

Original article

Sexual Behavior and the Prevalence of Cervical Cancer Screening Use in the Šumadija District

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SUMMARY

Introduction/Aim. Reproductive health and cervical cancer screening are public health priorities. The aim of the study was to assess the sexual behavior and prevalence of cervical cancer screening use in the Šumadija District, Serbia.

Methods. The research was conducted as a cross-sectional study. The study population consisted of 510 females aged 18 - 49 years, living on the territory of the Šumadija District. An anonymous standardised questionnaire was used as a research tool based on the research protocol entitled "The World Health organization, STEPwise Approach to Noncommunicable Disease Risk Factor Surveillance (STEPS)".

Results. During the first sexual intercourse, 60.1% of the surveyed population used some of the contraceptives, whereas during the last sexual intercourse, 72.5% of the female respondents reported not having used any of these. Out of the total number of female respondents, every fifth respondent reported not having had a single Pap smear in her lifetime performed (22.8%), i. e. 85.0% of the female respondents aged 19 - 29 years ($p < 0.001$), every third female respondent who had completed elementary school (28.4%) $p = 0.009$, and every third respondent who was not married (33.3%) ($p = 0.01$).

Conclusion. All the activities should be directed towards increasing the levels of accessibility and availability of the institutions and cervical cancer screening services provided there. In addition, resource capacities should be enhanced as well (medical staff, rooms, equipment).

Keywords: women in reproductive period, sexual behavior, Pap test

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INTRODUCTION

The concept of reproductive health was first introduced at the fifth United Nations International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994. The Program of Action, adopted at this conference by 179 United Nations Member States, provided the definition of reproductive health in its widest context, which was again based on the definition of health given by the World Health Organization (WHO), as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. This concept was implemented for the purpose of emphasizing the importance of health aspects of family planning while simultaneously investing efforts to reduce resistance towards accepting the state intervention in the sphere of giving birth. Implementation of the concept of reproductive health into the Program of Action is considered as a reflection of a new conceptual approach in the sphere of population policy which is established while aspiring to maintain the balance between the reproductive needs at both the micro and the macro level and individual rights in the sphere of health, partnerships and parenting (1).

The components of reproductive health are the following: high quality family planning services; safe motherhood promotion; receiving quality prenatal and postnatal care, safe delivery and breastfeeding; prevention and treatment of infertility; prevention and management of complications arising from illegal abortions; legal abortion services; treatment of reproductive tract infections, including sexually transmitted diseases; education and counseling on human sexuality, reproductive health and responsible parenting; active opposition to harmful traditional practices (HTP), such as female genital mutilation (FGM) along with intimate partner violence (IPV) relating to sexuality and reproductive health (2).

Risky sexual and reproductive health behaviors are of particular significance, when considered from the aspect of public health. They refer to early sexual intercourse initiation, larger number of sexual partners, lack of use of reliable contraceptive methods or condoms for efficient sexually transmitted disease (STD) prevention. An unintended pregnancy occurs as a result of ignorance, incomplete or inaccurate knowledge on reproductive health or its

maintenance, and it is most commonly terminated with induced abortions or sexually transmitted infections which can eventually cause serious long-term consequences, such as cervical cancer. The reasons for not using contraceptives are the following: having trust in the partner, decreased sexual pleasure during the intercourse, the shame associated with procuring contraceptives, economic aspects, etc. (3).

Despite the fact that cervical cancer is highly preventable and that its prevention can be enabled by adequate contraception use, regular health check-ups, early detection and prompt treatment of pre-cancerous abnormalities still remains one of the leading causes of mortality and morbidity among women globally.

Even in Serbia, cervical cancer occupies a significant place in the overall structure of morbidity and mortality. With more than 1,300 newly diagnosed patients and approximately 500 deaths reported annually, this particular malignancy is the second leading cause of morbidity and the sixth leading cause of mortality among our female population.

Substantial statistically significant differences were found with regards to cervical cancer morbidity and mortality, even among specific regions of Central Serbia. The standardized incidence ratio (SIR) was less than 20 per 100,000 women on the territory of Mačva, Rasina and Nišava Districts, whereas the incidence rates reported in the majority of other regions were between 20 and 30 per 100,000 women. In the Districts of Moravica, Pčinja, Bor and Pirot, the incidence of cervical cancer was reported to be higher than 30 per 100,000 women, whereas in the District of Jablanica the incidence was reported to be 40.1 per 100,000 women. Furthermore, the District of Braničevo (where the first organized pilot screening program was performed), which used to have the highest incidence rates (41.6 per 100,000), is nowadays reported to have the incidence rate of 29.0 per 100,000 women. By analyzing the mortality rates, statistically significant differences were observed among the districts, ranging from 3.5 per 100,000 in the Rasina District to 9.8 per 100,000 women in the District of Pomoravlje (4).

The Papanicolaou test (Pap test), i.e. organized population-based screening programs performed at the territory of the entire country, comprising a considerable part of the target population, has a crucial

influence on reducing cervical cancer morbidity and mortality (5).

The aim of the study was to assess the sexual behavior and prevalence of cervical cancer screening use in the Šumadija District.

MATERIALS AND METHODS

The research was conducted as a cross-sectional study. An anonymous standardised questionnaire was used as a research tool based on the research protocol entitled "The WHO STEPwise Approach to Noncommunicable Disease Risk Factor Surveillance (STEPS)" (6). The questionnaire comprised demographic and socioeconomic indicators (age, education level, employment status, religious affiliation, marital status, the number of household members), a segment related to the cervical cancer prevention (if the Pap test has ever been performed, when was the last time when the Pap test was performed, the reasons for the Pap testing, at which institution was the testing for cervical cancer performed, what were the Pap test results, was there any treatment indicated in the case of abnormal Pap test results, what were the reasons why there was no treatment performed afterwards, the reasons for not performing the Pap test at all) and sexual behavior characteristics (sexual debut, age at the first sexual intercourse, the first sexual partner, age at the last sexual intercourse, contraceptive use, the number of sexual partners, contraceptive procurement sources, the number of partners, sexually transmitted diseases in personal history of the respondents, same-sex sexual activity, pregnancy, the termination of a pregnancy). The study population consisted of 510 females aged 18 - 49 years, living on the territory of the Šumadija District, Serbia. As for the sample selection methods used in the study, accidental sampling was used, i.e. the sample comprised women employed in a number of various organizations on the territory of the Šumadija District.

The study was conducted in the period from April 2022 to December 2022.

Prior to the beginning of the research, the research team notified in writing each of the institutions involved in the study about the research methodology and purpose. After obtaining written informed consents from the institutions' management, we started collecting survey data from the female respondents.

The ethical principles for medical research were harmonized with the international (the Declaration of Helsinki) and specific legislation of our country. For the purpose of respecting the right to privacy of research subjects and preserving the confidentiality of the data collected from them, all the necessary steps were taken in accordance with the Law on Protection of Personal Data ("Official Gazette of RS" No. 97/08, 104/09), the Law on Official Statistics ("Official Gazette of RS" No. 104/09) and Directive 95/46/EC of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data. The research study was approved by the Ethics Committee of the Faculty of Medical Sciences, University of Kragujevac (No. 01-12167). By signing informed consent, the female study participants gave their approval to participate in the research study.

Statistical data processing

Categorical variables are represented as frequencies and the Chi-square (χ^2) test was used to compare the differences in the frequency of categorical variables. A probability of less than 5% was considered statistically significant. Statistical analysis was performed using a commercial, standard software package SPSS, version 21.0. (The Statistical Package for Social Sciences software (SPSS Inc., version 21.0, Chicago, IL). The univariate and multivariate logistic regression analysis were used to examine the relationship between the categorical dependent variables and a sequence of independent variables. The Odds Ratio (OR) was used to estimate the risk ratio along with the 95% confidence interval (CI). The results with less than a 5% probability or a p-value less than 0.05 ($p < 0.05$) were considered statistically significant.

RESULTS

Description of the sample

During the research, a total of 515 questionnaires were distributed among the population of women of reproductive age, whereas 15 questionnaires were found not to be valid. The study included 510 female respondents, with the response rate of 99%.

Demographic and socioeconomic characteristics of respondents

The average age of female respondents was 33.52 ± 7.83 (ranging from 18 to 49 years of age). The largest part of the surveyed population belonged to the 40 - 49 age group (38.0%). Approximately, one half of the surveyed population had completed high (secondary) school (57.3%), whereas slightly more than a fourth of the respondents included in the sample had graduated from a higher school/college (34.1%). Taking into consideration the total structure of respondents, married adults comprised 60.8%, whereas those who had never been married comprised 18.3% of the sample. By analyzing the collected data, it was established that 49.1% of the female respondents were employed in the private sector, 25.1% of them were employed in the public sector, whereas 5.1% of them were female university students.

Sexual behavior

The average age at the onset of sexual debut was 19.00 ± 3.43 . When being asked if they had had a sexual intercourse until then, 97.5% of the surveyed population gave a positive response, whereas 2.5% of them gave a negative response. The majority of female respondents had their first sexual intercourse with a person they were not married to (71.4%), whereas almost the third of our female respondents shared this experience with their husbands (30.5%). During the first sexual intercourse, 60.1% of the surveyed population used some of the contraceptives, whereas during the last sexual intercourse 72.5% of the female respondents reported not having used any of these. The data analysis showed that 12.8% of the female respondents reported having had one of sexually transmitted infections (STIs) until then.

Table 1. *Sexual behavior*

Variables		%
Have you ever had a sexual intercourse?	yes	97.5
	no	2.5
How old were you when you had your first sexual intercourse?		19.00±3.425
The first sexual intercourse was with:	a spouse	29.6
	someone you did not marry	71.4
Did you use protection during the first sexual intercourse?	yes	60.1
	no	39.9
When was the last time you had a sexual intercourse?	last week	36.3
	from a week to a month ago	48.0
	from a month to a year ago	8.1
	more than a year ago	7.6
Did you have sexual intercourses with more than one partner during the last 12 months?	yes	4.7
	no	94.2
Did you use any protection during the last sexual intercourse?	yes	27.5
	no	72.5
Where did you get the protection for unwanted pregnancies/infections?	from a store/machine	79.2
	from a medical worker	20.1
	from a friend	7.0
Have you ever had a sexually transmitted disease?	yes	12.8
	no	87.2
Have you ever asked for advise/treatment concerning STDs?	yes	19.8
	no	81.2
Have you ever been pregnant?	yes	77.1
	no	22.9
Have you ever had an abortion?	yes	19.8
	no	80.2

The study results indicated that more than two-thirds of the female respondents reported having been pregnant so far (77.1%). Unfortunately, the same results revealed that every fifth female respondent reported having their pregnancy terminated (19.8%) (Table 1).

Estimation of the use of cervical cancer screening

Out of the total number of female respondents, every fifth respondent reported not having had a single Pap smear in her lifetime (22.8%). Taking into consideration all the results, it was established that for 68.6% of the respondents, the reason for doing the Pap test was a routine medical examination, whereas the reason for 11.7% of them was the recommendation of a medical healthcare

worker. Taking into account the interval since the last Pap test for cervical cancer, it was established that 48.8% of the female respondents had undergone the Pap testing a year or two before (48.8%). Most of the female respondents reported having had the cervical cancer screening test in a healthcare institution (63.1%), every fourth respondent reported having had it in a private medical practice (27.1%), i.e. 4.5% of them reported having taken the test at hospital or clinical center (11.1%). The majority of respondents reported normal Pap test results (94.5%); for 5.5% of them the Pap test results were not normal, i.e. cervical cancer was suspected in their case. Every second female respondent who had never had a Pap test did not state a reason why she had not been subjected to testing (64.9%), whereas 18.5% of them explained that the healthcare service was too far away (Table 2).

Table 2. Estimation of the use of cervical cancer screening

<i>Variables</i>		<i>%</i>
Have you ever had a Pap test?	yes	77.2
	no	22.8
When was the last time you were tested for cervical cancer?	less than a year ago	48.8
	from 1 – 2 years ago	22.6
	from 3 and more year	37.4
Why were you tested?	a routine check-up	22.3
	a check-up after indeterminate abnormal results	2.9
	recommended by a medical worker	26.4
	for pain and other symptoms	2.1
	routine examination	68.6
Where were you last tested?	a health center	63.1
	a private practice	27.1
	a hospital, clinic, clinical center	10.8
What was your result?	normal	94.5
	no normal	5.5
Did you have check-ups due to your result?	yes	11.7
	no	88.3
Did you undergo treatment after your Pap results?	yes	11.7
	no	88.3
What is the main reason you have never had a Pap test?	healthcare service was too far away	16.8
	fear, stigma	18.3
	I don't know	64.9

Estimation of demographic and socioeconomic indicators associated with cervical cancer screening

The results indicated that almost 85.0% of the female respondents aged 19 - 29 years had never had a single Pap test in their lifetime, whereas only 16.4% of the female respondents aged 40 - 49 years reported having never undergone such testing. Every third female respondent who had completed elementary school reported having never undergone cervical cancer screening (33,3%), whereas 28.4% of the female respondents who had completed second-

ary school reported having never had it. In terms of their marital status, only 12.5% of the married female respondents had never had a Pap test until then (Table 3).

The multivariate logistic regression analysis singled out the following factors in women who reported not having had a Pap smear in their lifetime as the most significant ones: age – the youngest age group (OR = 2.62), unemployment (OR = 1.85), women who had never been married or had never been in a common-law marriage (OR = 2.01) and respondents with a high-school education (OR = 8.07) (Table 4).

Table 3. Estimation of demographic and socioeconomic indicators associated with cervical cancer screening

Variable	Papa test	Papa test	P
	Yes (%)	No (%)	
Age			
19-29	15,0	85,0	< 0,001
30-39	64,3	35,7	
40-49	83,6	16,4	
Education			
primary school	66,7	33,3	0,009
high school	71,6	28,4	
faculty	85,0	15,0	
postgraduate degree	94,7	5,3	
Marital status			
married	87,5	12,5	0,01
not married	66,7	33,3	
Employment status			
Unemployed	12.0	21.4	p=0.047
Inactive	9.9	11.2	
Employed	78.1	67.3	
Material status			
Bad	6.5	7.1	p=0.288
Average	30.4	22.2	
Good	63.1	70.7	

Chi-square (χ^2) test

Table 4. Odds ratios (ORs) with the corresponding 95% confidence intervals (CIs) for the association between demographic and socio-economic characteristics and non-use of the Pap test

	Univariate model		Multivariate model	
	OR (95%CI)	p	OR (95%CI)	p
Age (years)				
15-29	3.16 (1.57-5.95)	<0.001	2.62 (1.28-5.39)	0.009
30-39	1.12 (0.56-2.21)	0.756	0.99 (0.48-2.06)	0.995
40-49	1		1	
Marital status				
Separated, divorced, widowed	0.77 (0.28-2.08)	0.605	1.35 (0.41-4.41)	0.963
Never married/never been in a common-law marriage	2.11 (1.24-3.60)	0.006	2.01 (1.02-3.97)	0.044
Married/common-law marriage	1		1	
Education level				
Elementary school or lower	6.00 (0.59-60.44)	0.128	7.95 (0.71-90.07)	0.094
High school	7.28 (0.95-55.56)	0.050	8.07 (1.01-64.63)	0.049
Higher school and college	3.17 (0.40-24.95)	0.274	3.13 (0.38-25.81)	0.290
Postgraduate degree	1		1	
Financial status perception				
Bad	0.94 (0.39-2.35)	0.94	0.64 (0.22-1.91)	0.424
Average	0.12 (0.38-1.12)	0.65	0.72 (0.40-1.31)	0.283
Good	1		1	
Employment status				
Unemployed	2.07 (1.15-3.75)	0.016	1.85 (0.95-3.59)	0.068
Inactive	1.32 (0.63-2.75)	0.461	0.42 (1.16-1.11)	0.081
Employed	1		1	

DISCUSSION

Reproductive health in the population of women is a complex entity comprising various aspects of good health: well-being in all matters relating to sexuality, family planning, protection from adverse events, resources for its maintenance and enhancement.

The research was focused on the assessment of the sexual behavior and the prevalence of cervical cancer screening use in the Šumadija District.

The data analysis demonstrated that the average age at the onset of sexual debut was 19.00 ± 3.43 . When being asked if they had had a sexual intercourse until then, 97.5% of the surveyed po-

pulation gave a positive response, whereas 2.5% of them gave a negative response.

According to the available data, it may be concluded that the age limit for becoming sexually active tends to continuously shift towards younger age groups. The mean age when a young people in Turkey had their first sexual experience was 18.8 ± 1.7 years (7), which is similar to the experience of our medical students in Central Serbia (18.1 ± 1.2) (8). Furthermore, the data obtained from another report indicated that 8.3% of students had already become sexually active, having their sexual debut at 15 years. Taking into consideration the results of a study carried out in China, it could be concluded that there was a greater probability for women who had their

first sexual intercourse under the age of 18 to have multiple sex partners compared to those whose first sexual debut was when they were 19 years or older (9).

Our research revealed that during the first sexual intercourse, 60.1% of the surveyed population used some of the contraceptives, whereas during the last sexual intercourse 72.5% of the female respondents reported not having used any of these.

As for the findings of the study conducted at the Faculty of Medical Sciences, University of Kragujevac, Serbia, which included the female students, approximately 31.7% of the respondents reported not having used any protection at their first sexual intercourse, whereas approximately 65.5% reported unprotected sexual activity, i.e. not using any kind of protection during their last sexual encounter (8).

In Nigeria, more than 30% of the surveyed youth population had not used any of the contraceptives during their first sexual intercourses, whereas more than 60% of them reported not having used any of these during their last sexual intercourse. Approximately, 2.4% of them had already had a STI (9).

Based on a nationally representative reproductive health survey of Kuwaiti women, it was found that every tenth unmarried woman had an unmet need for contraception. The unmet need group comprised of relatively older women with a considerably larger number of children, along with women whose husband disapproved of contraception. In addition, the population of women with unmet needs for contraception belonged to relatively lower socioeconomic status (10).

Based on the data obtained by the WHO, the use of contraceptives in Indonesia was 61%, with short-term contraceptives being the mainly dominant ones, such as injections (every second woman) and oral contraceptive pills (every fourth) (11).

In the surveyed population of India, it was established that two thirds of the female respondents had been using contraceptives, whereas one third of them had not used a single method of contraception. Compared to every third person who had applied modern methods of contraception, 1.7% of them continued to use the traditional pull-out method (coitus interruptus) (12).

In France, the studies related to reproductive health demonstrate that there is an association between an increasing rates of contraceptive use and a decrease in the incidence rates of unintended preg-

nancies, whereas the number of abortions is the same and 20 – 24-year-old women tend to have the highest abortion incidence rate of any age-group (13).

The number of youth population in the Republic of Serbia who seems to be following contemporary trends in sexual behavior and youth sexuality is increasing nowadays, whereas the use of efficient contraceptive methods cannot be ascribed to a significant number of them.

Despite the fact that the pull-out method is not considered as the most effective way to prevent pregnancy, the majority of adolescents tend to be continually using this method, whereas at the beginning of their sexual intercourse the use of a condom is still reported among many of them.

The reasons for such behavior lie in the prevailing fact that, apart from insufficient knowledge and all the prejudices following the contraception use, it is the feelings of shame and fear that are the main inhibitors when it comes to reaching out for the contraceptive methods or going to the doctor's office, along with a sense of fear and apprehension that their social environment could get informed about their sexual activity as well (14).

Unfortunately, the findings of this particular study indicated that every fifth female respondent reported having had an abortion (19.8%). The unintended pregnancy rate was higher among women living in less developed regions (57 unintended pregnancies per 1,000 women aged 15 - 44 years) compared to those living in more developed regions (42 unintended pregnancies per 1,000 women), with the USA rates of 52 unintended pregnancies per 1,000 women. Nearly half of all unintended pregnancies occurring in American women mainly resulted from inconsistent or incorrect use of contraceptive methods. The abortion rate was the highest among low-income unmarried women aged 18 - 24 years (15).

In Turkey, this particular type of research showed that unintended pregnancies accounted for 46.2% of total pregnancies and of these 30% ended in induced abortion. The proportion of induced abortion among all pregnancies was 21.7%. Among women with unintended pregnancy, having more than three children, lower income, lower education levels, being unemployed, and with age less than 35 years were more often associated with the termination of pregnancy and induced abortion. The abovementioned findings suggested that lower socioeconomic

status was associated with induced abortion among women facing an unintended pregnancy. Those women who experience unintended pregnancies, who have lower socioeconomic status and education level should be the target group for healthcare providers for their educational efforts regarding family planning and contraception.

The research results indicated that every fifth respondent reported not having had a single Pap smear in her lifetime (22.8%). Globally, the incidence rates of cervical cancer screening coverage vary widely in different continents. The data indicate that cervical cancer screening coverage rates are seven times less in undeveloped countries compared to women from developed countries, 9.0% and 64.0%, respectively (16). In some European countries, the cervical screening coverage is considerably higher compared to our country. For instance, the coverage rate of cervical screening in Hungary amounts to 74% (17). The findings obtained in the population-based surveys associated with health behavior monitoring in Lithuania, revealed continuously rising trends of the proportion of women undergoing cervical cancer screening tests, which increased from 60% to 74.2% (18).

Concerning the results of a cross-sectional study which was conducted in South Africa, 15% (22/147) of female university students aged 18 – 26 years (who had already been sexually active and had some knowledge of cervical cancer and its screening) reported having had a Pap test (16). The percentage of women coming from Latin American countries who reported having had a Pap test recently was less than 55%. When it comes to other surrounding countries, the proportion of women with a recent Pap test was 49% (95% CI, 49% – 50%) in the Dominican Republic, whereas the data obtained from the studies conducted in Bolivia indicated that there were 42% of them (95% CI, 41% – 43%). In Peru, the proportion of women who had a Pap test was 52% (95% CI, 51% – 53%). On the other hand, in Bolivia and Peru, there was an increasing number of women who did not have a Pap smear, whereas the number of women whose knowledge of cervical cancer was higher – gradually, it seemed to be increasing in Peru (18).

Women from Latin American countries who visited their gynecologists in the last 12 months were 2.41 (95% CI, 1.47 – 3.44) times more likely to be subjected to testing compared to women who had not had a recent visit to a doctor. The probability of this type of screening among those who visited their gynecologists was by 48% higher in Bolivia and by 24.1% higher in Brazil (19).

The results of the National Health Survey for the population of Serbia demonstrated that every third female respondent had never had a Pap test in her lifetime. The National Cervical Cancer Screening Program was implemented in 2011 on the territory of the Republic of Serbia, for the purpose of encouraging women aged 25 – 64 years to have a preventive gynecological exam along with cytology (cervical cytology or Pap testing) once in three years. It is recommended that women should start having screening within three years of their first sexual intercourse, or at the age 20 at the latest (20).

CONCLUSION

In developing countries such as Serbia, it is necessary to invest considerably more efforts in order to increase screening rates in practice. All the activities should be directed towards increasing the levels of accessibility and availability of the institutions and cervical cancer screening services provided there. In addition, resource capacities should be enhanced as well (medical staff, rooms, equipment) (35). In accordance with the National Health Sector Strategic Plan and the Regulations of the Ministry of Health, 15 regional cytology laboratories are planned to be opened in Serbia in the following period for the purpose of cervical cancer prevention.

LIMITATIONS

The primary limitation of this study was its cross-sectional design which did not enable any inferences about potential causal relations between the explanatory variables and disorders of interest. Furthermore, self-reporting nature of the questionnaires also presented a limitation of its own.

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Seksualno ponašanje i prevalencija korišćenja skrininga karcinoma grlića materice u Šumadijskom okrugu

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SAŽETAK

Uvod/cilj. Reproductivno zdravlje i skrining karcinoma grlića materice predstavljaju javnozdravstveni prioritet. Cilj istraživanja bila je procena seksualnog ponašanja i utvrđivanje prevalencije skrininga karcinoma grlića materice u Šumadijskom okrugu.

Metode. Istraživanje je sprovedeno kao studija preseka. Studijsku populaciju činilo je 510 osoba ženskog pola, starosti od 18 do 49 godina, sa teritorije Šumadijskog okruga u Srbiji. Kao instrument istraživanja korišćen je anonimni standardizovani upitnik iz protokola istraživanja *STEPwise Approach to Noncommunicable Disease Risk Factor Surveillance* (STEPS) Svetske zdravstvene organizacije.

Rezultati. Tokom prvog seksualnog odnosa 60,1% ispitivane populacije koristio je neko od kontraceptivnih sredstava; tokom poslednjeg odnosa to nije činilo čak 72,5% ispitanica. Svaka peta ispitanica nikada u životu nije uradila Papa test (22,8%), odnosno to nije učinilo čak 85,0% ispitanica starosti od 19 do 29 godina ($p < 0,001$) – od toga, svaka treća ispitanica sa završenom osnovnom školom (28,4%; $p = 0,009$) i svaka treća ispitanica koja nije u braku (33,3%; $p = 0,01$).

Zaključak. Aktivnosti bi trebalo usmeriti na povećanje pristupačnosti i dostupnosti ustanova i usluga za skrining karcinoma grlića materice, kao i na poboljšanje resursnih kapaciteta (kadrovi, prostor, oprema).

Ključne reči: žene u reproduktivnom periodu, seksualno ponašanje, Papa test