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Prevalence of Women Seeking Health Care Services at Phramongkutklao Hospital Who Never Had a Pap Smear or Whose Last Pap Smear Interval Was Equal or More Than Three Years

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ABSTRACT

Objective To determine prevalence of women who never had a Pap smear or whose last Pap smear interval was equal to or more than three years and reasons for not screening.

Study Design A descriptive study.

Setting Out-patient clinic at Phramongkutklao hospital.

Method Ten percent of women who attended the out-patient clinic at Phramongkutklao Hospital from five departments answered a self administered pre-tested questionnaire each day. Patients whose register ten percent were met number ending with the order of 5,0 were chosen as subjects each day until the sample required.

Result A total of 252 women answered the questionnaire. Among these 27.9% had never had a Pap smear, while 17.1% had their last Pap smear at equal to or more than three years. Most common reasons for not having Pap smear done were fear of cancer, fear of pain due to the procedure, and long waiting time at hospitals.

Conclusion Among women who attended out-patient clinics at Phramongkutklao hospital, 45% had never had or had their last Pap smear at interval equal or more than three years.

Key words: Uterine cervix, Pap smear, non - attendance, non compliance

Uterine cervical cancer is the most common gynecologic cancer found among Thai women. Almost cervical cancer patients are diagnosed at stage II or more.[1] Five year survival for cervical cancer after treatment is lower than 73 %.[2] For stage I cervical cancer 5 year survival rate after treatment is 87%.[2] However only 16.7% of patients are diagnosed at stage I.[1] Thus early diagnosis or diagnosis at pre-invasive cervical cancer or cervical intraepithelial neoplasia (CIN) should reduce morbidity and mortality of cervical cancer. CIN has high cure rate and recurrent rate is low approximately only 10%[3] and diagnosis of invasive cervical cancer after treatment for CIN is only 0.5%.[3]

Because most CIN cases are asymptomatic, diagnosis can only be made through screening of asymptomatic women. Common screening test for cervical cancer is the Papaniculoau smear (Pap smear),

which is convenient to perform, low cost and available at most health facilities.

The Pap smear has been in clinical use for more than 40 years. As a result, a women's chance of dying from cervical cancer has been reduced from 41/10,000 to 5/10,000.[4] However the Pap smear is a screening test, not a diagnostic test. After a positive Pap smear or abnormal cytological features, a complete diagnostic evaluation with biopsy should be done to rule out cervical cancer.[4]

More than 10 professional organizations have recommended Pap smear for all women, with no upper age limit. Most groups agree that after several annual negative smears screening, frequency can be changed to every 3 years.[5] Even though the Pap smear is not painful, women fail to come for their annual screening. In the USA, compared interview data and physician records of 98 rural black women showed that 20% of the women couldn't recall whether a Pap smear had been done within the past three year.[6]

The objective of this study is to determine prevalence of women who never had a Pap smear or whose last Pap smear interval was equal to or more than three years and reasons for not screening. Benefit of this study will be improve problem in women who came to take Pap smear in hospital. This study has been approved by Committee for Approval of Medical Research, Royal Thai Army Medical Department.

Materials and methods

We selected ten percent of women who attended the out-patient clinic at the Department of Surgery, Obstetrics and Gynecology, Medicine, Family Medicine, and Orthopedics in Phramongkutklao hospital between July1, to July 31, 2002. Patients whose register number ending with the order of 5 or 0 were chosen as subjects each day until the sample required was met. Two hundred fifty two women, aged more than 18 years or women who have had sexual intercourse were selected and informed consent was obtained. Women who were selected, answered a self administered questionnaire. Information concerned demographic variables, attitudes, knowledge, health history, and reason for not taking a Pap smear were collected. Trained interviewers were presented to assist in answering the questionnaire. Questions regarding any item in the questionnaire were explained by the interviewers.

Results

Two hundred and fifty one of two hundred and fifty two (99.6%) women were selected from Department of Surgery, Obstetrics-Gynecology, Medicine, Family Medicine, and Orthopedics returned the questionnaires. The percentage of women from each out-patient clinic were 14.7, 23.4, 23.8, 14.3, and 23.8% respectively. Table 1 demonstrated characteristics of the women selected. Knowledge about cervical cancer and source of information came mainly from media (Table 2). Regarding health check up, 27.9% never had Pap smear, 17.1% had Pap smear taken equal to or more than 3 years (Table 3).

Among 113 (45%) women who never had or had their last Pap smear taken equal to or more than three years, the reasons for not obtaining Pap smear is shown in Table 4. Common reasons for not obtaining Pap smear were fear of detecting cancer (56.4%), pain/discomfort (50.0%), long waiting time (48.8%), and embarrassment (44.8%). Factors that would influence decision to obtain Pap smear were knowledge of reason and benefit of Pap smear (56.8%), female examiner (24.1%), and short waiting time in hospital (15.2%) as shown in Table 5.

Table 1. Characteristics of recruited women (N = 251)

Characteristic	percent	Characteristic	percent
1) Age (years)		**5) Educational attainment**	
< 20	1.6	Primary school	17.2
20-29	17.1	Secondary school	28.6
30-39	22.7	Bachelor's degree	34.4
40-49	26.3	Master's degree	5.4
> 49	32.3	Others	14.4
2) Occupation		**6) Children**	
Government officer	41.3	None	23.0
Merchant	32.1	1	23.0
Labor	20.2	2	30.5
Student	2.8	>3	23.5
Others	3.6	**7) Cigarette Smoking**	
3) Habitat		Yes	0.9
Bangkok	60.5	No	99.1
Outside Bangkok	39.5	**8) Family income (Baht/ month)**	
4) Marital status		<= 5,000	10.7
Married	70.0	5,001-10,000	33.1
Single	19.4	10,001-20,000	29.4
Divorce	5.7	20,001-30,000	11.6
Widow	4.9	>30,000	15.2

Table 2. Knowledge about cervical cancer (N = 251)

Knowledge	Percent
1) Know about cervical cancer	83.5
2) Source of information	
Television/radio	62.5
Magazine/newspaper	61.1
Family/friends	33.6
Medical officer	33.1
Others	6.7

Table 3. Health check up (N = 251)

Health check up	Percent
1. Had a Pap smear < 3 years	55.0
2. Never or had a Pap smear > 3 years	45.0
2.1) Never had a Pap smear	27.9
2.2) Had a Pap smear > 3 years	17.1

Table 4. Reason for never had Pap smear or had Pap smear taken ≥ 3 years
(In cases of never or ever ≥ 3 years, N = 113)

Reason	Percent
1) Fear of detecting cancer	56.4
2) Pain/discomfort	50.0
3) Long waiting time at hospital	48.8
4) Embarrassment	44.8
5) Fear of infection	35.1
6) Believe that have a good health	29.7
7) Don't know the process of examination	25.7
8) Transportation problems	12.6
9) Cost	12.5
10) Check up is not necessary	10.8

Each patient can choose more than one answer

Table 5. Factors that influence decision to obtain Pap smear (N = 251)

Factors	Percent
1) Reason and benefit for check up Pap smear	56.8
2) Female examiner	24.1
3) Less waiting time	15.2
4) Free service	6.2
5) Mobile Pap smear unit near home	5.7

Discussion

Cervical cancer is a common health problem for Thailand. In this hospital based study, 45% of the women hadn't had a Pap smear within the past three years with 27.9% never had Pap smear taken. This is similar to the survey in 1998 among Korean American women who lived in California.[7,8] In 1990, about 25.3% of women in Siriraj hospital who never have a Pap smear taken for 3 years.[2] However, this was a select population of women who come in for pelvic examination which differs from our study. Our population consisted of patients who came in for gynecologic and non-gynecologic complaints which may be more representative of general population.

Reasons for not obtaining Pap smear were fear of cancer detection, pain/discomfort, long waiting time in hospital and embarrassment. Data on the barriers to Pap smear among adolescent girls in USA are embarrassment, pain from examination, fear of detection of cancer, not knowing where to go, and fear of parents discovering sexual activity.[9-14] Reasons of Korean women in USA were cost, long waiting time, language and having no time.[7,8] Factors that influence decision to take a Pap smear were adequate information, female examiner and short waiting time.

Based on the information obtained in this study, we can make several recommendations for health programs that target out-patient women. Firstly, health education programs for women should describe the pelvic examination and the Pap smear in sufficient details to address the issues of fear in detecting cancer, pain and discomfort. It is important to stress

that, most lesions detected would be dysplasia, or pre-cancerous, and easily treated. The value of early detection of cancer and the high cure rates of early stage cervical cancer should be emphasized. Secondly, because the association of pain and death with cancer may result in avoidance of medical care, we should describe cancer as a disease for which there is often hope. Information on cure rates for cervical cancer is essential to any program in order to lessen fatalistic attitudes.[10,15]

In conclusion, among women who attended out-patient clinics at Phramongkutklao hospital, 45% never had or had their last Pap smear at interval equal to or more than three years. The reasons for not obtaining Pap smear are fear of cancer detection (56.4%), pain from examination (50.0%), long waiting time in hospital (48.8%), and embarrassment (44.8%). The factors that influence women to obtain Pap smear are adequate knowledge of reason and benefit of Pap smear, and examiners should be female. Intervention to increase Pap smear attendance should be targeted to alleviate the reasons for not attending.

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