Thesis title	Cervical Cancer Screening Uptake and Associated Factors among Myanmar Migrant Women in Chiang Rai Province, Thailand
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ABSTRACT

Background: Cervical cancer remains a major public health concern and is largely preventable through regular screening. However, vulnerable populations such as Myanmar migrant women living in Thailand, has limited access to healthcare including cervical cancer screening due to multiple challenges.

Objective: To estimate the percentage of cervical cancer screening uptake and to identify associated factors among Myanmar migrant women in Chiang Rai Province, Thailand.

Materials and Methods: A community-based cross-sectional study was conducted by using self-administered structured questionnaire to gather information on 260 Myanmar migrant women aged between 30-60 years from 6 randomly selected communities in Chiang Rai Province, Thailand. For descriptive statistics, frequencies and percentages were used. For inferential statistic, chi-square test, univariate and multivariable logistic regression were applied to identify significant associations between variables at a significance level of $\alpha = 0.05$.

Results: Of 260 participants, most of the participants were at the average age of 36 (IQR: 31,43), achieved primary school education in Myanmar (46.9%), 8.1% undocumented with 40% without health insurance. Regarding cervical cancer screening uptake, 16.9% of participants had received cervical cancer screening in the past three years. After controlling other variables, five variables were significantly associated with cervical cancer screening uptake among Myanmar migrant women in Chiang Rai Province: health insurance, length of stay in Thailand, contraceptive use, received

information from nurse or health assistant, and attitude. Participants covered under health insurance had 4.17 times higher odds of screening uptake compared to those paid out-of-pocket (95%CI = 1.61-10.85). Those who had stayed in Thailand for more than 5 years had 2.63 times higher odds of screening uptake than those who lived ≤ 5 years (95%CI = 1.05-6.58). The odds of screening uptake were 2.47 times higher in participants who used contraception than those who did not use (95%CI = 1.02-5.97). Participants who received information from nurse or health assistant had 4.47 times higher odds of screening uptake than those who did not received from them (95%CI = 1.60-12.44). Lastly, participants with positive attitude had 3.93 times higher odds of screening uptake than those with negative attitude (95%CI = 1.73-8.92).

Recommendation: Given the positive attitudes but limited knowledge observed, targeted health education in migrant communities and workplaces is recommended to improve awareness of cervical cancer screening. Additionally, providing on-site or outreach screening services in migrant areas may enhance accessibility and support better screening practices.

Keywords: Cervical Cancer, Screening, Migrant, Women, Chiang Rai