

Factors associated with the uptake of Cervical Cancer Screening among married women in Udangoda Grama Niladhari Division, Rathnapura District, Sri Lanka

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Abstract- Cervical cancer is a major public health problem throughout the world. It is the second leading cause of cancer deaths among women in Sri Lanka. Screening is one of the most cost effective strategies for the disease control.

This study aimed to identify the Factors associated with the uptake of Cervical Cancer Screening among married women in age at or above 35 years in Udangoda Grama Niladhari Division, Rathnapura District in Sri Lanka.

A descriptive cross-sectional interviewer administered questionnaire survey was conducted among 170 women. Data were analyzed in SPSS 16.0 statistical software. Statistical significance was set at $p < 0.05$.

Mean age was 52.6, 54.7% (n=93) were passed O/L and 60% (n=160) were unemployed women. Almost 87.6% (n=149) had heard of cervical cancer (CC) and 87.1% (n=148) had heard cervical cancer screening (CCS). A very small proportion of participants had heard of risk factors, signs and symptoms and link between HPV (Human Papilloma Virus) and CC, that is 2.3% (n=4), 11.2% (n=19) and 2.9% (n=5) respectively. Electronic Medias and midwives play great role in providing information on CC and CCS. Even though majority of them heard the disease and screening method; screening uptake was very low among the participants 19.4% (n=33).

Age and educational level played key roles in determining the awareness and attitude of the women. At the same time proper awareness and positive attitudes were affected to determine the screening behavior of the respondents. The proportion of women who had ever been screened was significantly higher among those who demonstrated positive attitude to screening 78.8% (n=26), $p = 0.001$, respondents who were aware of the disease 100.0% (n=33), $p = 0.016$, and those who were aware of cervical cancer and its screening 100.0% (n=33), $p = 0.001$.

This findings highlighted busy schedule in life 43.5% (n=74) and lack of knowledge 30.6% (n=52) were the most common barriers toward uptake of screening services. There is urgent need to improve the proper awareness programmers and attitude changing to overcome low attendance for screening services in Sri Lanka.

Index Terms- Cervical Cancer screening, Factors, Cervical Cancer

I. INTRODUCTION

Cervical cancer is a type of cancer that occurs in the cells of the cervix, the lower part of the uterus that connects to the vagina.

Cervical cancer is one of the most common viral infections in the reproductive tract (Ministry of Health, 2015). It is the second leading cause of cancer deaths among women in Sri Lanka and the fourth most frequent cancer in women among worldwide (HPV Information Centre, 2014). Among 266,000 deaths occur in worldwide, 85% of deaths occur in developing countries (WHO, 2014). But it is the most easily preventable forms of cancer for women (WHO, 2015).

The objective of this study was to identify the Factors associated with the uptake of Cervical Cancer Screening among married women in age at or above 35 years in Udangoda Grama Niladhari Division, Rathnapura District in Sri Lanka.

II. MATERIAL AND METHODS

This was a Descriptive- Cross sectional study involving married women age at or above 35 years in Udangoda Grama Niladhari Division in Rathnapura District, Sri Lanka. Simple randomization was done to select the 170 of participants from the selected population. Interview based structured questionnaire was developed from questionnaires that had been used in previous studies and from various articles. Questionnaire was pre tested before administer to the study population.

The questionnaire aimed to gather information regarding respondents' awareness on cervical cancer and its' screening their attitudes and practices toward cervical cancer screening and perceived barriers for not attending to screening. Data were analyzed using SPSS database programme version 16. Univariate and Bivariate analysis were done. Univariate analyses (frequency computations) were performed as the main aim of this study was descriptive. Bivariate analysis was used in computing association between variables. The chi-square test was used to measure the strength of association between variables. P value of < 0.05 is considered as statistically significant.

III. RESULTS

Majority of the participants in this study were age group between 35-55 years, un-employed women who were from nuclear families.

Mean age of the total respondents' was 52.6. Mean parity was 3.86. Of all the women interviewed, 56(32.9%) had passed O/L, 49(28.8%) had primary education level, 38(22.3%) had secondary education level, 26(15.3%) passed A/L and only one participant had high education level.

The employment status of the respondents was also established and 102(60%) were unemployed, 37(21.8%) were self employed while 20(11.8%) and 11(6.5%) were employed in government sector and private sector respectively.

The Majority of the respondents; 87.6% (n=149) had heard of cervical cancer, whereas 12.4% (n=21) had never heard of cervical cancer.

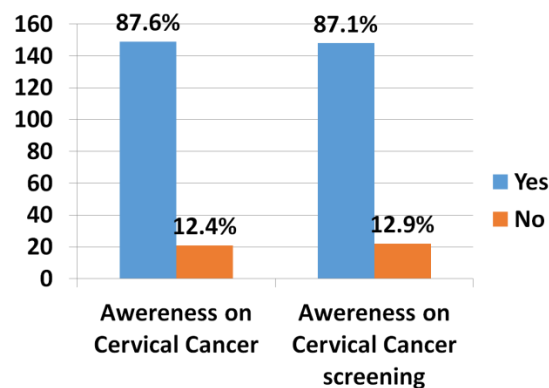


Figure 1: Awareness on Cervical Cancer and Cervical cancer screening.

Out of 170 total participants 87.1% of majority was aware about the cervical cancer screening while 12.9% were not aware about it.

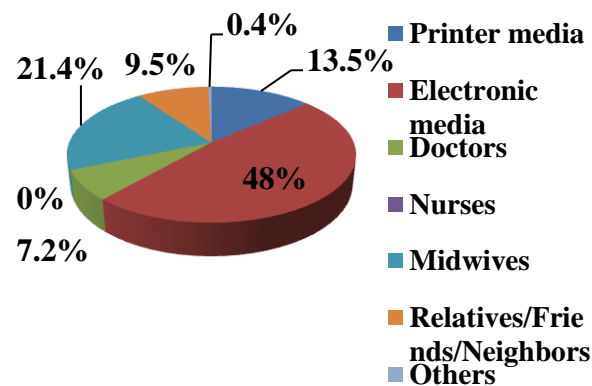


Figure 2: Source of information on cervical cancer and its screening

Nearly half of the respondents reported to have gotten information on cervical cancer from electronic media. (48%) Other respondents state it as 21.4% from midwives, 13.5% printed media. 9.5% from relatives, friends or neighbors, 7.2% from doctors and 0.4% from other source.

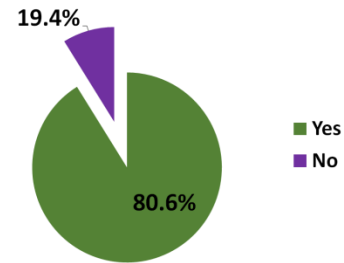


Figure 3: Uptake of Cervical Cancer screening

Out of 170 total participants only 33(19.4%) respondents were had already participated to the Pap smear test.

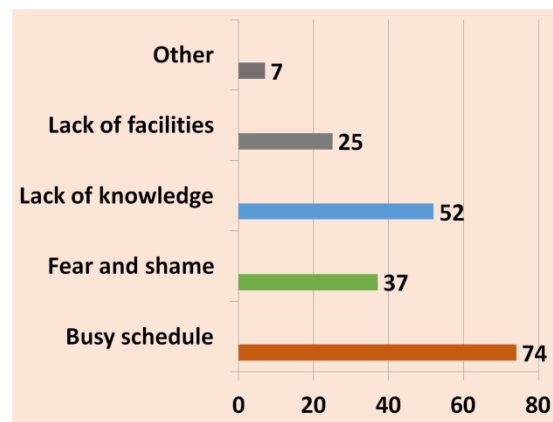


Figure 4: Barriers to prevent cervical cancer screening uptake

This findings highlighted busy schedule in life 43.5% (n=74) and lack of knowledge 30.6% (n=52) were the most common barriers toward uptake of screening services.

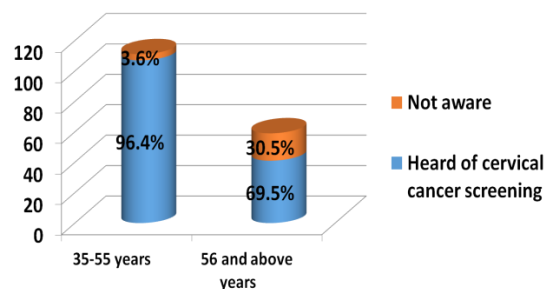


Figure 5: Comparison of the awareness on cervical cancer and its screening with the age and education levels of the married women age at or above 35years old

There was a statistically significant difference between age of the respondents with the awareness on cervical cancer and its screening. ($\chi^2=25.123$; $df=2$; $p < 0.001$)

Variable	Ever been screened	
	Yes n (%)	No n (%)
Aware on cervical cancer and it's Screening		
Yes	33(22.1)	116(77.9)
No	0(0)	21(100)
	($\chi^2=5.771$, $df=1$, $p=0.016$)	

Table 1: Comparison of the awareness and attitude on cervical cancer & it's screening, with uptake of Cervical Cancer screening among married women age at or above 35years old

Variable	Ever been screened	
	Yes n (%)	No n (%)
Total of the scores		
Attitudes score		
below than mean (<31.8)	7(8.3)	77(91.7)
Attitude score greater than mean (>31.8)	26(30.2)	60(69.8)
	($\chi^2=13.027$, $df=1$, $p=0.001$)	

Table 2: Comparison of the attitudes on cervical cancer & its screening with uptake of cervical cancer screening among married women age at or above 35years old

There was a statically significant difference between, awareness on Cervical Cancer, its screening and attitudes, with uptake of Cervical Cancer Screening among the respondents. Those who were aware on cervical cancer and its screening had higher Cervical Cancer uptake while those who had good attitudes also played the same.

IV. DISCUSSION

Findings indicated majority of the women had heard about cervical cancer its cervical cancer screening.

Awareness on cervical cancer and cervical cancer screening is associated with socio-demographic factors such as age group and educational level. Respondents those who are younger and with good educational background had more awareness on cervical cancer and its' screening.

Even though majority of them heard the disease and screening method; screening uptake was very low among the participants. This clearly depicts that quite a significant number of the community don't utilize the services.

These findings were supported by a research by Morris that in Kenya that had showed that only 53% had been screened for cervical cancer while the rest 47% had not been screened.

Woman's awareness and attitudes on cervical cancer and cervical cancer screening was significantly associated with uptake of cervical cancer screening. The proportion of women who had ever been screened was significantly higher among those who demonstrated positive attitude to screening and proper awareness on cervical cancer and its screening.

V. CONCLUSION

Age and educational level played key role in determining the awareness and attitude of the women. At the same time good awareness and positive attitudes were affect to change screening behavior of the respondents. Proper awareness programmers and attitude changing are required to overcome low attendance for screening services.

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