

Cervical Screening Knowledge and Experiences of Women in Low Socioeconomic Groups in Sydney, Australia

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Cervical Cancer Screening in Australia

- Aims to reduce illness and deaths from cervical cancer by encouraging women screen regularly
- Many Australian women have benefited from the National Cervical Screening Program
- Some groups have
 - lower rates of cervical screening and
 - higher rates of cervical cancer-related mortality and morbidity



Women in Low Socioeconomic Groups

- Less knowledge of benefits and availability
- Face a range of access barriers
- Risk factors for non-participation include:
 - women accessing welfare benefits
 - women who have experienced sexual abuse
 - women who experience domestic violence
 - women with anxiety symptoms

Aim

Develop promotional strategies for improving participation for women in low socioeconomic groups

By investigating:

- knowledge of cervical cancer and screening
- attitudes towards screening
- prior experiences as barriers and enablers
- preferences for receiving health information

Methodology

- November 2014 to February 2015
- Non-government Women's Health Service
- Semi-structured interviews
- Audio-recorded, transcribed verbatim, de-identified
- Qualitative analysis using Nvivo 10
- Ethics approved

Results

Characteristics	n=13 (%)
Age in years (Median, range) ^a	48.5, 23-68
Cultural background	
Anglo-Australian	8 (61.5)
Other ^b	5 (38.5)
Government benefit status ^a	
Healthcare card	7 (58.3)
Pensioner	4 (33.3)
Concession	1 (8.3)
Living in supported accommodation	
Yes	4 (30.8)
No	9 (69.2)

Knowledge about Cervical Cancer Screening

- Familiar with the terms 'Pap smear' or 'Pap test'. Most had not heard the term 'cervical screening'
- Majority stated that the Pap test is performed to 'monitor for abnormal cells' and 'prevent cervical cancer'
- Two participants included a slightly broader definition, suggesting that the sample taken can also:

"check for other stuff while they're down there"
[participant 01]

"looking for any kind of signs of abnormality that may be happening in that part of your body" [participant 02]

- Many reported uncertainty about when to start having a Pap test, answers included;
 - at the start of puberty / menstruation
 - from the age of 18
 - once women are sexually active

*"I always think from 18 'til whenever, or is it periods?
I'm not sure actually."*
[participant 04]

Experiences of Cervical Cancer Screening: Barriers

- Many reported physical discomfort and embarrassment

“They’re very uncomfortable, embarrassing... Well I find it slightly uncomfortable, I mean physically uncomfortable.”

[participant 09]

- Almost all reported not having a regular general practitioner (GP) and/or a female GP

“So it depends where you live, and so many of them don’t bulk bill, and then you will get a different doctor. So if you want to deal with women’s health, you want to see the same person so that there is some continuity or understanding.”

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- Some reported negative experiences due to clinicians being patronising and making assumptions, not explaining what they were doing, or rushing through the procedure.

“Because you’re a public patient you’re exposed to students and things, and it’s a bit of pressure too when they say ‘is it okay if student so-and-so is in’, then you think ‘okay I’m not paying, I’m a public patient, yes they have to look’...”

There’s pressure on poor people to be grateful for everything, and to not be able to say ‘no I don’t want that’, you know.”

[participant 03]

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Experiences of cervical cancer screening: Enablers

- Almost all reported the patient-clinician relationship and a preference for a female clinician

“Yeah I mean probably seeing the same doctor, and having a doctor you are comfortable with makes a big difference. I’ve only seen female doctors, so that makes a big difference.”

[participant 13]

- Several reported clinicians being sensitive to different backgrounds and experiences

“I just think they [the doctors] should be aware that women, we have different backgrounds and different experiences so they should be a little bit more sensitive as well when they’re conducting this procedure...”

I think they should just be aware because you don’t, when you’re a doctor, they don’t know that person’s history.”

[participant 11]

NSW Pap Test Reminder Letter

- Most identified the NSW Pap Test Register reminder letter as an enabler, which many received when they were overdue for screening

“I’m on the register for the future to remind me, because I wouldn’t otherwise... it’s actually the letter that reminds me.”

[participant 07]

- Whilst most identified this as an important reminder, it did not always prompt all participants to attend for screening

“I had received letters and I avoided them.”

[participant 06]



- **However**, one participant living in supported accommodation raised a concern about receiving mail due to potential theft

“the letter is good for people that need it, but it would be good to be electronic, a letter or a text...”

because being in public housing we have our mail stolen, we have a problem with big blocks of public housing, people steal things...

there’s a lot of addiction around where I live, and mail is stolen. I’ve had that several times.”

[participant 07]



Preferences for Health Information: Style and Delivery

- All reported health professionals as trusted sources of health information
- Most reported concern about the quality of information on the internet

"I think you've got to be careful with the internet, I think there's lots of un-reputable sources out there. So I would certainly not be going towards that."

[participant 02]

- All sought accurate information about the purpose of screening, when to get screened, total time involved in the procedure, and their rights to request female doctors
- Normalising cervical cancer screening seen as important

'...maybe just show that it's not that bad once you do it. and that... couple of minutes it's going to take to do it, could save your life.'

[participant 12]

- Some suggested visual resources representing a wide range of communities

“Yeah, real women’s stories. And from all different ages, backgrounds, everything, religious background, cultural background, social background, you know you could have a lawyer, then you could have,

I don’t know a waitress or something, like just to show that every woman no matter what her social class is, cultural whatever, has got to come forward and do that.”

[participant 12]

CONCLUSION

- Participating women had:
 - basic knowledge of cervical screening and its purpose
 - high familiarity with the term ‘*Pap Test*’
 - low familiarity with the term ‘*Cervical Screening*’
- A range of barriers and enablers were identified
- Preferences for receiving health information determined

Therefore, promotion of cervical cancer screening targeting women in lower socioeconomic groups should:

- focus on **appropriate language**
- provide information on accessing **no-cost, female practitioners**
- include **positive messaging**

This may have implications for the Renewal of the National Cervical Screening Program in Australia this December.

Study Limitations

Participants were recruited through a women's health centre that targets marginalised women and/or women experiencing disadvantage and all had undertaken cervical screening at some point in their lives.

Whilst they could speak of their experiences of cervical screening and provide valuable insights,

they are a specific sample group accessing women's healthcare and are not representative of all women experiencing disadvantage.

Acknowledgements

- The women who participated in this study
- Aboriginal women's representative group
- Research team, in particular,
 - Primary manuscript authors
Alice Fazio, Jessica Botfield & Mariana Sousa
 - Interview team
Donna Tilley (PI), Rachael Katterl & Lisa Bogie
- Project Partners
 - Family Planning NSW
 - Leichhardt Women's Community Health Centre
 - Domestic Violence NSW
- Research Advisors
Dr Jane Esto-Esta & A/Prof Catherine C O'Connor
- Funders
Cancer Institute NSW (research)
Australasian Society for HIV Medicine (conf.)



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THANK YOU!

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