

Original Research Report

# Awareness of cervical cancer screening among women in Serbia

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Available online 19 September 2005

## Abstract

**Background.** The success of cervical cancer screening programs in North America and Western Europe has led to their expansion into other regions of the world. As these services become available on a large scale in other countries, it is imperative to understand the background conditions that may present challenges to their effectiveness there.

**Methods.** Women were recruited from two different areas in Central Serbia. Both focus group discussions and survey instruments were used to gauge participants' knowledge and attitudes about cervical cancer screening issues.

**Results.** Results were mostly similar to comparable studies performed in other regions. Education and economic status were not highly related to knowledge about cervical screening. The population sampled showed a broad lack of knowledge about the necessity of screening and shared attitudinal barriers with women in other regions.

**Conclusion.** The success of public awareness campaigns elsewhere suggests that a media-centered approach could have good results in Serbia. The lack of media attention noted in the study focus groups supports this conclusion.

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**Keywords:** Cancer prevention; Health education; Health practices; Health beliefs; Qualitative research; Quantitative research

## Introduction

Cervical cancer screening has been shown to significantly reduce both incidence and mortality rates wherever a comprehensive program has been established. But varying conditions in different regions of the world give rise to different results and new challenges. In the context of cervical cancer screening in Serbia, high incidence and mortality rates in are not surprising. International research has indicated that cervical cancer screening behavior is determined by women's knowledge and attitudes about cervical cancer as well as access to health services. Given the paucity of research on cervical cancer screening in countries which do not offer universal screening [5,7], a study was undertaken to investigate what women in Central Serbia know about cervical cancer and the factors that impact their screening behavior. Cervical cancer screening

in Serbia is performed by gynecologists only, in contrast to the international practice (e.g., Denmark, Australia) where general practitioners may have this role.

## Methodology

This study was conducted between May 2003 and October 2004 in the capital, Belgrade, and a regional town, Smederevo, to elicit information from women residing in different social and geographical contexts. The study included qualitative (phase I—focus group discussions and in-depth interviews with women) and quantitative (phase II—community-based survey) research. The women were recruited by the network sampling (qualitative component) and random stratified sampling (quantitative component) techniques. In total, nine focus groups were conducted and 62 women participated in them. Each focus group was composed of women with different educational background but with similar age. In-depth interviews were conducted

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Table 1  
Women's presentation to a gynecologist in relation to education

Last visit to gynecologist	Education, number (%) of participants				Total
	Primary or less	Trade	High school	University	
In this year	88 (28.8)	18 (30.0)	122 (36.3)	31 (42.6)	259 (33.4)
In the last 2 years	79 (25.8)	10 (16.7)	69 (20.5)	11 (15.1)	169 (21.8)
3 years ago	76 (24.8)	13 (21.7)	43 (12.8)	11 (15.1)	143 (18.5)
Between 3 and 5 years ago	33 (10.8)	8 (13.3)	31 (9.2)	8 (10.9)	80 (10.3)
More than 5 years ago	22 (7.2)	4 (6.6)	22 (6.6)	3 (4.1)	51 (6.6)
Never	8 (2.6)	7 (11.7)	49 (14.6)	9 (12.32)	73 (9.4)
Total	306	60	336	73	775

$\chi^2 = 7.144$ ;  $df = 15$ ;  $P = 0.128$ .

with 22 women (18 with healthy women, 3 with women with a history of cervical abnormality and 1 with a woman who has had cervical cancer). Thematic analysis of

Table 2  
Women's knowledge and practices in relation to cervical cancer, survey data

	No. (%) of participants		
	Belgrade, <i>n</i> = 489	Smederevo, <i>n</i> = 286	Total, <i>n</i> = 775
I believe that women must have symptoms if they have cervical cancer			
I agree	239 (48.9)	151 (52.8)	390 (50.3)
I do not agree	117 (23.9)	67 (23.4)	184 (23.7)
Not sure	113 (27.2)	68 (23.8)	201 (25.9)
I am insufficiently informed about cervical cancer			
I agree	333 (61.8)	192 (67.1)	525 (67.7)
I do not agree	79 (16.2)	49 (17.1)	128 (16.5)
Not sure	76 (15.5)	45 (15.8)	121 (15.6)
Last visit to the gynecologist			
In this year	186 (38)	73 (25.5)	259 (33.4)
1–2 years ago	105 (21.5)	64 (22.4)	169 (21.8)
More than 5 years ago	103 (21.1)	40 (14)	143 (18.5)
5–10 years ago	44 (9)	36 (12.6)	80 (10.3)
More than 10 years ago	33 (6.7)	18 (6.3)	51 (6.6)
Never	18 (3.7)	55 (19.2)	73 (9.4)
Have you ever had			
Pap test	404 (82.6)	107 (37.4)	511 (65.9)
Colposcopy	228 (46.6)	102 (35.7)	330 (42.6)
Biopsy	44 (9)	22 (7.7)	66 (8.5)
Gynecologic surgery	22 (4.5)	37 (12.9)	59 (7.6)
Last time a gynecologist performed any of the examinations			
In this year	168 (34.4)	46 (16.1)	214 (27.8)
In the last 2 years	101 (20.7)	19 (6.6)	120 (15.6)
3 years ago	52 (10.6)	22 (7.7)	74 (9.6)
Between 3 and 5 years ago	41 (8.4)	17 (5.9)	58 (7.5)
More than 5 years ago	57 (11.7)	35 (12.4)	92 (11.9)
Never	68 (13.9)	147 (51.3)	212 (27.5)
Reasons for irregular check-ups			
Crowded out-patient departments	67 (13.7)	26 (9.1)	93 (12)
I am too busy	57 (11)	24 (8.4)	78 (10)
I cannot afford a private gynecologist	14 (2.9)	7 (2.4)	21 (2.7)
I do not have any health problems	28 (5.7)	18 (6.3)	46 (5.9)
I have had a bad experience with a gynecologist	8 (1.6)	4 (1.4)	12 (1.5)
I am embarrassed	29 (5.9)	23 (8)	52 (6.7)
I am afraid	48 (9.8)	25 (8.7)	73 (9.4)
I am lazy	72 (14.7)	39 (13.6)	111 (14.3)
I am healthy, there is no need	98 (20)	61 (21.3)	159 (20.5)
That is doctor's recommendation	7 (1.4)	0 (0)	7 (0.9)
Nothing in particular	36 (7.4)	71 (24.6)	113 (13.8)

qualitative data was conducted by employing ATLAS-ti software and informed the survey questionnaire on women's lay understanding and knowledge of cervical cancer and screening. A cross-sectional survey was conducted with women aged 18–70, assessing community health centers. The sample mainly consisted of middle-aged women (age 35–55, 60.6%), mostly married (68.9%) with children (81.2%). A majority had only primary high school education (90.6%) and average or poor self-reported financial status (98.1%). The response rate was 96.8% and 776 participated in the survey. The data collection instrument was a semistructured questionnaire designed to collect self-reported data on women's knowledge, attitudes and practices in relation to reproductive health. A particular focus was placed on cervical cancer and screening. The SPSS software was used for quantitative data entry and analysis. In this paper, we present the quantitative results.

## Results and discussion

This study revealed that approximately half of women regularly visit a gynecologist (Table 1). Residential setting influenced presentation to a gynecologist: Women from Smederevo were less likely to have visited a gynecologist recently than those from Belgrade. Education and financial status had small impact on women's presentation for screening. A variety of social factors predicted poor

Table 3  
Women's knowledge of who should receive cervical cancer screening

	No. (%) of participants
Older women	415 (53.5)
Women with family history of malignant diseases	307 (39.6)
Women who frequently change sexual partners	218 (28.1)
Middle-aged women	152 (19.6)
Women who smoke cigarettes or ex-smokers	129 (16.6)
Women who have had at least one sexual intercourse	60 (7.7)
Young women	46 (5.9)
I do not know	46 (5.9)

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