The Healthcarers' Knowledge Regarding Pap smear Screening Program

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Abstract

This Paper aims to highlight parts of findings of a larger research project, titled: "A Multi-centre Comparative Study of the Knowledge, Beliefs and Socio-Behavioral Risk Factors in Women and their Spouses on Pap smear screening" that was carried out to explore the level of knowledge, understanding and beliefs of cancer of the cervix (CaCx) and its prevention among women and their spouses. The study employed mainly in-depth interviews to collect data on women eligible for Pap smear screening and their spouses as well as healthcarers. 62 women, 18 men, and 11 healthcarers were interviewed. However, this paper focused on discussing healthcarers' knowledge in terms of approach and the development of services or policy as well as services provided by their respective organizations on Pap smear screening. 11 healthcarers including 3 policy makers, 3 doctors and 5 health providers who represented the government, private and government NGO organizations were interviewed. Analysis of the interview showed that healthcarers were aware of national Pap smear guidelines and protocols. Their knowledge on Pap smear services was generally satisfactory. Their approach to create awareness and education amongst women on why they should come for Pap smear screening was through health talks, exhibitions, campaigns, opportunistic advices and other activities related to wellness and lifestyle. However, they seemed to be unclear about policies in relation to screening, prevention and treatment of Pap smear and CaCx. They were unable to capture certain target groups who were eligible for screening. These were women above forties especially those in the menopausal age. In view of the prevalence of the practice of Pap smear screening among women, while Pap smear screening had been recognized as the best way of early diagnosis, findings of this study implied the importance of arousing the awareness of women on Pap smear screening. Despite the fact that the organizations where healthcarers were sampled provided reasonably good services on Pap smear screening, there seemed some inconsistencies in terms of practices and management of information to the patients.

1. Introduction

Cancer of the cervix remains one of the most common cancers that affect women reproductive organs and is the second most common cancer in Malaysian women, in comparison, it ranked fifth in incidence in developed countries [1]. The National Cancer Registry (2002) shows that 21 out of 100,000 women in Malaysia suffer from cervical cancer as compared to only 5 out of every 100,000 women in Japan and Switzerland [2]. According to the Director of the Division of Family Health Development, in the past decade, on the average, there were about 2,500 cases of cancer of the cervix admitted to government hospitals each year with an average of 89 deaths per year [3]. This prevalent rate of cervical cancer among Malaysian women is alarming even though there is an increasing effort shown by the Ministry of Health and its agencies in educating and providing women awareness on the importance of Pap smear screening in the early diagnosis of CaCx which is substantially preventable [4]. For example, Johnson & Johnson and the Asia Pacific Contributions Committee have sponsored the women wellness program in Malaysia to increase awareness of Pap smears, breast examinations, and women's general health screenings. It aims to reach 100,000 women with educational leaflets and posters, and 1.3 million women through print media. The program that includes road shows during Women's Day and during Breast Cancer Awareness week .incorporates free screening clinics for Pap smears, breast exams, and general health screenings at four community clinics in semi-urban areas [5]. In one of the studies done among Malaysian women workers in selected electronic factories, Pap smear screening were more likely to be practiced by women older than 30 years old, to be highly

bound to health service delivery, being associated with having young children, being on contraceptive pill or IUD, and having had a medical examination within last five years [6]. The above scenario seemed to suggest that not all women eligible for Pap smear screening were captured in the Pap smear or CaCx programs.

2. Background of the Pap smear screening program

According to the 'Guidebook for Pap Smear Screening (Division of Family Health Development) [3], Pap smear screening test started in 1969. In 1977, a consensus meeting involving various experts had recognized the need for the strengthening of National Pap Smear Screening Program through a more organized and coordinated approach. Consequently, in 1998, the guidelines titled 'National Pap Smear Screening Programme' was developed and revised later on and to be used by all levels of healthcarers involved in the screening program.

These revised guidelines replaced all previous guidelines: Guidelines on the Pap Smear Services 1982, 1985, 1990, 1994 and Guidelines on the Pap Smear Services & STD Screening 1994.
Given the sequence of events in the development of Pap smear guidelines since 1982, our paper would like to address the following research questions:

How does healthcarers' knowledge regarding Pap smear screening and CaCx programs reflect on the practices and management of healthcare services delivery in their respective institutions?
Are the services provided by their institutions consistent with national guidelines and other studies of similar framework or domains?

3. Methodology

This paper is written based on an IRPA (Intensification of Research in Priority Areas) Top-Down research project, titled "A Multicentre Comparative Study of the Knowledge, Beliefs and Socio-Behavioral Risk Factors in Women and their Spouses on Pap smear screening" bearing a grant no: . 06-02-03-1032 PR0024/09/06 since 2004 involving multiple centers and multidisciplinary researchers from four institutes of higher learning in Malaysia, namely Universiti Sains Malaysia Kelantan Campus, Universiti Sains Malaysia Penang Campus, Universiti Malaya and Universiti Kebangsaan Malaysia with the following objectives:

To explore the level of knowledge, understanding and beliefs of cancer of the cervix and its prevention among women with precursor lesions and confirmed cancer of the cervix (CaCx) and women who have not undergone screening and their spouses.
To investigate the roles of sexual and non-sexual risk factors in cervical cancer.
To identify factors which influence decision making and which prevent women from being screened or attending follow-up.

The study used interview guideline questions covering domains of the objectives that were developed by researchers. The interview was in-depth in nature and face-to face between interviewer and interviewee in an arranged private space. A written consent from each respondent was sought before proceeding with the interview which was to explore their level of knowledge, understanding and beliefs on cervical cancer and Pap smear screening. USM Penang interviewed 91 respondents who were: a) women with Pap-smear screened normal (N=18); b) women who had never done the screening (N=12); c) women with precursor lesions (N=16); d) women with CaCx (N=16); e) men (N=18) and (f) and healthcarers (N=11).
We employed purposive sampling as well as facilities based whereby demography (age, ethnicity, and residence) were our inclusion criteria especially in selecting women with precursor and contracted with CaCx. The interview points for the facility based were at one of the Antenatal & Gynecological Clinics in Penang and the registry of CaCx patients provided by the gynecology of the facility.

Healthcarers being the focus of the paper, comprised of policy makers and service providers who were doctors and nurses were sampled from facilities available in the state of Penang and Kedah, Malaysia. These facilities represented the government, government NGO, and their health clinics and the private hospitals offering Pap screening services.

4. Findings and discussion

Among the 11 respondents, 3 are gynecology doctors, 1 sister, 4 nurses, 1 health director cum medical doctor and 2 policy makers/directors. The organizations they were sampled comprised of government and private hospitals; government NGO health organization; university health center and health clinics under the Ministry of Health. Except for two male policy makers and one male doctor, the rest of them were female. Majority gained professional or tertiary education in the medical, nursing and health care fields. They ranged between 36 to 53 years in age with an average of 15-20 years of working experience in their respective medical, nursing and health management fields.

4.1. Knowledge about Pap smear program

Majority of the healthcarers were aware of national guidelines and practices on Pap smear. They were well versed with the approaches and the national guidelines on Pap smear screening program, as well the divisions of labor and responsibilities in the prevention of CaCx. In managing information and providing healthcare to the patients, they educated the later on the risks of CaCx and how Pap smear screening could help in early diagnosis of CaCx. Their knowledge on Pap smear protocol: procedure, eligibility, frequency, timing, and follow up treatment were consistent with national guidelines especially among healthcarers who were experienced in conducting Pap smear test and diagnosis. Overall, their organizations run programs to educate women and men on preventive health through talks, campaigns with free screening, community outreach programs such as wellness programs, collaborated efforts and activities with NGOs, the Ministry of Women, Family and Community Development, parliamentary members at and women community leaders at state and district levels as well as in house promotion during clinic days.

Although there were no specific policies on the prevention of CaCx, Pap smear screening services based on healthcare programs had been offered to women either as a regular or periodical exercises depending on the day/theme for example, cancer day, world heartbeat day, diabetic day in order to reach out to women. In the private hospital, Pap smear screening was offered as an optional health-screening package. Nevertheless, eligible patients who came for health screening were encouraged to take up Pap smear screening. . One of the policy makers commented: "Basically we start the talk on what is cancer...the causes, the seriousness ... how to prevent, how to detect. Early detection...is from Pap smear ...so we encourage them to do Pap smear ...prevention is better than cure...rather than you know then you come for a treatment...,early detection...the percentage of survival is very high , rather than you come to a stage after serious...that case is difficult..." (Policymaker, Male, 48).

These health providers were seen to advocate the importance of early prevention of CaCx among women who came for other health services. "Then I advise them to have a pap smear if necessary... And then I also advise them to part the information to the relatives because a lot of them don't know the value of Pap smear. So I will normally tell them to go back to their relatives, mother, and aunties whoever is married la. Tell them to go for Pap smear. Even though they will get scared or they might think that I'm trying to make money out of them, ... I tell them there is no need to come to me and just go to the nearest health clinic, government clinic which charses only about RM5. They can get it done. So basically I try to tell them to go...only one screening for cancer.... Sometimes we have once or twice a year free screenings but for limited number of people." (Doctor, Male, 38). In terms of practices, all the doctors and certified staff nurses in our sample would perform Pap smear screening while the remainders of health providers apart from disbursing frontline tasks and record

management, provided assistance to the doctors In this regard, smear taking was reasonably of good quality.

Generally, the approaches and strategies to capture the target group by both health clinics and hospitals seemed similar. Outreach programs such as forums, talks, or campaigns were the mechanisms employed to educate women on the importance of Pap smear screening. Personal referrals, posters and brochures were used as in house awareness mechanism. Opportunistic screening seemed common amongst government health clinics and amongst private facilities, promotion of health screening services through packaging (mammogram, abdominal and Pap tests) or giving away coupons on screening during annual health program received positive responses from women.

In terms of capturing the right target group, most of the healthcarers interviewed expressed their concerns. One being their inability to capture younger women and those above reproductive age. "Actually the group that we are catching now is between the age of 30-40, above 40 the percentage is quite low. So now we are concentrating on those above 40 and below 20" (Staff Nurse, Female, 51). It was seen that those who menopause were not captured under current screening practice. "The targeted group memang untuk wanita especially umur 15 sampai 49 tahun...tapi berisiko tinggi yang kita target, satu early stage berkahwin, kedua, active sexual intercourse termasuk prostitute, ketiga mempunyai kelahiran yang kerap."("Actually, our target groups are women between the ages of 15 - 49, of high risk, also who married early, sexually active including prostitutes, and thirdly having many children") (Policymaker, Male, 38). It was also difficult to capture certain age group. "Below 60 tu susah nak dapat." ("Below 60 years old is difficult to get") (Staff Nurse, Female, 51). However, they tried to all sexually active women for screening. "...sexually active women, irrespective of age, normally up to age 60." (Doctor, Male, 38). Most of these organizations expressed their needs to capture the right target groups and tried to readdress their approaches in creating an awareness and education amongst eligible women. One of the suggestions was programs on awareness must incorporate what other women said or how media such as TV sold the importance of Pap smear in early diagnosis of CaCx (Service provider, 43, Female). Even in Australia, screening cervical smears although free of charge was being underutilized [7] which was particularly problematic among older women, as the risk of CaCx and cancer of the breast increased with age.

4.2 Services provided by the organizations

In the government NGO, Pap smear screening service is offered as one of the family planning services. Whereas in the private hospital, it is a stand-alone program or a health screening package including Pap smear. In the government hospital, there are health clinics that provide Pap smear screening and once diagnosed with precursor or CaCx, they are referred to Antenatal and Gynecological Clinic. Women who avail themselves for screening in the private hospital may choose to use the same facilities for treatment or may opt for government hospital once they are diagnosed.
Overall the services provided by the organizations were generally satisfactory. They had support staff and facilities on Pap smear screening, diagnosis and treatment of CaCx. In some cases, when manpower in cytoscreening was a constraint, services were outsourced. In few organizations, Pap smear day would be assigned with prior notice to the women. During public forums and community services, the private hospital would offer their expertise in gynae issues, the government Ngo Family Planning Agency would provide free Pap smear screening while community health centers organized the campaign. In terms of accessibility, the outreach programs especially targeted at women rural settings were seen to minimize costs in transportation and logistics among them on top of receiving free Pap smear screening. Otherwise a minimum cost per screened on assigned clinic days would be charged if screening was done in the health clinic. Screening at the government hospital would be free of charge. For repeat screening at Antenatal and Gynecological clinic, government servants would not be charged however, non-government servants would pay minimal charges of RM5.

Among private hospitals, screening with ultrasound costing RM105, without ultrasound RM20-RM40 was offered as a package to encourage women on Pap smear uptake. This package received a

good response among women in the professionals and administrative posts in the private sector whose organizations used the hospital as their panel. In Penang itself, the 13 programs offering Pap smear services were initiated by the Board of Women, Family and Community Development at Parliamentary level signifying the scope and coverage of the services.

In all organizations, if the results were abnormal, patients would be notified by phone immediately and the doctors would explain the results and recommend further diagnosis depending on the stage of the cancer. However, if the patient was in the fourth stage of cancer, the nurse will send her to the hospital immediately. Alternatively in emergency cases, some health providers would even make a visit to the clients' house to get them to see the doctor regarding their abnormal results. For normal results, the clients would be informed through mail and or else the clients could call the clinic after certain period of time. Normally the results would be available from 2 weeks (usually in the private hospital) to 1 or 2 months (Government hospital/clinic). However, in one of the health clinics, the earliest was within one or two weeks. If the patients were not informed on the status of the results, it means the result was normal. Even with normal results, the nurse would call the patient to come to the clinic for results clarifications and consequently set a next appointment within year. These organizations provided clinical counseling to precursor and CaCx patients.

Among the government clinics, a standard procedure approved by WHO on the facilities required for Pap smear screening was followed. Special room, bed, and wooden spatula or cytobrush, metal speculum and in some cases disposable speculum were normal facilities. However, if it were an outreach program, they would not follow the standard procedure rigidly. The most important thing was the privacy of the patients and the accuracy of the smear taking. They used speculum with different sizes; bigger size for mothers with many children and small sizes for those who were menopause.

5. Conclusions

Overall, all healthcarers were aware of the importance of Pap smear screening as an early prevention of CaCx. They conducted outreach programs to educate women on the prevention of CaCx. Outreach programs that offered health screening services that include Pap smear screening seemed to be popular among government health clinics to capture eligible who never been screened. Generally, all the healthcarers have a good knowledge on the national Pap smear guidelines. However, among policy makers they seemed to have varying understanding on eligibility and target groups. This understanding might have an impact in capturing women in the risk group.

Although the services provided by the organizations were generally satisfactory, there were still rooms for improvement. Opportunistic screening practiced by most of these organizations were able to capture only certain target groups for example women with small children, women who were on family planning program, as well those coming for other services. In this case, the younger women who did not bear children and women of menopausal age might miss on being captured. In terms of physical and personnel support space, most of the health clinics would require bigger space and more support staff including cyto-screeners to provide better and comprehensive services on Pap smear screening. Currently, at state level (Penang), cyto-screeners were outsourced by the department of health. The implied shortage of cyto-screeners in the said healthcare institution could affect screening quality and consistency.

As for the administration of result, there seemed to be lack of uniformity. Send the smear in bulk to the lab in order to minimize costs was practiced by government health clinics, whereas, the private hospitals had their own lab in which the smear could be processed in shorter period of time. This might have an impact on how fast the results could be released to the patients. In this respect, government healthcare institutions could work closely with private hospitals and labs and collaborate resources to achieve an integrated healthcare services affordable to all women of high and low risks. Current opportunistic screening approach seemed not to capture women in the older groups Approaches in getting the target population fro screening might require redesigning or reinforcement

to include letters of invitation in literate communities, mass media invitations to attend, special efforts for recruitment with health care workers or volunteers working in the community, or utilizing contacts women make with the health care system for other purposes if necessary [8]. In additions, reaching out to women the importance of early diagnosis of CaCx through regular screening must be consistent and persistent among all relevant policy makers and health providers. The lesson to be learnt from the Australian study [4] was even though free Pap smear screening services was offered to all women, it was underutilized by older women. Cost might not be a barrier in Pap smear screening. Other issues such as shyness, feeling healthy, attitude toward the sex of healthcarers, fear of pain and social influence (lack of) needed investigation [9].

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