

ORIGINAL ARTICLE

Knowledge, Attitudes, and Practices of Women Regarding Pap Smear in Surallah, South Cotabato

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ABSTRACT

Background: Cervical cancer is the fourth leading cause of cancer deaths in women worldwide and second in the Philippines. However, Pap smear test, a common screening test procedure for the detection of cervical cancer, remains underutilized, contributing to the increasing incidence of cervical cancer. Women's knowledge, attitudes, and practices (KAP) must be measured to ensure good, targeted interventions; and increase screening and detection of cervical cancer cases.

Objectives: The study aims to determine the KAP of women in Surallah, South Cotabato, towards Pap smear. It also aims to help the local government, college administrators, and rural health unit create programs to enhance women's KAP in the municipality.

Methodology: The study used a descriptive, cross-sectional design, employing questionnaires manually distributed to determine the KAP of women in Surallah, South Cotabato.

Results: The study included 375 respondents. Most know the purpose and importance of a Pap smear but are in need of better understanding of the procedure and the timing of the test. Most of the respondents also had varied reactions toward the test toward the test; some had positive attitudes, and others had negative attitudes. The respondents didn't undergo the procedure despite having a good knowledge of it.

Conclusion: Most respondents correctly understood the importance of the procedure but needed to learn how it was done. They also have a fair to commendable attitude towards the test. However, despite these, the respondents still practice poorly due to misconceptions and misinformation.

Introduction

Cervical cancer, caused by persistent Human Papillomavirus (HPV) infection through sexual or skin-to-skin contact, is the fourth most common type of cancer observed among women worldwide. There are 604,000 new cases worldwide and 342,000 deaths from the said disease. Ninety percent of these new cases and mortality rates were from low- and middle-income countries [1]. In the Philippines, cervical cancer is the second most common cancer among women especially between 15 and 44 years old [2]. Moreover, the local data gathered by the South Cotabato-Integrated Provincial Health Office (SC-IPHO) in Surallah shows poor screening, testing, and vaccination coverage in the municipality.

The comprehensive strategy of the World Health Organization (WHO) for cervical cancer interventions for women include community education to enhance awareness and understanding of cervical cancer, social mobilization to engage communities and promote supportive environments, and HPV vaccination to prevent the most common strains linked to the disease [3]. WHO aims to eliminate cervical cancer by 2030, wherein 90% of the population is fully vaccinated [4]. Comparing it to the Philippines' statistics, only 23 percent of the population was vaccinated and only 5% was vaccinated with the final dose [5]. WHO also targets to screen at least 70% of the women's population but only 1% was screened in the Philippines [6]. The Department of Health (DOH) initiated an organized nationwide Cervical Cancer Screening Program that offers training, educating, and hiring health workers on proper cervical cancer screening tests such as Visual Inspection of the Cervix with Acetic Acid (VIA) and Pap smear and advocated cervical cancer screening, but only 42% of 389 hospitals in the Philippines have screening services for cervical cancer [7].

Cervical cancer screening tests include Papanicolaou smear also known as Pap smear, VIA, HPV DNA test, and newer techniques employing liquid-based cytology [8]. Pap smears play a crucial role in significantly lowering the incidence of cervical cancer by at least 80% with regular screening [8]. In the Philippines, the Pap test is a widely used screening tool in clinical practice that has been conclusively shown to reduce the incidence and mortality of cervical cancer, but only 540,000 out of 54 million women undergo screening [6]. Only 48% of women aged 26–35 years old have ever had a Pap smear; only 31% received them routinely in Greater Manila and the Southern Philippines, and even lower (13%) in rural areas [5]. Despite the

high awareness of screening services (93.8%) [5], women in rural areas still have low screening coverage due to inadequate screening facilities (40%), a low clinic-to-population ratio (1:9196), and a low personnel-to-population ratio (1:1751) [9]. Surallah has recorded the highest mortality rates due to cervical cancer in South Cotabato. Alarmingly, since 2021, there have been no recorded cases of women being screened using Pap smear.

A general lack of knowledge about cervical cancer and its preventability, limited public health services, especially in rural areas, lack of family support, geographical and economic inaccessibility of care following an abnormal pap test result or a cervical cancer diagnosis and social and cultural stigma associated with reproductive health issues, cancer, and sexually transmitted diseases are also barriers to low Pap test participation [10].

The lack of knowledge regarding the cause of cervical cancer is the most significant factor for low vaccinations and the significance of screening [11]. Women who undergo Pap smears have better knowledge, [12] thus having favorable attitudes toward the test [13]. Positive attitudes are linked to sexual experience and education [14]. Low health literacy and incomplete awareness and understanding are some factors that prevent women from undergoing Pap smears [15].

The greatest factor in the spread of cervical cancer is the lack of understanding regarding the causes, risks, and prevention programs for HPV. There is a weak foundation of knowledge, attitudes, and practices (KAP) regarding cervical cancer and Pap smear [16]. Thus, to aid in developing programs related to Pap Smear, correct misinformation, and improve the participation of women to undergo the test, this study aimed to determine the KAP of women regarding Pap smear at Surallah, South Cotabato. Specifically, the study aimed to determine the demographic profile of the respondents and their level of KAP, and the comparison between the demographic profile of the respondents and their KAP towards Pap smear.

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The study can help the Local Government Units (LGUs) and Non-governmental organizations (NGOs) formulate interventions that could further help the population, minimize risks, promote health, and plan programs and activities to further improve women's health. This study could raise women's awareness and evaluate their KAP about the importance of Pap smear for the prevention and detection of cervical cancer. Lastly, future researchers can use this study as a reference for KAP regarding Pap smear and cervical cancer.

Methodology

2.1 Research Design

The study used a cross-sectional study design. The data was gathered from a specific population at a designated point in time.

2.2 Respondents

The respondents were 21-65 years old, married, and/or female undergraduate students from local colleges in Surallah. The eligibility criteria were based on the guidelines provided by the Centers for Disease Control and Prevention (CDC), which recommend starting Pap smear procedures at age 21. The researchers focused on the said respondents because they are individuals who engage in sexual activity. Moreover, it is estimated that high-risk HPV infections acquired by 21, 31, and 40 years old can progress to cancer by more than 50%, 75%, and 85%, respectively [17], while older women are at higher risk as well since they are immunocompromised [18].

2.3 Sample Size/ Sampling Technique

The researchers used random sampling. A sample size of 375 respondents was obtained using the RaoSoft sample size calculator. Proportional allocation based on age was used to identify the exact number of respondents per age group.

2.4 Materials

The questionnaire from a similar study with an initial Cronbach's alpha of 0.70 for knowledge, 0.823 for attitudes, and 0.868 for practices [19] was modified to suit the context of the respondents. The revised questionnaire included the demographic profile of the respondents, and questions about HPV and Pap smear to determine their knowledge. The knowledge questionnaire had the choices 'true,' 'false,' and 'I do not know,' and the questions are about general facts, procedure, timing, and importance of Pap smear. The Attitude Likert Scale Questionnaire (ALSQ) Interpretation was used to determine whether the respondents have a positive or negative attitude towards Pap smear, and the frequency with which the respondents submit themselves to Pap smear determines their practice, which is answerable by 'yes' or 'no.'

The researchers conducted a pilot study to ensure the questionnaire was consistent and reliable. Cronbach's alpha is very good for knowledge (0.833) and attitudes (0.925), and good (0.715) for practices.

2.5 Procedure

Letters were sent to the municipal mayor and local college presidents asking permission to conduct the study. Then, the research questionnaire was validated by three experts in the field. Following the instrument validation, the researchers conducted a pilot test. The actual data collection was followed by surveying eligible female residents of Surallah. The goals of the study, extent of participation, risks, and benefits of participating in the study

were explained to the respondents, and they were asked to sign the informed consent form to ensure their voluntary and informed participation in the study. The confidentiality of the information given by the respondents was maintained. Data analysis and interpretation were done next.

2.6. Data analysis

The demographics of the respondents were determined using frequency. The number of correct responses determined the knowledge level. If 50% or more of the respondents answered a specific item correctly, the entire sample is deemed "knowledgeable" for that item. Otherwise, the entire sample is considered "not knowledgeable"[20]. The mean was calculated for the ALSQ to determine the respondent's attitudes. Frequency and percentage were used to determine the respondents' practices.

The analysis of variance (ANOVA) was used to determine if there was a difference among the KAP and demographic profiles of the respondents. The level of significance set at 0.05 and the researchers used the IBM Statistical Package for the Social Sciences (SPSS) in analyzing all data.

Results

The majority of the respondents are high school graduates (62.7%), within the age groups of 39-48 years old (29.3%), unemployed (64.5%), and married (90.4%). Only 5.6% of the respondents were students.

3.0 Knowledge

Most of the respondents (82.1%) correctly identified a Pap smear as a diagnostic test, effective in reducing cervical cancer incidence and mortality (80.3%), and a test for detecting abnormal cells in the cervix (74.7%). The majority (72.0%) knew that Pap smear detects HPV and inflammation and were aware that it is crucial because women could be asymptomatic (71.2%). More than half (63.5%) correctly answered that a Pap smear should be recommended for women who engage in heterogeneous sexual activity, is still done even if a woman on the previous Pap smear has a normal result (63.2%), and firstly done when a woman starts to have a sexual activity (55.2%). Items that got many incorrect answers from the respondents include their knowledge of the conduct of Pap smear during the menstrual period (49.6%), the test frequency every three years (32.0%), and its invasiveness and cost (26.9%).

Further, some respondents did not know that a Pap smear test can only be done on a woman if she did not have sex 24 hours before the procedure (35.2%), done between 21 and 65 years old (26.9%), without anesthesia (26.7%), by scraping the cells of the cervix (24.5%), and by swabbing the walls of the cervix using a vaginal swab (20.0%).

3.2 Attitudes

The respondents have a commendable attitude towards the test's necessity for the early detection of cervical cancer. A good attitude was exhibited when asked if the Pap smear test was painful. At the same time, they have a fair attitude when asked regarding the conduct of the test on women having pain during sex, with intimate partners, and who are sexually active.

3.3 Practices

It was found that only 33.9% of the respondents underwent Pap smear tests as recommended by their Ob-Gyne. Only a number (19.2%) underwent a Pap smear test once every three years, while only a few (13.3%) had undergone a Pap smear test when they were 18 to 21 years old.

Table 1. Attitude Likert Scale Questionnaire (ALSQ) Interpretation

Mean Range	Scale	Verbal Description	Interpretation
4.21 - 5.0	5	Very High	Commendable Attitude towards Pap Smear
3.41 - 4.20	4	High	Good Attitude towards Pap Smear
2.62 - 3.40	3	Moderate	Fair Attitude towards Pap Smear
1.82 - 2.60	2	Low	Poor Attitude towards Pap Smear
1.00 - 1.80	1	Very Low	Bad Attitude towards Pap Smear

The Attitude Likert Scale Questionnaire (ALSQ Interpretation) shows the qualitative interpretation of a 5-point Likert scale measurement for attitude towards Pap Smear test.

Table 2. Socio-demographic Profile of Respondents (n=375)

Socio-demographic Characteristics	Frequency
Age	
18-28	70
29-38	93
39-48	110
49-58	58
59-65	44
Educational attainment	
Elementary	32
High School	235
College	87
College Undergraduate	21
Employment status	
Employed	112
Unemployed	242
Student	21
Civil status	
Single	22
Married	339
Separated	5
Widowed	9

The majority of the respondents belong to 39-48 years old (n=110), high school graduates (n=235), unemployed (n=242), and married (n=339).

Table 3. Knowledge on Pap Smear among Women in Surallah, South Cotabato

Item	Correct n (%)	Incorrect n (%)	Doesn't know n(%)
1. Pap smear is a diagnostic test used to screen cervical cancer.	308 (82.1 %)	30 (8.0 %)	37 (9.9 %)
2. Pap smear detects abnormal cells in the cervix.	280 (74.7 %)	38 (10.1%)	57 (15.2 %)
3.Pap smear is the most helpful way to detect pre-cancer and cancer of the cervix.	317 (84.5 %)	19 (5.1 %)	39 (10.4 %)
4. Pap smear detects not only Human Papillomavirus (HPV) but inflammation as well.	270 (72.0%)	48 (12.8 %)	57 (15.2 %)
5. Pap smear is an invasive and relatively inexpensive screening method to check the cervix.	202 (53.9%)	101 (26.9 %)	72 (19.2 %)
6. Pap smear is done when symptoms like unusual vaginal spotting or bleeding, and genital warts occur.	223 (59.5%)	100 (26.7 %)	52 (13.9 %)
7. Pap smear should be done every three years.	140 (37.3%)	120 (32.0 %)	115 (30.7 %)
8. Pap smear test is done by scraping the cells of the cervix.	187 (49.9%)	96 (25.6 %)	92 (24.5 %)
9. Pap smear test is done by gently swabbing the walls of the cervix using a vaginal swab.	249 (66.4%)	51 (13.6 %)	75 (20.0 %)
10. Pap smear is firstly done when a woman starts to have a sexual activity	207 (55.2 %)	102 (27.2 %)	66 (17.6 %)
11. Pap smear test should be done starting at 21 years old until 65 years old.	204 (54.4 %)	70 (18.7 %)	101 (26.9 %)
12. Pap smear should be recommended for women who engage in heterogeneous sexual activity.	238 (63.5 %)	72 (19.2 %)	65 (17.3 %)
13. Pap smear test can only be done to a woman if she did not have sex 24 hours before the procedure.	138 (36.8 %)	105 (28.0 %)	132 (35.2 %)
14. Pap smear test can be done without the use of anesthesia.	203 (54.1 %)	72 (19.2 %)	100 (26.7%)
15. Pap smear can be done to women during their menstrual period.	94 (25.1 %)	186 (49.6 %)	95 (25.3 %)
16. Pap smear must be continued even after menopause.	167 (44.5 %)	98 (26.1 %)	110 (29.3 %)
17. Pap smear is still done even if a woman on the previous Pap smear test has a normal result.	237(63.2 %)	82 (21.9 %)	56 (14.9 %)
18. Pap smear is important because women who have cancer of the cervix may not have any symptoms.	267 (71.2 %)	52 (13.9 %)	56 (14.9 %)
19. Pap smear is successful in reducing incidence and mortality of cervical cancer.	301(80.3 %)	12 (3.2 %)	62 (16.5 %)
Overall Mean:	223 (59.4%)	77 (20.4%)	76 (20.2%)

Most of the respondents correctly identified general facts about Pap smear and diagnostic use but still need to learn about the procedures and the timing of the test.

Table 4. Mean results of the attitude displayed by women regarding Pap smear.

ITEMS	MEAN	VERBAL DESCRIPTION	DESCRIPTION
1. In my opinion, Pap smear is necessary to be performed for early detection of cervical cancer.	4.48	Very High	Commendable Attitude towards Pap smear as Screening test for cervical cancer
2. In my opinion, Pap smear test is painful.	3.25	High	Good Attitude towards Pap smear as Screening test for cervical cancer
3. In my opinion, Pap smear test is expensive.	3.19	Moderate	Fair Attitude towards Pap smear as Screening test for cervical cancer
4. In my opinion, only women who experience pain during sexual interaction should undergo Pap smear.	2.69	Moderate	Fair Attitude towards Pap smear as Screening test for cervical cancer
5. In my opinion, only women with intimate partner/s should undergo Pap smear.	3.02	Moderate	Fair Attitude towards Pap smear as Screening test for cervical cancer
6. In my opinion, only women who are sexually active should undergo Pap smear	2.80	Moderate	Fair Attitude towards Pap smear as Screening test for cervical cancer
Overall mean:	3.24	Moderate	Fair Attitude towards Pap smear as Screening test for cervical cancer

Overall, the respondents have a fair attitude towards the test.

Table 5. Women's Pap Smear Practices

Items	Yes		No	
	Frequency	Percent	Frequency	Percent
1. I underwent Pap smear test before as recommended by an Obstetricians and Gynecologist (Ob-Gyne).	127	33.9	248	66.1
2. I undergo Pap smear test once every 3 years.	72	19.2	303	80.8
3. I underwent my first Pap smear when I was 18-21 years old.	50	13.3	325	86.7
Total:	249	66.4	876	233.6

Only 33.9% (n=127) of the respondents underwent Pap smear test before, as recommended by their Obstetricians and Gynecologist (Ob-Gyne). Only 19.2% (n=72) of the respondents underwent Pap smear test once every three years while only 13.3% (n=50) had undergone a Pap smear test when they were 18 to 21 years old.

3.4 Comparison of KAP and Demographic Profile

The level of knowledge has significant differences in terms of age (p=0.000), civil status (p=0.000), educational attainment (p=0.000), and employment status(p=0.000). Among the age groups, significant differences are found between all compared groups: 18-28, 29-38, 39-48, 49-58, and 59-65 years old (p=0.000). Single women show significant differences in knowledge levels compared to married women (p=0.000), widowed women (p=0.000), and separated women (p=0.023). Educational level comparisons reveal significant differences between college undergraduates and those with elementary (p=0.000), high school (p=0.000), and college undergraduate, (p=0.000) and college(p=0.000). Employed and unemployed women significantly differ in their knowledge level(p=0.000).

Attitude levels had a significant difference with age (p=0.041) and educational attainment (p=0.004). Specifically, only those aged 39-48 and 49-58 (p=0.023), between high school and college graduates (p=0.006) showed a significant difference in attitude.

The comparison between practices and employment status differs significantly(p=0.010). There is a significant difference between the responses of employed and unemployed women (p= 0. 018).

Discussion

Upon the analysis of the study, there is a significant difference between the level of knowledge and age, civil status, educational attainment, and employment status of the respondents. Regarding attitudes, only the age and educational attainment of the respondents were found to be significant, while only employment status was significant for practices.

4.1 Knowledge

While most respondents know the purpose and importance of a Pap smear, they lack an understanding of the procedure's specifics and timing. Some respondents did not know that it can be done during the menstrual period and once every three years. However, the literature says that cervical cancer develops slowly, so three years is sufficient to detect abnormal cell changes before they progress to cancer [21]. Research also indicates that performing a Pap smear during the menstrual period is possible. Still, avoiding it is generally recommended, especially if the flow is moderate to heavy, which can obscure the cervical cells, making it difficult to obtain an accurate sample [22]. The Pap smear cost can vary based on location, healthcare provider insurance, and additional tests. In the Philippines, Pap smears are often covered by health insurance or provided at low cost through public health clinics and government-funded initiatives; regardless, results suggest that organized programs have yet to be implemented due to high costs and the need for additional infrastructure to the health care system [7]. Some were also not aware that the test is done when unusual symptoms occur and should be continued even after menopause. However, it is recommended that ages 40 to 50 and older are at the highest risk for developing cervical cancer after menopause, making it important for them to continue regular screening [23]. Confusion also arises due to the misconception between Pap smear and *Raspa*, a different procedure performed after miscarriages or abortions and removes placental cells. A *Raspa*, a local slang for dilation and curettage, is a surgical procedure wherein the cervix is dilated, and the curette is inserted into the uterus to scrape or remove the tissues from the uterine lining. Meanwhile, a Pap smear involves collecting cells from the surface of the cervix using a small brush or spatula.[24] Some view the procedure of Pap smear as *Raspa* because the respondents deemed Pap smear as an invasive procedure. Pap smear is a non-invasive test. Therefore, it is necessary to reinforce respondents' understanding of the differentiation between these procedures and educate them about the correct procedure and when it should be performed.

Table 6. Comparison between the demographic profile of the respondents and their knowledge towards Pap Smear

	p-value	Interpretation
Between knowledge and age	0.000	Significant
Between 18-28 years old and 29-38 years old	0.000	Significant
Between 18-28 years old and 39-48 years old	0.000	Significant
Between 18-28 years old and 49-58 years old	0.000	Significant
Between 18-28 years old and 59-65 years old	0.000	Significant
Between Knowledge and Civil status of respondents	0.000	Significant
Between single and married	0.000	Significant
Between single and widowed	0.000	Significant
Between single and separated	0.023	Significant
Between Knowledge and educational attainment	0.000	Significant
Between college undergraduate and elementary	0.000	Significant
Between college undergraduate and high school	0.000	Significant
Between college undergraduate and college	0.000	Significant
Between Knowledge and employment status of respondents	0.000	Significant
Between employed and student	0.000	Significant
Between unemployed and student	0.000	Significant

Based on the table above, age significantly differs in connection with the respondents' knowledge of Pap smear. The Post Hoc analysis showed that between the age groups 18 to 28 years old and 29 to 38 years old, between 18-28 years old and 39-48 years old, between 18-28 years old and 49-to 58 years old, between 18-28 years old and 59-65 years old, between 29-38 years old and 39-48 years old, between 29-38 years old and 49-58 years old, between 29-38 years old and 59-65 years old, between 39-48 years old and 49-58 years old, between 39-48 years old and 59-65 years old, and between 49-58 years old and 59-65 years old, there is a significant difference (p= 0.000) in terms of knowledge. Civil status significantly affects the respondents' knowledge of Pap smear. There is a significant difference (p=0.000) between single and married women and single and widowed women. There is also a significant difference between single and separated (p=0.023) women. There is a significant difference in the level of knowledge between college undergraduates and elementary school (p=0.000), between college undergraduates and high school (p=0.000), and between college undergraduates and college. There is a significant difference in the level of knowledge between employed women and students (p=0.000) and between unemployed women and students (p=0.000). Thus, there are variations in the responses with the given variables.

Table 7. Comparison between the demographic profile of the respondents and their attitude towards Pap Smear

	p-value	Interpretation
Between Attitude and Age of Respondents	0.041	Significant
Between 39-48 and 49-58	0.023	Significant
Between Attitude and Educational Attainment	0.004	Significant
Between high school and college	0.006	Significant

The attitude level significantly differs with age (p=0.041) and educational attainment (p=0.004). Attitude and age show that between the age groups 39-48 and 49-58, there is a significant difference (p= 0.023). There is also a significant difference in the attitude of high school and college graduates (p=0.006).

Table 8. Comparison between the demographic profile of the respondents and their practices towards Pap smear

	p-value	Interpretation
Between Practices and Employment Status	0.010	Significant
Between Employed and Unemployed	0.018	Significant

The comparison between practices and employment status significantly differs (p=0.010). There is also a significant difference between the responses of employed and unemployed women (p= 0. 018).

4.2 Attitudes

The overall attitude of the respondents towards Pap smear is fair, reflecting various views. Some respondents have a positive attitude towards the test, while others have a negative attitude. Despite having a solid understanding of the test's significance, many find it painful, contributing to reluctance. References to painful experiences, particularly from women close to them, have a significant influence on the decision of those who should undergo the Pap smear. Many of them choose to refrain from having the procedure.

Respondents consider the test's cost reasonable and affordable, given past free offerings by health centers and NGOs before COVID-19. However, the free tests stopped due to pandemic health protocols. Additionally, the

respondents believe that women, regardless of discomfort during coitus, should undergo the test, which explains their fair attitude. Regardless of sexual activity, women over the age of 21 still need to have a Pap smear. There are mixed opinions on whether the Pap smear should be limited to sexually active women with intimate partners. Some believe that the test should be available to all women, regardless of their sexual activity or relationship status. In contrast, others think it should only be given to those who are sexually active with intimate partners.

4.3 Practices

The majority didn't undergo Pap smears despite being aware of them due to fear and misconceptions. Most did not adhere to the procedure at the

recommended 3-year interval or start at 21 years. Instead, they typically had the test after their first childbirth. Most respondents stated they underwent a Pap smear in their late twenties to early thirties. Low health literacy and incomplete awareness are reasons women avoid Pap smears [15]. It underscores women's need for more knowledge about when and how often to have the test. Additionally, familiarity with recommended screening intervals reduces their participation in cervical cancer screening [25].

4.4 Comparison of KAP and Demographic Profile

The knowledge of the respondents varies among age, civil status, and employment status, while they have consistent knowledge regardless of their educational attainment. Younger groups possessed higher knowledge levels than older groups. This might suggest that educational efforts about Pap smears have been more effective among younger women. In comparison, older women may not have had as much access to this information or may not have prioritized it as much. Moreover, single women, like students, have higher knowledge than married, separated, and widowed women. Single women are relatively younger and are more interested in the potential information source regarding cervical cancer [26]. Moreover, students have more knowledge than employed and unemployed women, since educational institutions often incorporate health education into their curriculum [27].

The attitude of women varies with age and educational attainment, while civil status and employment status do not affect the variation of the respondents' attitudes. Specifically, women within 49-58 years old have a more positive attitude than those 39-48 years old. According to a study [27], older women were more likely to participate in cervical cancer screening than younger women. Women aged 39-48 are known to be working full time at home; therefore, they could not attend screening tests compared to older women, who are more flexible with their time.

High school graduates have a more positive attitude than college graduates or undergraduates. However, as a study from Jordan [28] supports, even with sufficient knowledge or higher education, women may still lack a positive attitude towards screening.

The practices of the respondents differ based on their employment status. Meanwhile, practices, age, civil status, and educational attainment do not affect the variability of the respondents' practices. Unemployed women have better practices than employed ones. A study from Jordan stated that time availability, health prioritization, economic factors, access to healthcare services, and socio-cultural dynamics affect women's participation to Pap smear [28].

Conclusion

Based on the study's results, most respondents correctly identified the importance and functions of Pap smear but mistakenly identified its timing and needed to know its procedures.

The respondents have a fair to commendable attitude towards Pap smear, which aligns with the findings of their knowledge about Pap smear. Their attitudes toward the test are commendable since most respondents know the general information about the test, but fair to who should undergo Pap smear since most of them do not know the test procedure.

The practices of the respondents are poor due to their knowledge, misidentification of the test as *Raspa*, and the absence of free Pap smear offered by the NGO.

The study found that age, civil status, educational status, and employment status determine the level of knowledge. Educational attainment is a factor in the respondents' attitudes, while age, civil status, and employment status are insignificant. The respondents' perceptions, regardless of age, civil status, and employment status, are similar. Only the respondents' employment status is a factor in terms of practices, while age, civil status, and educational attainment are not significant factors.

Finally, an intensified information drive and widened access to facilities should be given to raise awareness about the importance of regular Pap smear screenings, especially for women aged 39-65. Seminars, stronger information dissemination, and Pap smear campaigns should be done in partnership with institutions where employed women aged 39-48 are

working to address misinformation, misconceptions, and encourage women to participate in cervical health screenings and improve their attitude and practice towards Pap test. Enhancing follow-up care for women aged 18-38 and 49-65 years old receiving abnormal Pap smear results is essential for timely intervention and management, which can lead to better cervical health.

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