A Masters Dissertation Submitted to the Faculty of Health Sciences, University of Stellenbosch, South Africa.

Algoa Calvinele Whilise

Reiger Park, Boksburg

Knowledge, Attitudes, Perceptions and Practices of Pap Smears of Women in
Degree or examination at this or any other University.

Submitted for the degree of Masters in Family Medicine in the University of

I, Agatha Catherine Whipple declare that this thesis is my own work. It is being

Declaration
Dedicated to my daughter, Robyn.
The knowledge of cervical risk factors of the women in this study ranges from "wonder," function and 26.3% believed that the Pap smear can detect any illnesses in the 33.3% believed it is a test for "wonder," infections, 18.4% believed that it has a "cleaning" smear. Misconceptions were seen in 39.6% of women. Of the 39.6%, 47.4% of respondents had a correct understanding about the function of Pap smear.

Although 72.9% of respondents had correct understanding about the function of Pap smear, by the general practitioners (72.7%) and gynecologists (14.3%), the least 10 years. Most of the smear were done at the local clinic (42.9%). Followed by the age of 20 years; 81.1% had at least a high school education; 47% were employed and 67.8% had a monthly household income >K6000. By the age of 45 to 59 years; 40% of women were married, 70% had a parity ≥2; 55% were pregnant. Results: 96 gynecologists were analyzed. The mean age of the respondents was 36 years. Interviews by means of a questionnaire were done of women between 30-65 years. The objectives to determine the knowledge, attitudes, perceptions, and practice of Pap smear of women in Kigali, Bujumbura, and cross-sectional home-based survey was undertaken during January 2007 to December 2007. The study presented an individual Design: A descriptive quantitative and cross-sectional home-based survey was Abstrac
Smears. This will improve cervical screening in the private sector.

The service. The medical scheme must reimburse doctors for providing Pap
resources must be made available to the clinics to improve their capacity to provide
majority of women with cervical screening in low-income communities. More
improve knowledge of smoking as a risk factor. The local clinic provides the
improve Pap smear uptake. To eliminate misconceptions around the subject and

Conclusion: Education is needed about Pap smears and cervical cancer risk factors.

more aware that smoking was a risk factor.

and who had a Pap smear in the public health sector (d=0.0020, 0.010 and 0.013) and
women who had their Pap smear in the public health sector (d=0.1000, 0.0002 and
the risk of cancer of the cervix. Women who obtained information at the clinic
before the age of 18 years (d=0.020, 0.0009 and 0.010); and infection with HPV (d=0.0020, 0.010 and
higher parity and gravidity were more aware that cigarette smoking (d=0.0095, 0.0092 and
0.010); sex

The older women were more aware than their younger counterparts that smoking

lower education.

significantly more knowledge of the Pap smear (d=0.107, 0.010 and 0.013) than the women with
marital status, parity and income. The educated women had significantly

Concerning the knowledge of Pap smears, no associations were found between age,

clinic (46.7%), followed by the general practitioner (15.2%), and friends (9.8%).
The main sources of information for the women in this study were from the local

transmitted infections (76%),

risks amongst the women were multiple sex partners (76%) and sexually
Medicine for her unwavering support, assistance, and encouragement.

I am extremely grateful to Dr Anne Whitehill from the Department of Family

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Many thanks to Dr Christine Plain and her husband Angus, for their help and

Support.

To my daughter, Robyn, I wish to extend my gratitude for sacrificing precious time

Portrayed during this process.

They (Phillip and Jerome Whiteman) for their encouragement and the enthusiasm they

Thanks to my dad (Aimmed James Whiteman), sister (Sonia Whiteman), and brothers.

wished to have PAP smears during the data collection phase of the study.

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I wish to thank the community, especially the women of Reiger Park for their co-

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Definitions and abbreviations

World Health Organization (WHO)
LSP Prevention Services Task Force
Intrauterine contraceptive device
Human papilloma virus
Human Immunodeficiency Virus
Health care worker
Cytotechnologist
General practitioner
dental hygienist (DH)
Cervical Health Implementation Programme
Acquired immunodeficiency syndrome
American College of Obstetricians and Gynecologists
American Cancer Society (ACS)

1. ACS
2. ACOG
3. AIDS
4. CHP
5. DES
6. GP
7. Gyne
8. HG
9. HIV
10. HPV
11. IUCD
12. USPSTF
13. WHO
with 550 000 deaths per annum.

Worldwide and that this is the commonest diagnosed cancer in Sub-Saharan Africa,
new cases of cervical cancer is diagnosed yearly and 270 000 die annually.
Partikin states that the burden of disease of cervical cancer is significant as 500 000

1.2 Epidemiology

Invasive carcinoma can be diagnosed on the smear.

can occur in the uterine cervix. Infection by special squamous cells, dysplasia and
by 70%. The Papanicolaou smear provides a window of the pathological process that
has been linked to Pap smear screening. Nothing reduce the incidence of cervical cancer
this case-control study comprising 524 cases and 1440 controls, findings suggested
years of age in the Western Cape between January 1998 and December 2001. In
the incidence of invasive carcinoma among Coloured and African women >60
women in South Africa, Hofmeyr et al. investigated the effect of Pap smear screening on

the test.

of the cervix by more than 60% from 1990 to 1998. Illustrating the effectiveness of
premalignant disease? The availability of Pap smears reduce the deaths from cervical
which spread screening is acceptable to patients and is sensitive to detect
detection.

This test is an ideal screening tool because it is cost effective, can be adapted to

beach slides adequately preserved and stained, and evaluated cytopathologically.

A vaginal smear, and in some cases, endocervical, which have been smeared on a
cellular smear detached from exfoliated or necrotically dispersed cells of the
progressions lesions of the uterine cervix. It is defined as "an adenocarcinoma
called the Papanicolaou (Pap) smear is a screening test for cervical cancer and

CHAPTER 1: INTRODUCTION
Government policies and guidelines
during a Pap smear. Forty percent of the respondents were aware of the
dear cervical cancer. Eighty percent of those who had heard of the disease, and
nine out of ten respondents knew that it was preventable by
a Pap smear. Seventy-one percent of the respondents knew
Beverham et al. (1989) who had heard of some sort (23.1\%), and cultural and
unnecessary (37.8\%), others had heard fear of the physician, who was
(40.4\%) did not suggest it. The women were not 100% so they felt that it was
reasons given for not having a Pap smear were mainly that the doctor or nurse
and higher level of education than those who had not heard of a Pap smear. The
higher parity, and attitudes of rural women in South Africa regarding Pap smears, and found that
less educated, poorer, and unengaged women assessed the knowledge, practices
never having had a Pap smear, the results indicated that these women were older.
In a study done in KwaNdebele to assess the characteristics of women who reported

1.2 Factors associated with lack of screening

26-34-HIV and cervical cancer

new cases of cervical cancer were diagnosed in South Africa per annum. 4,000 of these
cases of cervical cancer are diagnosed in South Africa per annum. Approximately 1,000 new
diseases in South Africa. According to an article by Cuddick, nearly 7,000 new
published in February 2002, from conducted the cervical cancer is a common
in the largest multicenter population-based prevalence surveys in South Africa,
Review, most among the over 34 year olds.
colonized women had a steady increase in annual death throughout the period under
colonized women had a steady increase in annual death throughout the period under
that the age-standardized mortality rate of cervical cancer in white women dropped
the trends in cervical cancer mortality in South Africa. From 1994 to 1999 and found
per 100,000 in 1999. Coloured women have the second highest rates of 29 per 100
South Africa, with an age-standardized incidence rate. 42 per 100,000 in 1998, and 35
Cancer of the cervix is the most common malignancy in African women in South
Although so much is known about women's knowledge, attitudes, perceptions and practices of PAP smears in South Africa and internationally, little research has been done in this community. The findings of this research will allow us to gain a better understanding of the prevalence of cervical cancer in this particular community, as these factors are important in determining the likelihood of a woman in this community requiring a PAP smear. The researcher found that there were a significant number of women presenting with abnormal PAP smears in this community. The researcher has been working as a general practitioner in the community of Klopper Park since 1994. Throughout her years of practice, she noticed that a significant proportion of patients referred for a PAP smear did not have a PAP smear in Klopper Park.

1.4 Motivation and rationale for study

These factors will be discussed in the literature review.

The source of their information about PAP smears was from health care providers in 82% of respondents.

The source of their information about PAP smears was from health care providers in 82% of respondents. The reason given for not obtaining a PAP smear was anxiety regarding physical examination and the availability of such services. In a prior study in rural Mexico, respondents did not undergo cervical screening despite knowledge of cervical screening. The majority of women (87%) from lower social-economic circumstances with multiple risk factors were unaware of cervical screening or lacked access to cervical screening. In a study done in Durban among women from various socio-economic backgrounds, the majority of patients from lower socio-economic circumstances did not obtain a PAP smear.
The following objectives are to explore:

1.6 Objectives

1. The demographic of the study population including age, party, education, employment, marital status, and socio-economic status.

2. The knowledge of PAP smears, including risk factors for cervical cancer, benefits of PAP smears, and source of knowledge.

3. The perceptions including harm, pain, and cultural beliefs that may influence the decision making on PAP smears.

4. The practices including the number, frequency, and the estimated time of the last PAP smear.

1.5 Aim

The aim is to determine the knowledge, attitudes, perceptions, and practice of PAP smears within the community with the other populations previously studied.
4. Routine screening of women who had a total hysterectomy for benign disease is not recommended.

Risk factors for cervical cancer:

1. Cervical screening should commence within three years of onset of sexual activity or 21 years of age, whichever comes first.

2. Cervical screening should be undertaken at least every three years.

3. Screening of women over 65 years of age is not recommended if they were recently screened with adequate normal Papanicolaou smear and have no other high-risk factors.

4. Routine screening of women who had a total hysterectomy for benign disease is not recommended.

Chapter 2: Literature Review

2.1 Introduction
2.2.3 The South African Guidelines

Women 35 to 40 years of age

The World Health Organization (WHO) Guidelines

Women with a local hysterectomy for benign conditions can discontinue screening. Women with multiple sexual partners, should continue screening the lifetime. Consecutive normal tests in the past 10 years. Older women, who remain sexually screenable between the ages of 65-70, provided there is evidence of three yearly from Thirty when the woman has had three negative smear. Cervical cytology is recommended every two years until the age of 50, then three to five years between the ages of 50 and 70. The recommended screening should start at the age of 21, regardless of the age of hysterectomy. The American College of Obstetricians and Gynecologists (ACOG) recommends biennial screening in high-risk groups and no other risk factors. Two to three years if there are one or two consecutive, documented and technically unsatisfactory negative smears. Follow-up annual cervical cytology. From thirty years of age, the interval can increase to every two years. Recommended screening is annually with the Pap smear and two yearly when using self-collection. Cervical cancer is a preventable disease. In women at risk of HIV positivity, a history of cervical cancer, the screening should continue whilst the woman is in a reasonable health. The decreased likelihood of the DES (diethylstilbestrol) in women at age 10 years. If the woman has been exposed to DES before 30 years of age, the screening should continue. The American Cervical Society (ACS) has the same recommendations for screening Pap smear testing and for women with local hysterectomy for benign conditions.
6. Family history of cervical cancer increases the risk almost twice.

7. First full-term pregnancy at a young age, before the age of 17 years.

8. Poverty.

Increasing the risk of cervical cancer.

- First full-term pregnancy at a young age, before the age of 17 years.
- Two or more full-term pregnancies increase the risk for cervical cancer.
- Prolonged use of oral contraceptives is a risk factor for cancer of the cervix.

Cervical cancer and overweight women are more prone to adenocarcinoma cervical cancer, and overweight women are more prone to adenocarcinoma.

4. Diets low in fruits and vegetables are associated with an increase risk of infection.

3. Human immunodeficiency virus (HIV).

2. Smoking.

Others.

The American Cancer Society (ACS) lists the following risk factors:

2.4. Risk factors for cervical cancer

- Age and early age of onset of sexual intercourse. The document did not mention age.
- Certain HPV strains, high parity and smoking. Additional risk factors are older.

Note: The recommendations of these guidelines are not applicable because the available resources in the area were taken into account.
countries 63% with a wide range from 1% in Bangladesh, Ethiopia, and Myanmar to
in 2003. In developing countries, the coverage is on average 19% and in developed
screening data of 57 countries, collected in the World Health surveys by the WHO
between developed and developing countries. This difference is very pronounced
women in different countries. The coverage varies from 0% to 90%. The WHO
is very pronounced.

Countries and cancer prevention.

2.3.1. Overview of the differences between developed and developing

2.3. Overview of the practice of PAP smear among women and different ethnic

findings confirm that the HIV infection is a risk factor for cervical cancer.
compared to the HIV-positive women, who had 36% abnormal smears. These
services at this clinic, the HIV-negative women had 10.3% abnormal smears.
November 2003 and April 2005, included 466 women attending the family planning
smears was demonstrated. This cross-sectional study, conducted between
significantly significant association between HIV infection and abnormal cervical
at the Mahalabali Clinic in Vithanabanda district, a rural district in KwaZulu-Natal, a
May 2007; found that 66.3% of the women had abnormal PAP smear. Similarly,
survey conducted on 101 HIV-positive women in Cape Town, between January and
high-risk HPV in women starting antiretroviral therapy. This cross-sectional
However, Moodley et al. found a high prevalence of abnormal cervical smears and
HIV as a risk factor for cervical cancer.
the document was compiled. The next paragraph will discuss recent findings of
No association between HIV and invasive cancer of the cervix was evident when
multiple partners as a risk factor for cervical cancer, which poses an important risk
for the condition.

 multiples...
Department

Significant as one would expect higher cervical screening of patients attending this
95% of the respondents had never had a Pap smear. The survey is more
Society of family physicians in this, surveyed from June 2004 to April 2005 concluded that
700 women attending general practices and
Seventy hundred and sixty (760) women attending general practices and
In Jordan, a developing country, the practice of cervical screening is more dismal.

Language, which improves the quality of the study.

mean. This is a large study and the subjects were interviewed in their own
September to December 1993, showed that 40% of the respondents never had a Pap
aged 20 years and older; in the greater Tahsil area of Northern Tehran, during
In Tehran, another developing country, a questionnaire interview of 3594 women

questions in the way they thought would be acceptable to the interviewee.

witnesses with face-to-face interviews is that the woman could have answered
stated in two single-cluster samples that included urban and rural settings. The
and finally, 41.9% never had a Pap smear. The strength of the study is that it used a
collected cervical screening during 3-15 April 2000. Of the 1489 sexually active women
information for developing a community-based intervention program to increase
In Kuwait, a developing country, a developing country, a population-based survey was used to

Developing countries lack the funding for efficient cervical screening
marketing laboratory facilities to process Pap smears.

The developing countries lack the infrastructure, human expertise and
and the developing countries lack the funding-

Due to the low sensitivity of the Pap smear, repeated smears are required
not readily available in developing countries

Third world ecologists have a higher sensitivity; on these ecologists are
The Pap smear is less a low sensitivity and the new technologies such as

73% in Brazil. In a review article, Croke.37 cites the challenges facing developing
Studies Relating to the Experience in the United States Regarding Pap smear tests in a developed country with diverse population groups:

Studies conducted in the United States showed that the age of 21 to 34 and 57% between the ages of 35 to 64, were shown to be the most frequent annual screening, with 60% being between the ages of 75 to 84 and 20% over 85 having annual Pap smear. Younger women (16%) have 3-yearly screenings and 11% less yearly screenings. Sixteen percent (16%) have 3-yearly screenings, with 7% having annual screenings. Over 27% women in the United States have at least one Pap smear in their lifetime. The study showed that 93% of women had at least one Pap smear in their lifetime. The study showed that 93% of women had at least one Pap smear in the United States. Shrivastava conducted a study to determine the frequency of Pap smear screening of women in the United States. Studies showed a higher rate of cervical screening in women who had had a hysterectomy and could be viewed as hospital attendees might receive more investigations.
EIGHTY-ONE (81%) percent of the Chinese respondents were analyzed. Eighty-three percent of the respondents were interviewed, and of the remaining 17%, 13% refused to participate. The survey examined other prevalent behaviors, such as smoking and diet, and found that smoking was prevalent in 66% of respondents. The results show that 64% of respondents had a Pap smear in their lifetime, and 36% had a Pap smear in their last 3 years. This is a large study with a good response rate.

The study was conducted between June 1996 and April 1997. The cooperation rate was over 93% for respondents. The results show that 64% of respondents had a Pap smear in their lifetime, and 36% had a Pap smear in their last 3 years. This is a large study with a good response rate.

Among American women, Pap smear rates were significantly higher in women who had their Pap smear within the last 3 years. However, it is important to note that these rates are not universally applicable. The study reports that 68% of the respondents had a Pap smear in the previous three years. However, this rate is limited by the response rate of 83%. The study reports that 64% of respondents had a Pap smear in their lifetime, and 36% had a Pap smear in their last 3 years. This is a large study with a good response rate.
When a similar study was undertaken, seven (7) laboratories served the province in 2002, in the Free State province of South Africa, and compared it to data of 1985. Crimean aimed to estimate the proportion of women screened by Pap smear in 2.3.3. The South African experience

explored later in the literature review. The reasons for these findings are different ethnic groups in the same country. The reasons for these findings are different acquisition rates of cervical screening in acquisition rates of cervical screening in

87%, Caribbean American women, 88% or Latina, 92%, of Pap smear, American women had the lowest rate at 78%, and 84% of Pap smear. Hattula, 700 women were in the study sample. Hattula based survey of multi-ethnic women. Older than 40 years, in east Massachusetts. Immunization women in three women of other ethnic groups. Using a community

China, compared self-reported cervical smear screening rates. For Hattula and the response rate was high at 98%. That the respondents could use the Chinese language version of the questionnaire result in over--or under-reporting by the respondents. The structure of the study is preceded 3 years. This is a small study and self--reported data was used that can Pap smear practice by means of a single question: (84%) first, second, or third. Women in the Portland metropolitan area in 2006 to assess the women's pap, and the following will describe the South African has a range of Pap smear coverage.
null
Reports that 45% of respondents had had a PAP smear at least once.

Kroepelina et al. (1974) suggest that 66% of respondents who had had a PAP smear at least once.

As stated in the introduction, a household survey by questionnaire interviews in the General population practice, is thus a reflection of their practice population, and cannot be generalized to women answered the questionnaire. This study was conducted at the author's complete a self-administered questionnaire. One hundred and forty-seven (147) practice between 1 October 1992 and 31 December 1992, were requested to patients between 18 to 60 years, remaining the knowledge of the Papanicolaou smear in a family practice in a North Eastern suburb.

Similarly, Brower reports that 83% of women in her study population had had at least one PAP smear previously. Byers, and Brower report that 85% of women in their study population had had at least one PAP smear previously. Byers, and Brower report that 85% of women in their study population had had at least one PAP smear previously.

Secondary hospital, 36% in the private sector and 3% in a tertiary hospital. The women who had had smear, 31% had it done at a local clinic, 40% had at a responding had had a cervical smear performed and 15% those who had one. Of the patients referred for a gynaecological. The authors report that 84% of the cervical cancer screening in these initiatives. 235 women 30 years and older were in Worcester, South Africa, to examine the effect of missed opportunities for in a study done at Eden District Hospital and Worcester Community Health Centre.

97% in the North West.

Previous PAP smear in the population ranges from 29.3% in the Western Cape to one in the last 5 years. The proportion of women who had never had a PAP smear and 97.1% reported no having had reported that they had never had a PAP smear and 97.1% reported no having had population study simple. Which is urban areas with formal housing, townships, squatter camps, each province and all living circumstances in South Africa were represented in the universe. Screened 20063 women by PAP smears. There was at least one site in
Older women have poor knowledge of cervical cancer and the Pap test.

Developed countries

In women over 45 years of age in developed countries as well as developed countries, patterns of cervical screening decreases in correlation with health and financial demands. This phenomenon occurs in developing countries, as well. Older age has a negative influence on Pap smear acquisition due to the challenges of obtaining healthcare, even for routine Pap smears. This phenomenon is particularly stark among middle-aged and older women. Two surveys were used in this study, quantitative data from the 1990 National Health Interview Survey, and qualitative data collected from in-depth interviews with 47 women throughout 2005.

2.4. Demographic Age

2.4.1. Demographic Differences, Women’s Knowledge, Beliefs, and

Developed and rural women.

Stated that white women and town dwellers were more frequently screened than

African American, which is between 30 and 60 years of age. These analyses also

were performed in women who are younger or older than the age range

January 1993 to December 1993 was done. Thirty (50%) percent of the smear

records of all PAP smears performed by the four clinics in Moncure district from 01

months in the mobile clinic and women’s knowledge, experiences, and

the effectiveness of screening activities and knowledge. The study is

Moncure District in the Western Cape aimed to examine the organization and a

study of qualitative and quantitative component undertaken in the

programme. The

previous orientation mentions that lesser knowledge led to lesser uptake of

cancer and Pap smear and had less intention of obtaining one. In the study of

African American women, older women were less likely to have heard about cervical

Screening. Older women have poor knowledge of cervical cancer and the Pap test.
were more likely to have been screened. Chinese-American and Samoan American respondents with higher education had less awareness of cervical screening. The Cambodian American, highest educated had less awareness of cervical screening. The Cambodian American, had higher uptake and intention of having a smear, and the least having had a Pap smear. In Vietnamese-American women, having a Pap smear had a significant predictive of the likelihood of her marital status.

2.4.3* Demographics: Education

Likely to have been screened, this in a South African study, the women that lived with a partner were less
unmarried status was associated with a decreased Pap smear. In agreement with women, and in Hawaiian American immigrants. In Palauan women, an American, Cambodian American, Samoan American, Chinese-American, and Vietnamese women and in recently screened. These are the findings in Vietnamese-
Married women or women living with a partner are more likely to have had a Pap smear.

2.4.2* Demographics: Marital Status

showed that the older women, over 45 years, were less likely to have had a Pap smear. In South Africa, age of 50 and over women between 35-65 years of age, were
were women in Jordan had poor knowledge of cervical cancer and the Pap test. The older predicted of Pap smear acquisition in Chinese immigrant women. The older compared to women under 30 years. Older age was a significant negative
women older than 65 were 13 times less likely to have had a smear in the last year.
When the provider is female, having a respectful health worker and a good doctor-

woman in Rivas, and in older women, resulting in an increased Pap smear uptake.

American, Camaroon American, women. Health American Immigrants.

The gender of the health worker proved to be a significant factor in Yemenese.

recommendation of the Pap smear to the woman. The health worker, the attitude of the provider, having a regular health care provider and screening of woman. The important health worker factors are the gender of the

There are a few in the poverty of service that influence the uptake of cervical

Factors at point of delivery of cervical screening facilities

screened.

Finding in Dunbar, the unemployed respondents of Kahleesha were less frequently

screening and the availability of the service. However, in sharp contrast to the

circumstances did not present for Pap smear, in the face of knowledge of cervical

women and Pap smear uptake. The women of higher social and economic

In Dunbar, South Africa, no association was found between the economic status of

awareness is found, but not lower uptake of the least.

American women. An association between low income and lower Pap smear

were lower Pap smear acquisition. In Yemenese-

higher income were more likely to have had a recent smear. The unemployed

women are the Samoan American and Chinese-American woman with

Celiac disease who have poor women are seven times less likely to be screened than

The economic status of a woman may have an influence in Pap smear acquisition.

2.4.4 Demographics: Income

were less likely to access cervical screening.

cervical cancer and of the Pap smear. In South Africa, the less educated women

The less educated respondents in Jordan, and Rivas, had poor knowledge of
The nurses realised that the number of women screened was reported to be inadequate for a successful cervical cancer screening programme. The investigations found that the clinicians were not aware of the National Cervical Screening Guidelines and that the nurses were not trained in cervical screening practices. The study aimed to assess cervical screening performed at the clinics in the KwaZulu-Natal region. The nurses worked in the 28 fixed clinics were interviewed using a semi-structured questionnaire. The study was performed in October 2003. The results showed that the nurses were not enough staff to educate the women about Pap smears.

The local policy in a area implies significantly on the Pap smear coverage, as there was not enough staff to educate the women about Pap smears.

In the Hlathusi District in KwaZulu-Natal, the health care workers reported that the lack of training staff posed the greatest challenge to the screening service. There was no enough training on the clients.

The performance of screening. The lack of posters and other media promoting cervical screening were observed in and misunderstood the screening policy and probably the information, which could encourage women to have cervical screening. Nurses were barriers to screening. The nurses felt that they were too busy to screen. In Mthethwa Khumalo District, Cape Town, the authors reported that health care workers were not trained in cervical screening.

Health care worker.

Mthethwa Khumalo District have done so, because it was recommended by the Department of Health. The women screened in the South Africa, the recommendation of a Pap smear by the health care provider is

"Women with a regular physical examination with a regular physical examination will have a Pap smear examination, providing they are aware of the recommendations for Pap smear examination." Health care workers.
Understanding of cervical cancer and lack of knowledge of available preventative measures.

A survey conducted in 2005 in Kuala Lumpur revealed that women had limited knowledge of cervical cancer and its prevention. Among women aged 21-56 years, who had never had a cervical smear, was undertaken between January and April. The study was conducted through in-depth interviews of 20 multilingual women aged 21-56 years.

Qualitative research to explore the knowledge and understanding of cervical cancer.

With which medicines they think they would be more protected from cervical cancer.

Among the women, limited knowledge of cervical cancer risk factors and the Pap smear, were prevalent. Women had limited knowledge of cervical cancer and its prevention, and they were more likely to be diagnosed late.

Lee conducted a qualitative study to explore Korean American Women's knowledge of cervical cancer and its prevention.

Several limitations do not know the risk factors of cervical cancer, but have a higher knowledge of cervical cancer. Many Chinese women lack knowledge of cervical cancer risk factors, and poor screening knowledge among Chinese American women. Nguyen, a Vietnamese American woman, had never heard of a Pap smear.

Korean American Women in the United States, the Vietnamese women have poor knowledge of cervical cancer and Pap smear and screening tests generally poor.

2.6 Knowledge of Pap smears and risk factors of cervical cancer.

The investigation into educational material was available to inform about Pap smear and high workload as reasons for this. During the first examination, it is therefore surprising and gave staff shortages.

Women screened with the group's system was inadequate, and gave staff shortages.
Screening. The investigations reported that the women did not know that the lesions
interviewed to investigate their knowledge, experience and patterns of cervical
had previous Pap smear and others never have had a smear previously, were
by in-depth interviews from 4-15 September 1999.7 Two women Zulu women some
Research in Hillbrow district in KwaZulu-Natal, which is a rural area, was conducted
smear. The women linked "wound" cancer to sleeping around.

confused with the procedure of a "wound-scrape" (diagnosis and curettage) and Pap
women, and not one woman knew what a cervix was. The respondents were
misconception between the cervix and the uterus as also seen in Korean
poor knowledge about the function of the test. Out of 42 respondents did not recognize the
in the Mountain District, all the respondents recognized the word Pap smear, but had
be assumed because it was conducted in a tertiary education institution where it could
significant because it was conducted in a tertiary education institution where it could
health worker and 27.7% from radio, television or newspapers. This study is
from family members, 16.6% from a nurse or doctor, 14.1% from a community
obtained their knowledge from the following sources: 23.3% from a friend, 18.1%
38.8% of the respondents knew that the last decade of previous cervical cancer. They
know that it is preventable and 1.2% said that the cause of cervical cancer is not preventable. Only
had heard of cervical cancer, 40.2% knew that it is preventable, 38.9% did not
of cervical cancer and 41.9% had heard about a Pap smear. Of the participants that
students completing the questionnaires. A reported 4.2% of respondents had heard
factors and screening test for cervical cancer. The response rate was 97% with 389
Technology. The aim of the research was to assess their knowledge of the risk
amongst full time university female students at Mahweshw University of
poor. In South Africa, knowledge of cervical cancer risk factors and the Pap smear is

Screening.

Responses. The respondents' lack of knowledge resulted in inadequate
risk factor improves cervical screening.

In Somali American women, the belief that a family history of cervical cancer is a
increased PAP uptake and those who believe in a family or else have lower screening.
and this post menopausal women should have PAP smears is associated with
American women who believe in regular medical check-ups, proportion of the

These beliefs have a relative impact on cervical screening. The Cambodian
women and their poor pelvic hygiene is a risk factor for cervical cancer.

The Vietnamese-American women believed that the test was only for marital

But a screening test for this condition have a large impact on their behavior towards
The beliefs and perceptions of women regarding cervical cancer and the PAP smear

2.7

Beliefs and perceptions about PAP smears and cervical cancer

world, as seen previously.

PAP smear. This lack of knowledge was echoed by research in other parts of the
Women in South Africa have poor knowledge of cervical cancer risk factors and the

less than 25% knew that abnormal was available for abnormal smears.

just over 50% of respondents in Khayelitsha knew the purpose of a PAP smear and
cervical cancer and „smell“ inserted into the vagina for sexual pleasure.

respondents were drug-use, smoking, alcohol, contraceptive, family history of
and one woman heard the test on the radio. Other risk factors cited by the
chlorine. Other sources of information were from discussions with friends and family
respondents obtained their knowledge of PAP smear mainly from the nurses at the
injection and one confused it with a delivery and another procedure. The
smear, such as „cleaning the womb“ checking for the „AIDS germ“ checking for
you have „womb“ cancer. Some of the women described additional functions to the
mechanical cancer spontaneously“. Saying it checks for „looks for“ „looks for“ or „find out“ if
had different parts and all but two had heard about the PAP smear test. None of
cancer. A statistically significant (42%) 99% odds ratio was observed for women with a
history of cancer, but not if they did not have a family history of cancer. The authors concluded
that the Korean American women’s beliefs and knowledge about cervical cancer,
controlling for education, income, and acculturation, were significantly lower than
those of non-Hispanic white women. The authors also noted that the belief that cervical
cancer is preventable was not significantly different between the two groups. The
authors suggested that interventions targeting cervical cancer prevention among
Korean American women may need to address cultural and linguistic barriers.

The authors also noted that cervical cancer screening is an important factor in reducing
cervical cancer mortality. In the last 3 years, only 30% of Korean American women had
received a Pap smear, compared to 81% of non-Hispanic white women. The authors
suggested that interventions targeting cervical cancer prevention among Korean
American women may need to address cultural and linguistic barriers.

Prevention of cervical cancer is an important factor in reducing mortality. The belief that a Pap smear can help with the
detection of cervical cancer is important. The belief that cervical cancer is preventable is also important.

The authors concluded that interventions targeting cervical cancer prevention among
Korean American women may need to address cultural and linguistic barriers.
introduce into the womb through sexual intercourse. Cervical cancer was perceived as a disease of promiscuity, as well as the woman in "Monogamy Disease," and that "promiscuity" is a disease of promiscuity. The Zulu woman in "Husbands Disease," perceived that cervical cancer is such as to prevent cancer; to "clean" a "dirty" womb, to tell about the womb, and to and "Husbands Disease," women also believed that pap smears had many functions. Women, therefore, believed that pap smears were used for cleaning the woman, treatment of sexually transmitted infections and infertility. In the Ethnographic University of Technology, women believed that pap smears were used for cleaning the womb.

In South Africa, it was reported that of the undergraduate students at the University of Technology, women believed that pap smears were used for contraceptive purposes. Many of the women believed that pap smears were miscarried due to "shame," because the pap smear was a diagnostic test for cervical cancer and other diseases. Personal hygiene or "shame" was a risk factor. The respondents had the belief that history of cervical cancer was a risk factor. The respondents had the belief that only symptomatic women should have pap smears. Many women believed that only those who had symptoms should have pap smears. Those who had symptoms were not at risk of cervical cancer and 48% were not at risk of cervical cancer. This belief is not supported by the data. Women received advice from a doctor or nurse. A large proportion of women (58.9%) believed that they were not at risk of cervical cancer and 73.1% of women aged 21 to 65 years, were aware of a pap smear and 49.7% obtained the information from a doctor or nurse.

Exploration of beliefs related to pap smears as barriers to cervical cancer was undertaken. A household survey by interview of 640 women who were between 21 to 65 years, was performed. The survey reported that women with positive family history of cancer, and those who had a recent pap smear when compared to the
Cervical cancer

Cervical cancer women who believe in the test are more likely than those who do not to have a positive Pap smear result. This is an important influence on acquisition of the test and the subjects are pleased by any array of beliefs. These beliefs and perceptions of women about Pap smear has an important influence

Pap smear:

Women have poor knowledge of cervical cancer risk factors and the function of the Pap smear. Women with a screening test prove to be a significant barrier in screening. South African women have lower rates of Pap smear coverage. The lack of motivation and knowledge about cervical cancer risk factors for the disease and the Pap smear are a concern. Women are less educated and subservient. Evidence supports the development of age less educated and subservient women in developing countries, including the United States and South Africa. The impact of socioeconomic circumstances in developing countries and in communities in the same county as demonstrated in developed and developing countries. The literature review demonstrates that Pap smear uptake differs in developed and developing countries.

2.8 Conclusion

Pap smear: the test, among other disadvantages, is embarrassed, fear of the instrument and the result. Some of the women perceived the screening to be intrusive, because it is a false misunderstanding of the function of the smear result in pelvic examination to be examined. The women were raised to be disadvantage to the victim and was never mentioned.
and to compare this community with the other populations previously studied.

allow us to gain a better understanding of this community regarding Pap smears.

been done among the women in Reiger Park. The findings of this research will

and practices of Pap smears in South Africa and internationally, no research has

Although much is already known about women’s knowledge, attitudes, perceptions

a graph system presents which highlights the number of Pap smears performed by each

of understanding of the new policy by health workers. In the Rwamulii rural area

Western Cape from unplanned screening to the national cervical policy, due to lack

the number of Pap smears decreased during the change of health policy in the

Health policy can prove to be a barrier to cervical screening. This is evident when

recommending to enhance uptake of the Pap smear is very evident in South

recommendation to liver a Pap smear after a recommendation. The importance of provider

health workers in recommending cervical screening to women, as they are more likely

policy by the providers themselves. High Pap smear screening is important for

lack of skill, busy health care workers and lack of understanding of the screening

enhances cervical cancer screening. 

shows that a registered health worker and a good doctor-patient relationship

smears among women and is the preferred provider for Pap smears. The literature

evidence is overwhelming that a female health provider increases the uptake of Pap

women. Health worker beliefs significantly affect Pap smear utilization. The

are factors at the point of delivery that influence the uptake of Pap smears by

cases of cervical cancer.

AIDS germ. The women believe that cervical cancer is contagious and the disease

intensified infections. To look for problems in the wombs, and checking for the

“cleaning the womb” for infertility, for diagnosis of treatment of sexually

In South Africa women believe that the Pap smear is used for many functions, like

child.
Investigations
accessible to me and it is a population at risk with no previous adequate
concerns. The study was done in this community because the community is
settlement is included in the study site due to lack of infrastructure and safety
informal settlement are of the black population group and foreigners. The informal
called Reiger Park Extension 5 (Appendix 2). The majority of the people in the
Reiger Park has an older established community and a newer informal settlement
population.

low socio-economic class, and the population is predominately of coloured
has a population of 900 residents. The greater part of the community is of the
which constitutes Ward 34 in the Ekurhuleni Metropolitan Municipality. The ward
The investigator undertook a household survey in the Reiger Park community.

3.2 Site of Study

Research

chosen as it would yield information to satisfy the aims and objectives of the
The study is descriptive, quantitative, and cross sectional. The study design was

3.1 Design

and this community has never been investigated.
smears. Cervical cancer is a life threatening condition, prevalent by Pap smear
cancer. Perceptions that may influence decision making and practice of Pap
cancer, perceptions that may influence decision making and practice of Pap
effect the demography of the population. Knowledge of risk factors for cervical
effect the demography of the population. Knowledge of risk factors for cervical
practice of Pap smears of women in Reiger Park, Boksburg. The objectives were to
The aim of the study was to determine the knowledge, attitudes, perceptions and

CHAPTER 3 METHODOLOGY
visited. If the house to the left still proves unsuccessful, the house to the right was
selected. If the house to the left still proves unsuccessful, the house to the right was
in the absence of an eligible candidate in this household, the house to the left was
informal settlements. Systematic sampling was used to identify every 10th house.

Appendix 1 (there are 1100 households in Reiger Park, excluding the
Municipality) to a map obtained from the Electricity Department of the Ekurhuleni Metropolitan
The 100 respondents were selected from 100 households in Reiger Park. According

3.3.5 Households

of the estimated value.

3.4 Sampling and sample size

Informal settlement area.
The study population consists of all the households in Reiger Park excluding the

3.3 Study population

community. Every eligible individual had an equal chance to be included in the
A household survey gave the opportunity to obtain a representative sample of the
and socio-economic status. Secondly, the knowledge of PEP users: including risk
demographic information, namely age, gender, education, employment, marital status
The questionnaire consisted of three sections. Firstly a section on the
in the household.
A pitfall to accommodate the languages spoken in the area, and more specifically
structured individual interviews were done. The questions were in English or

3.9 Measurement Tool

Women who do not provide informed consent
Women who are too ill to be interviewed
Women who are not residents of the selected households;
Women who are younger than 30 years of age.

3.8 Exclusion Criteria

Women that speak a language other than English;
Women who provide informed consent;
Women who are well enough to be interviewed;
Women who are residents of the selected household;
Women older than 30 years of age.

3.7 Inclusion Criteria

Guidelines for
range is in keeping with the target population for screening in the National
and exclusion criteria given below, was invited to participate in the study. The age
in each of 100 households, a woman older than 30 years, and who met the inclusion

3.6 Respondents
was chosen. When two or more eligible and consenting females resided in a
household, the house was selected in the next round. If the house was not
eligible or not selected in the round, the next selected house was visited.

The researcher visited the homes on Saturday and Sunday afternoons, and this is
the

most likely time to find most women at home. An interview took approximately 30
minutes to complete.

Data collection

The researcher visited the homes on Saturday and Sunday afternoons, as this is the
time when most women are likely to be at home. An interview took approximately 30
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time when most women are likely to be at home. An interview took approximately 30
minutes to complete.

The researcher visited the homes on Saturday and Sunday afternoons, as this is the
time when most women are likely to be at home. An interview took approximately 30
minutes to complete.
3.1 Research (Appendix 3).

To use some of the questions from the questionnaire on a similar topic in this
research, consent has been obtained from Dr. Teresa Gassman (M. F. Med. Student)

The project, practicing in Reiger Park received a written notice of the study and the objectives of
the questionnaire, to quote or remain anonymous. The four medical doctors
on the questionnaire, as she will remain anonymous. The four medical doctors
who answer the questionnaire, can stop at any time, and no identity will be written
following: that her participation is voluntary, and she chooses can answer only the
questions that she wants to: she can stop at any time, and no identity will be written.

The questionnaire, the patient information letter included the
patient was informed by the researcher and by a patient information letter,
November 2006. The ethics protocol number is R14/49 (Appendix 1).

The Committee of the University of the Western Cape was obtained on the 27
November 2006. The ethics protocol number is R14/49 (Appendix 1).

3.1.4 Ethics

3.1.5 Population.

Women who do not use medical facilities regularly, thus eliminating most bias in the study.

The researcher decided to use a household survey, in an attempt to include women

3.1.6 Source of bias.

The questionnaire and those who were not included in the research data.

A piloted study was undertaken of three homes in Reiger Park to test the

3.1.7 Pilot study.

Private place in the house to conduct the interview.

Due to the sensitivity of the questions, the researcher endeavored to find a quiet and
dwellings, sticks were drawn. The female that drew the short stick was interviewed.
3.16 Timing

The data were collected from the January 2007 to December 2007.

3.15 Data analysis

Epi-data version 3.3.2 was used to capture and analyze the data. Percentages, cross-tabules and inbulations, point estimates, and confidence intervals. This KAP study is of a descriptive nature and data is summarised using frequencies.
The age groups of the respondents are shown in Table 1.

### 4.3.1 Age of Respondents

#### Demographics

The visits:

- sick consulted with their doctor or clinic: No emergencies were encountered during the visits.
- The researcher did not take medical equipment on the visits, and advised that the respondents did not envisage examining sick family members during the visit.

Of the respondents, were referred to a doctor of their choice.

Several were given to the respondents after the interview. Other medical problems were discussed during the interview. The researcher explained to the respondents that respondents wanted to discuss issues around the study subject, other medical problems, and wanted to socialize.

The researcher experienced difficulty with setting the time limits to the home visits.

### 4.2 Problems Experienced

- questionnaire was administered.
- English version. Written consent was obtained from each respondent before the interview. The majority of respondents (91.4%) answered the questionnaire. Two women refused. One house had no eligible female residing and the neighbors were not home. The majority of respondents were busy to answer a questionnaire. Two women refused. One hundred homes were visited and 96 questionnaires were answered, which yielded a response rate of 96%.

### 4.1 Response Rate

**Chapter 4 Results**
The respondents were asked to state how many times they were pregnant. The mean of the frequency is 3.57 and the median is 3.0 times pregnant. The range is

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>96</td>
</tr>
<tr>
<td>Single</td>
<td>31</td>
</tr>
<tr>
<td>Widowed</td>
<td>13</td>
</tr>
<tr>
<td>Living together</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>12</td>
</tr>
<tr>
<td>Married</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>40%</td>
</tr>
</tbody>
</table>

Table 2 Marital Status (N=96)

40% of women were married and 32.3% were single.

4.3.2 Marital Status of Respondents

In the 40-44 year group (7.3%), the respondents were asked to state their marital status. As can be seen in Table 2, the mean age of the respondents was 45.9 years. The range was 30 to 65 years of age.

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Total</th>
<th>Cum %</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-34</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>35-39</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>40-44</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>45-49</td>
<td>14</td>
<td>49</td>
</tr>
<tr>
<td>50-54</td>
<td>14</td>
<td>63</td>
</tr>
<tr>
<td>55-59</td>
<td>10</td>
<td>73</td>
</tr>
<tr>
<td>60-65</td>
<td>11</td>
<td>84</td>
</tr>
<tr>
<td>66+</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 1 Age Groups (N=96)
Table 4 shows the results.

Respond. One respondent gave birth to twins.

Almost 5% of the women were never pregnant and thus only 90 women could
The respondents were asked how many of the pregnancies resulted in babies born

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>001</td>
<td>010</td>
<td>011</td>
</tr>
<tr>
<td>001</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>69</td>
<td>52</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>17</td>
<td>41</td>
<td>7.0</td>
<td>7.0</td>
</tr>
<tr>
<td>83.5</td>
<td>14.6</td>
<td>57.0</td>
<td>57.0</td>
</tr>
<tr>
<td>26.0</td>
<td>22.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>12.6</td>
<td>12.6</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>6.3</td>
<td>6.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cum %</th>
<th>%</th>
<th>Number of Pregnant Lines</th>
</tr>
</thead>
</table>

Table 3: Gravidity of Respondents (N=96)

Party of ≥ 3: Table 3 shows the results.

Thirty-six (36.3%) women had 3 or 5 pregnancies. Almost 73% of women had a
zero to maximum of nine. Twenty-six (27.2%) women had 0 to 2 pregnancies and
...wine responses could be analyzed. The results are shown in Table 5. Remember, because none of her three pregnancies resulted in a live baby, Eligibly-educated responses were excluded because they were never pregnant and one woman could not respond. The respondents were requested to state the age of first pregnancy. Six women...
The respondents were asked to state the highest grade passed at school. One respondent did not answer this question. Tertiary education was not achieved in the

<table>
<thead>
<tr>
<th>Age Group of First Pregnancy</th>
<th>Frequency</th>
<th>Prevalence</th>
<th>Cum Prevalency</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17 Years</td>
<td>11</td>
<td>11.2%</td>
<td>11.2%</td>
</tr>
<tr>
<td>18-20 Years</td>
<td>39</td>
<td>43.8%</td>
<td>55.0%</td>
</tr>
<tr>
<td>21-23 Years</td>
<td>25</td>
<td>28.1%</td>
<td>83.1%</td>
</tr>
<tr>
<td>24-26 Years</td>
<td>7</td>
<td>7.9%</td>
<td>16.9%</td>
</tr>
<tr>
<td>27-29 Years</td>
<td>6</td>
<td>6.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td>30-32 Years</td>
<td>2</td>
<td>2.2%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Age of First Pregnancy (N=89)
Almost half of the women are unemployed (47.9%).

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Employed</td>
<td>42</td>
</tr>
<tr>
<td>Unemployed</td>
<td>46</td>
</tr>
<tr>
<td>Pensioners</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 7 Employment Status (N=96)

Shown in table 7. The respondents were requested asked whether they are employed. The results are

4.3.5 Employment Status

education. Thirty women (31.6%) multi-cultural.

Almost half of the respondents had a high school education and 2.1% had no formal

<table>
<thead>
<tr>
<th>Education Level</th>
<th>0%</th>
<th>95%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Primary school</td>
<td>16</td>
<td>1.8</td>
<td>17.8</td>
</tr>
<tr>
<td>Secondary school</td>
<td>47</td>
<td>9.5</td>
<td>56.5</td>
</tr>
<tr>
<td>Without Grade Twelve</td>
<td>30</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>With Grade Twelve</td>
<td>31.6</td>
<td>0</td>
<td>31.6</td>
</tr>
</tbody>
</table>

Table 6 Education Level (N=96)
The results are shown in Table 9. Women, 41 of them answered the question, with a response rate of 97.6%. The women were requested to explain the type of job they do. Of the 42 employed women, 25 were full-time employed (59.5%).

<table>
<thead>
<tr>
<th></th>
<th>Full- or part-time</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>employed</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>part-time</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>employed</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>full-time</td>
<td>42</td>
</tr>
</tbody>
</table>

Table 8: Full- or part-time employment (N=42). The results are illustrated in Table 8. Forty-two (42) women were employed and could answer the question.

The employed women were requested to state whether they are in full- or part-time.
The results show that their 36.6% (15) work in administration, 19.3% (8) in communication and 12.2% (5) in the medical field.

<table>
<thead>
<tr>
<th>Type of Employment</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Entrepreneur</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Educator</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Domestic</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>Retail and Sales</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>Medical</td>
<td>5</td>
<td>12.2</td>
</tr>
<tr>
<td>Communication</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Control Room Operator</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>Security</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Administration</td>
<td>15</td>
<td>36.6</td>
</tr>
</tbody>
</table>

Table 9: Type of Employment (N=41)
<table>
<thead>
<tr>
<th>Pap smear before</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>18</td>
<td>18.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>78</td>
<td>81.3%</td>
</tr>
</tbody>
</table>

Table 11: Pap smear acquisition (N=96)

The result of the question, with a response rate of 100%, shows that all 96 respondents were asked whether they had a Pap smear before.

### 4.4.1 Practices of Pap smears

#### 4.4 Monthly household income

<table>
<thead>
<tr>
<th>Income</th>
<th>Cum %</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; R10 000</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>R10 000 - R15 000</td>
<td>0.9%</td>
<td>1</td>
</tr>
<tr>
<td>R15 000 - R20 000</td>
<td>1.0%</td>
<td>1</td>
</tr>
<tr>
<td>R20 000 - R25 000</td>
<td>2.6%</td>
<td>2</td>
</tr>
<tr>
<td>R25 000 - R30 000</td>
<td>4.0%</td>
<td>1</td>
</tr>
<tr>
<td>R30 000 - R35 000</td>
<td>4.2%</td>
<td>2</td>
</tr>
<tr>
<td>R35 000 - R40 000</td>
<td>7.7%</td>
<td>2</td>
</tr>
<tr>
<td>R40 000 - R45 000</td>
<td>23.7%</td>
<td>2</td>
</tr>
<tr>
<td>R45 000 - R50 000</td>
<td>25.0%</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 10: Income (N=93)

67.8% had an income ≤ R6 000, 30.4% had a monthly household income of ≤ R3 000, and 1.7% had an income > R50 000.
The women were asked how many Pap smears they ever had had. All of the 78 women who had previous Pap smears answered the question resulting in a 100% acquisition rate. Table 13 describes the findings.

### 4.4.2 Number of previous Pap smears

The woman in the 40-44 age group obtained the highest percentage of previous Pap smears (100%), followed by the 45-49 year group (94.9%) and 50-54 year group (90%). The 30-34 year old group had the lowest percentage of previous Pap smears (69.9%).

#### Table 12: Age distribution of Pap smear uptake (N=96)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18</th>
<th>16.7</th>
<th>18</th>
<th>16</th>
<th>1</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>25</th>
<th>35</th>
<th>% Never had Pap Before Had Pap Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-65 yrs</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>55-59 yrs</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>50-54 yrs</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>45-49 yrs</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>40-44 yrs</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>35-39 yrs</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>30-34 yrs</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

The age group distribution of Pap smear uptake shows that eighty-eight (81.3%) women had at least one Pap smear before. Table 12 shows...
The results are listed in Table 14. The respondents were requested to state how often they have Pap smears. The 78 women who had a Pap smear before answered the question, giving a response rate of 100%. Forty-nine women (62.8%) had 1 to 3 Pap smears before.

The minimum numbers of previous Pap smears are one, the maximum number is 16. The median is 3 and the mean is 6.67. The woman who reported 56 smears said that she had a smear twice a year for the last 28 years.

<table>
<thead>
<tr>
<th>Number of Previous Pap Smears</th>
<th>Frequency</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>13</td>
<td>&lt;8</td>
</tr>
<tr>
<td>1.3</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>1.5</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2.0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3.8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>5.0</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>7.0</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>11.5</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>20.5</td>
<td>16</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 13: Number of Previous Pap Smears (n=78)
Almost all the age groups screen irregularly for cervical cancer.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>60-65 yrs</th>
<th>55-59 yrs</th>
<th>50-54 yrs</th>
<th>45-49 yrs</th>
<th>40-44 yrs</th>
<th>35-39 yrs</th>
<th>30-34 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>37.5</td>
<td>3</td>
<td>25</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>22.2</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>41.7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>3.3</td>
<td>33.3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>38.5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>61.5</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 15 shows the age distribution of the frequency of cervical screening.

More than half of the women (52.6%) irregularly screen for cervical cancer.

<table>
<thead>
<tr>
<th>Frequency of obtaining a Pap smear</th>
<th>Cum %</th>
<th>Frequency of obtaining a Pap smear</th>
<th>Cum %</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-100</td>
<td>78</td>
<td>After the birth of every child</td>
<td>4</td>
</tr>
<tr>
<td>100</td>
<td>5</td>
<td>Every 3 years</td>
<td>2</td>
</tr>
<tr>
<td>95</td>
<td>1</td>
<td>Every 5 years</td>
<td>2</td>
</tr>
<tr>
<td>95</td>
<td>1.3</td>
<td>Every 10 years</td>
<td>2</td>
</tr>
<tr>
<td>42.4</td>
<td>1</td>
<td>Every 4 years</td>
<td>2</td>
</tr>
<tr>
<td>42.4</td>
<td>2.6</td>
<td>Every 7 years</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>Every year</td>
<td>17</td>
</tr>
<tr>
<td>2.6</td>
<td>3.8</td>
<td>Pap smear</td>
<td></td>
</tr>
<tr>
<td>12.8</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 14 shows the age distribution of Pap smear acquisition (N=78).
In this study, the age at first Pap smear is of interest. The mean age is 27 years, with a median of 26 years. Fifty-six percent (51.9%) of women had their first Pap smear before the age of thirty years.

The age at first Pap smear acquisition ranges from 18 to 62 years of age. The mean age group at first Pap smear was 30.3 years. Table 16 describes the findings.

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Frequency</th>
<th>Cum %</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-18</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>18-24</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>24-29</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>30-33</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>33-37</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>37-44</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>44-49</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>49-52</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>52-62</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 16: Age at First Pap Smear (N=78)

The respondents were asked to say how old they were when they had their first Pap smear. All the women who had a previous Pap smear answered the question. With a response rate of 100%, Table 16 describes the findings.
The results are tabulated in Table 18.

The data was missing for this question from one of the 78 women who had a previous Pap smear. The response rate for this question is thus 98.7%. The respondents were asked to say at which facility they have their Pap smears done.

Only 37 women (47.4%) had a Pap smear in the preceding 3 years. One third of respondents (20.5%) had a Pap smear more than 15 years ago.

<table>
<thead>
<tr>
<th>Time of Last Pap Smear</th>
<th>Frequency</th>
<th>Cum %</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 12.8</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.7-14.1</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1-7.4</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4-9.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-11.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 11.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 17. Time of last Pap smear (N=78)
(39.6%) women had more than one understanding of the term, while 38 (9.8%) women gave only one understanding of the term. Pap smear and 38

When respondents answered this question,

understood by the term Pap smear and were prompted with a request to explain.

By means of an open-ended question, the women were asked to explain what they

smears’ risk factors of cervical cancer and the source of acquiring the information.

This section of the questionnaire examined the respondents’ knowledge of Pap

4. Knowledge of Pap smears

Pap smears were obtained in the public health sector:

<table>
<thead>
<tr>
<th>Precincts</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospital</td>
<td>61</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>11</td>
</tr>
<tr>
<td>Gynecologist</td>
<td>8</td>
</tr>
<tr>
<td>Clinic</td>
<td>33</td>
</tr>
</tbody>
</table>

Table 18: Pap smears were obtained (N=77).
One woman said, "I don't know anything. I don't know why you should have abnormal cells or abnormal cervical cells." Another woman answered, "I have no idea why a Pap smear is used for the prevention of cervical cancer." The majority of the women mentioned the Pap smear test for cancer.

<table>
<thead>
<tr>
<th>Total Responses</th>
<th>149</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease during pregnancy</td>
<td>1</td>
</tr>
<tr>
<td>Disease pregnancy</td>
<td>1</td>
</tr>
<tr>
<td>Increase fertility</td>
<td>1</td>
</tr>
<tr>
<td>Prevent cervical cancer</td>
<td>1</td>
</tr>
<tr>
<td>Preventing cervical cancer</td>
<td>4</td>
</tr>
<tr>
<td>Testing for systemic illness</td>
<td>7</td>
</tr>
<tr>
<td>Procedure when Pap smear is performed</td>
<td>12</td>
</tr>
<tr>
<td>Explaining their understanding of the word &quot;Cervix&quot;</td>
<td>21</td>
</tr>
<tr>
<td>Find any disease or illness of the word &quot;Cervix&quot;</td>
<td>16</td>
</tr>
<tr>
<td>&quot;Dirtiness&quot;</td>
<td>32</td>
</tr>
<tr>
<td>&quot;Cleaner the word &quot;Cervix&quot; or look for cervical cancer&quot;</td>
<td>6</td>
</tr>
<tr>
<td>Pick up abnormal cells in the smear</td>
<td>6</td>
</tr>
<tr>
<td>Test for cancer of the word &quot;Cervix&quot;</td>
<td>19</td>
</tr>
<tr>
<td>No idea what a Pap smear is</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Themes of understanding the term Pap smear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Table 19: Themes of understanding the term Pap smear (N=96)

Of the 96 respondents, 28 women gave only one answer and 38 gave more than one answer. The rest of the answers are noted in Table 19.
Further knowledge assessment

The knowledge of the Pap smear was further evaluated by reading four statements:

1. If the Pap smear is abnormal, it shows when certain you go into change.
2. A response (0.7% of responses) related to detection of abnormalities, it shows when to do a Pap smear and I feel right.
3. Another (0.7% of responses) understood that when a Pap smear is detected abnormal, then you get a baby and not a Pap smear.
4. Another (0.7% of responses) thought that the Pap smear prevent abnormal pregnancies.

The following is the observed disease of high blood.

Symptoms: "I am sick." They draw a sperm cell from the vagina to see if there is disease.

Procedure: A woman said: "They put a cold instrument inside you to see if your disease is cancer, cysts or tumors in the cervix."

Six percent of the responses were explanations of their understanding of the disease or "something wrong." In the words of a respondent: "The disease is cancer, I have understood that the last round any disease.

From sperm cells and also check if you don't have cancer."

Twenty percent of responses given by the woman were that the Pap smear..."
A further 18 (18.8\%) says that the Pap smear finds any problems. A further 18 (18.8\%) says that the Pap smear finds any problems. The majority of respondents, thirty-one (31.3\%), believed that if a cancer is detected, the cervix will be removed. All of these women answered the question, giving a response rate of 100\%.

By means of an open-ended question, the respondents were asked what they believe Pap smears are about. Most women were asked to explain their answer. All 96 women who filled out the Pap smear were asked to complete this question. The majority of women (77.1\%) said that a Pap smear could detect cervical cancer. The majority of women (77.1\%) said that a Pap smear could detect cervical cancer.

<table>
<thead>
<tr>
<th>100</th>
<th>96</th>
<th>12</th>
<th>63</th>
<th>6</th>
<th>6.3</th>
<th>8</th>
<th>13</th>
<th>78</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>96</td>
<td>63</td>
<td>6</td>
<td>6</td>
<td>52</td>
<td>85</td>
<td>88.5</td>
<td>85</td>
</tr>
<tr>
<td>001</td>
<td>96</td>
<td>31.3</td>
<td>30</td>
<td>41</td>
<td>4.27</td>
<td>25</td>
<td>26.0</td>
<td>25</td>
</tr>
<tr>
<td>001</td>
<td>96</td>
<td>15.6</td>
<td>15</td>
<td>7.3</td>
<td>7</td>
<td>74</td>
<td>77.1</td>
<td>74</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

Table 20: Knowledge of Pap smear (N=96)
Table 21 depicts the results. For the questions answered by 100%, all 96 respondents answered the questions true, false, or do not know answers to risks related to syphilis. The respondents' knowledge of cervical cancer risk factors were examined by means of true, false, or do not know answers to risks related to syphilis.

### Knowledge of Risk Factors for Cervical Cancer

#### 4.7

Prevention sexually transmitted infections.

Nine (3.3%) respondents believed that there are no symptoms of sexually transmitted infections. Two other respondents believed that they have symptoms. Two respondents believed that they are not related to the prevention. Many respondents believe that they are not related to the prevention. It helps with prevention. Another stated that it aids communication. It helps with prevention. A woman believes that it is for women on contraception only. A woman on contraception.

Four (4.2%) women believe that cervical screening improves fertility. One woman

It is an important test.

Cervix from the “womb.“ Eleven (11.5%) women believed that dysplasia or removals of cells from the “womb“.

Another eight (8.3%) believed that it can detect or prevent other illnesses, for example cancer.

Only eight (8.3%) believed that it is for the prevention of “womb“.
Preconceptions are a risk factor. Fifty-seven (57.9%) women know that asthma was your partner had many sex partners. Only 45 (45.9%) women knew that multiple responses (65%) were aware that you are at greater risk of cervical cancer. If one of the respondents (76%) responded that a SI is a risk factor. Many of the respondents (77%) women responded that Hp infection is a risk factor. As many as 61 (63.5%) women knew that Hp infection is a risk factor. Only 55% of respondents were aware that sex before the age of 18 years is a risk for cervical cancer. (49%) knew that hypertension is not a risk factor for cervical cancer. Associated with a risk factor for cervical cancer. Less than half of the respondents (45.6%) women responded that multiple sex partners present a risk for cervical cancer. Fifty-nine (56.7%) of respondents are aware that previous smoking is a risk factor for cervical cancer. Seventy-three women (76%) are aware that previous smoking is a risk. Less than half of the respondents (48.0%) are aware that cigarette smoking is a risk.

<table>
<thead>
<tr>
<th>%</th>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>Tampon use</td>
</tr>
<tr>
<td>96</td>
<td>Asthma</td>
</tr>
<tr>
<td>96</td>
<td>Promiscuous Partner</td>
</tr>
<tr>
<td>96</td>
<td>Multiple Partners</td>
</tr>
<tr>
<td>96</td>
<td>Still a Virgin</td>
</tr>
<tr>
<td>96</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>96</td>
<td>HPV infection</td>
</tr>
<tr>
<td>96</td>
<td>Sex before age of 18 years</td>
</tr>
<tr>
<td>96</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>96</td>
<td>HIV infection</td>
</tr>
<tr>
<td>96</td>
<td>Many sexual partners</td>
</tr>
<tr>
<td>96</td>
<td>Cigarette Smoking</td>
</tr>
</tbody>
</table>

Table 2: Knowledge of risk factors (N=96)
The response rate to the question is 69.8%. Table 23 demonstrates the results. Women gave a frequency of an answer of 6/9. Annually, which could not be analyzed. Testing should commence. Sixteen (16) women did not answer the question. In response, and 13 respondents were then asked to share any other time that they think PAP smear should start with sexual debut and at six weeks after birth.

Sixty-four percent (64%) and 55% of women responded that PAP smears should start with sexual debut and at six weeks after birth. Table 22: Initiation of PAP smear.

Table 22. Initiation of PAP smear.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sexual Activity</th>
<th>Sexual Behavior</th>
<th>During Pregnancy</th>
<th>Soon after Marriage</th>
<th>Know %</th>
<th>Do not %</th>
<th>False %</th>
<th>True %</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>96</td>
<td>17.7</td>
<td>17</td>
<td>18.8</td>
<td>18</td>
<td>63.5</td>
<td>16</td>
<td>17</td>
<td>17</td>
<td>96</td>
</tr>
<tr>
<td>96</td>
<td>17.3</td>
<td>12</td>
<td>69.8</td>
<td>67</td>
<td>11.7</td>
<td>17</td>
<td>19.8</td>
<td>17</td>
<td>96</td>
</tr>
<tr>
<td>96</td>
<td>2.0</td>
<td>20</td>
<td>59.4</td>
<td>57</td>
<td>17.8</td>
<td>19</td>
<td>49.4</td>
<td>19</td>
<td>96</td>
</tr>
</tbody>
</table>

100%. The responses are listed in Table 22. All the respondents answered these statements giving a response rate of 100%. They were asked to respond whether they are true, false or do not know. The women were asked to respond to 4 statements regarding the initiation of PAP smear. The women, with the results being almost equal for all these options.
Regarding the time to stop PAP smear screening. All of the 96 women answered this question, resulting in a 100% response rate. Table 4.4 shows the results.

The respondents were asked to answer 4 statements as true, false or do not know:

4.9 Cessation of PAP smear testing:

... of 30 years...

... should be initiated after the birth of the first child and 19.4% (13) said after the age as seen from the results. 31.3% (21) of the women responded that PAP smears

The other question that the women answered was pregnancy. The (3) respondents said that they had no idea.

The other category is one respondent each for when told by a doctor, when starting contraception, when you have menstruation, from the age of 16 years, when starting contraception, when you have menstruation, from the age of 16 years, when starting contraception, when you have menstruation, from the age of 16 years, when starting contraception, when you have menstruation, from the age of 16 years, when starting contraception.

<table>
<thead>
<tr>
<th>Time to Initiate PAP smear</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.4</td>
<td>7</td>
</tr>
<tr>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>1.3</td>
<td>2</td>
</tr>
<tr>
<td>1.5</td>
<td>3</td>
</tr>
<tr>
<td>1.8</td>
<td>3</td>
</tr>
<tr>
<td>2.0</td>
<td>9</td>
</tr>
<tr>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>3.0</td>
<td>6</td>
</tr>
<tr>
<td>3.5</td>
<td>3</td>
</tr>
<tr>
<td>4.0</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>3</td>
</tr>
<tr>
<td>5.0</td>
<td>3</td>
</tr>
<tr>
<td>5.5</td>
<td>2</td>
</tr>
<tr>
<td>6.0</td>
<td>1</td>
</tr>
<tr>
<td>6.5</td>
<td>1</td>
</tr>
<tr>
<td>7.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4.4 Other Time of Initiating PAP smear test (N=67)
The other category consists of two respondents each saying Pap smear screening should stop when:

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>15.7</td>
<td>Other</td>
</tr>
<tr>
<td>5.7</td>
<td>After a hysterectomy</td>
</tr>
<tr>
<td>7.1</td>
<td>Do not know</td>
</tr>
<tr>
<td>7.1</td>
<td>When older than 60 years</td>
</tr>
<tr>
<td>8.6</td>
<td>When older than 70 years</td>
</tr>
<tr>
<td>1.4</td>
<td>When no longer sexually active</td>
</tr>
<tr>
<td>0</td>
<td>When you are old</td>
</tr>
<tr>
<td>1.4</td>
<td>Never</td>
</tr>
</tbody>
</table>

25.7% of the respondents believe that Pap smear screening should stop when they are no longer sexually active. The majority of respondents (70.8%) believe that Pap smear screening should stop when the woman is over 70 years old. The table below shows the results.

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<tr>
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<tr>
<td>11%</td>
<td>After menopause</td>
</tr>
<tr>
<td>11%</td>
<td>Completed her family</td>
</tr>
<tr>
<td>11%</td>
<td>After a hysterectomy</td>
</tr>
<tr>
<td>7.7%</td>
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The majority of women received information about Pap smears at the clinic (46.7%), followed by the General Practitioner (15.2%) and friends (9.8%).

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>At work</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>General Practitioner</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gynecologist</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Newspaper or magazine</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 26: Source of Information (N=96)

Shown in Table 26, 95.8% of those who responded gave only one response. The results are

The respondents were asked where they heard about Pap smears. Of the 96 respondents, 92 women answered the question, resulting in a response rate of 95.8%.

4.10 Source of Information about Pap Smears

11.4% (8) when the woman is no longer sexually active.

That women should never stop cervical screening, 12.9% (9) when you are old and

When the woman is over 60, 92% (72) women (91.4%) believe

Two of these (22) women (31.4%) believe Pap smear screening should stop after the age of 30 years. When the woman wants

A respondent each said
explained their feelings. Six themes were identified and are labeled in Table 28.

60% of the 58 women who felt anxious, nervous, or afraid, scored or tested 37 (71%)
worried or unsure and one (1%) felt otherwise and in having no choice.

Three felt (38%) fell tested before the smear, twenty-eight (39.9%) fell "fine", and "normal". Eight women (48.7%) only that they fell anxious, nervous, or afraid, scored or

<table>
<thead>
<tr>
<th>The Experience</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Feeling embarrassed</td>
<td>1.3 1</td>
</tr>
<tr>
<td>Feeling puzzled or unsure</td>
<td>3.8 3</td>
</tr>
<tr>
<td>Feeling uncomfortable or embarrassed</td>
<td>10.3 8</td>
</tr>
<tr>
<td>Feeling fine or &quot;normal&quot;</td>
<td>35.9 28</td>
</tr>
<tr>
<td>Feeling anxious, nervous, afraid</td>
<td>48.7 48</td>
</tr>
<tr>
<td>Feeling relieved</td>
<td>78</td>
</tr>
</tbody>
</table>

Table 27 Women's Experience Before a Pap Smear (N=78)

The response themes. (78) completed with the request's giving a response rate of 100%. Table 27 shows the

4.1.1 I. The Women's Experiences Before the Pap Smear

The response

and after a Pap Smear by means of open-ended questions and a prompt to explain

The women who had a previous Pap smear were asked how they felt before during

4.1.1 I. The experiences of women when having a Pap smear


The women's experiences during the Pap smear procedure:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop bleeding</td>
<td>27</td>
</tr>
<tr>
<td>Do not know what to expect</td>
<td>22.2%</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>22.2%</td>
</tr>
<tr>
<td>Possible pain</td>
<td>14.8%</td>
</tr>
<tr>
<td>Procedure</td>
<td>11.1%</td>
</tr>
<tr>
<td>The instrument used on the procedure</td>
<td>3.7%</td>
</tr>
<tr>
<td>The result of the Pap smear</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 28 Reasons for feeling anxious. (N=227).
A response rate of 100%. The themes of the responses are described in Table 30. All the 78 women with Pap smear experience responded to the request, with the woman were asked to tell how they felt after a Pap smear was performed on

4.11.3 The women’s experience after the Pap smear procedure.

not explain how they felt, and one (1.2%) complained of feeling „dizzy“ during the procedure, four (5.1%) of the respondents, experienced pain. Two (2.6%) complained that the instrument was cold; two (2.6%) said that they could not explain how they felt, and one (1.2%) complained of feeling „dizzy“ during the procedure. Twelve women (15.2%) were nervous, anxious or afraid. Twelve of the respondents (42 women, 53.8%) said that the felt relaxed, calm.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling dizzy</td>
<td>1</td>
</tr>
<tr>
<td>Experience is unacceptable</td>
<td>2</td>
</tr>
<tr>
<td>Cold instrument</td>
<td>2</td>
</tr>
<tr>
<td>Experience pain</td>
<td>4</td>
</tr>
<tr>
<td>Feeling anxious, afraid</td>
<td>12</td>
</tr>
<tr>
<td>Feeling embarrassed or uncomfortable</td>
<td>15</td>
</tr>
<tr>
<td>Feeling relaxed, calm, comfortable</td>
<td>42</td>
</tr>
</tbody>
</table>

Table 2: Women’s experience during a Pap smear procedure (N=78)
and other Pap smear are compared in Table 3.1.

One of the dominant themes of women’s feelings and experiences before, during, and after the procedure included:

- Feeling “scared” (12%) reported that they were “scared” or “afraid” of the procedure.
- Feeling “dizzy” (9%) reported feeling “dizzy” or “lightheaded” after the procedure.
- Feeling pain (7%) reported feeling “painful” during the procedure.
- Feeling embarrassed or ashamed (4%) reported feeling “embarrassed” or “ashamed” about the procedure.
- Feeling relieved or comfortable (2%) reported feeling “relieved” or “comfortable” after the procedure.
- Feeling relieved, at ease (3%) reported feeling “relieved,” “at ease,” or “relaxed” after the procedure.

Table 3.1 Women’s experience after a Pap smear (N=78).

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Frequency (N=78)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will never have a smear again</td>
<td>1</td>
</tr>
<tr>
<td>Feeling “scared”</td>
<td>1</td>
</tr>
<tr>
<td>Feeling “dizzy”</td>
<td>2</td>
</tr>
<tr>
<td>Feeling pain</td>
<td>4</td>
</tr>
<tr>
<td>Feeling “embarrassed” or “ashamed”</td>
<td>9</td>
</tr>
<tr>
<td>Feeling relieved, at ease, relaxed</td>
<td>54</td>
</tr>
</tbody>
</table>
Responses are labeled in Table 32.

96 respondents, 95 answered the question giving a response rate of 99%. The care worker performed the Pap smear or have no preference to the gender of the care worker. The respondents were asked to state whether they preferred a male or female health worker.

4.12 Women's preference to the gender of the health care worker

After the procedure, more women felt embarrassed during the procedure than before or nervous and afraid also decreased from 48.7% before, 15.4% during, and 9% after procedure (35.9% versus 69.2%). The number of women who were anxious, Many more women felt comfortable and at ease after the Pap smear than before the Pap smear

<table>
<thead>
<tr>
<th></th>
<th>Uncomfortable or feeling embarrassed</th>
<th>Feeling relaxed, calm</th>
<th>Feeling relaxed, at ease</th>
<th>Feeling and experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>6</td>
<td>28</td>
<td>38</td>
<td>Pap Before</td>
</tr>
<tr>
<td>After</td>
<td>9.2</td>
<td>42</td>
<td>42</td>
<td>Pap After</td>
</tr>
<tr>
<td>during</td>
<td>15.3</td>
<td>53.9</td>
<td>53.9</td>
<td>Pap During</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 31: Comparison of women’s feelings and experiences of Pap smear (N=78)
women help, and the gender of the provider or the assistance does not matter.

For this reason, they do not have a problem. Nine (22.2%) women said that they (77.8)% responded that both sexes are suitable qualified to perform the procedure.

The majority of women that have no preference of the gender of health worker, 31

performing PAP smear.

(4.3%) say that female communicate better and two (4.3%) are used to females. (4.3%) say that female understand my body, because it means that I share my body with a stranger. Two women nor want a male to work with their body. Another 4(6.5%) feel strongly that they do not want a male to work with their body. (6.5%) women said that they feel more comfortable with a female. Six (13%) women prefer a female health worker.

The reasons in favor of female health workers were explored. Twenty-eight response rate of 91.7%.

and was excluded from the analysis. Eighty-six responses are analyzed with a total of respondents having no preference (48.4%). Only 2 women (2.1%) prefer female health care worker (49.5%) and almost in equal

<table>
<thead>
<tr>
<th>Preferred Gender</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>47</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>No Preference</td>
<td>46</td>
</tr>
</tbody>
</table>

Table 3: Gender preference of health care worker (N=95).

Most women preferred a female health care worker (49.5%) and almost in equal

<table>
<thead>
<tr>
<th>100</th>
<th>95</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>48.4</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>49.5</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2.1</td>
<td></td>
</tr>
</tbody>
</table>
you can have, after it is done. I also want to know whether it makes you more aware of your health, and if any complications arise, I want to know whether it is painful, helpful, and of any complications more concerning the clinic to inform women. The need of education to address response issues, I want to know more. If only there were more pamphlets and response rates, I want to know more. If only there were more pamphlets and awareness and education of all women. Found in 74.25% of all interviews. One of the strongest themes in the responses is the need for increased awareness and education of all women. A section resulting in an analysis of 87 responses and a response rate of 90.6%.

4.14 Invitation to questions and comments about PAP smear.

Other said, "I don't think that it is necessary." There are 100 busy, one says the clinic is full and another responds that she sees no one is too busy. One says that the clinic is full and another responds that she sees no worry about it. One is fearful of pain, one is not sexually active and sees no need. "What is wrong with them?" These women responded to the interview and other two do not. Two women say that they are healthy and see no need; another two do not. Three were fearful of the instrument used, these responded by not reasoning at an open-ended question. Three women said that they had no knowledge of Pap smear. Responses given by women for not having a Pap smear.

4.13 Explanations given by women for not having a Pap smear.

The female presence, "I am more comfortable in male presence. I do not only two women prefer a male worker. The one says that makes explain better, and
do a Pap smear once a day. When I have money.

above answered respondents and only a second woman, I would like the doctor to
answer all the clients provided me from go. Economical reasons were raised by the
respondent and this is to say about the waiting time at the clinic, I had a pap smear
not happen to me. But my friend also says that her sister is still scared. I did
say that the people are a nuisance. That is why my sister is still scared. I did not
of the health care workers, I don't know how often the clinic does Pap smears.
complaint that there is not enough staff to do it. The clinic deals with the attitude
policies of the clinic. It makes it difficult to have a smear. They do it only certain days
you will not be able to get a Pap smear. The respondent has this to say about the age eligibility policy, "Why do you say no one

The policy of the local clinic is seen as a barrier in these interviews. The one

Know that they have a problem.

is healthy and I will advise women to do it. Many women can be saved if only they
The need to increase uptake of Pap smears is a theme in 11 (12.6%) responses. I
died of breast cancer three years ago. I now wonder if doctors can cure cancer.
I want to know if doctors can do something if a problem is found. My daughter
In these circumstances, concerns about management of an abnormal smear were raised,
eleven (12.6%) did not want to know more. "I don't want to know anything, I
enough knowledge, quoting, "I know everything and have no questions", and
fertile, because the people say so."

Five (5.7%) women stated that they have
There is no statistical difference in the knowledge about Pap smear between younger and older women.

<table>
<thead>
<tr>
<th>Question</th>
<th>0.973 0.000</th>
<th>3.0</th>
<th>3.5</th>
<th>4.3</th>
<th>4.9</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAP smear can detect some vaginal infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>0.962 0.000</th>
<th>3.8</th>
<th>6.0</th>
<th>4.7</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns that are becoming pap smear can detect cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>0.879 0.020</th>
<th>8.0</th>
<th>18.0</th>
<th>23.0</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>112</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infrared/pap smear can cure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>0.679 0.177</th>
<th>1.3</th>
<th>0.4</th>
<th>0.04</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap smear detects cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Chi-square value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.56</td>
<td>&lt; 0.05</td>
</tr>
</tbody>
</table>

Table 33 Knowledge about Pap smears in older and younger women.

Table 33 shows the p-value. The null hypothesis is not rejected if the p-value is not less than 0.05. The null hypothesis is rejected if the p-value is less than 0.05.

<table>
<thead>
<tr>
<th>4.15.1 Age versus knowledge of Pap smears</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.15 Cross tables</td>
</tr>
</tbody>
</table>
There is an association between knowledge of risk factors of cervical cancer and:

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
<th>0.006</th>
<th>0.023</th>
<th>0.058</th>
<th>0.385</th>
<th>0.78</th>
<th>1.1</th>
<th>2.28</th>
<th>2.72</th>
<th>3.27</th>
<th>3.72</th>
<th>4.15</th>
</tr>
</thead>
<tbody>
<tr>
<td>12k</td>
<td></td>
<td>7.31</td>
<td>2.25</td>
<td>1.4</td>
<td>3.15</td>
<td>2.1</td>
<td>5.15</td>
<td>2.1</td>
<td>1.4</td>
<td>5.15</td>
<td>2.1</td>
<td>5.15</td>
</tr>
<tr>
<td>12l</td>
<td></td>
<td>1.1</td>
<td>0.23</td>
<td>0.023</td>
<td>0.006</td>
<td>0.006</td>
<td>0.23</td>
<td>0.023</td>
<td>0.006</td>
<td>0.038</td>
<td>0.006</td>
<td>0.006</td>
</tr>
</tbody>
</table>

Table 3.4: Knowledge of cervical risk factors among younger and older women.

Younger women (≤ 45 years) versus older women. The women were categorized into older women (≥ 45 years) and versus others. The women were dichotomized into true and false, and do not know response options were dichotomized into true and false. The true/false and do not know response options were dichotomized into true and false.

4.13.1 Aged versus knowledge of risk factors for cervical cancer.
No association was found between the percent of false or false and other. Answers with response options of true or false and do not know were analyzed. The chi-square test was used to determine if there were any statistically significant differences in knowledge of married versus unmarried women about the Pap smear. The following table represents the findings:

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
<th>p-value</th>
<th>HCC (95%)</th>
<th>HCC (99%)</th>
<th>HCC (99.9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>0.462</td>
<td>0.54</td>
<td>23</td>
<td>25</td>
<td>-</td>
</tr>
<tr>
<td>196</td>
<td>0.122</td>
<td>0.38</td>
<td>21</td>
<td>23</td>
<td>-</td>
</tr>
<tr>
<td>196</td>
<td>0.009</td>
<td>7.53</td>
<td>3</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>196</td>
<td>0.193</td>
<td>1.69</td>
<td>14</td>
<td>18</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question Value</th>
<th>Source</th>
<th>p-value</th>
<th>yrs</th>
<th>yrs</th>
<th>yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>196</td>
<td>Female health care worker</td>
<td>0.462</td>
<td>0.122</td>
<td>0.009</td>
<td>0.193</td>
</tr>
<tr>
<td>196</td>
<td>Women who have a Pap smear</td>
<td>0.462</td>
<td>0.122</td>
<td>0.009</td>
<td>0.193</td>
</tr>
<tr>
<td>196</td>
<td>Women who have a Pap smear as their last clinic visit</td>
<td>0.462</td>
<td>0.122</td>
<td>0.009</td>
<td>0.193</td>
</tr>
<tr>
<td>196</td>
<td>Women who have a Pap smear in the last 10 years</td>
<td>0.462</td>
<td>0.122</td>
<td>0.009</td>
<td>0.193</td>
</tr>
<tr>
<td>196</td>
<td>Women who have a Pap smear in the last 3 years</td>
<td>0.462</td>
<td>0.122</td>
<td>0.009</td>
<td>0.193</td>
</tr>
</tbody>
</table>

Table 4.5.2 Age versus other Pap smear demographics.
party and gravidity (> 3).

certified risk factors between woman of high parity and gravidity (≥ 3) and lower.

Table 36 demonstrates the significant association between the knowledge of cancer

4.1.5.3.1 Party and Gravidity versus Knowledge of Risk factors of Cervical

To determine if there were any statistically significant differences in the knowledge

4.1.5.3 Party and Gravidity versus Knowledge of Pap smears

value=0.888, question 22a

question 21, and having a smear in the clinic when a smear was never done (d)

question 196, preferred gender of the HCP (d-value=0.770, question 197, having had the smear at the clinic versus elsewhere

year (d-value=0.369, question 193, having had a smear in the last 10

years (d-value=0.094, question 194, having had a smear (d-value=0.094, question 18, having had a smear

There were no statistical differences between married and unmarried woman for

4.1.5.2 Marital Status versus Other Pap smear demographics

Factors for cervical cancer between married and unmarried woman.

versus others. No statistical differences were found between the knowledge of risk

The true false and do not know response options were dichotomized into true

4.1.5.1 Marital Status versus Knowledge of Risk factors for Cervical cancer
To determine if there were any statistically significant differences in the knowledge of women with an education greater than primary level (≥ grade 8) and those with an education less than grade 8, about the Pap smear, 2x2 tables were analyzed.

### 4.1.5.4 Education Versus Knowledge of Pap Smears

Elsewhere (p-value=0.04, question 19e).

An association was demonstrated for having had the smear at the clinic versus the clinic when a smear was never done (p-value=0.236, question 22a). An association was observed for the HCW (p-value=0.446, question 21) and having a smear in the past 10 years (p-value=0.180, question 19d).

### Table 3: Party versus Knowledge of Cervical Cancer Risk Factors

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
<th>p-Value</th>
<th>Chi Square</th>
<th>&gt;3</th>
<th>≥3</th>
<th>p-Value</th>
<th>Independent Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>600.0</td>
<td>6.73</td>
<td>11</td>
<td>16</td>
<td>19</td>
<td>+</td>
<td>Factor</td>
</tr>
<tr>
<td>Question</td>
<td>0.020</td>
<td>0.36</td>
<td>10</td>
<td>16</td>
<td>19</td>
<td>+</td>
<td>Factor</td>
</tr>
<tr>
<td>Question</td>
<td>600.0</td>
<td>6.67</td>
<td>10</td>
<td>16</td>
<td>19</td>
<td>+</td>
<td>Factor</td>
</tr>
</tbody>
</table>

Table 3: Party Versus Knowledge of Cervical Cancer Risk Factors
The women with an education ≥ Grade 8 and those > Grade 8 education. This is only one of the risk factors for cervical cancer had a statistical association between cervical cancer.

### 4.15.4.1 Education versus knowledge of risk factors of cervical cancer

Education are aware that the Pap smear detect precancers lesions. Statistically significant (p-value=0.017) was that more of the women with ≥ Grade 8

<table>
<thead>
<tr>
<th>Question</th>
<th>11D</th>
<th>11E</th>
<th>11F</th>
<th>11G</th>
<th>11H</th>
<th>11I</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>888</td>
<td>0.13</td>
<td>1.13</td>
<td>694</td>
<td>96</td>
<td>+</td>
</tr>
<tr>
<td>11E</td>
<td>90.017</td>
<td>6.95</td>
<td>1.13</td>
<td>694</td>
<td>96</td>
<td>+</td>
</tr>
<tr>
<td>11F</td>
<td>0.057</td>
<td>36.9</td>
<td>44</td>
<td>14</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>11G</td>
<td>0.095</td>
<td>0.27</td>
<td>1.13</td>
<td>694</td>
<td>96</td>
<td>+</td>
</tr>
<tr>
<td>11H</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>11I</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Source</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

Table 37 Education versus knowledge of Pap smear
Table 38 shows the findings. False and do not know were dichotomized into true or false. The PAP smear, 2x2 tables were analyzed. Answers with response options of none of women with a household income < R6000 per month and those ≥ R6000, about to determine if there were any statistically significant differences in the knowledge.

4.15.5 Income versus knowledge of PAP smears

The table when a smear was never done (d-value=0.288, question 22a) preferred reader of the HCW (d-value=0.42, question 21) and having a smear in having had a smear at the clinic versus elsewhere (d-value=0.181, question 19b), having had a smear in the last 10 years (d-value=0.15, question 19d), having had a smear in the last 3 years (d-value=0.093, question 18), having had a smear in the last year (d-value=0.871, question 17). There were no statistically differences between women with ≥ grade B education and those less than grade B education for having had a previous PAP smear.

4.15.4.2 Education versus other PAP smear demographics

<table>
<thead>
<tr>
<th>Source</th>
<th>Value</th>
<th>Square</th>
<th>Grade</th>
<th>p-CHI</th>
<th>≥</th>
<th>Independent Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sexual activity before 18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.86</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>40</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Table 38 Education versus knowledge of cervical cancer risk factors
There were only two associations in the knowledge of cervical cancer risk factors and income as shown in Table 4.0.

### Table 4.15. Income versus knowledge of risk factors of cervical cancer

<table>
<thead>
<tr>
<th>Question</th>
<th>0.050</th>
<th>0.21</th>
<th>0.0318</th>
<th>0.0324</th>
<th>0.0349</th>
<th>0.088</th>
<th>0.0600</th>
<th>0.0600</th>
</tr>
</thead>
<tbody>
<tr>
<td>p-value</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Source</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chi-sq</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p-value</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Some vaginal infections can be detected.

Concentrations of cells that are becoming abnormal can be detected.

Pap smears can detect infertility.

Pap smears can not cure of the mouth of the womb.

Pap smear detects cancer.

Table 39: Income versus knowledge of Pap smear.
An association was found for having had the smear at the clinic versus elsewhere in the last 10 years (d-value=0.336, question 16) and having had a Pap smear in the last 3 years (d-value=0.085, question 18). Having had a smear in the last 3 years (d-value=0.781, question 18) and having had a smear in the clinic (d-value=0.373, question 21) was significantly lower among those with < K6000 compared with those with income > K6000.

Infections are risk factors of cervical cancer, but being that asthma is a risk for women with lower income, more knowledgeable about sexually transmitted infections are more likely to practice preventive Pap smear. The table below shows the association between income and knowledge of cervical risk factor.

<table>
<thead>
<tr>
<th>Question</th>
<th>12k</th>
<th>12.93</th>
<th>33</th>
<th>4</th>
<th>-</th>
<th>26</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>12k</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.15</td>
<td>0.15</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Source</td>
<td>p-value</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Table 4. Income versus knowledge of cervical risk factor.
There is an association of knowledge of cervical screening at risk factor for cervical cancer between those who received information at the clinic compared to those who obtained information at GPs.

4.15.6 Comparison of the Knowledge of the Pap smear between women who heard about the test at the clinic versus those who received information from the Gynaecologist (CP) and General Practitioner (GP).

<table>
<thead>
<tr>
<th>Question</th>
<th>1994</th>
<th>1996</th>
<th>9.75</th>
<th>9.77</th>
<th>23</th>
<th>20</th>
<th>4</th>
<th>28</th>
<th>34</th>
<th>23</th>
<th>-</th>
<th>+</th>
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<td></td>
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</tr>
</tbody>
</table>

Table 4.1: Income versus other Pap smear demographic variables.
### Table 4.6.2: The Influence on other Pap smear demographics if information were obtained from clinic versus Cytosure and CP

<table>
<thead>
<tr>
<th>Question</th>
<th>12a</th>
<th>0.013</th>
<th>0.19</th>
<th>0.17</th>
<th>17</th>
<th>26</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Cytosure</td>
<td>Smoking risk factor</td>
<td>Cytosure</td>
<td>Cytosure</td>
<td>Cytosure</td>
<td>Cytosure</td>
<td>Cytosure</td>
</tr>
<tr>
<td>P value</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

### Table 4.2: Knowledge of cervical cancer risk factors between information obtained with other risk factors.

From Cytosure or CP, tabled in Table 4.2. No other association was found.
from health care workers had a previous Pap smear. Table 4.5 demonstrates the only other association was that more of the respondents that received information cervical cancer by women who received information from friends and family. The only association was between respondents who were perceived as a risk factor for both. There were no associations between Pap smear and information provided by other, false, and other response options of true false and do not know were dichotomized into true or compared to those educated by HCW. %2 tables were analyzed. Answers with demographics of women who received information from friends and family, smears risk factors for cervical cancer and influence on other Pap smear.

To determine any statistically significant differences in the knowledge of Pap

Information Obtained from Hcw
4.15.7 Pap smear information obtained from friends and family versus

Place where the smear was obtained.
Of among women who had a Pap smear in the last 3 years, last 10 years and the
Cervical cancer in these groups are shown in Table 4.5. Demographics were found associations in the knowledge of risk factors for cervical cancer in the public sector compared to the private sector, or in the Pap smear. No association in the knowledge of Pap smears in women who had their Pap smears done live or other, or false and other answers with response options of true, false and do not know were dichotomized. The women who received the test in the private sector, 2% indicates were analyzed. The demographics of women who had the Pap smear in the public sector, compared to those who did not, show risk factors for cervical cancer and influence on other Pap smear smears. To determine any statistically significant differences in the knowledge of Pap smears received in the public versus the private sector and health care sector.

<table>
<thead>
<tr>
<th>Question</th>
<th>Source</th>
<th>18</th>
<th>12</th>
<th>9</th>
<th>6</th>
<th>8</th>
<th>Had a previous Pap smear</th>
<th>7</th>
<th>60</th>
<th>0.004*</th>
<th>0.039*</th>
</tr>
</thead>
<tbody>
<tr>
<td>121</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(4.39)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2.97)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HCV educated

Table 4A: Associations between knowledge of Pap smear versus health care sector.
The public sector believes that smoking is a risk factor for cervical cancer. Statistically significantly, more women who received their Pap smears in the public sector for cervical cancer by women who had their smear in the public health sector are an association in the knowledge that smoking and sex before 18 are risk factors.

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
<th>Square Value</th>
<th>Public Private</th>
<th>Chi p-</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.007</td>
<td>7.17</td>
<td>8</td>
<td>-</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>0.004</td>
<td>8.10</td>
<td>22</td>
<td>-</td>
<td>17</td>
<td>+</td>
</tr>
<tr>
<td>0.000</td>
<td>11.02</td>
<td>27</td>
<td>-</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
<td>9</td>
<td>+</td>
<td>23</td>
<td>+</td>
</tr>
</tbody>
</table>

Table 45: Knowledge of risk factors of women who obtained Pap smears in the public versus the private health sector.
they were not familiar with any of the guidelines for starting and stopping

The open-ended questions had a high response rate except for two relating to the

By all respondents.

divulge such information. The issue of how do not know questions were answered

income is a private and sensitive issue for some people and they might not want to
demographics except for the income section where three women did not answer.

seen in all respondents. Almost all respondents completed the questions on

The sections in the questionnaire were completed to different degrees. This can be

be possible that the topic was relevant to them.

researchers, as they know they are a practicing doctor in the community, and it could

The good response rate could reflect a willingness of the women to talk to the

homes with other homes with eligible women to achieve 100% response rate.

and the neighbors were not home. The researcher could have substituted these

were the two house the female resident did not meet the inclusion criteria

The study achieved a response rate of 96%. Three women refused to complete the

5.1 Response Rate

practices as a general practitioner

practice of Pap smear of women in Reiger Park, Eshowe, where the researcher

The aim of the study was to determine the knowledge, attitudes, perceptions, and

CHAPTER 5 DISCUSSION
more education at the clinic.

Clinic visits for other medical conditions brought on by aging and health receive
reasons in older women could be due to the older women having more frequent
older women. In Rehearsal Park, the increase in knowledge of cervical cancer
risk in cervical cancer, consistent with findings in Vietnamese-American and Jordanian
a risk factor. The older woman had twice greater knowledge of the risk factors of
infection (p=0.023) were risk factors, but less aware that smoking (p=0.058) and HPV
more aware than their younger counterparts that smoking (p=0.058) and HPV
a cervical cancer between the older and younger women. The older women were
a statistically significant association was found between three of the risk factors for

The pap test,

consistent to the findings in literature where the older woman had less knowledge of
among older women (≥ 45 years) and younger women (≥ 45 years). This was
In this study, no association was found between the knowledge of Pap smears

30 years.

13 times less likely to have had a smear in the last year compared to women under
the greatest influence in determining Pap smear use and women older than 65 were
have less frequent cervical screening. In the study of Thai-American women age had
The women older than 65 years were also excluded in the study and were shown to

Cayton and Moodley. 20

abnormal Pap smears due to the HIV pandemic. Accordingly to studies done by
Younger women were not included in the study and they are at increased risk of
age range in this study was for women between 30-65 years.

In keeping with National Guidelines for cervical screening in South Africa, the

52.1 Age

Demographics
and could have received education and services for cervical screening.

The finding that education and services for cervical screening were never prevalent (19.4%), the majority had accessed hospital services (those who were not married, divorced, widowed or living with a partner) (only 6%)

This finding might be explained by the fact that of the 31 single women in the study

Partner were less likely to be screened for cervical cancer, which was not the finding in this study. In a South African study, the women who lived without a partner were more likely to have had a PAP smear and been recently screened. In this study, women with an unmarried status were more likely to have had a PAP smear and been recently screened. In this study, women with an unmarried status were more likely to have had a PAP smear and been recently screened.

In this study, 40% of the respondents were married. There was no difference in the knowledge of the PAP smear less risk factors for cervical cancer and practices of cervical screening among married and unmarried women. This finding was contradictory to findings in Vietnamese-American women. This finding was comparable to that of Black women who showed that cervical screening decreases in women over 45 years compared to younger women.

Older women had statistically less cervical screening in the preceding 10 years.

5.2.2 Marital Status

Policy that recommended 10-year intervals for cervical screening could also be due to the National Guidelines. The decrease in cervical screening could also be due to the National Guidelines. The decrease in cervical screening could also be due to the National Guidelines. The decrease in cervical screening could also be due to the National Guidelines. The decrease in cervical screening could also be due to the National Guidelines.
women and women in Jordan as well as their less educated counterparts were shown in Vietnamese-American cancer. The finding that the educated women have more knowledge about PAP were more knowledgeable that the less could detect cells that are becoming knowledge of Pap smears (p=0.017). Respondents with an education ≥ Grade 8 showed a statistically significant association between education and having had a secondary education (49.5%) and 31.6% had married.

The respondents were reasonably well educated with almost half of the women

5.2.4. Education

Recurrent of cervical cancer. Exposure to information which could explain their support knowledge of the risk screening at the clinic (p-value 0.004). It could be that those women had higher the clinic (46.7%) and more women with higher parity and gravidity had cervical The results section shows that most women received information of Pap smears at the clinic. There was a statistically significant difference in acquisition and smears at the clinic. No statistical significant differences in acquisition and the cervix. Statistically more women with higher parity and gravidity had their Pap 18 years old and injection with HPV (900'0) and injection with HPV (900'0) increases the risk of cancer of the cervix. Statistically more women with higher parity and gravidity were more aware that cigarette smoking (p=0.0009) sex before the age of the cervix. The respondents with the higher parity and for cervical cancer in these groups. The respondents with the higher parity and

There was a statistically significant difference in the knowledge of how to protect

Gravida ≥3 and those with lower parity and gravidity association of knowledge of the Pap smear between women with parity and

Several percent (70%) of the respondents had a parity ≥3. The study found no

5.2.3. Parity and gravidity
an association of one of the risk factors for cervical cancer and income was shown

however believed that the Pap smear can cure infertility (p=0.032).

Pap smear awareness. More of the women with household income ≤ $6000 unlike the finding in low-income Vietnamese-American women who had lower

there is no association between income and knowledge of Pap smear in this study.

attributed to the high unemployment seen in this study population (47.9%).

The population in this study had a low monthly household income with 47.9% with

$2.5 Income

American women were less likely screened.

Vietnamese-American, Chinese-American, and Samoan women had higher uptake of Pap

acquisition and acuity were smear was acyclic. This was in contrast to the

previous smear having had a smear in the last 3 years. Frequency of Pap smear

in this study, no association was shown between education and having had a

Factors of cervical cancer.

The less educated women in both groups had less Pap smear. The less educated and less educated women, the women with ≥ grade 8

Only one risk factor for cervical cancer had a statistically significant association

Women with a lower income mainly received their Pap smear at the local clinic.
The majority of respondents in this study had a Pap smear at least once in their life. Among them, 11% had a Pap smear at least once in the last year. The respondents who had a lower income were more likely to have had a Pap smear. This association was demonstrated for income and having had the smear at the clinic, and the odds ratio was found to be 1.8 (95% confidence interval 1.3-2.6). This association could be because of the free cervical screening that the clinic offers.

An association was found between the economic status of women and Pap smear. Women with lower income were more recent, but confirming the results in DuPont, where no association was found between the economic status of women and Pap smear. The finding was consistent in both the study of Gashinton and found a seven times less likelihood of screening in the poorer women. This finding was confirmed by the study of Gachinton. This result is consistent with the findings of the National Health and Nutrition Examination Survey (NHANES) which found a lower rate of Pap smear among women with lower income. The results were consistent with the findings of the National Health and Nutrition Examination Survey (NHANES) which found a lower rate of Pap smear among women with lower income. The results were consistent with the findings of the National Health and Nutrition Examination Survey (NHANES) which found a lower rate of Pap smear among women with lower income.
that the goal of screening at least 70% of the eligible population in 10 years of
respectively. The majority (74.3%) had a smear in the last 10 years, which implies
In this study, 47.4% and 65.5% had a smear in the last 3 years and 7 years
included at least one site in each province, did not have a smear in the last 5 years.
In South Africa, none of the reported that 92.1% of the screened population had

in both Chinese-American and Vietnamese-American women.

year compared to 41.1% in Riviera, 14% in San Francisco-Area, and 68%
birth or every child. Thirty-five (47.4%) reported had a PAP smear in the last 3
years in this study. The majority screened intermittently (22.6%) and 35% after the
Only 37.2% of women reported to screen for cervical cancer at least every three

sharp contrast to the above findings.

Kaiser Permanente women were more likely to have had a smear under 45 years of
accordance at 69% followed by the 60-65 year old at 72%. The women in
accompanying 90% (90%) group of the 30-34 year old group had the lowest previous PAP smear
PAP smears (100%), followed by the 45-49 year group (94.9%) and 50-59 year
PAP smears (100%) except for the 40-44 age groups. These findings are not consistent with

The women in the 40-44 age groups obtained the highest percentage of previous

least one smear compared to 81.3% in women of Kaiser Permanente.

age to 97.1% in the North West. In Kaiser Permanente, only 45% of respondents had at
screened population never had a PAP smear, ranging from 29.8% in the Western
were reported in a multicenter population based prevalence study where 80% of the
family practice in a Northern suburbs in Johannesburg. The result was higher than
women who had at least one PAP smear in Worcestershire, and 83% of women in a

Compared to the South African studies, it was lower than the reported 84.3% of

83% respectively of women who had at least one PAP smear.

Samoa American and Chinese-American women, which were 76.0%, 76.0%, and
poorer than those found in the Vietnamese-American, Cambodian American,
Compared with the diverse population groups in the United States, the results were
The excellent knowledge of this study population about the Pap smear was demonstrated in the true/false test where 88.5% of the women believed that it was a test for infections of the womb, 72.9% had a correct understanding of the test, and the majority of the women had a correct understanding of the test. Although the majority of the women study had an open-ended question on their understanding of Pap smears, 72.9% of the knowledge of the function of Pap smears was found to be very good in this study.

5.4 Knowledge of Pap smear

Pap smears were done in this sector.

Secondly, in the Köper Park, compared to the study in Worcester, 29% of the smear (51%) were done in the local clinic. More smear were done in the private clinic.

This finding was consistent with the finding in Worcester where the majority of the consultation via (Appendix 4) did smear as the procedure was not separately reimbursed, but form part of the consultation fee (Appendix 4).

A possible explanation for the predominance of Pap smears obtained at the clinic, followed by the general practitioner (24.7%) and cytocentrifuge (14.3%).

In this study population, the majority of Pap smears were done at the local clinic.

Secondly, women were unwilling to undergo a smear.

Thus, 13 (72.7%) were willing to have a smear. In Kinoya, 50% of the women of the study population in Köper Park who never had a Pap smear achieved in this population.
Transmitted Infections (76%)

Risks among the women were multiple sex partners (76%) and sexually transmitted infections (64%). The best-known risk factor was a previous pregnancy (70%). More than half of the respondents (52%) knew their risk factors and were able to name at least one risk factor. The least known risk factors were that cigarette smoking raises the risk of cervical cancer.

The knowledge of cervical risk factors of the women in this study ranged from 10% to 90%. The majority of women (80%) knew that a Pap smear was a test to check for cervical cancer. However, only 49% of women knew that the Pap smear is done to check for cervical cancer. The lack of knowledge of the Pap smear was also seen in a study done in a rural area of China. The lack of knowledge was also seen in a study done in a rural area of China. The lack of knowledge was also seen in a study done in a rural area of China.

The study showed that most of the women had not heard about the Pap smear. The lack of knowledge of the Pap smear among Chinese-American women was also seen in a study done in a rural area of China. The lack of knowledge of the Pap smear among Chinese-American women was also seen in a study done in a rural area of China.

The good knowledge of the Pap smear was in stark contrast to the findings in the literature. Women who had been educated about the Pap smear were more likely to have a Pap smear done. The lack of knowledge of the Pap smear was in stark contrast to the findings in the literature. Women who had been educated about the Pap smear were more likely to have a Pap smear done. The lack of knowledge of the Pap smear was in stark contrast to the findings of the literature. Women who had been educated about the Pap smear were more likely to have a Pap smear done.

Responses were obtained from the women about the Pap smear. The majority of women (80%) knew that the Pap smear was a test to check for cervical cancer. However, only 49% of women knew that the Pap smear is done to check for cervical cancer. The lack of knowledge of the Pap smear was also seen in a study done in a rural area of China. The lack of knowledge of the Pap smear was also seen in a study done in a rural area of China.
Information was a risk factor for cervical cancer ($p=0.013$). Women who obtained their information at the clinic were better informed than those who received information at gynecologists and general practitioners. The cervical cancer was found for women who received information at the clinic versus gynecologists and general practitioners. Only one association of the risk factors for women who received information at the clinic versus information obtained at the source of information. The main sources of information for the women in this study were from the local services and they could be too busy to discuss the subject. In the Hidalgo District, the gynecologists were the main source of information. This finding could be due to less of the study population using health programs. The reason was the high percentage of respondents who received their information from friends (46.7%) followed by the general practitioner (15.2%) and friends (9.8%).

The main sources of information for the women in this study were from the local services and they could be too busy to discuss the subject. In the Hidalgo District, the gynecologists were the main source of information. This finding could be due to less of the study population using health programs. The reason was the high percentage of respondents who received their information from friends (46.7%) followed by the general practitioner (15.2%) and friends (9.8%).
that the media (radio, television, or newspaper) were their source of information. Female undergraduate students at Mangosuthu University of Technology, 66% reported having had a Pap smear were reported in KwaZulu-Natal. More than 7% (227.7%) of the study. In contrast, an association with listening to the SABC radio station and

None of the women reported the radio or television as sources of information in this

study; due to perceived disinterest or fear of the procedure. The only other association was that more of the respondents that received

information from health care workers had a previous Pap smear (p=0.000). This

was between the use of tampons being perceived as a risk factor for cervical cancer found within the analyses of cervical risk factors in the above groups. The association was obtained from friends and family versus health care worker. Once association was

There were no associations between knowledge of Pap smears and information

were the women received the information about the smear (p=0.103).

This study also showed that the Pap smear was more likely done at the health

policy (10 yearly screening) by the clinic.

This finding could be explained by the adherence to the National cervical screening

women who were informed by the gynaecologist and gynaecologist and pubic health provider (p=0.007). Conversely, women who received information at the clinic were more likely screened in the last 10 years

women who were informed by the clinic (p=0.026). Conversely, women who received information at the clinic were more likely screened in the last 3 years than the

This study found that women who received information from gynaecologists and
Infection

Many of the respondents were of the opinion that the smear had a "cleaning" function and removed "dirty" (6.3% in section 4.6 and 18.4% in table 20).

4. Symptoms

Smears were performed primarily on women presenting with gynecological problems. The belief was probably reinforced when Pap smear results were communicated to the patient. The smear could detect any problem in the "womb". The smear that the Pap smear was performed to do a Pap smear (section 4.6).

2. Many women believed that the smear for accuracy and one believed that an smear were taken from the "womb" for analysis and one believed that an smear were obtained by means of open-ended questions in various sections of the

Although the knowledge of the women was very good, as discussed before, many

misconceptions were elicited in the study.

Common

5.7 Perceptions, attitudes and beliefs of Pap smear
The women’s experiences of the Pap smear

American, women, female health care workers were preferred.

Cambodian American, women, Hmong American, and Vietnamese
women (9.9% and almost an equal number of women had no preference (48.9%). In
Only half of the women in this study preferred a female health care worker to do the test

Prefer pregnant women, detect pregnancy and diagnose menopause (table 2).

9. A small number of women (69% each) believed that the Pap smear could

Hillary’s Disease or the study done in Singapore. 9
they feel before the procedure (section 4.1.1). This theme was found in the

8. The norm of fear for the instrument used in the procedure. Possible pain

American, and Hmong American, women.

4.6. This belief was seen in the International Literature in Chinese-
The two women believed that the least is only for asymptomatic women (section

8.7. and the underdeveloped countries at Mongolian University 9.
the study, with 4.2% women (section 4.6) 2.6% women (table 2) and 26%
6. Believing that Pap smear improved fertility was seen in varying degrees in

5. A small number of women believed that the less could detect or prevent
other illnesses like hypertension, diabetes, HIV infection (8.3% in section 4.6)

10.3% to 11.5%).

and embarrassment remained almost the same, before and after the procedure (from
after the procedure than before (from 35.7% to 62.7%). More women felt relaxed, calm and comfortable

This study shows that the women were less anxious and afraid after the Pap smear.
which could introduce recall bias.

The questions required the respondent to supply information from memory, which may have over-reported facts and might have felt pressured to answer. Women might have forgotten the exact number of exams or might have felt pressured to answer. The study can only be generalized to the population living in formal housing in Kejeter Park. Due to lack of infrastructure and safety concerns, this study population excluded.

2) Strengths: Individual interviews by means of a questionnaire were done. The population interviewed in Kejeter Park, the informal settlements in Kejeter Park. The study can only be generalized to the population. Due to lack of infrastructure and safety concerns, this study population excluded.

5.10 Limitations and bias of the study

Times and long queue prevented her from going for a smear. The fourth respondent said that the long wait time made it difficult to obtain a smear. The fourth respondent said that the lack of smear and suspect days had been done at the clinic said that the lack of smear and suspect days had been done at the clinic said that the lack of smear and suspect days had been done at the clinic said that the lack of smear and suspect days had been done at the clinic. The other complained that the health care workers were rude. A third woman disagreed with the age policy of the National Guidelines for cervical screening. In your interviews, barriers at the point of delivery were noted. One respondent's smear (3.2%) and education about the management of abnormal smears (3.4%).

In this study, the women expressed a need for creating more awareness. In this study, the women expressed a need for creating more awareness. In this study, the women expressed a need for creating more awareness.
CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The demographical findings in this study described the study population as 40% of the women were married and 70% had a parity ≥ 3. The respondents were reasonably well educated, had a low monthly household income and had a high unemployment rate.

This study showed that there was no association between age, marital status, parity, income and knowledge of the Pap smear. A statistical association was found only between education and knowledge of Pap smears, where the more educated women had more knowledge about the Pap smear.

The older respondents and those with parity ≥ 3 had more knowledge of risk factors of cervical cancer. Statistical significant fewer women of lower income and older women had smears in the last 10 years.

Older women, women with high parity and those with a low income had statistically more cervical screening at the clinic than elsewhere. Except for the respondents of high parity, these women also had less screening in the last 10 years. This finding could be explained by the clinic’s adherence to the National guidelines for cervical screening where 10 yearly screening is promoted.

In this study, the majority of respondents had a Pap smear at least once in their lifetime (81.3%) and only 18.7% never had a smear. The majority of Pap smear were done at the local clinic (42.9%), followed by the general practitioner (24.7%) and Gynaecologist (14.3%).

92
6.2.4 Doctors must be reimbursed for providing Pap smears by the medical
clinics to improve their capability to provide the service.

6.2.3 The local clinic provides the majority of women with cervical screening in
and hospitals.

also be educated by means of pamphlets and posters in sings, clinics,
screening with patients to increase uptake of Pap smears. The woman can
is important that the health care workers discuss the need for cervical
cancer to eliminate the misconceptions surrounding the subject. It

6.2.2 There is a need to increase education on Pap smears and all risk factors for
sector must increase awareness of the risk of smoking.
especially in the private health care sector. Health care workers in this
Education of smoking as a risk factor for cervical cancer is lacking.

6.2 Recommendations

and friends.

In this study, more of the respondents that received information from health care
promiscuous partner (67.7%) were risk factors.
the woman knew her HIV infection (19.1%), HPV infection (6.5%), and a
multiple pregnancy (4.6%), followed by the general precaution (13.2%) and friends (9.8%).
In this study, the least known risk factors were that cervical cancer (4.8%) and

The main sources of information for the women in this study were from the local
June 6th 16

Low average levels and large fluctuations of HLA antibodies in patients with chronic lymphocytic leukemia. Evidence for a role of chronic activation of the immune system in the pathogenesis of chronic lymphocytic leukemia.
Please quote the protocol number in all documents.

Committee: 1 agree to a complete review of a very brief research protocol. I confirm that the protocol
conforms to the research procedure as approved by the ethics committee. I understand the protocol to be
research and I agree to ensure compliance with these conditions. Should any departure to be
undertaken, the conditions under which I have agreed to are reviewed and the researcher

The full text is not visible in the image.
Dear Dr. Theria Cassim,

I am writing to inquire about the possibility of using questions from your questionnaire for my own research. I understand the sensitivity of the data and have the utmost respect for the confidentiality of the responses.

I hereby give permission to Dr. Theria Cassim, WITS.

Date: 9th August 2006

Dr. Theria Cassim

E-mail: theriacassim@wits.ac.za
Fax:
Tel Work: (011) 4890027
Tel Home: (011) 8544407
Cell: 0827889056

Associated Professor
Lancet

Postal Address: P.O. Box 2002
Family Medicine Student (WITS)
Dr. Theria Cassim, WITS (MEd)]
Please do not hesitate to contact me on 011 39 31 88 if you have any questions.

In order to minimize any inconvenience, we would like to work with you on your declared+
the charges
The laying of a paper sheet forms part of the consultation and no additional fees may
Manual on pages 365 and 366:
For your convenience, please refer to the following guidelines in the Doctors' Billin
Code: 466 - Vaginal or caesarian section, each

SANIA Doctors' Billing Manual. The rule is:
21 August 2010:ember necessary. Possible inconsistencies with the rule published in the
Our analysis of the claims submitted by your practice between 01 August 2010 and
issues.
If the results of the analyses below do not result in the opposite of the claim, we would therefore appreciate your comments on
We understand that there are many of the claiming rules might sometimes be misleading
the analyses, specifically focusing on code 466.

Claim review: Request for assistance

23rd September 2010

Health
Discovery

Fax: 011 39 32 523

Maria Reason

Yours sincerely,

Dr. Wilhasé

23. Sep 2010 12:57

Fax: 011 39 40 473

Ku reference: 137786

Due reference: 16666

To: Dr. Wilhasé A.C.
Dear Patient,

Good day,

My name is Aghata Whiase. I am a doctor working in Keizer Park. I am currently studying a research project I have chosen to find out what women in Keizer Park know, understand, and believe about Papanicolaou (Pap) smears. As part of my course, I am required to undertake a research project. I have chosen to find out what women in Keizer Park know, understand, and believe about Papanicolaou (Pap) smears.

I would like to invite you to participate in this research project. Your participation is voluntary, and you can decide not to participate or not to answer questions that you do not want to. If you decide to be part of this research, you will be made available to the researcher and her information you supply is confidential and will only be available to the researcher and her supervisor. Information you supply is confidential and will only be available to the researcher and her supervisor.

If you have any questions about the study please contact me at the number below.

Thank you for your cooperation.

Aghata Whiase (MD, BCH, VITT)

Cellular Number: (023) 965-4744
Telephone Number: (011) 910-4968

If you require more information about Papanicolaou (Pap) smears and cervical cancer, letters are now available from the researcher. The results of the study will be made available to you.

Yours sincerely,

Supervisor

To be more sensitive to women’s needs, researching the Pap smear will also help health workers to gain a further understanding and understanding of women in Keizer Park.
I hereby consent to participate in the research project. I understand that my participation is voluntary, and that I do not have to answer any questions that I do not want to.
Dear colleague,

I hereby wish to inform you of the activity, as your patients might mention to you that I have visited their homes.

Please feel free to contact me for any queries or clarifications at: (011) 910-4968 or 082-965-4744.

The study is a household survey with administration of a questionnaires. This means that I will be visiting randomly selected households to gather information for this project. The data collection is scheduled for end of January 2007 through to April 2007.

As part of the requirements of the course, I have to undertake a research project. The project that I am undertaking looks at the knowledge, beliefs and practices of Roeper Park women on PEP smears.

My name is Agatha Wiliase and I am currently studying towards the

MPhil degree at the University of the Witwatersrand. I practice as a

General Practitioner in Roeper Park.

Yours in health care,

Best wishes to you and your family.

Agatha Wiliase
What put you at risk of cervical cancer?

Before the test.

Don't douche, use a feminine deodorant or have sex for 24 hours before your test. It can affect your smear.

Keep having them. If you're older than 65, talk with your doctor about how often you need to have a smear. No test is perfect, but the Pap smear is a reliable test. If it has helped you, keep having them.

If you're ever concerned, discuss with your doctor. If your smear isn't normal, your doctor may want to see you again. Do not panic.

When should I have Pap smears?

Getting regular Pap smear is important.

Cervical cancer is not the only reason. This is why.

Pap smear can show if your cells have changed through these changes.

Cells go through a series of changes before they turn into cancer. A smear sample is checked for signs that they're changing from normal to cancer.

When a Pap smear, your doctor takes a sample of cells from your cervix to test for signs of cancer.

A smear test is a test your doctor or nurse does to check for signs of cancer.
PROMPT: Could you explain please:

10. What do you understand by the term "Pap smear?"

B. Knowledge of Pap smears. Now I wish to know how much you know about Pap smears.


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9. What is the monthly income of the household?

8b. Please give details.

7. Are you currently employed? Yes/No

6. What is the highest grade you passed at school?

5. How old were you when your first pregnancy?

4. How many children were born alive?

3. How many times have you been pregnant?

2. What is your marital status?

1. How old are you in years?

A. Demographic. Tell me more about yourself.

Questionnaire
A woman is more likely to get cancer of the mouth or the womb (cervical cancer) if:

1. She uses tobacco.
2. She has asthma.
3. She has many preferences.
4. She is a virgin.
5. She has had sexual transmitted infections.
6. She has an infection with the Human Papilloma Virus.
7. She has had sexual intercourse before the age of 18.
8. She has high blood pressure.
9. She has had cervical cancer.
10. She has many sexual partners.
11. She smokes cigarettes.

12. A Pap smear can detect some vaginal infections.
13. A Pap smear can detect cells that are becoming cancerous.
14. A Pap smear can cause infertility.
15. A Pap smear can detect cancer of the mouth or the womb.
18. Have you had a Pap smear before?

17. Please explain why you believe so.

16. What do you believe about Pap smears?

of Pap smears.

15. How did you get to know about Pap smears?

Please answer each statement: Yes (Y), No (N), or do not know (D).

I. When should a woman stop having Pap smears?

(e) Other: please state.

d/ N/ Y  d/ N/ Y  d/ N/ Y  d/ N/ Y  d/ N/ Y

(e) Other: please state.
When having a PAP smear, how do you find the experience?

20. Describe the PAP smear procedure.

21. In which healthcare facilities were the PAP smears done?

22. When was the last PAP smear done?

23. How old were you when the first PAP smear was done?

24. How often do you have PAP smears done?

25. How many PAP smears have you had?

19. If yes to question 18, do not answer question 22. If no, go to question 21.
Thank you for your time and co-operation during this interview. It is highly appreciated.

23. Is there anything you would like to say or ask about Pap Smear?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please explain your answer to above question.

22. Why have you not have a Pap smear yet?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please explain your answer.

21. When or if you are going to have a Pap smear, would you prefer a male or female health worker to do it? Male (M) / Female (F) / No Preference (N).