

# WOMEN'S CERVICAL CANCER SCREENING INTENTIONS IN MALAWI

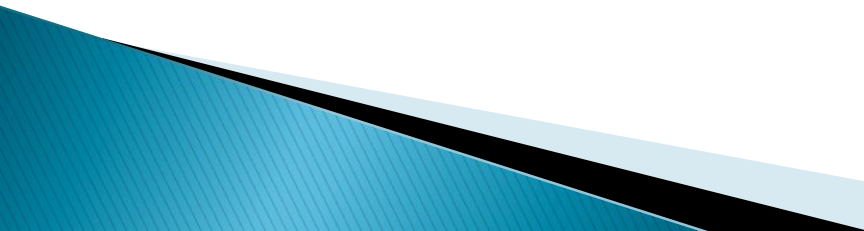
V.J. Ehlers (presenter)

M.Y. Hami

D.M. van der Wal

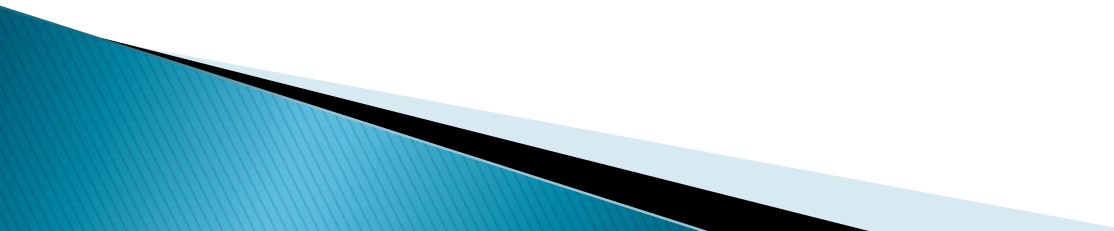
*University of South Africa, Pretoria*

# Introduction

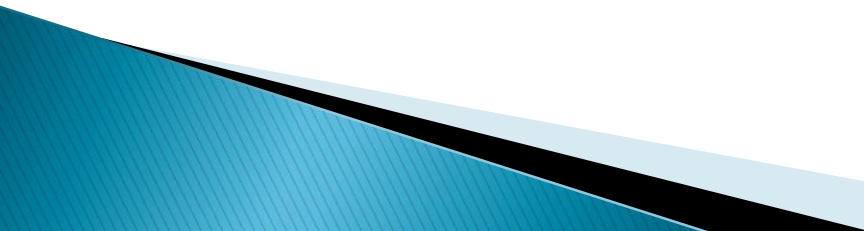
- ▶ Ca cx = most common cancer in women in SSA
  - ▶ Women in developing countries account for 85% of Ca cx deaths
  - ▶ In Malawi 80% of Ca cx diagnosed too late for Rx
  - ▶ Most women, aged 42 and older, diagnosed with Ca cx, had NEVER been screened previously
  - ▶ Ca cx screening services are free in Malawi
  - ▶ QUESTION: What are Malawian women's intentions to use Ca cx screening services?
  - ▶ Target: women aged 42 and older
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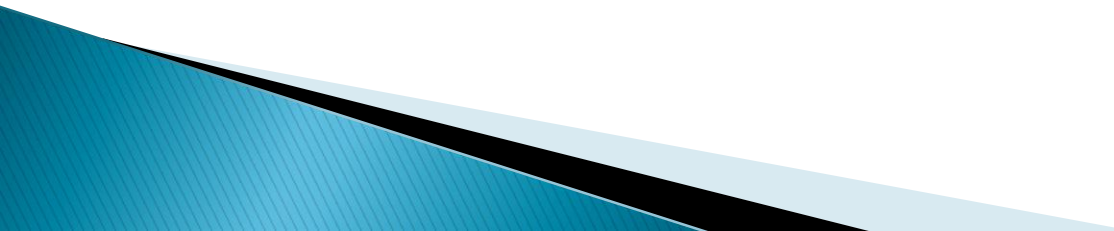
# ASSUMPTIONS

- ▶ Low perceived risk of Ca cx = limited intentions to use Ca cx screening services
  - ▶ Personal beliefs about + perceived susceptibility to a disease influence screening behaviours (Soskolne et al., 2007)
  - ▶ Knowledge about Ca cx and screening influence women's intentions to use screening services
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# Method

- ▶ Cross sectional descriptive quantitative study
  - ▶ Structured interviews were conducted with 381 women aged 42 and older in Blantyre, Malawi, during February and March 2011
  - ▶ Convenience sampling done at 3 public clinics
  - ▶ Items tried to identify women's intentions to use Ca Cx screening services, susceptibility to and perceptions of Ca Cx, previous tests and future plans for Ca Cx screening
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# RESULTS – biographics (N=381)

- ▶ Ages ranged from 42 to 70 years of age
  - ▶ 65.5% were married, 25.9% were widows
  - ▶ 80.0% had 4 or more children
  - ▶ 84.0% had no or only primary school education
  - ▶ Only 13.5% of women were employed
  - ▶ 49.0% of their husbands were employed
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# RESULTS

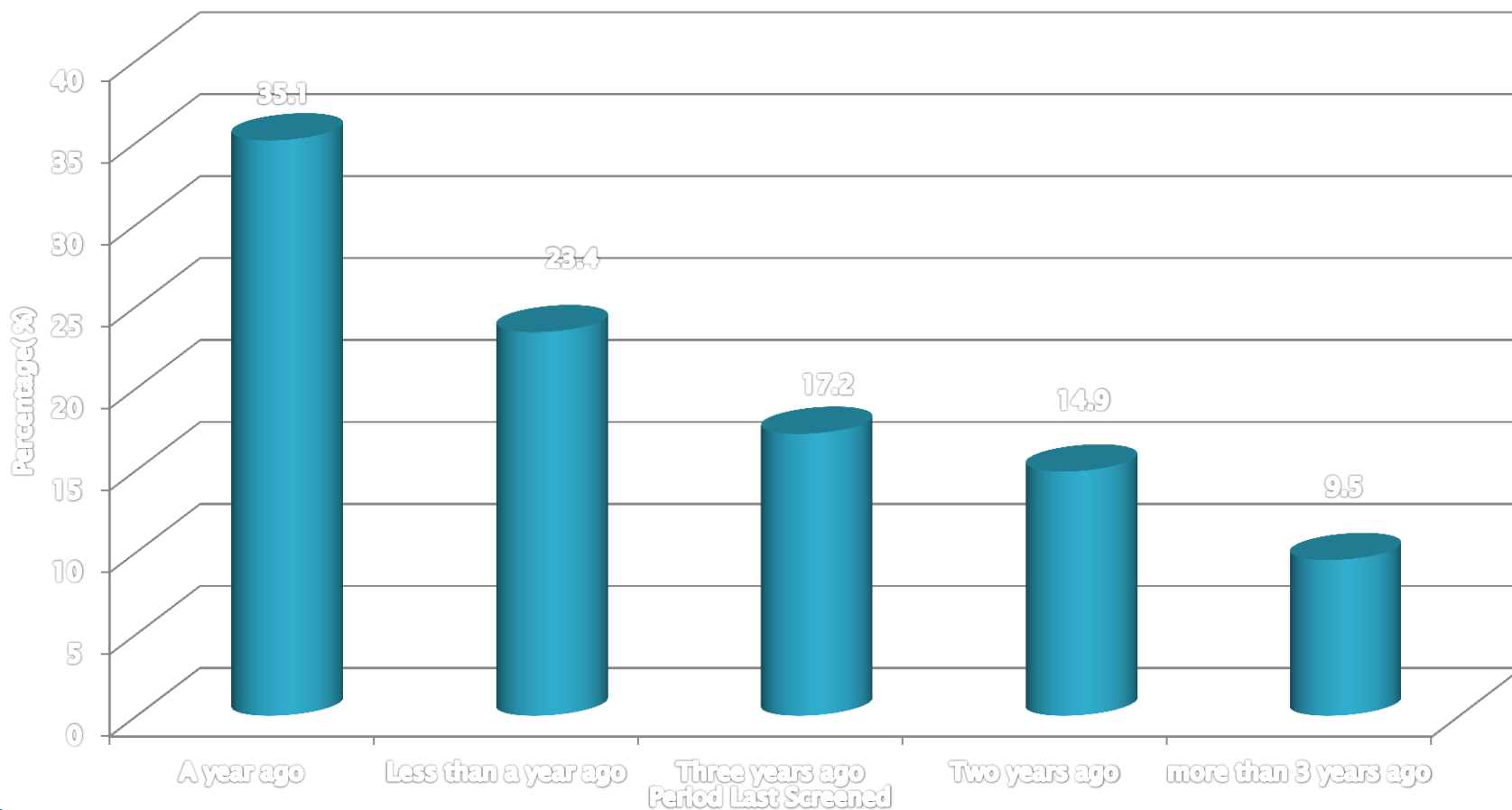
- ▶ Significant associations were found between women's intentions to be screened for Ca cx
- ▶ \*and knowledge of the cause of Ca cx  
( $\chi^2 = 8.9$ ;  $p = .003$ )
- ▶ \* and having heard about HPV infection  
( $\chi^2 = 4.2$ ;  $p = .041$ )

# Table 1: Association: women's intentions to be screened associated with biographic data

Demographics	X <sup>2</sup>	Df	p
Age	9.9	4	0.042
Marital status	18.5	2	0.001
Religion	0.5	3	0.909
Number of children	10.0	2	0.07
Income	1.5	2	0.475
Education level	20.8	3	0.001
Employment status	5.4	2	0.021
Within group occupation status of the spouse	11.5	2	<0.003



# Figure 1: Previous utilisation of Ca cx screening services



**Table 2: Association between perceived susceptibility to Ca cx and screening intentions**

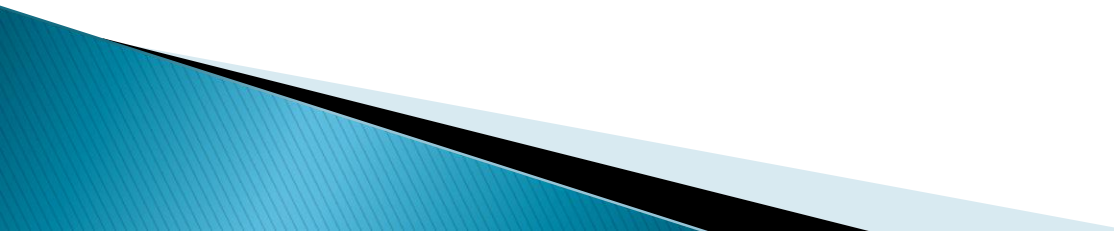
<b>Knowledge about</b>	<b><math>\chi^2</math></b>	<b>df</b>	<b>p</b>
Cause of Ca cx	8.9	1	.003
HPV infection	4.2	1	.041
Ca cx as a health concern	2.6	2	.130

# CONCLUSIONS

Some women

- ▶ lacked knowledge about their Ca cx risk
- ▶ did not know about HPV
- ▶ had misconceptions that Ca cx = bad luck
- ▶ used untested local vaginal preparations
- ▶ were unable to prevent HPV infections and to use Ca cx screening services for early detection and treatment

# RECOMMENDATIONS

- ▶ Enhance women's knowledge about Ca cx, screening, HPV, early diagnosis and treatment
  - ▶ Emphasise women's awareness of their susceptibility to Ca cx
  - ▶ Target women aged 42 and older at all healthcare services
  - ▶ Provide Ca cx screening services at contact points; supplies; adequate feedback and referrals
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# References

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