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Health Beliefs About Cervical Cancer In University Students

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Abstract

Problem Statement: There are approximately 60000 women with cervical cancer in Europe and of these, 30000 die annually. Through screening programmes we can prevent many cases of illness and death (ECCA, 2013).
Research Questions: What are the health beliefs about cervical cancer in university students?
Purpose of the Study: To identify health beliefs about cervical cancer in university students.
Research Methods: This is a quantitative, analytical, comparative and correlational study, with a sample of 345 university students. The data collection instrument is a questionnaire that assesses the health beliefs about cervical cancer in university students and the Health Belief Scale (Patrão, 2002).
Findings: The participants have a low belief in vulnerability, an average belief in severity relative to cervical cancer, a high belief in benefits and indifference in the belief of barriers to screening.
Conclusions: Health professionals are fundamental in health education so that people will adopt healthy attitudes to health, to encourage adherence to screening for cervical cancer and to demystify wrong ideas.

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Keywords: Cervical cancer; health beliefs; university students.

1. Introduction

Currently, cervical cancer is the 7th most common cancer worldwide and the 2nd most common cancer in women. According to the European Cervical Cancer Association (2013) there are approximately 60,000 women with cervical cancer in Europe and of these, 30,000 die annually of the disease. Of all malignant tumours, cancer of the cervix, is the one which can be most effectively controlled, with the possibility of an approximately 80%

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reduction of incidence, through cytological cervical screening programme at 3 or 5 year intervals (Portugal, Ministério da Saúde, Direção-Geral da Saúde, 2013). In Portugal, the mortality rate is about 4 deaths per 100,000 inhabitants. According to the Portugal, Ministério da Saúde, Direção-Geral da Saúde (2013), the highest prevalence of transient infections by carcinogenic HPV types in women occurs in adolescence and between 20 and 30 years of age, after the onset of sexual activity. Thus, promoting adherence to screening is a key strategy. This is free in the primary health care service and women's participation is crucial. Organized screening programmes are recommended for all European countries. The patient here is the biggest challenge (Moss, Pearmain, Askew, Owen, Reynolds, Prabakar, Douce, Parkes, Menon, Todd & Redman, 2010) and adherence to monitoring should be strengthened to maximize its effectiveness. It is estimated that regular screening can prevent over 90% of cancers of the cervix (Fiebig, Haas, Hossain &Viney, 2009).

As in all health situations, women's attitudes towards screening are of utmost importance. Generally speaking, expectations for screening depend on previous experience, current medical needs and prior education. Rebecca and Thistlethwaite, 2010 found that the patients most likely to develop cancer are least likely to adhere to screening. Other factors are referred by Ibekwe, Hoque and Ntuli-Ngcobo, 2011, such as, the absence of symptoms and the lack of information about the benefits of cervical screening. Asymptomatic women who often perform more health examinations and who have healthy behaviours demonstrate greater adherence to screening and prevention methods. Women also tend to adhere more to the screening if it is recommended by their doctor (Fiebig *et al.*, 2009). Ignorance of the technique and its importance, the fear of pain or discomfort and the feeling of shame or embarrassment are some of the reasons that lead to not having cytology (Cirino, Nichiata & Borges, 2010).

Individuals' beliefs of are also linked to adherence, particularly in terms of having regular screenings since, if people perceive their high susceptibility to the disease, perceiving it as a serious threat to their health, they tend to consider the benefits of screening high and to recognize the costs as relatively low (Nunes, 2012). In this context, most women believe that cervical cancer is more common in older women and, therefore, screening is essentially for an older age group (Ibekwe *et al.*, 2011). A person's beliefs on the pros and cons of carrying out screening are associated with their adherence (Rimer, Conaway, Lyna, Rakowski, Woods-Powell, Tessaro, Yarnall & Barber, 1999). Thus, it is up to each person to become aware of the appropriate care to be adopted and adhere to preventative screening. It is up to health care professionals to assume the fundamental role of informing the public, encouraging and assisting in prevention.

2. Research Methods

A quantitative, descriptive, analytical, comparative and correlational study was conducted with a non-probability convenience sample of 365 female students enrolled in higher education (147 in the field of health and 198 in other areas), aged between 18 and 45 years. Data collection occurred during the months of April and May 2014 in compliance with all legal and ethical procedures. A questionnaire was used as the data collection instrument in order to characterise participants in socio-demographic terms. The health beliefs scale by Patrão, 2002 was also used. The data were treated using the SPSS 21.0 statistical programme.

General characteristics of the sample

The statistics regarding age reveal that students have a minimum age of 18 years and a maximum of 45 years, which corresponds to an average age of 21.47 years with a standard deviation of 3.67 years.

Table 1 – Age of participants in health and other areas

Age Students	N	Min	Max	M	D.P.	CV (%)	Sk/error	K/error	K/S
Health	147	18	38	21.39	2.92	13.66	14.19	26.42	0.000
Other Areas	198	18	45	21.53	4.14	19.25	14.34	38.46	0.000
Total	345	18	45	21.47	3.670	17.09	25.72	54.69	0.000