts to change individual behavior in health promotion, the main purpose of communication is to inform (education) and persuade (motivate). So that means, if you just inform without motivation, health promotion is not enough to change behavior.

The journal written by Sri Juwarni and Masdewi Nasution (2017) with the title The Influence of Health Education on Knowledge of Attitudes and Behaviors to Prevent Cervical Cancer with VIA Examination on childbearing age woman in the Work Area of Puskesmas Sayur Matinggi, Sayur Matinggi District, 2017[9].

From the journal [9]shows that the mean behavior in the treatment group is higher than the control group. The mean behavior in the treatment group was 28.9 ± 3.1 and the mean behavior in the control group was 26.4 ± 5.1. Statistically significant with p value 0.02 (0.05). Which means that there is a difference between the control group and the treatment group that has been given health education in the form of counseling and leaflets, so the behavior of the treatment group is better than the control group. From the journal it is also stated that the frequency of the number of respondents who underwent VIA examinations after providing health education, in the treatment group of 32 respondents there were 20 people (62.5%) who carried out the examination. Meanwhile, from the control group, none of the 32 respondents performed VIA examinations. This indicates that the provision of health education in the form of counseling and leaflets has a very good effect on increasing respondents' behavior towards cervical cancer prevention through VIA examinations. This journal is in line with the journal written by Yulieta LJ (2015).

A journal written by Warni Fridayanti Dan Budi Laksono (2017) with the title of the effectiveness of health promotion on attitudes and behavior knowledge about VIA

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testing in women aged 20-59 years[11]. Strengthen previous research in journal two and journal four. The results of this study were before and after being given health promotion in the form of leaflets with low knowledge of 4 people (8.3%) decreased to 3 people (6.2%), moderate knowledge of 28 people (58.3%) decreased to 17 people (35.4%), and those with good knowledge from 16 people (33.3%) increased to

28 people (58.3%). Whereas for the attitude in the less category 0 people (0%) after being given health promotion to 1 person (2.1%) for the moderate category 36 people (75%) reduced to 22 people (45.8%) and for the good category of 12 people (25%) increased to 25 people (52.1%). From the behavior variable, the doing category from 10 people (20.8%) increased to 18 people (37.5%) and the non-doing category from 38 people (79.2) decreased to 30 people (62.5%).

Whereas for those given health promotion by public figures from the category of knowledge with low knowledge before being given health promotion, 0% increased to 1 person (2.1%), the category of knowledge was moderate 26 people (54.2%) decreased to 3 (6.2%). %) for the good category from 22 people (45.8%) increased to 44 people (91.7%). For the attitude variable from the less category 0% all pretest and posttest, for the moderate category from 33 (68.8%) people decreased to 9 people (18.8%) and good

categories from 15 people (31.2%) increased to 39 people (812%). For the behavioral variable from the doing category, 16 people (33.3%) increased to 28 people (58.3%) and the non-doing category from 32 people (66.7%) decreased to 20 people (41.7%).

The results of statistical tests showed that there were differences in knowledge before and after being given health promotion leaflets and the motivation of community leaders (0.000 <0.05) and there were differences in attitudes before and after being given public health leaflet promotions, namely by statistical tests (0.002 <0.05) and Finally, there are differences in behavior regarding early detection of cervical cancer before and after being given health promotion leaflets and the motivation of community leaders from statistical tests (0.042 <0.05). The results of the study show that the motivation of community leaders is more effective in changing cervical cancer prevention behavior than just giving leaflets, because the public will be more motivated to trust, motivated and more enthusiastic to make behavior change when there is a role model or one who provides a detailed explanation, rather than just reading or viewing leaflets. So there is a significant difference between knowledge of attitudes and behavior before and after being given health promotion.

Journal written by Sawitri Dan Sunarsih (2018) [11] with the title The Effect of Cervical Cancer Education on Motivation for Women's Participation to Conduct Visual Inspection Examination of Acetic Acid (VIA) [11]. The journal is a quantitative research with a quasi-experimental research method. The results showed that the average value of women's motivation before counseling was 42.79 with a standard deviation of 7.367 and the average motivation after counseling was 62.00 with a standard deviation of 6.059. The results of statistical tests conducted, obtained p-value =

0.000 (<α 0.05) which means that there is an effect of counseling about cervical cancer with the motivation for women's participation in doing VIA examinations in the work area of Adi Luhur Public Health Center Pancajaya district, Mesuji Regency. This research is in line with research from Warni Fridayanti and Budi Laksono (2017).

Meanwhile, the journal written by Ellyzabeth Sumkmawati (2018) entitled the effect of health education on cervical cancer on increased motivation to prevent cervical cancer[13].

Results of research [14]is motivation to prevent cervical cancer before health education about cervical cancer is divided into 3, namely good, good enough and less good. There were 38 mothers in the good category (54.1%) and a small portion in the good enough category was 32 people (44.7%) and 0% for the less good category. After being given health education about cervical cancer, the motivation to prevent cervical cancer has increased, namely in the good category to 66 people (94.3%) and in the good enough category it decreased to 4 people (6.7%).

The results of Wilcoxon analysis show p value:

0.000 with α: 0.05 because the p velue value is less than α: 0.05, it can be said that health education about cervical cancer is statistically proven to have an effect on increasing motivation to prevent cervical cancer. The results of this study may be due to the fact that most respondents have an upper secondary education level. This is in accordance with Notoatmojo (2010) which states that knowledge will be the basis for motivation and behavior. Knowledge and cognitive are very important domains for the formation of one's actions. So that the level of education also affects a person's knowledge and behavior. Journal written by Yessi Andriani, et al (2019)[13] by title Health Education About Cervical Cancer Against Attitudes and Motivation of Childbearing Age Women to Conduct Early Detection [13].

Based on the results of journal research written by Yessi Andriani, et al (2019)[13]shows that there is a difference in the average attitude before and after being given health education about cervical cancer in women of childbearing age with an average attitude value before 26.27 and after 30.82 with a difference of -4.545. In the table, there is a value of R = 0.649, which means that health education has a strong influence on the attitudes of women of childbearing age to make early detection. From the results of the t test statistical test with paired sample t test, it was found that the value of p = 0.000 when compared with α = 0.05, then p <α so that Ha is accepted, it can be concluded that there is an effect of health knowledge about cervical cancer on the attitudes of women of childbearing age to early detection of cervical cancer.

Journal written by Hanifah Mirzanie et al (2019) with the title of the influence of health promotion methods on cadres' knowledge and attitudes about early detection of cervical cancer [14]. The research result of this journal is the difference in knowledge scores before and after counseling, counseling + leaflets before counseling was carried out the score was 42.64 ± 10.03 and after counseling

and leaflets were given it became 58.13 ± 6.47. Whereas before counseling was given, the score was 41.9 ± 11.42 and after being given counseling the score only became 54.92 ± 7.85. As for the attitude score before counseling and leaflets had a score of 13.29 ± 2.09 and after being given counseling and leaflets the score was 17.28 ± 1.03. For scores given counseling only before counseling was given 13.14 ± 2.48 and after being given education the score became 16.2 ± 1.48.

After the statistical test was carried out, it was found that the p value of the knowledge variable p = 0.175 and the attitude variable p = 0.740. These results indicate that the increase in knowledge and attitude scores before and after counseling with or without leaflets was not significantly different with p values> 0.05, respectively. In this study it is in line with research[12] which states that education affects respondents' attitudes and knowledge about cervical cancer early detection, education has a significant effect compared to income age.

The latest journal written by Vio Nita and Novi Indrayani (2020)[15], with the title health education in efforts to prevent cervical cancer in women of childbearing age[16]. From this study, the majority of respondents aged 20-35 years were 34 people (61.82) and 21 people aged> 35 years (38.18%). In addition, the majority of respondents have secondary education as many as 25 people (45.45%), 11 people (20%) primary education and 19 respondents (34.55%) highly educated. The researcher also examined the respondents' occupation, the majority of whom were housewives (37.18%) and the rest worked as employees (27.27%) and as entrepreneurs (34.55%).

From the pretest results, it was found that there were 3 categories of knowledge in the prevention of cervical cancer, namely 9 people (16.36%), enough 18 people (32.73%) and less 28 people (50.91%). Then after doing the posttest after being given health education about cervical cancer, the results in the good category 33 people (60%) enough 17 people (30.91%) and less 5 people (9.09%). The results of the analysis of the pretest and posttest data obtained a p value of 0.000, while the α value of 0.05, which means that the value of $p < \alpha$, which means that there is a difference between knowledge before being given health education and after being given health education. Women who do not undergo cervical cancer screening are influenced by several factors, including knowledge, education, age and economic factors.

4. CONCLUSIONS

Based on the results of a literature review study that has been stated previously, from the 10 journals that have been stated, 2 of them said that there was no difference before being given counseling and after being given counseling. Meanwhile, 8 journals said that the average data obtained had differences between before being given health education and after being given health education. So that most of the data in 10 journals said there were differences before and after counseling was given. It can be concluded that health education or health promotion has an influence in increasing knowledge, motivational attitudes and behavior in cervical cancer prevention. Increased knowledge affects the respondent's attitude to be better,

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