

#### How to Cite

Wijayanti, R., & Raidanti, D. (2023). Knowledge, attitude, motivation and husband support in women of childbearing age with the interest of checking for visual inspection with acetic acid (VIA) at TPMB Bidan R Cisalak Pasar Cimanggis Depok Year 2022. *International Journal of Health & Medical Sciences*, 6(3), 186-195. <https://doi.org/10.21744/ijhms.v6n3.2192>

# Knowledge, Attitude, Motivation and Husband Support in Women of Childbearing Age with the Interest of Checking for Visual Inspection with Acetic Acid (VIA) at TPMB Bidan R Cisalak Pasar Cimanggis Depok Year 2022

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**Abstract**---Cervical cancer is a serious problem in Indonesia. Many cases and deaths occur because early detection is less than optimal. To overcome this, WHO recommends Visual Inspection With Acetic Acid (VIA) as an effective screening method for detecting pre-cancerous lesions early. However, unfortunately, the coverage of VIA inspections is still low in several areas, including in West Java, such as Depok City, Karawang Regency, and Bekasi Regency. Therefore, this problem is interesting to study. This study aims to determine the Knowledge, Attitude, Motivation, and Husband Support in Women of childbearing age with an Interest in Checking for Visual Inspection with Acetic Acid (VIA) at TPMB Bidan R Cisalak Pasar Cimanggis Depok Year 2022. The method in this study used quantitative research using descriptive analytic methods with a cross-sectional approach. The sample used amounted to 32 people. Data analysis used the chi-square test statistic. The results of this study indicate that there is a significant relationship between the level of knowledge and support from husbands of women of childbearing age by conducting VIA checking. However, there is no relationship between the level of attitude and motivation of women of childbearing age by carrying out a VIA check. Conclusion: Increasing knowledge about VIA checking and the role of husband's support can be an effective strategy in increasing awareness and participation of women of childbearing age in the early detection of cervical cancer.

**Keywords**---attitude, cervical cancer, husband support, knowledge, VIA.

## Introduction

According to the World Health Organization (WHO) in Masriadi, in 2020 cervical cancer cases will be even higher, which is estimated to increase by 15 million new cases (Ayudia, 2021). Globocan International Agency for Research on Cancer (IARC) data, cervical cancer ranks second with an incidence rate of 17 per 100,000 women, with new cases found 13.0% with a death rate of 10.3% per year of all cancer cases in women in the world. The type of cancer that has the highest contribution to the prevalence of cancer in women in Indonesia is cervical cancer. This cancer has a high mortality rate due to late early detection. Cervical cancer survivors are generally detected at an advanced stage. Cervical cancer can be found in the pre-cancerous stage (precancerous lesions) with VIA and pap smear methods. Early detection can reduce mortality and health financing. (Kemenkes, 2020)

WHO states that every woman in the target age group of 30-49 years should do early detection at least once. One of the screening tests for early detection of cervical cancer recommended by WHO is Visual Inspection With Acetic Acid (VIA). Detecting early pre-cancerous lesions with the VIA method, it is almost as effective as using the pap smear method. VIA is a direct checking using 3-5% acetic acid applied to the cervix or cervix, then observed for

color changes. If there is a color change (becoming white), it can be confirmed that there is a precancerous lesion. The VIA method has a sensitivity rate of about 56-94% and has a specificity of 74-94%. Screening done every 1 year can help reduce 83.6% of cancer cases (Apriyanti & Adista, 2020).

In Indonesia, 396,914 new cancer cases were recorded in 2020, in the last few years the latest cases have continued to increase, where cervical cancer cases in Indonesia are most commonly found in urban areas compared to rural areas this occurs due to unhealthy living behaviors and lack of exercise (Kemenkes, 2019). Efforts in the form of promotive and preventive approaches have been carried out by the government as well as the main treatment actions consisting of surgery, irradiation, and chemotherapy. (Tuah, 2021), The highest mortality rate is dominated by cervical cancer. in a world of 500,000 morbidity from cervical cancer, about 50% per year of women die. The morbidity rate of cervical cancer in Indonesia reaches 19.7%. of all women of childbearing age in Indonesia who suffer from cervical cancer, only 30% can be detected early and are still in the early stages, the rest have advanced stages (Tiahahu et al., 2020).

In an effort to overcome cancer, the Indonesian government conducts an early cancer detection program for Indonesian women for cervical cancer. The Indonesian government targets at least 80% of women aged 30-50 years to be able to detect cervical cancer early every 5 years, where early detection of cervical cancer with the Visual Inspection With Acetic Acid Method. For 2018 the implementation of early detection of cervical cancer the government targets 40% coverage with a target age of 30-50 years of 14.9 million and for North Sumatra as many as 741,576 women of childbearing age (Permenkes, 2015).

Based on Riskesdas 2018 data, the prevalence of tumors/cancer in Indonesia showed an increase from 1.4 per 1000 population in 2013 to 1.79 per 1000 population in 2018. The highest prevalence of cancer was in Yogyakarta at 4.86 per 1000 population, followed by West Sumatra at 2.47 per 1000 population and Gorontalo at 2.44 per 1000 population. According to the data I obtained from the district office, there were 105 women affected by cervical cancer (Riskesdas, 2018).

Based on data from the 2020 Indonesian Health Profile, it is known that nationally, 8.3% of women aged 30-50 years have undergone early detection of cervical cancer through the VIA method, the province with the highest early detection coverage is Bangka Belitung Islands at 37.6%, while West Java province ranks 17th out of 34 provinces in Indonesia with a percentage of VIA coverage of 6.8%. While the results of the VIA checking results have found 50,171 positive VIA and 5,847 suspected cervical cancer. Detection of cervical cancer using the VIA method was reported by districts/cities in West Java with 83,136 checkings in 2020, from the target of examining women aged 30 - 50 years of 5,992,545 people. Positive VIA coverage was 0.95% of the total number of cervical checkings, and the coverage of suspected cancer was 0.40% (KEMENKES RI, 2021).

The largest positive VIA coverage was in Depok City at 12.84%. Meanwhile, the largest coverage of suspected cancer was in Karawang Regency at 3.39% and Bekasi Regency at 3.01%. (Indonesia Health Profile 2021). In 2020, cervical and breast checkings were carried out at thirty-eight (38) health centers and several private clinic laboratories in women aged 30-50 years as many as 1,199 participants. From these checkings, 154 VIA-positive cases were reported, 23 suspected cancer cases. (West Java Health Report 2021). Based on the background description above, a study was conducted on "Knowledge, Attitudes, Motivation and Husband Support in Women of Childbearing Age with Interest in Visual Inspection With Acetic Acid (VIA) Checking at TPMB Midwife R Cisalak Pasar Cimanggis Depok West Java in 2022".

## Method

This study used quantitative research using the descriptive-analytic method with the cross-sectional approach. The variables studied were knowledge, attitude, motivation, and husband support as independent variables (Independent) and the interest of women of childbearing age in VIA checking as dependent variables. The sample used amounted to 32 people. This research was conducted in September 2022. The research was conducted at TPMB Midwife R Cisalak Pasar Cimanggis Depok. Data analysis was used in this study using chi-square test statistics.

## Results and Discussion

### Results

#### *Frequency distribution of knowledge, attitude, motivation, and husband support*

Table 1  
Frequency distribution of knowledge, attitude, motivation, and husband support for VIA Test Checking at TPMB Midwife R Cisalak Pasar Cimanggis Depok in 2022

No.	Variable	Category	F	%
1	Knowledge	Good	22	68,8
		Less	10	31,3
Total			32	100
2	Attitude	Positive	28	48,6
		Negative	4	42,9
Total			32	100
3	Husband Support	Exist	7	21,9
		No	25	78,1
Total			32	100
4	Motivation	Exist	31	96,9
		No	1	3,1
Total			32	100
5	VIA Interest	Yes	17	53,1
		No	15	46,9
Total			32	100

Table 4.1.2 shows that the knowledge of women of childbearing age is mostly in the good category, namely 22 people (68.8%), in the attitude of women of childbearing age towards VIA tests has a positive attitude category as many as 28 people (48.6%), in the support of the respondent's husband in the category there is no husband's support as many as 25 people (78.1%), while in the motivation to do VIA with the category, there is exist motivation as many as 31 people (96.9%) and in high interest in doing VIA tests in the category there is interest as many as 17 people (53.1%).

#### *Relationship between knowledge of women of childbearing age towards VIA checking*

Table 2  
The relationship between the level of knowledge of women of childbearing age towards VIA checking

Knowledge	VIA Interest		Total	Asymp. sign (2 – sided)
	Yes	No		
Good	11,7%	10,3%	22	0,000
Less	5,3%	4,7%	10	
Total	17	15	32	

In Table 2, the results of the analysis using the chi-square test statistics by assessing the relationship between the level of knowledge of women of childbearing age in VIA Checking, it can be seen that the Asymp.sign value is 0.00 because the p-value is  $0.00 < 0.05$ , it can be concluded that there is a relationship between the level of knowledge of women of childbearing age with VIA Checking (Carr & Sellors, 2004; Bomfim-Hyppólito et al., 2006; Mohamad et al., 2016; Cremer et al., 2011).

*Relationship between an attitude of women of childbearing age towards VIA checking*

Table 3  
The relationship between the level of attitude of women of childbearing age towards VIA checking

Attitude	VIA Interest		Total	Asymp. sign (2 – sided)
	Yes	No		
Positive	14,9 %	13,1%	28	0,319
Negative	2,1%	1,9%	4	
Total	17	15	32	

In table 3 the results of the analysis using the chi-square test statistics by assessing the relationship between the level of attitude of women of childbearing age in VIA Checking shows the Asymp. sign value of 0.319, because the p-value > 0.05, it can be concluded that there is no relationship between the attitude of women of childbearing age with VIA Checking.

*Relationship between the motivation of women of childbearing age towards VIA checking*

Table 4  
Relationship between the level of motivation of women of childbearing age towards VIA checking

Motivation	VIA Interest		Total	Asymp. sign (2 – sided)
	Yes	No		
Exist	16,5 %	14,5%	31	0,469
No	5%	5%	1	
Total	17	15	32	

In Table 4, the results of the analysis using the chi-square test statistics by assessing the relationship between the level of motivation of women of childbearing age in VIA Checking, it can be seen that the Asymp.sign value is 0.469 because the p-value > 0.05, it can be concluded that there is no relationship between the motivation of women of childbearing age with VIA Checking.

*Relationship between husband support of women of childbearing age towards VIA checking*

Table 5  
The relationship between the level of support from husbands of women of childbearing age towards VIA checking

Husband Support	VIA Interest		Total	Asymp. sign (2 – sided)
	Yes	No		
Exist	3,7 %	3,3%	7	0,008
No	13,3%	11,7%	25	
Total	17	15	32	

In Table 5, the results of the analysis using the chi-square test statistics by assessing the relationship between the level of support of husbands of women of childbearing age in VIA Checking, it can be seen that the Asymp.sign value is 0.008, because the p-value < 0.05, it can be concluded that there is a relationship between the support of husbands of women of childbearing age with VIA Checking.

*Discussion*

*Frequency distribution of knowledge, attitude, motivation, and husband support*

Based on the results of the study, it was found that mothers with poor knowledge were 10 people (31.2%), with good knowledge were 22 people (68.8%), mothers who had a positive attitude towards VIA Tests were 28 people (48.6%), mothers who had a negative attitude were 4 people (12.5%), mothers who had husband support in conducting VIA Tests were 7 people (21, 9%), who did not have husband support were 25 people (78.1%), mothers who had

motivation to do VIA were 31 people (96.9%), who did not have motivation amounted to 1 person (3.1%), mothers who had an interest in VIA Tests were 17 people (53.1%), and did not have an interest in VIA Tests were 15 people (46.9%).

*Relationship between knowledge of women of childbearing age towards VIA checking*

Based on the results of the study, it was found that mothers with good knowledge had 11.7% interest, mothers with good knowledge had no interest as much as 10.3%, while mothers with poor knowledge had 5.3% interest and mothers with poor knowledge had no interest as much as 4.7%. The results of the chi-square statistical test between maternal knowledge and VIA Checking in women of childbearing age couples obtained a p-value of 0.00 <0.05, it can be concluded that there is a relationship between the level of knowledge of women of childbearing age with VIA Checking. The results of this study are in line with other research conducted by Lestari in 2016 entitled Factors that Relate to the Willingness of Women of Childbearing Age to Conduct Early Detection of Cervical Cancer at the Manahan Surakarta Health Center. The results showed that there was a significant relationship between knowledge and the willingness of women of childbearing age to do early detection of cervical cancer ( $p = 0.025$ ) (Mouliza & Maulidanita, 2020). This research is also in line with research conducted by Dewi in 2014 with the title Factors Associated with Cervical Cancer Prevention Behavior in Women of Childbearing Age. The results showed there was a relationship between knowledge ( $p=0.045$ ) Based on the results of this study, it is recommended for healthcare institutions, especially for public health center staff to improve health education for cervical cancer prevention and expand health promotion targets (Dewi et al., 2013).

According to Notoadmodjo, knowledge is the result of knowing, and this occurs after someone senses a certain object. Without knowledge, a person has no basis for making decisions and determining actions towards the problems faced. Knowledge or cognitive domain is a very important domain in shaping one's actions (overt behavior) (Ministry of Health of the Republic of Indonesia, 2018). Women who have less knowledge tend not to do VIA checks when compared to women with sufficient knowledge. This finding is in line with previous research (Anggiasih), women who have never done a VIA Checking tend to have minimal knowledge and have an imperfect understanding of VIA Checking. It is possible that the knowledge obtained is not perfect so women who have never done the Checking do not feel confident about the benefits obtained from VIA Checking.

According to the assumptions of researchers from the results of the study, it is known that the majority of mothers lack knowledge about the early detection of cervical cancer or in other words, mothers have insufficient knowledge so that it can be known that insufficient or sufficient knowledge will have an impact on the behavior of mothers who do not perform VIA Checking s. So it can be concluded from the results of this study that respondents who are well informed about the VIA test will have compliance in conducting the VIA test because they know the dangers and impacts of the disease that women fear most, namely cervical cancer with the VIA test cervical cancer can be found at an early stage. Respondents who undergo the VIA test tend to get more information about the VIA test compared to respondents who do not undergo the VIA test (De Vuyst et al., 2005; Saleh, 2014; Aprilia & Arsin, 2020; Vahedpoor et al., 2019).

Respondents with sufficient knowledge are due to sufficient information and increasingly sophisticated technological advances to obtain information, both mass media and print media. Respondents who have less knowledge are due to the lack of information they get, especially information about the VIA test which causes these respondents not to want to do the VIA test. According to the researcher's assumption from the results of the study, it is known that the majority of mothers lack knowledge about the early detection of cervical cancer or in other words, mothers have insufficient knowledge so that it can be known that insufficient or sufficient knowledge will have an impact on the behavior of mothers who do not perform VIA Checking s. So it can be concluded from the results of this study that respondents who are well informed about the VIA test will have compliance in conducting the VIA test because they know the dangers and impacts of the disease that women fear most, namely cervical cancer with the VIA test cervical cancer can be found at an early stage. Respondents who undergo the VIA test tend to get more information about the VIA test than respondents who do not undergo the VIA test. Respondents with sufficient knowledge are due to sufficient information and increasingly sophisticated technological advances to obtain information, both mass media and print media. Meanwhile, respondents who have less knowledge are due to the lack of information they get, especially information about the VIA test which causes these respondents not to want to do the VIA test (Raidanti et al., 2021; Belinson et al., 2001; Sauvaget et al., 2011; Abadi & Duarsa, 2020).

### *Relationship between an attitude of women of childbearing age towards VIA checking*

Based on the results of the study, it was found that mothers who had a positive attitude with an interest were 14.9%, mothers who had a good attitude with no interest were 13.1%, while mothers who had a negative attitude with an interest were 2.1% and mothers who had a negative attitude with no interest were 1.9%. The results of the chi-square statistical test between maternal knowledge and VIA Checking in women of childbearing age were obtained because the  $p\text{-value} > 0.05$ , it can be concluded that there is no relationship between the attitude of women of childbearing age and VIA Checking. The results of this study are in line with research conducted by L. Sri Dewi which states that women of childbearing age who have a high attitude have a probability of doing VIA Checking 28.769 times greater than women of childbearing age with a low attitude (Dewi et al., 2013). This means that someone with a positive attitude has a 4,524 times chance of doing a VIA Checking compared to someone who has a negative attitude. Attitude is a person's closed response to a certain stimulus or object. which already involves the opinion and emotional factors concerned (Notoatmodjo, 2012). Attitude is related to a person's mindset, beliefs, and beliefs that form a certain understanding so that someone will tend to do something. If the reaction or response is positive, the behavior tends to be positive and if the response is negative, the behavior tends to be negative as well. (Kalia & Muhani, 2020). If someone has a positive attitude towards VIA Checking, then based on this theory someone will do a VIA Checking. In accordance with the results of research conducted in the Wirobrajan Health Center work area, 37.3% of respondents with a positive attitude had done VIA, and 91.2% of respondents with a negative attitude tended to never do VIA checks. Negative attitudes arise because most respondents still feel embarrassed, and afraid if the Checking is painful, There are no complaints related to reproductive organs so they feel healthy and do not need VIA or do not have enough time to do the Checking.

According to the researcher's assumption, attitude has a relationship to the character and behavior of a person in doing something. Attitude is one of the predisposing factors that can influence a person's behavior. If mothers understand the benefits of early detection of cervical cancer, they will have a positive attitude in maintaining health and changing behavior from bad to good (Sukmawati et al., 2020; Nelwan et al., 2019; Nursalam, 2014; Mulyani et al., 2017).

### *Relationship between the motivation of women of childbearing age towards VIA checking*

Based on the results of the study, it is known that it was found that mothers who had motivation with interest were 16.5%, mothers who had good motivation with no interest were 14.5%, mothers who had motivation with interest were 5% and mothers who had motivation with no interest were 5%. The results of the analysis using the chi-square test statistics by assessing the relationship between the level of attitude of women of childbearing age in VIA Checking showed an Asymp. sign value of 0.469 because the  $p\text{-value} > 0.05$ , it can be concluded that there is no relationship between the attitude of women of childbearing age with VIA Checking.

The results of this study are not in line with Kurniawati's research which states that motivation ( $p=0.002$ ) is significantly related to VIA Checking behavior.(Dewi, 2014) Another similar study is Nurhastuti's research which states that motivation ( $p=0.000$ ) is related to VIA Checking behavior in Posyandu cadres (Novidasari & Juhaeriah, 2018). The results showed that respondents who had weak motivation mostly did not perform VIA Checking s, 56 (87.5%), and respondents with strong motivation only 36.4% performed VIA Checking s. This is because many respondents do not feel the need because there are no complaints related to reproductive organs (abnormal vaginal discharge, bleeding outside the menstrual cycle, and so on), tend to do VIA if mass VIA is carried out or recommended by health workers or the closest person (husband). Motivation is an internal or external drive in a person that is indicated by the desire and interest to carry out activities (Nursalam, 2011). Most respondents do not have the interest and willingness to do VIA so the need for the importance of health to protect the reproductive organs (cervix) is also still lacking, therefore the urge to seek information and do VIA is also lacking and during socialization activities from cadres or health workers, it is still rarely emphasized about how important early detection of cervical cancer (VIA or pap smear) can prevent or find out early cancer (Arbyn et al., 2021; Cahyono et al., 2021; Dewi, 2014; Aini, 2020).

Researchers have an assumption that strong motivation in women of childbearing age also turns out that there are those who do not participate in VIA Checking s, the researcher's assumption is that this is due to several other factors that cause women of childbearing age to decide not to participate even though most of the respondents' answers stated that VIA Checking s are very important. There seems to be fear of the personality of women of childbearing age who do not participate in VIA Checkings. This is in line with what Muharto (2014), stated that there are four factors that influence a person's healthy living behavior, namely motivation, perception, ability, and personality. In

this personality factor plays an important role in which the fear of conducting VIA Checking s will greatly influence the decisions of women of childbearing age in participating in VIA Checking s.

#### *Relationship between husband support of women of childbearing age towards VIA checking*

Based on the results of the study, it was found that mothers who had husband support with an interest of 3.7%, mothers who had husband support with no interest were 3.3%, while mothers who did not have support with an interest were 13.3% and mothers who did not have support with no interest were 11.7%. The results of the analysis using the chi-square test statistics by assessing the relationship between the level of knowledge of women of childbearing age in VIA Checking showed an Asymp. sign value of 0.08, because the p-value  $<0.05$ , it can be concluded that there is a relationship between the support of husbands of women of childbearing age with VIA Checking. The results of this study are not in line with research conducted by Wahyuni which states that husband support is 3.05 times associated with behavior in early detection of cervical cancer (Wahyuni, 2013). Another study that also states the same thing is Yuliwati's research which states that someone who gets good support from their husband has a 5.587 times more chance of good VIA behavior (Rasyid & Afni, 2017). Women who get good social support (support from partners, family, friends, or community leaders) tend to do early detection checks for cervical cancer. If a woman does not have the closest group, it will indirectly affect the woman's behavior. The husband is the closest person to the mother in interaction and in decision-making.

The results of this study are in line with other research conducted by Lestari in 2016 entitled Factors that Relate to the Willingness of Women of Childbearing Age to Conduct Early Detection of Cervical Cancer at the Manahan Surakarta Health Center. The results showed that there was a significant relationship between husband support and the willingness of women of childbearing age to do early detection of cervical cancer ( $p=0.010$ ) (Lestari, 2016). The results of this study are not in line with research conducted by Rasyid on Factors Associated with the Behavior of Women of childbearing age about Early Detection of Uterine Cancer Visual Inspection With Acetic Acid (VIA) Method at Puskesmas Singgani. The results of this study indicate that there is no relationship between husband/family support and the behavior of women of childbearing age with a value of  $p=0.063 > 0.05$ . Health workers are expected to provide information about cervical cancer and its prevention. So that people know the impact and risk of not doing early detection of cervical cancer VIA method (Rasyid & Afni, 2017). Support given to women of childbearing age from husband/family can be in the form of providing information about VIA Checking for early detection of cervical cancer. Support is also provided in the form of a positive response or response if the respondent invites discussion about women's health problems, one of which is cervical cancer and the VIA test. Conducting counseling to husbands to increase knowledge about cervical cancer and VIA Checking, so that husbands easily encourage their wives to conduct early Checking of cervical cancer (Rasyid & Afni, 2017).

According to the researcher's assumption based on the results of the study, it can be seen that the majority of mothers do not get support from their husbands to do VIA Checking s, but it can also be known that mothers who get support from their husbands but there are still many mothers who do not want to do VIA Checking s. Husband support plays a very important role in the wife's decision-making. The area of Kelurahan Cisalak Pasar Cimanggis Depok still adheres to customs and culture. One of them is a culture where the husband has the highest position in the family and is very involved in every decision in the family, including the decision to do VIA Checking. However in this study, it is not enough to influence mothers in conducting VIA Checking s because this can be caused by shyness and fear of receiving a diagnosis of a disease. The more mature the age should be the more mature in thinking and will be wiser in conducting early detection of cervical cancer. But it does not rule out the possibility that the age of the individual who is expected to be mature and his thinking is commensurate with his age, actually refuses to realize and humbly wants to do early detection. Despite the support of the husband, if the mother does not want or feel not ready, it will ultimately affect the mother's decision to do early detection of cervical cancer and if the mother has enough information, knowledge, and high motivation to do VIA Checking, of course, this will also affect the mother's behavior.

#### **Conclusion**

Based on the results of the study, the conclusion of this study is: that there is a significant correlation between the level of knowledge of women of childbearing age and VIA Checking. This is because the p-value (0.00) is smaller than the significance limit (0.05). However, there was no significant relationship between the attitude of women of childbearing age and VIA Checking because the p-value (0.319) was greater than the significance limit (0.05). In addition, there was no significant relationship between the motivation of women of childbearing age and performing

VIA Checking. This is because the p-value (0.469) is greater than the significance limit (0.05). There is a significant relationship between the support of husbands of women of childbearing age and VIA Checking as evidenced by the p-value (0.08) which is smaller than the significance limit (0.05). So it can be said that this study found a significant relationship between the level of knowledge and husband support with VIA Checking at TPMB Midwife R Cisalak Pasar Cimanggis Depok. However, there was no significant relationship between the attitude and motivation of women of childbearing age regarding VIA Checking. This study can serve as a basis for developing more effective strategies to increase the participation of women of childbearing age in VIA screening for early detection of cervical cancer and further prevention efforts. It is recommended that future research on the same topic can develop and improve the content and research materials for better results.

#### Acknowledgments

The authors would like to express their sincere gratitude to the Head of TPMB Midwife R Cisalak Pasar Cimanggis Depok and all respondents who have contributed to this study. Without your permission, support, and valuable participation, this scientific article would not have been possible. Your close collaboration and dedication in providing the necessary time and data have made an important contribution to the development of our knowledge.

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