

What Do Irish Women Know About Cervical Screening?

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Introduction

In 1994 invasive cervical cancer accounted for 61 deaths, or 1.8% of all cancer deaths in Ireland. Of deaths from cervical cancer, 60% occurred in women under the age of 65 years.¹ Treatment of cancer of the cervix has an overall five year survival rate of less than 60%, yet treatment of cervical precancer is almost always successful in preventing the development of cancer.²

It is now accepted that population screening with cervical cytology reduces the incidence of cervical cancer therefore, plans are well advanced to introduce a national screening programme. In anticipation of such a national programme we decided to assess the existing knowledge of cervical screening among Irish women.

Patients and Methods

This was a prospective observational study using a self-administered questionnaire distributed to 200 patients on the antenatal and postnatal public, semi-private and private maternity wards (by AC). Of the questionnaires, 192 (96%) were returned. The outcomes measured included the knowledge of how, where and when cervical smears were performed; the current recommendations on cervical screening; and the understanding of the value of cervical screening.

Results

In the study, 46 (24%) of the women never had a smear test. Of those women who never had a smear test, 43 (94%) were under 30 years of age, and 26 (57%) had no previous pregnancies. Furthermore, 31 (67%) were aware of when to start cervical screening, 5 (11%) knew how often to have smear tests and 30 (65%) thought that a woman should never cease to have cervical screening. Of those women having had a previous smear test, 73 (50%) were under the age of 30, 121 (83%) knew when to start having smear tests, 18 (12%) knew the recommended frequency for cervical screening and 114 (78%) believed that cervical screening should be continued for life

Given a set of options when asked how a smear test was performed, 119 (62%) knew it involved a wooden spatula, 35 (18%) said by vaginal examination alone, 2 (1%) thought by biopsy and one in five women did not know. Not surprising, 20 (43%) women who had never had a smear test did not know how it was performed. The majority of all women surveyed did not know what a smear test showed (Table 1).

In a subsequent question: 129 (67%) women thought that a smear test screened for cancer of the cervix and 44 (23%) believed it also diagnosed uterine or ovarian cancer. Almost all women knew where to attend for cervical screening and this included family doctors, family planning clinics, well woman centres and hospitals. Significantly, 49 (26%) women surveyed did not know the meaning of an abnormal cervical smear. This percentage rises to 46% in those patients who never had a cervical smear.

Two-thirds of all women surveyed finished formal education between the ages of 15 and 18 years. When comparing groups with different levels of formal education there was no difference in knowledge or understanding of cervical screening (Table 2).

Discussion

This study shows that this group of Irish women attending the Coombe Women's Hospital were well informed about some aspects of cervical screening. However, it also highlights deficient areas in women's knowledge, which could hinder plans for the proposed screening programme about to be introduced in 1999. There is some uncertainty as to what cervical screening shows and 75% of all women surveyed did not know why a cervical smear test was performed. Only two-thirds of women knew that a cervical smear test screened for cancer of the cervix. The majority believed that smears should be performed on an annual or biannual basis. However, the proposal for the national screening programme is for a minimum interval between screenings of five years.³

Some 20% of women were unsure as to when cervical screening should begin. The national screening programme is to be based on an age/sex register and screening will be offered to women in the 25 - 60 age group. Patients were well informed of where to avail of cervical screening. This is important as the proposals recommend that cervical screening be carried out within the primary care network. The Europe Against Cancer programme recommends that women aged 25 - 60 years should have a regular cervical smear, and that they should participate in organised screening programmes where available.

A national survey of women's health needs, commissioned by the National Maternity Hospital and the Economic and Social Research Institute (ESRI), showed that only two out of every three women have ever had a smear test; and uptake varies significantly by age, employment status, educational experience, geographical location and social class. Their findings included an associated increasing age with an increased proportion of women having had a smear test. Similarly, a greater percentage of smear tests were indicated in women with a primary or intermediate level education compared to those with higher educational qualifications.⁴

A qualitative interview study of women's understanding of abnormal cervical smear test results reported that women often assumed that they had cancer because they did not know that smear tests detected precancerous lesions.⁵ In our study however, one-quarter of women surveyed did not know the significance of an abnormal smear test. Cervical screening is simple, quick and relatively inexpensive yet not all women respond to requests to attend for screening. It has been found that women from the lower socio-economic classes often fail to attend. It is mainly among the latter groups that deaths from cervical cancer occur.

Opportunistic screening as practised in Ireland at present is not effective in reducing overall mortality in women. This can only be achieved by a systematic population screening programme. There were 1061 cases of cervical neoplasia recorded in Ireland in 1994, 170 cases were invasive and 891 were carcinoma in situ. Over half of the cases (58%) presented through screening.¹ Incidence rates for cervical cancer in developed countries are 2^{1/2}-3 times the mortality rates. The death rate is low, but increasing in women under the age of 35 years in most countries.

Indirect evidence indicates that screening for cervical cancer should reduce the incidence and mortality of invasive cervical cancer by about 90%.⁶ A study from Philadelphia identified factors associated with cervical cancer screening patterns among lower income primary care patients. This American questionnaire study of 141 women revealed that advanced age was associated with a reduced likelihood of adequate screening. Positive factors associated with take up of screening included firstly, perceived susceptibility to cervical cancer, and secondly, belief in the efficacy and benefits of screening. A significant barrier to screening in this population was a fear of finding cancer.⁷

One of the World Health Organisation principles of screening is that the test should be acceptable to the population. We believe that smear tests are more likely to be acceptable to women if they understand the potential benefits. Acceptability can be affected by culture, socio-economic status and by age. An information and education programme should improve understanding, and therefore, participation in a screening programme. Recent failures in the national cervical screening programme in England have been related to lack of information resulting in decreased public confidence.⁸ This study highlights that Irish women's knowledge of cervical screening is limited and can be improved. If the proposed national cervical screening programme is to be successful, we strongly recommend that the programme should be supported by a public information campaign.

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