

**BARRIER AND BELIEF TOWARDS PAP SMEAR SCREENING IN SEPANG,
SELANGOR, MALAYSIA: GENDER PERSPECTIVE**

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ABSTRACT

Background: Cervical cancer is the third most common cause of cancer death in Malaysia. Generally, women's attitudes and beliefs towards Pap smear screening will affect their uptake and compliance of Pap smear. Thus, the aim of this study was to determine the barrier and belief towards Pap smear among community in Kota Warisan, Sepang, Selangor.

Materials and Methods: A cross sectional study was done among Malaysian, aged 18 years and above and have been staying at Kota Warisan at least three months. Respondents were selected through random sampling method. Data have been collected through face to face interview, using a validated questionnaire.

Result: Among female, 51.7% have time barrier, while the main barrier for male to encourage spouses to practice smear was lack of knowledge (54.3%). As for belief, male respondents had belief that their partners do not have to do Pap test if she does not have children (55.9%), whereas 51.9% of female respondents believed that they do not need a Pap test if they have no sexual intercourse.

Conclusion: Those who have weak barriers were perceived to have true belief towards Pap smear screening.

Keywords: pap smear, screening, barrier, belief, gender

1.0 INTRODUCTION

Cervical cancer is the third most common cause of cancer death among women in Malaysia, after breast cancer and colorectal cancer (Azlan et al., 2013). According to the 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 (WHO, 2014). The Pap smear is a screening tool that looks for changes in the transformation zone of the cervix, which most often are caused by HPV and has helped reduce cervical cancer incidence and mortality rates by 75% (Mehta, Vasanth & Balachandran, 2009). National Cancer Society of Malaysia reports all women who are or who have been sexually active between the age of 20 and 65 years old, are recommended to undergo Pap smear screening (NCSM 2006).

Generally, women's attitudes and beliefs towards cervical cancer and the importance of screening test will affect their uptake and compliance of Pap smear (Zaridah, 2014). Various factors have been discovered in affecting the behaviour of practicing Pap smear screening test in women such as socio-demographic, socioeconomic, reproductive history, lifestyle or risk behaviour, attitudes, beliefs, sociocultural, information, knowledge, and provided services (Abdullah & Su, 2010). A study done by Al-Naggar, Low & Isa (2010) shows that most common barrier of cervical cancer screening were that the Pap smear test will make them worry (95.8%), no encouragement or information from healthcare workers (61.2%) and no encouragement from the partner (8.8%). Whereas another study on belief by Dang, Jessica & Tran (2010) shows that 89.6% did not hold certain beliefs such as: "a woman does not need to get Pap smears after she reaches menopause," or that "a woman does not need to get Pap smears after she stops having children," and that "only women who are sexually active should get Pap smears."

Thus this study aimed to determine the barrier and belief towards Pap smear among community in Kota Warisan, Sepang, Selangor. Therefore, a strategy and plan of action could be developed to strengthen the awareness among community and encourage women residents in practicing pap smear.

2.0 METHODOLOGY

A cross-sectional study was carried out in Kota Warisan, Sepang, Selangor, which comprises of terrace and Semi-D houses.

Stratified random sampling has been used to classify between the houses. Systematic random sampling was conducted to choose the respondents' house, followed by simple random sampling to select the respondent within the household. All residents who have been staying at least three months, aged more than 18 years, not mentally retarded, deaf and mute, from each house were selected. Respondents who refused to participate in the survey or were not there during the survey after two visits, will be considered as non-respondents.

Data was collected through face to face interview using a set of validated questionnaire. The questionnaire consists of nine questions for barrier and six questions for belief ($\alpha=0.8$) (Urrutia, 2009).

Categorisation of barrier and belief were based on the median score. Respondents with barrier score of less than 10 were classified as strong barrier and those with barrier score ranging from 10 to 18 were considered to have weak barrier. Whereas, respondents with belief score of less than 7 were classified as true belief while those with belief score ranging from 7 to 12 marks were considered to have wrong belief. The association was determine by Pearson chi-square test. The level of significance was set at $p < 0.05$ and confidence level at 95%.

3.0 RESULTS

A total of 305 participants participated in this study, giving an overall response rate of 98.7%.

Table 1. Barriers status on Pap smear screening

Barrier status	n	%
Strong barrier	101	33.1
Weak barrier	204	66.9
Total	305	100

Based on Table 1, 66.9% of the respondents have weak barrier towards pap smear screening.

Table 2 shows prevalence of barrier towards Pap smear screening. Forty four percent of them do not know at what age it is necessary to have a Pap test, 23.9% afraid to find out if have cancer, 23% claim they have difficulty to get an appointment and 21% do not have the time to get a

Pap Test. On the other hand, 94.8% disagree that the process of Pap smear examination is painful and 91.8% claim that a Pap test is not expensive.

Table 2. Barriers of Pap smear screening encountered by community (N = 305)

Barrier item	Agree	Disagree
	n (%)	n (%)
Do not know at what age it is necessary to have a Pap test.	81 (44.7)	224 (55.3)
Afraid to find out if have cancer.	73 (23.9)	232 (76.1)
Difficult to get an appointment	70 (23.0)	235 (77.0)
Do not have the time to get a Pap Test	64 (21.0)	241 (79.0)
Do not have money for transportation	59 (19.3)	246 (80.7)
The health care center is only open during hours	58 (19.0)	247 (81.0)
Need to wait a long time to be seen.	41 (13.4)	264 (86.6)
Getting a Pap Test is expensive	25 (8.2)	280 (91.8)
The process of Pap smear examination is painful	16 (5.2)	289 (94.8)

Table 3. Types of Pap smear screening barriers encountered by gender

Gender	Types of barrier			
	Emotional n (%)	Time n (%)	Economic n (%)	Knowledge n (%)
Male	44 (53.0)	43 (48.3)	14 (51.9)	38 (54.3)
Female	39 (47.0)	46 (51.7)	13 (48.1)	32 (45.7)
Total	83 (100)	89 (100)	27 (100)	70 (100)
X value (Df)	0.639(1)	3.618(1)	0.286(1)	0.220(1)
P value	0.424	0.057	0.593	0.639

Table 3 shows there are higher prevalence among male in terms of knowledge (54.3%) and emotional barrier (53.0%). Whereas, female has higher prevalence in time barrier (51.7%). However, statistically there is no significance between types of barriers with gender ($p>0.05$).

Table 4. Belief status on Pap smear screening

Belief status	n	%
True belief	201	65.9
Wrong belief	104	34.1
Total	305	100

Based on Table 4, 65.9% of the respondents have true belief towards Pap smear screening.

Table 5. Pap smear belief encountered by community (N=305)

Belief item	Agree	Disagree
	n (%)	n (%)
I/My partner have no risk of cervical cancer (or cancer of the cervix).	271 (88.8)	34 (11.2)
If I/ my partner do not have intercourse, I/ my partner do not need a Pap Test.	263 (86.2)	42 (13.8)
If an unmarried or single woman gets a Pap test, people may think that she is having sex	251 (82.3)	54 (17.7)
If I/ my partner is sterilised, I do not need a Pap Test	251 (82.3)	54 (17.7)
If I/ my partner have not had children, I/ my partner do not need a Pap Test.	251 (82.3)	54 (17.7)
If a woman has not had sex, a Pap test could take away her virginity	250 (82.0)	55 (18.0)

Table 5 shows 88.8% and 86.2% of the respondents believe that women do not have to do Pap smear screening if they have no risk of cervical cancer and if they do not have intercourse, respectively. Majority (82.3%) of respondents also believe that women do not have to do Pap smear if their partner are sterilised or they do not have children. They also believe that if an

unmarried or single woman gets a Pap test, people may think that she is having sex (82.3%). Moreover, 82% believe if a woman has not had sex, a Pap test could take away her virginity.

Table 6. Perceived Belief encountered by gender

Gender	Perceived Belief					
	No risk factor	No children	No intercourse	Infertile	Unmarried	Loss Virginity
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Male	45 (51.1)	19 (55.9)	26 (48.1)	22 (52.4)	26 (48.1)	27 (49.1)
Female	43 (48.9)	15 (44.1)	28 (51.9)	20 (47.6)	28 (51.9)	28 (50.9)
Total	88 (100)	34 (100)	54 (100)	42 (100)	54 (100)	55 (100)
X value (Df)	1.572(1)	0.011(1)	1.965(1)	0.374(1)	1.965(1)	1.591(1)
P value	0.210	0.917	0.161	0.541	0.161	0.207

Table 6 shows there are higher prevalence among male who believe that women do not have to do Pap smear if they have no children (55.9%) and have no risk of cervical cancer (51.1%). Whereas, there are higher of prevalence among female that belief they do not need a Pap test if they had no intercourse (51.9%) or unmarried (51.9%). However, statistically there is only significance between perceived beliefs that they do not have to do Pap smear if they have no children, with gender ($p < 0.05$).

Table 7. Association between belief and barriers towards Pap smear screening among respondents

Belief status	Barrier status			X ² ,	p value
	Strong	Weak	TOTAL		
	n (%)	n (%)			
True	42 (41.6)	159 (79.1)	201 (100.0)	39.737 (1)	0.000
Wrong	59 (58.4)	45 (22.1)	104 (100.0)		

Among respondents who have true belief towards Pap smear screening, 79.1% have weak barrier. Statistically there is a significant association between belief and barrier towards Pap smear screening among respondents ($p < 0.05$) (Table 7).

4.0 DISCUSSION

In this study, barrier and belief towards Pap smear screening and its associations among the community as well as gender related were identified. Study by Nesrin Reis et al. (2012), find education to be important in the total scale while studying the relation between the women's health beliefs and their demographical characteristics ($F=10.80$, $p= 0.01$). Women's beliefs towards cervical cancer screening are influenced by the level of education, in which as the educational level rise, their barriers towards having Pap smear is decrease ($P<0.05$) because they believe that regular health screening and having Pap smear are protective against cervical cancer.

Males too are more concern about knowledge, where majority of our male respondents agreed that lack of knowledge were the barrier to do Pap test and they also believed that their partners do not have to do Pap smear if they have no risk of cervical cancer. Those were consistent with finding by Asuzu, et al. (2014) that shows 89.1% of husbands agree that they do not know when their wives should go for Pap smear test and 6.8% believed that only women with symptoms suggesting of disease should go for screening test (Oche et al. 2013). It is very important for men to equip with proper knowledge on Pap smear screening as they could further encourage their partner to do the screening (Williams & Amoateng, 2012).

Majority of our respondents agreed that the higher cost of Pap test prevented them from doing the screening. Peterson et al. (2008) reports women who had ever lived in a rural community, had not completed high school, had a household income of \$15,000 a year, and had no health insurance were significantly less likely to have had a recent Pap test. In relation, 25% of women who had not had a Pap test in the last three years give cost as their reason.

Time is also the majority concern of not doing Pap test among working women (Wong et al., 2013), in which one-third of the women mentioned the inconvenience of appointment hours during working time, while three respondents out of twenty noted the long waiting time at government

clinics. This is also supported by Al-Naggar & Chen (2012), which states that 29.9% of women think the most common barrier was lack of time.

While knowledge contributed to perceived belief among male, social issues such as unmarried or loss virginity, contributed to perceived belief among female towards Pap smear screening, as reports by Abotchie & Shukor (2009), which half of their respondents believe that Pap test will take away virginity, as they strongly believed if an unmarried or single woman gets a Pap test, people may think that she is having sex. These issues are related to one's dignity and thus become a barrier towards Pap smear screening. In addition, Zohreh, et al., (2011) reports that poor quality of the services provided by public sectors, paying no attention to privacy and dignity of the people are also the other barriers for the screening.

Our study showed that those who had true belief towards Pap smear screening also had weak barriers in taking up the screening and this was supported by Moy et al., (2007) where the study reports that there is a significant differences ($p < 0.05$) between those who ever done pap smears with belief and barrier. However, perceived belief was not a predictor of barrier to cervical cancer screening (Boonpongamanee and Jittanoon., 2007).

5.0 CONCLUSION

In Kota Warisan, Sepang, Selangor, among those who have true belief towards Pap smear screening, majority have less barrier on up taking the test. There were also differences in perceived belief and types of barrier towards Pap smear screening among gender, which lack of knowledge contributes to negative belief and barriers among males compared to female, who focus more on social issues.

Thus, it is important for healthcare providers to strengthen the health education activities in order to give awareness and encourage women to do Pap smear screening. It is also important to make men aware as they could encourage their spouses, female members in the family and friends to perform Pap smear screening.

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