

**THE RELATIONSHIP BETWEEN HINDRANCE FACTORS AND WORKING
WOMEN'S ATTITUDE TOWARDS PAP SMEAR SCREENING TEST**

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Ministry of Health Malaysia in 2002, had ranked cervical cancer as second highest cancer cases reported in Malaysia. One way to detect cervical cancer is by using Pap Smear screening test. Despite of the importance of having Pap Smear screening test, the participation of women still in low level and becoming worse when the women is a career women. Among the reasons are low awareness, lack of spouse support and negative pre-assumption belief on the Pap Smear screening test cause women to hinder this test. Therefore this paper is aimed to determine the hindrance factors and the working women's attitude towards Pap Smear screening test in factory industry setting. Quantitative paradigm will be used where distribution of questionnaires is proposed as method of study. The data gained will be analyzed using SPSS version 16.0. The objective to identify the level of awareness and to analyze the relationship between hindrance factors and working women attitudes on Pap Smear screening test will be answered as according to previous findings.

Keywords: Pap Smear screening test, working women attitude.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

In 2002, Ministry of Health listed cancer as the third leading cause of death among medically certified deaths in Malaysia. Cancer of the cervix ranks second of all cancers seen in the country . One way to detect the cervical cancer is by using Pap Smear screening test. The definition of Pap Smear by MedicineNet.com is “a screening test for cervical cancer based on the examination under the microscope of cells collected from the cervix, smeared on a slide and specially stained to reveal premalignant (before cancer) and malignant (cancer) changes as well as changes due to noncancerous conditions such as inflammation from infections”, (MedicineNet.com, 2002).

The Pap Smear screening test had been introduced by the Ministry of Health Malaysia since 1969 to ensure that women in Malaysia get the early detection of cervical cancer. Generally, the targeted group are women aged from 20-65 years old. However the concern is given to those who aged around 20 and above and those who already had or still having sexual intercourse. “They are the group that highly targeted will engage with high risk of cervical cancer cases” (Ministry of Women, Family and Community Development, 2009).

Many efforts had been done by the government to encourage women to participate in this Pap Smear screening test. Among that is by giving the free medical treatment for every woman who intended to conduct their Pap Smear screening test at the Klinik Kesihatan, Klinik Desa and Hospital Kerajaan. However, certain cost will be imposed if the women

decide to conduct the test at the Klinik LPPKN, Klinik and Hospital Swasta, Klinik Persatuan Perancang Keluarga, klinik Persatuan Kanser Kebangsaan Malaysia and Klinik Majlis Kanser Nasional (MAKNA).

1.2 Problem Statement

Despite of the importance of having a Pap Smear screening test among the women to prevent cervical cancer, the participation of women towards Pap Smear screening test still in low level. A research proved that, Malaysian women have low rates of cervical cancer screening awareness, intention and utilization (Nor Hayati Othman, 2003) and even among the highly educated (Lim Gerard Chin Chye, 2003). The report by the National Health and Morbidity survey conducted in 1996, shows that only 26% of Malaysian women in the specific high risk group have ever undergone a Pap Smear screening test. Following an intensification of health education program, the Ministry of Health now reports that the coverage has increased to 55% of the population at risk of cancer servix and wtihout the early detection, this can lead to death.

The condition become worst when involving working women. A study conducted by Siti Waringin Omm, Rashidah Shuib, Siti Hawa Ali, Nik Hazlina Nik Hussain, Juwita Shaaban and Harny Mohd Yusoff (2010) pointed out that only 31.8 % of working women (2.3 % professional) are aware of Pap Smear screening test. Housewives and non-working women showed higher levels of awareness compared to women with a career.

Apart from that, a study conducted by Universiti Putra Malaysia (UPM) identified that another barrier to Pap Smear screening among working women is due to their management staff, often male (Anisah Baharom & Maimunah Ismail, 2008). Their study is allign with a

study conducted in Serbia. According to Markovic, Kesic, Topic and Mateji (2005), their respondents claimed that their male managers does not allow them to leave their work to see the gynaecologist if the staff is not in pain.

Malaysian's Ministry of Women and Family Development (2008) , reported that the participation of women in labour force is increasing since 1957 and majority of the women are concentrared in low-skilled and low-waged occupations. Mostly man will manipulated the top management post. Hence, they are unrepresented in top managerial and decision-making posts. Sex role streotyping and gender disrimination at work make nearly impossible situation for women to get their right (Ministry of Women and Family Development, 2003).

Women should particpate in Pap Smear screening test to detect early sign of cervical cancer but why this scenario happen? The cervical cancer is dangerous diseases and why women not aware of the method to save their life and if they are aware, why they doesn't want to engage with Pap Smear screening test? Is job is more important than their health? Do their level of awareness or knowledge regarding Pap Smear, support from spouse and pre-assumption belief affecting their attitude towards Pap Smear screening test are among the barriers towards the Pap Smear screening test. Hence, the aimed of this research is to explore the factors that hinder Pap Smear screening test among working women.

1.3 Research question

- 1) What is the level of awareness among working women towards Pap Smear screening test?
- 2) What is the relationship between hindrace factors and working women attitude towards Pap Smear screening test?

1.4 Research objectives

- 1) To identify the level of awareness among working women towards Pap Smear screening test.
- 2) To analyse the relationship between hindrance factors and working women attitude towards Pap Smear screening test.

1.5 Scope of the Study

1.5.1 Period

The data collection period take 3 days time to collect the data from the respondent. The period starts on 16th until 18th May 2012. The researcher also use the secondary data for further information from range year 2000 until 2011.

1.5.2 Location

The research is conducted in Sharp- Roxy Corporation (M) Sdn Bhd, No 202, Kawasan Perindustrian Bakar Arang, 08000 Sungai Petani, Kedah.

1.5.3 Level

The level of this research is only limited to the married female workers of Sharp- Roxy Corporation (M) Sdn Bhd.

1.6 Significance of the study

1.6.1 This research is significant to identify the hindrance factors and working women attitudes towards Pap Smear screening test on SHARP factory. Other than

that, this research will enhance more understanding regarding Pap Smear screening test and the relation with working women attitudes.

1.6.2 This research will increase the study and the literature on Pap Smear screening test. Apart from that, this research will able to relate some factors that hinder woman from conducting Pap Smear screening test to their working attitudes.

1.7 Definition of Terms/Concepts

1.7.1 Pap Smear Screening Test

The Royal College of Pathologist of Australia (2010), defines Pap Smear as the Pap tests which require the cells are taken from the cervix to be transferred onto a slide. The slide later will be sent to the laboratory to be examine. It is a procedure to early detection of cervical cancer. According to a research by Redhwan Ahmed Al Naggar and Zaleha Md Isa (2010), Pap smear test is the most effective measures to prevent cervical cancer. This statement is also being proved by World Health Organisation in year 2005. Another study state that the Pap Smear screening test had been proven decrease the rate of cervical cancer cases in most countries (Gustafsson, Ponten, Zack & Adami (1997).

1.7.2 Working women attitudes

According to Siti Waringin et. al. (2010), women attitudes is the decision of women in whether to do or not to do the Pap Smear screening test. They also said that working women attitude will affect their action and lead to make a decision toward a

Pap Smear screening test. This study found that the respondent choose not to do the Pap Smear screening test as they having asymptomatic. They choose rather not to know that they having a dangerous disease. In addition, a study by Wong Li Ping, Wong Yut Lin, Wah Yun Low, Khoo Ee Ming and Rasad Shuib (2008), found that about one third of the respondents value their family and social responsibilities as priority compared to their health. This lead to the avoidance attitude towards Pap Smear screening test. The study also find that the attitude of avoidance to Pap Smear screening test is due to time constraint and lack of encouragement.

1.7.3 Low awareness

The research by Siti Waringin et.al. (2010) define low awareness as not having sufficient knowledge on how Pap Smear is being done. They also found that the women are not really know the overall procedure of Pap Smear screening test. Another study suggest that only after being diagnose to Pap Smear screening test, the women will get sufficient education and become aware on Pap Smear screening test (Behbakht, Lynch, Teal, Degeest & Massad, 2004).

1.7.4 Lack spouse support

According to Anisah Baharom and Maimunah Ismail (2008) lack of spouse support happened due to the husband lack of participation in their women's health. The husband also reported shame for the fact that their wife's body will be seen during the Pap Smear screening test procedure. More even worst, the lack of spouse support happens due to the husband fear for their children's child care if the wife is diagnosed with cancer. Another study by Wong Li Ping et. al. (2008), found that lack of spouse support was being admit by the respondent as even the married couples had

never talked and discuss about Pap Smear screening with their spouse. Their spouse never encourage them to go for screening.

1.7.5 Pre- assumption belief

The pre-assumption belief is trust that the women uphold regarding certain matters. It may be created and develop through the religion, the environment and surrounding of the women like their friends, relatives, media and many more. A study by Wong Li Ping et. al. (2008), suggest that cultural beliefs and religious affiliation shape health beliefs among these women and provoke confusion, hesitance and barriers to screening. This study also listed some pre-assumption beliefs like cervical cancer is due to failure to maintain personal hygiene, unpleasant experiences namely pain and discomfort which lead to barriers to Pap Smear screening test.

CHAPTER 2

RELATIONSHIP BETWEEN HINDRANCE FACTORS AND WORKING WOMEN'S ATTITUDE TOWARDS PAP SMEAR TEST

2.0 Introduction

The Royal College of Pathologists of Australia (2010) described Pap Smear screening test as “a simple procedure in which cells are removed from the cervix, the lower end of the womb, during an internal examination of the vagina. The cells are transferred onto a slide and sent to the laboratory, where trained scientists examine the cells under a microscope”. Pap Smear is well known as an effective approach to detect early cytological changes in the cervix (Katoska & Maticic, 2003).

Ministry of Health Malaysia, through its women's health programs initiative has offered Pap Smear screening test programs since late 1960s. However, this program does not get much support from the women in Malaysia. As the report stated in an article regarding the Knowledge and Attitude among Women and Man in Decision Making on Pap Smear Screening in Kelantan, Malaysia, “from 1960s until the year 2000, only about 850 000 women have undergone Pap Smear test out of the eligible 5.2 millions female populations (20 to 65 years) (Siti Waringin Oon, Rashidah Shuib, Siti Hawa, Nik Hazlina Nik Hussain, Juwita Shaaban & Harny Mohd Yusof, 2010). The lack of support is also shown in a report by Ministry of Health Malaysia, reported that “Pap Smear coverage in the country was a dismal figure or less than 2 % in 1992, 3.5 % in 1995, and 6.2 % in 1996” (Annual Reports of Ministry of Health, 1998). If worse comes to worst, this condition disheartens most of the infected women nationwide.

In Malaysia, the cervical cancer cases are the second most common cancer in women. According to the 2002 report of Malaysia's National Cancer Registry, there was an average

of 2000 – 3000 hospital admission of cervical cancer per year in Malaysia, with the majority of cases presenting of late stages of the disease. The report on 2005 by the Social Statistics Bulletin of Malaysia also recorded the increase of cervical cancer death rates from 1996 to 2000 ranged from 0.29 % to 0.41 %.

Some of the researches and studies have underlined the major barriers towards Pap Smear screening test as below:-

2.1 Hindrance factor towards Pap Smear screening test

Despite of the importance of having Pap Smear screening test among women, there are as well hindrance factors of the screening test. Many studies have acknowledged several hindrance factors that contribute to low participation of women towards Pap Smear screening test. A study by Wong Li Ping et.al.(2008), found that the attitudes and beliefs cause the women to hinder this test. Women believed that failure to maintain personal hygiene was a factor to cervical cancer and for Chinese respondents, they believed that certain types of food such as preserved eggs may lead to cervical cancer. None of the respondents are aware on Pap Smear screening test can detect cervical cancer. The study also found that women still having negative perception on the test even they know the purpose of have Pap Smear test. Women believe the test is unnecessary as they will not be susceptible to cervical cancer. Apart from that, the study also found that the hindrance factors to Pap Smear screening test is due to the pelvic examination. The feeling of shame, loss of privacy, anxiety and embarrassment always become an issue especially when the Pap Smear test is conducted by male doctors.

Meanwhile, another studies by Anisah Baharom and Maimunah Ismail (2008), found other hindrance factor towards Pap Smear screening test which is the influence of the opposite sex which is men. In the workplace, male workers are found to provide negative

perceptions toward their female co-workers who undergo or have initiated the intention to go for a Pap Smear screening test. The situation becomes an obstacle for the women to undergo the screening test. Similarly, in a domestic setting, the husbands are found to give minimal or no support to their wives when the issue of Pap Smear screening test is being forwarded. This study also found that the husbands do not encourage Pap Smear screening test due to the fact that their children's care might be abandoned when their wife is diagnosed with cancer. Husbands also claim the feeling of shame when their wife's body is examined (touched and scan) during the test.

Not only that, a study by American College of Obstetricians and Gynecologists (2004), also gave the social and cultural as the barriers to Pap Smear screening test. However, this study is more specific to the urban population. Despite of globalisation and modernisation, the women in urban population found one more factor that lead to the hindrance to Pap Smear screening test where it is due to the financial. This study also suggests that low- income urban women consistently prioritized care for their families over care for themselves. Additionally, not living independently were significant barrier to seeking care at an urban public hospital (Behbakht, Lynch, Teal, Degeest & Massad, 2004).

The hindrance factors to Pap Smear screening test may be also due to the obesity. A study by Wee, McCarthy, Davis, and Phillips (2000), stated that overweight and obese women reported a greater illness burden to visit their physician more frequently. However, the study concluded that undergo supposedly the obese women should be targeted for increases screening due to obese women has higher mortality rates for cervical and breast cancer. The study estimated that during a 3 years screening interval, a national reduction in cervical cancer screening of 3.5 % in over weight women and 3.7 % to 6.0 % in obese women.

To sum up, most of the studies' results conducted on the hindrance factor towards Pap Smear screening test are due to low awareness among women, lack of spouse support and pre-assumption belief.

2.1.1 Low awareness

Nor Hayati Othman and Matejka Rebolj (2009), quoted by International Agency for Research on Cancer Press (2005), found that one of the reasons for women's failure to be screened is due to lack of the knowledge. This had been supported by another study regarding the social and cultural barriers to Papanicolaou Test screening in an urban population (Behbakht, Lynch, Teal, Degeest & Massad, 2004).

However, the issue is whether the knowledge regarding Pap Smear screening test is already adequate for the women as later this knowledge and awareness tend to influence the behavior of women regarding the Pap Smear screening test. The study founded that having little knowledge on Pap Smear is among the factors that hinder Malaysian women to undergo Pap Smear screening test. (Wong Li Ping, Wong Yut Lin, Wah Yun Low, Khoo Ee Ming & Rasad Shuib, 2009).Lack of knowledge on cervical cancer and the Pap Smear screening test was found among the respondent in that research. Many women did not have a clear understanding on the meaning of an abnormal cervical smear and the need for the early detection of cervical cancer. Many believed that purpose of the Pap Smear screening tests is to detect existing cervical cancer, leading to the belief that Pap Smear screening is not required because the respondent had no symptoms.

Many studies proved that support and knowledge of people regarding Pap Smear screening test is totally low. Even Malaysia has introduced Pap Smear since

late sixties and early seventies, many researchers still are unable to see any changes in pattern of prevalence of cervical cancer indicating that the Pap Smear screening test coverage did not target the population at risk. Ministry of Health, (1998), reported that Pap Smear coverage in the country was a dismal figure of less than 2 % in 1992 and this figure improved marginally to 3.5 % in 1995. The study by Nor Hayati Othman, Ayob Mukarram Che and Wahid (1995), found that most of the women undergo Pap Smear test are the women who come for post-natal check up.

Universiti Putra Malaysia researchers applied the concept of knowledge in the research where the women are being interviewed to test their general knowledge regarding Pap Smear. “ The knowledge of women regarding Pap Smear screening test will reflect their action regarding Pap Smear screening test” (Anisah Baharom & Maimunah Ismail, 2008).

The answers below are taken from the study by Anisah Baharom and Maimunah Ismail (2008), represent the answer given by the respondent that never had Pap Smear screening test and had a very minimal and inaccurate knowledge regarding Pap Smear screening test:

“Pap Smear is a method to detect cancer of the cervix by taking some of the tissues from the vagina. All women must have it done especially those who are already 40 years old whether they are married or not”

(Source : Anisah Baharom & Maimunah Aminuddin, 2008)

The tissue is actually taking not from vagina but from the cervix. It is not important for the status of married or not married in order to have pap smear test but the concern is more on having sexual intercourse or not. The test is only for women

who already have experienced the sexual intercourse. Having a regular Pap Smear screening test will reduce the likelihood of developing cervical cancer and it could save their life. Hence, it can be concluded that, the less awareness towards the Pap Smear screening test, the more is the probability of not conducting the Pap Smear screening test.

It is quite disheartening to know that many women actually have inadequate knowledge regarding Pap Smear Screening test even they are highly educated. “ Malaysian women have low rates of cervical cancer screening awareness, intention and utilization (Nor Hayati Othman, Ayob Mukarram Che and Wahid, 1995) even among highly educated (Lim Gerard Chin Chye, 2003). According to this research, the women do not have the sufficient knowledge even they have high level of education. This is due to no concern from the women or maybe due to their background of studies which does not relate to health studies. These scenarios happen not only in Malaysia but also in other country.

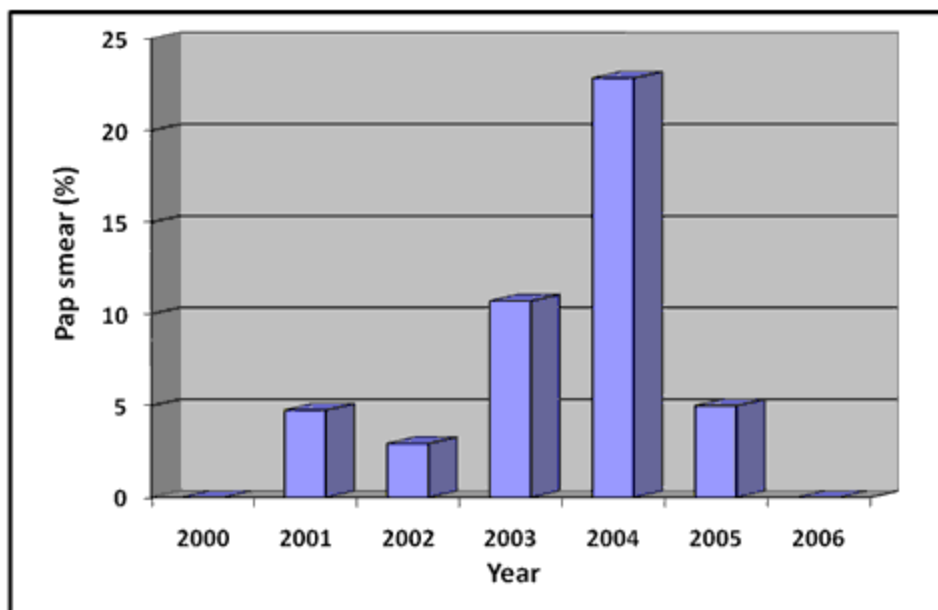
Referring to an article from Ministry of Health United Arab Emirates (2004), they found that “although the teachers have a good knowledge about Papanicolaou Smear tests, they are not commonly practicing it. The major source of information about Papanicolaou Smear tests has been delivered via gynecologist, which represents 53.5 % whereas information distributed through the family physician represent 3.6 % only (Nseem Mohamed Bakheit & Amal Ibrahim Bu Haroon, 2004).

The information regarding Pap Smear screening test does not only come from the healthcare providers but also from many others sources. Women are at liberty to take advice from family or friends, some of whom may themselves be screening attenders or non-attenders. They might consult the medical literature, in the form of

textbooks and journals. Cancer and screening feature frequently in the mass media, which include newspapers, magazines, television and the internet (Whynes, Clarke, Philips & Avis, 2005).

The project collaboration between MAKNA and Clinical Research Platform, Universiti Sains Malaysia was able to record the number of women that participated in Pap Smear screening test for 3 preceding years at Hospital Ipoh.

Figure 1: Bar chart percentage of patients who had Pap Smear done the preceding 3 years in HI



The figure shows the decline in number of women that participated in the Pap Smear screening test (Source : Hayati Othman, Halimah Yahya, Muhammad Ghazali, Norra Harun, Zakariya Yusof, Mukaramah Che Ayob, et.al (2007)

Futhermore, most of the studies found that the awareness of women regarding Pap Smear screening test is low among factories workers. According to a study that are conducted among a group of electronics women wokers in the Bandar Baru Bangi

Industrial Zone, more than half of the women (57.8 %) had heard about the Pap Smear, however only a very small proposition (6.4 %) had ever taken the test (Chee, Siti Rashidah, Shamsuddin & Sharifah Zainiyah, 2003). Similar finding found in another study in overseas. The study conducted among female workers from factories of industrial city in Pakdasht, Tehran as the findings stated that most of the female workers had very limited knowledge and contribute to low uptake of a Pap Smear test (Zohreh Keshavarz, Masroumeh Simbar & Ali Ramezankhani, 2011).

From all the statement above, we can see that there is problem in terms of awareness towards Pap Smear screening test. Women are not aware and has limited knowledge regarding Pap Smear screening test.

2.1.2 Lack Spouse Support

Men and women are made for each other and they are made to complete each other. In Islam it is stated that:

“Men are the protectors and maintainers of women because Allah has preferred some of them (men) on the part of others (women) and they (men) have spent part of their property”

(Source : Surah An-Nisa, 4:34 as refer to Al-Quran, n.d)

From the statement, men play a huge role in women's life. However from many hindrance factors that have been identified, not many studies focus on the role of men which may give influence in the cervical cancer screening test behavior among woman. “ The social, cultural factors and power through relations between women and men will play in promoting and protecting or impeding health” (World Health Organization, 2002). The

contribution and motivation from spouse is actually the powerful instrument to regulate behavior and attitude of women regarding Pap Smear screening test.

According to Siti Waringin et.al. (2010), men have always been neglected when talking about Pap Smear screening test as they have been considered as an outsider as Pap Smear is dominant to women. However, their role should be highlighted as they have emotional relationship with these women and the male partner is encouraged to carry some responsibilities to ensure the continuance well being of the women.

The source of motivation for women in doing anything is the person that they love and that is their spouse. Spouse can be a great motivator and supporter for the women in encouraging them to undergo Pap Smear screening test. The report from the Ministry of Women, Family and Community Development (2003), underlined certain roles that should be played by the spouse in order to supporting their partners in having the Pap Smear screening test. The roles are:

- Loyal to the partner
- Practise a healthy lifestyle by not smoking
- Encourage the partner to having Pap Smear screening test
- Use the condom to prevent the genital infection

All of these roles are stated can be practised by the spouse to encourage their partner (Ministry of Women, Family and Community Development, 2003). This shows that lack of encouragement from the spouse can be a hindrance factor in Pap Smear screening test.

2.1.3 Pre- assumption Belief

Pre-assumption belief is the early perception toward some issues where this perception is inherited by the descendant assumption set (Qiyang Chen, John Wang & Qiang Tu, 2000). According to the study, the cultural beliefs and religious affiliation shape health beliefs among the women where it will provoke the confusion, hesitance, and hinderance to do screening (Holroyd, Twinn & Adab, 2004 ; Yi, 1994 ; Islam, Kwon, Senie & Kathuria, 2006). Women may have various belief regarding Pap Smear screening test and the studies found that mostly women that have negative thinking and belief when discussing about Pap Smear screening test will not conduct this test. A study by Benetts, Irwig, Oldenburg, Simpson, Mock, Boyes, Adam, Weisberg and Shelley (1995), found that among the negative belief which hinder the Pap Smear screening test is due to fearness to conduct the screening test. Through this study, 14% of women answered “ quite a lot” or “ very much for the question it is likely that fear of the medical procedure af Pap Smear screening test.

Apart from that, women also hinder the test due to the reason that they are shamed to undergo the test when the test is conducted by male practitioners. Women also think that the procedure is harsh and painful. The answer given by them when the nurses asked to do the test is by giving excuses of menses because of shyness. These are the common excuses given by the women : “ermmmm...only God know how painful the test. After going home still having the pain”. This belief cause women decide that they did not need to undergo the test (Siti Waringin et. al, 2010).

According to study by Mariah Alwi(2002) and another study by Ismail Bukhary (2002), they also received the same conclusion regarding the negative belief as past studies have shown that lack of time, embarassment, perceiving the procedure as painful and feelings of fear and fatalism over abnormal results become hinderance for doing Pap Smear screening.

Wong Li Ping et. al. (2008), said that the feeling of shame also becomes an issue to women who undergo the screening when the medical practitioner that will carry out the procedure is man. Most of the women in this study identified pelvic examinations as a major source of anxiety, loss of privacy and embarrassment, especially if the Pap Smear was conducted by a male doctor. Several Malay woman insisted that they would only accept a vaginal examination if conducted by the female doctor. A Malay woman in particular noted that her husband did not want a male doctor to perform such examination. Generally, they also found that exposing their private parts to health care providers , regardless the gender, as an invasion of privacy.

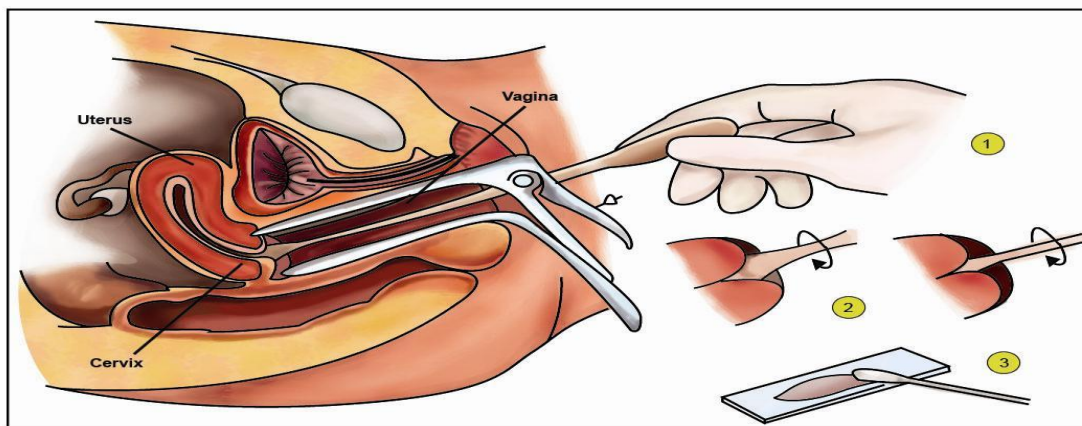


Figure 1: Procedural Image of Pap Smear Screening test.

(Sources: Pitterpatter, n.d)

People refer to their religion to seek guidance in life. According to ethic principles, the religion will shape people's behavior from immoral to moral as according to their scriptures. Religion and Pap Smear screening test relate to one another. According to Nor Hayati Othman (2003), the punishment for those who practice outlaw/ illicit sexual act is severe as shown in Surah An- Nur Ayat 1-26. Not only Islam, illicit sex is also not allowed in strict Judaism, Christianity, Buddhanism and many other religions as well. Illicit sex is one of the factors that may lead to cervical cancer.

In other research by the Wong Li Ping et.al. (2008), it was stated that most of the Chinese who were Buddhists had a strong belief that cancer is inevitable, and it is entirely dependent on one's fate or karma. Such misconception and myth about cancer led to the perception that early detection would not be useful, and that the emotional when the woman know they have a terminal disease would only bring about more stress and worry. Through this study, one of the respondents wanted to avoid bad news:

“when I heard of something. I get worry and cannot sleep. I don't think I will go for Pap smear”.

(Source : Wong Li Ping et.al. (2008)

Hence, it can be seen that a few of negative pre-assumption belief are being bombarded towards the women in which caused hindrance for them to undergo Pap Smear screening test. Thinking about the procedure of Pap Smear screening test, the teaching in their religion and the negative stories that being told by others led to less participation on Pap Smear screening test.

2.2 Working Women's Attitude

Nowadays, women roles are not only limited at home as a mother and a wife but at the same time working and having a career. Their responsibility and their capability are now being acknowledged and women starting to get involved in workforce and become a career women. The statement by Unicef Malaysia (2005), found that women's participation in workforce is currently increasing. The statement is also being proven with the statistic that shows from the mid-term review of the 8th Malaysia Plan, where it states that the proportion

of women who are legislators, senior officials and managers has increased from 5 per cent in 2000 to 5.3 per cent in 2002.

Due to participation of women in workforce, they need to be wise in handling their time as to themselves, to their family and also the commitment to their jobs and their time is totally limited. Do not be shocked with a statement that 1000 career mothers reported in a website as they claimed that, “working mothers just have 26 minutes to themselves”, (Silky Chadvani, 2011).

The statement clearly proved that the career women and also a mother are busy with their responsibilities. As a result, it was caused them to has not enough time to spend on themselves. A study by Siti Waringin et. al. (2010), also showed that lack of time is the barrier of women for not going to Pap Smear screening test. Hence, this can be the reason why the career women are always being said as the group that are unable to give good support to the Pap Smear screening test. Their time constraints forced them to let go the Pap Smear screening test and focus on their family and work without they realise that they actually risking their life by not taking the Pap Smear screening test.

A study by Zohreh Keshavarz et. al. (2011), time limitation as long working hours and difficult to access to health centers are the main barriers to undergo Pap Smear. Due to workload and responsibilities as career women, women may think that having a Pap Smear screening test is not necessary. Job is the priority in their life compared to other matters like Pap Smear screening test.

The working women also need to follow the rule and regulation at their work place where that will be the avoidance factor to them to do the Pap Smear screening test. This situation can be seen when their male managers do not allow them to go for screening test (Markovic, Kesic, Topic & Matejic, 2005). The variety of this hindrance factors on working

women will lead them to undergo the Pap Smear screening test because they are bound with their work.

2.3 Theoretical Framework

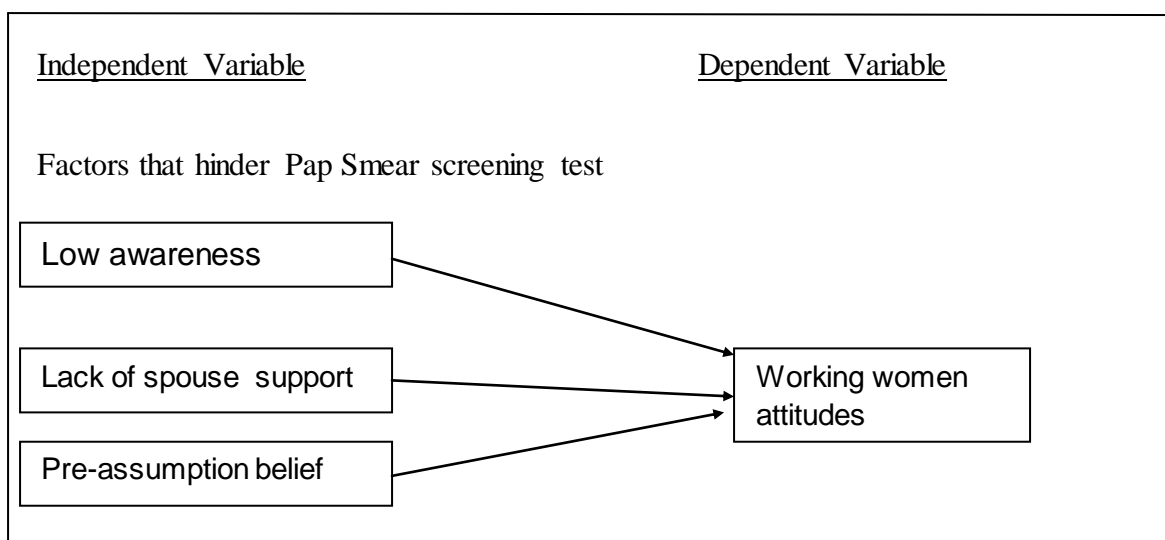


Figure 2.3 : The conceptual framework of the factors that hinder Pap Smear screening test and working women attitudes

2.3.1. Relationship between The Factors That Hinder Pap Smear Screening Test and Working Women Attitudes.

Lack of knowledge on cervical cancer and the Pap Smear screening test could also mean that the women have low awareness on the Pap Smear screening test. This had been explained by Siti Waringin et.al. (2010) where they defined low awareness as insufficient knowledge on how Pap Smear is being done. They also found that the women do not really know the overall procedure of Pap Smear screening test. According to Wong Li Ping et.al (2009), the hindrance factors for women to undergo

Pap Smear test is due to lack of knowledge on the test. Moreover, the women's labour participation in most of the management staff are male dominated cause the women's health issues are given a very low priority (Anisah Baharom & Maimunah Ismail, 2009). Less opportunity is given to the women to gain more knowledge on Pap Smear screening test rather than focus on their commitment in job. When the women is working with the low-waged income, their concern is more on getting more money rather than getting more information about Pap Smear procedure.

The spouse supports play an important role to encourage women to participate in Pap Smear screening test. According to Siti Waringin et.al. (2010), men's group always have been neglected in the cervical cancer despite their important role as biggest influence to the women in terms of making decision and support as expected men will have emotional relationship with the women. However, the working women do not have much time to spend with their spouse due to their commitment at work. The studies by Nguyen, McPhee, Nguyen, Lam and Mock (2000), they found that men do not encourage their wife to involve with Pap Smear screening test due to they feel shame for the fact that their wife's body will be examined during the test. Men also reported of afraid to handle the child care alone if they wife is diagnosed with cancer.

The pre-assumption belief also among the hindrance factors to Pap Smear screening test. According to Wong Li Ping et.al. (2008), women always have been bombarded with a few of pre-assumption belief which makes them avoiding this screening test. The painful procedure and belief that women will not getting the disease cause them to neglect the screening test.

2.4 Hypothesis

1. There is a significant relationship between low awareness and working women's attitudes towards Pap Smear screening test.
2. There is a significant relationship between lack of spouse support and working women's attitudes towards Pap Smear screening test.
3. There is a significant relationship between negative pre-assumption belief and working women's attitudes towards Pap Smear screening test.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

This chapter will explained about the methodologies used by the researcher in order to conduct their research. It involves the research design, sample size, unit of analysis, sampling technique, how the data was collected and data analysis that relate to the research. This chapter is important in order to gather all the necessary data for the analysis to meet the research objectives.

3.1 Research design

According to Sekaran (2010), research design will relates to the overall approach to the study. Kerlinger (1992), quoted by Sekaran (2010), state the basic purpose of the research design is to ensure internal and external validity. For internal validity, the researcher will establish the cause and effect chain between the independent variable (factors that hinder Pap Smear screening test) and dependent variable (working women attitudes). Meanwhile for external validity it will relates to the generalisability of the findings to the population (Sekaran, 2010). The researcher choose the cross-sectional study where the data were collected from SHARP Factory Kedah, between 16th to 18th May 2012 to study their relationship between the hindrance factors and working women attitudes on Pap Smear screening test. This method was chosen as according to Sekaran (2010), cross-sectional studies is low cost, high degree of reliability and short timing. The questionnaire will be

distributed to the respondent and the respondent are given 3 days to complete the surveys.

This method is to give the convenient time to the respondent.

3.2 Unit of Analysis

The unit analysis refers to the level of aggregation of the data collected during the subsequent data analysis stage (Sekaran, 2010). The unit of analysis can be individual, dyads and groups. The unit of analysis in this research is individual, which is the married female workers of SHARP Factory, Sungai Petani.

3.3 Sample size

The sample size is the actual numbers of sample chosen to represent the population. The population of the research is which consist of all female workers of SHARP Factory, Kedah. The sample size of the research is only..... Only the married female workers are selected as research sample.

3.4 Sampling Technique

In this research, probability sampling is used where in the population as known of being chance of being chosen as subject in the sample. The technique that the researcher use is stratified random sampling which is the population is divided into mutually exclusive group that are relevant, appropriate, and meaningful in context of the study. According to this research, the population of the respondent is all female workers of SHARP factory, Kedah and the sub population is the married female among the workers in SHARP factory, Kedah.

3.5 Measurement/Instrumentation

3.5.1 Nominal Scale

This nominal scale allow the researcher to assign subject to certain categories or group. Nominal Scale is commenly use in demography part. The researcher use this scale for part A question which is age, race, religion, level of education and year of service.

3.5.2 Interval Scale

An interval scale allows the reseacher to perform certain arithmetical on the data collected from the respondent. Under the interval scale, the researcher measured the element of the variable through Likert Scale. According to Sekaran (2010), likert scale will examine how strongly respondent agree or disagree with a statement. In this research, the researcher use 6-point scale with the following anchors:

Strongly disagree/ <i>Sangat tidak bersetuju</i>	Disagree/ <i>Tidak Bersetuju</i>	Slightly disagree <i>Agak Tidak Bersetuju</i>	Slightly Agree <i>Agak Bersetuju</i>	Agree/ <i>Bersetuju</i>	Strongly agree/ <i>Sangat bersetuju</i>
1	2	3	4	5	6

Figure 2 : Likert Scale use to determine how strongly agree and strongly disagree with the statement

The researcher use likert scale in section B, C, D and E. Section B will cover the questions regarding the level of awareness of the respondent on Pap Smear screening test. Meanwhile in Section C, the respondent will be asked regarding their spouse support on Pap Smear screening test. In section D, the question is about pre-assumption belief that respondent have regarding the Pap Smear screening test. Lastly for Section E, the researcher try to investigate the attitudes of working women towards the Pap Smear screening test.

3.6 Data Collection

Data collection that the researcher use for this research is primary data. Primary data can be define the collected data in firsthand on the variable of interest for the specific purpose of the study (Sekaran, 2010). In this research, the researcher use questionnaire to collect data from the respondent. Questionnaire means a written set of question to which respondent are record their answer and it is an efficient data collection mechanism when the researcher knows exactly what is required and how to measure the variables of interest (Sekaran, 2010).

The researcher use the personally administered questionnaires and distribute the questionnaire to all the respondent who is married women. The questionnaire was divided into section A for the background of the respondent and section B, Section C, Section D, and Section E for the question of independent variable and dependent variables.

3.6.1 Section A: Demographic Question

This part consists about the background of the respondents such as age, race, religion, level of education and year of service. Sample item as below:

Figure 3.6.1: Age of Respondents

1. Age / *Umur*

<input type="checkbox"/> 20 - 25	<input type="checkbox"/> 46 - 50
<input type="checkbox"/> 26 - 30	<input type="checkbox"/> 51 - 55
<input type="checkbox"/> 31 - 35	<input type="checkbox"/> 56 - 60
<input type="checkbox"/> 36 - 40	<input type="checkbox"/> 61 - 65
<input type="checkbox"/> 41 - 45	<input type="checkbox"/> 65 and above

3.6.2 Section B: Awareness

This section about independent variable and it consist about the level of awareness about the Pap Smear screening test. That can be seen through the question either the respondent aware about the test. The questionnaire was adopted from the previous research done by Siti Waringin et.al. (2010), Giede, McFadden, Komonoski, Agrawai, Stauffe, and Pierson (2010) and Anisah Baharom et.al. (2009).Sample item as below:

Figure 3.6.2 : Respondent level of awareness about the Pap Smear

1	I am not aware the existence of the Pap Smear screening test	1 2 3 4 5 6
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3.6.3 Section C: Spouse Support

This section is about independent variable and it consist the question regarding on spouse support. The question was adopted from the previous research done by Anisah Baharom et.al. (2009). Sample item as below:

Figure 3.6.3 : Spouse Support regarding Pap Smear

1	My spouse is skeptical about Pap Smear screening test	1 2 3 4 5 6
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3.6.4 Section D: Pre- Assumption Belief

This section is about independent variable and it consist the question regarding the respondent belief toward Pap Smear screening test. The question was adopted from the previous research done by Wong Li Ping et.al. (2008) and Holroyd et.al. (2004). Sample item as below:

Figure 3.6.4 : Pre-Assumption Belief regarding Pap Smear

B ₁	I believe Pap Smear screening test is a painful procedure	1 2 3 4 5 6
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a

3.6.5 Section E: Working Women Attitude

This section discuss about dependent variable and it consist the question regarding the respondent attitude toward Pap Smear. The question was adopted from the previous

research done by Siti Waringin et.al. (2010), Anisah Baharom et.al. (2009) and Markovic et.al. (2005). Sample item as below:

Figure 3.6.5 : Working Women Attitude regarding Pap Smear

B1 a	I am unable to undergo Pap Smear screening test during work days due to my workload	1 2 3 4 5 6
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3.7 Data analysis

The analysis of the data is done by using the Statistical Package for Social Science (SPSS) version 16.0. The statistical techniques uses are:

3.7.1 Cronbach's Alpha

The Cronbach's Alpha is a reliability coefficient that will indicates how well the items in set a positively correlated with one another (Sekaran, 2010). For this research, the researcher uses this measurement to find out whether the items under the factors that hinders Pap Smear screening test and working women attitudes is interrelated or not. All the four items (under section B to section E) will be assessed on a six- point scale (ranging from 1= Strongly agree to 6= Strongly disagree). The reability is better if it is nearer to 1.0.

3.7.2 Pearson Correlation

The researchers use the Pearson Correlation to find the strength of interrelated that in attendence among all mentioned items. It is important to measure relationship between variables. The value should be less than 0.05 for the best result.

3.7.3 Descriptive Statistics

The researcher are using the descriptive statistics to discuss about the demographics of the respondent which consist of age, race, religion, level of education, years of services, monthly income and frequency of Pap Smear screening test. Descriptive statistics such as the mean, standard deviation and others were obtained to measure the relation among the variable with one another. It is also to determine whether they have any differences two or more group and other.

3.8 Conclusion

This chapter is discussed about the research design, sample size, sampling techniques, unit of analysis, data collection methods and data analysis to fulfill the research objective. The data were collected from questionnaire and were analysed by using SPSS version 16.0.