CHAPTER I

INTRODUCTION

1.1 Background and Significance of the Problem

A Thai proverb says: "Lack of mom is like a wrecked raft " to indicate the vitality of mother who brings a powerful hospitality and security for home. A mother takes care of her family, brings up the children, and leads them to the goal of life as an excellent quality human resource. One of the most concerned health problems of women, especially in 30-50 age group, is the high risk of cervical cancer (Tapmongkol, 1981).

Carcinoma of the cervix accounts for 6% of malignancies of women (Berman and Cohen, 1997) and it is most frequently found as the type of cancer that causes death in women (Parkin, 1980). It has been the global issue of public health for years, and continues to be a major concern (Rock and Thompson, 1997). There is evidence that 80% of cervical cancer have been found in the developing countries.

More recently, the Ministry of Public Health has established policies to strengthen the prevention and control for the good health. The essential non-communicable disease like cervical cancer must be screened, and coverage of at least 50 percent of the target population is needed (Ministry of Public Health, 2002).

Up to now, cervical cancer in Thailand has frequently been found and it causes the death of Thai women (Deerasamee et al., 1999). Based on the National Cancer Institute, in 1996 it was 33.1 % of women cancer (447 in 1,440 of cancer cases), followed by breast, oral, lung and ovary cancer, respectively. Moreover, there is evidence from Ramatibodi Hospital that cervical cancer in the same year was still in the top rank of women cancer.

From the studies of the National Institute of Cancer, Ministry of Public Health and Ramatibodi Hospital from 1994 to 1997, stage I cervical cancer was 10-15%, 40-50% with stage II, 30-45% with stage III, and 3-5% with stage IV (Wilailak, 1998). These results were similar to the study of the malignancies of the reproductive tracts carried out from 1995 to 1997 which found that 60.82% of cervical cancer was among all cases of cancers with 19.8% of stage I, whereas, stage II, III, and IV were 42.7%, 30.3% and 7.2%, respectively (Dep. of Malignancies of Women Reproductive Tracts, Songkla Nakarin Hospital, 2002).

It is obvious from these studies that the cases of the second and third stages of cervical cancer were in the highest rate. Therefore, it has important effects in treatment and care. The studies of causes of death in Thailand revealed that 203 cases were malignancies of the reproductive tracts (16.9% of women cancer) and 153 cases were cervical cancer, the most common cause of death in 40-65 age group of women, followed by infectious diseases among ages 30 to39 years. (Chuprapawan, 2000)

Cervical cancer is different from other cancers that 90 percent can be cured in the early stage. The opportunity to recover from stage II, III and IV was 50%, 30% and

10%, respectively (Jaroenpanich, 1989). Physical examination helps to determine the initial clinical stage. However the diagnosis is often suspected from the Pap smear and can be established with cervical biopsy (Berman and Cohen, 1997). World Health Organization (WHO) reported in 1992 that 1 million screened cases by Pap smear technique of cervical cancer were as follows:

1. The cervical cancer incidence rate can be decreased by 20% if the Pap smear test is done in women ages 35 to 40 years.

2. If the Pap test can be done more than half of target population, it will reduce incidence rate of cervical cancer by 44%.

3. The incidence rate of cervical cancer can be decreased by 77 % by screening of the target population group every five years.

When the screening is provided, it is necessary to consider the coverage of population, frequency, and times. For example, 30 times per case of woman ages 35 to 64 years once a year for Pap smear screening will reduce the incidence rate by 93%. However, in fact we can do only 20% in target population group so the decrease is 19%. If the screening is done in every five years, the times of screening will decrease by 6 times per case and the incidence rate will reduce to 83% and cover a half of target population (WHO, 1986). Thus, the current prevention of cervical cancer is aimed to investigate the case early before showing the clinical symptoms.

As we have known, the progress of cervical cancer was gradually developed and takes 10 to 15 years from normal cervical tissue to invaded stage (DiSaia PJ et al., 1997). This stage of change is called "pre cancerous stage" (Wilailak, 1998).

In 1998, the Sub-committee for screening early stage cancers in Thailand presented the project for screening. The goal of this plan was to reduce the mortality and incidence rate of invaded stage cancer by 50% in five years. The strategic management is to promote the widespread use of Pap smear, and to treat the early stage by using simple technique at low cost. The target population was the 35-64 age group of women and had to be screened every 5 years (Srisupandit, 1999).

From the monthly report of Health Office, Trang Province in 1997-2001 on the women's target population were the age of 35, 40, 45, 50, 55, and 60. The number of screening cases in each year were 3.4%, 5.7%, 3.1%, 3.3%, and 4.1%, respectively. The abnormal result was found 0%, 0.2%, 0%, 0.14% and 1.81% respectively.

The screening cases in Yan Ta Khao District in the year of 2001 were only 5.8% and 7.3% in Naikuan Sub-district. Although the rate of the screening case in Naikuan Sub-district was higher than in Province and District, it was still lower than the target of 9th Public Health Development project that needs the coverage of 50% of target population.

As the result of those earlier mentioned, it was too low in screening rate, comparing to the target of the 9th National Health Development project. Although the screening campaign was always done, the result of screening is by the way, not of desirable success. There are still the invaded stage cervical cancer cases.

For these reasons, the researcher attempts to study prevalent rate of the screening and the factors that affect the cooperation of the target group in cervical cancer screening. The study area is Naikuan Sub-district, Yan Ta Khao District, Trang Province. The result of this study will reveal the need of target group which can lead to the most successful process in cervical cancer screening management. This can increase the rate of screening and reduce the mortality rate of cervical cancer.

1.2 Research Questions

1.2.1 What is the rate of cervical cancer in women ages 35 to 64 years in Naikuan Sub-district?

1.2.2 What are the related factors affecting for coming to cervical cancer screening?

1.2.3 Are these related factors associated with coming to cervical cancer screening?

1.3 Objectives

General objective

To study the rate of cervical cancer screening and factors affecting for coming to cervical cancer screening in Naikuan Sub-district, Trang Province.

Specific objectives

1. To study the rate of cervical cancer screening in women ages 35 to 64 years in Naikuan Sub-district, Yan Ta Khao District, Trang Province.

2. To study the related factors for coming to cervical cancer screening among women ages 35 to 64 years.

3. To find if there is an association between related factors and coming to cervical cancer screening.

1.4   Research Hypothesis

1.4.1   Predisposing factors are associated with having cervical cancer screening.

1.4.2   Enabling factors are associated with having cervical cancer screening.

1.4.3   Reinforcing factors are associated with having cervical cancer screening.

1.5   Expected Outcome

The result of this study will be used as the database for action plan in health center. The arrangement of appropriate and harmonious services in response to the need of target group in cervical cancer screening can be provided.

1.6   Terminological Definitions

Cervical cancer screening means the examination of early stage cervical cancer tissue cell with Pap smear technique.

Knowledge of cervical cancer means the knowledge of cervical cancer in aspect of Epidemiology.

Perceptive to cervical cancer means the sense, belief, and opinion about the cervical cancer.

1.7   Limitations of the Study

The data collected by using questionnaires. In case, some respondents cannot read and write, the research's assistant can help.

Some bias may be occurred as they wish to do the favor. This can be avoided by first explaining the objectives (Response bias).

Interference to the research assistants: to avoid the problem, giving them the orientation before data collection.
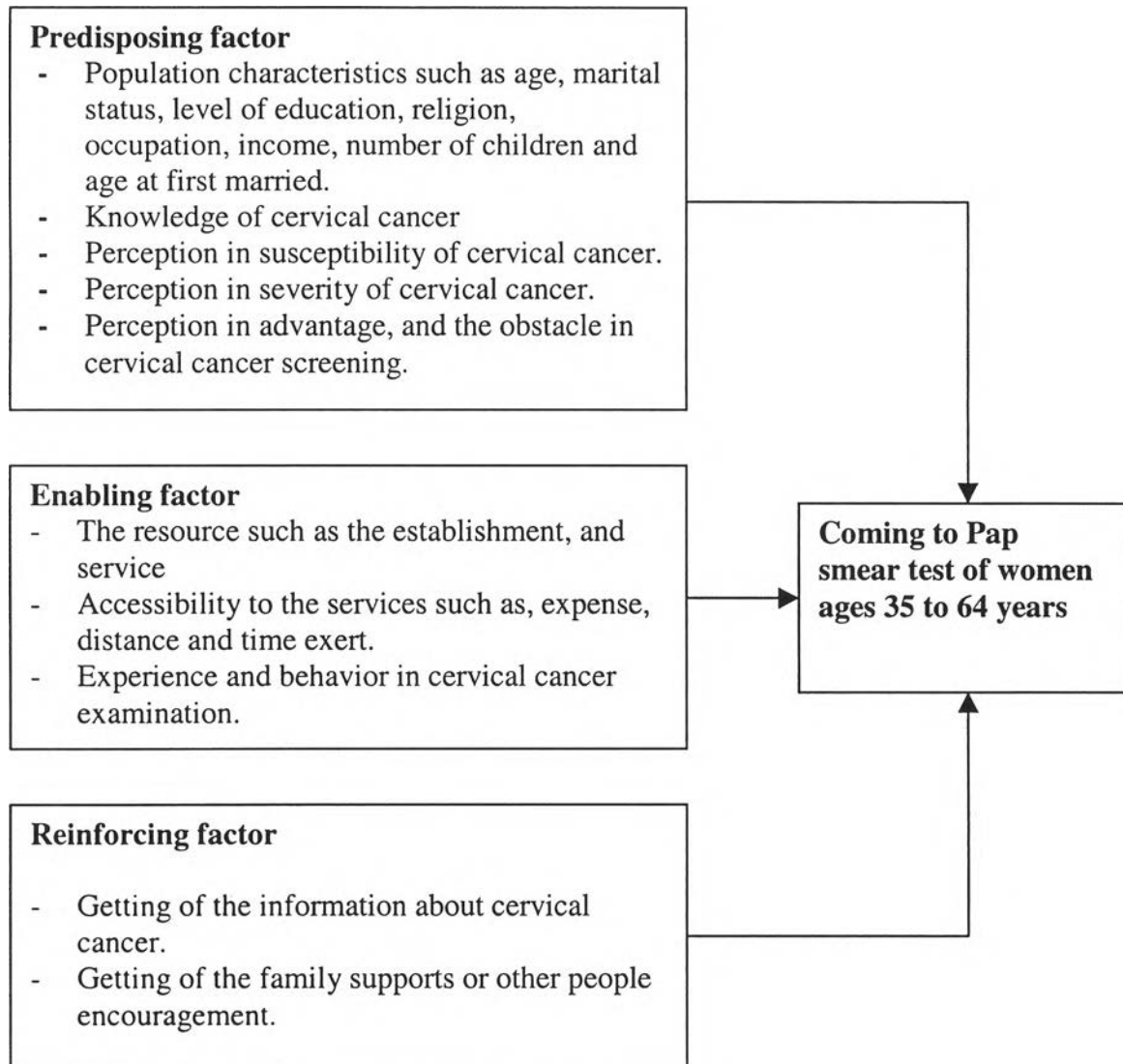
1.8 Conceptual Framework

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│ Predisposing factor                      │
│ -  Population characteristics such as    │
│    age, marital status, level of         │
│    education, religion, occupation,      │
│    income, number of children and        │
│    age at first married.                 │
│ -  Knowledge of cervical cancer          │
│ -  Perception in susceptibility of       │
│    cervical cancer.                      │
│ -  Perception in severity of cervical    │
│    cancer.                               │
│ -  Perception in advantage, and the      │
│    obstacle in cervical cancer           │
│    screening.                            │
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│ Enabling factor                          │     │ Coming to Pap    │
│ -  The resource such as the              │     │ smear test of    │
│    establishment, and service            │     │ women ages 35    │
│ -  Accessibility to the services such    │     │ to 64 years      │
│    as, expense, distance and time        │     └──────────────────┘
│    exert.                                │
│ -  Experience and behavior in cervical   │
│    cancer examination.                   │
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│ Reinforcing factor                       │
│                                          │
│ -  Getting of the information about      │
│    cervical cancer.                      │
│ -  Getting of the family supports or     │
│    other people encouragement.           │
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Figure 1:   **Conceptual Framework**