

Impact of papanicolaou smear upon physical and psychosocial aspects of women's health

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المستخلص

الهدف: معرفة أثر مسحة عنق الرحم على الجوانب الجسمية والنفسية والاجتماعية لصحة المرأة.

المنهجية: تم اختيار عينة غرضيه من (71) امرأة. البيانات جُمعت من خلال استعمال إستمارة استبيان مصممة ومكونة من أربعة أجزاء رئيسية: ١. المعلومات الديموغرافية ٢. المحور الجسدي ٣. المحور النفسي ٤. المحور الاجتماعي وبواسطة تقنية المقابلة مع النساء اللواتي تم مقابلتهن بشكلٍ فردي في العيادات النسائية والتوليد في مستشفى بغداد التعليمي/ المختبرات التعليمية في مدينة الطب ومستشفى العلوية للولادة التعليمي. استغرقت عملية جمع البيانات من ١٧ نيسان 2011 حتى ١٠ من آب ٢٠١١. استعملت إجراءات التحليل الإحصائي الوصفي والتحليل الإستنتاجي في تحليل البيانات.

النتائج: معظم النساء يشعرن بالألم أثناء إجراء مسحة عنق الرحم، النساء عموماً يشعرن بالتوتر وعدم الراحة والقلق من إجراء مسحة عنق الرحم، معظمهن ليس لديهن وقت كافٍ لإجراء الفحص وإنشغالهن بأمرٍ أخرى. هنالك خوف من إجراء مسحة عنق الرحم خوفاً من النتيجة الإيجابية ومسحة عنق الرحم تؤثر على العلاقة الزوجية.

التوصيات: أوصت الدراسة بضرورة إعداد وتصميم برامج وحملات توعية لتحسين معلومات النساء حول مسحة عنق والتأكيد على أهمية إجراء المسحات بشكلٍ منتظم كإجراء وقائي، المخاوف والقلق المرتبطة بإجراء مسحة عنق الرحم لدى النساء يمكن تخفيفها بشكلٍ أفضل بتبادل المعلومات، إعطاء كل امرأة معلومات عن مسحة عنق الرحم، شرح كيفية إجراء مسحة عنق الرحم 'الأدوات المستعملة للفحص، النتائج المتوقعة والمتابعة المستقبلية للفحص.

Abstract

Objectives: To identify the impact of Pap smear upon physical and psychological and social aspects of women's health.

Methodology: A purposive sample of (71) women. The data were collected through the utilization of the developed questionnaire which consists of four major parts: 1. demographic 2. Physical domain 3. Psychological domain 4. social domain and by means of interview technique with the women who were individually interviewed in the Baghdad Teaching Hospital/ the Consultant Clinic, Teaching Laboratories/ Medical City, AL-Elwiyah Maternity Hospital . The data collection process has been performed from April 17th, 2011 until the August 10th, 2011. Descriptive and inferential statistical analysis procedures were employed for the data analysis.

Results: Most of women feel pain during the Pap smear procedure, Women commonly feel stressed, discomfort and anxious from conducting Pap smear, most women did not have enough time to conduct the Pap smear and busy with rather things. There is fear from conducting pap smear it is fear from a positive result, There are pap smear influence on marital relationship

Recommendations: The study recommends that an intensive comprehensive, obligatory educational programs(campaigns) are needed to improve awareness of the women about pap smear test and stress the importance of regular smears as a preventative measure, Reducing fears and anxieties associated with a Pap smear that can be alleviated with better information sharing about Pap smear procedure. Give each woman written information on Pap smears; explain the purpose of the Pap smear, the instruments to be used, the procedure, possible test results and follow up and the recommended frequency of Pap smears.

Keywords: Papanicolaou Smear, Physical, Psychosocial, Women's health

Introduction:

Papanicolaou smear (Pap smear) was introduced by George Papanicolaou into clinical practice in 1940. In 1945, the Papanicolaou smear received the endorsement of the American cancer society as an effective method for the prevention of cervical cancer. Center of cytology in Vancouver, British Columbia published data which confirmed that cytologic screening leads to a reduction in the rate of invasive cancer of the uterine cervix ⁽¹⁾.

The Papanicolaou smear (cervical cytology) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus), the main purpose of the Pap test is to detect cancer or abnormal cells that may lead to cancer. It can also find noncancerous conditions, such as infection and inflammation ,a Pap test can be done in a doctor's office, a clinic, or a hospital. While a woman lies on an exam table, the clinician inserts a speculum into her vagina to widen it; a sample of cells is taken from the cervix with a wooden scraper or a small cervical brush. The cells are then prepared for analysis in either of two ways. In a conventional Pap test, the specimen (or smear) is placed on a glass microscope slide and a fixative is added. The slide is then sent to a laboratory for examination ⁽²⁾.

According to the latest global estimate cervical cancer is the third most commonly diagnosed cancer and the fourth leading cause of cancer death in females worldwide .There are several reasons why women may not obtain regular Pap tests. Women who are not aware of the risks of cervical cancer or screening guidelines are less likely to be tested compared to women who know the risks and guidelines. Many women were unaware of the need for a Pap test because health care provider did not advise women about the screening or its benefits ⁽³⁾.

Iraq has a population of 8.21 million women ages 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 311 women are diagnosed with cervical cancer and 212 die from

the disease. Cervical cancer ranks as the 10th most frequent cancer among women in Iraq, and the 7th most frequent cancer among women between 15 and 44 years of age ⁽⁴⁾.

Cervical cancer has a long premalignant phase. If it is detected and treated in this phase, advanced disease can be prevented. Unfortunately, more than 80% of cases are diagnosed at an advanced clinical stage when five-year survival is less than 40% ⁽⁵⁾.

A woman undergoing the Pap smear may experience discomfort, pain, and embarrassment or have no complaints at all ⁽⁶⁾.

Methodology:

Descriptive study to identify the impact of Papanicolau Smear upon physical and psychosocial aspect of women's health.

A purposive sample of (71) women who attending the obstetrics and gynecology clinics of the Baghdad Teaching Hospital / The Consultant Clinic , Teaching Laboratories/ Medical City, AL-Elwyiah Maternity Teaching Hospital.

The data were collected through the utilization of the developed questionnaire and by means of structured interview technique with the women who were individually interviewed in the Baghdad Teaching Hospital/ the Consultant Clinic, Teaching Laboratories/ Medical City, AL-Elwyiah Maternity Hospital by the using the Arabic version of the questionnaire. The data collection process has been performed from April 17th, 2011 until the August 10th, 2011. Each interview takes (10-15) minutes.

Questionnaires for interviewing were used as the study tool in this research the target population was women aged between 18 - 60 years old .the questions comprised closed ended questions that were divided into four parts: Part-I sociodemographic form that consists of (7) items, Part-II Physical aspect consisted of (4) sub-domains, Part-III Psychological aspect consisted of (4) sub-domain, Part-IV Social aspect consisted of (5)

sub-domains. Reliability of the questionnaire is determined through a pilot study which was carried during period of April 3rd, 2011 until April 14th, 2011, and the validity through a panel of (16) experts. Descriptive statistical analysis procedures (frequency, percentage, mean of

score, standard deviation, cumulative percents, Contingency coefficient and relative sufficiency) and inferential statistical analysis procedures (Contingency coefficient test, Chi-square test, and Binomial test) were employed for the data analysis.

Results:

The results of data analysis were presented as follows:

Table 1. Participants' socio-demographic characteristics

Variables	Groups	Frequency	Percent	Cum. Percent	C.S. P-value
Age groups	< 20	1	1.4	1.4	$\chi^2= 56.014$ P= 0.000 HS
	20 - 29	13	18.3	19.7	
	30 - 39	28	39.4	59.2	
	40 - 49	23	32.4	91.5	
	50 - 59	4	5.6	97.2	
	60 >	2	2.8	100	
$\bar{x} \pm S.D.$		36.97 \pm 9.59			
Marital status	Married	62	87.3	87.3	$\chi^2= 93.662$ P= 0.000 HS
	Widow	7	9.9	97.2	
	Divorced	2	2.8	100	
Level of education of the wife	Neither read or write	12	16.9	16.9	$\chi^2= 38.338$ P= 0.000 HS
	Read and write	14	19.7	36.6	
	Primary	26	36.6	73.2	
	Medium	6	8.5	81.7	
	Preparatory	5	7	88.7	
	Institute	4	5.6	94.4	
	College and above	4	5.6	100	
Level of education of the husband	Neither read or write	8	11.3	11.3	$\chi^2= 24.732$ P= 0.000 HS
	Read and write	19	26.8	38	
	Primary	19	26.8	64.8	
	Medium	6	8.5	73.2	
	Preparatory	2	2.8	76.1	
	Institute	9	12.7	88.7	
	College and above	8	11.3	100	
Functional status of the wife	Employee	8	11.3	11.3	Binomial P=0.000 HS
	Housewife	63	88.7	100	
Functional status of the husband	Employee	6	8.5	8.5	$\chi^2= 107.8$ P= 0.000 HS
	Military	2	2.8	11.3	
	Free jobs	49	69	80.3	
	Retired	7	9.9	90.1	
	Not working	7	9.9	100	
Socioeconomic Status SES-Scale of Income	Low	19	26.8	26.8	$\chi^2= 17.9$ P= 0.000 HS
	Middle	40	56.3	83.1	
	High	12	16.9	100	

Cum=cumulative=significant, H=high, X2= chi-square

Table (1) shows that the highest percentage of the study sample (39.4%) was in age group (30-39) years, with mean of (36.97± 9.59). (87.3%) were married, (36.6%) were primary school graduated, while (26.8%) of their husbands can read and write and the same percentage of them were primary school

graduated , (88.7%) of them were housewives ,while (69%) of their husband were free jobs, (83.1%) were from urban ,most of the sample (56.3%) were middle socioeconomic status . High statistical significant were found in the studied parameters of the Socio-demographical characteristics at p<0.05.

Table 2. Distribution of the Physical Aspect Items for the Studied Groups with Summary Statistics and their Assessments

Items	Resp.	Freq.	Percent	M.S.	S.D.	R.S.	Ass. (*)
1. pain							
I feel pain before the pap smear	Yes	46	64.8	2.37	0.9	79	Failure
	Sometimes	5	7				
	No	20	28.2				
I feel pain during the pap smear	Yes	51	71.8	2.55	0.77	85	Failure
	Sometimes	8	11.3				
	No	12	16.9				
I suffer from severe pain after the pap smear	Yes	10	14.1	1.32	0.71	44	Pass
	Sometimes	3	4.2				
	No	58	81.7				
I have a slight pain in the pelvic area after conducting pap smear	Yes	24	33.8	1.7	0.95	56.7	Pass
	Sometimes	2	2.8				
	No	45	63.4				
2 .Spasms and cramps in the pelvic area							
I suffer from cramps and spasms before the pap smear	Yes	11	15.5	1.34	0.74	44.7	Pass
	Sometimes	2	2.8				
	No	58	81.7				
I suffer from mild cramps after the pap smear	Yes	17	23.9	1.51	0.86	50.3	Pass
	Sometimes	2	2.8				
	No	52	73.2				
I suffer from sever spasms and cramps after conducting pap smear	Yes	6	8.5	1.18	0.57	39.3	Pass
	Sometimes	1	1.4				
	No	64	90.1				
3. vaginal bleeding							
I suffer from vaginal bleeding before the pap smear	Yes	11	15.5	1.31	0.73	43.7	Pass
	Sometimes	0	0				
	No	60	84.5				
I noticed spots of blood after the pap smear procedure	Yes	43	60.6	2.23	0.97	74.3	Failure
	Sometimes	1	1.4				
	No	27	38				
I suffer from severe vaginal bleeding after the pap smear	Yes	4	5.6	1.11	0.46	37	Pass
	Sometimes	0	0				
	No	67	94.4				

Ass. =Assessment; (*) Cut-off point = 66.67% of (R.S.); Freq. =Frequency; M.S=Mean of Score; RS=Relative Sufficiency; Resp. =Response; SD =Standard Deviation

Table (2) shows that the majority of sample (64.8%) feels pain before the pap smear, (71.8%) feels pain during the pap smear, (14.1%) suffer from severe pain after the pap smear, (33.8%) feeling slight pelvic pain after conducting pap smear, (15.5%) suffer from cramps and spasms before the pap smear, (23.9%) suffer from mild cramps and spasms after the pap smear, (8.5%) suffer from severe spasms and cramps after conducting pap smear, (15.5%) suffer from vaginal

bleeding before the pap smear, (60.6%) noticed spots of blood after the pap smear procedure, while only (5.6%) suffer from severe vaginal bleeding after the pap smear. Most of items assessed pass except in (I feel pain before pap smear (M.S= 1.34, R.S= 44.7), I feel pain during the pap smear (M.S=2.55, R.S= 85) and I noticed spots blood after the pap smear procedure (M.S=2.23,R.S=74.3).

Table 3. Distribution of the Psychological Aspect items for the studied groups with summary statistics and their assessments

Items	Resp.	Freq.	Percent	M.S.	S.D.	R.S.	Ass. (*)
1. disturbance							
I am tense	Yes	60	84.5	2.70	0.70	90.00	Failure
	Sometimes	1	1.4				
	No	10	14.1				
I am relaxed	Yes	13	18.3	1.48	0.79	49.30	Failure
	Sometimes	8	11.3				
	No	50	70.4				
I feel embarrassed	Yes	48	69	2.51	0.79	83.70	Failure
	Sometimes	9	12.7				
	No	13	18.3				
Be reassuring	Yes	14	19.7	1.52	0.81	50.70	Failure
	Sometimes	9	12.7				
	No	48	67.6				
I am unsatisfied	Yes	52	73.2	2.55	0.79	85.00	Failure
	Sometimes	6	8.5				
	No	13	18.3				
I'm scared	Yes	58	81.7	2.69	0.69	89.70	Failure
	Sometimes	4	5.6				
	No	9	12.7				
2. Anxiety feeling							
I'm anxious about my health after the pap smear procedure	Yes	53	74.6	2.58	0.77	86.00	Failure
	Sometimes	6	8.5				
	No	12	16.9				
I'm anxious about my future fertility	Yes	18	25.4	1.51	0.88	50.30	Pass
	Sometimes	0	0.0				
	No	53	74.6				
I feel lost desire and interest in the affairs of the family	Yes	14	19.7	1.59	0.80	53.00	Pass
	Sometimes	14	19.7				
	No	43	60.6				
4. Fear							
I fear the result of the pap smear	Yes	60	84.5	2.75	0.63	91.70	Failure
	Sometimes	4	5.6				
	No	7	9.9				
I am afraid of cervical cancer	Yes	61	85.9	2.75	0.65	91.70	Failure
	Sometimes	2	2.8				
	No	8	11.3				
I am afraid of the lack of treatment for cervical cancer	Yes	37	52.1	2.07	0.99	69.00	Failure
	Sometimes	2	2.8				
	No	32	45.1				

Ass. =Assessment; (*)Cut-off point = 66.67% of (R.S.); Freq. =Frequency; M.S=Mean of Score; RS=Relative Sufficiency; Resp. =Response; SD =Standard Deviation

Table (3) shows that the vast majority (84.5%) of the study sample during the pap smear procedure were tense, (70.4%) did not relaxed, (69%) were feeling embarrassed, (67.6%) did not reassuring, (73.2%) unsatisfied, (81.7%) were scared. Regarding anxiety the majority (74.6%) of the sample feeling anxious about their health after the Pap smear procedure, (25.4%) were anxious about future fertility. Regarding restlessness(78.9%) passing bad ideas in their mind, (59.2%) feel nervous for any reason after doing the pap smear, (43.7%) suffered from insomnia after conducting pap smear, while (36.6%) lost their

appetite before know a result of the pap smear, (19.7%) lost desire and interest in the affairs of the family before taking the result of the pap smear, (84.5%) felt with fear from the result of the Pap smear, (85.9%) were afraid of cervical cancer, (52.1%) afraid of the lack of treatment for cervical cancer. The assessment of the psychological domain shows (failure) in most of the items with negative answers, except in (I'm anxious about my future fertility (M.S=1.51, R.S=50.30), loss of appetite before knowing the results (M.S=1.94, R.S=64.70), I feel lost desire and interest in affairs of the family (M.S=1.59, R.S=53.00).

Table 4. Distribution of the Social Aspect Items for the Studied Groups with Summary Statistics and their Assessments

Items	Resp.	Freq.	Percent	M.S.	S.D.	R.S.	Ass. (*)
1 .Multiple sexual relationships							
Are you the only wife of your husband	Yes	54	76.1	1.76	0.43	88.00	Pass
	No	17	23.9				
Have you ever been married previously	Yes	7	9.9	1.10	0.30	55.00	Pass
	No	64	90.1				
Are to your husband another sexual relation	Yes	9	12.7	1.13	0.34	56.50	Pass
	No	62	87.3				
2 .The marital relationship							
Pap smear affect the marital relationship	Yes	34	47.9	1.48	0.50	74.00	Pass
	No	37	52.1				
A pap smear effect on my emotion relationship	Yes	33	46.5	1.46	0.50	73.00	Pass
	No	38	53.5				
Neglecting the appearance	Yes	19	26.8	1.27	0.45	63.50	Pass
	No	52	73.2				
3. Delay of conducting the pap smear							
Have enough time to conduct the examination	Yes	45	63.4	1.63	0.49	81.50	pass
	No	26	36.6				
Busy with other things rather than the pap smear	Yes	29	40.8	1.41	0.50	70.50	Pass
	No	42	59.2				

Table 4. (Continued)

Items	Resp	Freq.	Percent	M.S.	S.D.	R.S.	Ass. (*)
4. Social activities and family harmony							
Pap smear affects my social activities	Yes	25	35.2	1.35	0.48	67.50	Pass
	No	46	64.8				
Pap smear affect the harmony of my family	Yes	30	42.3	1.42	0.50	71.00	Pass
	No	41	57.7				
Can enjoy a book or listening to radio or television programs before and ...	Yes	28	39.4	1.39	0.49	69.50	Pass
	No	43	60.6				
My family are anxious about conducting the pap smear	Yes	53	74.6	1.75	0.44	87.50	Failure
	No	18	25.4				
I feel disturbed when family when you talk about going to receive as a result of the pap smear	Yes	24	33.8	1.34	0.48	67.00	Pass
	No	47	66.2				
5. Health attendances							
Pap smear is necessary in the absence of symptoms and signs of harm	Yes	28	39.4	1.39	0.49	69.50	Failure
	No	43	60.6				
I'm ready to be tested periodically	Yes	44	62.0	1.62	0.49	81.00	Failure
	No	27	38.0				
Respond well the staffs of health care	Yes	38	53.5	1.54	0.50	77.00	Failure
	No	33	46.5				
My attendances to health care centers is unpleasant	Yes	39	54.9	1.55	0.50	77.50	Failure
	No	32	45.1				

Ass. =Assessment; (*)Cut-off point = 66.67% of (R.S.); Freq. =Frequency; M.S=Mean of Score; RS=Relative Sufficiency; Resp. =Response; SD =Standard Deviation

Table (4) shows that the majority of the sample (76.1%) were first wives to their husbands, while (23.9%) were second wives, but only (9.9%) were married previously. (12.7%) of them their husband had external sexual relation. Regarding marital relations (47.9%) of them Pap smear affects their marital relationship, while (46.5%) Pap smear affects their emotions and (26.8%) were neglecting their appearance. Regarding delay in conducting Pap smear (36.6%) did not have enough time to conduct the examination, (40.8%) busy with other things rather than conducting the Pap smear. Regarding the social relations and family harmony (35.2%) were Pap smear effect on their social activities, (42.3%) were feeling Pap smear effect on the harmony of family. (39.4%) Cannot enjoy a book or listening to radio or television programs before and after receiving the result of pap smear,

(74.6%) families are anxious about conducting the Pap smear, and (33.8%) of them feels disturbed from family when talk about going to receive the result of the Pap smear. Regarding health attendances (60.6%) said that Pap smear was not necessary in the absence of harmful symptoms and signs, (38.0%) of them were not ready to do pap test periodically, (46.5%) did not respond with the staffs of health care ,and (54.9%) of them from the sample said the examination of health care is unpleasant. Most of items assessed pass except in (My family are anxious about conducting the pap smear (M.S=1.75,R.S=87.50), Pap smear is necessary in the absence of symptoms and signs of harm (M.S=1.39, R.S=69.50), I'm ready to be tested periodically (M.S=1.62, R.S=81.00), Respond well the staffs of health care (M.S=1.54, R.S=77.00), My attendances to health care centers is unpleasant (M.S=1.55,R.S=77.50).

Table 5. Simple Correlation Coefficients between Different of Main Domains for the Pap smear of Women's Responding

Corr. and P-value	Main Domains	The Psychological aspect	The Social aspect
Correlation	The physical aspect	0.317	0.237
	The Psychological aspect		0.245
Sig. (1-tailed)	The physical aspect	0.004	0.023
	The Psychological aspect		0.020

S= Significant, Corr. =Correlation

The table (5) shows in term of simple correlation coefficients that there is a highly significant correlation at (P-value < 0.05) between the main three criteria (the physical aspect, the psychological aspect, and the social aspect) which indicates that an interaction are presented between them.

Discussions:

1. Sociodemographic Characteristics of Women in our Study

The study results regarding women age presented (39.4) of women was within age group of (30-39) years with mean of (36.97± 9.59). Significant statistical difference (p=0.000) in between groups. The risk cervical cancer incidence in women between the ages of 35and 60, statistics found that the abnormal changes in the cervical epithelium (pre invasive stage) occur mostly when women are older than 35 and, since the abnormal cells usually take five to ten years to become cervical cancer cell, therefore women should have a cervical cancer screening every five year ⁽⁷⁾.

Majority of the participants were married (87.3%), and a very small percentage are divorced (2.8%) or widowed (9.9%). with a highly significant statistical difference (p= 0.000). Annual screening of sexually active women with the Papanicolou test has reduced

2. The Physical Aspect Domain

The findings of the present study revealed that the majority of sample (64.8%) feels pain before the Pap smear, (71.8%) feels pain during the Pap smear, (33.8%) feeling slight pelvic pain after conducting Pap smear.

the incidence of invasive cervical cancer by 60% over the last 30 years ⁽⁸⁾.

The education level for most women (36.6%) were primary school graduated, while husbands (26.8%) can read and write and the same percentage primary school graduated. A low education level is a known barrier to cervical cancer screening .Some studies have indicated that routine monitoring of coverage of screening and information polices affect cervical cancer screening rates at various education levels ⁽⁹⁾.

Most of the sample (56.3%) were from middle socioeconomic status, significant statistical difference (p=0.000) in between groups. The socioeconomic factors were all strong predictors of Pap smear receipt. Low socioeconomic status has been associated with low utilization of screening services and increased risk for cervical cancer ⁽¹⁰⁾.

Woman may feel slight sensations of pelvic discomfort, pressure or pain while a medical professional removes cervical cells. Such side effects are temporary and typically resolve as soon as the Pap smear is completed. Women who experience unusual sensations of severe pelvic pain during a Pap smear should let the doctor know immediately ⁽¹¹⁾.

That most of the sample (60.6%) noticed spots of blood after the Pap smear procedure. Scraping cells from the cervix can irritate or inflame this region of a woman's reproductive tract. Consequently, some women can experience vaginal bleeding after receiving a Pap smear. Vaginal bleeding is typically mild and subsides within a day of the Pap smear. Affected women can notice that their normal vaginal secretions appear unusually pink or contain small amounts of blood. A woman who experiences persistent or profuse vaginal bleeding after having a Pap smear should contact a medical professional if such side effects are not related to her normal monthly menstrual cycle⁽¹¹⁾.

3. The Psychological Aspect Domain

The findings of the present study revealed that the vast majority of the study sample (84.5%) were tense during the pap smear procedure, (70.4%) did not relaxed, (69%) were feeling embarrassed, (73.7%) unsatisfied, (81.7%) were scared. Feeling women fear of discomfort during the Pap test, the prospect of a gynecological exam can evoke fear in any woman, but getting regular check-up and Pap smear is an extremely important first step toward cancer detection and prevention⁽¹²⁾.

The majority of the sample (74.6%) feeling anxious about health after the Pap smear procedure, (74.6%) were anxious about future fertility. A significant number of women worried that their condition would become worse waiting for appointments and had fears for their fertility⁽¹³⁾.

After being informed of an abnormal Pap smear test result, women commonly feel stressed and anxious. Irrespective of the severity of the result. These emotions are often long lasting being present up to two years after the Pap test⁽¹⁴⁾.

Results also indicate that most of women (78.9%) passing bad ideas in their mind, (59.2%) were have low threshold emotions after doing

the pap smear, (43.7%) suffer from insomnia after conducting pap smear.

Women commonly experience some anxiety before undergoing their first pap smear, and some even go so far as to cancel the exam. Pap smear anxiety largely stems from a lack of information about the test and worries over the pain some women believe they'll experience⁽¹⁵⁾.

The majorities (84.5%) were fear of the result of the Pap smear, (85.9%) were afraid of cervical cancer, (52.1%) were afraid of the lack of treatment for cervical cancer. In study that more than a third of the women (43.5%) agreed that they will be afraid if something wrong will be detected if they go for a Pap smear test. Up to 72% were not uneasy to talk about cancer and 79% agreed that they would be worried if they were found to have early signs of cervical cancer⁽¹⁶⁾.

4. The Social Aspect Domain

The finding of the study revealed that (76.1%) were first wives to their husbands, while (23.9%) were second wives, but only (9.9%) were married previously. (12.7%) of the same their husband had external sexual relationship. Husbands whose previous wives had cervical cancer can double the risk rate of cervical cancer to his present wife⁽⁷⁾. A significant relationship between cervical cancer risk factors such as having multiple sexual partners, having sexual activity with a man who has had multiple sexual partners, having a sexually transmitted disease and having pap testing⁽¹⁷⁾.

The results of the present study also indicate that (47.9%) Pap smear affect the marital relationship, while (46.5%) were Pap smear affect emotional relationship, (26.8%) were neglecting the appearance. The experience with pap smear or cervical cancer, perception that losing a womb and not having children as useless being a woman, submissiveness of women to men in relation to having sexual intercourse leading to the fear

that men would seek elsewhere if not satisfied with their wives. If confirmed to have cancer, women fear of abandonment ⁽¹⁸⁾. About (36.6%) did not have enough time to conduct the examination. while (40.8%) busy with other things rather than the Pap smear. In study that 64% did not think that it was difficult to take time off from work and go and have a Pap smear check while 25% agreed and 11% felt that it's not applicable to them probably because they have never had a Pap test done. Majority of the participants (86%) did not think that it was difficult to get to a Pap smear clinic. Up to 40% agreed that being busy and the priority for other things got in the way of a Pap smear check. The many women often say that they are too busy and will put it off for the next month to have a Pap smear. That month eventually turns into a year, and so on. What most women don't realize is that a Pap smear can detect changes in the cervix before become cancerous. The bottom line is that women should never be too busy for their Pap smear ⁽²¹⁾. The majority of the sample (60.6%) said that the Pap smear did not necessary in the absence

5. Simple Correlation Coefficients between Different of Main Domains for the Pap smear of Women's Responding

Table (5) shows that highly significance difference physical aspect and psychological aspect ($p=0.04$), significant difference between (the physical aspect, the psychological aspect,

Recommendations:

From the above conclusions the researcher recommends that:

1. Intensive comprehensive, obligatory educational programs (campaigns) are needed to improve awareness of the women about Pap smear test and stress the importance of regular smears as a preventative measure.
2. Give each woman written information on Pap smears; explain the purpose of the Pap smear, the instruments to be used, the procedure,

of harm symptoms and signs. Most of the participants agreed that Pap smear is necessary even if there were no signs and symptoms (80.9%). They also disagreed with the statement that it is unnecessary to go only for Pap smear test (86.5%) ⁽¹⁸⁾. Woman believing that Pap testing is unnecessary for asymptomatic women ⁽²²⁾. The results indicate about (62.0%) of the participants reported that they were ready to have or continue with Pap smear periodically in future (38.0%) were not ready to doing pap test periodically. The most of the women (96%) of the participants reported that they plan to have or continue with Pap smear screening in the future. Up to 98.5% agreed that they will go for further follow up clinics if their Pap smear results showed cancer changes ⁽¹⁸⁾.

The results indicate that (46.5%) did not respond with the staffs of health care. That lack of recommendation by health care providers hindered women in screening for cervical cancer ⁽¹⁹⁾. The (54.9%) from the sample said that examination of health care is unpleasant. About 88% of the participants disagreed that health care in general is unpleasant ⁽¹⁶⁾. and the social aspect) which indicates that an interaction are presented between them. The using components of the medicine wheel (physical, spiritual, mental, as an emotional) conceptual framework would be a way to understand women in the context of Pap smear screening ⁽²⁰⁾.

possible test results and follow up and the recommended frequency of Pap smears.

3. Reducing fears and anxieties associated with a Pap smear that can be alleviated with better information sharing about Pap smear procedure.
5. Ensure that the women will receive their results face to face so their results could be discussed thoroughly with them and encourage them for further follow-up clinics.
4. I hope that Ministry of Health in our country establishes roles and instruction about cancer

screening, especially for cervix cancer because it, easy and applicable in order to saves women

life and fertility.

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