



Research paper

The effect of education based on a health belief model in women's practice with regard to the Pap smear test



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ABSTRACT

Cervical cancer is the third most common cancer diagnosis and cause of death among gynecologic cancers. An appropriate strategy for the early detection of cancer is the Pap smear test used as an effective screening method. One of the models of behavior change used is the health belief model. The aim of this study was to determine the effect of education based on the health belief model in women's practice concerning the Pap smear test. This study was a controlled quasi-experimental study conducted on 120 women aged 20–65 years; the samples were randomly divided into two groups of 60 persons: an intervention group (under education) and a control group (without education). The women were then evaluated in two stages: before intervention and 2 months after intervention. The training was held in two 1.5-h sessions. Before education, 23.3% of women in the case group and 31.7% in the control group had undergone a Pap smear, but after education, 31.7% of those in the case group and 3.3% of those in control group underwent Pap smear. There was not a significant difference before education between the two groups ($P=0.414$), but after education there was a significant difference between the two groups in terms of women's practice ($P=0.001$). In the case group a significant difference before and after intervention in terms of constructs ($P<0.0001$) was found, but in the control group, at the end of study, the difference from baseline was significant only in terms of perceived susceptibility ($P=0.042$) and perceived severity ($P=0.002$). Education based on the health belief model was effective in increasing women's practice concerning the Pap smear test. In this regard, eliminating defects in the field of health policy through increasing public education programs concerning the Pap smear test, and courses based on the barriers and benefits of the Pap smear test, can be effective in increasing performance and improving the behaviors of cervical cancer screening.

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1. Managed care instructions

As all gynecologists are aware, one of most common tests in a gynecologic examination is the Pap smear test for detecting cervical cancer. The Pap smear aims to identify abnormal cells that indicate cervical cancer. Doing a Pap smear in the correct way and at appropriate intervals can play an important role in the early detection of cervical cancer and in reducing the mortality rate of this type of cancer. On the other hand, doing a Pap smear in the wrong way and unnecessary duplication not only cannot help but also can be a heavy financial burden on the national health system.

1. After three samples of normal and reliable Pap smears, and in the absence of risk factors, the Pap smear can be duplicate every 3 years.
2. If there are risk factors – such as human papillomavirus (HPV) or having HIV (positive and moderate) or suspicion of having HIV with high-risk sexual behavior – an annual Pap smear is recommended.
3. In women aged 65 years and over Pap smear tests may be continued, but in the event of at least three normal and reliable Pap smear samples and no history of abnormal Pap during the previous 10 years testing can be stopped safely.
4. In general, if the results indicate a benign disease, there is no need to do a vaginal cytologic examination. Vaginal apex symptoms should be examined by vaginal examination and Pap smear.

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5. The cervix should be examined according to the terms set forth in the standards and guidelines recommended for women who have had subtotal hysterectomy and a cervical remainder.
6. Note that the Pap smear test screening for endometrial cancer has little sensitivity and should not be used for this purpose.
7. Consideration of the following points could be valuable:

- Screening begins in all women after getting married. High-risk women are between 35 and 54 years old. However, in the case of married women aged 18 or younger, cervical cancer screening begins up to 3 years after marriage.
- Pap smear sampling in the first 3 months of pregnancy is permitted and, if necessary, sampling should be performed by a gynecologist.
- Preparation of samples:
 - After completion of the menstrual period to the beginning of the next menstrual, Pap smear sampling can be made. But the best time to sample is approximately 2 weeks after the first day of the last menstrual period.
 - When sending samples to pathology, in addition to the patient's full name and date of sampling, the stage of the menstrual cycle, any history of abnormal cytology, previous treatments, and the smear should be submitted, and if the patient is at high risk this should be stated too.
 - The sampling should be in a position on the gynecological bed, and it must achieve a complete cervical smear. Preferably, ectocervical sampling is done first, then endocervical sampling.
 - The best tool for sampling is the Pap smear cytobrush and spatula. If there is no cytobrush the spatula can be used. Plastic spatulas are preferred to wooden ones because wood may leave debris on the slide. A cotton swab moistened with normal saline can be used before sampling.
- 8 Pap smear following delivery should be performed 8 weeks after delivery and is preferably performed at intervals.
- 9 If the result of the smear is unsatisfactory, reassessment at 6-month intervals must be carried out. It is noted that reiterating Pap smear sampling must be performed at an interval >7 weeks relative to the previous Pap smear sampling. If the result shows the absence of endocervical cells, a repeat test is performed by cytobrush after an interval.
- 10 In menopausal women in whom the Pap smear shows the absence of endocervical cells, duplication is not necessary. In case of suspected or probable pathological problems, duplication is recommended.
- 11 In women who have a history of abnormal Pap smear cells, the PAP smear is repeated annually; when no evidence of abnormal cells is seen over 5 years then the investigation is carried out every 3 years.
- 12 Pap smear cytology slides should be monitored and controlled by a laboratory pathologist who will provide a report.

2. Department of Health, Bureau of Communicable Disease Center of Cancer

2.1. Overview

The whole population of Iran in 1387 (2008–2009) was 72,583,586. The estimated death rate from cancer in Iran during 2004–2005 is 35,194.

Age-specific cancer incidence rates per 100,000 population (ASR in 1385–1387) are shown in Table 1. The summary of some cancer cases recorded and registered in recent years is as follows:

- in (2006–2007) 59,786 cases were registered: 83% predicted;

Table 1

Age-specific cancer incidence rates per 100,000 population (ASR in 1385–1387).

Age group	(2006–2007)		(2007–2008)		(2008–2009)	
	Male	Female	Male	Female	Male	Female
0–4	9.61	7.66	10.00	8.90	10.3	9.49
5–9	7.35	4.4	7.48	4.92	8.83	6.87
10–14	6.01	5.46	5.87	5.07	7.11	5.59
15–19	10.6	9.34	10.6	8.07	12.8	10.3
20–24	21.3	17.4	21.8	18.5	23.5	21.7
25–29	24.2	29.3	24.7	31.8	30.7	41.9
30–34	31.8	45.5	29.6	49.3	39.2	59.1
35–39	47.8	79.4	47.0	80.6	59.1	99.2
40–44	78.5	113.0	77.5	121.0	94.7	148
45–49	123.0	188	129	205	151	241
50–54	302	237	305	257	381	306
55–59	330	312	366	340	458	430
60–64	356	368	362	405	441	507
65–69	434	379	443	362	505	473
70–74	851	443	847	465	1025	561
75–79	817	514	876	549	1117	694
80–84	1710	837	1884	949	2345	1262
85+	814	379	936	408	1261	683

- in (2007–2008) 62,040 cases were registered: 86/7% predicted;
- in (2008–2009) 76,159 cases were registered: 92/85% predicted.

3. The state of cervical cancer in the world and Iran

According to a World Health Organization report in 2008, the range of 76,000 cervical cancers increased in developed countries, and there are 45,300 cases in developing countries. The lowest number was reported in Eastern Mediterranean countries (including Iran) with 18,000 cases. In Iran, there were 600 cases of cervical cancer in 2007, with a range of 2/47, and 663 cases with a range of 2/61 per 100/000 population. Although this cancer is not one of the ten most common cancers in Iran, its risk can be prevented by vaccination (HPV), and so we decided to determine the strains of viruses used in scientific and rational decisions about vaccination.

The general aim was to reduce the incidence of cervical cancer in the country by vaccination. The specific aims were to:

- to determine the incidence of HPV in different age groups of women in the study population;
- to determine the incidence of some kinds of HPV in Iranian female population in the study population;
- to determine the incidence of different degrees of risk in squamous intraepithelial lesions in the Iranian female study population;
- to determine the incidence of the other squamous epithelial lesions;
- to determine the relationship between demographic characteristics of women with HPV disease;
- to determine risk factors with HPV disease in Iranian female population in the study population;
- to compare the results of the PAP smear with conventional and thin prep methods.

The practical purpose was to extract useful information for the design of future clinical trials of screening programs for cervical cancer and cervical cancer vaccination and the prevention of sexually transmitted diseases in Iran.

3.1. Strategies

- To determine some kinds of human papillomavirus in Iranian females between the ages of 15 and 59 years.

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