

Knowledge and Attitude among Women and Men in Decision Making on Pap Smear Screening in Kelantan, Malaysia

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Abstract—This paper explores the knowledge and attitude of women and men in decision making on pap smear screening. This qualitative study recruited 52 respondents with 44 women and 8 men, using the purposive sampling with snowballing technique through in-depth interviews. This study demonstrates several key findings: Female respondents have better knowledge compared to male. Most of the women perceived that pap smear screening is beneficial and important, but to proceed with the test is still doubtful. Male respondents were supportive in terms of sending their spouses to the health facilities or give more freedom to their wives to choose and making decision on their own health due to prominent reason that women know best on their own health. It is expected that the results from this study will provide useful guideline for healthcare providers to prepare any action/intervention to provide an extensive education to improve people's knowledge and attitude towards pap smear.

Keywords—Attitude, decision making, knowledge, pap smear screening..

I. INTRODUCTION

IN Malaysia, Pap smear screening program commenced in the late sixties and until the year 2000, only about 850,000 women have undergone Pap smear tests out of the eligible 5.2 million female populations (20 to 65 years).

Nevertheless, based on the 2nd National Health & Morbidity Study Report, only 26% of women in Malaysia had undergone the pap smear screening. For Kelantan, in 2006, only 38,171 number of pap smear done from various service providers [1] and the annual incidence of cancer of the cervix every year for this state is approximately 11% per 100,000

females [2]. From this point, even the disease is seriously affected women but the lower rate of women undergone Pap smear screening for detecting the disease has become a crucial issue to be looked at either for the women, men or policy makers themselves in order to overcome this problem. As we know that cancer of the cervix is preventable and millions of women have been saved because of early detection with Pap smear tests as a tool for cervical cancer screening and accepted as part of the routine gynaecology care for women.

Thus, several researches have been done to examine the real causes of preventing the Malaysian women on making decision to undergo screening by trying to explore their knowledge, attitude and practices towards pap smear screening [3-9]. There is no local study on men in relation to cervical cancer or Pap smear screening and therefore, it is important to look at men as a target group in this study. Instead of taking women on exploring their attitudes and knowledge towards pap smear screening, we also had explored men's attitude and knowledge to make it our research more meaningful in order to have thorough understanding of the problems and involving men in this research is important considering that Malaysian women in general have low sexual promiscuity. Men's group always been neglected in the cervical cancer and pap smear screening studies whereas they were the biggest influence to the women in terms of making decision and support because as been expected that by having emotional relationship with these women, the male partner is encouraged to carry some responsibility to ensure the continuance well being of the women.

Apart from wanting to know Malaysian's knowledge regarding Pap smear and the need to do Pap smear, one of the most important questions that need to be addressed in the Malaysian context is regarding the types of knowledge and attitude that women and men have regarding cervical cancer and the cultural beliefs associated with it. In addition, the paper will also examine whether there is a difference in the level of knowledge and attitude between those who do Pap smear and those who do not.

II. METHODOLOGY

A. Study Area

This study involved 4 centres/institutions which are Health Campus, Universiti Sains Malaysia, Main Campus, Universiti

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Sains Malaysia, Universiti Malaya and Universiti Kebangsaan Malaysia and covered 3 states in Malaysia which are Kelantan, Penang and Selangor. But for the purpose of this paper, the data that was presented were taken only in Kelantan State.

B. Samplings

1. Recruiting Methods

Participants for both gender of this study were purposively selected and they were recruited through snowballing techniques by identifying a set of initial contacts, and asked them whether they knew other people who met the criteria and might be willing to participate in the research, then followed up on these contacts. Most of the female participants were recruited through folder tracing from the Obstetrics and Gynaecology (O&G) Clinic while for male, either they were the spouses of the female participants or for single men, they were recruited through friends and participant connection.

This technique has been chosen because it can be an effective and efficient way to generate a sample of participants from different range of backgrounds and recruited participants who are often hard to reach through other means and also more cost effective.

2. Participants Characteristics

This study has recruited 52 participants. 44 participants were women and 8 were men with 4 of them are the spouses of the women participants. For both gender, the participants were predominantly Malay with 93% female and 95% male; followed by female Chinese (5%) and none of male Chinese and female Indian (2%) with male Indian (3%) . They were either married or single or widowed but most of the participants were married. All the participants must aged above 18 years for the purpose of consented information. Their age is within the range of 23 – 70 years and most of them had a secondary education and few of them having a primary and tertiary education.

C. Data Collection

1. Interviews

All the interviews were conducted by the trained enumerators who are researchers and research officer. The 2 types of training on in-depth interviews were given to them before they went to the field and the interviews took almost one and half hours depending on the respondents' feedbacks. All the interviews were conducted in hospital facility based rather than at their houses which are more privacy, convenience, conducive and comfortable to the respondents.

2. Instruments

The semi-structured interview guide and open ended questions has been used as the main instruments in this study and was developed in conjunction with all the researchers in project group. The interview guide ensured that researchers collected information pertinent to the research questions and asked key questions consistently. Using a guide, rather than a questionnaire, also allowed researchers to explore themes and issues that arose from a participant's circumstances and

experiences, omit questions that were not appropriate, and modify the wording of questions to suit a participant's situation.

In this study, the interview guide was developed based on several subject areas in order to answer our conceptual framework: Respondent's Socio-demographic Background, Knowledge, Attitude and Practices (KAP) on Pap smear Screening, KAP on Cancer of the Cervix, and Marriage, Sexual and Reproductive Information consisted questions on health seeking behavior and decision-making. The interview guide comprised of the following four sections:

TABLE I
THE INTERVIEW GUIDE

Sections	Description
Section A	Respondent's socio-demographic background which include his/her personal and family background, health seeking information and personal health information.
Section B	Respondent's knowledge, attitude and practice on Pap Smear Test
Section C	Respondent's knowledge and attitude towards Cancer of Cervix
Section D	Respondent's marriage, sexual experience and reproductive information

However, the interview guide for the MEN respondents, questions were phrased differently so as to focus on their knowledge and attitudes towards their spouse's Pap smear practice or having Cancer of Cervix.

The questionnaire was developed as a guidelines and reference during the face to face in-depth interviews. Face to face interviewing enabled participants to reflect on their experiences of the decision making process and discuss them in depth. The consent form has been given to all the participants and they were explained about the study before signing the form. The interviews have been taped and recorded with the participant's permission and they were kept in high confidentiality. Besides that, we also used the field tracker and observation sheet for the purpose of getting deep understanding of the behaviour of the respondents that perhaps will be useful in the data analysis.

D. Data Analysis

Immediately after the interview, the content of the conversation was transcribed and analyzed qualitatively using the NViVo Version 2.0 software. All the data were analyzed in several stages, beginning by coding the transcripts using the tree nodes that were created based on our conceptual framework and questionnaire, labelling the transcripts with participants' personal characteristics and finally entering the data onto NViVo database. The data were analyzed in three different set of files which are the files of women, men and health carers with three different set of tree nodes.

In addition, the information obtained from the field trackers and observation sheets were also analyzed to supplement the qualitative interview data.

III. FINDINGS

A. Socio-Demographics Background

1. Women Participants

Total number of women respondents interviewed in all four women categories was 44. They represented women screened normal (Normal), women who had never been screened (Never Had), women with precursor lesions (Precursor) and women contracted with cancer of the cervix. The breakdown number of the respondents in each category is as follows:

TABLE II
THE BREAKDOWN NUMBER OF THE RESPONDENTS

Categories of Respondents	Number of Respondents
Normal	16
Never Had	9
Precursor	9
CaCx	10

In terms of ethnicity, Malay respondents made up of 86.3%, followed by Chinese, and Indian with 11.4% and 2.3% respectively.

Majority of the respondents interviewed were married with 84.1% (37) followed by 11.4% (5) widowed and 4.5% (2) divorced.

Meanwhile, 61.4% (27) of the respondents had secondary level of education, 20.4% (9) having primary education and followed closely by 18.2% (8) with tertiary education.

Surprisingly, the age at marriage in this study showed that 13.6% (6) of the respondents married at early age of 10-15 years old but majority of the respondents married at the early age of 16-20 years old, comprising of 47.7% (21) of the total respondents. Meanwhile, 29.6% (13) of them were married at the age of 21-25, and only 9.1% (4) within the range of 26-30 years old.

In terms of occupation, majority of the women interviewed were housewives 43.2% (19), followed by skilled workers 31.8% (14), self-employed 15.9% (7) and non-skilled workers 6.8% (3). Only 2.3% (1) was in the professional sector.

2. Men Participants

A total of 8 respondents were interviewed that made up of 7 Malays and 1 Indian. Six of them were married except for two who were single. One respondent claimed that this marriage is the second marriage of her wife and one of them claimed this is his second marriage. Three of the participants received tertiary education and another three having secondary education. Only 25.0% (2) were having primary education. One participant was in between 41-50 years of age, 2 in between 31-40, 3 in the younger cohort, 21-30, and finally, only 2 in the older cohort, 51-70 years of age. Majority of older respondents were spouse of cancer cervix or precursor patients and on the other hand the younger respondents were spouse of patient who had normal pap smear or never had. More than half of them were in the non-skilled workers, 1 each was in professional, skilled worker and student.

Note: The detailed breakdown of all the socio-demographic background is in Appendix 1.

B. Knowledge towards Decision Making on Pap smear Screening

This section will describe the knowledge of pap smear screening and cervical cancer for four different categories of women, i.e. women screened normal, women never had, women with precursor, and women with cancer of the cervix and men. The items on the knowledge section were purpose of pap smear screening, procedure, frequency, eligibility, timing, source of information and services. Those limited knowledge that leads to the decision making of women whether to go for screening or not.

1. Women's Knowledge

1.1 Women Screened Normal

Most of the respondent in this category know the purpose of doing pap smear test but they did not know much about how pap smear was done. Some knew about the instruments that being used but they do not really know about the whole procedure. Three respondents claimed that all women were eligible for pap smear screening. Others mentioned that only married, women after giving birth, older aged women, prostitutes and those on contraception (OCPs or IUCD) should be screened. Cut off point for age of women who should be screened were 20, 30, 40 and 45 years. Two of the respondents told that pap smear should only be done until age 60 years but some mentioned that no age limit.

1.2 Women Never Had

All the respondents ever heard about pap smear and majority described correctly that the reasons for doing is for early detection of cervical cancer. Three of the respondents do not have any idea about it. One of them said as below:

"I didn't know and didn't ask because not happen to me"
KBX01

Out of 6 respondents who know the reasons for doing Paps smear, only three were able to describe the procedure. The rest of them only describe as taking sample after using something to put in the private part. Majority of the respondents do not know the frequency and exact timing of doing pap smear. Most of them agreed that screening must be done until menopause with no age limit. In terms of the knowledge on eligibility, majority of respondents were agreed that all married women who had sexual contact and having children should perform paps smear examination. Among the identified source of information, most of the respondents claim they got this from friends/family members and media (health campaign in television)

1.3 Women with Precursor Lesions

Four out of nine respondents in this group claimed that they know the purpose of doing pap smear is to detect cervical cancer but two of them did not sure about it. For the procedure of doing pap smear, most of them mentioned that they know but could not explain details and they explained that the process of doing just taking a short of time.

Regarding the frequency and timing of doing pap smear, one respondent said that it must be done for the whole life and only one respondent can give the right answer. The rest of the respondent said that for every delivery and it also can be done once a year. Regarding the knowledge on eligibility, most of them said that married women should go for pap smear without limitation of age and 2 out of 7 respondents said that women on child bearing age/after giving birth should go for pap smear. One respondent has no idea. Most of them said that women who are single do not encourage performing the test. For the precursor respondents, most of them get the information about doing paps from their friends, magazine and maternal health system. Only one respondent said that they manage to get the information from the newspaper.

1.4 Women with Cancer of The Cervix

Eight of respondents claimed that they had heard about pap smear. The rest of two respondents claimed that they never heard about pap smear and have no idea about it. Most of the respondents claimed that they have heard about pap smear test after being diagnosed with the disease. Only four of them were able to explain the procedure but still not in details. For example, one of them said:

"She took the tissue, she used a tool like a spoon and then inserted to vagina... then didn't know how she did because painless...."(KBC02)

Five respondents said that they had no idea about how many times pap smear should be done by women. In terms of knowledge on eligibility, three respondents do not have any idea of it and the rest gave various answers. They gave the priority of performing the test to older women, married women, women in 30's and women who having children. Only one respondent mentioned that neither old women nor teenage women have to do screening.

If too old, don't have to do...same with a young ones, errmmm..." KBC05

2. Men's Knowledge

Among men, the level of knowledge on cancer of the cervix was quite low as well as the knowledge of pap smear screening. Even though they had heard of cervical cancer, their knowledge of the disease was quite limited. Except for two respondents who are working closely in the department of pathology and know details about pap smear and able to tell the purpose of pap smear and knows that their wives are doing it to detect disease at the cervix. More than half of them did not know the purpose of pap smear test. For those who had heard about the test, majority of them had heard of it through their wives and the rest were from other sources: newspaper, magazines, posters or pamphlets at the health clinics or during health or Pap smear campaigns, and from their friends or female colleagues. However they still cannot elaborate further on the procedure and appropriate frequency and indication of it. According to 5 out of 8 respondents, Pap smear needs to be done once in every six months or once a year. One respondent said once in every three years and another did not know. An interesting response from one of the respondent was:

"Just did once, if not having problems, then don't have to do again" (KBM03)

Majority of them were not aware of the procedure and also had misconceptions on the eligibility. They also claimed that lacking of communication with their spouses preventing them to have knowledge regarding this issue.

"My wife not really told me about it, just once during she wants to do the pap smear...for the first time...she wants to do, I know, then I asked her for what, then she told me to detect cervical cancer" (KBM01)

C. Attitude towards Decision Making on Pap Smear Screening

In this section, this study is exploring the attitude of women and men on pap smear screening that prevent and leads to the decision making on having pap smear done.

1. Women's Attitude

1.1 Women Screened Normal

In general, the respondents in this group had a positive attitude towards Pap smear screening. This was because many of them found that Pap smear screening was very important. It was very important to know the result either positive or negative so that necessary actions could be taken to treat the disease. One of the respondents did the screening due of having history of cancer in the family. Many of the respondents said that it should not be embarrassed if the procedure was performed by the female doctors. Since they were found to be normal in the previous screenings, most of them claimed that they did not have problems to undergo regular screening. Ten respondents claimed that they did the test during the antenatal check up.

1.2 Women Never Had

The attitudes of women in this category are various. The following were attitudes amongst women who never had the screening:

They scared of the disease however they do not want to go for a regular check-up because they are asymptomatic.

"..i can feel whether I'm sick or not, i know about the tumour, i was afraid of getting the disease, so better don't know...." KBX01

One respondent claimed that she is willing to do the test even though feeling shy

"..put aside of shyness..." KBX02

Generally they claimed that they want to perform the test but the prominent reason given by the respondent that they do not know when is the right timing to do the screening and they want to make sure that the procedure is painless.

1.3 Women with Precursor Lesion

The effort to do pap smear among respondents in this category came from influence of others especially family members and friends rather than on their own. They were well supported by their family members especially their husbands and children in making the decision for seeking treatment. Besides that they usually do the pap test because the doctor asked for it during the antenatal check up. Just two of the respondents did the pap smear test on their willingness.

At least five respondents viewed Pap smear screening as an important screening tool after being diagnosed as precursor patient, many of them realized the importance of Pap smear screening.

1.4 Women with Cancer of The Cervix

There were three types of attitude that can be noted to explain the respondent's attitude toward Pap smear which were positive, negative and worst. Attitudes towards Pap smear were mix up among the respondents in this category but most of them expressed that the positive attitude came after being diagnosed with cervical cancer.

Positive: All women should do pap smear for early detection and it was not a scary test.

"...previously I'm stupid, if I did the test...not scary and painless." (KBC03)

Negative: Shy to do pap smear; scary; always try to avoid.

"...nurses asked to do the test....but telling lies to them by giving excuses of menses because of shyness...."(KBC02)

Worst: Pap smear was very painful.

"Errmmm...only God knows how painful the test....after going home still having the pain." (KBC10)

At least 4 respondents claimed that all women have possibility to get cancer cervix and once the women were diagnosed cancer of cervix, they need to have early treatment.

2. Men's Attitude

Men's attitudes towards wife seeking Pap smear were generally positive, in which they knew that the screening is very important for early detection of cervical cancer. Majority of the married respondents who know about pap smear were supportive towards their wives. They give more freedom to their wives to choose and practice something benefited her as they understand more about her own body and problems. For those who doesn't know about pap smear they will follow their wives decision. Most of them would leave the decision making to the wives and would not interfere or force their wives if they did not want to go for the screening because according to the men, the wives were responsible for their own health and they should have known what would be the best for their own health.

Majority of men said they would encourage and even accompany their wives/partners to have the test. Most men said they would also support their wives/partners by dropping them off and picking them up from the clinic or hospital in order to get a Pap smear.

IV. DISCUSSION

The findings of our study are consistent with past studies of Malaysia women's pap smear screening practices [5, 7, 8]. Women who do not practice normal Pap smear screening have little knowledge about Pap smear procedure or benefits. Generally, the level of awareness and knowledge regarding Pap smear screening were high among women who were screened normal and moderate to low among women who had never been screened, contracted with precursor and cancer of the cervix. This is consistent with Mohd Zin's[9] and

Abdullah and Leung's [10] findings. They found that terms of knowledge and health beliefs are different between those who have done and those who have not done Pap smear screening. Those who were screened normal viewed Pap smear screening as an important preventive measure for cancer of the cervix.

In general, women have poor knowledge about Pap smear and cervical cancer. Many women believe that the main purpose of the Pap smear is to detect existing cervical cancer or that it is used to prevent other types of cancer. Lack of knowledge and misinformation made women sometimes erroneously believe that cervical screening tests also are used to detect STIs and HIV, thus may decide not to get screened. Another example, in terms of eligibility, majority of women regardless of their categories mentioned that only married women had to do the screening as well as all women should go for pap smear screening. This is a huge misconception regarding the eligibility of doing pap smear test. It was also observed that even though the majority of the respondents realized the importance of Pap smears, this awareness was not fully translated into practice. Failure to turn up for Pap smear appointments was due to various factors such as wrong perceptions by the women, personal attitude and logistic problems.

In terms of women's attitude, it plays an important role in making decision of whether to do or not do Pap smear screening. Majority of them had positive attitudes towards Pap smear screening in which they believed it is important for the early detection of cervical cancer. However, some of them still did not go for regular screening. They feel unnecessary to be screened if she is "feeling healthy" and do not readily understand that cervical cancer is a preventable disease and pap smear test is a preventative measure. This finding can be supported with the study done by Gubara [4] that only 5 percent of women who screened for cervical cancer regarded pap smear test as preventative measure. For example, most respondents in all categories only had once or twice Pap smear screening after gave birth to a child and there would be a gap for more than 3 years before they had another screening. Some were never done. Few of them had the attitude of did not bother, gave excuses of shyness and fearful for not going and perceived healthy on the subject matter. Past studies have shown that lack of time, embarrassment, perceiving the procedure as painful and feelings of fear and fatalism over abnormal results become barriers for Pap smear screening [3, 5, 7].

Among men, the level of knowledge for cancer of the cervix and Pap smear was quite low. They may have heard about cervical cancer but their knowledge about the test is still limited. For example, they were clueless and having misconceptions as to procedure and eligibility of the test. The findings are consistent with Kasule's [6] findings of men's general knowledge about cancer and pap smear test. It is found that women have better knowledge as compared to men. However, Kasule's [6] study found that men are more likely to undertake health protective measures than women. This suggests that men are more reactive to take protective

measures if they are aware of the available procedures. This also suggests that men can be expected to be an effective supportive system to ensure that women practice a correct and normal Pap smear screening.

Generally, the men's attitudes towards their wives seeking Pap smear appear to be encouraging. They would advise their wives to go for screening and would give full support, although they would not interfere with the wives' decision. However, their support is contingent upon the availability of their time as well as the cost factor.

Lastly, although men did not specifically disapprove and did not play as a decision makers or stop women doing pap smear, their lack of awareness of the importance of early detection of cervical cancer, inadequate knowledge, and nonchalant attitude toward women's pap smear practice could not support or improve women's demand for cervical cancer screening.

V.CONCLUSION

This study has revealed that having adequate and accurate knowledge of cervical cancer and pap smear screening with a positive and warm attitude seems to be more critical in their ultimate decision to get the screening done. Many studies have shown that knowledge, attitude and practice (KAP) factors can be used as an indicator to identify new preventive approaches that involve behavioral changes and also can be a basis for new program initiatives [6]. Both women and men have to play the important roles to translate the actions into practice. Besides that, the approaches in getting the target population for screening might require redesigning or reinforcement from the policy makers in the future perhaps by preparing the healthcare providers through training to provide an extensive education which focus on how provider can communicate most effectively with men to encourage them to support their partners through the process of cervical cancer screening and treatment. As for men, they need to be aware that women's health is also part of their responsibilities as they are equally responsible for their wives or partners' sexual health.

Health campaign especially pertaining to women's health should be targeted at the younger women (teenagers) in order to increase their awareness of the subjects. Indirectly this also can improve people's knowledge and attitude towards pap smear.

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APPENDIX I - SOCIO DEMOGRAPHIC TABLE

TABLE III
WOMEN'S GROUP

		Frequency				Percentage
		X	N	P	C	
Age	18-20	0	0	0	0	0%
	21-30	4	1	1	0	13.6%
	31-40	1	10	3	0	31.8%
	41-50	1	5	3	3	27.3%
	51-60	2	0	2	7	25.0%
	61-70	1	0	0	0	2.3%
Ethnicity	Malay	9	14	5	10	86.3%
	Chinese	0	1	4	0	11.4%
	Indian	0	1	0	0	2.3%
	Others	0	0	0	0	0%
Marital status	Married	7	16	6	8	84.1%
	Divorced	0	0	1	1	4.5%
	Separated	0	0	0	0	0%
	Widowed	2	0	2	1	11.4%
	Single	0	0	0	0	0%
	Education	Primary	2	0	2	5
Secondary		4	11	7	5	61.4%
Tertiary		3	5	0	0	18.2%
Others		0	0	0	0	0%
No.of children	0-2	4	4	1	1	23.2%
	3-5	2	7	4	3	37.2%
	6-8	2	5	3	4	32.6%
	9-10	0	0	0	2	4.7%
	10>	0	0	1	0	2.3%
	Family income	<500	1	0	2	3
0.5K-1.0K		1	0	2	0	9.4%
1.0K – 2.0K		4	8	0	2	43.8%
2.0K – 3.0K		0	1	3	2	18.7%
3.0K - 4.0K		0	3	0	0	9.4%
4.0K>		0	0	0	0	0%
Age at marriage	10-15	2	0	3	1	13.6%
	16-20	3	4	5	9	47.7%
	21-25	3	9	1	0	29.6%
	26-30	1	3	0	0	9.1%
	31-35	0	0	0	0	0%
	36-40	0	0	0	0	0%
Occupation	Professional	0	1	0	0	2.3%
	Skilled Workers	3	9	2	0	31.8%
	Non-skilled workers	1	1	1	0	6.8%
	Housewife	5	5	4	5	43.2%
	Self-employed	0	0	2	5	15.9%
	Unemployed	0	0	0	0	0%
	Retiree	0	0	0	0	0%
	Student	0	0	0	0	0%
	Others	0	0	0	0	0%

X- Women never had pap smear

N- Women normal

P- Women with precursor lesion

C – Women with cancer cervix

TABLE IV
MEN'S GROUP

		Frequency	Percentage
Age	18-20	0	0%
	21-30	3	37.5%
	31-40	2	25.0%
	41-50	1	12.5%
	51-60	1	12.5%
	61-70	1	12.5%
Ethnicity	Malay	7	87.5%
	Chinese	0	0%
	Indian	1	12.5%
	Others	0	0%
Marital status	Married	6	75.0%
	Divorced	0	0%
	Separated	0	0%
	Widowed	0	0%
	Single	2	25.0%
Education	Primary	2	25.0%
	Secondary	3	37.5%
	Tertiary	3	37.5%
	Others	0	0%
No.of children (5)	0-2	0	0%
	3-5	3	60.0%
	6-8	1	20.0%
	9-10	1	20.0%
	10>	0	0%
Family income(5)	<500	0	0%
	0.5K-1.0K	2	40.0%
	1.0K – 2.0K	3	60.0%
	2.0K – 3.0K	0	0%
	3.0K - 4.0K	0	0%
	4.0K>	0	0%
Occupation	Professional	1	12.5%
	Skilled Workers	1	12.5%
	Non-skilled workers	5	62.5%
	Self-employed	0	0%
	Unemployed	0	0%
	Retiree	0	0%
	Student	1	12.5%
	Others	0	0%