

CHAPTER TWO

REVIEW OF LITERATURE

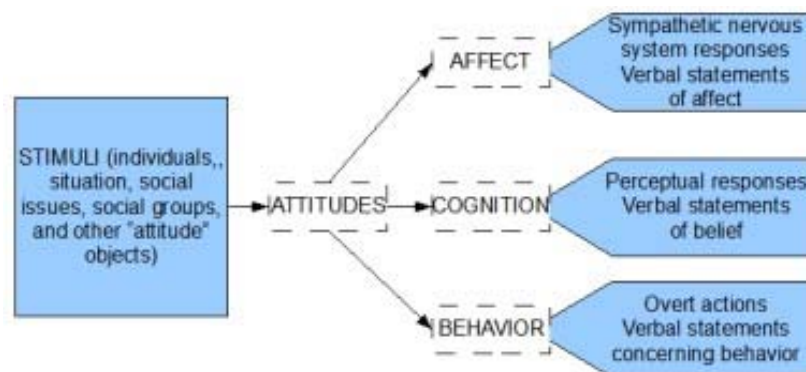
2.1 CONCEPT OF ATTITUDE

Attitude is defined as an idea charged with emotion which predisposes a class of actors to a particular class of social situations. (Triandis, 1971) Related to the explanation of attitudes given by Hovland and Rosenberg (1960), attitudes predispose individuals to respond to some classes of stimuli with three major types of components:

1. A Cognitive Component – is the idea or thought, used by humans in thinking. Cognitions or thoughts about brands or objects are also called beliefs. In other words, cognition is the expectation of a person about something. This component is also known as the belief stage.
2. An affective component – is an emotion or feeling, which charges an idea or a person has towards object. The persons “feel good” or “feel bad” about this category of stimulus. They then interpret a positive or negative effect towards the stimulus. This component is also known as the attitude stage.
3. A behavioral component – is the predisposition to action, such as driving, or using favourite things. This component is also known as the intention stage.

Figure 3. A schematic conception of attitudes

Source: Retrieved August 28, 2008, from http://images.tdaxp.com/tdaxp_upload/components_of_attitudes_0_crop_md.jpg



In fact, there are many factors influencing an attitude; in other words an attitude is not innate. Human beings can develop and form attitudes according to experience, background, education, or stimulus. Therefore, the attitude of an individual can be changed at any time in various ways, depending on a new stimulus or experience; on the other hand, it can be changed when an external stimulus is inconsistent with existing attitudes.

2.2 CONCEPT OF HEALTH BELIEF MODEL (HBM)

The Health Belief Model (HBM) is a psychological model that was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels, which is used to explain and predict health behaviors of people. The concept of the HBM is that health behavior is determined by personal beliefs or perceptions about a disease and the method to prevent it. The HBM concerns the effects of beliefs on health and the decision process in making behavior change. The four main perceptions of the HBM model are perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Each of these perceptions can be used to explain health behaviors, individually or in combination, in order to understand how female students react to the HPV infection leading to cervical cancer. Moreover, the HBM has been expanded to include cues to action and self-efficacy (Hochbaum, 1958)

1. Perceived Susceptibility: Perceived susceptibility is one of the powerful perceptions in preparing people to adopt healthier behaviors.
2. Perceived Severity: The degree that an individual believes that contracting an illness could have serious physical, psychological or social consequences. It's usually based on medical information and knowledge. The combination of perceived susceptibility and perceived severity has been labeled perceived threat.
3. Perceived Benefits: People tend to adopt healthier behaviors when they believe the new behavior will decrease the severity of developing a disease. Perceived benefits play an important role in the adoption of secondary prevention behaviors, such as screenings.
4. Perceived Barriers: An individual conducts a cost-benefit analysis to determine if a particular health action would be effective enough to overcome

unpleasant factors such as pain or inconvenience. The perceived barriers are the most significant in determining behavior change.

5. Cues to action: People's behaviors are influenced by cues to action in terms of age, gender, ethnicity, education, personality, socioeconomic status, symptoms, and media information. Cues to action are determined as internal and external including symptoms or suggestions from doctors, friends, or relatives.

6. Self-efficacy: People tend not to do new things unless they think they will be successful.

2.3 RELATED STUDIES

2.3.1 The Study of the WHO, Summary Report in Thailand 2007

The WHO/ HPV and Cervical Cancer Center, report provides key information for Thailand on cervical cancer and HPV-related statistics. Thailand has a population of 25.14 millions women ages 15 years and older who are in the group at risk of developing cervical cancer. Current estimates indicate that every year 6,243 women are diagnosed with cervical cancer and 2,620 die from the disease as shown in Table 1. Cervical cancer plays an important role in Thailand as it is the most frequent type of cancer in Thai women between 15 and 44 years of age. (WHO, 2007)

2.3.2 The Study of the WHO

Market research and studies often find that people are surprised not to have been better informed, and there is a low level of knowledge of HPV and cervical cancer amongst people and healthcare professionals. There is also great potential for misperceptions about HPV and HPV vaccines. There is a consensus that needs to be an emphasis on educating health professionals and communities about the importance of cervical cancer, its causes, and the means of prevention through screening and vaccinations. (WHO, 2005)

Furthermore, the statistics on cervical cancer incidence in Thailand show that about 6.3% of women in the general population are estimated to harbour cervical HPV infection at a given time, with 71.9% of invasive cervical cancers in Thailand attributed to HPVs 16 or 18 (as shown in Table 1).

Table 1. Key Statistics on Thai women about HPV and Cervical Cancer, 2005

Population (In millions)
Women at risk of cervical cancer (Female population aged ≥ 15 years) = 25.14 million persons.
Cervical cancer (Number)
Number of cervical cases diagnosed annually = 6,243.
Number of deaths due to cervical cancer annually = 2,620.
HPV infections (%)
6.3% HPV prevalence in the general population (in women with normal cytology).
71.9 % prevalence of HPV 16 and 18 in women with cervical cancer.

2.3.3 The Study of Jasmine S.A.

Generally, most women should have knowledge of HPV relating to cervical cancer as it directly affects to their health; however, most studies show the opposite – Jasmine S.A. (2007) surveyed factors associated with American women's awareness of HPV and knowledge about its link to cervical cancer. They analyzed cross-sectional data from women aged between 18 to 75 years old, and found that among the 40% of women, who had heard about HPV, less than 50% knew that HPV caused cervical cancer – in other words, awareness about HPV among U.S. women is low. In addition, having heard about HPV did not ensure the accuracy of their knowledge, the need for accurate information about HPV transmission, prevention, and detection, as well as, the risk and treatment of cervical cancer.

2.3.4 The Study of Eva Y.

The study of Eva et al (2002) evaluated the knowledge, attitudes, and behaviors of university students regarding HPV using a random sample of 500 university students in the College of Medicine, at the University of South Florida. The results of this study revealed that only 37% of respondents had heard of HPV; in contrast, they found a high prevalence of HPV among young adults, with most students having quite inaccurate information about this infection. The researchers recommended implementing HPV educational programs and measuring their effectiveness.

2.3.5 The Study of Lambert E.C.

Several surveys of college and university students have shown there is a paucity of knowledge about HPV. Lambert (2002) evaluated the effectiveness of a brief HPV-focused, educational intervention on college students' knowledge of HPV. The results showed that before the intervention, only 45% of the HPV questions were answered correctly compared with 87% of the non-HPV items. After the intervention, 79% of the HPV questions were answered correctly.

2.3.6 The Study of Jessica P.

Prevention of cervical cancer that caused by HPV infection, women should receive HPV vaccines in order to reduce the incidence of cervical cancer. Jessica P. (2008) identified attitudes and intention to receive an HPV vaccine, including rates of vaccination in young women aged between 18 to 30 years old (HPV vaccines are being developed, but little is known about attitudes regarding vaccination). The results reported that 5% of respondents had received at least one HPV vaccine dose, 66% intended to receive the vaccine, 65% were confident they could find the time to get vaccinated, 54% believed that they could receive all three shots, and 42% believed that they could afford the vaccination. Intervention that aims to increase the intention and belief in one's ability to receive HPV vaccines, which may lead to higher vaccination rates, should address personal beliefs about vaccination as well as systemic barriers to vaccination.

2.3.7 The Study of Nganwai P.

Various international studies indicate that the knowledge level towards cervical cancer and HPV in the general population as well as healthcare professionals is low. Nganwai et al (2005) studied knowledge, attitudes and practices vis-à-vis cervical cancer among registered nurses at the Faculty of Medicine, Khon Kaen University. The study showed that almost all of the respondents working in the hospital had a moderate level of knowledge regarding cervical cancer and HPV; however, there were still some major misunderstanding and educational tools are required to increase and correct their knowledge.