



14th SINGAPORE PUBLIC HEALTH & OCCUPATIONAL MEDICINE CONFERENCE

15-16 October 2019 · Equarius Hotel

PREVENTIVE HEALTH IN A CHANGING WORLD

CANCER SCREENING BEHAVIOUR: A COMMUNITY-BASED STUDY IN SINGAPORE

Tyson Chan^{1,2}, Seow Wei Jie¹

¹Saw Swee Hock School of Public Health, National University Singapore

²Preventive Medicine Residency, National University Health System

Introduction

Cancer continues to be the leading cause of mortality in Singapore and national programmes have been launched with the aim to reduce morbidity and mortality in cervical, breast, and colorectal cancers. From the National Health Survey 2010, participation rates remain low. It is timely to examine our progress and look deeper into characteristics associated with cancer screening to further improve on the screening uptake and the knowledge-behaviour gap.

Methods

Study data on 7,855 respondents was derived from the Community Health Study at Queenstown and Bukit Panjang between April 2015 – August 2016. The association between sociodemographic, lifestyle, and cancer history characteristics with selected cancers (breast, cervical, and colorectal) was evaluated using Modified Poisson Regression with Robust Sandwich Variance.

Results

Less than half of the respondents had their cervical (43%), breast (35.1%), and colorectal (27.3%) cancer screenings done as recommended. Significant ethnic differences were found among those who did not know what a Pap smear is but did the test. Perceived susceptibility from having a family history of cancer was only significantly associated with colorectal cancer. Those less likely to screen across all three cancer types were of Malay ethnicity and/or lower socioeconomic status. Knowledge-behaviour gap analysis was 18.4% for breast and 3.1% for cervical cancer with Malays exhibiting the largest deficit towards enacting on cancer screening.

Conclusion

Those of Malay ethnicity and/or those of lower socioeconomic status were associated with lower uptake of cancer screening. Focused interventions for these groups should be sensitive to female-specific needs and ethnic differences to improve the screening uptake.