

DECLARATION

I Harriet Mulonda Simaubi, declare that this Dissertation represents my own work and that all the sources I have quoted have been indicated and acknowledged by means of complete references. I further declare that this Dissertation has not previously been submitted for a Degree, Diploma or other qualifications at this or another University. It has been prepared in accordance with the guidelines for Master of Science in Nursing Dissertations of the University of Zambia.

Signed.....

Date.....

Candidate

Signed.....

Date.....

Supervisor

CERTIFICATE OF APPROVAL

The University of Zambia approves this Dissertation on Cervical cancer awareness and uptake of Pap smear among women aged 18 years and above in Livingstone District in partial fulfillment for the requirements for the award of Degree of Master of Science in Nursing.

Examiner's

Signature.....Date.....

Examiner's

Signature.....Date.....

Examiner's

Signature.....Date.....

ABSTRACT

The aim of the study was to assess the level of cervical cancer awareness and Pap smear uptake among the women aged 18 years and above in Livingstone District.

The specific objectives were to assess cervical cancer awareness among women above 18 years old; assess the level of utilization of the Pap smear services by women above 18 years and explore the relationship between cervical cancer awareness, Pap smear uptake, and selected variable including cultural beliefs, economic status, level of education, age

The Theoretical Framework for this study was based on the Health Belief Model and the Communication-Behavioral Change Model. The Health Belief Model helps to understand human behavior in preventing cervical cancer and the perception women have about the disease. The Communication-Behavioral Change Model was utilized because the model is based on communication inputs and outputs which are designed to influence attitudes and behavior.

A cross sectional study was conducted in a compound with a medium population density, located in Livingstone District, Zambia. The compound was selected using a multistage cluster sampling technique. Convenience sampling was used to select the 389 women who were interviewed using a structured interview schedule. Individuals for the focus group discussions were homogeneously selected using purposive sampling method. A total of 12 participants comprising 6 in each group took part in the two focus group discussions (FGDs). The FGDs were held with one group involving those in the age group 18 – 35 years and the other one involving women who were in the age group above 35 years.

The SPSS 16.0.1 for Windows software computer package was used to analyze quantitative data. The chi-Square test was used to measure association between the dependent variables (cervical cancer awareness) and independent variables (uptake of Pap smear cultural beliefs, economic status, level of education, age). The cut off point for statistical significance was set at 5%. A full report of the focus group discussions

was analyzed using content analysis using participants' own words. Key statements, ideas and attitudes expressed for each topic of discussion were listed down. Data were coded, responses from different subgroups were compared, and a summary was written in the narrative form. The most useful quotations that emerged from the discussion were selected to illustrate the main ideas.

The study revealed low levels of cervical cancer awareness (47.8%) and none of the respondents said they had Pap smears done. The only significant factor that was found to be associated with cervical cancer awareness was economic status (income) of the respondents (61.4%, P value 0.004)

The results showed that factors such as age, level of education, marital status, occupation were not significantly associated with cervical cancer awareness and uptake of Pap smear.

Keywords: Cervical cancer, Awareness, Pap-smear uptake, Women 18 years and above.

DEDICATION

I dedicate this study to God Almighty who has been with me throughout the study and for giving me the strength and knowledge.

To my husband Pastor R.H. Simaubi who has been a source of inspiration, encouragement throughout the study.

To my parents Mr. and Mrs. G. Mulonda who have always been a source of inspiration and encouraged me to work hard in order to succeed in life.

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LIST OF ABBREVIATIONS

CCPPZ	-	Cervical Cancer Prevention Programme in Zambia
CBAs	-	Community Based Agents
CDC	-	Centre for Disease Control
CIDRZ	-	Center for Infectious Disease Research in Zambia
DHMT	-	District Health Management Team
DHS	-	Demographic Health Survey
ECSA	-	East, Central and Southern Africa
FGD	-	Focus Group Discussion
HPV	-	Human Papilloma Virus
HSIL	-	High grade Squamous Intraepithelial Lesions
HBM	-	Health Belief Model
IARC	-	International Agency for Research on Cancer
IEC	-	Information, Education, Communication
IMF	-	International Monetary Fund
KAP	-	Knowledge, Attitude and Practice
MOH	-	Ministry of Health

LEEP	-	Loop Electrical Excision Procedure
LGH	-	Livingstone General Hospital
LHMB	-	Livingstone Health Management Board
SAP	-	Structural Adjustment Programme
STIs	-	Sexually Transmitted Infections
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
USA	-	United States of America
USD	-	United States Dollar
UTH	-	University Teaching Hospital
VIA	-	Visual Inspection with Acetic Acid Application
WHO	-	World Health Organization
YRBS	-	Youth Risk Behavioral Survey

