The Acceptability of Papanicolaou (Pap) Smear Among Female Government Workers of Ilocos Sur

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Abstract

This study was conceived to determine the level of acceptability of Papanicolaou (PAP) Smear among female government workers of Ilocos Sur.

Specifically, this study aimed to determine the respondents' socio-economic profile, assess their reproductive health history and their level of acceptability of Pap smear. Likewise, it determined if there is a significant relationship between the respondents' level of Pap smear acceptability and the following variables: socio-economic factors and reproductive health history.

The descriptive-correlational method was used. A questionnaire-checklist was utilized in obtaining data from 771 female government workers in the different local government units and the Department of Education in Ilocos Sur.

The study revealed that most of the respondents are married women at reproductive age (MWRA) at an average of 43, have attained baccalaureate degrees with a monthly income ranging P5,000-14,999 at a mean average of P10,281.60. These women generally have normal reproductive health history. They are still menstruating at an average of 26-30 days cycle, are sexually active, and are engaged in sexual contact at an average frequency of every other day, every 3 days and once a week.

The married ones generally have had 1-3 pregnancies and live births via normal spontaneous delivery at an average child/pregnancy spacing of every two years.

History of abortions, stillbirths and ectopic pregnancies was not apparent. The predominant contraceptive method used is the natural means. Most have not yet submitted themselves to Pap smear test but those who already had were subjected only once.

Reproductive health-related discomforts prevalent among the respondents include low backache, dysmenorrhea, abdominal pain even without menstruation, delay in menstruation, itchy vulva, yellowish or greenish vaginal discharge.

There is a "high" level of acceptability of PS among the respondents. They agree that PS is a valuable tool to lessen the increasing number of cervical cancer, done by gynecologists and an important procedure to save a woman's life. PS is highly accepted because it is a simple test and does not require lots of preparation and it should be included as a part of the annual medical examination. It's highly recognized as accurate test to detect the presence of STD therefore, every woman (18 years old and above) must submit for PS.

Civil status, monthly income, frequency of sexual contact, previous experience of having PS Test significantly influenced the respondents' level of PS acceptability. On the other hand, age, educational status, presence of menstruation regardless of the cycle, number of pregnancies, live births, abortion, stillbirth, mode of child birth, pregnancy spacing, use of contraception and reproductive health-related discomforts do not significantly influence the level of acceptability of PS test.

Introduction

Diagnostic examination like Pap smear is a health promotion strategy/activity that takes place before any disease occurs and is considered a part of primary prevention. This activity or strategy depends on the individual's acceptance, commitment and involvement in adopting a program directed toward health promotion. Early detection and prevention of disease or disorder is more realistic in tcnns of cost-benefit ratio than treatment when a problem has already occurred like malignancy of the reproductive tract.

The cervix is the 4 leading site of cancer for both sexes and the 2'' among women. In 1998, the Philippine Cancer Facts and Estimates revealed an estimated 4,536 new cases and 2,204 deaths. The incidence arises starting at age 30. Next to breast cancer, cervical cancer is the most common cancer among women in the Philippines. According to Esplana (2002), about 10 in every 100,000 Filipino women die of cervical cancer within a five year period. This is because two-thirds of cervical cancer cases in the Philippines are diagnosed in the advanced stage, where mortality is high.

The Pap Test is a screening test for malignant and premalignant changes in the cervix. A positive result indicates that there maybe a problem and that further diagnostic procedures must be done. In the vast majority of instances, an abnormal

pap test results in the diagnosis of a minor change in the cervix. Some of these changes are premaliguant, but most are of minor significance. They have to be evaluated, diagnosed and treated, and most are easily and effectively treated. Occasionally, a real cancer is present that is why this is an important test. Most cancers are visible on examination and can be biopsied as soon as they are seen. Sometimes the cancers are inside the cervix beyond view and the only indication is that there is an abnormal Pap test.

Pap test screening is recommended for all women beginning age 18 years or at the onset of sexual activity if earlier. The screening interval is usually every year, although, if there have been no previous abnormal tests, the interval may be extended. Many women do not obtain annual Pap test. Many think that a normal Pap test means they are cancer free. The Pap test is an excellent screening test. It is easy to do, easy to interpret, easy to evaluate in case of an abnormal test and most importantly changes can be found before they become malignant. These prcmalignant changes are easy to treat. Cancers are hard to treat.

Improvements in cancer cure can be achieved only through earlier detection. This is confirmed by the 90 percent reduction in the invasive cervix cancer incidence and mortality in many developed countries through well-organized cytology or Pap-smear based screening programs and treatment of precancerous conditions. A highly effective screening method for the early detection of cervical cancer is the Papanicolaou smear. This is essentially a microscopic examination of cells from the cervix and body of the uterus. The use of the Pap smear is partly responsible for the reduction in the mortality of cervical cancer cases in many countries. It is recommended that for the average risk person, a Pap smear should be done every five (5} years after initial negative test starting at age 30. High risk women maybe tested more frequently, with Pap smear and colposcopy.

Ngelangel (2002) stresses that as long as compliance to cervix cancer screen visits is 100 percent, even screening only once in the woman's lifetime can significantly reduce disease incidence; 84 percent disease reduction if screening is done every five years; and 64 percent, if done every l0 years. She added, however that in the Philippines, cytology-based cervix cancer screening programs like Pap smear have been much less successful due to insufficient infrastructure and logistics, poorly trained personnel, and low level of awareness and negative attitude of women toward the disease.

Malesky (1991) cited that studies suggest that every woman benefits from having at least one Pap Smear during her lifetime, no matter what her age. This is because cervical cancer is two to three times more likely to be found in previously unscreened women over age 65 than in women age 65 or younger.

Female genital cancer constitutes at least 25% of all malignant diseases in women and is particularly susceptible to simple methods of early detection. Therefore, the opportunity for early recognition of female genital tract cancer

through the gynecologic history and complete examination should never be neglected, regardless of the patient's chief complaints involving reproductive organs. Women should become increasingly aware of the value of annual check-ups especially on pap smearing for the detection of yearly asymptomatic pelvic malignancy at a stage when cure rates are potentially good if treatment is prompt and adequate.

At this premise, the researcher would like to assess the acceptability level of Pap smear among the target groups, especially the working women. Their attitude towards Pap smear is important to be determined inorder to have baseline information for the health sector to make proper actions like public information campaign, cervical cancer screening program in the region, and possible implications in health policies like inclusion in the health insurance coverage for preventive services and strategies.

Objectives of the Study

This study aimed to determine the level of acceptability of Pap smear among female government workers of Ilocos Sur and its relationship to some variables.

Specifically, it sought:

1. to detennine the socio-economic profile of the respondents in terms of:
   a. age,
   b. civil status,
   c. highest educational attainment, and
   d. monthly income.
2. to assess the reproductive health history of the respondents in terms of:
   a. monthly menstrual cycle
   b. frequency of sexual contact
   c. total number of pregnancies
   d. total number of live births
   e. total number of abortions
   f. total number of still births
   g. total number of ectopic pregnancy
   h. mode of delivery
   i. pregnancy spacing
   j. contraceptive use
   k. pap smear test (frequency), and
   l. discomforts.
3. to ascertain the level of acceptability of Pap smear among the respondents.

4. to detennine if there is a significant relationship between the respondents' level of acceptability of Pap smear and the following variables
   a. socio-economic factors
   b. reproductive health history

Review of Literature

The Papanicolaou (Pap) smear, developed and championed by George Papanicolaou during the early 1940s, did not become widely available for cancer screening until the 1950s and 1960s. The Pap smear test is one of the best methods available today for identifying preinvasive lesions of the cervix and for cancer screening and control. Although the Papanicolaou smear is not I00 percent sensitive or specific, it is an excellent screening test if applied and utilized appropriately (Clarke-Pearson et al., 1990).

The diagnosis of gynecologic conditions based on microscopic study of single cell morphology owes its greatest debt to Papanicolaou, who pioneered the recognition of characteristics associated with cervical cancer over the last five decades. The Pap smear is now used routinely for screening all sexually active women and all women over age 18. Pap smear does not only diagnose cervical carcinoma, it also reveals preinvasive changes of the squamous cells.

Every woman should have an annual pelvic examination with Pap smear from the time of menarche or the onset of sexual activity, which ever comes first. The American Cancer Society (Stovall, 1992) recommends that all asymptomatic women age 20 and over, and those under 20 who are sexually active, have a Pap test annually for two negative examinations and then at least every three years from age 20 to 40 and annually thereafter. Women at risk of cervical carcinoma should have more frequent Pap smears. One of the risk factors is defined as more than two sexual partners over a lifetime. Whereas some women are at a lower risk than others, historical identification is often inaccurate, and in any event the false-negative rate for the properly done PAP smear makes repetition of this inexpensive test reasonable and prudent. Thus, Pap smear is an inexpensive and non-morbid procedure.

Pearson and Dawood (1990) mentioned that the best hope of preventing invasive carcinoma in a patient is to promptly and thoroughly evaluate an abnormal Pap smear. A common mistake is to repeat the Pap smear. Because, there is a 15% chance of obtaining a false-negative smear, repeating an abnonnal smear will often be negative for the patient. He added that cytologic diagnosis by smear is the most convenient way to diagnose human papillomavirus (HPV) infection but is less accurate than DNA typing.

According to Price and Wilson (1992), a cytologic examination indicating the presence of cancer cells in usually contained biopsy before treatment is undertaken. The Pap smear may detect cancer cells from an area not visible in ordinary examination. An abnormal smear is followed by biopsy to obtain tissue for cytologic examination.

Papanicolaou smear does not only provide a diagnosis for normal-appearing cells, but it can also be used to recognize inflammation caused by a variety of infective organisms such as Trichomonas, Candida, chlamydia, and herpes simplex virus (Pearson and Dawood, 1990). It is a screening test only; positive test is an indication for further diagnostic procedures such as colposcopy, cervical biopsy or conization, endometrial biopsy, or D and C. The properly collected Pap smear can accurately lead to the diagnosis of Carcinoma of the cervix in about 95% of cases. The Pap smear is also helpful in the detection of endometrial abnormalities such as endometrial polyps, hyperplasia, and cancers, but it picks up less than 50% of cases (De Cherney, et al., 1994).

Conceptual Framework

This study was based on the idea that there are factors affecting the extent/level of acceptability of Pap smear test among female government workers of Ilocos Sur.

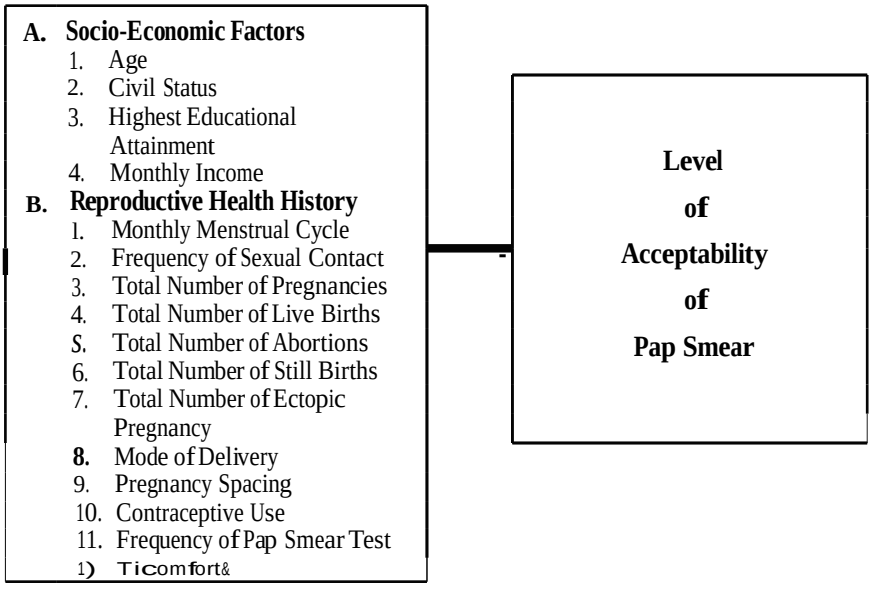

Figure 1. A Conceptual Paradigm showing the Level of Acceptability of Pap Smear Among Female Government Workers of Ilocos Sur and its Relation to their Socio-Economic Variables and Reproductive Health History.

Methodology

This study is a descriptive correlational type of research. It describes the profile of the respondents, their reproductive health history, their acceptability level of Pap Smear and the relationship between variables.

A questionnaire-checklist was utilized as a primary tool in obtaining the data fur the study. It consisted of three parts: Part I – Personal Data includes age, civil status, highest educational attainment, monthly income and frequency of sexual intercourse; Part II – Reproductive Health History includes monthly menstrual cycle, number of pregnancies, live births, abortion, still births, and ectopic pregnancy; mode of delivery, use of contraceptive method, spacing of pregnancy, frequency of Pap Smear test, and reproductive discomforts; and Part III – the level of Acceptability of Pap Smear Test which consisted of ten items that were measured in five numerical ratings as follows:

Ratings	Mean Scores	Descriptive Rating
I	1.0-1.80	Strongly Disagree/ Not Accepted at all
2	1.81-2.60	Disagree/Very Low
3	2.61-3.40	Undecided/Low
4	3.41-4.20	Agree/High
5	4.21-5.0	Strongly Agree/Very High

The researcher asked permission from the heads of various offices in different local government units and the Department of Education. The questionnaires were floated and later retrieved from the respondents.

Discussion of Results

Profile of the Respondents

This portion presents the socio-economic profile of the respondents – female government workers of Ilocos Sur. Their age, civil status, highest educational attainment and their monthly income are presented in Table 1.

Age. Most of the respondents (252 or 32.69%) belong to age group of 30-39 years old followed by 227 (29.44%) belonging to 50-59 years old. Only few of the respondents (29 or 3.76%) belong to 60-69 years old. The average age of the respondents is 43.

Table 1. Socio-economic profile of the respodents.

PERSONAL DATA	NO.	%
Age		
20–29	85	I 1.02
30–39	252	32.69
40 - 49	178	23.09
50– 59	227	29.44
60– 69	29	3.76
Avcrapc Age = 43		
Civil Status		
Single	189	24.51
Married	547	70.95
Separated	4	0.52
Widow	31	4.02
Highest educational attainment		
Non-degree	25	3.24
BS degree	291	89.62
MA degree	*50*	6.49
Doctoral dcrcc	*5*	0.65
Monthly Income		
Below P5,000	26	3.37
P5,000– 9,000	330	42.80
PI0,000– 14,999	378	49.03
Pl5,000–19,999	34	4.41
P20,000 - 24,999	3	0.39
Average Income = PI0,281.60		

The result reveals that most of the respondents are still within the reproductive or childbearing ages (18-45) with active gonadal functions. Vaginal secretions of varying amount and character are normal for women especially for this particular age group.

Civil status. Almost 2/3 of the respondents (547 or 70.95%) are married, 189 (24.51%) are single, followed by 31 (4.02%) widowed and only a few of the respondents (4 or 0.52%) are separated.

Highest educational attainment. Most of thc rcspondcnts (691 or 89.62%) are BS degree holders, 50 (6.49%) arc MA degree holders followed by 25 (3.24%) who are non-degree holders and only 5 (0.65%) of the respondents are doctoral degree holders.

An individual must hold the credentials of a college graduate to qualify her in a government position. The findings would show that the respondents have the

capacity to acquire and understand information regarding better health, importance of preventive care and the recognition of important signs and symptoms.

Monthly income. The average monthly income of the female government workers is PI0,281.60. Almost half of the respondents (378 or 48.03%) arc earning PI0,000-14,999 per month, followed by 330 (42.80%) who are carring P5,000-9,999. Only thrcc (0.39%) are receiving an income of P20,000-24,999.

It is very evident that although the respondents are members of the government working force, they still belong to the poverty threshold. However, in rural areas of llocos Sur, this income enables the respondents to acquire health care services.

Dr. Velarde as cited by Sanicl (1970) stated that people with very little income cannot provide sufficiently their elemental needs, more so their medical needs.

Reproductive Health History in Terms of Menstruation

Table 2 presents the respondents' reproductive health history relative to the presence or absence of menstruation and the average number of menstrual cycle for those who are still menstruating.

Table 2. Reproductive health history of respondents in terms of menstruation.

MENSTRUATION	NO.	%
Presence of menstruation		
Yes	525	68.09
No	203	26.33
No answer	43	5.58
Average no. of days of menstrual cycle		
Below 25 days	125	22.00
26– 30 days	374	65.84
31–35 days	44	7.75
36 &above	25	4.40

Presence of menstruation. Menstruation is the periodic discharge of a bloody fluid from the uterus, which is caused by the shedding of the endomctrium. It can be gleaned from Table 2 that most of the respondents (525 or 68.09%) still have their menstruation while 203 (26.33%) of the respondents no longer have their menstrual flow. The rest of the respondents (43 or 5.58%) did not give any infonnation regarding this item.

This finding could be attributed to the active gonadal function of the respondents' reproductive physiology as evidenced by their childbearing ages. The absence of menstruation implies alterations in the reproductive system of the respondents and/or can be attributed to menopausal state. Inasmuch as the greatest proportion of the respondents belong to reproductive age groups, they normally experience this phenomenon.

Average number of days of menstrual cycle. Menstrual cycle is a periodic series of changes that recur in the uterus and associated organs beginning at puberty and ending at menopause. The cycle varies in length from 18 to 40 days averaging 28 days. Majority of thc respondents (374 or 64.84%) have 26-30 days menstrual cycle which is the normal range of days interval between menstruation. Some of the respondents (125 or 22.0%) arc menstruating every 25 days as their cycle. A few of the respondents (44 or 7.75%) have 31-35 days in their cycle.

This finding implies that women-respondents from the government service have a normal regulation of several hormones, including estrogen, progesterone, the pituitary hormones, and the prostaglandins giving rise to having the normal phases of the menstrual cycle. They reach ovulation during their midcycle. If one of the powerful hormones like the estrogen is overly secreted, the possibility of endometrial cancer is implied because of its hyperproliferative effect on the tissue lining, causing cellular dysplasia that can become cancerous.

Table 3. Reproductive health history in terms of frequency of sexual contact.

FREQUENCY OF SEXUAL CONTACT	NO.	%
Everyday	20	2.59
Every other day	87	11.28
Every three days	112	14.53
Once a week	136	17.64
Twice a week	2	0.26
Sometimes	5	0.65
Once a month	I	0.12
Occasional	4	0.52
None	224	29.05
No answer	180	23.35

As seen in Table 3, the greatest number of respondents (224 or 29.05%) admitted of having no sexual contact at all, followed by 180 (23.35%) who did not answer this item. These respondents arc those who are not comfortable in giving information regarding their sexual activities and those who have no sexual partners like the single in status; widow; or with husbands working in distant places or foreign lands. A number of respondents (136 orl7.64%) engage in sexual contact every three days. Only 20 (2.59%) of the respondents have sexual contact on daily basis.

This finding implies that a great proportion of respondents arc sexually active hence they should have a focuscd sexual history. Hormonal stimulation is prcccded by scxual stimulation. The sccretions of vaginal cclls incrcasc noticeably. They arc highly acidic in reaction and white in color. These secretions provide a rich mcdium in which Doderlcin's bacilli flourish. Thesc bacilli provide the body's first line of defense against Candida Albicans, a pathogen that thrives on alkalinity. However, not all women and men meet the hygienic requirements before and after sexual contact making them predisposed to pathogenic microorganisms. Therefore, sexually active women arc facing the risks of vaginal and pelvic infections and that would necessitate them to be subjected to Pap smear test as an early detection and prevention measure of gynecologic disorders (Rccder. 1987).

Reproductive Health History in Terms of Total Number of **Pregnancies, Live Births, Abortions, Stillbirths, and** Ectopic Pregnancies

Table 4. The reproductive health history of respondents in terms of the total number of pregnancies, live births, abortions, stillbirths **and ectopic pregnancies.**

REPRODUCTIVE HEALTH HISTORY	NO.	%
Total number of pregnancies (N=582)		
None	58	9.97
1–3	381	65.46
4--6	130	22.34
7--9	13	2.23
Total number of live births **(N=582)**		
None	58	9.97
1–3	401	68.90
4–6	112	19.24
7–9	JI	1.89
Total number of abortions (N=582)		
None	466	80.07
I	79	13.57
2	25	4.30
3	**8**	1.37
4	2	0.34
5	2	0.34
Total number of stillbirths (N=582)		
None	532	91.41
I	**41**	7.04
2	8	1.37
3	I	0.17
Total number of ectopic pregnancies (N=582)		
None	575	98.80
I	6	1.03
2	I	0.17

The respondents' history of pregnancy, live births, abortions, stiilbirths, and ectopic pregnancy is shown in Table 4. Majority of the respondents became pregnant once to three times (381 or 65.46%). A few (130 or 22.34%) became pregnant about four to five times, and 13 (2.23%) of them had seven to nine pregnancies. However, 58 or 9.97% of the respondents did not yet experience pregnancy.

Live births refer to the total number of babies born alive showing the capacity to breathe, have heartbeat, or display voluntary movement, regardless of age of gestation. Out of the 582 respondents who have the capacity to give birth, 401 or 68.90% of them experienced giving live births of one to three children, followed by 112 or 19.25% who had four to six children and 11 or 1.89% had given live birth of about seven to nine children.

In terms of history on abortion (termination of pregnancy before the fetus reaches the age of viability which is 25 wccks of gestation) majority of the respondents 466 or 80.07% did not experience abortion, 79 or 13.57% had abortion once; 25 or 4.30% had abortion twice, and 2 or 0.34% had four and five abortions.

Stillbirth refers to the delivery of a dead fetus that has reached a period of viability (25 weeks of gestation). Most of the 682 respondents (532 or 91.41%) did not give birth to a dead fetus. However, 41 or 7.05% claimed they had once delivered a dead fetus, 8 or 1.37% had two and one or 0.17% had three stillbirths.

Ectopic pregnancy means pregnancy outside the uterus. Among the 575 or 98.80% respondents, there were six or 1.03% who had ectopic pregnancy once, while one or 0.17% had it twice.

The above finding shows that the respondents experienced the event of becoming pregnant thus their reproductive organs underwent physiological and biological changes which normally occur during pregnancy.

Reproductive health history in terms of mode of delivery is presented in Table 5.

It can be gleaned from Table 5 the previous type or mode of child delivery among 524 female government workers. Out of the 524 respondents, majority (391 or 74.62%) have given birth through normal spontaneous delivery (NSD) distributed as follows: 341 or 87.21% had one to two previous NSD's, 38 or 9.72% had 3-4 NSD's and 12 or 3.07% had 5-6 NSD's.

On the other hand, there were 133 or 25.38% out of the 524 respondents who were advised or who preferred to deliver via cesarean section (CS). Of the 133, there were 106 or 79.70% who had CS delivery once 14 or 10.53% had it twice and six or 4.51% had experienced CS about three times.

Table 5. Reproductive health history in terms of mode of delivery.

MODE OF DELIVERY	NO. N=524	%
Normal Spontaneous Delivery (391)		74.62
1–2	341	87.21
3–4	38	9.72
5–6	12	3.07
Cesarean Section (133)		25.38
Once	106	79.70
Twice	14	10.53
Three times	6	4.51
Four times	7	5.26

This finding implies that these mothers were able to enjoy and surpass the pregnancy stage in a normal condition. Cesarean delivery section was advised to mothers who faced the risk of pregnancy-related complications. Complications arising during pregnancy surely affect the type of delivery to minimize threats to the survival of either or both mother and child. If conditions like presence of abnonnal uterine growths, STDs, heart ailments, pelvic disproportions, breech presentations and others do not always permit normal spontaneous delivery.

Reproductive Health History in terms of Child Spacing, Contraceptive Method Used and Frequency of Pap Smear Test Undergone

Child Spacing, Out of the 524 respondents, most of them (235 or 44.85%) were able to space bearing children every two years, 103 or 19.66% had a child spacing at an average of threc,years, 93 or 17.75% every ycar, 60 or 11.45% cvery four years and 33 or 6.30% spaced for more than four years.

The results of this finding goes to show that women who had pregnancy at an interval of at least two years were given enough time for physical, physiological and psychological adjustments before and after pregnancies especially in their reproductive system.

Contraceptive Method Used. As presented in Table 6, majority of the 266 family planning method acceptors, 153 or 57.52% observed the natural methods of preventing pregnancy which are the calendar or rhythm and the withdrawal methods. There were 58 or 21.80% who submitted to permanent contraception or the Bilateral Tubal Ligation (BTL). The rest resorted to oral pills (24 or 9.02%), condom (15 or 5.64%), injectable -DMPA (I4 or 5.26%) and the least is the insertion of intrauterine device (IUD) in the uterus (2 or 0.75%).

Table 6. Reproductive health history of respondents in terms of child spacing, contraceptive method used and frequency of **Pap smear** test undergone.

Reproductive Health History	No.	%
Child Spacing (N=524)		
Every year	93	17.75
Every two years	235	44.85
Every three years	103	19.66
Every four years	60	11.45
More than four years	33	6.30
Contraceptive Method Used (N=266)		
Rhythm/Calendar	79	29.70
Withdrawal	74	27.82
Condom	15	5.64
Oral Pills	24	9.02
Injectable (DMPA)	14	5.26
Bilateral tubal ligation	**58**	21.80
Intrauterine Device	2	*0.15*
Undergone Pap Smear Test (N=771)		
Yes	201	26.07
No	570	73.93
No. of Pap Smear Test Undergone (N=201)		
Once	135	67.16
Twice	40	19.90
Three or more	26	12.94

The above finding implies that many women use fertility control methods. Although half of the respondents use the natural family planning methods that could present lesser physiological side effects, many of them are users of mechanical barriers like the IUD and hormonal control like the oral pills and injectables. Contraceptive methods serve its purpose of delaying or preventing pregnancy and could present other advantages. On the other hand, there are also disadvantages like the inflammatory process caused by the IUD that may increase uterine contractility (Dickason, 1994:100).

Berkon et. al. (1997: 1226) mentioned that the risk of developing cervical cancer seems to increase among women who take oral contraceptives, particularly those who have taken the tablets for more than S ycars. He further stressed that women taking oral contraceptives should have a Papanicolaou test at least once a year so that changes in the cervix can be detected early. On the other hand, the risk of developing uterine or ovarian cancer decreased by about half among women who take oral contraceptives compared to women who have never taken any.

Though only a small portion of the women-respondents prefer condom to prevent fertilization, they enjoy other benefits. If used properly, condoms can provide considerable protection against sexually transmitted diseases (STD) such as AIDS and can prevent certain precancerous changes in cells of the cervix.

Pap Smear Test. Table 6 shows that majority of the respondents (570 or 73.93%) out of 771 have not submitted themselves for Pap Smear while 201 or 26.07% have undergone the test.

This finding could be attributed to severnl factors that could affect their decisions to go or not for Pap smearing. Among others, it may be due to their perception towards the procedure; the presence or absence of discomforts that would necessitate them to seek medical advice; and perhaps they were not advised to undergo such. For many women, being instructed and encouraged to look at to touch and become thoroughly familiar with their genitalia may be a natural and comfortable experience. Others, however because of personal, cultural or religious influences find this procedure difficult, embarassing or even distasteful.

Number of Pap Smear Test Undergone. Out of the 201, majority (135 or 67.16%) had submitted themselves for Pap smear once, 40 or 19.90% had it twice and few of them (26 or 12.94%) had it three or more times.

Although easily and painlessly performed, the indications for obtaining a Pap Smear have been widely debated in recent years (Pearson, 1991: 495). However Dickason ct al. (1994) cited that the American Cancer Society rccommends that the first Pap Smear Test bc performed when the woman bccomes sexually active, or by the age of 18, and then every year with a pelvic examination. After 3 or mmorc consecutive negative smear results, testing may be performed every one to three years on the basis of the woman's risk status. Some experts believe that the test should be repeated after the initial smear, and if both results are negative, the woman should have routine Pap tests every three years until age 35 and then very 5 years until age 60 when no further testing is necessary.

Presence of Discomforts. Discomforts presented by the respondents are illustrated by rank in Table 7. Thcsc discomforts are manifested singly or collectively. The first ten among the identified reproductive-related discomforts are the fol'.owing: low backache (319 or 41.37%), dysmenorrhea (192 or 24.90%), abdom:nal pain even without mens (122 or 15.82%), dclay in mens (98 or 12.71%), heavy flow of mens (93 or 12.06%), itchy vulva (71 or 9.21%), difficulty of getting pregnant (71 or 9.21%), painful sexual intercourse (59 or 7.65%) painful urination (47 or 6.10%) and yellowish or greenish vaginal discharge (44 or 5.7.%). It is also noted that probable signs of malignancies are not highly evident among the respondents.

Table 7. Reproductive health history in terms of the presence of discomforts.

DISCOMFORTS	NO.	%	RANK
1. Low backache	319	41.37	1
2. Dysmennorhca	192	24.90	2
3. Abdominal pain even without mens	122	15.82	3
4. Delay in mens	98	12.71	4
5. Heavy flow of mens	93	12.06	5
6. Vulva (external vagina) is itchy	71	9.21	6.5
7. Difficulty of getting pregnant	71	9.21	6.5
8. Painful sexual intercourse	59	7.65	8
9. Painful urination	47	6.10	9
10. Yellowsih or greenish vaginal discharge	44	5.71	10
11. Prolonged absence of mens	29	3.76	11
12. Odorous vaginal discharge	28	3.63	12
13. No discomforts	27	3.50	13
14. Spotting or bleeding	19	2.46	14
15. Sexually transmitted diseases	17	2.20	15
16. Scanty mens	17	2.20	16
17. Too close distance in between mens	11	1.43	17
18. Painful spasm of vagina	8	1.04	19
19. Abnormal increase in abdominal size	8	1.04	19
20. Hard mass felt at the abdomen	8	1.04	19
21. Uterus was removed.	7	0.9	21

The above finding implies that women experience many discomforts which suspiciously signal risks of infection and malignancies that could be prevented as well as its possible complications if detected early through screening or diagnostic tests, one of which is Pap smear.

The respondents showed a high level ($\bar{X}$ = 3.86) of pap smear test acceptability as presented in Table 8. This high acceptance is backed up by their responses that they agree that Pap Smear is a valuable tool to lessen the increasing number of cervical cancer (X=4.11), is conducted by a gynecologist (X=4.04); is an important procedure (X.=4.0); can save one's life especially the women of reproductive age ($\bar{X}$=3.89); is a simple test that does not require lots of preparation (X=3.88); must be included as a part of annual medical examination (X=3.87); is an accurate test to detect Sexually Transmitted Diseases (SID) ($\bar{X}$=3.84); aids in determing reproductive health (X=3.63); and that every woman (18 years old and above) must submit herself for pap smear examination (X=3.53).

Table 8. The level of acceptability of Pap smear test among the female government workers,

PAP SMEAR TEST	X	DR
1. Pap smear (PS) is an important procedure.	4.00	High
2. PS must be included as a part of annual medical examination.	3.87	High
3. Every woman (18 years old and above) must submit herself for PS examination	3.53	High
4. PS aids you to detennine your reproductive health.	3.85	High
5. PS can save one's life especially the women of reproductive age.	3.89	High
6. PS is a valuable tool to lessen the increasing number of cervical cancer.	4.11	High
7. PS is a simple test and does not require lots of preparation	3.88	High
8. **PS** is affordable at low cost	3.63	High
9. PS is done by a gynecologist	4.04	High
10. PS is an accurate test to detect Sexually Transmitted Diseases (STD)	3.84	High
Asa Whole	3.86	High

Women in government service show high level of acceptance of Pap Smear Test although majority of the respondents have not submitted to it. This attitude could be attributed to their level of education that they are capable of understanding what Pap smear is all about but submission to the test is already a different thing. Probably, they have learned about what authorities are trying to point out that Pap Smear is an important part of the gynecologic examination performed by a trained gynecologist or cytopathologist. Although treatment modalities have improved, Pap test can accurately and inexpensively detect up to 90% of cervical cancers, even before symptoms develop (Berkon, 1997:1212). Consequently, the number of deaths from cervical cancer has been reduced by more than *50%* since Pap tests were introduced. Doctors often recommend that women have their first Pap test when they become sexually active or reach the age of 18 and that the test be perfonned annually. If their test results have been normal for 3 consecutive years, women may schedule Pap tests every 2 or 3 years as long as they don't change their lifestyle.

Table 9 presents the correlation between the level of acceptability of Pap Smear Test among the respondents and their socio-economic characteristics.

Table 9. Relationship between the level or acceptability and the socio-economic profile of the respondents.

VARIABLES	VALUE OF X'	TABULAR VALUE	INTERPRETATION
Age	6.48	15.51	Not significant
Civil Status	15.40	9.35	Significant
Educational Attainment	4.01	9.35	Not significant
Monthly Income	15.45	12.59	Significant

It can be seen in Table 9 how the socio-economic conditions of female government workers affect their level of acceptability as regards to Papanicolaou Smear test as a means of detecting the presence or absence of gynecologic problems. Based on chi-square test results, the civil status and monthly income of the respondents showed a significant effect on their level of acceptability of Pap Smear as evidenced by the computed X values I5.4 and 15.45 which are higher than the tabular values of 9.35 and 12.59 respectively. On the other hand, the respondents' age and educational attainment showed no significant relationship with their acceptability level pertaining to Pap Smear as shown by the computed X^2 values 6.48 and 4.01 which failed to surpass their respective tabular values of 15.51 and 9.35.

These findings imply that when a woman is already married and sexually active, she is facing the risk of getting infected from ascending pathogens via sexual route which may possibly alter. normal cellular growth, and so these married respondents agree that Pap Smear test is really an important procedure. It may also mean that the unmarried (single) show a lower level of acceptability of this procedure maybe because they are not sexually active and are ashamed to expose their genitalia to the examiner and because of other personal reasons.

Monthly income is also a significant factor that affects their perception and decisions regarding Pap Smear. This may mean that those who receive higher remuneration show acceptance that they can afford the test and agree that it should be a part of annual medical examination.

Age and educational attainment showed no significant relationship with the level of acceptability. This goes to show that Pap Smear is intended for any age group and whatever educational level because gynecologic disorder may occur at any age and irrespective of educational attainment.

Table 10. Relationship between the level of acceptability of Pap Smear and reproductive health history of respondents.

VARIABLES	VALUE OF X?	TABULAR VALUE	INTERPRETATION
Presence of menstruation	2.05	7.81	Not significant
Monthly menstrual cycle	7.06	9.35	Not significant
Frequency of sexual contact	21.23	15.51	Significant
Number of pregnancies	4.90	12.59	Not significant
Number of live births	5.55	12.59	Not significant
Number of abortion	3.66	9.35	Not significant
Number of stillbirth	1.20	5.99	Not significant
Mode of giving birth	10.04	12.59	Not significant
Pregnancy spacing	6.71	15.51	Not significant
Contraceptive method	4.80	15.99	Not significant
Submission to pap smear test	27.56	7.81	Significant
No. of pap smear test undergone	16.94	9.35	Significant
Discomforts	36.65	46.17	Not significant

The correlation between the level of acceptability of Pap Smear and the reproductive health history of female government workers is shown in Table 10. Among the items measuring reproductive health of the respondents, frequency of sexual contact, submission to Pap smear test and number of Pap smear tests undergone were found to be significantly related to the respondents' level of acceptability. This finding is backed up by the computed x' value of 21.23, 27.56, 16.94 which surpassed the tabular values of 15.51, 7.81, and 9.35 respectively. Women who engage in more frequent sexual contact tend to perceive the importance of gynecologic tests like Pap Smear. They recognize the need to examine their reproductive organs knowing that they can acquire pathologic conditions derived from sexual contacts. Likewise, those who have submitted once or more times to Pap Smear tend to have a higher level of acceptability considering the benefits derived like early detection of diseases at a low cost and not really a painful, embarrassing procedure.

Presence or absence of menstruation did not show a significant relationship with the respondents' level of acceptability of Pap smear likewise the number of days between menstruation (menstrual cycle). This finding is evidenced by the computed X value of 2.05 and 7.06 which failed to surpass the tabular values of 7.81 and 9.35 respectively. The respondents' menstrual history does not affect their decision regarding Pap Smear test maybe because they lack knowledge on the gonadal functions, the interplay of the pituitary uterine and ovarian functions.

History of pregnancies (x'=4.90), live births (x'=5.55), abortions (x'=3.66), stillbirths (x'=1.20), modes of giving birth (x'=10.04), pregnancy spacing (x'=6.71), contraceptive methods used (x'=4.80), discomforts (x'=36.65) showed no significant relationship with the level of acceptability of Pap smear. This finding is

supported by the computed x' values which failed to surpass the respective tabular values as follows: 7.81, 9.35, 12.59, 12.59, 9.35, 5.99, 12.59, 15.51, 15.99, 46.17. The above mentioned reproductive health conditions of the respondents do not somehow influence the level of acceptance of Pap Smear.

Conclusions

Based on the aforementioned findings of the study, the following conclusions were drawn:

I. The respondents are considered married women at reproductive age (MWRA), have attained baccalaureate degrees, within poverty threshold receiving monthly income ranging P5,000-14,999.

2. These group of women generally have a normal reproductive health history. They are menstruating at an average of 26-30 days cycle, are sexually active, are engaged in sexual contact as frequent as every other day, every 3 days and once a week.

The married ones generally have had 1-3 pregnancies giving I-3 live births through normal spontaneous delivery at an average child/pregnancy spacing of every two years.

History of abortions, stillbirths and ectopic pregnancies are not apparent.

The predominant contraceptive method used is the natural means particularly ryhthm and withdrawal. Most have not submitted for Pap Smear Test however, those who had, were subjected only once.

Reproductive health-related discomforts that are prevalent among the female government workers include low backache, dysmenorrhea, abdominal pain even without mens, delay in mens, heavy flow of mens itchy vulva (external genetalia), difficulty of getting pregnant, painful sexual intercourse, painful urination, yellowish or greenish vaginal discharge and these signs necessitate these group of women to submit for screening test as an early detection and prevention of reproductive problems.

3. Pap Smear Test is higly accepted among the female government workers. This is a manifestation that they agree that Pap Smear is a valuable tool to lessen the increasing number of cervicaJ cancer, is usually done by a gynecologist and is truly highly recognized as an important procedure for it can save one's life especially the women of reproductive age.

They agree that PS is a simple test and does not require lots of preparation, and it must be included as a part of annual medical examination to determine reproductive health. It is highly recognized as an accurate test and it can detect the presence of sexually transmitted diseases (STD). Since it is affordable at low cost therefore every woman (18 years old and above) must submit herself for PS examination.

4. The level of acceptability on the issue of Pap Smear Test is significantly influenced by civil status and monthly income while age and educational status do not otherwise. If one is married and more financially capable, the higher the probability of accepting or conforming to the principle and objectives of Pap Smear Test.

5. Frequency of sexual contact significantly influences the Pap Smear Test level of acceptability among women. When a woman is sexually active and engaged in more frequent sexual intercourse the higher the level of acceptability towards Pap Smear Test.

6. Previous experience of having Pap Smear Test significantly affects one's acceptability towards the test. Having an experience of the test once can correct misconceptions and erase doubts and fears; hence, the objectives of Pap Smear are well understood and accepted.

7. Presence of menstruation regardless of the cycle (number of days in between mens), number of pregnancies, live births, abortions, stillbirths, modes of childbirth, pregnancy spacing, use of contraceptive method and reproductive health-related discomforts do not significantly influence one's perception towards Pap Smear Test.

Recommendations

1. Seminars on Reproductive Health focusing on women's health should be conducted and health agencies be the lead implementors in coordination with different government agencies.

2. Formulation and integration in institutional polices that Pap Smear Test should become one of the annual requirements among working women inasmuch as women 18 years old and above, ideally should be subjected to such screening test to have an early detection of infections and malignancies in the reproductive tract

3. Public information campaign and organized cancer screening programs should be implemented to heighten awareness and improve attitude and compliance to preventive services such as Pap Smear Test, among the target populace.

4. The medical faculty of the College of Health Sciences should receive intensive training on the conduct of proper pap smearing and they should become the lead agency to sponsor periodic screening programs.

5. To address the cost of Pap Test, the utilization of acetic acid (vinegar) wash coupled with the visualization of the cervix should be the method of choice.

6. Further studies relative to Pap Smear Test should be conducted including other variables such as:

a. all women at reproductive age serve as respondents
b. trained personnel capable of doing the cytology
c. government's administrative support

References

Books

BERKON, ROBERT et al. The Merck Manual of Medical Infonnation. New York: Simon and Schuster, Inc. 1997.

CLARKE-PEARSON, DANIEL L. and M. YUSOFF DAWOOD. Green's Gynecology. 4 Ed. Boston: Little, Brown and Company. 1990.

DE CHERNEY, ALAN H. and MARTIN L PERNOLL. Current Obstetric and Gynecologic Diagnosis and Treatment. **USA**: Appleton and Lange. 1994.

DICKASON, ELJZABTH J. et al. Maternal-Infant Nursing Care. **USA**: Mosby-Year Book, Inc. 1994.

PILLITTERI, ADEL. Maternal and Child Health Nursing: Care of the Childbearing and Childrearing Family. J.B. Lippincott Company. 1992.

REEDER, SHARON J. et al. Matemity Nursing. 17 Edition. **USA**: J.B. Lippincott Company. 1992.

STOVALL, THOMAS G. et al., Clinical Manual of Gynecology. New York: Mc Graw-Hill, Inc. 1992.

Periodicals and Others

ESPLANA, ARLENE G. UP Manila Bagumbayan. *Acetic Acid (Vinegar) Wash a Cheaper, Effective Test for Cervical Cancer*. Philippines: Infonnation, Publication and Public Affairs Office. January-February 2002.

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