



## CHAPTER V

### CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS

This is a cross-sectional descriptive research that aims to study the rate of cervical cancer screening and related affecting factors composed of predisposing factors, enabling factors, and reinforcing factors to the screening and also to study the association between related factors and coming to cervical cancer screening. The subjects of this study were women of 35-64 years age-group in Naikuan Sub-district, Yan Ta Khao District, Trang Province. The systematic sampling from database of health center for 250 samples from total population was 1,350 cases. The data were collected by questionnaires and were analyzed by SPSS for windows software package in descriptive statistics such as the frequency distribution, percentage, mean, and standard deviation. In addition, test of association between the related factors and cervical cancer screening was conducted by Chi – square test.

#### 5.1 Conclusion the Result of Research

Socio-demographic characteristics of respondents were highest rate for 46.8% at 35-44 years of age, couples at 87.2%, and Buddhist religion was 77.2%. In respect to education, 76% of them had graduated from primary school, while agriculturists were 57.6%, and 69.2% had an average family income of 2,000-6,000 Bath/ month. 66.3% of them were married at 20-29 years of age, and 69.1% had three or more children.

The rate of cervical cancer screening was 43.2%. The respondents who ever had individual Pap smear were 2-3 times but not continuous for screening. The last screening of more than five years was 22.2%, the place where they have screening was 50.9% in government hospital, and that the service was satisfactory. In private hospital and health center, they were 100% satisfied with the service. They selected the service place by their convenience.

The cause of screening was the abnormality of symptoms (50%) and the result of screening was normal in 90.7%.

The other group of women who never had cervical cancer screening was 88.7%. The reasons were because, most of them felt well with no abnormal symptoms. 55.6% of women in both groups were intending to have cervical cancer screening. They also did not know about the expense of cervical cancer screening which were 38.4% and 75.6% of them received information about cervical cancer.

Factors in knowledge of cervical cancer were found that the majority of respondents (55.2%) had high level, and 47.1% of this group ever had cervical cancer screening. But the group of low level knowledge who never had cervical cancer screening were highest (70%). Finally it was found that the knowledge was not significantly associated with screening.

### **Factors in Perception of Cervical Cancer**

1. Perception to the susceptibility of cervical cancer, (88.4%) was agreement with the right matters and 86.4% were disagreement with the wrong matters. The major respondents who ever had screening test were high level of perception (54.2%). The perception to susceptibility of cervical cancer was not significantly associated to the cervical cancer screening.
2. Perception to the severity of cervical cancer was 88 % in moderate level. The high perception group was the largest number who ever had cervical cancer screening (48.1%). The perception to severity was not significantly associated with the cervical cancer screening.
3. Perception to advantages and obstacles in cervical cancer screening was 50.8% in high level. Those who ever had cervical cancer screening were 49.6%. The test of association showed that it was not statistically significant to the cervical cancer screening.

### **Test of Association**

From the test of association between groups who ever and never had cervical cancer screening with various factors, the characteristic factors such as religion, education, and family income, were statistically significant-( $p < 0.05$ ). While age, marital status, occupation, age at first-married, and number of children were not statistically significant ( $p > 0.05$ ).

Factors of knowledge and perception to the susceptibility of cervical cancer, the severity, and advantage and obstacle were not statistically significant in association with cervical cancer screening.

This study was univariate analysis so, if we revised by multivariable data analysis can found those association.

## **5.2 Discussions**

Based on this study, rate of cervical cancer screening and factors that affect to the cervical cancer screening of women in 35- 64 age group in Naikuan Sub-district, Yan Ta Khao Distric, Trang Province, were described.

The data were collected by questionnaires, for 250 samples from 1,350 populations in nine villages of Naikuan Sub- district, where it was different in the number of population in each village (Appendix D). A good cooperation in questionnaire accomplishment brought all 250 copies (100 % in response) back to the researcher. This may be because of the familiar domestic research assistants. Some interesting issues were found from the results.

As regards socio-demographic factors in the study group of women, they were mainly 35-54 years old, and it was also found that the largest group of women who had cervical cancer screened was 35-54 years old. The group of women older than 55 years never had cervical cancer screened. This is consistent with the study of Sawaddivudhipong (1997) which found that, most of the women who had cervical

cancer screened was among 35-44 years old, followed by the second group of 25-34 years old. For the groups of younger and older age, they were very low in rate of cervical cancer screening.

For marital status, women who live together with their husband, were the largest number for having cervical cancer screening (43.5 %). Unmarried women were a group of largest number who never had cervical cancer screening (75 %). It was found that marital status was not associated with coming to cervical cancer screening ( $p > 0.06$ ). This is in line with study of Sawaddivudhipong (1998) and Latthimon (1995), which pointed out that couple status of personnel in Chulalongkorn University were higher in rate of cervical cancer screening than unmarried, widows, and divorcees and separated ones. It may be somewhat due to their husband's inducement and encouragement, or may be afraid of problems with the genital organ system that can be the risk for cervical cancer.

In comparison to the religion, Muslim women were more than Buddhist women for checking up of cervical cancer screening which is statistically significant ( $p < 0.05$ ). This may be the study area had less Muslim. They were relatives and the culture in this area was in harmony; they have the same way of life. They had married across religion. Therefore they were not as strict as the Muslims with whom they lived together. In addition, Muslim women may need more screening tests, since they usually had more health problems due to having many children. It was easy to encourage them to screening tests because they had clinical symptoms.

As to education, women who had education higher than secondary school believed more in cervical cancer screening than those who had the low education or non education group (61.9%). This result is similar to the study of Noppadolratkul (1996) who suggested that uneducated women never had cervical cancer screening and also Latthimon (1995). The group which was graduated in master degree was the highest who had cervical cancer screening in comparison to bachelor degree or lower. This is probably because well-educated women were usually heedful to their health, and did the better prevention than low educated women. The study indicates that levels of education are relevant to the cervical cancer screening.

As regards family income, women with high income were more frequent in cervical cancer screening than low-income group. This is consistent with Latthimon (1995) reporting that, the high income of personnel in Chulalongkorn University was higher in rate of cervical cancer screening than the low-income group. It was likely that the high income was better in health care particularly in prevention and check up, for they need an exclusive life budget. This was an opposite to the low-income group who spend their money only on the indispensable things. This study also found that family income was statistically significant to the cervical cancer screening. This study indicated that higher income and education level enhanced the ability to access to health promotion and prevention services. Development in these factors require cooperation and encouragement from many sectors, both public and private, although it would be difficult to occur in the short time.

Women in state enterprises or officers more frequently had cervical cancer screening than other groups, probably due to intellectual and realization in prevention of diseases. Moreover, they enjoyed privileges in security and welfare for the annual health check up provided by the government. Women with less chance of cervical cancer screening were the employees.

For first-married age, those who were married at 20 years or older were more frequent in cervical cancer screening than those who were married at under 20 years of age. This was also the same as the study of Latthimon (1995) which found that personnel in Chulalongkorn University who married at 31 years or older were more frequent in cervical cancer screening than the group who married at younger age than 20 years who were less frequent of cervical cancer screening. Indeed, this group was the risk group for cervical cancer (Wilailak, 1998). Therefore, they needed regular annual cervical cancer screening.

### **The Rate of Cervical Cancer Screening**

Based on this study, 43.2% of women in Naikuan Sub- district ever had cervical cancer screening, and 56.8 % never had. In consideration of the first group, there had been only 2-3 times, not regular screening, and the last time of screening were over five years ago, which were higher than in the year 2001 that was only 7.3%. Because this study was on prevalence and covered of every service places, but incident rate in the year 2001 was reported only those who screened at health center. The screening was not regular and majority of women were over five years from the last screening. The favorite place for the service was government hospital, as it was an accommodation.

The most favorite places were health center, the private hospital, and university hospital. Few were dissatisfied with services, since they did not know the results and they did not get any explanation about the screening. 37% of respondents replied that they go to screening at private health services. All of these may be due to the better management than public health services such as less waiting time, treating the patients with respect, service on 24 hours and so on.

The reasons for having cervical cancer screening were mainly because of abnormal symptoms. The next was the suggestion of health staff, annual health check up and post delivery check up. Those mentioned above were also the same as Prompak (2001) who studied training program with participation to increase cervical cancer screening, among women in a reproductive age at Tambon Linfha, Amphur Jaturapakpiman, Roy Et Province. The reasons for the need of cervical cancer screening were mainly abnormal symptoms, suggestion of health staff, and their friends' persuasion. This was different from Latthimon (1995) who studied female staff in Chulalongkorn University. Their reasons were for annual health check up and post delivery check up. It can be noticed that different groups of population had different reasons for their coming to have their cervical cancer screening. The group of women staff of university were more intelligent, and were provided with welfare and security, whereas women in rural area were busy with their daily earning for living, and needed to meet the doctor only when they were ill. Study of Tairsombat (1999) in Prom Piram District, Pitsanulok Province found that the reasons for screening were post delivery check up and advice from staff. The normal result was found up to 90.7% of the cervical cancer screening cases.



The reasons for not having cervical cancer screening were no abnormalities, embarrassment, busy, and expensive. This was similar to the study of Latthimon (1995) and Tairsombat (1999) who found that the reasons were assumption of nothing abnormal, afraid to confront the abnormalities, embarrassment, fear of pain, and busy. The study of Prompak (2001) found that the most were embarrassments. Second reason was afraid of the abnormal results, assumption of nothing abnormal, expensive, and inappropriate manner of staff.

From the researcher's point of view, various reasons found were due to the difference of study population, and the correct knowledge they received that the cervical cancer screening before the early stage should be the best prevention.

In both groups of women, most of them planned to have cervical cancer screening, but some were not sure. The older women are the group who reported not go for cervical cancer screening. For the expense, most of them did not know the cost. The group, who got some information from staff or media regarding the government policy in promotion of cervical cancer screening, knew that it was free of charge in government service places. This could be another way of stimulation for the screening by simultaneous propaganda and public relations.

### **Factors in Knowledge**

In consideration of the knowledge of cervical cancer, most of them got the correct knowledge, namely, early stage of cervical cancer can be completely cured; routine cervical cancer screening can be the prevention of the disease; cervical cancer

is not a communicable disease; cervical cancer is not usually indicated by bleeding per vagina; and early stage of cervical cancer may not show any abnormalities. 50% or more of women still misunderstood the cervical cancer, and believed that bleeding and leucorrhoea are normal signs; healthy women are free from cervical cancer; healthy women do not need cervical cancer screening; boiled herbs in ancient style is the success remedy for cervical cancer; and also believed that doing hard work can cause cervical cancer. From the study, the women in Nikuan Sub-district who have good knowledge are only 47.1% of total population. Therefore, education is the principal factor for promoting the higher rate of cervical cancer screening. In this study we found that knowledge was not related to the cervical cancer screening.

#### **Factors in Perception of Susceptibility, Severity, and the Advantages of Cervical Cancer Screening**

As regards the perception of susceptibility, most of them (88%) had correct perception that married women were the more high risk group for cervical cancer than the unmarried women. But 51% had incorrect perception believing that women who have mother and sister with cervical cancer have more chance of getting cervical cancer.

As regards the perception of severity, 95% of them had the right perception and knew that invaded stage of cervical cancer is painful. The wrong perception they got was that the invaded stage of cervical cancer does not put every case to death.

As regards the perception of advantages and obstacles, 99.6% of them had the right perception that cervical cancer can be prevented routine screening. The wrong perception in large numbers with 39% believed that cervical cancer screening causes sharp pain in pelvis afterwards. Perception of the chance of disease, the severity, and perception of the advantage and obstacles were not significantly associated with coming to have cervical cancer screening. Good knowledge and good perception alone probably cannot persuade women to come for cervical cancer screening; there also is a need for some other factors in promotion and motivation (Green and Kreuter, 1991). Getting the correct information, the advices, and motivation from their related persons and family and health staff are necessary. The process of service must not be complicated, to avoid embarrassment, fear, and waste of money, and also a good personal relation of health staff should be considered.

### **5.3 Recommendations**

#### **From the results of research**

1. According to the results, education level and family income are related to cervical cancer screening. Especially, education level and family income should be improved, though it is difficult to do so in a short time. However, for long term effect there must be a close cooperation between public and private sectors.

As a short time campaign the dissemination of the correct information and knowledge about cervical cancer screening is urgently needed. to find patients before they have clinical symptoms. This is important for cure as well.

2. The research found that target group needs the convenience in place of service.

The government health service places need to be reorganized for the comfort and convenience of the patients. Now, public health services are providing the cervical cancer screening free of charge. For the convenience of customers it should:

- be free of charge for screening in every health service place, both public and private sectors. For the cost of screening, the provider can receive assistance from UC foundation.
  - include private sector, for example, private hospitals and clinics in the campaign of 30 Baht scheme, for customers' comfort in receiving the services.
  - have overtime clinics in service places of public sector, as an additional facility for customers who cannot come during regular time to receive services.
3. The research found that people misunderstood in cervical cancer; they want to do cervical cancer screening only when there are abnormality signs, and they also do not know that cervical cancer can be prevented by routine screening. It is necessary to publicize widely, and provide correct knowledge about cervical cancer to the target groups.
  4. Proper policies should be established to prevent cervical cancer, and the development of many subjects should be carried out, such as social, economic, education, and so on. Especially at health centers, the ability of health personnel must be enhanced to examine pap smears

efficiently. The policies must be clear and continuous, and there should be yearly campaigns for cervical cancer screening.

5. Results of this study can be disseminated to other health services as a database for increasing the rate of cervical cancer screening.

### **Recommendations for Future Research**

1. The questionnaires must have more reliability, and should be clear enough for the understanding of the respondents.
2. May use in-depth interviews together for better results. Because the respondents can then state their true feelings, and will have a chance to mention what their relevant needs are in respect of cervical cancer prevention, as well as the researcher who provides health care services, can gain more benefit out of this data and respond them with effective care services.
3. More time should be given for retrospective studies by in-depth interviews in cases where they already have cervical cancer, and to study their cervical cancer screening behavior in the past.
4. Learn the management and steps taken for customer's satisfaction from the private sector.