

## Appendix E

**Table 2 Health beliefs concerning cervical cancer and Pap smear test attendance**

Year	Title	Sample	Method	Results
Kavila (1994)	Health knowledge and belief concerning cervical cancer and cervical cancer screening request of women in San Pa Tong District, Chiang Mai Province.	N = 400 (25 – 60 years old)	Quantitative	<ol style="list-style-type: none"> <li>1. Perceived susceptibility to cervical cancer               <ul style="list-style-type: none"> <li>• Woman who had high sexual activities susceptible to cervical cancer</li> </ul> </li> <li>2. Perceived severity of cervical cancer               <ul style="list-style-type: none"> <li>• Leads to death</li> <li>• Affects their family life</li> </ul> </li> <li>3. Perceived barriers to having Pap smear tests               <ul style="list-style-type: none"> <li>• Fear, embarrassment, cost</li> </ul> </li> <li>4. Perceived benefits of Pap smear test               <ul style="list-style-type: none"> <li>• The cervical cancer is curable if found early</li> <li>• Pap smear test helped to identify abnormality of cervical cells</li> </ul> </li> <li>5. There was significant correlation between knowledge and cervical cancer screening</li> <li>6. Perceived benefits and perceived barriers were significant correlated with cervical cancer screening</li> <li>7. Perceived severity of cervical cancer and perceived susceptibility to cervical cancer were not correlated with cervical cancer screening</li> </ol>

Year	Title	Sample	Method	Results
Rungsesuwan (1996)	Knowledge, health beliefs, cue to action factors, and cultural factors in rural Naso Subdistrict, Kudchum district, Yasothon Province	n =240 (20 to 60 years)	Quantitative	<ol style="list-style-type: none"> <li>1. Most rural women knew that cervical carcinoma could be prevented and effectively cured if a treatment program was followed.</li> <li>2. Most rural women perceived the risks of developing cervical carcinoma, such as leukorrhagia, poor genital hygiene.</li> <li>3. Cervical carcinoma was perceived to severely threaten the physical and socioeconomic situation of the affected women and her immediate family.</li> <li>4. Pap smear test was seen to be beneficial to detect carcinoma early.</li> <li>5. Rural women especially those who had never sought Pap smear test strongly believed that woman should not expose their genital area to others</li> <li>6. Cultural factors, knowledge about cervical carcinoma and spouse's support were found to be predictive in seeking Pap smear test among rural women.</li> </ol>

Year	Title	Sample	Method	Results
				<p>7. There were significant relationship (<math>p = 0.05</math>) between seeking Pap smear test and cultural factors, health beliefs, spouse's support, knowledge about cervical carcinoma and neighborhood support (when <math>r = 0.508, 0.366, 0.323, 0.316</math> and <math>0.219</math> respectively). With respect to health beliefs, there was no found significant relationship between seeking Pap smear test and perceptions of severity of cervical carcinoma</p>
Suwaratchai (1997)	Factors effecting the screening for cervical cancer in married women in Amphor Maung, Ubonratchathani Province.	n = 216	Quantitative	<ol style="list-style-type: none"> <li>1. There was a significant correlation between screening and knowledge, information, attitude and income.</li> <li>2. The level of education, age, occupation, health insurance had no effect on the screening.</li> <li>3. They believed the cause of the disease was related to superstition; they preferred to be screened by female medical staff; and they thought the cost of the screening was too expensive</li> </ol>

<b>Year</b>	<b>Title</b>	<b>Sample</b>	<b>Method</b>	<b>Results</b>
Srisel (1997)	Factors affecting the Pap smear screening among women at Nan Hospital, Nan Province	n = 193	Quantitative	<ol style="list-style-type: none"> <li>1. Age, age at marriage, family-planning method, health education were statistically associated with Pap smear screening.</li> <li>2. The majority of women, who had not had a Pap smear test, the most common reasons were lack of time, no abnormal signs, and fear.</li> </ol>
Moonnan (1998)	Evaluation of cervical cancer screening project at Doi Tao District, Chiang Mai Province	n = 395 (25-60 years old)	Quantitative	<ol style="list-style-type: none"> <li>1. The subjects who did not receive the Pap smear test gave the reasons for not having the test as: <ul style="list-style-type: none"> <li>• The impossibility of having disease</li> <li>• Embarrassment</li> <li>• Lack of verbal persuasion</li> </ul> </li> <li>2. Most of the subjects had a moderate level of knowledge about cervical cancer.</li> </ol>
Spurlock, Nadel, & Mcmanmon (1992)	Age and pap smear history as a basis for intervention strategy.	N = 603, 36 counties area in southeastern Kentucky.	Quantitative	<ol style="list-style-type: none"> <li>1. The 45–59 age group believed that cost of medical care was a barrier for Pap test.</li> <li>2. The 60 or older age group were socioeconomic variables associated with not having recently had a Pap smear test.</li> </ol>

Year	Title	Sample	Method	Results
Yi (1994)	Factors associated with cervical cancer screening behavior among Vietnamese women.	N= 141 (17 – 65 years olds)	Quantitative	<ol style="list-style-type: none"> <li>1. Women perceived barriers toward Pap smears, associated with prior Pap smear experience.</li> <li>2. Believe that married women are more susceptible to cervical cancer than unmarried women, regardless of their sexual activity.</li> <li>3. Education was not significantly related to prior Pap testing.</li> <li>4. Income, marital status were to be significantly related to prior Pap testing.</li> </ol>
Price, Easton, Telljohann, & Wallace (1996)	Perceptions of cervical cancer and Pap smear screening behavior by women's sexual orientation.	N = 330	Quantitative	<ol style="list-style-type: none"> <li>1. Perceived susceptibility to cervical cancer. <ul style="list-style-type: none"> <li>• None of the lesbians perceived themselves to be at increased risk based on their past or current sexual activity.</li> <li>• The majority of respondents (70%) perceived that all women equally likely to develop cervical cancer is a natural developmental</li> </ul> </li> </ol>

Year	Title	Sample	Method	Results
				<p>process of women, a process beyond personal control.</p> <ol style="list-style-type: none"> <li>2. Perceived benefits to having a Pap test. <ul style="list-style-type: none"> <li>• It could help save their lives.</li> <li>• It could help find other problems with their reproductive system.</li> </ul> </li> <li>3. Perceived barriers to Pap smear. <ul style="list-style-type: none"> <li>• Lack of health insurance.</li> <li>• Forget to get a Pap tests.</li> </ul> </li> <li>4. Perceived severity of cervical cancer. <ul style="list-style-type: none"> <li>• Most of women tended to perceive cervical cancer as serious and die from the disease.</li> </ul> </li> </ol>
Jennings (1997)	Getting a Pap smear: Focus group responses of African and Latina women.	N= 52 (18 years of age and older)	Qualitative	<ol style="list-style-type: none"> <li>1. Perceived severity of cervical cancer. <ul style="list-style-type: none"> <li>• Death and dying, pain and suffering.</li> </ul> </li> <li>2. Perceived barriers to having Pap smear test. <ul style="list-style-type: none"> <li>• Embarrassment.</li> <li>• Cost.</li> <li>• Uncomfortable.</li> </ul> </li> </ol>

Year	Title	Sample	Method	Results
				3. Perceived benefits of Pap smear Pap test detects cervical cancer early. <ul style="list-style-type: none"> <li>• Checking for any problem infection.</li> </ul>
Burak & Meyer (1997)	Using the health belief model to examine and predict college women's cervical cancer screening beliefs and behavior.	N= 400	Quantitative	1. Perceived susceptibility to cervical cancer. <ul style="list-style-type: none"> <li>• The women did not perceive themselves to be highly susceptible to cervical cancer.</li> </ul> 2. Perceived severity of Pap smear test. <ul style="list-style-type: none"> <li>• More than 98% believed that cervical cancer was a serious or very serious condition.</li> </ul> 3. Perceived benefits of Pap smear test <ul style="list-style-type: none"> <li>• Participants believed that gynecological screening and Pap tests were beneficial to their health.</li> </ul> 4 .Perceived barriers to having Pap smear test <ul style="list-style-type: none"> <li>• Pap test were painful</li> <li>• Embarrassment</li> </ul>

Year	Title	Sample	Method	Results
				5. Perceived cue to have Pap smear test. <ul style="list-style-type: none"> <li>• 65 percent of the women responded that their mothers had talked with them about gynecological exams.</li> <li>• 93 percent of the women responded that they had sex education classes.</li> </ul>
Neilson & Jones (1998)	Women's lay knowledge of cervical cancer/cervical screening: accounting for non-attendance at cervical screening clinics.	N = 187	Quantitative	1. perceived barriers for non-attendance to Pap smear test included : <ul style="list-style-type: none"> <li>• Dislike the idea of the test</li> <li>• Embarrassment</li> <li>• Economic(time / economic)</li> </ul>
Schulmeister & Lifsey (1999)	Cervical cancer screening knowledge, behaviors, and beliefs of Vietnamese Women.	N = 96 adult Vietnamese migrant women.	Quantitative	1. Perceived barriers to having Pap tests. <ul style="list-style-type: none"> <li>• Feared the Pap test itself (e.g., fear of speculum insertion, painful, Pap test would affect the woman's virginity).</li> </ul> 2. Perceived susceptibility to cervical cancer. <ul style="list-style-type: none"> <li>• The majority of women in this study believed that it was unlikely that they would ever</li> </ul>



Year	Title	Sample	Method	Results
				<p>be diagnosed with cervical cancer and cited not having cancer in the family as the primary reason for their perceived low risk.</p> <p>3. Perceived benefits of Pap smear test. Most of the women noted that cervical cancer is curable if found early.</p> <p>4. Future intervention studies are needed to ascertain if removing identified barriers to cervical screening</p>
Phipps, Cohen, Sorng, & Braitman (1999)	A pilot study of cancer knowledge and screening behaviors of Vietnamese and Cambodian women.	N = 38 women	Qualitative	<p>1. Perceived severity of cervical cancer.</p> <ul style="list-style-type: none"> <li>• Weakness, a lot of pain, a serious disease.</li> </ul> <p>2. Perceived barriers to having Pap test.</p> <ul style="list-style-type: none"> <li>• A fatalistic view that nothing can be done about cancer is not conduct to participation in screening practices</li> </ul> <p>3. It is important to identify level of knowledge and beliefs about</p>

Year	Title	Sample	Method	Results
				causality and risk factor associated with cancer in ongoing interactions with patients
Mays et al. (2000)	Human papillomavirus genital warts, Pap smear and cervical cancer: Knowledge and beliefs of adolescent and adult women.	N = 40	Qualitative	<ol style="list-style-type: none"> <li>1. Perceived benefits of Pap smear tests. <ul style="list-style-type: none"> <li>• To detect changes in the cervix suggestive of precancerous or cancerous conditions.</li> <li>• None of the women mentioned as a condition of HPV infection the need for Pap smear test.</li> </ul> </li> <li>2. The reasons for getting Pap smear. <ul style="list-style-type: none"> <li>• Detection of infection.</li> <li>• Validation of child bearing status.</li> <li>• Gross examination of female organs.</li> </ul> </li> <li>3. Perceived severity of cervical cancer. <ul style="list-style-type: none"> <li>• Cervical cancer as a life – threatening condition.</li> </ul> </li> </ol>

Year	Title	Sample	Method	Results
Lee (2000)	Knowledge, barriers, and motivators related to cervical cancer screening among Korean – American Women.	N = 102	Quantitative	<ol style="list-style-type: none"> <li>1. Perceived benefits of Pap smear tests. <ul style="list-style-type: none"> <li>• They believed regular check ups were important for prevention, early detection, and better treatment results.</li> <li>• Screening regular pelvic examination and Pap smear test could prevent cervical cancer.</li> </ul> </li> <li>2. Women also displayed a variety of misconceptions about the Pap smear. They thought, for example, that could test for sexually transmitted diseases, for other types of cancer or for inflammation or infection.</li> <li>3. Perceived barriers to Pap smear test. <ul style="list-style-type: none"> <li>• A fatalistic attitude (i.e., an attitude that negates the value of testing because “whatever will be will be”),</li> <li>• Disliked Pap tests because of pain; the embarrassment of exposing genitalia to the provider, especially male doctors.</li> </ul> </li> </ol>

Year	Title	Sample	Method	Results
Bottorff, Sent, Browne, & Grewal (2001).	Cervical cancer screening in ethnocultural groups case studies in women – centered Care.	N = 3	Qualitative	<p>Case study#1 The South Asian women.</p> <ol style="list-style-type: none"> <li>1. Perceived benefits of Pap smear tests. <ul style="list-style-type: none"> <li>• Beliefs about the value of Pap testing, unsure about the benefits of early detection.</li> <li>• Pap test, a way to “Keep healthy” and protect families from the “suffering.”</li> </ul> </li> <li>2. Perceived barriers to having Pap smear tests. <ul style="list-style-type: none"> <li>• Believed that diagnosis would lead to fear, anxiety, and painful or unsuccessful treatments.</li> <li>• Pap test affects preserving virginity.</li> <li>• Male physicians.</li> </ul> </li> <li>3. Women’s values, such as those related to their modesty and shyness, and not removing one’s Kasha were understood and respected.</li> </ol> <p>Case study #2 Asian women’s health clinic.</p> <ol style="list-style-type: none"> <li>1. Believed Pap test would benefit for young women of child-bearing</li> </ol>

Year	Title	Sample	Method	Results
				<p>age or who were still menstruating.</p> <p>2. Perceived barriers to having Pap smear tests.</p> <ul style="list-style-type: none"> <li>• Embarrassment.</li> <li>• Gender of physician.</li> </ul> <p>Case study #3 First Nations Pap test Clinic.</p> <p>Feeling of vulnerability associated with Pap testing.</p>
<p>Foxall, , Barron, &amp; Houfek (2001)</p>	<p>Ethnic influences on body awareness, trait, anxiety, perceived risk, and breast and gynecologic cancer screening practices.</p>	<p>N = 200 (19 year of age or older)</p>	<p>Quantitative</p>	<p>1. Perceived barrier to having Pap smear tests.</p> <ul style="list-style-type: none"> <li>• Lower screening practices may have been related to financial factors such as cost of screening and physicians' visits, and lack of health insurance.</li> <li>• They can detect changes themselves and thus do not need to be screened by a health care provider.</li> </ul> <p>2. Perceived susceptibility to cancer</p> <ul style="list-style-type: none"> <li>• American Indian women in there study thought that their chances of getting breast cancer were great.</li> <li>• African Americcan women</li> </ul>

Year	Title	Sample	Method	Results
				<p>believe that they are unlikely to get gynecologic cancer and have ambivalent feelings regarding the importance of gynecologic cancer screening.</p> <p>3. Perceived severity of cervical cancer.</p> <ul style="list-style-type: none"> <li>• African women did not perceive these cancers to be severe disease.</li> </ul>
Jirojwong & Manderson (2001)	Beliefs and behaviors about Pap and breast – self – examination Among Thai immigrant women in Brisbane, Australia.	(18 – 77 years)	Quantitative	<p>1. Perceived severity of cervical cancer.</p> <ul style="list-style-type: none"> <li>• The majority of women knew that cervical cancer caused death if left untreated; the disease disseminates to other organs.</li> </ul> <p>2. Perceived susceptibility to cervical cancer.</p> <ul style="list-style-type: none"> <li>• Women thought that not taking care of their perineum and vulva would increase their chance of having cervical cancer (88%), not being able to see or check their cervix make them fearful of developing cervical cancer</li> </ul>

Year	Title	Sample	Method	Results
				<p>3. Perceived benefits of Pap tests.</p> <ul style="list-style-type: none"> <li>• Helped to know the stage of disease.</li> <li>• When detected, a person can have early treatment and prevent distribution of the disease to other organs (97.2%).</li> </ul> <p>4. Perceived barriers to having Pap smear test.</p> <ul style="list-style-type: none"> <li>• Women believed that those who never had sexual intercourse did not need to have Pap smear.</li> <li>• Modesty and embarrassment were give as reason for not having Pap smear.</li> </ul> <p>5. Perceived cue to have Pap smear</p> <ul style="list-style-type: none"> <li>• Had close relatives who had cervical cancer, which influenced their use of Pap test.</li> </ul>

<b>Year</b>	<b>Title</b>	<b>Sample</b>	<b>Method</b>	<b>Results</b>
Gupta, Kumar, & Stewart (2002)	Cervical cancer screening among south Asian women in Canada : The role of education and acculturation	N = 124	Quantitative	1. Perceived barriers to having Pap smear tests. <ul style="list-style-type: none"> <li>• Self perceived lack of need for Pap testing.</li> <li>• Fear of discomfort.</li> <li>• Shyness or embarrassment.</li> </ul>