ABSTRAK

Latar Belakang: Kabupaten Boyolali belum pernah mencapai target cakupan skrining kanker serviks untuk Wanita Usia Subur usia 30-50 tahun (WUS). Pada tahun 2023, cakupan skrining kanker serviks mencapai 1,7% dari target 63%. Sedangkan dari WUS yang sudah dilakukan skrining pada tahun 2023, hanya 71% yang sudah tercatat dan terlaporkan dalam sistem surveilans ASIK (Aplikasi Sehat IndonesiaKu). Sehingga penelitian ini bertujuan untuk mengevaluasi implementasi program skrining kanker serviks di Kabupaten Boyolali tahun 2024.

Metode: Penelitian ini menggunakan metode observasional deskriptif dan analitik melalui pendekatan cross-sectional. Sub-studi evaluasi program berdasarkan *logic based framework* yang meliputi input, aktivitas, dan output. Sub-studi evaluasi sistem surveilans berdasarkan komponen dalam atribut surveilans. Sub-studi analitik berdasarkan teori perilaku *Health Belief Model*. Sampel pada sub-studi evaluasi program dan evaluasi surveilans berjumlah 28 orang yang terdiri dari pemegang program skrining kanker serviks di Puskesmas dan Dinas Kesehatan Kabupaten. Sementara sub-studi analitik sebanyak 430 WUS yang diambil dengan teknik *stratified cluster sampling*. Data dikumpulkan melalui wawancara dengan kuesioner dan telusur dokumen. Analisis data menggunakan distribusi frekuensi, uji *chi-square*, dan uji mediasi.

Hasil : Evaluasi program skrining kanker serviks di Kabupaten Boyolali menunjukkan bahwa komponen *input*, terutama regulasi dan SDM, masih kurang baik. Pada aspek *activities*, pelayanan pasif dan aktif serta kegiatan sosialisasi, advokasi, dan monitoring dan evaluasi masih terbatas. Sedangkan *output* skrining kanker serviks di Kabupaten Boyolali tahun 2024, cakupan hanya 2,44% dari sasaran, dengan 6,53% di antaranya hasilnya positif. Sistem surveilans juga belum optimal, mulai dari regulasi, pelaksana surveilans, pencatatan dan pelaporan, analisis data, pemberian umpan balik, pelatihan, supervisi, ketersediaan sumber daya, ketepatan, kelengkapan, dan kesederhanaan. Secara individu, pengetahuan, motivasi, dan *cues to action* berhubungan signifikan dengan perilaku skrining kanker serviks.

Kesimpulan : Implementasi program skrining kanker serviks di Kabupaten Boyolali tahun 2024 belum optimal, baik dari aspek program, sistem surveilans, maupun faktor individu. Upaya perbaikan diperlukan pada sisi regulasi, sumber daya, intensitas kegiatan, pencatatan, serta peningkatan pengetahuan dan motivasi WUS untuk meningkatkan cakupan skrining.

Kata Kunci: Kanker Serviks, Skrining, Inspeksi Visual Asam Asetat (IVA)

ABSTRACT

Background: Boyolali Regency has never achieved the target coverage for cervical cancer screening among women of reproductive age aged 30–50 years. In 2023, cervical cancer screening coverage reached 1.7% of the 63% target. Meanwhile, among the WUS who underwent screening in 2023, only 71% were recorded and reported in the ASIK (Aplikasi Sehat IndonesiaKu) surveillance system. Therefore, this study aims to evaluate the implementation of the cervical cancer screening program in Boyolali Regency in 2024.

Method: This study uses a descriptive and analytical observational method through a cross-sectional approach. The program evaluation sub-study is based on a logic-based framework that includes inputs, activities, and outputs. The surveillance system evaluation sub-study is based on components within surveillance attributes. The analytical sub-study is based on the Health Belief Model behavior theory. The sample for the program evaluation and surveillance evaluation sub-studies consists of 28 participants, including cervical cancer screening program implementers at health centers and the District Health Office. The analytical sub-study includes 430 women of reproductive age selected using stratified cluster sampling. Data were collected through interviews with questionnaires and document review. Data analysis used frequency distribution, chi-square test, and mediation test.

Results: The evaluation of the cervical cancer screening program in Boyolali District showed that the input components, especially regulations and human resources, were still inadequate. In terms of activities, passive and active services, as well as outreach, advocacy, and monitoring and evaluation activities, remain limited. Regarding the output of cervical cancer screening in Boyolali District in 2024, the coverage rate was only 2.44% of the target, with 6.53% of the results being positive. The surveillance system is also not yet optimal, starting from regulations, surveillance implementation, recording and reporting, data analysis, feedback provision, training, supervision, resource availability, accuracy, completeness, and simplicity. Individually, knowledge, motivation, and cues to action are significantly associated with cervical cancer screening behavior.

Conclusion: The implementation of the cervical cancer screening program in Boyolali District in 2024 is not yet optimal, both in terms of the program, surveillance system, and individual factors. Improvements are needed in terms of regulations, resources, activity intensity, recording, and increasing the knowledge and motivation of WUS to improve screening coverage.

Keywords: Cervical Cancer, Screening, Visual Inspection with Acetic Acid (VIA)