2011 International Conference on Humanities, Society and Culture
IPEDR Vol.20 (2011) © (2011) IACSIT Press, Singapore

Factors Affecting Health Seeking Behaviour Among Kelantanese Women on Pap Smear Screening

Siti Waringin Oon [1], Rashidah Shuib[1], Siti Hawa Ali[2], Nik Hazlina Nik Hussain[2], Juwita Shaaban[3] and Harmy Mohd Yusoff[3]

[1] Women's Development Research Centre (KANITA), Universiti Sains Malaysia, Penang
[2] Women's Health Development Unit, School of Medical Sciences, Universiti Sains Malaysia, Kelantan
[3] Family Medicine Department, School of Medical Sciences, Universiti Sains Malaysia, Kelantan

Abstract. Pap smear screening services were introduced in Malaysia late 1960s. Yet the Second and Third National Health and Morbidity Surveys reported persistently low uptake by eligible women. Women in the state of Kelantan are still among the lowest to have done pap smear in Malaysia. The aim of this paper is to explore and identify factors affecting health seeking behaviour on pap smear screening among women in Kelantan, Malaysia. Fourty-four women were recruited in this qualitative study using the purposive sampling with snowballing technique. They were interviewed using in-depth interviews. Transcribed materials were analysed using the N-Vivo version 2. It was found that there were several factors shaping women's health seeking behaviour on pap smear screening such as accessibility, attitude towards pap smear, sex of the health provider, support, time and cost. The two most significant factors were knowledge on pap smears and attitude towards pap smears including fear and embarrassment. In terms of accessibility, support and cost, majority of the respondents claimed that those factors were not the main issues affecting their health seeking behaviour. The findings imply that health education and information on pap smear screening is still inadequate in Malaysia and that fear and embarrassment issues among women were not adequately understood and addressed. It is recommended that health providers who provide a complete screening programme must have a clear understanding of the needs, concerns, and beliefs of women and the communities to ensure that services will be accessible, acceptable and utilized. Women should be equipped with knowledge and should have assertive attitude on their health issues in order to develop better health seeking behaviours especially on pap smear screening.

Keywords: Attitude, Health seeking behaviour, Knowledge, Pap smear screening, Kelantan.

1. Introduction

After more than 50 years of the implementation of Pap smear screening services, the uptake of pap smear screening in Malaysia remains low. The Second National Health and Morbidity Study reported that only 26 % of eligible women aged over 20 years in Malaysia had undergone pap smear screening in 2000. This figure rose slightly to 43% as shown by the data which were collected in the Third National Health and Morbidity Survey 2006. Unfortunately those who went to do pap smears were mostly in the lower age group with lower risks. Introduced in late 1960s in Malaysia, pap smear screening was later expanded to family planning NGOs and other receivers in 1981. This was later extended to all women aged 20 to 65 years in 1995.

Late detection of cervical cancer is known to result in increasing rates of cervical cancer mortality is fast becoming evident in the country where Pap smear screening is poor, whereas a regular Pap smear test followed by appropriate and timely treatment reduces the risks of deaths from cervical cancer. Millions of women have been saved because of early detection with Pap smear tests which has been proven to be an effective tool to control cervical cancer [1, 2]. However, there seems to be no change in the pattern of the prevalence of cervical cancer. This probably indicates that Pap smear screening coverage has not targeted or has not reached the population at risk. In 2002, the incidence of cervical cancer in Malaysia was 17.8 per 100,000 populations [3] and it was almost equivalent to the incidence of cervical cancer in Kelantan [4]. In

Kelantan, only 38, 171 number of pap smears were done by various service providers in 2006 and the annual incidence of cervical cancer every year for this state is approximately 11% per 100, 000 females [1]. This indicates that the pap smear screening done among women in Kelantan is still low. Given this low uptake of Pap smear screening in Kelantan, this study was conducted with the aim to explore and to identify the factors that shaped the health seeking behaviour on pap smear screening among women in Kelantan.

2. Methodology

2.1. Study sample

A research on "A Multicentre Comparative Study of Knowledge, Attitude and Risk Factors among Women and Their Spouses on Pap Smear Screening", the study team consisted of 4 centres namely Main Campus of Universiti Sains Malaysia, the Health Campus of Universiti Sains Malaysia, Universiti Kebangsaan Malaysia and Universiti Malaya. The study area was located in 3 states of Malaysia comprising of Kelantan, Selangor and Penang. For the purpose of this paper, the data taken came only from Kelantan state. Forty-four women were selected to participate in this study: women who never ever had pap smear done (9 participants); women who did Pap smears but with normal results (16 participants); women with precursor lesions (9 participants) and women with cancer of the cervix (10 participants). They were purposively selected through the folder tracing from the Obstetric and Gynaecology Clinic of the Hospital Universiti Sains Malaysia as well as through snowballing technique.

2.2. Data collection instrument

All the in-depth interviews were conducted in the health setting but in a private area. Face-to-face in-depth interviews were conducted with respondents from each group using a standard interview guide with basic framework questions but it was up to the interviewers to probe and ask further questions. This framework questions were used in all the four research sites. The participants were given an explanation about the research before getting the informed consent prior to the interviews. They were also assured of confidentiality. These interviews were recorded using a digital recorder and later were transferred to the computer to be transcribed.

2.3. Data Analysis

All data were transcribed and then were analyzed word for word based on the questions asked by identifying key concepts, categories and themes which were called nodes. The data were analyzed using a similar set of the nodes for all groups mentioned above. The computer software package used was NVIVO version 2.

3. Findings

3.1. Socio-economic background

In this study, forty-four women were recruited representing 4 groups as in Figure 1 below:

Figure 1: Categories of women selected for the study

Group categories	Number of participants (N)
Women with normal pap test result	16
Women who never had pap test done	9
Women with precursor lesions	9
Women with cancer of the cervix	10
Total	**44**

In terms of their socio demographic background, they were comprised of 38 Malays, 5 Chinese and 1 Indian. This result indicates that majority of them are Malays due to the population in Kelantan with 97% Malays [5]. The proportion of women 40 years and above was a little higher by 9.1% than women below 40 years. All of them were married with children. Majority of them (56.8%) were working women either as professional, skilled workers and non-skilled workers and housewives (43.2%). Most of the women had completed their education up to secondary school with at least nine to eleven years of schooling. Only 28.1% had a monthly household income less than RM 1000 while the largest group had a household income between RM 1000-RM2000 monthly.

The findings showed various factors affecting women as barriers from being screened. These include two major categories: Knowledge on Pap smear screening, and Attitude towards Pap smear screening.

3.2. Knowledge on Pap smear screening

Majority of the respondents knew and had heard of pap smear screening. Only three of the respondents who never had done pap test before never heard of pap smear screening. Even though they knew and had heard about pap smear screening, but in terms of their knowledge, they still had limited knowledge about all the procedures regarding the test**.** Respondents also expressed they did not know the importance of pap smear and therefore did not take the test. Basically they did not know the purpose of doing pap smear and for those who knew and had knowledge on pap smears, they were unaware that they were at risks or that they were eligible to have pap smears done. Three respondents in women with in the cervical cancer group claimed they had heard about pap smear only after they were diagnosed with cervical cancer and admitted into the hospital for cervical cancer treatment.

"I didn't know about pap smears and didn't ask because nothing happened to me" – KBX01

3.3. Attitude Towards Pap smear screening

Regardless of their groups, women often did not feel the necessity to do pap smears in the absence of symptoms. The respondents mentioned that they would only do pap smears when they felt they had reproductive problems. For the group of women who never ever done pap smear test, they clearly said that they did not want to do the pap smears by giving a reason of fear and embarrassment. One respondent said that even until she was going to die, she would not perform the pap smear test due to the shyness of exposing her private parts. She reported:

"Until I were going to die, I'm not going to do the test because it is so shameful, plus I can tell whether I'm sick or not" – KBX01

There were also those who perceived themselves as being healthy and therefore did not need pap smear at this moment. There were also those who were frightened of the procedure. Three of the respondents in the normal group expressed fear of pain and perceived the procedure and the instrument as scary and this stopped them from going for the pap smear. Two of the respondents claimed that it was better for them to not know the results because they feared that the results would show something was wrong with them after performing the pap smears.

"I'm scared of looking *at the tools and I believe that the nurse who performed the test was also scared of the tools"* –KBX07

"I feel ashamed and scared *as well; scared of having abnormal results"* – KBX 08

In contrast, for women who had been diagnosed with precursor lesions and cancer of the cervix, their attitude towards pap smear screening were quite positive. Two respondents mentioned that all women should do a pap smear for early detection so that they would not regret not doing it and that it was not a scary test. For women in this group, regardless of being positive about Pap smears, most of them started seeking for pap smear test only after having massive vaginal bleeding.

"After taking medicine twice to stop yellowish and vaginal discharge and the condition still did not change, I then went to get treatment" – KBC01

"I went for treatment because I was having heavy bleeding and traditional medicine didn't work for me"- KBC05

"I sought treatment after having continuous vaginal bleeding" – KBC10

However, most respondents regardless of their groups expressed their willingness to do if pap smears were available for them. Only a few of them stubbornly refused to have pap smears done.

3.4. Accessibility

In terms of accessibility, only two respondents from the precursor group mentioned their difficulties of getting transport and that the clinic was far from where they lived. Majority of the respondents noted that the public transportation is very advance today and accessibility is never a problem for pap smear screening.

3.5. Lack of support

Generally there was very little involvement of family members for cervical cancer screening. There was a lack of family and spousal support for women who wanted to do Pap smears. Some respondents never discussed Pap smear with their respective spouses and vice versa. But they felt that if they were to discuss with their spouses, they would definitely gain their support. However there was one respondent who claimed that man (husband) did not understand women's health situation, as she said:

"Men do not understand women's issue especially about health, when it comes to pap smear, they do not know what it is all about" – KBX02

On the other hand there seemed to be an exceptional family support for a group of women with cervical cancer. Eight out of nine respondents claimed that they had support from their partners as well as their children to do the Pap test. But this situation could be attributed to their health conditions after being diagnosed with cervical cancer.

3.6. Time and Cost

Financial did not seem to be a barrier as many respondents were aware that the cost for pap screening was relatively low in government clinics and hospitals. In contrast, majority of the respondents mentioned that lack of time was on of the barriers to women's access to pap smear screening services. Various situations were associated with the lack of time such as being busy with their tasks either as housewives or working women as well as long there was also a long waiting time especially at government's clinics. One woman pointed out that although the pap smear test itself is short and is often over in ten minutes, the time taken to go to the clinic/hospital was, however, too long sometimes taking as long as two hours.

"You see ah, for us to make the pap smear test, the test itself only takes you about five to ten minutes. But the trouble to travel, to seek parking, to walk to stations, make the payment, it takes you more than half an hour. So, in order to come for that I have to prepare two hours... compared to the ten minutes that is actually productive ah..." – KBN03

3.7. Sex of the healthcare provider

Most of the women expressed their uneasiness and embarrassment if the doctor that performed Pap smear test is a male doctor. They preferred to be seen by female health carers if possible. Another reason is that the female health carer was perceived to be more gentle when performing the Pap smear and were also seen as more understanding of women's feelings.

Two respondents stressed that as Muslim women, Pap smear should not be done by male doctors because it was not an emergency procedure.

"As Muslim women, we don't want male doctors to do this kind of treatment since it is not an emergency. It is different with giving birth; that one we have no choice"- KBX01

3.8. Beliefs toward traditional treatment

A few of the respondents did mention about their belief towards seeking the help of 'bomoh' (traditional healer). They trusted the traditional treatment more compared to modern treatment. They claimed that pap smear test is a modern treatment and they felt more comfortable to see 'bidan kampung' (traditional midwives) when they had reproductive problems.

"I'd prefer to go to 'bidan kampung'(traditional midwife) if I had reproductive problems" – KBX05

4. Discussion and Conclusion

From the findings above, there are several reasons and factors affecting women in their decisions to undergo or not to undergo pap smear screening. This cuts across ethnicity, education level and age. Generally, the findings are consistent with previous studies on factors that hinder women from getting pap smear done [2, 5-9]. Unsurprisingly, limited knowledge and nonchalant attitude as well as ignorance about cervical cancers and pap smear screening are the two most significant factors affecting women from being screened. Among other reasons for low participation in pap smear test included women not perceiving themselves as being susceptible to cervical cancer because they had no symptoms of illness and this is further strengthened because of inadequate information and knowledge about the importance of pap smear screening. This is a similar finding found by Wong LP et al [10] who also did a study as part of the bigger research in another research site. Regarding women's attitude towards pap smear screening, embarrassment and fear are seen to be as a main barrier to undergo pap smear test. Fear can be associated with many elements such as fear of pain, fear of getting negative results, procedure, instrument [2, 5] as well as fear of being accused of infidelity. Meanwhile, embarrassment is derived not only from Kelantanese women or Malaysian women but it is rather universal [11]. Several studies from other countries [6-8] also indicate that embarrassment is a major factor that prevents women from performing the pap test. The concept of embarrassment can be associated with strong cultural factors since majority of women mentioned being shy if they have to expose their private parts and pap smear test is a very intimate procedure. Furthermore, there is also a gender issue involved in that they would be further embarrassed if the pap smears were performed by male doctors. However this would be tolerated if they had "no choice". They also claimed that only female doctors can be gentle and better in performing the pap test in addition to being able to show an understanding of women's feeling because of they are of the same sex. This implies that sex of the healthcare provider is an issue that has to be tackled in providing the pap smear services and indicates the need for gender sensitive pap smear screening services. One question can be raised from this matter is whether embarrassment of doing pap test is a social norm, cultural bound and therefore socially constructed or the nature of women themselves?

There were no cost and accessibility barriers captured in this study. These findings could be due to majority of women in this study were working women and they knew and were able to get transportation to seek for their own health care. Treatment cost is not a problem for them since they are willing to spend the money for their own benefit as well as they can make financial decisions. In addition government clinics offer pap smear screening at a very low cost and even free for those who cannot afford to pay. In this case, doing pap smear does not compete with needs which according to Scambler can be the case (Scambler 2009). In contrast, lack of time was demonstrated in this study as a hindrance for women to practice pap smear screening. This is in line with the findings that majority of the women were working. Long waiting time is a system's issue which also needs attention. In addition, housewives as well were busy with their routine house chores. This gender role competes for their already limited time.

Lacking of support from the spouse and family members happened due to lack of communication on this matter. Majority of women in this study did mention that if they were to discuss with their spouses, they felt definitely they would get support. This situation can be supported from the group of women with cervical cancer who claimed they gained their spouses' support on doing pap test but this support was given after these women were being diagnosed with the disease. But it can still be concluded here that communication between spouses could lead to gaining or even better spousal support.

It is interesting to note here that another reason for women not practicing pap smear test is still their belief towards traditional medicine. It seems that they have more trust in 'bomoh' (traditional healer) and 'bidan kampung' (traditional midwife) if they have reproductive problems. This seems to indicate that there is an element of relationship between "patient and providers" with the traditional healers which may be lacking in the modern health setting. In this study, it is shown that cultural belief is one of the significant findings that need to be accounted for by policy makers in planning and providing pap smear screening services in future.

In conclusion, the low uptake of pap smear screening is associated with various factors; some of which were noted in previous studies. In order to increase the number of screening and improving women's awareness regarding this matter, screening program must have clear understanding of the needs, concerns, and beliefs of women and communities to ensure that services will be accessible, acceptable and fully utilized in the future. Both macro (system wide) and micro level approaches must be adopted.

5. Acknowledgements

The author would like to acknowledge the IRPA Top-Down Grant- Ministry of Science, Technology and Innovation of Malaysia (MOSTI), Project No: 06-02-03-1032- PR0024/09-06 for funding this study and all IRPA CaCx Team Members.

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