

CHAPTE 3

METHODOLOGY

This research aims to describe health beliefs concerning cervical cancer and Pap smear test attendance among Muslim women. In this chapter, the target population, data collection procedures and data analyses are described.

Population and Sample

The target population of this study were Muslim women who visited the primary health care center at Chana Hospital, Songkhla province during August to September 2003. The sample was 100 women were select by purposive sampling and who met the following criteria:

1. 35 years old or older
2. Able to communicate in Thai
3. Willing to participate in this study

Instrumentation

This study used questionnaires with closed-ended questions, comprised of 3 parts (See appendix B).

Part1: Demographic data form

The demographic data form was composed of information about age, marital status, age when first married, number of children, history regarding family planning, history of reproductive organ problems, educational background, occupation, income,

past illnesses, family history regarding cervical cancer, and sources of information about Pap smear testing.

Part 2 : Pap smear test attendance

There were five items in this questionnaire. These assessed the past frequency of Pap smear test attendance (2 items), reasons for Pap smear test attendance or non Pap smear test attendance (2 items) and available health services for Pap smear test attendance (1 items). This questionnaire was modified from Rungsesuwan (1996).

Part 3: Health beliefs concerning cervical cancer

This questionnaire was modified from Rungsesuwan (1996). The 28 items are grouped in to three dimensions; 1) perceived threat of cervical cancer, 2) perceived benefits of Pap smear test attendance, 3) perceived barriers to Pap smear test attendance. Each item has a five- point Likert scale ranging from 1, strongly disagree to 5, strongly agree. The score of negative items was reversed. Therefore the total score of this part ranged from 28 – 140, as follows:

1. Perceived threat of cervical cancer; 14 items. The scores ranged from 14 to 70.
2. Perceived benefits of Pap smear test attendance; 5 items. The scores ranged from 5 to 25.
3. Perceived barriers to Pap smear test attendance; 9 items. The scores ranged from 9 to 45.

The subtotal of scores and the total score of health beliefs concerning cervical cancer were described using three levels; low, moderate, and high. A high total score refers to higher perceived threat, benefits, and barriers. These levels of subtotal scores and total scores of health beliefs concerning cervical cancer were arranged by using

an interval that was obtained by dividing the score difference between the highest and lowest score by three (Best & Kahn, 1989). The level of subtotal scores and total score were as follows:

Item	Possible range of scores	Low	Moderate	High
Perceived threat	14 -70	14.00 -32.66	32.67 -51.33	51.34 -70
Perceived benefit	5 - 25	5-11.66	11.67 -18.33	18.34 - 25
Perceived barrier	9 - 45	9-21	21.1-33	33.1- 45
Total health belief	28 -140	28 - 65.33	65.34 -102.67	102.68 -140

Test of Validity and Reliability

Test of Validity

The questionnaire was evaluated for content validity by a panel of three experts; one oncology nurse, and two nurse instructors expert in oncology care. The instruments were revised according to the comments and suggestions of the experts.

Test of Reliability

The reliability of the questionnaires was tested with 20 women who had characteristics similar to the criteria used. Cronbach's alpha test was used to test internal consistency for each subscale. The reliability coefficients for total health beliefs, perceived threat of cervical cancer, perceived benefit, and perceived barriers of Pap smear test attendance were .80, .91, .85, and .92 respectively.

Protection of Human Subjects

Before collecting the data, the thesis proposal was submitted for ethical consideration and approval by the faculty committee, and the researcher provided consent forms (See Appendix C) to the subjects. The researcher gave information about the purpose of the study to the subjects. The subjects were informed that their names were not attached to their data, but a code number was used on the questionnaires instead. They were assured that the data collected from them would be kept strictly confidential. Moreover, they were assured that they could withdraw from the study at any time if they wished to do so.

Data Collection Procedures

After receiving permission from the Faculty of Graduate Studies, Prince of Songkla University, data was collected from August and September. The procedure was as follows:

1. A letter was obtained from the Faculty of Graduate Studies, Prince of Songkla University, and was presented to the director of Chana Hospital District asking for permission to collect data.
2. After receiving permissions the researcher explained the research objectives to the head nurse of Chana Hospital and asked for her collaboration.
3. The researcher selected the subjects by purposive sampling, based on the set criteria. Selections were made from Monday to Friday 9:00 am. to 4:00 pm
4. The researcher introduced and explained the objectives of the research, the number and characteristics of the instruments, the protection of subject's human rights, and the time needed for completing the questionnaire (30 to 40 minutes). The

full questionnaire was divided into three documents; the demographic data questionnaire, Pap smear test attendance questionnaire, health beliefs concerning cervical cancer questionnaire. When answering the questionnaire, the subjects could at any time ask about anything they didn't understand.

5. After completing the questionnaire, the researcher checked the answers for completeness. If the questionnaire was incomplete, the researcher questioned the subject again.

Data Analysis

All data were analyzed using the Statistical Package for Social Science (SPSS) for Windows . The following statistics were used:

1. Demographic data were analyzed by using frequency, percentage, means, and standard deviation.

2. Pap smear test attendance were analyzed by using frequency and percentage.

3. The subtotals of health beliefs concerning cervical cancer were analyzed by using means and standard deviation.

4. The relationships between women's health beliefs (perceived threat of cervical cancer, perceived benefits, and perceived barriers to Pap smear test attendance) and Pap smear test attendance were analyzed by using Spearman's rank correlation coefficient.