

Research Articles

A Qualitative Study of Factors Facilitating the Engagement of Sundanese Women in Cervical Screening

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Abstract

Objective: This study aimed to explore facilitators of Sundanese women to engage in cervical cancer screening. **Methods:** A qualitative study was used and data were collected through in-depth interviews. Fifteen Sundanese women at risk groups were recruited from several health clinics. Data were analyzed using four stages from Leininger's method. **Results:** Findings revealed that factors facilitating Sundanese women to engage in cervical screening were 1) encouragement from a community health volunteer and a health care provider, 2) experienced of vaginal discharges (keputihan), 3) being at-risk of cancer group, 4) Muslim's belief about obligations in making efforts (ikhtiar) to maintain their health, 5) friendly health care services 6) having health insurance. **Discussion:** It is recommended that strengthening the role of community health volunteers and health care providers on cervical screening in health services is needed. In addition, considerations of Sundanese women's beliefs and their social networks towards cervical screening program are important to increase their engagement in cervical screening.

Keywords: cervical cancer screening; facilitating factors; Sundanese women

Introduction

According to the International Agency for Research on Cancer (IARC), in 2030, over 21.7 million women in the world will be diagnosed with cervical cancer and leading death over 13 million women.¹ Seventy percent of those cases are in developing countries including Indonesia.² It was the second leading cause in Indonesia and most women diagnosed at an advanced stage despite

being preventable in many cases.^{3,4} The World Health Organization (WHO) has also issued global recommendations for cervical cancer screening by Pap smear and visual inspection with acetic acid (VIA) test.⁵ It has a large impact on the reduction morbidity and mortality of cervical cancer.⁶ Indonesia has also launched a national cervical cancer prevention programs since 2007 by following the WHO recommendations. The target was 50%

of women aged 30–50 years screened within 5 years. However, the coverage was low, only 11% of women were screened in 2019.⁷

There are disparities in cancer burden among different groups cancer morbidity and mortality varies by factors such as socioeconomic status, race, and ethnicity.⁸ Literature suggests cultural and religious beliefs may impact health-seeking and screening behavior and contribute to health disparities in breast and cervical cancer among racial, ethnic, and religious subgroups.⁹ Exploring the impact of religious and cultural beliefs on breast and cervical cancer screening within unique religious and ethnic communities are important to cancer control and will contribute to ameliorating health disparities. Previous research has reported that women face numerous language and healthcare access barriers,¹⁰ and cultural and religious beliefs impact health attitudes and health-seeking behavior.^{11,12} Societal and cultural norms regarding modesty of dress, how women should interact with males other than their husbands, and beliefs about the privacy of the body may restrict Muslim women's use of healthcare.¹³ Further, Muslim women may face interpersonal and institutional discrimination on account of gender, ethnicity and/or faith.¹⁴

The Sundanese are Indonesian ethnic groups native to the Indonesian province of West Java and Banten, which is located in the western part of the Indonesian island of Java. Sundanese ethnic was Indonesia's second most populous ethnic group, after Javanese. Most of Sundanese was Muslim (99.95%).¹⁵ Sundanese ethnic having unique cultural and religious beliefs. Social, cultural, and religious factors serve as both facilitators and barriers to engaging cervical cancer screening. Studies have demonstrated that income and lack of knowledge about screening adversely affect timely cancer screening while factors such as English language proficiency and physician recommendation are

facilitators.¹⁶ In terms of the impact of religion on screening, research has reported that faith can be a facilitator of cervical cancer screening as Islam stresses individual responsibility in health promotion and disease prevention.¹⁷ However, a research found that Muslim women do not receive cancer screening because exposing the relevant body parts may be perceived as a violation of modesty. Such beliefs can result in feelings of anxiety and embarrassment, disenfranchisement from the healthcare system, and low cancer screening rates.

Those factors influenced women's engagement in cervical screening. Cervical cancer screening situations have been found to be different within and across countries and over time. Although some barriers were found since each country has continued to promote cervical screening, factors have not been well explored in Indonesia particularly Sundanese ethnic to provide information and references to guide effective promotion in cervical screening intervention. It is important to explore the factors facilitating the engagement of Sundanese women in cervical screening from women's experience in order to increase coverage of cervical cancer screening among Sundanese women.

Objectives

This research aimed to explore the facilitating factors that influence the Sundanese women to engage in cervical screening.

Methods

A qualitative design was applied. The study sought to investigate the emic view (Sundanese women). The data were collected through in-depth interviews.

Study settings

The study was conducted in Cimahi City, Indonesia. Cimahi City divides into three districts and 15 villages. Cimahi has five hospitals and

13 public health centers (PHC). However, only nine PHC provides services for the VIA test. The population of Cimahi City in 2017 was 601,099 and the number of women was 298,396.¹⁸ In addition, the most common occupation of the Cimahi City residents is factory workers since it is an industrial area. The majority of the population was of the Sundanese ethnic group and Muslim (93.99%), Christian, Catholic, and Buddhist the rest. Currently, Cimahi has launched a pilot cervical cancer screening project called the single-visit approach.¹⁸

Participants

There were fifteen women (K1-K15) who participated in this study using purposive sampling. The inclusion criteria were had undergone cervical cancer screening at least six months prior to enrollment in order to explore their experiences during the examination, which might influence their engagement in screening at a later time. The other inclusion criteria were Sundanese, being fluent in Sundanese or Indonesian and the ability to express their opinions freely. According to the Ethnonursing method, 15 participants are needed for the number sample or when the data were saturated as it came when there was no new information from data collection.¹⁹

Ethical considerations

Ethical permission was obtained from the Faculty of Nursing, Prince of Songkla University number MOE 0521.1.05/648. 4 January 2017 The participants were asked to give a written consent and informed that they would be free to terminate their participation whenever they wished and without any repercussion. Confidentiality was maintained by assigning codes to the participants' names, and the interviews were conducted in places agreed with the participants. All participants agreed to have the interviews recorded provided that this was done for research purposes, the recording was not shared with third parties, and their identities remained

confidential.

Data collection

This paper is a part of the ethnonursing study conducted in six public health centers in Cimahi City. The researcher used health care providers and community health volunteers as gatekeepers to reach the participants. In order to explore the factors that could influence the women to engage in cervical cancer screening, the in-depth interviews guideline was developed based on the Sunrise model.¹⁹ It consists of technology, religion, kinship or social lifeways, cultural values and beliefs, political and legal factors, economy, and education. The questions inquired about the views of the participants regarding cervical cancer screening and factors that facilitated them to engage in the screening. The initial question of the interview was a broad question such as "How is your daily life?" and followed by the semi-structured questions to gain more deeply Sundanese's specific issues about their engagement of cervical cancer screening. To gain detailed information, the researcher kept encouraging the informant to tell more about their experience by using specific questions such as "What brought women come to screen or not screen and why?"

The interviews were carried out at the agreed place and lasted between 45 and 90 minutes. Most participants chose their house, a posyandu (an integrated service post in Indonesia), and work place as the place for the interview. The Sundanese and/or the Indonesian languages were used during the interviews. The data collection was carried out from March to September 2017. The interviews were conducted at least twice in each participant until the researcher found that no new data were emerged.

Data analysis

Data from interviews were transcribed verbatim and rechecked the meaning by bilingual translators and researcher. Four phases of data

analysis by Leininger¹⁹ was used. Firstly, researcher collected, described, and documented the data from interviewed and observed. Secondly, the researcher focused on identified and categorized descriptor and components of data. The data were coded and classified as related to the research questions. Thirdly, the researcher identified patterns, meaning in the context, and also examined for credibility. The last phase was focused on major themes, research findings, including the strength and limitations of study.

Trustworthiness

Some criteria for trustworthiness based on Leininger²⁰ were used. The confirmability was gained when the key participants have verified the information. The meaning-in context was accomplished as the researcher investigated the research as a whole to explain the meaning of the data from the Sundanese women's perspective. Credibility was ensured by the immersion of the first author in the field for six months and by member checking to validate and clarify the research findings with the informants. Recurrent patterning was gained by interview different participants that identified previously to obtain a story about different aspects of the phenomena. Transferability was accomplished based on the thick description of emic point of view, which transferred to other Sundanese women's cultural contexts.

Results

The 15 participants of this study were aged between 26 and 49 years and all participants' religion was Islam. The youngest participant was 26 years old, while the oldest was 49 years old. The participants' educational level varied from junior high school to university; most of them graduated from senior high school. Likewise, the occupation of the participants varied, but the majority (n = 13) were housewives and 10 out of 15 participants had BPJS (national health insurance).

All participants had undergone screening for cervical cancer once in their lifetime using either the VIA test or the Pap smear method. Furthermore, 11 out of 15 participants reported that they had done one time of cervical screening. While the rest of the participants were varied, two participants had done two times of cervical screening, one participant had done three times of cervical screening, and one participant had done five times of cervical screening in their lifetime. Most participants did cervical cancer screening when the PHC or Non-Government Organization (NGOs) held a free of charge program for cervical screening. Therefore, they did cervical screening not regularly. During the program, they provided females as health care providers including nurses, doctors, and midwives. The women who participated in this study state that encouragement from community health volunteer and health care provider, experienced vaginal discharges, being at-risk of cancer group, belief regarding the obligation to make efforts (ikhtiar), and friendly health service was facilitated women to engage in cervical screening. Every factor is described below.

Encouragement from a community health volunteer and a health care provider

Community health volunteer and health care provider support were perceived as essential for Sundanese women to act and accept cervical cancer screening services. The informants reported receiving encouragements from community health volunteer and health care provider. Almost all of them (n = 13) mentioned being encouraged by community health volunteers. The participants were visited by a community health volunteer and invited to participate in the screening program. The community health volunteer encouraged the women by informing them that public health center provided free screening examinations and by explaining in detail the benefits of the VIA test. A participant described:

“At first, I rejected the offer to undergo screening, but Bu Sri (community health volunteer) persistent asked me. So, I decided to go there (cervical screening)” (K1).

Meanwhile, two other participants engaged in cervical screening after a health care provider advised them when they received treatment at the women’s clinics. One participant said

“When I was at the women’s clinic for treatment, the health care provider offered me the opportunity to have the VIA test. I followed her suggestion as I believed it would be good for me” (K10).

Experienced of vaginal discharges (keputihan)

Cervical cancer screening is obtained due to some participants experienced vaginal discharge (keputihan). The researcher observed the presence of a participant come to a public health center for cervical screening. Some participant shared with the researcher that she came to screening due to experience of vaginal discharge. She wanted to check her vaginal discharge. One woman stated:

“I had keputihan (vaginal discharge) several months ago. It disturbed me very much, especially when I felt itchy in public. This was what drove me to do the test (VIA test)” (K7).

Being at-risk of cancer group

A participant reported that she engaged in cervical screening because she felt being at-risk of cervical cancer due to a low immune system thus she easily got sick. To ensure that she stays healthy, she conducts regular health check-ups including cervical cancer screening. She did cervical screening annually every birthday since 2013.

Another participant reported being at-risk of developing cervical cancer due to having a family history with cervical cancer, having a smoking history, and being sexually active at an early age leads a woman engage in cervical screening. A participant reported that her mother had suffered

from cervical cancer. Therefore, she was aware that she might have the same disease. This drove her to engage in cervical screening. She revealed:

“My mother was diagnosed with cervical cancer, so I am afraid I might have the same disease as my mom in the future. That is why I decided to go for cervical screening” (K5).

Muslim’s belief about obligations in making efforts (ikhtiar) to maintain their health

Some of informants identified cervical screening as an act of ikhtiar to prevent them from cervical cancer and reported that Islam teaching obligates them to make efforts (ikhtiar) in order to keep their bodies health is including preventing from developing cervical cancer. Sundanese women believe that the human body is gifts entrusted to them by God; therefore they are required to care for and preserve this trust. One participant said that she makes efforts (ikhtiar) to prevent cervical cancer by doing screening regularly and engaging in a healthy lifestyle. As one informant said as follow

“We cannot run away from our fate. I believe all of the things happened to us because of God’s will including got cervical cancer. However, as Muslim, we have to make efforts in advance (ikhtiar) to prevent ourselves from cervical cancer by cervical screening. Because cervical screening is a part of our efforts (ikhtiar) to prevent from developing cervical cancer” (K5).

Friendly health care services

Modesty is a very important Islamic mandate; women and men must behave modestly. Islam religion does not permit the use of a health care professional of the opposite sex unless it is impossible to find one of the same sex. It was observed that all service providers for VIA tests at the public health center were women. This can facilitate the desires of women who want health workers of the same gender, as expressed by one participant

“When I found out that the examiner was a woman, I am happy, it feels comfort. In addition, It thought it feels more freely when consultation with the same gender. Furthermore, religion also ordered to look for the same gender except when circumstances dangerous or there were no women is allowed by the opposite sex “(K5)

Having health insurance

Financial issue plays an important role in women are screened for cervical cancer. Women with health insurance are likely to be screened. Women with lower income and without health insurance are more likely found a free screening program so they no need to pay the services. The participant report health insurance supports them to be involved in cervical cancer screening. Nine out of fifteen informants were reported having health insurance when interviewed by a researcher. Informants who had health insurance reported that they do not need to spend money on treatment and screening because it is already covered by a health insurance company and that is felt to be very helpful for women. As stated by an informant, she is a civil servant and has health insurance from the office where she works. She revealed as follow

“I am very helped by the existence of health insurance, because every time I seek treatment I do not need to spend money, including cervical cancer screening. Every year I do screening test because it is cover by the government so I don’t need to buy. It’s very helpful” (K9)

Another participant also reported that having insurance is helpful. Beneficence for people with health insurance is being able to seek treatment at existing health facilities and also get benefits of promotive and preventive services, such as cervical screening. As she said

“Having health insurance is helpful. We no need to pay for the examination (VIA test) if one has BPJS (health insurance). So, it’s no worried if when I go

for treatment or screening. For this reason I am not worries I think this is helpful” (K1).

Discussion

In general Sundanese’s culture was influenced by Islam teaching. Their seeking behavior influenced by culture and religion. All participants had a female’s health care provider when performed cervical screening. Women who had health insurance were more likely to get screening regularly. Most of them come to screening due to having vaginal discharge and they perceived vaginal discharge as an early sign of cervical cancer. The major source of information about cervical cancer in this study came from community health volunteers and only two participants from health care providers as a source of information. Similar to a study by Dang, Lee, & Tran in 2010 that revealed only a small number were educated by health care providers.²¹ All participants in this study performed cervical screening both Pap Smear and VIA test. They showed their motivation to perform cervical cancer screening. The cervical cancer screening was better in those women who had encouragement from community health volunteer and health care provider, experiencing vaginal discharge, being at risk of cancer group, Muslim belief regarding obligation to make efforts (ikhtiar) to make healthy, and friendly health service.

This study revealed that social support especially from health care providers was helpful for women in performing cervical cancer screening. Since cervical screening services were offered and a good friendship with community health volunteer who they trust, it helped women to deal with constraints. Similar predictors for cervical cancer screening have been reported in previous studies such as studies carried out in Jamaica.²² It was found that women who had been recommended for screening by a health worker were more likely to

be screened. In addition, most women in the study received information and support to perform cervical cancer prevention by a health care provider and community health volunteers. The health volunteers were mainly women, peer group support which helped their decision to perform preventive practice. Congruent with the previous study that women's decisions to screen are influenced by the experiences of their peers.²² The finding that women who had been recommended for cervical cancer prevention by a health care provider and community health volunteers were more likely to engage in cervical cancer prevention. This presents both a challenge and an opportunity. A challenge that many times cervical cancer is diagnosed in its late stages as most women would not have accessed the service until it is late. The opportunity presented is that health care providers and community health volunteers can be used as an effective intervention to increase the utilization of cervical cancer prevention among Sundanese women. So, health care provider was a significant source of the information they had about cervical cancer.²³

Regarding the belief that cervical screening should be performed after experiencing vaginal discharge, this may be impact for the success of cervical cancer prevention. This further reinforces the need to increase awareness about cervical cancer prevention among Sundanese women. Women who came for cervical screening, their aged range from 26 to 49 years old. It is about the similar age preference for screening of asymptomatic women. This is congruent with the WHO recommendation that health education should encourage women aged between 30 and 49 years to perform cervical cancer prevention particularly cervical screening for cervical cancer at least once in their lifetime.²⁴ Community sensitizations and mobilization for cervical cancer programs can also be contributed to by community health volunteer, an important

cadre in supporting health systems, especially in developing countries. Indeed, community health volunteer have significantly contributed to cervical cancer screening and prevention efforts previously. Sundanese women believe in the Islamic teaching of obligation to *ikhtiar* (efforts) facilitated Sundanese women's engage in cervical screening. They believed in faith or destiny, especially regarding human fate. However, fatalism beliefs among Sundanese women followed by beliefs an obligation to make efforts in advance.²¹ As stated in Qur'an as follow "Verily, Allah will not change the condition of a people unless there is a change of what is in themselves" (Q.S Ar Ra'ad, verse 11). It shows how Muslim women have an obligation to make efforts to protect and to maintain their health. Cervical screening is seen as part of efforts to prevent themselves from cervical cancer. These findings contradict a study that reported emotional reaction bothers women when they have a positive result, therefore, the women decided not to participate in cervical screening.¹⁰ Some women perceived that cervical screening was useless when the result was positive due to cervical cancer was an incurable disease.²⁵ Those showed that religion is increasingly recognized to influence health beliefs and behaviors and interactions with providers and the healthcare system.^{25,26} Large majorities of the world's Muslims report that their religion has a very important role in their lives.

The teachings of Islam stress disease prevention and individual responsibility in health matters. The importance of prevention including cervical screening for women can be encouraged by incorporating the health-related messages of Islam. The Prophet Mohammed (PBUH) stated "An ounce of prevention is better than a ton of treatment".¹⁷ Islamic faith states that a person's body is a gift received in trust from the higher power, God. This gift should be taken care of instead of misused. The Prophet Mohammed (pbuh) stated that a cure

exists for every disease and individuals should use preventive measures to maintain good health.¹⁷ It is obligatory for Moslems to make efforts (ikhtiar) to keep their body healthy including cervical screening as a part of disease prevention

This study showed that a few participants have been reported discussions on cervical cancer and screening with health care providers when they come for treatment. After women checked by the health care provider for family planning, they suggested to have screening first and they try to explain to the women the importance of cervical screening on cervical cancer prevention and she decided to have screening. Moreover, higher intentions to the screen have been recorded among women who reported discussions on cervical cancer with health care providers.²² Cervical cancer screening practice should be therefore a part of the discussion between health care providers and women when they go to seeking health care. This could take the form of asking patients whether they have ever screened during routine visits, providing them with more information and support, and recommending them to access cervical cancer screening services.

The financial support which included having of health insurance ownership is one of facilitating factors on women's engagement in cervical screening. Women who have health insurance did not need to pay the cervical screening by themselves. This study revealed that family income was received a priority for women to meet the needs of others, thus, the cervical cancer not burden family. Therefore, they might be engaged in cervical screening in the future if they have health insurance. Families with low incomes were prioritized meeting their basic needs first. Similar with a study in a region where the poverty is high and there are many other pressing health issues demanding financial attention, out-of-pocket payment for non-emergency health services like cervical screening service is a factor influencing

women's engagement in cervical screening.²⁷

Conclusion

This study was able to successfully identify various factors that could facilitate Sundanese women's engagement in cervical screening. Those factors are 1) experienced vaginal discharge (keputihan), 2) being at-risk of developing cervical cancer, 3) Muslims' belief regarding the obligation to make efforts to maintain health 4) friendly services, 5) financial support and 6) having health insurance. So, promoting of those factors should be a routine part of cervical screening services.

Limitation

The study included women living in the community only and may limit the diversity in terms of geographic area which has uncovered urban women's experience in performing cervical cancer prevention. Moreover, the characteristics of participants that limited on Muslims and Sundanese might limit the transferability of the study to other religions and tribes that might have a different view.

Recommendations and Implications

The findings of this study can be used by stakeholders in Indonesia, especially Cimahi City, to gain an in-depth understanding of the condition of women's engagement in cervical screening as well as the factors that support it. The following recommendations can be made by providing health education and counseling of cervical screening by a community health volunteer and a health care provider in health services and in the community could be an exceptionally compelling strategy of developing Sundanese women's engagement in cervical screening. Ensure the education and counseling of culturally-appropriated in health services and in the community should be integrated into the cervical screening program. Those strategies could increase Sundanese women's engagement in cervical screening and ultimately could decrease morbidity and mortality of cervical cancer.

Participation in article writing

The first (IM) and second authors (PS) have contributed in the conceptualization, methodology, data collection and analysis, writing a draft manuscript and review & editing. The third author (UP) has engaged in methodology, validation, and supervision.

Conflict of interests

The authors do not have any conflicts of interests to declare.

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