



Determinants of cervical cancer screening adherence in urban areas of Nakhon Ratchasima Province, Thailand



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Summary Cervical cancer is the most common disease among Thai women. The cervical cancer mortality rate has increased in the previous decade. Therefore, this cross-sectional study was conducted to examine the factors associated with cervical cancer screening adherence. Stratified sampling with the proportional to size method was used to select registered women aged 30–60 years. Of the 700 self-administered questionnaires distributed during July and September of 2012, 675 were returned, resulting in a response rate of 96.2%. Approximately 65.4% of the women were considered to be adherent to cervical cancer screening (i.e., maintainers) as defined by at least one screening within the recommended 5-year screening interval and the expectation of attending a screening in the future. Chi-square tests revealed that occupation, marital status, number of children, sexual activity, health insurance scheme, history of oral contraceptive pill use, perceived barriers, perceived benefits, and knowledge about cervical cancer prevention were significantly associated with cervical cancer screening adherence. After adjusting for occupation, marital status, number of children, and health insurance in the model, perceived barriers (Adj OR = 1.97, 95% CI = 1.24–3.10) and knowledge (Adj OR = 1.65, 95% CI = 1.13–2.41) remained significant predictors of cervical cancer screening adherence. These findings suggest that the non-housewives, women of single/separated/divorced/widowed status, and women with no children should be

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the first priorities for getting Pap tests. Strategies for overcoming the barriers of these women, such as using mobile units for cervical cancer screening, should be promoted. Education programs should be strengthened and promoted to overcome negative perceptions and knowledge deficiencies.

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Introduction

Human papilloma virus (HPV) infections are caused by sexual intercourse and other sexual acts. If a case results in persistent HPV, a woman may get cervical cancer. Cervical cancer progresses gradually, and there is a lag of 10–20 years from the onset of the disease to the advanced stage. The WHO estimated that the number of patients with cervical cancer around the world was more than one million in the year 2005 [1]. Estimates of new cases indicated an increase from 527,624 in 2012 to 609,270 in 2020, and the estimated number of cervical cancer deaths is estimated to rise from 265,673 in 2012 to 315,727 in 2020 [2]. Ninety percent of new cases live in developing countries, and 95% of cases of death also occur in developing countries [1].

Cervical cancer screening has been improved in developed countries over recent decades. These experiences indicate that good planning and good organization of screening programs result in decreases in new cervical cancer cases, which in turn is related to a reduction in the mortality rate for cervical cancer [1].

The incidences of cervical cancer per 100,000 females in the Thai population remained nearly the same and between 18.8 and 24.7 from 1999 to 2002 [3]. The death rate from cervical cancer per 100,000 females in the Thai population in 2010 was four times the death rate in 1998, and this rate continues to rise [4]. The National Cancer Institute of Thailand reported that cervical cancer was the leading cause of cancer-related death in women in 1996 and 1999 [5]. This trend changed in 2001–2003; the leading cause of death among women was breast cancer [6]. A meta-analysis was conducted in Thailand in 2005 and revealed that the cervical cancer prevalence was 0.38%, and precancerous lesions were present in 2.4% of women. Furthermore, the detection of precancerous lesions is very useful in secondary prevention [7]. The percentage of women aged 30–60 years

who received cervical cancer screenings in the 5 years before 2009 was 60.2%, and municipal women were less likely to receive screening than women who lived in non-municipal areas (52.1% vs. 64.3%, respectively) [8]. A multiple logistic regression analysis of a case–control study of Thai women (aged 35–60 years who lived in an area for which a primary care unit of Kalasin municipality was responsible) revealed that having abnormal vaginal symptoms, no embarrassment about the procedure and having time were factors that were significantly related to the decision to attend a cervical cancer screening. The women who have never been screened in the previous 5 years decided that they will undergo cervical cancer screening tests if they have time [9]. Additionally, there have been two cross-sectional studies in municipality areas that have reported that attitudes about cervical cancer screening are significantly associated with cervical cancer screening behaviors. However, the other factors were incompatible [10,11]. An evaluation of cervical cancer and breast cancer management in Thailand in 2010 reported that limited information hindered comprehensive evaluation and that an important weakness of screening was accessibility [12]. Although one study in Thailand indicated that the prophylactic HPV vaccination was likely to be cost effective [13], the Ministry of Public Health has expanded cervical cancer screening programs rather than promoting the HPV vaccine [14]. Although the prevention program has been promoted intensively, women continue to lack access to regular screening services, particularly in urban areas of Thailand. These three studies in municipalities of Thailand did not explore the factors associated with cervical cancer screening adherence; therefore, this study was conducted to gain new knowledge. Early screening and early treatment are crucial for reducing the number of the patients with invasive cancer. Increasing cervical cancer screening adherence in the target population is an essential strategy for the control of

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