UNIVERSITI PUTRA MALAYSIA

FACTORS AFFECTING UPTAKE OF CERVICAL CANCER SCREENING AMONG AFRICAN WOMEN ATTENDING SELECTED CHURCHES IN THE KLANG VALLEY, MALAYSIA

NWABICHIE CHINEMEREM CECILIA

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By

NWABICHIE CHINEMEREM CECILIA

Thesis submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Master of Science

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

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January 2018

Chairman : Rosliza Abdul Manaf, PhD
Faculty : Medicine and Health Sciences

Introduction: Cervical cancer is a health concern among women worldwide as it ranks as the fourth most common type of cancer among women. Human papillomavirus (HPV) 16 and 18 are the main causative agent of Cervical cancer. Cervical cancer can, however, be prevented with early and regular cervical cancer screening.

Appropriate and regular cervical cancer screening can reduce Cervical cancer incidence and mortality by as much as 80%. So many factors such as Insurance status, income, educational level, Knowledge, perceived barriers and many others have been determined by researchers to be significantly associated with the uptake of cervical cancer screening.

Objective: This study aims to identify the cervical cancer screening practices and factors affecting the screening status of African immigrant women attending selected church services in Klang Valley, Malaysia.

Methodology: A cross-sectional study among 320 randomly selected respondents between ages 18-69 was conducted in three different churches with high number of African participant in Klang Valley. A structured questionnaire was used to conduct a face to face interview. Three levels of analysis were conducted using SPSS 21, involving descriptive analysis, chi square and multiple logistic regression.

Results: The response rate was 98.2%, majority of the respondents were aged 31-50 years, and married. The prevalence of screening among the respondents since the past

3years was 27.2%. Using a p-value of 0.05 as the significance level, the final model showed that marital status (p=0.004, AOR=2.257, 95%CI=1.006-4.361), knowledge (p=0.035, AOR=3.217, 95%CI= 1.027-6.216), perceived barriers (p=0.003, AOR=3.110, 95%CI=2.461-6.426) and having a regular health care provider (p<0.001, AOR=2.693, 95%CI=1.001-4.361) were the only significant predicting factors of uptake of cervical screening among African immigrant women in Klang Valley, Malaysia.

Conclusion: The findings revealed that the uptake of cervical cancer screening among the respondents since the past 3years was very low. Marital status, Regular health care provider, knowledge and perceived barriers are the predicting factors.

The government and ministries concerned with cervical cancer screening should develop and increase intervention programs and public health enlightenment messages through the mass media, hospitals, schools and so on, which will also reach this target group. There is also a need to educate the spouses about cervical cancer screening as spousal support could serve as a source of encouragement to the women to go for screening.

Key words: cervical cancer, Pap test, African women in Malaysia

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

FAKTOR MEMPENGARUHI AMBILAN PENYARINGAN KANSER SERVIKSDALAM KALANGAN WANITA AFRIKA YANG DATANG KE GEREJA DI LEMBAH KLANG, MALAYSIA

Oleh

NWABICHIE CHINEMEREM CECILIA

Januari 2018

Pengerusi : Rosliza Abdul Manaf, PhD
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Pengenalan: Kanser serviks merupakan isu kesihatan dalam kalangan wanita sejagat kerana ia berada pada kedudukan keempat penyebab kanser paling biasa dalam kalangan wanita. Human papilomavirus (HPV) 16 dan 18 merupakan agen penyebab kanser serviks. Kanser serviks, walau bagaimanapun, dapat dicegah dengan penyaringan pada peringkat awal dan secara berkala.

Objektif: Kajian ini bertujuan untuk mengenal pasti amalan penyaringan kanser serviks dan faktor yang mempengaruhi status penyaringan wanita imigran dari Afrika di Malaysia.

Metodologi: Kajian keratan rentas dalam kalangan 320 responden yang dipilih secara rawak berumur antara 18-69 tahun telah dijalankan di tiga gereja berbeza yang mempunyai bilangan penganut Afrika tertinggi di lembah klang. Soal selidik berstruktur telah digunakan untuk menjalankan temu bual bersemuka. Tiga tahap analisis telah dijalankan menggunakan SPSS 21, melibatkan analisis deskriptif, khi kuasa dua dan regresi logistik berganda.

Keputusan: Kadar respon ialah 98.2%, majoriti responden berumur antara 31-50 tahun, dan sudah berkahwin. Prevalens penyaringan kanser serviks dalam kalangan responden sejak tiga tahun lepas ialah 27.2%. Dengan menggunakan nilai p=0.05 sebagai tahap kesignifikanan, model terakhir menunjukkan bahawa status perkahwinan (p=0.004, AOR=2.257, 95%CI=1.006-4.361), pengetahuan (p=0.035, AOR=3.217, 95%CI= 1.027-6.216), dan halangan teranggap (p=0.003, AOR=3.110, 95%CI=2.461-6.426), dan mempunyai penedia perkhidmatan kesihatan yang tetap (p<0.001, AOR=2.693, 95%CI=1.001-4.361) merupakan faktor ramalan yang

signifikan bagi penyaringan kanser serviks dalam kalangan wanita imigran Afrika di Lembah Klang, Malaysia.

Kesimpulan: Dapatan menunjukkan bahawa ambilan penyaringan kanser serviks dalam kalangan responden sejak tiga tahun lepas adalah sangat rendah. Status perkahwinan, pengetahuan dan halangan teranggap merupakan faktor ramalan. Program kesedaran khusus bagi meningkatkan penyaringan hendaklah direka bentuk dan diimplementasikan oleh pihak berkuasa yang bertanggung jawab.

Kata kunci: kanser serviks, ujian Pap smear, wanita Afrika di Malaysia

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

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This is to confirm that:

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LIST OF ABBREVIATIONS

BM	Bahasa Melayu
CDC	Centre for disease control
CCS	Cervical cancer screening
HCP	Health care provider
MOH	Ministry of health
NHMS	National health morbidity survey
PST	Pap smear test
WHO	World health organization
BC	British Columbia

CHAPTER 1

INTRODUCTION

In this chapter, the background of this study as well as the problem statement, research objectives and the significance of the study was discussed.

1.1 Background of study

Cancer is a type of illness whereby certain abnormal cells in the body grows out of control. Cancer is often named for the part of the body where it starts, so cervical cancer is the type of cancer that starts and affects the cervix of women (CDC, 2012). The cervix is the lower end of the uterus that connects the womb to the vagina. Once the cancerous cells begin to grow, it will slowly invade the whole body causing devastating effects on health (CDC, 2012). Although being highly preventable and treatable if found early, it still the fourth commonest cancer diagnosed in women globally, many women still develop the cancer with grave outcomes (WHO, 2012). Globally, about 528,000 new cases of cervical cancer cases are reported each year and about 266,000 women die from this disease (WHO, 2012). Malaysia has a population of 11.55 million women aged 15 years and older who are at risk of developing cervical cancer. About 2145 women are diagnosed each year and 621 die from cervical cancer (HPV Information Center, 2014). Therefore, it is said to be second most common cancer among women in Malaysia (HPV Information Center, 2014) and second most common cancer among women between 15 and 44 years of age (HPV Information Center, 2014).

Reported by the center for disease control (CDC), cervical cancer treatment involves surgery such as local excision in early stages and hysterectomy in advanced stages, also chemotherapy and radiotherapy can be an additional treatment depending on physician's advice. The prognosis becomes very poor when advanced and causes high mortality. Detecting and treating it at the precancerous stage has being the best way to reduce the high mortality and morbidity from the disease (CDC, 2012). This method of early detection is what is known as cervical cancer screening. A proper cervical cancer screening has been proven in many studies to effectively reduce the incidence of cervical cancer and the mortality and morbidity associated with it (Saslow, Boetes and Burke, 2008).

There are various methods of cervical cancer screening which includes: conventional cytology also known as Pap smear, liquid based monolayer cytology, human papillomavirus testing (HPV), and visual inspection to detect pre-cancer or cancer. However, this quantitative study would be looking strictly on the Pap smear method because it is the method established by the Malaysian government in the year 1969 (Malaysia Ministry of Health 2004) and also the most common method used globally.

Studies have also shown that Pap smear combined with HPV gives a clearer result (National Cancer Institute, 2008). Hence a person with a normal Pap test and HPV result do not need to worry about repeating another screening in five years (National Cancer Institute, 2008). According to the Malaysian ministry of health it is recorded that every woman over 21 years of age should start having a regular annual screening for the 3 continuous years. After 3 years of normal result, she can now test less frequently like once every three years if she is classified to be at low risk for cervical cancer and should continue yearly pap Smear if she is classified at high risk.

There has been a significant decrease in the number of new and existing cases and deaths from cervical cancer in the last 20 years because of the introduction of the Pap smear in the 1960's and the establishment of free of charge testing in government hospitals and health facilities for all Malaysian native borne women (Ministry of Health Malaysia 2004). While the effect of cervical cancer has diminished in most developing and developed countries following the availability of early cancer detection through screening, cervical cancer still presents heavy burden among several minority groups including immigrants (Howell et al., 2009). However, some minority groups may not take advantage of the available screening services and can suffer greatly from cervical cancer which can impose them with heavy burden (Woltman & Newbold, 2007).

While some studies have determined the factors such as age, marital status, acculturation, insurance status, monthly income, knowledge, perceived barriers, having a regular health care provider and many others that may affect the uptake of regular cervical cancer screening among some minority populations (Downs, Smith, Scarinci, Flowers, & Groesbeck, 2008; Ross, Nunez-Smith, Forsyth, &Rosenbaum, 2008), there is still a limited number of researches on the factors that affect the cervical screening status and practices of immigrant women especially those from Africa, that are living in Malaysia. Many previous researches such as that conducted by Adeyemi (2013) in United states of America (USA) has shown that a higher percentage of women affected by this cervical cancer are from this minority groups of immigrants, so there is need to look into the factors that might be affecting these immigrant women living in Malaysia from up taking the cervical cancer screening. This study aims to fill that gap by providing evidence on some of the factors that may be associated with the cervical cancer screening behaviors among this growing population of immigrants in Malaysia

1.2 Problem Statement

Cervical cancer, despite being potentially preventable and treatable when detected early, is still an important public health issue as is being ranked fourth most common cancer in women worldwide (WHO, 2012).

It is also reported that 80% of cervical cancer cases where diagnosed in developing countries such as Africa and Asian countries (Goldie, et al., 2008). Where it accounts for more than 13% of all cancers in women (Ferlay et al., 2008). This indicates a high incidence of cervical cancer among African women.

In Africa, about 80419 new cases of cervical cancer are reported each year. Therefore, it is said to be the 2nd most common type of cancer after breast cancer among women in Africa (WHO, 2010).

Having used several search mechanisms such as Google scholar, Wikipedia and many others the information regarding the practice of cervical cancer screening of African women living in Malaysia is hardly available, with no or limited studies focusing on this population. However, studies done among this population of women in other countries have shown a low uptake of cervical cancer screening, for instance, Adeyemi found only a prevalence of 28% among African women living in United states of America. Also among African women living in Africa a low prevalence of uptake has also been reported, therefore, this low prevalence of screening that has been determined among African women in other countries and back home in Africa could also be attributed to African women living in Malaysia.

Many studies conducted to investigate cervical cancer screening status and the associated risk factors among women living in their native countries and among women living in foreign countries have also proven that women living in foreign countries may represent a higher level of cases because they may not be using screening services for cervical cancer (Schleicher, 2007). In Malaysia, this screening is available in government and private clinics and hospitals, but this population of African women may not to be partaking fully in this screening practice. Therefore, there is a need to know what factors might be preventing them from partaking in cervical cancer screening services that can effectively reduce mortality and morbidity from cervical cancer.

1.3 Significance of the Study

Cervical cancer screening reduces 80% mortality and morbidity from cervical cancer. As Malaysia is a highly diverse country and is made up of people from different geographical locations in the world. Therefore, the health of the country is influenced not only by the health choices of its citizens but of all individuals and groups living in the country (Healthy People 2020).

The findings from this study could provide information on factors that might affect the use of cervical cancer screening services among Africa women living in Malaysia, thereby encouraging the government and Professionals in the field of Community Health to also identify the prevalence of cervical cancer and screening practices

among these population of women and also gain useful information from this study on how to develop interventions to educate African women and improve the utilization of cervical cancer screening services. Thereby, reducing the morbidity, mortality, and the associated cost of cervical cancer.

During this study, more awareness about cervical cancer screening could be created among African women in Malaysia as Many studies among the African women population have shown that one of the reasons women do not participate in cervical cancer screening is because they lack knowledge about cervical cancer and screening, Aniebue and Aniebue (2010) found that only 58.5% of female undergraduates in a Nigerian University were aware of screening guidelines. Another study by Ogunbowale and Lawoyin (2008) showed that 95% of 278 women that participated in a study had never heard of cervical cancer screening. This lack of knowledge could apply to African women living in Malaysia, hence there is need to increase their knowledge on cervical cancer and screening.

This study could also encourage more researchers to look into the cervical cancer screening of African woman living in Malaysia as they seem not to be any available data or previous study in Malaysia involving cervical cancer and screening practices of African women, despite the high incidence of cervical cancer and low prevalence of screening that has been recorded among African women in other countries.

A study conducted in the USA, estimated the cost of cervical cancer treatment for Medicaid patients to be $3,807, $23,187, $35,853, and $45,028 at 6 months for in-situ, local, regional, and distant cervical cancer, respectively (Subramanian et al., 2010). This cost increases to $6,347, $32,225, $46,681, and $83,494 at 12 months for the same stages respectively (Subramanian et al., 2010), it is seen that the major cost contribution (67%) came from treatment of invasive cancer especially at more advanced stages of cancer.

Therefore, there is need to detect and treat this earlier since early detection through screening and earlier treatment is more cost-effective.

Since cervical cancer is highly preventable, more efforts should be put to reduce or stop the occurrence of this disease among all populations.

1.4 Theoretical Base

Theoretical frameworks that have been found useful in explaining health utilization services include the health belief model (Denny-Smith, Bairan, & Page, 2006; Guifoyle, Franco, & Gorin, 2007); behavioral model for vulnerable populations (Owosu et al., 2005); PRECEDE/PROCEED model (Juon, SeungLee, & Klassen, 2003); health investment model (McDonald & Kennedy, 2007); social cognitive theory (McKeever, 2008), and the transtheoretical model (Tung, Nguyen, & Tran, 2008.

However, after considering these models the Behavioral Model for Vulnerable populations was chosen as the theoretical base for this study because Unlike models such as the Health Belief Model and Theory of Planned Behaviour, the Behavioural Model for vulnerable populations positions environmental factors, which have been shown to play a significant role in cervical cancer screening participation, as central components in the determination of health behaviours. In addition, some researchers have found the model to be useful in explaining health utilization among vulnerable group (Baker, Bazargan, Barzargan-Hejazi, & Calderon, 2005; Hogan et al., 2012; Owosu et al., 2005; Stein, Anderson, Robertson, & Gelberg, 2012). The model offers the advantage of traditional and nontraditional domains to explain health utilization among vulnerable groups and the subsequent health outcomes. Using the expanded model as a framework, Fernandez and Morales (2010) found that predisposing factors such as demographic differences and enabling factors such as low income, usual source of health provider, and health insurance have significant association with utilization of screening services among Hispanic women.

The model was developed in the late 1960s, and it theorized that people used Health services based on their predisposing, enabling, and need constructs (Andersen, 1995). The original model has been expanded to include measures of health services used for particular conditions and personal health behaviors and maintenance practices that influence health outcomes (Gelberg, Andersen, & Leake, 2000). The expanded model examines the main constructs of predisposing, enabling, and need under the traditional and vulnerable domains. The predisposing traditional and vulnerable domains include individual characteristics such as age, gender, marital status, ethnicity, education, employment, family size, acculturation, immigration status, literacy, and childhood characteristics (Gelberg et al., 2000). The enabling traditional and vulnerable domains examine factors that enable or hinder the utilization of health services. These factors include personal and family resources such as income, social support, regular source of care, perceived barriers to care, competing needs, public benefits, ability to negotiate within the system, public benefits, self-help skills and community resources such as residence, region, health services resources, crime rate, and social service resources (Gelberg et al., 2000). The need traditional and vulnerable domains include perceived health needs and evaluated health needs of the general population and the perceived and evaluated health needs that can be applied to vulnerable populations (Gelberg et al., 2000).

1.5 Research Questions

I. What is the prevalence of cervical cancer screening among African women in Klang Valley, Malaysia?
II. What are the enabling factors, measured by income, health insurance status, acculturation, access to health care facilities and regular health care provider associated with cervical cancer screening status among Africa women in Klang Valley, Malaysia?
III. What are the predisposing factors measured by age, level of education, knowledge, and marital status associated with cervical cancer screening status among Africa women in Klang Valley, Malaysia?
IV. What are the need factors measured by individual's perceived barriers associated with cervical cancer screening status among Africa women in Klang Valley, Malaysia?
V. What are the predictors of cervical cancer screening among African women in Klang Valley, Malaysia?

1.6 General objectives

The general objective of this study was aimed at determining the prevalence of cervical cancer screening among Africa women in Klang Valley, Malaysia and factors affecting them.

1.7 Specific Objectives

The research objectives of this study are as follows;

1. To describe the general characteristics of respondents that include the predisposing factors, enabling factors and perceived barriers towards cervical cancer screening.
2. To determine the prevalence of cervical cancer screening in the past three years among African women in Klang Valley, Malaysia.
3. To examine the association between predisposing/socio-demographic factors measured by age, level of education, awareness, marital status and cervical cancer screening status among Africa women in Klang Valley, Malaysia.
4. To examine the association between enabling factors, measured by family income, health insurance, acculturation, access to health care facilities and regular health care provider and cervical cancer screening status among Africa women in Klang valley, Malaysia.
5. To examine the association between perceived barrier and cervical cancer screening status among Africa women in Klang Valley, Malaysia.
6. To examine the predictors of cervical cancer screening among African women in Klang Valley, Malaysia.

1.8 Research hypotheses

1. There is a significant association between predisposing/ socio-demographic factors measured by age, level of education, knowledge, marital status and cervical cancer screening status among Africa women in Klang Valley, Malaysia.
2. There is a significant association between enabling factors, measured by family income, health insurance, acculturation, access to health care facilities and regular health care provider and cervical cancer screening status among Africa women in Klang Valley, Malaysia
3. There is a significant association between perceived barriers and cervical cancer screening status among Africa women in Klang Valley, Malaysia.

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