Original Article

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A Study to Assess the Barriers to Cervical Cancer Screening among Women Attending Gynaecology, OPD.

P. Haritha

Author Affiliation: 2nd year M.Sc (Nursing), College of Nursing, Sri Venkateswara Institute of Medical Sciences (SVIMS), Alipiri Road, Tirupati-517507 Andhra Pradesh.

Abstract

Background: Cervical cancer is a significant public health burden in most developing countries, where it is a major cause of mortality and morbidity among women. Despite the availability of free Papanicolaou (Pap) smear screening, cervical cancer is the second leading cause of cancer related deaths among women. Cancer of the cervix uteri is the 4th most common cancer among women worldwide, with an estimated 527,624 new cases and 265,672 deaths in 2012. According to World Health Organization (WHO), the highest burden of cervical cancer occurs in developing nations, where there is a lack of effective screening programs and low uptake of Pap smear or pelvic examination. *Objectives*: To assess the barriers to cervical cancer screening among women.To associate the barriers to cervical cancer screening with selected socio-demographic variables. *Methods:* A descriptive study involving 100 women was carried out with interview schedule. Data were collected by using a structured questionnaire. Data regarding socio-demographic characteristics and checklist related to barriers to cervical cancer screening. Data were analysed with Cronbach's Alpha, ANOVA, Correlation Coefficient. Hypothesis H_{01} states there is a significant association between barriers to cervical cancer screening with selected demographic variables was accepted. *Results*: Out of 100 study participants, (55%) having medium barriers, and 32 women having high barriers and few participants, 13 reported low barriers. *Conclusion*: There should be improve awareness regarding importance of cervical cancer screening by providing information regarding cervical cancer screening uses, screening intervals and also various services are available to screening in order to improve the women health.

Keywords: Cervical Cancer; HPV; Screening; Barriers; PAP.

Introduction

Cervical cancer is a cancer arising from the cervix. It is due to the abnormal growth of cells that have the ability to invade or spread to other parts of the body. Early on typically no symptoms are seen. Later symptoms may include abnormal vaginal bleeding, pelvic pain, or pain during sexual intercourse. While bleeding after sex may not be serious, it may also indicate the presence of cervical cancer [1]. It is the 4th most common cancer in the world with an estimated 527,624 new cases and 265,672 deaths in 2012 [2].

Human Papilloma Virus [HPV] infection appears to be involved in the development of > 90% of cases, most people who have had HPV infections, however, do not develop cervical cancer [1]. Human Papilloma Virus (HPV) types of 16 and 18 are responsible for

Reprint Request: P.Haritha, 2nd year M.Sc (Nursing), College of Nursing, Sri Venkateswara Institute of Medical Sciences (SVIMS), Alipiri Road, Tirupati-517507 Andhra Pradesh.
E-mail: harithayadav229@gmail.com

70% cervical cancer cases. Countries like India where huge section of the population are from below poverty line and there is lack of awareness and facilities for cervical cancer screening in India [3].

Cancer cervix seems to follow a progressive course from epithelial dysplasia to carcinoma in situ to invasive carcinoma. There is good evidence that carcinoma in situ persists for a long time, more than 8 years on an average. The proportion of cases progressing to invasive carcinoma from pre-invassive stage is not known-it may average 15-20 years or longer. The duration of the pre-invassive stage is also not known. There is evidence that some in situ cases will spontaneously regress without treatment. Once the invasive stage is reached, the disease spread by direct extension into the lymph nodes and pelvic organs [4].

Risk factors associated with cervical cancer include persistent infection with certain Oncogenic strains of Human Papilloma Virus [HPV] starting sex at young age, and having many sexual partners, history of sexually transmitted infection [STI], smoking, poor diet, use of oral contraceptive pills for 5-9years, low socio economic status [SES], family history of cervical cancer, and history of abnormal pap smears [5].

Pap smear screening every 3-5 years with appropriate follow up can reduce cervical cancer incidence up to 80%. The age start screening ranges between 20 & 30 years of age. In U.S screening is recommended to began at age 21, regardless of age at which a women began having sex or other risk factors, screening can occur every 5 years between ages 30-66years [1].

Cervical cancer can be detected at an early stage through regular advantage of screening. To explore perspectives on cervical cancer screening. Lack of knowledge about the importance of prevention, influence of family and community, and health-provider issues affected the women's access to screening. The effectiveness of cervical cancer screening programmes differs widely in different populations. In India, most women presented with cancer of uterine cervix extending beyond the cervix. The majority of women belong to the lower socioeconomic status, are rural, aged 35 and 64 years and highly noncompliant for complete treatment and follow-up [3].

Current screening programs in developing countries faced obstacles such as inefficient supplies, inadequate trained health care providers, limited available services and lack of patient fallow up. Additionally, lack of appropriate programs in these countries indicates that the population may be at relatively high risk for cancer mortality and morbidity due to delayed diagnosis [6].

Methodology

After obtaining permission from the HOD, Dept. Of obstetrics and gynaecology, SVIMS,Tirupathi.The subjects were approached individually with the permission of authorities. The data was collected from women with informed consent. The sample was selected by non-probability purposive sampling technique. The total 100 women were interviewed by the investigator using a structured interview schedule.

Inclusion Criteria

Women who are willing to participate in the study. Who are attending to the gynaecology OPD, SVIMS,

Table 1: Distribution of barriers to cervical cancer screening

S. No	Items		Yes	No
1	i am unaware of cervical cancer/pap test	N	49	51
		%	49.00%	51.00%
2	Anticipated shame for the cervical cancer screening	N	66	34
		%	66.00%	34.00%
3	Never had any symptoms [bleeding, pain] before ,i don't want to attend for screening test .	N	69	31
		%	69.00%	31.00%
4	I feel that screening is not a priority.	N	52	48
		%	52.00%	48.00%
5	I don't have stress .i know stress leads to cervical cancer.	N	55	45
		%	55.00%	45.00%
6	As i am consume healthy [balanced]diet . I am not get cervical cancer.	N	68	32
		%	68.00%	32.00%
7	I am not exposed to polluted air . There is no chance for getting cervical cancer.	N	58	42
		%	58.00%	42.00%
8	No need to bother for cervical cancer .	N	70	30
		%	70.00%	30.00%
9	My health is in god's hands.	N	72	28
		%	72.00%	28.00%

10	I feel shy to expose my private parts to unknown person[medical health care personals] for the test .	N	75	25
		%	75.00%	25.00%
11	I have no time to attend for the test due to domicillary/field .	N	65	35
		%	65.00%	35.00%
12	I am not sexually active so do not need to go for a pap smear.	N	72	28
		%	72.00%	28.00%
13	Pap smear test is painful.	N	81	19
		%	81.00%	19.00%
14	I felt that pap test is degrading and uncomfortable.	N	85	15
		%	85.00%	15.00%
15	Low perceived risk of cervical cancer.	N	76	24
		%	76.00%	24.00%
16	There is no history of cancer in my family, i am safe	N	62	38
		%	62.00%	38.00%
17	It is against my religious beliefs and cultural values to go for screening.	N	65	35
		%	65.00%	35.00%
18	My partner/ in laws/parents would not allow me to go for screening.	N	70	30
		%	70.00%	30.00%
19	I have fear towards cancer	N	78	22
		%	78.00%	22.00%
20	I am scared of a cancer diagnosis and treatment.	N	82	18
		%	82.00%	18.00%
21	It is difficult to schedule a test appointment.	N	66	34
		%	66.00%	34.00%
22	After menopause only cancer will occur	N	87	13
		%	87.00%	13.00%
23	I don't have enough money to pay for screening.	N	54	46
		%	54.00%	46.00%
24	pap smear test is not covered by health insurance.	N	94	6
		%	94.00%	6.00%
25	Lack of transport and /or access to health services	N	44	56
		%	44.00%	56.00%
26	There is improper information on cervical cancer in the community.	N	79	21
		%	79.00%	21.00%
27	There are no screening centres in the community.	N	82	18
		%	82.00%	18.00%
28	The screening centres are too far from where i live.	N	90	10
		%	90.00%	10.00%
29	No female doctor/nurse available.	N	26	74
		%	26.00%	74.00%
30	Poor response from the health care providers.	N	73	27
		%	73.00%	27.00%
31	There are no health education programs to promote screening.	N	84	16
		%	84.00%	16.00%
32	language difficulty to attend for cervical cancer screening.	N	47	53
		%	47.00%	53.00%
33	Mistrust in the health service.	N	17	83
		%	17.00%	83.00%

Table 2: Distribution of total barriers to cervical Cancer screening

Barriers	Frequency(f)	Percentage(%)
Low barriers	13	13
Medium barriers	55	55
High barriers	32	32

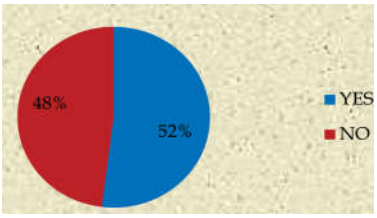

Fig. 1: Percentage distribution of women attending cervical cancer screening

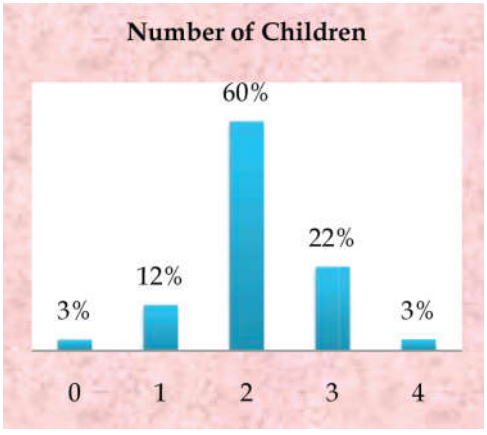

Fig. 2: Percentage distribution of women having no of children

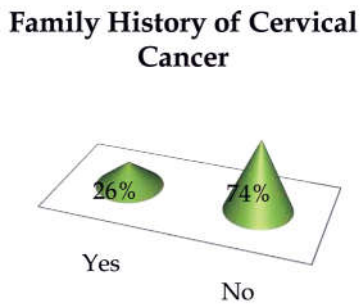

Fig. 3: Percentage distribution of women having family history of cervical cancer

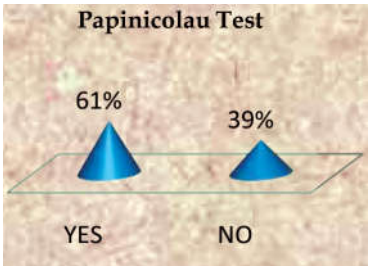

Fig. 4: Percentage distribution of awareness of pap test

Tirupati, who can understand Telugu/English women 30-50 years of age.

Association between Demographic Variables with Barriers to Cervical Cancer Screening

There is a significant association between barriers to cervical cancer screening with women education, husband education, attendance of cervical cancer screening significant at 0.01 level and women occupation, family history of cervical cancer at 0.05 level. Hence H_{01} is accepted.

There is a no significant association between other socio demographic variables like age, sex, religion, type of family, income, number of children, family history of cervical cancer, cervical cancer screening attendance.

Discussion

Women health is unique specialty of health care. Women are becoming more and more aware of their health status as a result of modern education, electronic, print media and health agencies. While women have made progress in most of the fields but still tends to inexplicably neglect their own health. Though in the present age, women are aware of their problems, the readiness to seek help from health personnel is hindered by economic constrains, social stigma and rigid superstitious beliefs regarding health problems [7].

The First Objective of the Study was to Assess the Barriers to Cervical Cancer Screening among Women

The test was conducted by using the structured questionnaire. The results reveals that out of 100 women 55% have medium barriers 32 women have high barriers, only 13 women have low barriers to cervical cancer screening.

The results of the present study supported by earlier study *(gebru z1, gerbaba m 2016*) a qualitative research study using in-depth interviews was conducted to explore barriers to cervical cancer screening the major factors identified by the women that influence screening utilization were lack of knowledge about the need for cervical screening, fatalistic attitudes about cervical cancer and other aspects of health, low perceived susceptibility, financial constraint, and emotional barriers (fear of having a positive result, embarrassment and anticipated shame) [8].

The Second Objective Was to Find out the Association Between Barriers to Cervical Cancer Screening with Selected Socio-demographic Variables

The study shows that there is a significant association between barriers to cervical cancer screening with selected demographic variables such as women education (0.002**), husband education (0.003**), attendance of cervical cancer screening (0.008**) there is a significant association at $p<0.01$ level. And occupation of women (0.026*) family history of cervical cancer (0.033*) there is a significant association at 0.05 level.

The Results of the Present Study Supported by Earlier Study

Everlynen morema 2014 has been conducted a cross-sectional study on determinants of cervical screening services uptake among 18–49 year old women seeking services at the jaramogi oginga odinga teaching and referral hospital, kisumu, kenya the sample size of 424 womens. The association between the demographic variables.there was a strong positive association between age ($p < 0.0001$), level of education ($p < 0.0001$) and income levels ($p = 0.005$) with the uptake of the service everlynen morema determinants of cervical screening services uptake among 18–49 year old women seeking services at the jaramogi oginga odinga teaching and referral hospital, kisumu, kenyabmc health services research [9].

So hypothesis H_{01} states there is a significant association between barriers to cervical cancer

screening with selected demographic variables was accepted.

Conclusion

The study findings revealed that out of 100 women majority (55%) have medium barriers, and 32 have high barriers and very few participants (13%) reported low barriers regarding cervical cancer screening. A majority of women were having medium barriers for the cervical cancer screening and demographic variables were statistically significant, and hence it can be concluded that, there should be improved awareness regarding importance of cervical cancer screening by providing information regarding cervical cancer screening uses, screening intervals and also various services are available to screening in order to improve the women health.

Recommendations

- A similar study could be conducted on larger sample.
- A similar study can be conducted to assess the barriers to cervical cancer screening among health professionals
- A similar study can be conducted to assess the knowledge and attitude towards cervical cancer screening.
- The study can be replicated in different community settings

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