

Abstract

Determinants of Cervical Cancer Screening in Tunisia: A Cross Sectional Study Among 1494 Women Aged Between 18 and 65 Years of Age

Hejer Letaief; A Hechaichi; S Chelly; H Bouguerra; S Rejaibi; F Saffar; A Cherif; M Chahed

Corresponding Author:

Hejer Letaief

Abstract

Background: In low- and middle-income countries, cytology-based programs are very difficult to implement, and where they are implemented, the screening coverage is low. Routine screening of cervical cytology has been implemented in Tunisia in order to decrease cervical cancer incidence and mortality. Understanding the factors associated with cervical cancer screening among target populations is important to improve the screening participation rate. In Tunisia, few studies have examined cancer screening among women in relation to socio demographic and socioeconomic status.

Objective: To estimate the coverage of women by cervical cancer testing and to assess the relation with sociodemographic and socioeconomic determinants.

Methods: A cross-sectional survey was conducted in 2014 and face-to-face interview questionnaires were completed by a sample of 1494 women aged 18 years and older.

Results: Only 36.6% (95% CI 34.3%-39.2%) of 1494 women aged 18 years had received a previous cervical screening test. This rate increased significantly ($P < 10^{-3}$) with age from 13.9% for those aged less than 30 years to 29.1% for those aged between 30 and 40 years, to 47.9% for women aged 40-50 years old and 49.3% for those aged more than 50 years. In multivariate, we found previous cervical cancer screening was significantly associated with household income, occupation, level of education, tobacco use, medical previous history and familial history of cancer, at risk sexual behavior and history of sexual transmitted diseases.

Conclusions: The coverage of women population with cervical cancer screening was found to be very poor. Analyses of cancer screening rates by measures of income, educational level, and other factors may help to implement a comprehensive, integrated approach across different health programs. Given the importance of knowledge in encouraging women to participate in screening is key to reducing cervical cancer burden in Tunisia. A health promotion intervention should be developed and implemented in project counties focusing on improving their knowledge.

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