



**THE EFFECT OF WISH AND DRIVE WITH A LOCAL WISDOM APPROACH ON
KNOWLEDGE AND MOTIVATION OF WOMEN FOR CERVICAL CANCER
SCREENING**

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ABSTRACT

Cervical cancer is a health problem with a morbidity and mortality rate that ranks among the 10 most common diseases among women. The high incidence of cervical cancer is caused by several factors, such as a lack of knowledge and motivation regarding cervical cancer prevention. This study applies the wish and drive method with a local wisdom approach, which is part of the behavioral change communication approach used in the context of health, especially in primary health care. The aims of this study is to prove the effectiveness of the wish and drive method with a local wisdom approach on the knowledge and motivation of WUS in cervical cancer screening. The research design is a quasi-experiment with a pretest and posttest two-group design. The sampling technique used was purposive sampling. Data analysis using univariate and bivariate analysis: Wilcoxon and Mann-Whitney tests. There were 90 women of childbearing age who were divided into an intervention group and a control group. A questionnaire was used to assess women's knowledge and motivation regarding cervical cancer screening is valid and reliable. Statistical analysis results showed that the wish and drive method with a local wisdom approach was effective in increasing the knowledge (p value=0.00) and motivation (p value=0.00) of women of childbearing age in preventing cervical. Based on the results of this study, it is recommended that the wish and drive method with a local wisdom approach be used as an alternative nursing intervention to address the problem of women's lack of knowledge and motivation in preventing cervical cancer.

Keywords: cervical cancer screening; knowledge motivation; wish and drive method; women

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INTRODUCTION

Cervical cancer is a public health problem throughout the world and in developing countries such as Indonesia, causing high mortality rates every year (Sadia et al., 2022). Factors contributing to the high incidence of cervical cancer include insufficient prevention among women of childbearing age, as cervical cancer screening is still considered taboo in many communities, as well as a lack of knowledge, education, socioeconomic factors, motivation, attitudes, and behaviors, and the limited ability of healthcare workers to convey information (Tassemedo et al., 2023). As a result, cervical cancer is often detected at an advanced stage, which is why it is often referred to as a silent killer. (Lynette & Prendiville, 2015).

World Health Organization (WHO) data from 2020 reported more than 600,000 new cases of cervical cancer and approximately 21,000 women died from cervical cancer (Global Cancer Observatory, 2022b). Based on the results of the Union for International Cancer Control (UICC) observation in 2022, it is known that cervical cancer ranks 4th in the number of cancer cases with 662,301 cases (6.9%) and 9th in the number of cases with 348,874 cases (3.6%) as the most common cause of cancer deaths in women globally. Meanwhile, in Indonesia in 2022, cervical cancer ranked second in terms of the highest number of cases with 36,964 cases (16.8%) and fourth in terms of the number of cases with 20,708 cases (8.5%) as the cause of death among women in

Indonesia(Global Cancer Observatory, 2022a). According to a report by the Ministry of Health, from 2019 to 2021, there were 319,753 (11.31%) cases of cervical cancer in East Nusa Tenggara.

In 2020, the WHO urged all countries to ensure that 90% of women are immunized, 70% of women undergo screening, and 90% of women diagnosed with cervical cancer receive treatment. The Ministry of Health's efforts include developing four pillars of action: service provision, education and outreach training, key drivers of progress, and governance and policy. These four pillars serve as a reference for stakeholders to develop priorities, strategies, and appropriate activities to reduce cervical cancer.(Budi Gunadi Sadikin, 2023).

This study applied the wish and drive method with a local wisdom approach, which is part of a behavioral change communication approach used in the health context, especially in primary health care. The wish and drive method is also a combination of education and counseling to address a problem(Az'mi et al., 2023). This method can increase knowledge, stimulate positive attitudes, and increase women's motivation to undergo cervical cancer screening to perform IVA tests and Pap smears regularly(Adelina & Gultom, 2017). Motivation is the force that drives individuals to perform an activity to achieve a goal. Motivation plays a significant role in an individual's behavior(Susilawati et al., 2022). Learning based on local wisdom directs individuals to appreciate Indonesian culture more. One form of local wisdom is the use of local languages, which is considered necessary to be applied in learning or the process of education and counseling for individuals.(Pujiatna, 2021).

Based on interviews conducted at the Bakunase Public Health Center, it is known that education related to cervical cancer screening is already being carried out at integrated health service posts (posyandu) and classes for pregnant women, but counseling is only conducted at the Bakunase public health center if signs and symptoms are suspected in married women. Education provided to the community uses leaflets, but the material is more focused on IVA tests for cervical cancer screening. Therefore, it is necessary to apply the wish and drive method with a local wisdom approach to women's knowledge and motivation regarding cervical cancer screening. In addition, there are still many women who have not undergone cervical cancer screening. The aims of this study is to prove the effectiveness of the wish and drive method with a local wisdom approach on the knowledge and motivation of WUS in cervical cancer screening.

METHOD

This study aims to prove the effectiveness of the wish and drive method with a local wisdom approach on the knowledge and motivation of WUS in cervical cancer screening. This study has obtained an ethics certificate with number 04/KEPK/VII/2025. The research design is a quasi-experimental pre-test and post-test design with a control group. The respondents in this study were women of childbearing age in the working area of the Bakunase Community Health Center. The sample in this study consisted of 90 people, with each group consisting of 45 respondents. The sampling technique used was purposive sampling. The selection of samples in this study took several criteria into consideration. The duration of the research was 2 months (July-August 2025).The inclusion criteria in this study were: 1) married WUS, 2) WUS who had already had sexual intercourse, 3) able to read and write and cooperative, 4) WUS who were willing to be respondents, 5) WUS who had never undergone an IVA examination and Pap smear. The exclusion criteria in this study were: WUS diagnosed with cervical cancer. The dropout criterion was respondents who did not follow the research procedure until completion. The tools used in this study were a booklet entitled "Kenali Kanker Serviks," which explained the definition of cervical cancer and cervical cancer screening in the local language, video testimonials from women who had undergone cervical cancer screening, and a questionnaire. The motivation questionnaire was adopted from Kurniawati (2015) with a validity value of $p < 0.05$ and reliability of 0.841, while the knowledge questionnaire was adopted from Susanti (2018) with a validity value of $p < 0.05$ and

reliability of 0.948, so that a questionnaire was used to assess women's knowledge and motivation regarding cervical cancer screening is valid and reliable.

RESULT

Table 1.
Frequency Distribution of Respondents Characteristic

Characteristic	Kategori	Intervention Group		Control Group		Total	
		f	%	f	%	f	%
Age	21-29 years old	9	20,0	7	15,6	16	35,6
	30-39 years old	15	33,3	25	55,6	40	88,9
	40-49 years old	21	46,7	13	28,9	34	75,6
	Total	45	100,0	45	100,0	90	
Level of education	Elementary	7	15,6	7	15,6	14	31,2
	Secondary	22	48,9	29	64,4	51	113,3
	Higher education	16	35,6	9	20,0	25	55,6
	Total	45	100,0	45	100,0	90	
Occupation	Homemaker	33	73,3	30	66,7	63	140
	Private employee	8	17,8	6	13,3	14	31,1
	Civil Servant	4	8,9	9	20,0	13	28,9
	Total	45	100,0	45	100,0	90	
Monthly income	<Rp. 2.400.000	35	77,8	35	77,8	70	155,6
	>Rp.2.400.00	10	22,2	10	22,2	20	44,4
	Total	45	100,0	45	100,0	90	
Paritas	Nullpara	1	2,2	2	4,4	3	6,6
	Primipara	9	20,0	12	26,7	21	46,7
	Multipara	34	75,6	28	62,2	62	137,8
	Grandemultipara	1	2,2	3	6,7	4	8,9
	Total	45	100,0	45	100,0	90	

Table 1 shows the demographic characteristics of married women of childbearing age in the Bakunase Community Health Center working area. In the intervention group, most respondents were aged 40-49 years (46.7%), had a high level of education (35.6%), worked as housewives (73.3%), had an income below the minimum wage (77.8%), and were multiparous (75.6%). Meanwhile, in the control group, most respondents were aged 30-39 (55.6%), had a secondary education level (64.4%), worked as housewives (66.7%), had an income below the minimum wage (77.8%), and were multiparous (62.2%).

Tabel 2.
Data normality

Group		Shapiro-Wilk		
		Statistic	Df	Sig.
Knowledge	Pre test of intervention group	.907	45	.002
	Post test of intervention group	.917	45	.003
	Pre test control group	.849	45	.000
	Post test control group	.939	45	.020
Motivation	Pre test of intervention group	.849	45	.000
	Post test of intervention group	.893	45	.001
	Pre test control group	.899	45	.001
	Post test control group	.847	45	.000

Table 2 shows that the results of the Shapiro-Wilk normality test indicate that all data are not normally distributed ($p < 0.05$), so the Wilcoxon and Mann-Whitney tests will be continued.

Table 3.
Knowledge and Initial Motivation of Women of Childbearing Age in the Intervention Group and Control Group

Variable	Intervention group		Control Group		Z	P value
	Mean rank	Sum rank	Mean rank	Sum rank		
Knowledge Pre Test	44.44	2000.00	46.56	2095.00	-.406	0.685
Motivation Pre Test	46.18	2078.00	44.82	2017.00	-.254	0.800

Table 3 shows that there was no significant difference in the basic characteristics of knowledge and motivation between the intervention group and the control group ($p > 0.05$). The mean rank pre-test knowledge for the intervention group was 44.44, while the control group was slightly higher at 46.56. The mean rank pre-test motivation for the intervention group was 44.82.

Table 4.

Knowledge and Motivation of Women of Childbearing Age Before and After Intervention in the Intervention and Control Groups

Variable	Group	Criteria	N	Z	Mean Rank	Sum Rank	P value
Knowledge	Intervention (Pre Test-Post Test)	Negative Ranks	0	-5.867	.00	.00	0.00
		Positive Ranks	45		23.00	1035.00	
		Ties	0				
		Total	45				
	Control (Pre Test-Post Test)	Negative Ranks	17	-1.517	10.09	171.50	0.129
		Positive Ranks	14		23.18	324.50	
		Ties	14				
		Total	45				
Motivation	Intervention (Pre Test-Post Test)	Negative Ranks	0	-5.850	.00	.00	0.00
		Positive Ranks	45		23.00	1035.00	
		Ties	0				
		Total	45				
	control (Pre Test-Post Test)	Negative Ranks	14	-1.444	8.50	119.00	0.149
		Positive Ranks	12		19.33	232.00	
		Ties	19				
		Total	45				

Table 4 shows that in the knowledge and motivation variables in the intervention group, 45 respondents experienced an increase in knowledge, while in the control group, 17 respondents had a decrease in their post-test scores and 14 respondents had no change in their scores. In the motivation variable in the control group, 14 respondents had a decrease in their post-test scores, 12 respondents had an increase in their post-test scores, and 19 respondents had no change in their scores. There was a significant difference in the knowledge and motivation of women of childbearing age before and after the intervention in the intervention and control groups, with a p-value of 0.000 ($p < 0.05$), compared to the control group, which did not experience a significant difference in knowledge ($p = 1.29$) and motivation ($p = 0.149$).

Table 5.

Effectiveness of the Wish and Drive Method with a Local Wisdom Approach on WUS Knowledge and Motivation After Intervention in the Intervention and Control Groups.

Variable	Intervention Group		Control Group		Z	P value
	Mean rank	Sum rank	Mean rank	Sum rank		
Knowledge Post Test	67.17	3022.50	23.83	1072.50	-7.913	.000
Motivation Post Test	66.72	3002.50	24.28	1092.50	-7.746	.000

Table 5 shows that after the intervention, there was a very significant difference between the intervention group and the control group. The p-value for both knowledge and motivation variables was $p < 0.05$, indicating that the wish and drive intervention using a local wisdom approach was statistically proven to increase the knowledge and motivation of women of childbearing age. The mean rank of knowledge in the intervention group (67.17) was much higher than that of the control group (23.83), and the mean rank of motivation in the intervention group was also much higher (66.72) than that of the control group (24.24).

DISCUSSION

Cervical cancer screening involves systematic testing of asymptomatic individuals to identify cervical abnormalities, so cervical cancer screening is a topic that is poorly understood by most women, and they often seek treatment after symptoms of cervical cancer appear (Maya & Dawadi, 2024) (Maya & Dawadi, 2024). The findings of this study prove that most women still have

sufficient knowledge and moderate motivation to undergo cervical cancer screening. However, after being given the wish and drive method intervention using booklets and video testimonials, followed by a post-test, the results showed an increase in the knowledge and motivation of married women of childbearing age to undergo cervical cancer screening.

These results are in line with research conducted by Az'mi (2023), which found that after the wish and drive intervention, women's knowledge and attitudes about cervical cancer screening increased. The wish and drive method is an effective learning strategy because it combines education and counseling. Families are also involved in this approach. Family support, especially support from husbands, greatly influences the decision-making mindset of women of childbearing age, particularly the decision to undergo early cervical cancer screening.(Az'mi et al., 2023). The results of this study also reinforce the evidence that culturally-based educational interventions packaged in the wish and drive method are more effective than conventional education. Previous research conducted by Thahirabanuibrahim and Logaraj (2021) also proved that health education interventions can significantly increase cervical cancer screening rates from 6.2% to 31.1%(Thahirabanuibrahim & Logaraj, 2021). The wish and drive method, which combines education, counseling, audiovisual media, and the use of local languages, has a stronger impact in raising awareness and motivation among women of childbearing age for cervical cancer screening. This study is also in line with Dzobo (2024), who found that women prefer face-to-face counseling in their local language because it makes it easier for them to ask questions and understand the information(Dzobo et al., 2024). This is in line with the local wisdom approach in this study, where the use of local languages and testimonials from fellow women have been proven to increase the acceptance of health messages.

In this study, the motivation of women of childbearing age was also found to increase significantly in the intervention group. Motivation is the force that drives individuals to perform an activity in order to achieve a goal. Motivation plays a very important role in a person's behavior. Motivation can lead to various behaviors. This is in line with the findings of Rahmania (2025), who stated that health education can increase motivation for IVA examinations, which are part of cervical cancer screening.(Rahmania & Pramudita, 2025). The wish and drive method not only provides information but also motivates through counseling, stimulating positive attitudes and strengthening the desire of women of childbearing age to undergo screening. On the other hand, the control group that did not receive this intervention showed stagnant results. This supports Sibylle's (2022) research that knowledge alone is not enough to encourage women to undergo screening, but more applicable, communicative, and motivating strategies are needed.(Gerstl et al., 2022). Thus, it can be concluded that the application of the wish and drive method with a local wisdom approach effectively increases the knowledge and motivation of women of childbearing age in the intervention group compared to the control group or those who did not receive the Wish and Drive intervention. This approach successfully overcomes barriers such as limited knowledge, fear, and social stigma, and is able to build strong internal motivation for women of childbearing age to participate in cervical cancer screening.

CONCLUSION

There were differences in the knowledge and motivation of women of childbearing age regarding cervical cancer screening before and after being given the wish and drive method with a local wisdom approach. The application of the wish and drive method with a local wisdom approach proved to be effective in increasing the knowledge and motivation of women of childbearing age regarding the importance of cervical cancer screening.

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