Case Studies on Decision for Cervical Cancer Screening among Working Women

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ABSTRACT

This study aimed at exploring working women’s perception on factors that influence their decision for cervical cancer screening or pap test. Specifically, this study looked at the influence of gender relations and gender roles among married working women in relation to the perception. This qualitative study was conducted with three women cases based on in-depth interviews. They represented three different cervical cancer screening behaviors which are, had regular pap smear, had pap smear but irregularly and never had pap smear. The study concluded that although gender relations between husband and wife is of egalitarian type, i.e. women have the freedom of movement, empowered to make decision and financial freedom, these did not guarantee that they would practice preventive health care. Recommendations for practice and further research are put forth.

Keywords: Case study, pap test perception, gender relations, gender role, working women, Malaysia.

INTRODUCTION

Worldwide, cervical cancer comprises approximately 12% of all cancers in women. It is the second most common cancer in women worldwide but the commonest in developing countries. In 2000, there were over 471,000 new cases diagnosed and 288,000 deaths from cervical cancer worldwide. Approximately 80% of these deaths occurred in developing countries (WHO, 2002). In Malaysia, cervical cancer is the second most common female cancer, constituting 12.9% of all female cancers. The average annual hospital admissions of cervical cancer is reported to be 2,000 to 3,000 with the majority of them presenting at late stages of the disease (Lim et al., 2004).

Cervical Cancer Screening (Pap Test) Program and Its Problems

Cervical cancer is an important public health problem because of the burden of the disease and the potential for effective prevention via screening. Cervical cytology as a cancer screening (commonly known as pap smear or pap test) is acknowledged as currently the most effective approach for cervical cancer control with a specificity of 98-99%. However, there is less agreement on the sensitivity of the test. Cross-sectional studies have suggested a sensitivity in the order of 50% in some circumstances (WHO, 2002).

Some countries have shown that successful cervical cancer screening program can achieve a fall in cervical cancer. One of the earliest and most successful screening campaigns originated in British Columbia in 1949. Since 1970, the number of women screened at least once has been maintained at about 85% of the population at risk. From 1955 to 1985, the incidence of invasive carcinoma of the cervix has fallen by 78% and mortality by 72%. The Nordic countries have also shown a reduction in
mortality rate following an organized screening campaign. The greatest fall was in Iceland which achieved an 80% reduction (Symonds, 1997). In Malaysia, cervical cancer screening is being done via pap smear or pap test. The pap smear screening program has been established since 1969 and provided free in all government health facilities and hospitals, (Ministry of Health Malaysia, 2004). Other agencies also provide pap smear screening services such as university hospitals, private hospitals and clinics, National Family and Population Development Board (NFPDB) and non-governmental organizations such as the Federation of Family Planning Associations of Malaysia (FFPAM) (Ministry of Health Malaysia, 2002).

Central to the success of any screening program is the functioning of that program in its entirety (WHO, 2002). Programs need to be locally appropriate and those designing the overall program need to be aware of the multiple barriers that women may experience in accessing services (e.g. physical access, economic considerations, control over decision-making at the household level, access to information etc.) and attempt to decrease such barriers. Most tests used in cervical screening are uncomfortable and potentially embarrassing, as they require a vaginal examination with a speculum (WHO, 2002).

Symonds (1997) wrote on problems faced in developed as opposed to developing countries pertaining to cervical cancer screening. The problems in developing countries such as Latin America, India and South East Asia include lack of cytological and treatment facilities, lack of knowledge among women about symptoms associated with cervical cancer, fatalistic attitude towards cancer in general and lack of awareness that cervical cancer can be cured. Furthermore, some developing countries are very male dominated and women’s health issues are given a very low priority.

Though pap smear program in Malaysia started in the 1960s, the coverage is still low. From 1999 to the year 2002, the coverage has increased from 52.9% to only 61.6% (percentage by target number of pap smear coverage) (Ministry of Health Malaysia, 2002). Many barriers have been identified which hinder women from accessing pap smear services. However, not many studies have been done that look into the contribution of gender perspective in the cervical cancer screening behaviour among women (WHO, 2004). Women’s perception of their relationship with their spouse and the roles they play in the family were not studied though many studies looked at the women’s perception on the barriers they faced (Markovic et al., 2005).

The purpose of this study is to explore working women’s perception of factors that influence their decision for cervical cancer screening. Specifically, this study looked at the influence of gender relations and roles among working women with a family.

LITERATURE REVIEW

Gender and Health

A gender approach in health, while not excluding biological factors, considers the critical roles that social and cultural factors and power relations between women and men play in promoting and protecting or impeding health (WHO, 2004). Gender inequalities in income and wealth make women especially vulnerable to poverty. In some parts of the world, this makes it difficult for them to acquire the necessities for health, especially during the reproductive years when family needs are greatest (Doyal, 2001). An example of effects of gender differences is also seen in unwanted pregnancies. Unequal power relations between men and women often limit women’s control over sexual activity and their ability to protect themselves against unwanted pregnancy. For example, in some societies, women can only avail family planning services with the formal consent of their husbands (Narimah, 2006).
There has been growing recognition that the biological differences between the sexes extend beyond the reproductive. A wide range of genetic, hormonal and metabolic factors influence male and female patterns of morbidity and mortality. Sex specific diseases such as cancer of the cervix and prostate are the most obvious example (Doyal, 2001). Though studies have shown that female more than male would be involved in preventive health measures, for instance, 25% of female compared to 12% of males in a study by Liang et al. (1999), the percentage of pap smear remains low in some countries including Malaysia (Ministry of Health Malaysia, 2002).

**Pap Smear Screening Program**

In Malaysia, the pap smear screening program was established in 1969, following the integration of family planning services into the Maternal and Child Health Program of the Ministry of Health Malaysia. Pap smear services are provided free to all women aged 20 to 65 years old. Pap smear is being done every three years for women without health problems and with normal pap smear results. For women undergoing pap smear for the first time, pap smear is done yearly for the first two consecutive years (Ministry of Health Malaysia, 2004). Most women who had their pap smear in Malaysia are those in the reproductive age group. They were informed about pap smear and offered free test during antenatal, postnatal and family planning clinic sessions. Hence, majority of the women who had their pap smear done were in the age group of less than 40 years. Coverage for women age 40 and above were low i.e. less than 35% (Ministry of Health Malaysia, 2002). This is worrying because cervical cancer incidence rate in Malaysia increased with age after 30 years. The incidence rate in 2003 for women in the age group of 30 – 39 was 14.6% and increased to 39.1% for those in age group 40 – 49. This rate increased further to 71.6% among age group of 60 – 69 years (Lim et al., 2004).

In many countries, including most middle-income developing countries, the existing programs failed to achieve a major impact. An excellent coverage of screening would achieve an incidence fall within 10 years of starting the program. (WHO, 2002)

**Factors Influencing Cervical Cancer Screening Behaviour**

Many studies have looked at motivational factors as well as barriers towards cervical cancer screening. Among motivational factors studied were recommendations by physicians, family, neighbours and friends, and previous experiences with cervical cancer patients within family (Pelcastre-Villafuerte et al., 2007).

A study by Nguyen et al. (2006) looked at pap smear awareness factors, pap smear intention factors and factors associated with women who had pap smear done. Findings for pap smear awareness factors include increasing age, high English fluency, married, higher educational level, have insurance, had pap smear before, recommended by physician, and attended by women health personnel. Women who have pap smear intention were married, have women health personnel, recommended by physicians and had pap smear done before. While factors associated with women who had pap smear done – married, higher education, women doctors, doctors treated them respectfully, and recommended by physicians.

Motivational factors towards cervical cancer screening were beliefs that pap smear can prevent cancer, beliefs pap smear is necessary for sexually active women, lack of concern on discomfort and cancer being discovered, have received family planning services, have a regular provider, married, and have received physicians’ recommendations (Taylor et al., 2002).

Barriers to cervical cancer screening in the study by Pelcastre-Villafuerte et al. (2007) were mostly gender related factors such as perception of having low risk of cervical cancer, absence of preventive
attitude towards one’s health, regard pap smear as uncomfortable, women’s perception that husbands do not need to participate in their (women’s) health, thus do not seek support from partners, seldom share experience with family members or acquaintances, thus do not know of other family members’ experience with pap smear or cervical cancer, perception that losing a womb and not having children as useless being a woman, submissiveness of women to men in relation to having sexual intercourse leading to the fear that men would seek elsewhere if not satisfied with their wives. If confirmed to have cancer, women fear of abandonment, belief that women’s role is to provide pleasure to partner at her own expense, and embarrassment due to their body will be seen in examination. This study also looked at husbands’ perception on cervical cancer screening. The husbands reported shame for the fact that their wives’ body will be seen, and husbands fear for their children’s care if the wife is diagnosed with cancer. Other barriers to cervical cancer screening include lack of pap smear awareness, low income group experience bias in heath care system (Nguyen et al., 2006) and beliefs that pap smear should be done by a gynaecologist (Taylor et al., 2002).

In Malaysia, factors identified to be barriers to women were uneven distribution of medical facilities (Cheah & Looi, 1999), lack of knowledge about availability of screening, cultural reasons, belief of not sick, not at risk, to screen is to get the disease, ignorance, perception that husband does not permit if done by a male doctor, busy with housework, childcare and work (Wong et al., 2006). Chee et al.’s (2003) study among factory workers in Malaysia found that pap smear screening was higher among older women, married, have young children, women who were on contraceptive pill or intra-uterine device, and had a medical examination within the last 5 years.

Not many studies done about the influences of gender relations and gender roles on cervical cancer screening behaviour (Markovic, 2005). However, a study in Serbia showed that gender roles were one of the most salient barriers to screening. Women’s labour force participation was identified as a problem as management staff, often male, was identified as a barrier to screening. At home, women’s gender roles as providers to health care often subordinated their health needs to other members of the family. Their domestic roles and patriarchal norms provided them with little opportunity to have spare time to access health services. The following sections explain the concept of gender relations and gender roles.

Connell (2007) defines gender relations as the way women and men behave in society and in relation to each other, and among men and women, the way in which they perceive themselves and their attitudes. Gender relations affect the unequal power relations in society. These gender relations shape the ideas, knowledge, values, culture, attitudes, structure of society and social life itself. There are four dimensions of gender, namely power relations, production relations, emotional relations and symbolic relations. Power relations reflects the concept of ‘patriarchy’ where men is seen as a dominant ‘sex class’ and assertion of men’s power over women in instances such as rape cases and sexual harassment. Production relations are a dimension of division of labour by sex. Historically, sexual division of labour was the first structure of gender to be recognized in social science and is extremely common in many cultures and societies. Emotional relations were identified by Connell (2007) as an important dimension of gender, often interwoven with power and division of labour. Emotional commitments can be positive or negative and can exist in sexual relationships, workplace, public places and nationalism. Symbolic relations apply to gender meanings of language, dressing, gestures, and environment. Gender and gender relations have far-reaching impacts on women’s life styles including employment and careers (Maimunah, 2008) and health behaviors such as that of the cervical cancer screening.

On the other hand, gender role is a situation in which different roles are assigned to men and women which are culturally or socially created and are given the status of being natural and normal.
Certain characteristics are expected of men and reflection of being masculine while other characteristics are attributed to women as a reflection of femininity. Gender roles are presumed to generate common gender stereotypes and differences in the behaviour of women and men. Example of situations are division of labour (domestic and in employment), social status (decision making and position in employment), women’s nurturing role at home, etc.

**METHODOLOGY**

This study used a qualitative approach to understand working women’s use of pap smear services in Malaysia. Three women known to the researcher were purposively chosen to be interviewed in the study. The criteria for the women are, they must be married and have children of their own. Each of them fulfills one of the three different cervical cancer screening behaviors which are, had regular pap smear, had pap smear but irregularly and never had pap smear. Regular pap smear is defined as having pap smear within the past three years or for first timers, had pap smear of one year interval from the first smear. Irregular pap smear is defined as those who had pap smear done but do not fulfill the definition of regular pap smear.

Semi-structured in-depth interviews were carried out on the respondents. Five core areas that were asked were: background and contraceptive practice, knowledge about pap smear, general health and medical practice at home, husband’s reaction if wife were to go for pap smear, and perceived enabling and motivational factors towards pap smear. Written consents were obtained from the respondents to participate in the study. As the interviews were tape recorded, verbal consent was also obtained to have the interview recorded. The interviews were carried out in Bahasa Malaysia. Translation to English was done for data analysis and for direct quotes in results section. Validity was done with subsequent interviews and communications to clarify some points and for counter check of transcripts. These were done by email and phone calls as agreed by the participants who were also busy with other commitments. Data analysis was done by constant comparative method (Strauss & Corbin, 1990).

This study has its limitations because it was impossible to look at all factors pertaining to or influencing cervical cancer screening behavior; However, this study gave an introduction of gender analysis (though only partially) of some of the factors influencing screening. Results of the study would only apply to the subjects and cannot be generalized to the population, but may act as a guide for further research.

**RESULTS**

As mentioned, three respondents were recruited for this study based on their different screening practices. In the presentation of the results, each respondent was given a fictitious name. They were Mrs. Lina, Mrs. Sal and Mrs. Ida. Mrs. Lina had never had pap smear, Mrs. Sal had irregular pap smear and Mrs. Ida had regular pap smear. All of them work in government agencies and have a total household income in the range of RM 5000 – RM 8000. Results are presented according to the themes identified in the analysis according to the cases, followed by a cross-case discussion.
Case 1: Mrs Lina

Mrs. Lina is 32 years old and married for 7 years. She has 3 children, and the youngest is 3 years old. She had her implanon inserted in the year 2005. Three themes emerged in the interview with Mrs. Lina. They are knowledge, time and spouse support.

Knowledge

Mrs. Lina got to know about pap smear from pamphlets she obtained during her visits to the health clinic. However, even though she is on contraception (implanon), she was not offered pap smear test when she had the device inserted. When asked what does she know about pap smear, it was found that her knowledge on pap smear was very minimal and inaccurate. She said: ‘Pap smear is a method to detect cancer of the cervix by taking some of the tissue from the vagina. All women must have it done especially those who are already 40 years old whether they are married or not.”

Even with this minimal knowledge, Mrs. Lina is aware that pap test is important to detect cancer. But she feels that she is at low risk of having cervical cancer. She attributes this confidence to having no family members with cancers and she trusts her husband does not practice high risk behaviors:

The test is important because we can know if we have cancer. All women need to do the test especially if married and have children. I feel I’m at low risk to get cancer because none of my family members have. And I’m confident that my husband practices a healthy life style, he doesn’t smoke, drink alcohol or have many sexual partners.

When asked what would motivate her to go for pap smear, Mrs. Lina said that if she had further information on cervical cancer in the media, it might frighten her enough to motivate her to go for the pap test. “Information in the media on the increasing cases of cervical cancer and other cancer especially in women frightens me. I don’t want to get the disease….”

Knowledge on the severity of cervical cancer was linked to her role as a mother. Though she has not had her pap smear done, she expressed her fears of having cancer. “I don’t want to get any dangerous disease and I want to avoid it (the disease) because I’m still young and I need to take care of my children who are still young.”

Time

Mrs. Lina claims she has no time to go for pap smear because she’s busy at work. “My busy working hours is the main reason I don’t have time to go for pap smear.” The health centre only opens during office hours. If she goes to the clinic for her pap smear, she foresees that she would be absent from office for almost half a day. There is also the problem of limited parking space. Though her boss is a male, she feels there is no problem in getting permission to take time off. But she has never tried asking her boss:

It’s difficult for me to divide my time because I’m busy with my work. The health centre that does the pap test only opens during office hours, so I have to leave my work and it might take half a day. I also feel there is problem with parking because of limited spaces.

However, if she is sick, she will take the time off because she can’t continue working when ill. The fact that she does not feel ill makes pap test not a priority. “It’s different when we’re sick. Because when we are sick, we can’t work. Pap smear is done when we are well. This makes it not a priority.”

When asked whether she would consider going to the private clinic as the operating hours are more flexible, she said she’s not keen to do so because she would have to pay for the service. “I would never think of going to have my examination in the private clinic because I’m certain the cost is far more
expensive than the government clinic.” After work, she is busy with her role at home doing house chores. Her time is full coping with work and family:

I only have time to do my house chores when I come home from work, until late at night. I only do the important ones which can’t wait like washing clothes, and cooking. Other chores like cleaning the house is done during the weekends.

Even with her busy schedule, she would not consider stopping work to reduce the burden because having her own income gives her a financial freedom:

I still want to continue my career because it will assure a better life for my family. I don’t like to depend on others especially my husband because I know I can manage my career and family though sometimes it is an ordeal for me. I want to have my own income and free to use it without restriction from anybody”

Spouse support

Mrs. Lina was asked how does she anticipate her husband’s reaction if she told him she wants to go for pap smear examination. Mrs. Lina was confident that of her husband’s support in allowing her to go because he knows of cervical cancer. But she does not expect her husband will be the one to suggest that she goes for her pap smear examination because non of the family members or friends has ever had the disease:

I know he will support me because he knows the risks and effect of cervical cancer. It’s just that he will not make the first move (to encourage her to go for pap smear) because non of his family members or friends has ever had the disease, so he is not insistent in (asking) me to have the examination.

For Mrs. Lina, she usually makes the decision whether to go to the clinic for treatment if she or her children are ill. Her husband usually agrees with her and they will go together to the clinic. Decision is also made in the same way for preventive health care like pap smear, she is free to make her decision. She doesn’t mind if her husband does not accompany her. But if she needs her husband’s assistance, then she will have to make arrangements so that the time is convenient for him:

He will allow me to go, but he will not fix the date. Everything depends on me. He also will not cancel his appointments to accompany me. So if I want him to accompany me I have to make sure the date is convenient for him.

Case 2: Mrs. Sal

Mrs. Sal is 31 years old and married for 5 years. She has one child aged 4 years old. Mrs. Sal had her pap smear once in 2005. Then she did not have any other test done. Though she had intrauterine contraceptive device inserted in 2005, she was not offered information or advised on pap smear at the time of insertion. In the interview with Mrs. Sal, three themes emerged i.e. knowledge, financial and support and encouragement from spouse and doctor.

Knowledge

Mrs. Sal first knew about pap smear when she accompanied her mother to the health clinic. However, at that time, the attending medical officer was a male. She refused to have pap test at that time. Mrs. Sal has some knowledge about pap smear but her knowledge is also very minimal and inaccurate. “Pap smear is a test to determine if someone had cervical cancer. It is being done by taking a small amount of tissue from the walls of the vagina.” She was only briefly informed by her regular doctor in the private centre. Mrs. Sal usually gets information on anything from the media. Thus, it is frustrating
that there is not much information about pap smear. She even blames this lack of information for her delay in having the pap test:

It is a problem getting information on pap smear from television commercials. I rarely visit the health clinic. Most of the time I get information from the television only, if newspapers, we only buy on Saturdays and Sundays. If the television gives information on the importance and benefits (of pap smear), I would surely had my test done a long time ago.

When asked if her knowledge had helped her to decide to have the pap smear test done, she admitted that she did not have enough knowledge on the importance of pap smear. She had it done because it was suggested by her regular doctor:

Actually, I don’t know much about the importance of pap smear, but when my regular doctor in the private clinic suggested that the test is good to determine my health and can treat cancer if I know it early, so I feel I have to have it done.

Financial

Mrs. Sal usually goes to the private clinic which is also her husband’s panel doctor. But the fees that the company will pay for is limited to RM 500 per year. If the maximum fee is already reached, Mrs. Sal will get treatment from the government clinic. She’s not keen to go to the government clinic because of the long waiting time.

Usually we prefer to get treatment from the private clinic which is covered by my husband’s company. But there is a limit of RM 500 per year. So, if the limit is reached, we have to get treatment from the government clinic. I don’t like going to the government clinic because there is a lot of people and I have to wait a long time to get treatment. If I bring m child, he will get bored and show tantrums. Usually if the limit is reached, I we fall ill, we’ll just take the panadol or any medicine from the pharmacy. We’ll only go to the clinic if the illness becomes prolonged or worse.

So, since Mrs. Sal prefers to go to the private clinic where she would have to pay if the fee is exceeded, she will get her pap smear done if she has extra money. Replying to the question on what motivates her to have pap smear done, Mrs. Sal said, “Financial factor because I will only have my pap smear done if I have extra money.”

Support and encouragement from spouse and doctor

Mrs. Sal admitted that the main reason she had her pap smear done was because she was told by the doctor to do so. “I feel that if nobody had advised me have the test, I won’t do it. Only because the doctor advised, I did it.” And this factor was emphasized as she repeated this when asked in general the factors she feel will motivate her (besides financial factor). “Encouragement from doctor and husband, because I will follow the doctor’s advice which will be of benefit to me.” The support from husband was also emphasized when she mentioned it again, “I just hope that my husband will support whatever health treatment that I undertake.” For Mrs. Sal, her husband is always supportive in many ways. He will give financial assistance as well as help to take of the child when she has her treatment:

Usually when I want to go to the clinic, my husband will follow. He will take care of the child when I get my treatment. Where the payment of fee is concern, my husband will pay, but if he has no money because of other commitments, I will use my own money.
Case 3: Mrs. Ida.

Mrs. Ida is 49 years old. She’s married for 27 years and has 3 children. The ages of her youngest child is 17 years old. She is currently not on any contraception. Three themes were identified in this interview, namely, knowledge, support form spouse and doctor, and positive thinking.

Knowledge

Mrs. Ida has the advantage of getting adequate knowledge about pap smear because she works in the medical department. Part of the information which she mentioned is written below.

Pap smear is a test to detect signs of cancer of the cervix. If known early, treatment can control the disease from spreading and can reduce fatality. This test is encouraged for all women who had ever had sexual relationship even if they are not married. This is because one of the causal factors is infection with human Papilloma virus which can be transmitted from sexual intercourse.

However, Mrs. Ida admitted that even if she has adequate knowledge, it does not guarantee that she will go for the test. Sometimes she forgot about it and was reminded by her personal doctor. “Sometimes I do it because I was reminded by my personal doctor.”

Support from spouse and doctor

Mrs. Ida and her husband usually make decision together with regards to treatment for any family members who is sick. For preventive health measure, like pap smear or general medical check-up, they usually encourage each other to have it done. Mrs. Ida usually goes by herself, so does her husband. As she mentioned:

Usually I go on my own because it is my own responsibility. My husband gives encouragement because both have us know about family health. I also encourage him to have screening for prostate cancer and others. There’s no problem with husband support because he feels it is very important.

As mentioned above, Mrs. Ida is sometimes reminded by her personal doctor to have pap smear done. This is further emphasized when one of the factors which she mentioned that would motivate her to have pap smear done is reminder from her personal doctor. “When reminded by my personal doctor only I have the pap smear done.”

Positive thinking

When asked if she faced problems in getting pap test, Mrs. Ida was very positive that there is no problem in getting the test. She relates this to factors pertaining to the health centers. But she also cautioned that working women might still face problem of working hours and financial:

There is no problem to get pap smear test because the service is provided in many clinic and there are many female doctors. So, don’t have to feel shy anymore. However if in the government clinic, the service hours is limited and can be difficult for working women. It is easier in the private clinic but the payment may be high and sometimes they include other irrelevant test and they charge you.

DISCUSSIONS

All the women have knowledge about pap smear though the amount and accuracy of knowledge varies among them. Two of them referred to knowledge as one of the factors that motivates them to have pap smear. The knowledge has to be easily available such as in commercials and the importance of pap smear should be highlighted to show the impact of cervical cancer on women. In other studies, knowledge
was also an important factor for women to have their pap smear (Nguyen et al., 2006, Wong et al., 2006). These studies showed that lack of knowledge was a barrier towards pap smear. The fact that Mrs. Ida who had regular pap smear done has adequate knowledge on pap smear supports these findings. But, Mrs. Ida also admitted that knowledge alone is not enough. She also needs reminders from her physician to make sure that she has it done regularly.

Choosing the clinic to have pap smear done has its own barriers. Women going to the government clinic faced problems of accessibility such as long waiting time because the place will be crowded with patients, and limited parking space. On the other hand, women who choose to go to private clinic has the convenience of time but must be prepared to pay an amount of money for the service. The problem of having female doctors and being shy is no more a barrier compared to other studies done (Nguyen et al., 2006, Wong et al., 2006).

Encouragement and motivation from spouse and doctors appears to be important factors in assuring women would go for their pap test. This is mentioned by all three women in this study. Other studies have also showed these factors to be prominent (Taylor et al., 2002; Nguyen et al., 2006; Pelcastre-Villafuerte et al, 2007).

Preoccupation with work and gender roles in the family appears to be barriers for working women especially if she has a busy schedule. Even if their bosses do not pose as a barrier, work itself is a hindrance for them to get time off for their healthcare. Women in labor force and having to fulfill their gender roles at home was also found to be barriers to having pap test as supported by studies of Markovic,(2005) and Wong et al (2006).

Many studies have shown that pap smear test was higher among women who have contraception or have small children because they would have had contact with health personnel and thus would be advised to have pap test (Chee et al., 2003; Wong et al., 2006). However, it does not happen in this study. Though two of the women had contraceptive and have small children of less than 12 years old, they did not get advice on pap smear during visits to the clinic for these purposes. This suggests that doctors should always advise their patients about the importance of this screening activity.

This study has involved the women’s views on their spousal support towards pap smear. Further study can be carried out to interview the husbands separately to get their views on pap smear. Many research on women and gender look at population of women who are discriminated or marginalized. Further studies can also look at urban women and understand their problems in relation to gender issues which also hinder them from preventive health care.

**CONCLUSION**

The conclusions generated are only applicable to the participants in the study. This study showed that though the women have some common sociodemographic factors like being married, have young children, had tertiary education, have permanent jobs, have husbands who work, moderate to high income level, their experiences in life differ and affect the outcome of their health behaviors. This strengthens the argument on the importance of qualitative research in obtaining the richness of data.

In this study, though the women have jobs, they still carry out household work. In addition, their husbands seemed to help them out in the domestic chores. Though gender roles at home can be a barrier to women towards pap smear or preventive health care, women can overcome this by other alternatives and arranging their time so that it is convenient for them to go to the clinic. Preoccupation with work can be overcome if employers play a role in promoting health screening behavior by giving special time slots.
in a suitable duration of time at work (annually or biennially) for their employees to get special medical services at a clinic.

Although gender relations between husband and wife is of egalitarian type, i.e. women have the freedom of movement, empowered to make decision and financial freedom, these do not guarantee that they will practice preventive health care. They face external barriers such as unfriendly health facility and dedication to work. Common factors mentioned by all women that would motivate them to have pap smear are information in media and reminders and encouragement from doctors and husbands.

Suggestion should be made to the authorities to have more information on cervical cancer especially in electronic media. Health facilities should be more client-friendly in order to attract women to preventive health care, especially government facilities as women prefer to go to government clinics compared to private. Husbands should also be included in health campaigns and educational initiatives so that they can encourage and give support to their wives for pap smear screening. Health personnel should take the opportunity during any contact with patients to encourage them to have pap smear done. Employers should also play an active role in promoting health screening and should believe in the fact that a productive employee comes from a healthy human resource.

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