

CHAPTER I

INTRODUCTION

Background and Significance of the Problem

Cervical cancer is the second most common cancer among women worldwide. It is also the leading cause of death from cancer among women in developing countries. Of the 466,000 new cases identified each year; roughly 80 percent are in developing countries (Gordon, 2000). An important reason for the higher cervical cancer incidence in developing countries is the lack of effective screening programs aimed at detecting and treating precancerous conditions. Compared with women in developed countries, very few women in developing countries have access to screening for precancerous cervical lesions (Holowaty, Anthony, Rohan, 1999).

In Thailand, cervical cancer is the most common cancer in women, with an incidence rate of 20.9 per 100,000 population (Deerasamee et al., 1999 cited by Wootipum & Buhachat, 2002). The incidence is highest in Chiang Mai followed by Lampang, Bangkok, Khon Kaen and Songkhla. The age – specific incidence shows a pattern of early increase (starting before age 20), with a steep rise to about ages 45 to 50, followed by a plateau and a decline. It is clear that the stage of the disease at diagnosis is often very advanced, compared with the stage at diagnosis in developed countries (Deerasamee et al., 2001).

Early detection can prevent or delay the progression of cervical abnormalities to invasive cancer. Screening through Pap smear test has resulted in a marked

decrease in morbidity and mortality from cervical cancer (Burak & Meyer, 1997). Regular screening with the Pap smear test may reduce cervical cancer mortality by as much as 80-98% (Koss, 1989; Chambers, 2001). Pukkala and Hakama (1999) noted that women who attend organised screening programs and have a negative smear have a low risk of cervical cancer for over 10 years. Also, the relative risk of a preinvasive lesion after an initial negative smear is decreased for more than five years.

Despite widespread consensus about the efficacy of cervical screening methods, numerous studies among women have demonstrated poor utilization of cervical cancer screening. In a survey of nursing research related to cervical cancer in Thailand, the research has shown that undergoing Pap smear testing was unpopular in several groups of healthy women. Most of the women had insufficient knowledge about cervical cancer and its prevention (Aeksiriwarano, 1998), and only 40.3 percent of Thai women (Suprapawan, 2000) and 33 percent of the Muslim women had undergone Pap smear test (Boonark & Tongtae, 2002).

There are many reasons why women do not have cervical cancer screening. Women's beliefs about health and their personal perceptions of cervical cancer and Pap smear test are the major reasons for avoiding cervical cancer screening (Blesch & Prohaska, 1991). Furthermore, Blesch and Prohaska (1991) suggested there are problems involving the women's perceptions of the procedure and their risk for cervical cancer. This perception should be explored.

Among Muslim women, religious and cultural beliefs influence health preventive behaviors and illness (Sanli & Ide, 1992; Rajaram & Rashidi, 1999; Nustus & Mikhail, 2002). Previous studies show that Muslim women have a low incidence of cervical cancer when compared with women in other religions. The lower prevalence

has been attributed to circumcision of the male (Affandi et al., 1992) and Muslim women observing Islamic law, in which promiscuity is not permitted (Dosoky, Ismail, & Dagastani, 1995). However “early age of first intercourse (Na-Ranong & Thongsuksai, 2000), high parity (Boonark & Tongtae, 2002) and laxness in observing the Islamic moral code in Muslim to day” (Ruangkachorn & U-Po, 2002), are all risk factors of cervical cancer among Muslim women (Dosoky, et al., 1995). Another factor that may influence health behavior and illness is Muslim women’s beliefs about modesty and gender (Rajaram & Rashidi, 1999). Islam does not permit women’s extremities, much less their trunks (Meleis, 1995) to be exposed for medical examinations, except when absolute privacy is maintained (Rajaram & Rashidi, 1999), and the Islamic religion does not allow the use of a healthcare provider of the opposite gender, unless it is impossible to locate a healthcare provider of the same gender (Athar, 1993). This belief has a major influence on the decision to undergo cancer screening such as the Pap smear test (Bottorff, Sent, Grewal, Browne, & Grewal, 2001), mammography (Kozier, Erb, Berman, & Burke, 2000) or breast cancer screening (Rajaram & Rashidi, 1999). Rajaram and Rashidi (1999) noted that this religious restriction might keep women from effective participation in cancer screening. In addition, a fatalistic belief that susceptibility to cancer is the will of God also influences Muslim women's undergoing cancer screening (Natus & Mikhail, 2002). Phipps, Cohen, Song, and Braitman (1999) suggested that efforts to educate women about cancer need to first identify beliefs about cancer that may impact on participation in cancer screening.

Although, previous studies in Thailand found that health beliefs concerning cervical cancer influence Pap smear test attendance (Kavila, 1994; Rungsesuwan,

1996). None of these has examined the health beliefs concerning cervical cancer and Pap smear test attendance among Thai Muslim women. In short, it is essential that more information is generated for future cancer prevention efforts in this population. Therefore, a major objective of this study is to explore health beliefs concerning cervical cancer and Pap smear test attendance. Further, it is expected that this result is likely to be the basis for designing culturally appropriate cervical cancer intervention and prevention activities in this population.

Research Objectives

1. To determine the frequency of Pap smear test attendance among Muslim women
2. To determine the levels of Muslim women's health beliefs in perceived threat of cervical cancer, perceived benefits, and perceived barriers to Pap smear test attendance
3. To examine the relationships between Muslim women's health beliefs (perceived threat of cervical cancer, perceived benefits, and perceived barriers to Pap smear test attendance) and Pap smear test attendance

Research Questions

1. What is the frequency of Pap smear test attendance among Muslim women?
2. What are the levels of Muslim women's health beliefs in perceived threat of cervical cancer, perceived benefits, and perceived barriers to Pap smear test attendance?

3. Are their relationships between Muslim women's health beliefs (perceived threat of cervical cancer, perceived benefits, and perceived barriers of Pap smear test attendance) and Pap smear test attendance?

Hypothesis

There are relationships between Muslim women's health beliefs (perceived threat of cervical cancer, perceived benefits, and perceived barriers to Pap smear test attendance) and Pap smear test attendance.

Operational Definitions

1. Muslim women's health beliefs concerning cervical cancer are defined as Muslim women's perception of cervical cancer based on the Health Belief Model, as follows:

1.1 Perceived threat of cervical cancer is defined as Muslim women's evaluation of cervical cancer as life threatening (for example, harmful, fear, unpleasant). Perceived threat of cervical cancer consists of both the perceived susceptibility to cervical cancer and the perceived severity of cervical cancer, as follows:

1.1.1 Perceived susceptibility to cervical cancer is defined as Muslim women's evaluation of risk perception of cervical cancer, likelihood of being diagnosed with cervical cancer as low or high.

1.1.2 Perceived severity of cervical cancer is defined as Muslim women's evaluation of cervical cancer as serious and likely to lead to pain, disability and death.

1.2 Perceived benefits of Pap smear test attendance is defined as Muslim women's evaluation of the advantages of Pap smear test attendance (for example, Pap tests detect cervical cancer, cervical cancer is curable if found early).

1.3 Perceived barriers to Pap smear attendance is defined as Muslim women's evaluation of the hindrances to Pap smear test attendance (for example, lack of times, cost)

For this study a questionnaire has been developed to measure health beliefs concerning cervical cancer modified from Rungsesuwan (1996). The questionnaire used a 5 - point Likert scale. Higher scores indicate higher perceived threat, benefits, and barriers.

2. Pap smear test is defined as a screening test for detection of cervical cancer at an early stage.

3. Pap smear test attendance is defined as women received undergone a Pap smear test. This variable will be measured by a questionnaire which was developed by the researcher from Rungsesuwan (1996).

Conceptual Framework

The Health Belief Model (HBM) was used as the theoretical framework to guide the study. The HBM was formulated initially in the early 1950s to explain preventive health behavior rather than illness behavior. According to the HBM, the essence of healthy behavior focuses on prevention or detecting disease in an asymptotic stage (Rosenstock, Strecher, & Beaker, 1998).

The health belief model suggests that changes in health-related behavior are based on several factors: (a) individual's beliefs about how susceptible they are to a

health threat, (b) the severity of the health threat as these individuals see it, (c) perceptions of barriers or the perceived costs of taking action to reduce the threat, and (d) the perceived benefits of taking such an action. Before behavior can occur, a cue to action also is needed, something that reminds or prompts people to engage in the behavior. (Earp et al., 1995 cited by Barroso et al., 2002)

In this study, three major factors of perceived threat, perceived benefits, and perceived barriers are chosen to explore as the factors related to Pap smear test attendance. My hypothesis is that, a woman who perceives that she is susceptible to cervical cancer and that cervical cancer is a serious disease (perceived threat) will be more likely to have a Pap smear test. Similarly, a woman who perceives more benefits from Pap smear test attendance and has fewer barriers to Pap smear test attendance will be more likely to have a Pap smear test, summarized in Figure 1:

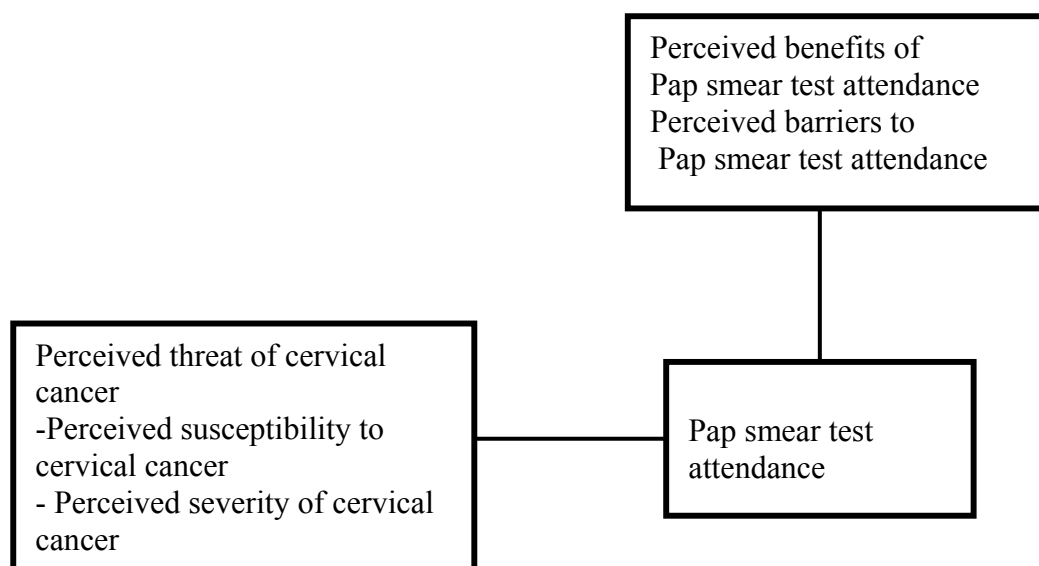


Figure 1: Research framework of the study

Expected outcomes

1.To better understand the current situation of health beliefs concerning cervical cancer and Pap smear test attendance among Muslim women.

2.To use the findings as baseline data for future research and as a guideline for encouraging Muslim women to undergo Pap smear tests.