

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

**A STUDY TO DETERMINE THE KNOWLEDGE,
ATTITUDE AND PRACTICE OF WOMEN TOWARDS**

PAP SMEAR TEST IN LUSAKA URBAN

BY

ALVERTY MBEWE

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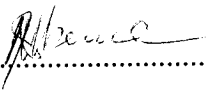
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DECLARATION

I hereby declare that the work presented in this study for the Bachelor of Science in Nursing Degree has not been presented wholly or in part for any other degree nor is it being currently submitted for any other degree.

Signed: 

(CANDIDATE)

Approved by:  11/01/1996.

(SUPERVISING LECTURER)

DEDICATION

STATEMENT

I hereby certify that this study is entirely the result of my own independent investigations.

The various sources of information to which I am indebted are clearly indicated in the paper and in the references.

Signed: *Albane*

Date: *5th December 1998*

DEDICATION

I dedicate this study to my dearest husband, Astone Musyani Chela who was denied wife's company soon after our wedding, for allowing me to continue with my studies and for his untiring support spiritually, physically, psychologically and financially throughout my training.

To my parents for their encouragement and support through my life and to Aunt Grace Chimwala for her motherly support, care and because of her physical ailment at the time this study was undertaken.

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ABSTRACT

The purpose of this study was to determine knowledge, attitude and practices towards pap smear among women in Lusaka urban.

Literature on cervical cancer and on pap smear in many parts of the world including Zambia was obtained. Problems pertaining to under utilisation of pap smear were found to be prominent in underdeveloped or developing countries.

The population of study was the women seeking obstetrical and gynaecological services at the University Teaching Hospital (UTH).

The available subjects were selected using the systematic sampling method where every Kth subject was selected, until the sample size of 100 was arrived at.

The findings of the study revealed that some factors affecting the knowledge, attitude and practice of pap smear were: lack of knowledge about cervical cancer as well as pap smear itself. Clients do not know where the test is offered, fear of the unknown and fear of the results.

It is therefore important for the medical personnel especially nurses and doctors who are constantly in contact with these clients in obstetrical and gynaecological as well as all other units to educate them on cervical cancer and its consequences as well as the importance of having pap smear test. By so doing this will help reduce morbidity and mortality rates caused by cancer of the cervix and improve the quality of health and thereby promote development of the country.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND INFORMATION

Cervical cancer has claimed many lives world-wide. By 1987 it was estimated that over 2000 women died in England and Wales each year from cervical cancer - most of these deaths are preventable by using screening tests.

Cancer prevention includes various types of strategies designed to reduce the disease burden. Those strategies may be directed at reducing the likelihood that: a healthy individual will develop cancer (primary prevention) or an individual with a developing cancer will become ill as a result (secondary prevention). Primary prevention rests on the removal of life style, environmental or other factors that increase the risk of developing cancer. Secondary prevention refers to interventions for the detection of growing neoplasms at an early stage when they can be treated with the best likelihood of cure¹.

Cervical cancer is among the leading causes of deaths from cancers. These deaths could have been prevented if screening tests were used. One such test is papnocolau (pap smear). This is a procedure to detect the presence of cancer of the uterine cervix by microscopic examination of cells gently scraped from the cervix². This test was discovered by a Greek doctor Anatomist and Cytologist named George Nicholaus Papanicolaou (1883-1962). This man did not only give his name to the pap smear but has saved thousands upon thousands of women from developing cancer of the cervix.

Until screening with the cervical pap smears was introduced, a woman was left to develop cervical cancer and experience symptoms such as a blood stained vaginal discharge, or post coital bleeding, or bleeding vaginally after the menopause which would eventually take her to a gynaecological surgeon³.

Now we have means of detecting and treating cervical cancer in its early pre-invasive stage. The success to this screening programme depends upon the provision of adequate facilities to take, record and report on cervical smears, upon regular invitation of women at risk to attend for a cervical smear, upon adequate facilities to evaluate and treat women with abnormal smears and upon the willing of all women to come forward for screening⁴.

The pap smear is also done widely in other developed countries. Whereas in developing countries not much has been done. Zambia falls in this category of under-utilisation of pap smear services. However, some women have had pap smear test done once or twice at the University Teaching Hospital (UTH).

Despite Zambia adopting the concept of safe motherhood initiative to help reduce morbidity and mortality rates in women and children, some areas have not fully been addressed, especially in the area of regular screening women who are sexually active.

A study done by Mandelblatt and friends in United States revealed that incorporating screening into routine primary care and physician and patient education could enhance the use of early cancer detection procedures in women⁵. It is good practice to have a pap smear test before a woman starts any method of contraception. In our set up this is not done due to lack of facilities and also partly because of lack of knowledge on the client's part. It is not known how much women know about cervical cancer and its consequences in Zambia.

Cervical cancer is becoming common now world-wide. It is the most common cancer of the reproductive system in women. Cervical cancer starts as dysplastic cells which are not painful. Later these ulcerate eroding the blood vessels in the cervix as well as the nerves. The involvement of the nerves lead to the manifestation of the pain which the patient feels.

This cancer rarely used to occur before the age of 20. It was common between the ages of 30 and 50 ⁶. Nowadays cervical cancer is seen in women as young as 18 years old. Hence screening for the early detection of the disease is important in all women who need the service.

The aetiology of cancer of the cervix states that the age at which a woman initiates sexual intercourse is a strong determinant of risk of developing cervical cancer. Therefore all women who are sexually active should be encouraged to take up the pap smear test, especially if the infrastructure is limited, these should be given the first priority.

The University Teaching Hospital being a referral centre has always received patients who have advanced cervical cancer which is inoperable or can not be treated. One wonders why the situation is like that. A number of doctors in Obstetrics and Gynaecology have recommended clients to go for pap smears. This has been received with mixed feelings. Is it because clients are scared, or do they think the test is associated with HIV or AIDS or are they ignorant about it?

The Researcher therefore seeks to find out what knowledge women who are sexually active possess on pap smear test and its importance, also what their attitudes and practice towards the same are.

The findings will be used to make recommendations to the Ministry of Health and also other Non-Governmental Organisations which offer donor aid to improve the health status of the Zambian people.

1.2 STATEMENT OF THE PROBLEM

Cervical cancer is the most common cancer among women in developing countries and the second most common world wide with half a million new cases each year⁷. Screening with the cervical smear plus adequate follow up therapy can achieve major reductions in both incidence and mortality rates⁸. The smear can reveal cervical dysplasia, a precancerous lesion, as well as in-situ or very early invasive cancer. Treatment of these early lesion is highly effective, whereas more advanced stages of the disease may be fatal despite treatment⁹.

In developing countries, cancer is now responsible for about one in twenty (1:20) deaths but the incidence of the disease is increasing. As living standards improve and life expectancy is extended, the incidence of communicable diseases such as cancer assume greater importance¹⁰.

Zambia being a developing country is affected by these cervical cancer incidences. The problem was conceived after reviewing records of clients with cervical cancer and related problems at the University Teaching Hospital (U.T.H) Gynaecology wards. It has been observed that each year hundreds of women were admitted with Stage III or IV of cervical cancer, which at this stage is quite advanced and is inoperable. According to cervical cancer classification, the cancer is classified into stages I, IIa, IIb, III and IV.¹¹

What prompted these women to seek medical attention was either an offensive bloody vaginal discharge or bleeding in between periods or after coitus or late symptoms such as lower abdominal pains or difficulties in passing urine. UTH recorded the following cases of cervical cancer in the last five years being a referral hospital: 127 (1991), 196 (1992), 209 (1993), 217 (1994) and 271 (1995).¹²

These statistics shown above may seem to be of insignificance, but they indicate how serious the problem of cervical cancer is becoming. Ten years from now the figures will be far much higher than this if no attempts are made to help put the problem to an end through use of screening tests.

The problem affects all women who are sexually active country wide. Demographic records show that reproductive life in Zambia starts at 15 years of age. This has been confirmed by statistics at the UTH Obstetrical Department. Therefore this shows that the most vulnerable people in the country are affected. The statistics on cervical cancer recorded by UTH indicate only those patients who were admitted there. Many patients might have been seen in other central hospitals - some might even be lying in their homes helplessly due to inaccessibility to the UTH especially those in remote areas.

Cervical cancer is more common in women above 35 years of age¹³. Yet nowadays clients as young as 18 years of age have been diagnosed to have cervical cancer. Women at risk then are those above 35 years of age, those who have multiple sexual partners, those with sexually transmitted diseases (STDs) and those women who start sex early in life.

Studies done in other countries have reported that a woman who begins having sex before the age of 18 is fifteen times likely to develop invasive cervical cancer as are women who begin having sex after the age of 27¹⁴. In another study on the epidemiology of cervical cancer with special reference to herpes virus, Kessler proposed that early marriage and frequent coitus in a teenage girl in whom the transformation zone in the cervix (T-zone) is immature, labile and fragile may increase the susceptibility of the T-zone to cancerisation¹⁵.

Cultural practices in developing countries have sometimes been the cause of maternal death. It is customary in some cultures for young girls to be given away in marriage quite early in life.

The result of such a practice is teenage pregnancy and its attendant complications, and cervical cancer is also not excluded¹⁶.

Cervical cancer disease is on the increase world-wide as there are many contributing factors. Evidence has shown that sexually transmitted Human Papilloma Virus (HPV) is intimately involved in the pathogenesis of cervical intraepithelial neoplasia (CIN) and cancer. Women with HPV infection are over fifteen times more likely to develop cervical intraepithelial neoplasia than those with no infection.¹⁷

The consequences of this cancer of the cervix are many. The prognosis of cancer is poor, many patients suffer this terminal illness for years in pain and have to depend on narcotic drugs to relieve the pain, these drugs also lead to problems of drug dependency and addiction with prolonged use. That aside, these terminal patients occupy hospital beds and consume scarce resources in palliative treatment that might be better used for illnesses that can be cured. The end result of this cancer is death which could have been prevented if these women were screened by pap smears.

These effects are numerous as they impinge on the development of a woman. Cervical cancer mostly affect women in their late procreative years when individuals are expected to participate in economic development. It will lead to severe deprivation of the country's manpower.

Contrary to the past perception of women as economically dependent and men as the breadwinners of the family, research carried out over the past 15 years provided detailed evidence of the significance of women's productive roles. It shows the need to breakdown artificial divisions of work both within and outside home. This raises a question about how gender differences in health risks and disease prevalence relate to working conditions as well as availability of health information and service approaches.

Study results emphasise how vulnerable a women's economic status can be, and how critical it is for the family as a whole.¹⁸

Although the principle impact of cancer is on the individual, the disease also affects the families of patients and the country as a whole. Job loss, economic dependence, social isolation and, family tensions may follow closely in the occurrence of cancer. All these are social and economic impacts of cancer.¹⁹ These problems need programmes that will address cervical cancer disease as well as prevention of the same, if women's health is to be promoted. The Government as well as other Non-Governmental Organisations can collaborate to find means of trying to arrest the increasing rates of cervical cancer by use of proper screening tests.

Obviously, prevention is better than cure especially with regard to the fact that cancer cannot be cured, and everybody hopes that if more women came forward for regular cervical smears, we will be able to prevent these cancers from developing. The purpose of screening program for cervical cancer is to reduce invasive lesions. The World Health Organisation Cytology Laboratory at UTH has been doing pap smears since 1974. The following figures indicate pap smears done the last six years. 494 (1990), 338 (1991), 460 (1992), 380 (1993), 248 (1994) and 365 (1995). These figures are far much lower compared to the number of women seen during antenatal, postnatal and gynaecology clinics. One wonders why there are so few pap smears. Furthermore from September 1974 to 1976 December the following pap smears were done 1974 (60), 1975 (644), 1976 (2108). One wonders why there has been a decline in numbers of pap smears done in the last five years.

Women who doctors have recommended to go and have a smear test have either refused or have gone for one with mixed feelings. One doctor mentioned that one client whom he had recommended to go for a smear test was very depressed for a week for fear of the smear. Yet the service is free.

Those with abnormal smears are further screened by the Histology laboratory to confirm presence of malignancy. The ones identified to be malignant are treated either surgically or sent for radiotherapy abroad by the Ministry of Health or with the aid of Donor Agencies.

Despite the availability of the above pap smear screening resource, clients admitted with cervical cancer at UTH always come with advanced stage of the disease. Being a referral hospital, these cases come from all over Zambia showing that even in other provinces the problem of not using screening services is the same. The question is do women know about cervical cancer and its consequences? Do they know of any risk factors associated with cervical cancer and how it can be prevented? Have they heard about pap smear test as a means of screening for pre-malignant cancer? Do they know where they can have a smear test done and its importance? Why so many cases of cervical cancer and fewer pap smears? This shows that far less is known about cervical cancer as well as screening tests than what is widely believed.

Factors which have been identified by the researcher to contribute to this lack of knowledge, and bad attitudes and lack of practice towards pap smear have been discussed here.

These include lack of commitment by health personnel to teach women about cervical cancer, its predisposing factors, and how it can be prevented; fear of the unknown on the part of the client as well as fear of the results; there is inadequate information or literature circulated to women about pap smear tests; some women are discouraged by their friends (peer influence); some are illiterate and do not know anything about pap smear; some women lack understanding of the need to have a smear test when they look healthy; Others might fear to contract diseases such as HIV/AIDS since they do not know how the procedure is done; some fear pain while others fear to expose their privacy; some women are just ignorant about the whole subject of cervical cancer and its prevention;

Others are discouraged because of their age and marital status, they think they are either young or too old to undergo the test or they are single and feel shy to show that they indulge in sex. All the above factors maybe lead to lack of knowledge and under-utilisation of the pap smear screening service .

Not much has been done by the Government to help put the problem of cervical cancer to an end. However campaigns against AIDS through distribution of pamphlets and encouraging people to use condoms has helped indirectly to address the cancer issue, as promiscuity or having multiple sexual partners predisposes one to develop cervical cancer. The Government has adopted safe motherhood initiative which mainly addresses pregnant women or maternal health those women who are not pregnant or do not have children have not been taken care of.

Issues of women's health are common equated to maternal health yet the safety of motherhood is now known to depend upon women's health from before birth, through adult life and upon a number of social and economic factors related to the status of women. It is no longer possible to consider maternal health in isolation from the broader spectrum of women's, health and development²⁰. Therefore this shows how far less is known about cervical cancer as well as screening tests than what is widely believed.

The Researcher feels that the problem of under-utilisation of pap smear screening tests is directly related to the knowledge that women who are sexually active or in the reproductive age group have on the disease cervical cancer and screening tests.

Due to the above highlighted problems the researcher seeks to investigate how much knowledge, attitudes and practice of pap smear women have. It is hoped that the study findings would help identify the gap in the screening services that may be influencing women not to utilise them and later develop cervical cancer.

The findings of the research will be used to make recommendations to the policy makers and Non-Governmental Organisation (NGOs) to institute appropriate policies that will cater for the total health of a woman; institute appropriate infrastructures which will be useful for screening all sexually active women as well as to revisit or rehabilitate the existing infrastructure to offer screening services to the women adequately country wide.

1.3 OBJECTIVES OF THE STUDY

1.3.1 General Objective

To determine the knowledge, attitude and practice of pap smear test among women in Lusaka Urban in order to make recommendations to policy makers to improve the infrastructure for pap smear services.

1.3.2 Specific Objective

1. To find out what knowledge women possess on pap smear test.
2. To determine the attitudes of women towards pap smear
3. To establish the main sources of information about pap smear test
4. To find out factors which lead to under-utilisation of the pap smear screening services
5. To determine what influences women's attitude towards pap smear test

1.4 HYPOTHESIS

The Researcher's hypothesis is that: the inadequate information given to clients about pap smear screening test as a preventive measure against cervical cancer leads to their under-utilisation of the service in the country. This has led to inadequate knowledge that has negatively affected their attitudes, beliefs and practices - leading to poor uptake of pap smear tests.

1.5 INDICATORS AND CUT OFF POINTS FOR VARIABLES

CUT OFF POINTS

DEPENDENT

- I. Knowledge - High Average Poor/Low
- ii. Attitude - Positive Negative
- iii. Practice - Practising, not practising

INDEPENDENT

- I. Age - 15-24, 25-34, 35-44, 45-54
- ii. Marital Status - Single, Married, Divorced, Separated, Widowed
- iii. Religion - Christianity, Moslem
- iv. Education Level - Non, Primary, Secondary, College, University

Criteria for classifying the respondents as having high coverage and poor/low knowledge and for positive and negative attitude.

HIGH LEVEL OF KNOWLEDGE

Respondents who were able to meet the following conditions:

- I. Rightly explained what cervical cancer is
- ii. Gave the right description of pap smear
- iii. Able to mention the place to go for the test

AVERAGE LEVEL OF KNOWLEDGE

Respondents who were only able to give a proper explanation of either cervical cancer or to describe the pap smear test.

POOR/LOW KNOWLEDGE

Respondents who were only able to give a vague description of one or non of the criteria in high level knowledge.

POSITIVE ATTITUDE

Respondents who were able to meet the following conditions:

- I. Pap smear is very significant
- ii. Pap smear enhances early detection of cervical cancer and a good preventive measure
- iii. Recommended pap smear education to be done on all women who are sexually active
- iv. Recommended pap smear to be a routine screening test in Obstetric and Gynae clinics.

NEGATIVE ATTITUDE

Those who did not meet the above criteria (positive attitude).

1.6 DEFINITION OF TERMS

Knowledge	-	Awareness of something
Attitude	-	Manner of feeling and behaviour towards something
Practice	-	Actual use or performance as compared to the idea
Dysphasia	-	Abnormal development of tissue
Cancer	-	A malignant growth
Invasive	-	The ability of something to infiltrate and actively destroy surrounding tissue
Malignant	-	Something that tends to become progressively worse and to result in death; it has properties of spreading
In situ	-	A tumour that fulfils all microscopic criteria for the malignancy but does not invade or penetrate surrounding tissue
Cervix	-	A constricted portion or neck of the uterus
Cervical	-	Something pertaining to the neck of the uterine cervix
Screening	-	Carrying out of a test on a large number of people to determine the portion of them that have a particular disease
Gynaecological Patients	-	Patients who have those diseases peculiar to women only
Utilisation	-	Using the health services to its full capacity
Health Facility	-	Health institution which provides health care to the masses. Hospital or clinic which is manned by health personnel.
Cytology	-	The microscopic study of the form and functions of the cells of the body.

ABBREVIATIONS

MOH	-	Ministry of Health
WHO	-	World Health Organisation
UTH	-	University Teaching Hospital
NGO	-	Non-Governmental Organisations
HPV	-	Human Papilloma Virus
CIN	-	Cervical Intraepithelial Neoplasia

CHAPTER II

LITERATURE REVIEW

2.1 INTRODUCTION

The literature related to the research problem identified, namely knowledge, attitude and practices of women towards pap smear in Lusaka Urban will be reviewed and discussed in this chapter.

For the purpose of a systematic and orderly discussion, literature review will be discussed under the following headings:

- a. Global situation of cervical cancer and pap smear.
- b. Regional situation of cervical cancer and pap smear use.
- c. The Zambian perspective of cervical cancer and pap smear test.
- d. The knowledge of women about pap smear.
- e. The attitude of women towards pap smear test.
- f. The practice of women towards pap smear.
- g. Factors that influence the knowledge, attitude and practice of women towards pap smear test.

2.2 GLOBAL SITUATION OF CERVICAL CANCER AND PAP SMEAR SCREENING

Women are among the large numbers of highly vulnerable members of society such as infants and children and those exposed to a hostile environment characterised by the prevalence of communicable disease such as HIV/AIDS and other sexually transmitted diseases.

Cervical cancer is common in places where screening services are not used due to various reasons. This is so because early detection of cervical cancer by use of screening test that can enable one to be treated by radiotherapy or surgical operation before the cancer spreads to other organs and parts of the body, is not available.

According to stages of invasive cervical cancer, Barker said: Stage I - the cancer is confined to the womb; Stage II a: It has encroached on to the top of the vagina. Stage II b: The cancer has involved the tissues around the cervix (parametrium); Stage III: There is extensive involvement of the vagina and or invasion out to the bones of the pelvic side wall. Stage IV: The cancer has involved beyond the pelvis and or adjacent organs, such as the bladder and rectum.²¹ It is easy to treat cervical cancer when it is still confined to the cervix. Prognosis is poor if this cancer is tempered with when it has advanced.

A number of authors indicate that the incidence of cervical cancer is on the decrease in Developed Countries. This has been attributed to the use of cervical screening tests which enhance early detection of the disease whereas in Developing countries morbidity and mortality rates of cervical cancer are on the increase. Despite the availability of pap smear tests in central hospitals only a few clients have had a smear test done.

The aim of screening is to detect disease before an individual seeks medical advice, thus arresting the development of the disease and reducing morbidity and mortality. To perform screening, a sensitive and specific test that is able to detect disease at an early stage needs to be developed. Screening uses individuals who assume themselves to be healthy and because of this, screening may be seen to involve more ethical and moral dilemmas than the professional investigation and treatment of symptoms in patients presenting with problems.

A screening programme as suggested by Holland, needs to ensure that the potential good to be achieved will outweigh any harm to the individual including any worry caused by the screening test itself, the results of the test and the risk of false positive or false negative results. Therefore before any national screen programme is implemented, the implications for society as a whole need to be vigorously examined.²²

This includes asking whether the needs of the medical profession to advance knowledge of disease and methods for early detection can be balanced with the psychological and physical well being of the people being screened.²³

Pap smear examines cells collected from the cervix and vagina. It can show the presence of infection, inflammation, abnormal cells or cancer. A successful pap smear is reported to detect 90 to 95% of cervical cancers and precancerous conditions. However, since a typical pap smear contains 300,000 to 500,000 cells fewer than a dozen abnormal cells may be present on a smear taken from a patient with a serious problem false negatives abnormal smears which are reported normal can and do occur.²⁴

In developing countries data on gynaecological malignancies show a preponderance of cancer of the cervix with these new areas it occurs almost a decade earlier than in the western world.²⁶ In agreement with the findings of other workers in the developing countries, cervical cancer was the common gynaecological malignancy and occurs in Africa almost a decade earlier than in Caucasians. In the developed world, the reduction in morbidity and mortality of cancer rates has been attributed to the use of screening tests.

In Caucasians population patients with dysplasia are usually in the age group 35-38, those with carcinoma in situ 37-43, micro carcinoma 41-40 years and with invasive carcinoma 48-51 years.²⁷

A report by World Health Organisation in 1990 shows that there is a continuing decrease in number of cervical cancer cases in Denmark. Where organised screening activity covers over 90% of the country.²⁸ Cervical cancer is less common than breast cancer in the developing world whereas it is vice versa in the developed countries.

In another study done in Austria to monitor the incidence of cervical cancer from 1980 to 1984 and from 1985 to 1989, it showed that there was an increase of cervical intraepithelial neoplasia during the 1980-1984 study period. This was due to massive use of screening tests.

The 1985-1989 study period showed that the morbidity and mortality rates of cervical cancer had decreased significantly since doctors started taking regular cervical smears from a large percentage of women in western industrial countries. Cervical smear screening is a powerful tool for the early detection of cervical dysplasia. The sensitivity of cervical cytology is up to the 90% for detection of cervical dysplasia.²⁹ Since dysplastic lesions in young women often seem to show slow progression and sometimes spontaneous regression, some authors do not favour the taking of cervical smears frequently.

2.3 REGIONAL SITUATION OF CERVICAL CANCER AND PAP SMEAR PRACTICE

Cervical cancer is depleting the health economic and social infrastructure of countries throughout the Sub Sahara Africa. In African population carcinoma of the cervix develops in much younger age groups. Grach reported that a study done by Trussel in Ugandan Africans, dysplasia and carcinoma in situ reach peak frequency at about 30 years of age and the mean age of invasive cancer is 42 years.³⁰ This applies to many countries in the Sub Sahara region.

In relation to other cancers another study done in Kenya by Bjerre and A Kung'a, it was said that epidemiology studies have shown marked geographical variation in breast cancer and many reports state that incidence of the cancer of the breast is lower in Africa and Asia than in Europe and North America.³¹ Studies have also suggested that cancer of the breast in blacks occur at a younger age and show a more progressive course.³² Where screening services have been utilised, there has been a decrease in the death due to cervical cancer. This has been confirmed by several studies done.

A study done in Nigeria on cervical cytology in an urban population revealed that cytological screening programmes have resulted in an increase in early diagnosis and a decrease in the incidence of death from invasive disease.

Although the idealistic hope of eliminating all deaths due to cervical cancer through a large scale use of pap smear may never be realised, cytologic screening continues to be the most important method for early diagnosis.³³

Cervical cancer is a major problem in Africa. In another study by Hart and Wright in 1967, Grach reported that results showed that in Uganda the cervix was the site in 11% of all registered cases of cancer.³⁴

However not much has been published in many parts of Africa on the use of pap smear. The problem of under reporting is very prominent in developing countries. The problem is made worse due to lack of appropriate cancer control policies or guidelines in Africa resulting in poor quality of care and negligence of certain aspects of health. Thus because of under reporting, cervical cancer incidences seem to be low when in actual fact they are high.

2.4 ZAMBIA PERSPECTIVE OF CERVICAL CANCER AND PAP SMEAR SCREENING TEST

Zambia is one of the developing countries in Central Africa with a population of 7,818,447 out of which 3,975,083 (50.8%) are females and 3,843,364 (49.2%) are males. 58% of the total population is in the rural areas.³⁵

Cervical cancer was the commonest type of female cancer reported over the five year period 1968-1972 in the Southern Cancer Registry of Zambia and similar results were reported by other workers in East Africa.³⁶

The majority of patients come to the hospital late when they are nearly untreatable. According to Lewis 1964, he calculated that one out of every 100 women would die of the disease. Yet by reason of its accessibility, cervical cancer is one of the most easily diagnosed malignancies.³⁷

Feroze said, “clinically obvious cervical cancer may be diagnosed by naked eye examination followed by histological confirmation. However in precancerous lesions and some early cancer cases the cervical epithelium can appear normal. Diagnosis in the absence of symptoms can be made by cervical cytology”.³⁸

The exact number of patients suffering from cervical cancer in Zambia is not known. This is due to the lack of proper notification of cancer cases national wide. A report by Dr Watts in 1984 from Cancer Registry at the UTH revealed that cancer notifications are still far from complete. They are only half the returns sent to the Ministry of Health, and yet in some provinces there were more returns to the Cancer Registry indicating that even the Ministry of Health returns are considerably understated.³⁹

In Zambia between 1969 and 1974 the Medical Research Council established the two Cancer Registries, one situated on the Copperbelt and the other in Lusaka. In 1972 the Lusaka Registry alone registered 1045 cases of cancer. Ministry of Health Registry was started in November 1981. The Ministry of Health (MOH) got the figures through cancer returns by hospital clerical staff. Currently, all cases of cancer are being reported to the Cancer Registry at the UTH for the whole nation.

An interview with the in-charge of Cancer Registry at UTH on 17 October 1996 yielded that notifications is very poor todate. The registry has no means of sending notification books to various health institutions in the country. Even at the University hospital where the cancer registry is, there is apathy in notification of cancer. This over-shadows the burden of cancer in the country because not many cases are reported.

However, cervical cancer cases recorded in the last five years at UTH have been mentioned already in the statement of the problem, whereas the cancer registry recorded the following figures in the last five years for Lusaka only. 4 (1991), 9 (1992), 21 (1993), 21 (1994) and 45 (1995).

Cervical cytology would seem to be particular of value in Zambia where carcinoma of the cervix is the commonest female malignancy and the disease is detected at a late stage and radiotherapy is not available.

In 1974, the infrastructure for facilitating cervical cytology was put in place at the UTH jointly by MOH, the University of Zambia (UNZA) and WHO.⁴⁰

The vision of the programme was that first phase of the programme would be reached when all patients attending Obstetrical and Gynaecological as well as Family Planning clinics can be screened. The service later was to be extended on a selective mass screening, it was hoped that these services in the UTH would place at our disposal at least 12,500 patients annually. This service would then be extended as funds and manpower became available.

Mass screening is not possible in Zambia as it will be costly for the country in terms of resources and time. WHO recommends selective screening of those at risk especially for countries which have limited infrastructure for cervical cytology. The cost of mass screening should not be excessive if the programme is carried out by selective degrees. This could best be achieved in the first place by taking smears only from patients attending Gynaecological, Antenatal and Family Planning clinics as this comprises the section of population at risk.⁴¹ Comparison between Western and African countries shows that in most Western countries all women above 25 years have pap smears taken every three (3) years.⁴²

In view of the premalignant and malignant lesion of the cervix in young age groups in the African population, screening should probably include women from the age of 20 years.⁴³ It was hoped that 75,000 smears per year would be done by eight (8) Cytoscreeners at UTH.

2.5 KNOWLEDGE OF CERVICAL CANCER AND CERVICAL CYTOLOGY (PAP SMEAR)

In the developed world many women know about cancer of the cervix and pap smear. Though gaps still exist between the illiterate and literate on the same. A study done by Nugent and Leaman in first time colposcopy women, was undertaken to determine their level of knowledge about female anatomy, abnormal pap results and colposcopy procedures. The factors which influenced their knowledge were also explored. Results showed that women were missing fundamental knowledge about the experience such as location of the cervix (39.6%), site of pap smear (44.3%) meaning of pap results (38.9%) and the purpose for colposcopy (32.4%). It also showed that older women with a university education knew more. The women's perception of information gained through personal contacts and this information combined with that obtained through written material had a significant impact on what they knew. The data provided valuable insights for nurses who practice in ambulatory settings and doctors.⁴⁴

Many women are not taught or exposed to literature that will enlighten them on the disease, cervical cancer and how it can be prevented.

In another study done in teenage school children in Trinidad by Orett on knowledge of cervical cancer, 470 (95%) students aged 14-19 participated in the survey. Majority were boys. 29% of students had never heard of either cervical cancer or a cervical smear.

Among those who had some knowledge of the disease, 11% had accurate knowledge of the location of the cervix and approximately 85%, composed largely of boys, were unable to identify the cervix on a diagram of the female reproductive tract. More girls than boys knew that a smear test involved an internal examination. Trinidad has a high incidence of cervical cancer and this study was designed to provide an infrastructure for planning healthy education workshops on cervical cancer in the young generation of Trinidad and Tobago. The study revealed a lack of information on cervical cancer in teenage school children and the need for introduction of effective sex education programmes.⁴⁵

In Africa, knowledge on cervical cancer and pap smear is equally lacking. In some countries publicity on the issues of cancer of the cervix is better while in other countries it is poor. In South Africa magazines do publish issues on women's health. One such magazine is Living and Loving where an article was written by Udal on the facts about pap smear. Despite the availability of such journals still not many women know about cervical cancer.⁴⁶

In Zambia there is no published study targeted at determining how much knowledge women have on cervical cancer as well as pap smear. Despite the vision of starting an education programme soon after installation of Cytology Laboratory at the UTH in 1974 no records show the take off of that education programme.

2.6 ATTITUDE TOWARDS PAP SMEAR TEST

Attitudes are developed from what a person knows. Therefore inadequate knowledge and misconception can lead to development of wrong or negative attitudes towards a particular situation or concept.

A study done in United Kingdom on factors affecting compliance with screening for colorectal cancer showed that the potential effectiveness of programmes of colorectal cancer screening in reducing mortality is dependent on their acceptability to the general population. This also applies to cervical cancer screening programmes.⁴⁷ Becker said “the reasons underlying people’s decision to participate or not in preventive health programmes have been extensively investigated by behavioural scientists and a health belief model has been formulated. This postulates that a person’s decision to take health action (such as to be screened) is influenced by the following factors:

1. Readiness to be concerned about health matters
2. Perception of vulnerability to the illness concerned
3. Beliefs about the severity of the illness
4. Beliefs about the effectiveness of treatment
5. Beliefs about possible harm or cost
6. Reaction to cues (eg invitations) which might trigger a response.”⁴⁸

All these have a bearing on one’s attitude towards screening in order to prevent a disease. The acceptor’s were more likely to have positive attitudes towards preventive health practices and to have had more recent contacts with medical services. They were better informed about serious illness and were more optimistic and less frightened about cancer.

The acceptors gave reasons for not going for testing like indifference or procrastination, put off by the idea of faecal testing, they were concerned about what the test might show or they would rather not know if they had cancer.⁴⁹

Many people do not have the habit of using health facilities when they are well. In Nigeria Olatunbosum, reported experience with routine screening on 1800 pregnant women at the Ife University Teaching Hospital. This was a vantage screening strategy conducted on pregnant women as most eligible women in our population use health facilities seldom and then only for pregnancy related issues.

The mass screening campaign and establishment of several Family Planning clinics afforded a wide scope to screen another subject of our population. This now shows that there should be a shift in emphasis to ensure that all health workers consider the pap smear a public health measure that should be made available to females about the age of 18 requesting for medical services.⁵⁰

There are certain things people always regard to be private which they would rather hide even when it pertains to health. Here in Zambia after a study on attitudes towards Risky Sexual Behaviour among Zambian students in 1990 Mwansa established that majority of Zambian students had conservative attitudes towards risky sexual behaviour. 74% disapproved of premarital sex and 84% either disapproved or extramarital sexual affairs. People are still not able to reveal or discuss their sexual life openly.⁵¹ This also can be the same as in the case of discussing diseases of the reproductive organs like cervical cancer.

2.7 PRACTICE OF PAP SMEAR

Many developed countries do mass screening for cervical cancer detection. This has resulted in a reduction in deaths from cervical cancer.

In Sweden, it was reported in a study done by Mahlk that age adjusted incidences of cervical cancer has fallen dramatically in the recent decades. The conclusion was reached after analysing cervical cancer mortality trends in relation to age, calendar period, county and degree of screening activities in the population were analysed. The analysis gave a calculated 53% reduction in cervical cancer mortality (95% confidence limits 23-76%) attributable to screening. The study supports the hypothesis that gynaecological pap smear screening has had an important impact on the reduction in cervical cancer mortality.⁵²

In Africa screening for cervical cancer is done but not on a large scale basis. Mostly it is done in Central Hospitals unlike in the developed world where it is done in both Central Hospitals, private surgeries and also done through mobile clinics.

Where pap smear is done the publicity is not done hence this gives a picture that not much has been done in Africa. There is still a lot needed to be done in order to booster uptake of pap smear test.

Furthermore, in Africa the levels of knowledge about cervical cancer are low as well as levels of knowledge of pap smear. Due to lack of knowledge on the value of pap smear many women do not go for the test. Those who go for pap smear test mainly have been recommended to go for it by a doctor.

In Zambia very few women do practice pap smear test. As alluded to before when cervical cytology was started in Zambia there were at least a reasonable number of pap smears done from 1974 to 1976, as compared to the number of pap smear tests done in the last five years as indicated in Chapter I. There is a decrease in the number of clients who practice pap smear as indicated by records at the UTH Cytology Laboratory.

From September 1974 to December 1976 there were 2 877 pap smear tests done compared to 1791 pap smears over the period 1991 to 1995. This shows a reduction in number of pap smear tests done. There are many clients who attend Antenatal, Gynaecological and Family Planning clinics at the UTH where the cytology test is done. The figures are far much higher than those of clients who had pap smear test done. The figures below shows the number of clients who were seen in Antenatal and Gynaecological clinics the past 5 years at the UTH. If all those women came for pap smear test the screening coverage would have been done at a wider range.

NUMBER OF CLIENTS SEEN IN ANTENATAL AND GYNAECOLOGY CLINICS AT THE UTH. 1991-1995 PERIOD

YEAR	ANTENATAL CLINIC ATTENDANTS	GYNAECOLOGY CLINIC ATTENDANTS	TOTAL
1991	23 248	7 325	30 573
1992	26 712	9 948	36 660
1993	25 055	8 489	33 544
1994	19 938	7 920	27 858
1995	23 622	6 921	30 543
TOTAL	118 575	40 603	159 178

This shows the under-utilisation of pap smear screening services by the women who are at risk.

2.8 FACTORS THAT COULD AFFECT KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN TOWARDS PAP SMEAR

There are several factors that could affect people’s knowledge, attitude and practice. These factors can either enhance or hinder knowledge, influence positively or negatively people’s attitudes in order to practice a certain thing.

2.8.1 EDUCATION LEVEL OF A WOMAN

Many women who are of low educational status find it hard to accept certain things in life or to change a habit or a particular practice. This is attributed to their level of understanding of the benefits they get from the behaviour to be adopted. A study done in London on what women feel about ovarian and edometrial cancer screening revealed that those women who had ‘O’ level education were more willing to be screened than those with non ‘O’ levels, thus 347 (71%) and 509 (74%) respectively.

Those respondents who were literate knew the benefits of such screening programmes.⁵³

In developing countries women are more at a disadvantage of understanding things because tradition perpetuated males being educated than females. Therefore most of our women have gone to primary level of education. The more educated one is the more receptive she would be to any new information which will lead to behaviour modification.

2.8.2 PREVALENT STIGMA

Many women find it easy to accept examination of any other part of their body than the reproductive organs. This is so because they feel embarrassed to face the examiner. They feel that it is intrusion into one's privacy. This is supported by a study done by Gregory and McKie in Cleveland in the 1980s to find out why women do not come forward for a pap smear test, it was discovered that women felt a sense of embarrassment and personal intrusion.⁵⁴

Equally, in African tradition the reproductive system is equally regarded as something very personal, hence resistance to undergo tests which demand exposure of those areas. Many clients find it easy to accept examinations related to pregnancy than examinations that are done when one is not pregnant.

In another study by Gregory and McKie in 1989, many women in the study described experiences of unpleasant and insensitive treatment to themselves and others. Feelings of embarrassment were mentioned frequently and often forcefully in connection with any kind of internal examination. Those examinations experienced in connection with pregnancy although no less embarrassing were somehow more acceptable if only because each prospective mother could see a positive end product - the birth of her child.⁵⁵

There is stigma which surround the disease cervical cancer which influence women's behaviour towards undergoing pap smear.

2.8.3 AGE OF A WOMAN

It has been noticed that older women feel that they do not need screening any more as their bodies are worn out. Hence they do not see the need to be screened.

Gregory's study yielded that older Asian women were reported to be seldomly seen in clinics where cervical screening was done. Those women were said to consider that particular areas of their bodies finished with once child bearing was over and for social and religious reasons were less likely to continue sexual activities into latter life.⁵⁶ On the other hand, young women below the age of 20 feel shy to undergo pap smear test as they do not want to show that they indulge in sex.

2.8.4 PEER INFLUENCE, TRADITIONAL AND CULTURAL BACKGROUND

Socialisation has a role to play in shaping one's behaviour. Individuals are influenced by the people whom they interact with and they also influence them, hence peer influence, traditional and cultural background of a person have a positive influence on one's behaviour. A study done by Persuad in Jamaica on cervical cancer detection showed that peer influence contributed to modern relaxed moral values and increased liberation of the sexes.⁵⁷

In another study done on effect of social networks on cancer screening behaviour of older Mexican American women, results showed that social networks appear to be an important determinant of cancer screening behaviour among low-income older Mexican American women. These social networks were, number of close friends one has, number of close relatives, frequency of contact with those close friends or relatives per month, church membership and church attendance. These influenced women's decision to undergo or not to undergo the test.⁵⁸

2.8.5 DISTANCE OR INACCESSIBILITY TO THE SERVICE

Many clients find it easy to go and seek medical attention when sick even when the hospital may be far. When they are fine they feel that it is a burden to go to a hospital especially when it is far and one is healthy. In Lusaka Urban some areas or compounds are far away from the UTH. This will require them to travel for long distances. Hence when fine they do not see the urgency of going for a test.

2.8.6 PERSONAL COMMITMENTS

Many women always put family affairs or their occupation first than their health. With problems of raising funds to feed a family a woman would rather spend the whole day selling her merchandise than going to the hospital and undergo a test. Many women are busy with family calls so much that they value use of a health facility when they are sick or when a member of the family is sick than when they are well.⁵⁹

2.8.7 FEAR

Many women fear pain from the test they have to undergo, fear the results and some just have fear of the unknown. Many clients do not know what type of instrument will be used hence fear that the procedure would cause pain or discomfort. This supported by a study done by Gregory and McKie in Cleveland on why women fail to have smear test. It was discovered that some of the reasons for shunning the test were fear of pain during the test and fear of the results.⁶⁰

2.8.8 GOVERNMENT POLICIES TOWARDS CANCER NOTIFICATION AND REGISTRATION AND PAP SMEAR TEST

In countries where notification of cancer is governed by law, numbers of cancer reported are more and the people are more aware. The doctors feel free to tell their clients about this screening programme as there is no break of confidentiality unlike where notification is done voluntarily by physicians a they are not protected legally against proceedings for breach of confidentiality.

A study done by WHO by International Agency for Research on Cancer showed that many clients go for pap smear at least yearly where policies are in place so that all clients benefit equally.⁶¹ When policies are well set programmes are usually successful.

A study done by London in South Africa, showed that despite the high incidence of cancer of the uterine cervix among black South African women, many do not have access to cytological screening services. Data describing papanicolaole smear coverage and factors related to coverage were presented from nine (9) surveys of rural women.

Results showed from three surveys with the greatest generalisability only 49-66% of women reported adequate pap smear coverage. Knowledge about pap smear was lacking. At the same time of those women with adequate coverage, many appeared to be receiving unnecessary routine pap smears. It appears that the policy which makes the availability of pap smears dependent upon acceptance of contraceptive services is responsible for both the lack of pap smear coverage and the over-provision of smears in this group of women. An urgent review of state pap smear policy is required and a coherent community based educational programme to facilitate the prevention of cervical cancer should be implemented as soon as possible.⁶²

In Zambia there is no policy which guard the notification of cervical cancer and pap smear screening hence not many clients know about it. Many doctors do not want to fill in the cancer registry notification forms as they feel that it is not part of their work. This is what the people at the Cancer Registry at the UTH said told the Researcher.

CONCLUSION

From the literature review, it is clear that there exist a diversity of knowledge, attitudes and practice of pap smear among women. Such a variation is dependent on a number of factors such as the background, religion, marital status, age, educational level and pressure from peers or associates either positively or negatively. It is also clear that exposure and availability of the services have an effect on knowledge, attitude and practice of pap smear test.

It must be concluded that cancer screening is among the least catered for in programmes pertaining to women's health in Zambia and other African countries.

CHAPTER III

3.0 RESEARCH METHODOLOGY

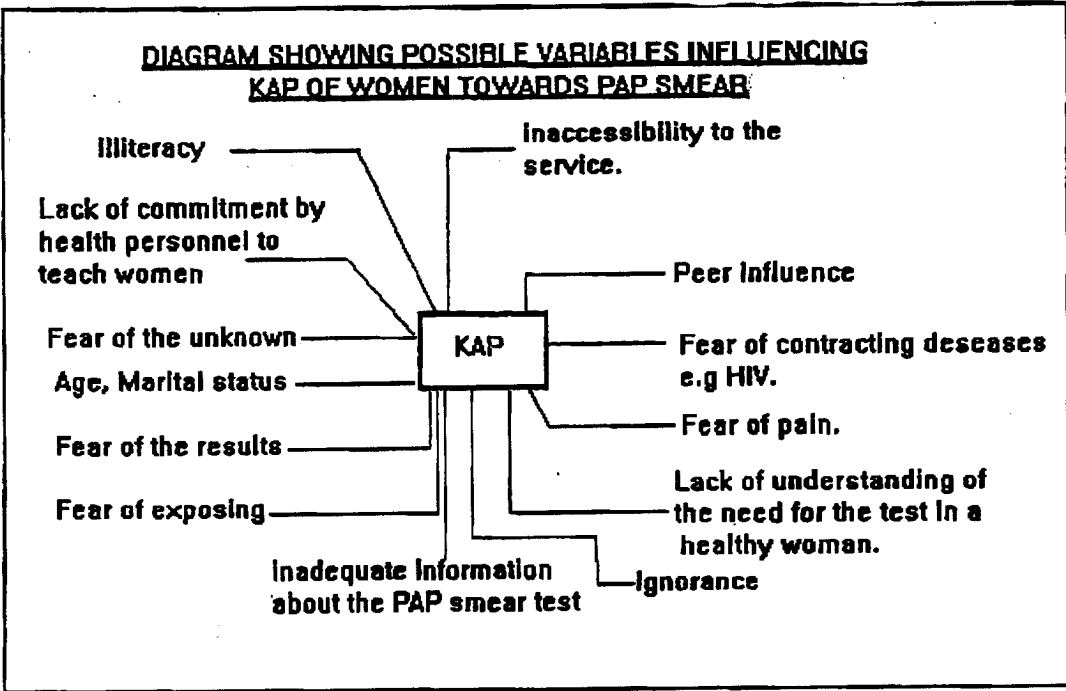
3.1 RESEARCH DESIGN

This research was designed to determine factors that lead to under utilisation of Pap Smear Services among women in Lusaka Urban.

For the purpose of study a descriptive non-experimental design was used to identify and explore variables responsible for under utilisation of pap smear tests. This type of design was chosen because it describes phenomena and allows for data collection from the existing resources to show the association between the dependent variables and the independent variables.

3.2 VARIABLES

DIAGRAM SHOWING POSSIBLE VARIABLES INFLUENCING KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN TOWARDS PAP SMEARS.



3.3 RESEARCH SETTING

This study was conducted in Lusaka city. This is a big city with a population of 1,320,158 (1995) according to projected population report based on 1990 census as reported in the Health Plan and Budget document by the Lusaka District Health Management Team.

Women and children make up about 65% of the total population in the district. 87% of the population of Lusaka Province is in Lusaka urban. Women in the child bearing age were recorded to be about 308,442 by December 1995 ⁶³.

The University Teaching Hospital (UTH) was used specifically to conduct the study. The hospital is a specialist hospital with about 2000 bed capacity. It is the largest hospital in the city. The UTH receives patients referred from all parts of the country. It provides curative, preventive, rehabilitative services. It serves as a teaching hospital in that it is a place of clinical experience for various types of students such as nursing students, medical students, student midwives, theatre nursing students, laboratory technicians, physiotherapists, radiology students and clinical officers. The setting was selected because it was convenient for the researcher.

UTH also offers Obstetrics and Gynaecology services. It has six obstetric wards and three gynaecology wards and also offers antenatal services in the morning on outpatient basis as well as family planning and gynaecology clinic in the afternoon. There is also a cytology laboratory run by the World Health Organisation which conducts pap smears and other tests.

The researcher therefore felt that UTH would be a good setting from which a sample could be selected as clients referred to UTH come from different socio-economic backgrounds and would give chance for equal representation in the sample.

3.4 SAMPLING SELECTION AND APPROACH

3.4.1 STUDY POPULATION

Study population of this study was women seeking antenatal, family planning and gynaecology services at UTH. The study units were women who are sexually active and those in child bearing age.

3.4.2 SAMPLE SIZE

A sample of 100 women were obtained. This sample was selected considering the availability of clients, time within which the research was to be completed and money available for the research

There are four firms in Obstetrics and Gynaecology department at UTH which conduct clinics on different day. Twenty-five clients were selected each day. It was not possible to obtain the names of all clients who attended antenatal, family planning and gynaecology clinics as they came on different days and months according to the appointments dates given.

3.4.3 SAMPLING PROCEDURE

Systematic sampling method was used where every K^{th} subject was selected until the sample size of 100 was arrived at. The rotary method was used to decide which subject to start with. The interval sampling method was selected in order to give equal chance to all subjects to participate in the study and this also allows for generalisation of the findings to the population.

3.5 DATA COLLECTION TECHNIQUES AND TOOLS

3.5.1 DATA COLLECTION TOOL

A structured interview schedule was used to collect data. This instrument was thought to be the best for data collection in this study, because the sample comprised a population of mixed socio-economic class and educational level. Some of the subjects were literate and able to read and write, while others were not able to do so.

Since the interview was a verbal discussion between two people, the interviewer was in a position to clarify or replace questions which were not clear and at the same time probe for more answers. Closed ended questions were used for the interview schedule in order to get particular aspects of issues. Open ended questions were used in order to get clients' opinion in their own words. Secondly, the interview schedule had the following advantages:

- 3.5.1.1 The interview method is flexible and the interviewer can explore responses and tailor the interview to the situation.
- 3.5.1.2 The response rate tends to be quite high in face to face interview, since the respondent may find it difficult to refuse to talk. Response rate is between 80-90%.
- 3.5.1.3 The interviewer is in a position to observe the respondent's level of understanding. The information can be used when interpreting data.
- 3.5.1.4 Ambiguous and confusing questions can be rephrased.
- 3.5.1.5 The interview allows more opportunity to appraise the validity of the report because the interviewer is present to observe what is happening.

Interviews however have their own disadvantages:

- 3.5.1.6 They are time consuming especially for a researcher conducting the interview alone.
- 3.5.1.7 The interview may lose trend of thought while waiting for the investigator to finish writing before some useful information may be missed.
- 3.5.1.8 Recording errors may occur as the interviewer tries to write the information in a hurry.
- 3.5.1.9 Interview does not offer complete anonymity.
- 3.5.1.10 As the respondent is aware that someone is writing the information, biased information may be given.

3.5.2 DATA COLLECTION TECHNIQUES

A letter to seek permission to carry out a study at UTH was written to the Director UTH Board of Management.

The purpose of the study was introduced adequately by the researcher to the respondents and verbal consent to interview the respondents was sought from the subjects at each interview session. Sufficient time was taken for each subject to eliminate subject's mistrust of the interview intention, which could prompt the subject to dodge certain questions or give misleading answers.

A period of two weeks was used to collect data within which the researcher and assistant interviewed 100 subjects. This was done soon after the proposed study was approved and permission to undertake the study was granted.

3.6 PILOT STUDY

A pilot study is a trial run of the major study and is aimed at appraising the following:

- Reaction of the respondents to the research procedure
- Validity of the data collection tool
- Procedure for data processing and analysis

Amendments in the data collection tool were made after analysis of the pilot study papers.

3.7 ETHICAL CONSIDERATIONS

The researcher made sure that she got a letter to permit her to carry out the study at UTH. The respondents were served with the letters which explained the purpose of the study. Privacy, confidentiality and anonymity were ensured during data collection.

CHAPTER IV

ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Data analysis is a process by which the researcher summarises and describes data and if possible make inferences from the study sample to the population from which the sample was drawn. Data can only be useful when arranged in a meaningful manner in order to be able to derive patterns of relationships. All the data collected from the 100 subjects was processed by means of a computer because the sample size was big for the researcher to analyse manually.

Following collection of data from the hospital, each questionnaire was checked for completeness, data from open ended questions were organised and then coded. This made it easier to draw frequency and cross tabulations from conclusions on the variables and objectives of the study.

Frequency count of each variable was made and calculated into percentage. This made it made it easier to compare groups than when absolute numbers were given, since percentage standardises the data. Description of the data has been done together with the tables.

4.2 PRESENTATION AND INTERPRETATION OF FINDINGS

The purpose of the study was to determine knowledge, attitude and practice of women towards pap smear test in Lusaka Urban.

All the 100 respondents were women who sought Obstetrical and Gynaecological services at the UTH.

**TABLE 1 : CHARACTERISTICS OF RESPONDENTS AGE GROUP
(As Percentage)**

AGE (years)	15 - 24	25-34	35-44	45-54	TOTAL
SCORE	30	54	12	4	100

The majority (54%) are in the age range of 25 to 34 years.
The minority (4%) are in the age range of 45 to 54 years.
Mean age is 29 years
Median age is 27 years
Modal Class age interval is 25 - 34 years

TABLE 2 : CHARACTERISTICS OF RESPONDENTS (As Percentage)

**MARITAL STATUS, EDUCATION, OCCUPATION AND
RELIGION**

CATEGORY	AGE GROUP					
MARITAL STATUS	15-24	25-34	35-44	45-55	TOTAL	%
SINGLE	4	7	2	0	13	13
MARRIED	26	43	7	4	80	80
DIVORCED	0	2	0	0	02	02
WIDOWED	0	3	2	0	05	05
TOTAL	30	55	11	4	100	100

EDUCATION LEVEL						
NONE	0	1	1	1	3	3
PRIMARY SCHOOL	15	17	5	1	38	38
SECONDARY SCHOOL	14	15	2	2	33	33
COLLEGE/ UNIVERSITY	3	20	3	0	26	26
TOTAL	32	53	11	4	100	100

OCCUPATION						
HOUSEWIFE	21	15	3	1	40	40
SELF EMPLOYED	7	10	1	3	21	21
PROFESSIONAL	03	21	3	0	27	27
NON PROFESSIONAL	3	06	2	0	11	11
SCHOOL GIRL	0	01	0	0	1	1
TOTAL	34	53	9	4	100	100

RELIGION						
CHRISTIANITY	32	50	11	4	97	97
MOSLEM	0	3	0	0	3	3
TOTAL	32	53	11	4	100	100

80% of the respondents were married and 43% of those married were in the age range of 25 to 34 years. 13% were single.

38% of the respondents attained primary school education whereas 3% never went to school.

40% of the respondents were house wives while 27% were professionals. 11% were non professionals.

50% of the respondents who are Christians are between the age range of 25 - 34 years while 3% who are Moslems are between the age range of 25 - 34 years.

TABLE 3: CHARACTERISTICS OF RESPONDENTS (As Percentage)

HEARING ABOUT CANCER OF THE CERVIX COMPARED TO SOURCE OF INFORMATION OF CANCER OF THE CERVIX

SOURCE OF KNOWLEDGE OF CERVICAL CANCER	HEARING ABOUT CANCER OF THE CERVIX	
	SCORE	%
HOSPITAL	12	12
CLINIC	8	8
PARENTS/GUARDIANS	5	5
MASS/MEDIA	10	10
FRIENDS	16	16
ANY OTHER	7	7
TOTAL	58	58
NEVER HEARD	42	42
TOTAL	100	100

58% of the respondents had heard about cervical cancer while 42% have not heard.

TABLE 4: CHARACTERISTICS OF RESPONDENTS (As Percentage)

HEARING ABOUT CANCER OF THE CERVIX COMPARED TO SOURCE OF INFORMATION ABOUT IT

HEARING ABOUT CERVICAL CANCER	HEARING ABOUT CANCER OF THE CERVIX	
	SCORE	%
HOSPITAL	12	12
CLINIC	8	8
PARENTS/GUARDIANS	5	5
MASS MEDIA	10	10
FRIENDS	16	16
ANY OTHER	7	7
TOTAL	58	58
NEVER HEARD	42	42
TOTAL	100	100

16% of those who have heard about cervical cancer heard from friends while 5% were told by parents or guardians.

TABLE 5: CHARACTERISTICS OF RESPONDENTS (As Percentage)

**EDUCATION LEVEL COMPARED TO KNOWLEDGE OF
CANCER OF THE CERVIX**

EDUCATIONAL LEVEL	KNOWLEDGE OF CERVIX CANCER			
	YES	NO	TOTAL	%
NONE	2	1	3	3
PRIMARY SCHOOL	16	22	38	38
SECONDARY SCHOOL	18	15	33	33
COLLEGE	21	5	26	26
TOTAL	57	43	100	100

17% who heard about cancer of the cervix had attained primary education while 21% had attained college/university education.

TABLE 6: CHARACTERISTICS OF RESPONDENTS (As Percentage)

RESPONDENTS' DESCRIPTION OF CERVICAL CANCER

DESCRIPTION OF CERVICAL CANCER	SCORE	%
CHRONIC BLEEDING (WRONG ANSWER)	12	12
DISEASE OF THE UTERINE CERVIX (VAGUE ANSWER)	4	4
ABNORMAL GROWTH OF AND ULCER ON THE CERVIX (RIGHT ANSWER)	24	24
CAN NOT EXPLAIN IT (UNKNOWNLEGEABLE)	60	60
TOTAL	100	100

24% were able to give right description of cervical cancer while 60% could not.

TABLE 7: CHARACTERISTICS OF RESPONDENTS (As Percentage)

**KNOWLEDGE ABOUT EARLY DETECTION OF CERVICAL
CANCER**

KNOWLEDGE ABOUT EARLY DETECTION OF CANCER	SCORE	%
YES	32	32
NO	68	68
TOTAL	100	100

32% of the respondents had knowledge about early detection of cancer while 67% had no knowledge.

TABLE 8: CHARACTERISTICS OF RESPONDENTS (As Percentage)

EDUCATION LEVEL COMPARED TO UNDERSTANDING OF PAP SMEAR TEST

UNDERSTANDING OF PAP SMEAR	EDUCATION LEVEL					
	NONE	PRIMARY SCHOOL	SECONDARY SCHOOL	COLLEGE/ UNIVERSITY	TOTAL	%
EXAMINATION OF SCRAPINGS FROM THE CERVIX (RIGHT ANSWER)	0	4	1	4	9	9
EXAMINATION OF THE CERVIX (VAGUE ANSWER)	1	4	8	12	25	25
VAGINAL EXAMINATION (WRONG ANSWER)	2	32	22	10	66	66
TOTAL	3	40	31	26	100	100

9% of the respondents of all educational levels did understand Pap Smear. 66% did not understand what the test is while 25% had a misconception.

TABLE 9: CHARACTERISTICS OF RESPONDENTS (As Percentage)

AGE COMPARED TO UNDERSTANDING OF PAP SMEAR TEST

UNDERSTANDING OF PAP SMEAR	AGE					
	15 - 24	25 - 34	35 - 44	45 - ABOVE	TOTAL	%
EXAMINATION OF SCRAPINGS FROM THE CERVIX (RIGHT ANSWER)	2	8	4	0	14	14
EXAMINATION OF THE CERVIX (VAGUE ANSWER)	4	1	1	0	6	6
VAGINAL EXAMINATION (WRONG ANSWER)	26	44	6	4	80	80
TOTAL	32	53	11	4	100	100

8% of those aged 25 - 34 years had understanding of Pap Smear whereas 44% did not understand. 1 % had a vague idea of Pap Smear.

TABLE 10 : CHARACTERISTICS OF RESPONDENTS (As Percentage)

WHO SHOULD DO PAP SMEAR TEST COMPARED TO MARITAL STATUS

WHO SHOULD DO THE TEST	MARITAL STATUS						
	SINGLE	MARRIED	DIVORCED	SEPARATED	WIDOWED	TOTAL	%
FEMALE NURSE	2	13	1	0	1	17	15
MALE NURSE	1	2	0	0	0	3	3
FEMALE DOCTOR	6	33	0	0	3	42	36
MALE DOCTOR	4	12	0	0	0	16	14
ANY OTHER	4	31	1	0	2	38	32
TOTAL	17	91	2	0	6	116	100

33% of the married preferred the female Doctors to do Pap Smear test.

TABLE 11 : CHARACTERISTICS OF RESPONDENTS (As Percentage)

**WHO SHOULD DO PAP SMEAR TEST COMPARED TO
RELIGIOUS AFFILIATION**

WHO SHOULD DO THE TEST	RELIGIOUS AFFILIATION				
	CHRISTIANITY	MOSLEM	ANY OTHER	TOTAL	%
FEMALE NURSE	16	1	0	17	17
MALE NURSE	3	0	0	3	3
FEMALE DOCTOR	39	1	0	40	40
MALE DOCTOR	12	2	0	14	14
ANY OTHER	26	0	0	26	26
TOTAL	96	4	0	100	100

39% of the Christians preferred female doctors to do Pap Smear test.

TABLE 12: CHARACTERISTICS OF RESPONDENTS (As Percentage)

**WHO SHOULD DO PAP SMEAR TEST COMPARED TO
EDUCATION LEVEL**

WHO SHOULD DO THE TEST	EDUCATION LEVEL					
	NON	PRIMARY SCHOOL	SECONDARY SCHOOL	COLLEGE/ UNIVERSITY	TOTAL	%
FEMALE NURSE	1	7	3	4	15	15
MALE NURSE	0	1	2	0	3	3
FEMALE DOCTOR	1	16	10	10	37	37
MALE DOCTOR	0	6	5	5	16	16
ANY OTHER	2	12	10	5	29	29
TOTAL	4	42	30	24	100	100

16% of respondents who attend primary school preferred female doctors.

TABLE 13: CHARACTERISTICS OF RESPONDENTS (As Percentage)

AGE COMPARED TO OPINION ON THE USE OF PAP SMEAR

OPINION OF THE USE OF PAP SMEAR	AGE					%
	15 - 24	25 - 34	35 - 44	45 - ABOVE	TOTAL	
IT ENHANCES DETECTION OF CANCER	5	15	6	1	27	27
IT IS GOOD PREVENTIVE MEASURE AGAINST CANCER	6	9	1	1	17	17
IT IS GOOD PRACTICE	0	3	2	0	5	5
ANY OTHER	2	3	0	3	8	8
TOTAL	13	30	9	5	57	57
UNKNOWLEDGEABLE	18	20	5	0	43	43
TOTAL	31	50	14	5	100	100

9% and 15% of the age range 25 - 34 have the opinion that Pap Smear is a good preventive measure and it enhances detection of cancer. 1% of the age range 45 - Above years were of the opinion that it enhances detection of cancer and 1% were of the opinion that it is a good preventive measure.

TABLE 14: CHARACTERISTICS OF RESPONDENTS (As Percentage)**RELIGION COMPARED TO VALUE OF GOING FOR PAP SMEAR**

RELIGIOUS AFFILIATION	VALUE OF GOING FOR PAP SMEAR		
	YES	NO	%
CHRISTIANITY	89	8	97
MOSLEM	3	0	3
ANY OTHER	0	0	0
TOTAL	31	100	100

89% of Christians accept that going for Pap Smear is of value as well as 3% Moslems. 8% of the Christians do not know whether Pap Smear is important.

TABLE 15: CHARACTERISTICS OF RESPONDENTS (As Percentage)**SUGGESTION MADE ABOUT PAP SMEAR SCREENING**

SUGGESTED PROGRAMME	SCORE	%
MASS EDUCATION	45	45
ROUTINE CHECK IN CLINICS	21	21
INCREASE INFRA STRUCTURE	7	7
POLICY ESTABLISHMENT BY GOVERNMENT	11	11
TO BE TAUGHT IN SCHOOLS	1	1
NO SUGGESTION MADE	15	15
TOTAL	100	100

45% were of the idea that Pap Smear test should be taught to all i.e Mass Media
21% were of the idea that it should be a routine check-up test in antenatal family planning and gynae clinics.
15% did not have any suggestion..

TABLE 16: CHARACTERISTICS OF RESPONDENTS (As Percentage)**PRACTICE OF PAP SMEAR TEST**

PRACTICE	SCORE	%
YES	8	8
NO	92	92
TOTAL	100	100

8% of the respondents have had Pap Smear test while 92% have never had the test.

TABLE 17: CHARACTERISTICS OF RESPONDENTS (As Percentage)
REASON FOR NOT PRACTISING OF PAP SMEAR TEST

REASONS FOR NOT GOING FOR PAP SMEAR	PRACTISED PAP SMEAR	
	YES	%
APPRECIATE TESTED ONLY WHEN SICK	12	12
IGNORANCE	67	67
FEAR OF THE UNKNOWN	4	4
DO NOT KNOW WHERE TEST IS DONE	8	8
FEAR OF RESULTS	6	6
DO NOT CARE	3	3
TOTAL	100	100

67% of the respondents are ignorant about Pap Smear.

TABLE 18: CHARACTERISTICS OF RESPONDENTS
AGE COMPARED TO PRACTICE OF PAP SMEAR

AGE	PRACTICE OF PAP SMEAR	
	YES	%
15 - 24	1	1
25 - 34	6	6
35 - 44	1	1
45 - ABOVE	0	0
TOTAL	8	8
NON PRACTICE	92	92
TOTAL	100	100

6% of the age range of 25 - 34 years have had Pap Smear while 1% of the age range of 15 - 24 years and 35 - 44 have had Pap Smear. Non of the age range of 35 - 44 years have had Pap Smear.

TABLE 19: CHARACTERISTICS OF RESPONDENTS

**EDUCATION LEVEL COMPARED TO PRACTICE OF PAP
SMEAR**

EDUCATION LEVEL	PRACTICE OF PAP SMEAR		
	YES	NO	TOTAL
NONE	0	3	3
PRIMARY SCHOOL	3	35	38
SECONDARY SCHOOL	0	33	33
COLLEGE/UNIVERSITY	5	21	26
TOTAL	8	92	100

5% of those who have attained college/university education have had Pap Smear while 21% did not.

CHAPTER V

DISCUSSION OF FINDINGS IMPLICATIONS FOR HEALTH SERVICE CONCLUSION AND RECOMMENDATIONS OF THE STUDY

5.1 DISCUSSION

The results were based on the analysis of the responses from 100 women at the UTH who attended Obstetrical and Gynaecological clinics.

The women had varied age groups, religious affiliations, educational level, occupation and marital status. There was variation about their original place of residence as they came from all compounds in Lusaka. Using these women as subjects the study aimed at determining the knowledge, attitude and practice of women towards pap smear test in Lusaka Urban. This was prompted by increasing cases of cervical cancer in the gynaecological wards at the UTH.

This group of women was chosen because they are vulnerable. The fact that there are many factors at play concerning knowledge, attitude and practice towards pap smear, the researcher tried to explore the effect of some of the variables.

The study revealed that most of the women were in the age group 25-34 years (54%) and that the majority were married (80%). It also showed that many had attained secondary education (38%). Tables 1 and 2.

5.1.2 KNOWLEDGE OF PAP SMEAR

According to the Zambia Health Demographic survey conducted in 1992 by Central Statistics Office (CSO) in conjunction with the University of Zambia, it was established that knowledge is a precondition for proper or higher utilisation of any given service.

Regarding knowledge, respondents were asked whether they had heard about cervical cancer, where they heard it from and to explain what cervical cancer is, as well as to explain their understanding of pap smear and also to name where the service is offered. (Tables 3, 4, 5, 6 and 7).

The study revealed that 58 (58%) of the women have heard about cervical cancer while 42 have never heard about it. When asked to describe what cervical cancer was, only 24% out of the 100 women gave a proper description, 16 (16%) had a misconception while 60 (60%) could not describe it. This shows that hearing about something is different from knowing what it is. Respondents can not utilise a service without knowledge of its existence.

The study revealed that many women do not know where this service is offered. In response to where those who heard about cervical cancer got the information 16 (16%) cited that they heard from friends, 12 (12%) cited the hospital, 8 (8%) cited clinics, 10 (10%) media, 5 (5%) from parents or guardian while 7 (7%) cited other services like books and journals (Table 4). This agrees with the study done by Suarez in America that social networks appear to be an important determinant of cancer screening behaviour among elderly women.⁶³ Therefore there is need to teach key persons in the community who in turn can teach others properly.

The findings also shows that many clients learn more from their friends and casts suspicions that health workers are not in the forefront educating women about cervical cancer and the importance of pap smear. This agrees with a study done by Nugent on first time colposcopy clients, which revealed that women lack fundamental knowledge about location of the cervix, site of pap smear, meaning of pap smear, results and the purpose of colposcopy.⁶⁴ The misconception women have about cervical cancer can be due to the source of information, since they get it from their friends who are not medical personnel. They are bound to get false information.

In relation to knowledge still many women who attained primary education who had heard about cervical cancer when asked to explain their understanding of pap smear, it showed those with higher education were able to give the correct explanation than those with lower education. (Tables 5 and 8)

The study further showed that all women needed more information about cervical cancer, pap smear and its benefits. This shows that these women know less than what was believed.

5.1.3 ATTITUDES OF WOMEN TOWARDS PAP SMEAR

Attitude refers to the stand taken by a person over a given issue, in this case pap smear. This was assessed by asking respondents how they rated pap smear whether it is of use, their opinion on pap smear test, the level at which they would recommend one to start pap smear and also who they would like to do pap smear on them, where they would prefer to have it and their recommendations about pap smear screening programme among women.

By way of the fact that there are various factors that may influence attitude, the researcher explored such expected factors as age, religion, marital status and education.

Generally, the findings were overwhelmingly positive attitudes. 89 (89%) Christians and 3 (3%) Moslems said going for pap smear was important even if they did not know what the test involved. Only 8 (8%) did not tell the value of pap smear (Table 14). This could be explained by the fact that people do appreciate the importance of screening despite having knowledge deficit. Most of the women still valued going for pap smear regardless of their marital status.

When asked who should do the test on the respondent, many cited female nurse or female doctors. This agrees with the study done by Gregory which revealed that females feel shy to be examined by males if its not a pregnancy related examination.⁶⁵ Whereas some chose both. Reasons given for the choice were that they felt free with their female counterparts. Others had no objection as to who could do the test as they felt all are trained people and know their job. Others felt it never contradicts their religion. (Table 10-12)

Of those 8 respondents who had the pap smear test, 6 respondents agreed positively that the had it done without complaining while one had a negative attitude. The other one respondent had no choice but to obey what the doctor had recommended. This shows that women have positive attitudes towards health. For those who did not give their opinion of pap smear did so due to unclear understanding of the benefits of pap smear, and the procedure itself, hence they could not comment on something they were not conversant with.

Further women expressed that they feel doctors and nurses should be the ones who should encourage them to go for pap smear, but they do not do so. This shows that the patients would readily take up a test if recommended by doctors.

On recommendations about pap smear screening (Table 15) many women (45%) recommended that mass education should be given to all via mass media, posters and in health institutions. (21%) recommended that the test should be done routinely in Gynae and obstetrical clinics. (11%) recommended establishment of policies which address such issues by the Government. (7%) recommended that the facilities should be increased. One suggested that it should be taught in schools. However (15%) had no suggestion to make maybe due to lack of understanding of pap smear.

This is a positive development for the pap smear programmers to capitalise on in their efforts to increase utilisation of pap smear. If women know all about the screening test they would be willing to have them. Many women indicated that they wanted to know about cancer, pap smear, instrumentation, where services are provided and benefits of pap smear. This shows that there is little that women know about cervical cancer as well as pap smear. This is a starting point for health cadres to start educating masses on issues pertaining to their health. This will dispel misinformation clients get from their mates.

5.1.4 PRACTICE (UTILISATION OF PAP SMEAR SCREENING SERVICES)

Utilisation refers to making use of the available things or material or information. The study did not only seek to assess knowledge and attitude but also whether the women are using pap smear screening test. To elicit the extent to which pap smear services were being utilised women were asked whether they have had a pap smear test and when it was done. The study revealed that 8 (8%) had a pap smear test in the last 2-3 years whereas 92 (92%) denied having had any. (Table 16) Of those who had 5 (5%) had attained college and university education, 3 (3%) primary education. These figures show that those who attained higher education utilised pap smear service more than the lowly educated ones. (Table 19)

This agrees with Nugent's study that women with 'O' level of education were more willing to be screened than those with non 'O' levels.⁶⁶

In relation to age, those in the age range 25-34 years had more pap smear done than any other age group. This age group seems to have surpassed other age groups. This can be attributed to the fact that it is the most sexually active group and do frequent health centres for Obstetrical and Gynaecological services. This agrees with a study done by Olatubosun in Nigeria where screening women who were pregnant gave a better chance for screening as reported by Nyangande.⁶⁷

When respondents were asked what they thought were the reasons for non use of pap smear screening services by women (Table 17), many cited ignorance 64 (64%). This shows that what influences one's attitude towards a particular thing is the knowledge that person has on the given subject.

This then confirms that women are ignorant about issues which pertain to their health. Other cited that many find it easy to use health facilities when they are sick than when they are well. This is an indication that health workers have to create awareness in people that health includes all aspects of ones life even before the manifestation of disease. Emphasis should be put on the importance of prevention than cure in educating the women.

Other women do not know where the service is offered. This shows that health workers do not publicise such important matters. These women were attending clinics at the UTH yet they still did not know that pap smear services are offered there.

During the interview schedules others mentioned that maybe others thought pap smear test was a blood test which was equally the same as HIV test. This shows that really women are ignorant about this pap smear test. Others did not know that the cervix is part of their reproductive organs. This agrees with the study done by Orrett in Trinidad in Teenage School Children where respondents could not spot where the cervix is and other said pap smear was a blood test.⁶⁸

Women in the study seem to understand the value of going for screening. They recommended that women should start going for pap smear test just after puberty as that when many became sexually active. Other recommended that they should be screened just after getting married or just after having the first child. This shows that they do know that reproductive life in Zambia starts quite early.

Interview between the researcher and some doctors on their opinion about pap smear yielded that even doctors themselves some did not recommend patients to have a test they cited that it was a waste of their time. Others accepted that it was really a useful test in early detection of cancer. This shows a negative attitude by professional people who know the implications of cervical cancer.

Hence it is possible that patients never get motivated to have the pap smear test as they could be discouraged by doctors themselves. This leads to apathy in uptake of the pap smear test.

Although a majority of respondents have heard about cervical cancer, many do not know what it is. Those with higher education have a better understanding of cervical cancer than those with lower education. Majority of women do not go for pap smear test due to ignorance about the test. This has led to negative attitudes and under-utilisation of the test. Therefore for the women's attitude towards pap smear to change they need to be educated about the dangers of cervical cancer, benefits of pap smear test and the need for regular screening.

5.2 IMPLICATIONS FOR HEALTH

With such low levels of knowledge about pap smear the researcher is inclined to think that dissemination of pap smear services leave much to be desired.

The researcher was disappointed to find that while thousands of women attended Antenatal, Family Planning and Gynae clinics at UTH, only a few do have pap smear test done on them. The findings spells a great need for the service providers to intensify pap smear test campaigns and provide a comprehensive education about cervical cancer.

Due to increasing incidences of cervical cancer even in the young women (three clients in the sample in the age group 15-24 and 25-34 had cervical cancer). The population at large needs to be taught openly.

We need to discuss freely sensitive issues like cervical cancer as the case has been in the control of AIDS and Polio eradication. The health care provider is expected to motivate people to have health seeking behaviour. Health education is the key to imparting knowledge and also to dispel misconceptions that patients do have on several health matters. A little knowledge is dangerous than no knowledge at all. The need for health care providers to forge closer links with key people in the community can not be over-emphasised if utilisation levels of pap smear services are to rise to greater heights.

CHAPTER VI

6.1 CONCLUSION

The study sought to investigate the knowledge, attitude and practice of pap smear test among women in Lusaka Urban in the light of increasing cases of cervical cancer even in the young women. Supposedly because of lack of use of screening test and also early initiation into sexual behaviour.

It was shown that knowledge of pap smear test is still low among women and this may be alluded to the fact that health education is still very low in the health institutions as well as on the media to sensitise people about cervical cancer. The overwhelming number of women who expressed desire to learn more about cervical cancer and pap smear test was evidence enough that they are not availed the much needed information.

With one of the major source of information being friends, rampant misconceptions about pap smear cannot be ruled out and this has contributed to scanty knowledge about pap smear by the women. The study has also shown that there is a difference in knowledge, and practice of pap smear between women who have higher education and those with lower education. This may be alluded to the fact that those who were more educated are well informed about their health as they can read and write unlike those with low education.

While attitudes are flying high the knowledge and practices of pap smear among women are still low and poor.

6.2 RECOMMENDATIONS

In view of the findings of the study, the researcher found the following recommendations to be appropriate.

Another constraint was financial, which to an extent also influenced the sample size in order to minimise costs. The other constraint was the interview structured schedule as a data collection tool instrument. Since the researcher had to sample women from different socio-economic backgrounds. This was time consuming on the part of the researcher compared to self administered questionnaire.

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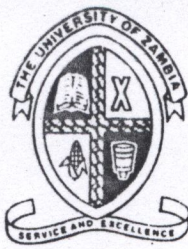
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THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

Ref: 252841

UTH) 254824 (Pre-Clinical) Ridgeway Campus U.T.H. BOARD

ns: UNZA, LUSAKA

NZALU ZA 44370

30-1-250753

Department of Post Basic Nursing

P.O. Box 50110
Lusaka, Zambia

Your Ref:

Our Ref:

29th July 1996

The Executive Director
UTH Board of Management
LUSAKA

U.F.S. - Head - Post Basic Nursing

Dear Sir/Madam,

I am a fourth year student in the Department of Post Basic Nursing at the University of Zambia, School of Medicine.

I am required to carry out a research study in any area of my interest in partial fulfilment for the award of Bachelor of Science Degree in Nursing. My topic of study is "Study to Determine the Knowledge, Attitudes and Practice of Pap Smear Test Among Women in Lusaka." I hereby request for your permission to administer questionnaires in Antenatal and Gynaecology clinics that will enable me collect the information I need.

I intend to carry out this exercise in the week beginning 5th August 1996.

Your assistance will be highly appreciated.

Yours faithfully,

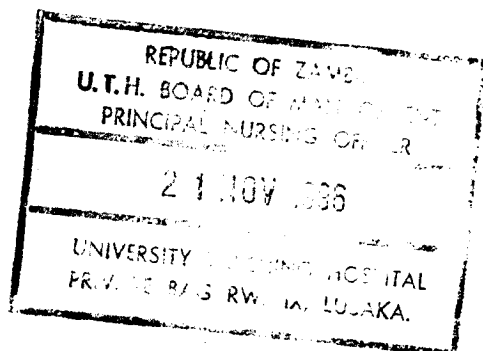
Alverty Mbebe

Alverty Mbebe

DR Ahmed
Here's another to carry out a

(64)

UTHB/DN/7/1



16th August, 1996

The Head
Department of Post Basic Nursing
P O Box 50110
LUSAKA

Attention of Mrs Ndele

Dear Sir/Madam

RE: RESEARCH STUDIES FOR YOUR STUDENTS

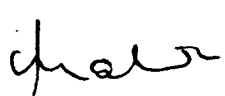
I acknowledge with thanks receipt of letters from the underlisted students seeking permission to carryout their study projects in the Department of Nursing. I am pleased to advise them through your office that permission is hereby being granted.

Their names are as follows:-

- 1) E. J. Msidi (Mrs)
- 2) Alverty Mbewe
- 3) David K Ntetema
- 4) Salome M.S. Zulu (Mrs)

I wish them success in their studies.

Yours faithfully
UTH BOARD OF MANAGEMENT


A. Malewa (Ms)
ACTING DIRECTOR OF NURSING

cc. Nursing Services Manager
Head, Obs & Gynae
Nursing Officer - 'A' Block
Nursing Education Manager - School of Nursing

**THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING**

NURSING RESEARCH

**TOPIC: A STUDY TO DETERMINE KNOWLEDGE, ATTITUDE AND
PRACTICE OF WOMEN TOWARDS PAP SMEAR TEST IN LUSAKA
URBAN**

Date:
Time:
Place:

Instruction to the interviewer

1. Introduce yourself to the respondent and explain the purpose of your visit.
2. Assure the respondent of confidentiality and anonymity by explaining that all the information will be confidential and that her identity will be anonymous.
3. Ask questions as phrased: only clarity where necessary without changing the meaning of the question.
4. Tick and fill responses in appropriately to all the questions immediately.
5. Thank the respondent at the end of each interview.

DEMOGRAPHIC DATA

1 What is your age at last birthday?

2 What is your marital status?

- (a) Single
- (b) Married
- (c) Divorced
- (d) Seperated
- (e) Widowed

3 What is your religion?

- (a) Christianity
- (b) Hindu
- (c) Moslem
- (d) Any other, please specify.....

4 What is your education attainment?

- (a) None
- (b) Lower Primary
- (c) Upper Primary
- (d) Junior Secondary
- (e) Senior Secondary
- (f) College
- (g) University

5 What is your occupation?.....

6 Do you have children?

- (a) Yes
- (b) No

7 If yes to Q6, how many children do you have?.....

8 At what age did you have your first child?.....

KNOWLEDGE OF PAP SMEAR

9 Have you heard of cancer of the cervix?

- (a) Yes
- (b) No
- (c) No answer

10 If yes, to Q9, kindly explain what it is in your own words?

.....

11 If yes to Q9, where did you hear about the cancer of the cervix ?

- (a) From the hospital
- (b) While at the Clinic
- (c) From parents/guardians
- (d) Mass media
- (e) Friends
- (f) Any other, please specify.....

--

12 Do you know that cancer of the cervix can be detected in its early stage?

- (a) Yes
- (b) No
- (c) No answer

--

13 Have you heard of cervical smear test?

- (a) Yes
- (b) No
- (c) No answer

--

14 If yes to Q13, where did you hear about pap smear?

- (a) From the Hospital
- (b) While at School
- (c) From parents/guardians
- (d) Radio
- (e) Television
- (f) Friends
- (g) Any other, please specify.....

--

15 Have you ever been asked to have a pap smear done?

- (a) Yes
- (b) No
- (c) No answer

--

16 If yes Q15, what was your reaction to the request?.....
.....

--

17 What do you understand by pap smear?.....
.....

--

18 Do you know where you can have this test done?

- (a) Hospital
- (b) Clinic
- (c) Private Surgery
- (d) Any other, please specify.....
- (e) I dont know

--

19 If you need any pap smear test, where would you prefer to go?

- (a) Hospital
- (b) Clinic
- (c) Private Surgery
- (d) Any other, please specify.....
- (e) Dont know

ATTITUDE TOWARDS PAP SMEAR

20 What in your opinion is pap smear test used for?

- (a) It enhances detection of cancer
- (b) It is a good preventive measure against cancer
- (c) It is a good practice
- (d) It is a taboo
- (e) Any other
- (f) I dont know

21 Do you think going for pap smear test is important?

- (a) Yes
- (b) No
- (c) No answer

22 Explain your answer to Q21.....

.....

23 When should a woman start going for pap smear?

.....

24 If you were to go for pap smear test who would you want to do it on you?

- (a) Female Nurse
- (b) Male Nurse
- (c) Female Doctor
- (d) Male Doctor
- (e) Any other
- (f) Any one

25 Explain the reason for your answer to Q24

.....

26 What suggestion would you make about pap smear screening programme for women?

.....

PRACTICE OF PAP SMEAR

For Official use

27 Have you ever had a pap smear test?

- (a) Yes
- (b) No
- (c) No answer

28 If yes to Q27, when was your last pap smear test?

- (a) This year
- (b) In the last three years
- (c) More than three years ago
- (d) Any other
- (e)I do not know

29 If your answer to Q 27 is NO, why haven't you had pap smear test?

.....

30 Why do you think women do not go for pap smear test?

.....

31 Do you need more information about pap smear test?

- (a) Yes
- (b) No
- (c) No answer

32 If yes to Q31, what would you like to know?

.....

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