

**CERVICAL SCREENING IN MONTAGU DISTRICT:
WOMEN'S EXPERIENCES, COVERAGE AND
BARRIERS TO UPTAKE**

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EXECUTIVE SUMMARY

Cervical cancer is the most common cancer of women in South Africa there is considerable current debate about the development of a national screening programme. This report presents the results of research undertaken in Montagu District in the Western Cape with the aim of investigating the organisation and effectiveness of current screening activities as well as exploring women's knowledge and experiences of cervical screening and barriers to the uptake of the service. The study has quantitative and qualitative components: a systematic review of one year's screening records was undertaken and in-depth interviews were held with service users, women who had not used the service and health workers.

The record review revealed that half of women currently being screened are too young or too old for the new screening guidelines. White women and town dwellers were much more likely to be screened than Coloured and rural women. Although the follow up of the five cases of CIN was excellent, 40% of the women with atypias who were recommended to attend for repeat smears did not do so.

None of the women interviewed knew what a 'cervix' was although they all recognised the words 'Pap smear' and linked it to the 'womb'. The women did not recognise the womb as having separate parts which might be at more or less risk of developing cancer. The women regarded the Pap smear as having a wide variety of roles: to see problems; to tell about the womb; to 'clean' a 'dirty' womb; and to prevent cancer. Those who had had a smear had ultimately all had it done because the Sister told them to have it and they trusted the health worker's authority even when their knowledge about what the smear was for was scanty. Several barriers to smear uptake were identified by informants: fear; shyness; being 'lax'; too busy; and equating the absence of symptoms with healthiness. Many women who had heard of 'womb' cancer associated it with 'sleeping around' and cases in the community were normally not made known until after a person had died. The interviews with the health workers echoed much of what the women said.

Three important implications of this research are that health education programmes designed to increase uptake should focus on promoting the 'Pap smear' rather than 'cervical smear/cancer or screening'. In parallel education about the 'cervix' is needed. Strategies for increasing uptake and changing the target group in line with the new recommendations should be primarily based on health workers formally or informally inviting women for screening. Every effort should be made to ensure that screening takes place in an environment where embarrassment of the patient can be minimised and that the procedure is painless. Women who have been screened should be encouraged to share their experiences with those who are coming for screening. The report concluded with recommendations for the Provincial Authority of the Western Cape and the staff and managers of Montagu District.

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CERVICAL SCREENING IN MONTAGU DISTRICT: WOMEN'S EXPERIENCES, COVERAGE AND BARRIERS TO UPTAKE

1.0 INTRODUCTION

1.1 Background, aim and objectives

Cervical cancer is the most common cancer of women in South Africa (Wynham 1986). The disease has been shown in other countries to be preventable with effective cervical screening (Johannesson 1978) and so, not surprisingly, there has been considerable debate about the development of a national screening programme in South Africa. Various forms of cervical screening have been undertaken for almost 30 years, however there is still comparatively little data on the operation and effectiveness of screening, particularly outside the three biggest cities, and very little is known of women's views and perspectives on the area.

The **aim** of the research was to investigate cervical screening in the rural area of Montagu in the Western Cape and make recommendations for the improvement of the effectiveness of the service. This report is the first part of a tripartite study, investigating cervical screening in Montagu, Hlabisa in Kwa-Zulu Natal, and Ngqeleni in the Eastern Cape.

There were three **objectives**:

- 1) to explore the organisation and effectiveness of cervical screening in a rural district and compliance of the screened women with follow up;
- 2) to explore women's knowledge and experiences of cervical screening and barriers to uptake;
- 3) to explore nurses views on the screening programme.

1.2 Who gets cervical cancer in South Africa?

Cervical cancer is a disease of early to late middle age: it is found rarely in women between the ages of 20 and 30 years. It starts to be more common between the ages

of 30 and 40 and is most likely to occur in women of 40 and 70 years, after which time few cases are diagnosed (Bailie 1995). Eighty-seven percent of cases occur in women over 35 years (Sitas 1994). The disease is a much more common cause of death in Coloured and African women than in White and Asian women (Bradshaw 1985).

1.3 Cervical screening

The development of cervical cancer is believed to be preceded in most cases by pre-malignant phases which can be detected by cervical screening and at which stage progression of the disease to cancer can be arrested. The focus of cervical screening is to detect these premalignant phases and to follow up and treat women who have them. The premalignant phases are of mild (CIN I), moderate (CIN II) and severe dysplasia (CIN III). One in ten women who have CIN I and CIN II will develop more severe disease (Miller 1992). For women with carcinoma-in-situ (a pre-invasive stage), between one half and one fifth of women will eventually develop invasive cancer (Sherris 1993). Some women's smears are reported as showing 'atypia', this is a broad name given to a group of smear problems which include: infection, inflammation, condylomata changes and atypical smears. These are indications of smear abnormalities but they are not pre-cancerous stages.

At present there is no national screening policy in South Africa, provinces have their own policies and these vary considerably. Most screening is focusing on family planning attenders and women using antenatal services. A recent workshop on cervical screening recommended that women should be screened three times only in their lifetime, at ten-yearly intervals, with the first screen commencing after the age of 30 and the last screen before the age of 56 (Fonn 1994). The aim is to try to screen larger numbers of women, but to screen each one less frequently. The Western Cape Province has stated its intention to adopt this new screening protocol. The aim of this research is to examine current practice and barriers to screening more women in order to assist service providers to implement and organise the new programme effectively.

2.0 SCREENING IN MONTAGU DISTRICT

Montagu is situated on the border of the Small Karoo about 200km from Cape Town. Fruit farming and fruit industry are the main activities of the area. Montagu District has a total population of 14 916. The Pap screening service in the District is provided by two local health services. The Local Municipality has three clinics which provide primary health care services to the town population. Two of the clinics are situated in each of the Coloured townships and the third clinic is situated in the central residential area. The rural population living on the farms surrounding the town is serviced by a mobile clinic from the Breede River Regional Services Council. The Montagu hospital and the private General Practitioners in the area refer all their patients requiring Pap smears to these clinics.

When the smears have been taken, the specimens are send to the local hospital from where they are collected and transported to Tygerberg hospital cytology laboratory twice a week. The cytology report is posted back to the clinic. This whole process takes between 8-30 days i.e. from day the smear is taken to the day the result reaches the service again. It is the responsibility of the clinic Sister to inform patients of the result and to follow-up the recommendations. Women with CIN 3 results are recommended by the laboratory to have a colposcopy or a biopsy to make a definitive diagnosis. Those with CIN 1 and CIN 2 results are normally recommended to have repeat smears.

3.0 RESEARCH METHODS

3.1 The organisation and effectiveness of cervical screening in Montagu and compliance of the screened women with follow up.

The records of all the Pap smears performed by the four clinics in Montagu district

from 1st January to 31st December 1993 were reviewed. The age and race of the woman, smear result and the follow-up procedure were examined.

3.2 Women's knowledge and experiences of cervical screening and barriers to uptake and nurses views on the screening programme.

In-depth interviews were held with seventeen women attending the two local health services. They were of different age groups and included both those who had been screened before as well as those who had not. The interviews explored women's knowledge of their reproductive system and cancer, their interpretation of gynaecological symptoms and their understanding of the cervical screening procedure and views on barriers to screening. In a similar manner, in-depth interviews were held with five health workers including Sisters, nurses and a health educator from the clinics. They were asked about their perceptions of problems with the screening service and barriers to patient acceptance of screening. The study was conducted over a period of two weeks from 10th to 23rd August 1995. The interviews were conducted by two interviewers (NA & KW) in the women's first language. The interviews were tape recorded after consent was obtained. Some of the interviews were conducted at the clinic and some in the homes of the women. The data was fully transcribed, translated into English and analysed using grounded theory.

4.0 FINDINGS

4.1 The organisation and effectiveness of cervical screening in Montagu and compliance of the screened women with follow up.

4.1.1 Recruiting women for Pap smears

The cervical screening service in Montagu District follows the policy which was adopted by the Western Cape province in the late 1970s. This policy attached the

cervical screening service to the family planning and antenatal clinics which form part of the local preventive health services. When a woman attends family planning or antenatal clinic for the first time she is encouraged to have a Pap smear. The health workers interviewed working in the town described how they had many opportunities to remind women to attend for smears because the communities which they serve are fairly circumscribed. Home visits and meetings in the street or church are used to remind women to attend for smears. These opportunities, however, are not available in the rural service as most often the clinic bus visits an area only once in two or three weeks.

4.1.2 Pap smear coverage

A total of 301 Pap smears were taken in the Montagu district during 1993, 13 were repeats on the same woman, so in all 288 women were screened, giving a smear rate of 38/1 000 women (all ages¹) living in the area. There were substantial differences in the number of smears performed at each clinic, these are shown in Table 1. It must be noted that White women from the rural area attend the town clinic. This means the rural clinic in practice serves only the Coloured female rural population, the Pap smear rate for the rural area has been calculated as if this was the case.

Table 1:

PAP SMEAR COVERAGE PER CLINIC

CLINIC	No. of PAP Smears (%)	FEMALE POP.	RATE/1000 WOMEN

¹ A breakdown of the population by age group was not available so women of all ages has been used as a denominator for these calculations. This will lead to an underestimation of the smear rate by up to 50%.

Rural area	32	3 280	11.3
RSC	(10.6)		
Victoria Clinic	74		63
Col. Township	(24.6)		
Ashbury Clinic	70	4 272	63
Col. Township	(23.3)		
Town Clinic	125		63
	(41.5)		

4.1.3 Age and race of women having smears

The age was recorded for 296 of the women who received Pap smears. The ages ranged from 16 years to 78 years, and half of the women were of 36 years of age or younger. Twenty-four percent (71) of the women were under the age of 30 years and 16%(47) of women over the age of 60 years.

There were substantial differences in the Pap smear rates of Coloured and White women. Amongst Coloured women, who represent 80% of the female population in the area, the smear rate was 31.8\1 000, which is less than half of the rate for the White female population which was 69\1 000 women.

4.1.4 Pap smear results

Of the 301 Pap smears taken, 5 were found to be inadequate for cytological analysis. Table 2 shows the results of the remaining 296 smears which were analysed using the Bethesda system. Some of the atypias had more than one result reported e.g. inflammation as well as condylomatous changes. One of the CIN 3 results was of a woman over the age of 60 years. The remaining four CIN results were in women under the age of 39 years. No cases of invasive cervical cancer were diagnosed in Montagu in 1993.

Table 2:**CYTOLOGY RESULTS**

PAP SMEAR	NO.	%
Benign	159	53.7
Atypias	132	44.6
Inflammation	105	
Condyloma Changes	23	
Atrophy	13	
CIN 1	1	0.3
CIN 2	2	0.7
CIN 3/	2	0.7
Ca-in-situ		
	296	100.0

4.1.5 Follow-up

Of the 137 women with abnormal smears, 49(35.8%) were recommended by the cytology laboratory to be followed up. Five were referred to Tygerberg and Eben Donges hospitals, including the two with CIN 2, the two with CIN 3 and one with an atrophic result. The two with CIN 3 had hysterectomies in the following year. Of the remaining, 41 were recommended to have their smears repeated. Only 27 (61.3%) of these had their smears repeated. Four of these women were followed-up with private doctors/specialist and their follow-up results are not available. The remaining 23 women had their smears done at the clinic. The woman with CIN 1 was found to have persisting mild dysplasia and one woman who had previously had atypia was found to have CIN 2 changes. The most common periods recommended before repeat smear were 3 and 6 months, in each case 40% (16/40) of patients had this recommended; one smear was recommended for repeat after 10 days; one after one month and 6 after 1 year. Some of the women who had their smears repeated did not have it on the recommended follow-up date but returned, sometimes up to a year later. From the information available on the smear form it was not clear why certain women were given differing dates for repeat smears.

4.1.6 Diagnosis of cervical infections

It is sometimes possible to diagnose infections when examining cervical smears. In 1993, 108(36.5%) smears reported an infection and six had more than one pathogen. Gardnerella(49) was the most common pathogen identified followed by trichomonas (33) and general bacterial infection(15). With the exception of trichomonas(33) and chlamydia (1), the pathogens reported were probably not sexually transmitted diseases.

4.2 Women's knowledge and experiences of cervical screening and barriers to uptake and nurses views on the screening programme.

4.2.1. Women's knowledge of the cervix and the Pap smear

When the words "Pap smear" were used, women immediately recognised them. The reverse happened with the word "cervix". Not a single women interviewed knew what a cervix was. One woman recognised the word because she remembered reading about such a "thing" but she did not link it to female anatomy or to the Pap smear. The women who had some knowledge of the Pap smear linked it to cancer of the "womb". It would appear that these women do not distinguish the womb as having separate parts which are more at risk of developing cancer.

4.2.2 What do women think the Pap smear is for?

"To see"

Many women referred to the Pap smear as being able to see problems associated with or inside the womb. This is closest to the biomedically accepted function of Pap smears which is to investigate the presence or absence of pre-cancerous lesions. Women interviewed said:

" [It is] to see what's wrong with the womb. "

" It is to establish whether there are any problems with your womb. "

"..I say I can't see inside myself. Then [with the Pap smear] you can know if there are problems inside you. "

"[the Pap smear is] to see if you haven't got infection. "

Occasionally women also referred to the enquiring purpose of the Pap smears in terms of health, and not just problems and disease.

"...It has to do with health. I think every woman should go every time to see if she is healthy. "

Some of the women referred specifically to cancer when they talked about the enquiring purpose of Pap smears: *"It is probably to look for cancer and other illnesses."* One woman said : *"... They can see if there are problems inside like cancer. "*

Many women said that the Pap smear could "see" whether the womb was dirty. This was related to the fact that when many women received their Pap smear results they were given "tablets" or "cream" by the nurses: *"they send you a letter to tell you your womb is dirty, then they give you treatment. "*

"The smear will tell me"

Related to this, the Pap smear also had an informative function according to some women, since it could give information about the state of the womb. One woman said: *" It will tell you that your womb is dirty, that there's a tumour on your womb or that your womb must be removed because you will get cancer."* Another said: *"..Then you get the result which tells you about the state of your womb, like infection and all those things. "*

One woman suggested the Pap smear would tell her if she had any problems and consequently she did not worry about the gynaecological symptoms that she was experiencing: *"I am not worried that I get it [discharge] so often because I come for the smears. If there is a problem then the smear will tell me. "*

In addition it would appear that some women depend on the Pap smears to tell them

about infections, which would disclose their partners' sexual infidelity. For example one woman said: *" I'm not sure if I am correct but people say a woman can pick up lots of illnesses, for example if the boyfriend doesn't just go with you, goes with other women as well. That's why you can depend on a smear"*.

"To clean" a "dirty" womb

A common function of the Pap smear given by the women was to clean the womb. As one woman said: *"... the smear is to clean the womb of any illnesses."* Another said: *"The Pap smear is when the sister cleans you on the inside with a spoon."* One woman was more specific as to what was cleaned during a Pap smear: *"They clean out infections and cancer."*

Most of the women said that the womb could get "dirty", usually through having many sexual partners. Other causes of a dirty womb were menstruation, miscarriage, sex, not washing, and giving birth. Many women described their experiences of a dirty womb in terms of gynaecological symptoms they had themselves experienced.

Related to this was the *"womb-scrape"* which many women mentioned, saying that this was needed to clean the womb when women had miscarried, given birth, could not conceive or had excessive menstrual bleeding. There was much confusion amongst the women as to the difference between the Pap smear and the womb-scrape. Some thought that it was the same thing. Many said they didn't know whether it was the same or not. One woman however said: *"If you go for a Pap smear you don't need a womb-scrape"*.

"To prevent cancer"

Finally some women ascribed a preventative function to the Pap smear:

" It is for cancer, for preventing cancer."

" They [Pap smears] can prevent you getting illnesses like cancer."

"If you've got cancer already then a smear can't do anything. It prevents cancer."

Another woman demonstrated her understanding of the preventative function of the Pap smear by specifying that:

" It prevents you from getting cancer. If there is something, then it can be stopped before the time."

4.2.3 How and why did women come to have a Pap smear?

It is "good" and "healthy"

A number of women said that they had their Pap smears done because it was "good" and "healthy". One woman said: *"It is to keep yourself healthy."* Some women however, could not explain how this was so.

It would appear that many women trusted the health workers' authority that Pap smears were "good" and "healthy". Women interviewed said:

"The sister told me it is very good for a women to have a Pap smear."

"...the sister says it is healthy."

Some women based their assertion that the Pap smear was "good" on their understanding of the purpose: *"I think it is good for a woman to have a smear regularly because then she knows what is happening with her female parts..that's why you can always depend on a Pap smear."*

"I was concerned": Going to the clinic for gynaecological problems

Women also had Pap smears when they sought medical care for symptoms related to their reproductive health. Many women however said they only came to the clinic when symptoms like vaginal itching became too severe or uncomfortable.

One woman for example said: *"Yes I get discharge often. This is one of the reasons why I come for Pap smears regularly."* Another woman said: *" I wasn't happy with the discharge. It was in Cape Town. I was scared that there might be something wrong with me. The doctor did it and it was normal. I was concerned, that's why I went to the doctor."*

This was related to the understanding that the Pap smear gave information about any problems there were inside the womb: *"I wanted to know from them if there was something in my womb because I have been to the doctor a number of times ...That's why I went to the clinic , to check my womb"*. This same woman commented on the circumstances of her second Pap smear which was also related to seeking medical care for a symptom: *"...after I had a miscarriage I did not smell good down below. That was not normal."*

A 49-year-old woman who had never had a Pap smear related how she was considering having a smear done because of symptoms she was experiencing around the time of the interview:

"Now that I have been bleeding for two weeks, I have been thinking of going [for a Pap smear]".

"Sister told me"

This reason for women having a Pap smear was also clearly demonstrated when some of the women said that the nurses (and for one woman, a doctor) recommended a Pap smear in response to their seeking health care for gynaecological symptoms.

"...I was unhealthy with the infections and the sister told me to come to the clinic [for a Pap smear]."

"It was the time when I had such a lot of infections when the sister told me to have a smear."

A common statement by the women was *"the sister tells us to come"* whether or not they were symptomatic.

4.2.4 What are the obstacles to having a Pap smear done?

"Lots of people told me it was sore"/ "I was actually scared of it"

The issue of pain and the related fear of the procedure was raised not only by women who had had a Pap smear, but also by those who had not had. The women who had not yet had a Pap smear expected to experience pain. This expectation was

based on information which they had acquired from others, usually friends and family.

One woman said that before she had the Pap smear: "*[I heard] that it's painful and I will be in pain for a while. I was actually scared of it*"

Two other women said: "*Lots of people told me it was sore*" and "*I heard from the people talking that it would be sore, that I would walk open legs for a while...*"

However, of the women who had had Pap smears, many said that the pain was not as bad as they expected: "*Lots of people told me it was sore and I was scared but it wasn't really sore.*"

One woman said she explained to her friends: "*The stuff she pushes in below looks just like a man's penis. That's why I tell the women it's not sore, it's like having sex [laughter], but it's actually a spoon.*"

Fear was particularly associated with the instrument used in the Pap smear which most women referred to as the "*spoon*". In the words of one woman: "*I was scared to have it though because all I saw was the spoon coming towards me...*" Another said: "*... the shiny thing they put in looked so big.*"

A woman who had had a few Pap smears still experienced apprehension about the instrument, referring to the discomfort that she experienced: "*... that spoon is not nice because it is cold.*"

"I neglected it"

A woman spoke about her own "*neglect*" to have Pap smears done. This woman however had a hysterectomy 20 years ago and understood the preventive purpose of Pap smears as well as the need to have regular smears. When asked why other people did not go for Pap smears, she said that people were "*lax*", even when they knew the purpose of it.

In some cases this can be linked to lack of understanding of the Pap smear. Some younger women had heard of the Pap smear but did not know what its purpose was; they had mainly heard others, especially older women, talking about having Pap smears done but did not enquire the reasons for it from these older women or from the clinic sisters: *"They say it is to clean the womb, but I've never asked the sister what it's for"*.

"I'm shy"/"...don't like other women scratching down there"

One of the younger woman explained why she never had a Pap smear and also why she had not enquired about the reason for the smear: *" I'm shy, because I'm so young it doesn't feel right."*

There is no doubt that the Pap smear is an invasive procedure, and embarrassment is well documented as an obstacle for women. Two women referred to the embarrassment of having women doing their Pap smear. One woman suggested why women do not want to have Pap smears: *"They say they do not like other women scratching down below"*.

"My female parts inside are no problem"

One woman of 83 years had never had a Pap smear. When asked why, she explained that she can feel and will know from her experience of her own body that she does not have problems. This reveals a difficulty with the notion of asymptomatic disease.

"I did not have one [Pap smear], I feel my female parts inside are no problem."

In this way she suggests that a Pap smear is only needed when indicated by symptoms which she will feel. This also relates to the idea which some women have that the Pap smear is for treating and not for preventing disease.

"You are so busy"/ practical problems"

One woman suggested why women in general do not have Pap smears.

"Sometimes you forget about yourself because you are so busy thinking about them"

[family]"

This reveals her understanding that women are too busy looking after others, namely husbands and children, to have time to look after themselves.

The women in Montagu did not raise many practical reasons for not having Pap smears although this is discussed in detail in the overseas literature. One informant explained that she twice had to cancel a Pap smear appointment because of she was menstruating at the time. This kind of logistical problem is not necessarily an obstacle, but can become one especially if the service is not easily available, such as the rural mobile service which visits an area every second or third week only.

4.2.5 What do women understand of Pap smear results?

Women described how the Pap smear is "*sent away*" and how they then have to wait. Some women expressed anxiety about what the results would be. One woman said: "*The only thing I'm worried about with the Pap smear is what the result is going to be.*" Women spoke about the results in different ways. One for example said the sister told her it had "*failed*" the test and described how she was given a tube of cream. Another woman said she was sent a letter to tell her that her "*womb was dirty*" and she needed to come for treatment. Others said they were told that "*there wasn't a problem*" or that their Pap smear was "*clean*".

4.2.6. What do women understand of "womb" cancer?

Many women said that "womb" cancer was not much discussed in their community and that they did not usually hear about someone who had it until that person had died. Many women interviewed made a strong association between "womb" cancer and having multiple sexual partners. In the words of one woman: "*We say it [\"womb\" cancer] is about sleeping around. Being loose.*" Another woman said: "*Sleeping around works on the womb, but it's actually cancer.*" Another related idea was that "*If your womb is dirty you can get cancer*". The link which was commonly made by women was that sex with partners outside marriage brought infections which caused the womb to become "dirty", and this could develop into

cancer.

4.2.7 Sources of knowledge about the Pap smear

During the interviews women often referred to the source of their knowledge:

"I heard from people" and "lots of people told me".

Women evidently do talk to each other about Pap smears. Much of their understanding of and attitudes towards the Pap smear are developed from these sources of knowledge, in combination with their own experiences as well as the information that they receive from the health workers. Most of the women interviewed had heard of Pap smears for the first time from health workers.

4.3. Nurses views on the screening programme.

4.3.1. What are the barriers to providing a Pap smear service

Not a priority

Cervical cancer and Pap smears are only considered a priority by the communities when people are directly affected by it. One of the health workers thought that the reason why the communities did not consider it important was because not many cases of cervical cancer occurred in the previous year in that community. *"We do not have many cases. We had three cases of breast cancer but not cervical cancer."*

On the other hand the farming community had two cases for the year and when people hear about these cases they become concerned as well *"We had two cases this year. As soon as they hear about it , usually on the farm. They are scared of death and want to check themselves"*

Knowledge

The knowledge that women had about cervical cancer and Pap smears was also identified as a barrier to screening uptake. As one health worker reported that the

concept of cervical cancer was not easy to explain and people in general used the term womb cancer. *"Like the one who had a hysterectomy , for her a person can explain that it was not womb cancer but just cancer of the mouth of the womb. But you cannot explain this to everybody like that."*

According to the health workers, women also regarded Pap smears as an aid to falling pregnant and confused it with a womb scrape. *"Some of them think it is a womb scrape. When they ask for a Pap smear, we ask why they want a pap smear. We want to know if they know what it is about. They then say they want to be scraped because they want a baby. This we hear often."*

Another common association that women make about the purpose of Pap smears concerns the treatment of infections. *" I think people only come to the clinic when they have a discharge."*

This link may be reinforced by the responses of the health workers when women sought treatment for infections or when they explained the purpose of the smears.

"I cannot help them and I am fully booked. But if somebody comes with a problem such as infections then I have to help them"

"We usually tell them that it is to see if they have cancer, if they understand cancer also we look to see if everything is right down there and we see if they have a infection."

Busy clinics

One health worker identified a shortage of clinic time as a barrier to promoting screening. All the clinics were managed single handedly, and clinic staff complained that their time was limited and they were not always able to spend the required time with the women.

Mobility

The movement of the people, particular during the fruit season, was also raised as a

problem in the farming community. It was particularly the younger women that move to different farms which resulted in follow-up problems. *"Our problem with the farm people is that they move around and we do not always see them again."*

Male partners

Health workers asserted that the male partners influenced women's attendance to the clinic. This was directly related to the partner not wanting the women to take contraceptives as they wanted a child. The women were scared to attend the clinic for other reasons in case the partner should suspect that she is using contraceptives. *" then she does not want to come back because the new man might not want her to come to the clinic bus because he think she is getting the injection and when she gets home he hits her"*

Shy and Scared

All of the health workers interviewed recognised the women's shyness and their fear of Pap smears as the main obstacles to women having Pap smears. *"And there is also the problem of shyness-it is a shy thing."*

"There are women that are scared. There are women that had a Pap smear and who were very scared and say that will never come again...They did not know that that would happen to them."

" They feel shy. They think why must a child work with me? There are a few that come but certain ones are shy."

"They do not know what it is and they are scared of something, or they are scared of being hurt or like I said they are shy, very shy."

4.3.2 What are the factors that promote Pap smears

Flexible service

The health workers felt that they were able to offer a flexible service in all the clinics in Montagu, something which is encouraged by the poly-clinic approach. There is also an evening service for working people.

Health workers knowing the community

They perceived that it was an advantage for the health workers to work within communities that they know. One example of which was understanding about the use of herbs.

Building trusting relationships

Over the years the health workers perceived that they had developed trusting relationships with the women and this bond influences women's responses to having Pap smears done by the Sisters. *" Also you have developed trusting relationships with them through the years."*

People have become more aware

The health workers reported that they had noticed an increase in requests for Pap smears from the farming communities. This they attributed to the general increase in awareness about health and cancers and improved techniques of health education. *" I think at the beginning they think it is a womb scrape. But now women have more knowledge and are more aware of cancers"*

" I see this year that we are doing more Pap smears. In the last few months more women are asking for Pap smears. They are more aware. We are getting more collaboration from them and I think it is the health education that they are getting."

"We use videos and we include the men. I think our technique has improved and we explain more to them."

People talk to each other

The increase acceptance and the spread of the knowledge have been noted by the health workers as due to the people talking to each other about it.

"They talk a lot to each other"

" Then we tell them to speak to somebody that had a test before and ask the person if it was sore. Then she ask the person and comes back to us and say that we must try again".

4.3.3 Concerns raised by the health workers

The concerns raised were mainly about the new proposed changes to the Pap smear service. The uncertainty and the long wait for the official policy was of particular concern.

Questions and concerns raised were:

How to handle women who demand regular Pap smears?

How do you handle money if payment is required for extra Pap smears?

How to handle the older women who are use to having smears regularly?

What do you do when doctors refer women for smears?

More clarity on the clinical information that appears on the Pap smear results was also requested.

5. DISCUSSION

*** Coverage of higher risk women**

The results indicate that there is a considerable amount of cervical smear activity being undertaken in Montagu District. There are marked differences between coverage in the rural areas and in town, where it is 6 times higher. The clinic performing the largest number of smears was the town clinic, where 88% were on White women. Overall White women had twice the coverage of Coloured women.

The women who are most at risk of developing cervical cancer are those aged between 30 and 60 years; with Coloured women being more at risk than White women. Although the details of the new screening protocol have not been finalised, it is likely to target women between 30-55 years (Fonn 1994). This age group represents only 52% of the women screened in Montagu district in 1993. In other words 48% of the women screened now will not be eligible for screening in the new national programme i.e. women less than 30 years old or more than 55 years old.

When the new policy is brought in, reducing the age range of women screened and the frequency of the screening will enable the clinics to increase the number of

women who can have a smear without a great increase in the number of smears done annually by each clinic, and in the case of the town clinic perhaps virtually no increase.

Identifying and recruiting large numbers of women for smears in the 30-55 or 60 age group will be a challenge for health workers as relatively few will attend antenatal clinics or family planning. This will need to be given a great deal of thought and discussion in the near future.

* **Smear quality and follow up**

In 1993 only 1.6% (5\301) of the smears had inadequate cells for cytological analysis, this is a much lower figure than the rate reported elsewhere and indicates good technique on the part of the health workers taking the smears. The five CIN results were followed up satisfactorily. This is a positive finding as this is the most important group to follow up. Follow-up of the atypias was not as good, 17 (39%) did not return for their repeat smear, it is not clear whether they were not informed of the need for this, perhaps because of the frequent movement and the seasonal work pattern of these women, who were mainly in the surrounding farming area, or whether they declined the repeat smear. This is an important area for monitoring, particularly as the percentage 'defaulting' is high. The services need to critically debate the question of how systems for following up seasonal workers can be improved as undertaking smears on women who cannot subsequently be traced (if this is the case) is a poor use of the health system resources, as well as being clinically useless. 45% (18/40) of women asked to attend for repeat smears after less than 6 months although they did not have CIN. This is probably unnecessarily aggressive follow up, the United Kingdom cervical screening programme for example only recommends the repeat of smears with borderline nuclear or mildly dyskaryotic changes after six months (Cervical screening guidelines 1992). In addition to this there was no apparent system behind the recommended follow up periods for atypias. These findings suggest that the Tygerberg lab has scope for improving its efficiency by reviewing its follow up recommendations.

*** Management of the screening service and concerns about the operation of the new screening policy**

Health workers expressed uncertainty and concern about several aspects of the operation of the new screening policy. These indicate the need for management to develop strategies to communicate effectively with their staff and answer their queries as soon as the new policy has been agreed upon. Health workers would like more information to help them to understand the cytologists' comments and more clinical information about cervical cancer and screening.

*** Women's knowledge of their body**

One of the important findings of this study, which was apparent from the interviews with both the women and the health workers, was that the women neither recognised the word 'cervix' nor distinguished separate parts of the womb. This has very important implications for the development of health educational strategies and materials as those which rely on a recognition and/or understanding of the words 'cervix' and 'cervical cancer' are likely to be ineffective amongst women, such as this study's informants. In contrast to this the phrase 'Pap smear' was very familiar. Health education approaches would be advised to adopt the dual process of explaining and raising awareness of the terms 'cervix' and 'cervical cancer', whilst promoting the uptake of services for 'Pap smear', the term the women already understand. This is a useful reminder of how different ordinary people's understanding of their bodies and medical techniques can be from the understanding of nurses and doctors.

*** Why do women go for smears?**

The women interviewed had a variety of different explanations for why one should have a cervical smear, these differed in their degree of congruence with orthodox medical views on the subject. Some women had very little idea. Despite differences in knowledge and explanations, the women indicated that ultimately those women who had smears had them because they Sister had told them too. There was

considerable evidence that women trusted in the health workers' authority, even when they were asymptomatic and had limited understanding of what a cervical smear was all about.

Although ultimately it is desirable that women are educated more about their bodies and about cervical cancers and smears, relying on education alone to improve uptake of screening in women who do not regard themselves as having a cervix, is likely to be a very slow process. If the Montagu district wanted to increase screening coverage more rapidly, the mechanism which is likely to be most successful is that of expanding the role of the health worker in identifying suitable women and asking them to attend. In other words playing on the one strategy which seems effective present. In addition to enhancing opportunistic screening, a small town such a Montagu might be in a position to pilot a systematic approach through a simple household register and Sisters inviting for screening those women of the right age in particular households each year such that everyone gets invited once in ten years. The technology and time required for this in a small town would not be great.

* **Infection and stigma**

Infection commonly provided the background to cervical smears, with women frequently being invited to attend because they had an infection. Many women believed the smear both could tell if there was an infection and was a treatment, and that this was the role of the smear. Such perceptions would be reinforced if health workers often take smears from women presenting with infection. At the time smears are taken and after receiving the results, infections are commonly diagnosed and treated, in contrast to this cervical cancer and dysplasia are very unusual. In this way the association between smears and infection develops and is reinforced.

The association between smears and infection needs to be discussed and its positive and negative consequences considered. On one hand women presenting with infection may be an easy group to invite for a smear opportunistically, particularly if

they are being examined anyway. They are also at higher risk of cervical cancer. On the negative side, the women interviewed suggested that there may be stigma associated with 'womb' cancer and it may be due to an association between STDs and Pap smears. Several women said 'womb cancer' was caused by 'sleeping around', particularly marital infidelity. If people say such things women might be reluctant to attend for smears for fear of being found to have a stigmatised condition or being regarded as having low morals. It is not clear how big a problem this is but it is important for health workers to be aware of this and consider strategies for changing perceptions in this area. The situation may be improved if Sisters, when educating about cervical cancer, emphasise the important role that men who have multiple sexual partners play as a risk factor for cervical cancer.

*** Shyness and fear of pain**

One of the most commonly raised barriers to the uptake of Pap smears was shyness and fear of pain. One apparently successful strategy that the health workers have used to overcome the latter problem is to ask women to speak to someone who has previously had a smear. This strategy could be used more widely. It is important that all health workers are aware of the barriers posed by shyness and fear of pain, as those interviewed apparently were, and ensure that smears are undertaken in situations where there is the utmost privacy and good technique.

6 RECOMMENDATIONS

6.1 Recommendations for PAWC Department of Health:

From the findings of this study we recommend:

1. That the new cervical screening policy be agreed as soon as possible and communicated to staff effectively, providing them opportunities to clarify areas of concern.
2. That the Tygerberg laboratory's policies for follow up be reviewed to ensure that resources are not being used inefficiently by too rapid follow up and a

lack of systematization.

3. That consideration be given to the extent to which the findings of this Montagu study are generalisable to other parts of the Western Cape.

6.2 Recommendations for Montagu District clinic staff and their managers:

From the findings of this study we recommend:

1. That clinic staff and their managers give careful consideration to the implementation of the new screening policy as considerable changes in the demographic characteristics of women screened are needed.
2. That careful consideration should be given to ways of expanding the role of nurses in proactively recruiting women for screening as this is clearly successful, possibly through the use of a register.
3. That health education efforts primarily to promote the 'Pap smear', whilst in parallel educating women about the 'cervix' and 'cervical cancer'.
4. That efforts be made to emphasise that cervical cancer is not a disease of 'low morals' and in particular the role of men who have many partners as a risk factor should be emphasised.
5. That consideration be given to further efforts both to enhance privacy and comfort during the cervical smear and to reduce women's shyness and fear of pain through encouraging women who have had smears to share their experiences.
6. That efforts be made to ensure that all those who have a smear can be informed of their results and any necessary further action.

7. REFERENCES

Bailie R. (1995) The epidemiological basis for cervical mortality in South Africa. **South African Medical Journal** 77: 637-9.

Bradshaw E (1985) The changing pattern of cancer mortality in South Africa: 1949-1979. **South African Medical Journal** 68:455-465.

Cervical Screening Guidelines. North East Thames Regional Health Authority, 1992.

Fonn S. (1994) A cervical screening strategy for South Africa (letter). **South African Medical Journal** 84: 627-8.

Johannesson G, Geirsson G, Day N. (1978) The effect of mass screening in Iceland, 1965-1974, on the incidence and mortality of cervical carcinoma. **International Journal of Cancer** 21: 418.

Miller AB (1992) **Cervical cancer screening programmes: managerial guidelines.** Geneva: World Health organisation.

Sherris J.D., Wells E.S., Tsu V.D., Bishop A. (1993) **Cervical cancer in developing countries: a situation analysis.** Program for Appropriate technology in Health. Seattle: Department of Population, Health and Nutrition and World Bank.

Sitas F, Pacella R. (1994) **National Cancer Registry of South Africa: Incidence and geographical distribution of histologically diagnosed cancer in South Africa.** 1989. Johannesburg: South African Institute of Medical Research.

Wyndham C.H. (1986) Comparison of mortality rates for cancer in black adults 1970 v. 1980. **South African Medical Journal** 70: 469-471.