

GUIDE TO IMPROVING CERVICAL SCREENING RATES

“Women who don’t have Pap smears say they would be more willing to screen if their health practitioner told them it was important.”

Key messages

- A Pap smear every two years can prevent the most common form of cervical cancer in **up to 90%** of cases.
- The **biggest risk factor** in cervical cancer is not being screened every two years.
- **3 out of 4 women** who develop cervical cancer have either never had a Pap smear or haven’t had one in the past 5 years.
- **39%** of women aged 20-69 do **not** have two yearly Pap smears (AIHW cervical screening in Aust 01-02, 2004).

Barriers to screening

- Poor understanding of risk and the role of screening in cancer prevention and detection.
- Screening is not considered a priority.
- Embarrassment; pain and/or discomfort.
- Fear of result.
- Cost.
- Access to services.

Suggested strategies for health practitioners

- Provide information and printed education materials.
- Explain how a Pap smear is carried out and show the woman the instruments that will be used.
- Stress the importance of two yearly Pap smears as a preventive measure.
- Provide a comfortable and secure environment for screening.
- Reassure the woman that she can stop the procedure at any time.

Specific groups

Early re-screeners

- Explain that screening more frequently than every two years offers no substantial advantage.
- Explain the long development period for most cervical cancer – usually more than 10 years.

Women from non-English speaking backgrounds

- Be considerate of extreme shyness in some cultures.
- Be aware that cervical screening and organised cervical screening programs are not common practice in many non-English speaking countries.
- Be aware that many women from non-English speaking cultural backgrounds will find it extremely culturally inappropriate and unsafe for male practitioners to perform Pap smears. It is advisable to seek a female colleague to perform the Pap smear.
- Arrange for assistance of an interpreter or provide information in their first language to take home.

Aboriginal and Torres Strait Islander women

- Be aware of language barriers.
- Acknowledge specific cultural beliefs and the belief in privacy (women’s business).
- Acknowledge shame, fear and embarrassment.
- Ensure your practice is culturally safe and culturally effective.
- Be aware that it is not considered culturally appropriate or safe for a male practitioner to perform Pap smears. Where possible, seek a female colleague to perform the Pap smear.
- The woman may be more comfortable if an Aboriginal health worker accompanies her.

Women in rural and remote areas

- Demonstrate that you provide a confidential, culturally safe service.
- If you know the patient in a social context, referral to another GP may be appropriate.
- Try and prevent anxiety if follow up care is required by explaining clearly and simply what may happen at the initial consult. This is especially significant if there is a need to travel long distances away from community and family.
- Liaise with local health worker if necessary.

Lesbians

- Don't assume all women are heterosexual.
- Convey message that sexual contact includes male to female, and female to female sex.
- Provide a comfortable and inclusive environment for screening.

Women with disabilities

- Don't assume that women with a disability are not/have never been sexually active.
- A carer/support person may accompany a patient with a disability. Ensure you speak directly to the patient.
- Be aware of needs and fears (such as fear of falling from the examination table).
- Explain the Pap smear procedure and allow additional time for the consultation.

Older women

- Be aware of concerns relating to comfort (vaginal dryness), modesty and embarrassment.
- Be aware of the high rate of atrophic Pap smear results in older women – explain this at time of initial consult to relieve any anxiety when result becomes available i.e. warn them.

Women from low socio-economic backgrounds

- Screening may be a low priority, due to financial or other issues.
- Explain the importance of regular two yearly screening.

Women who have suffered sexual abuse

- Screening may be seen as a violation of their bodies.
- Help reduce anxiety and provide information to take away.
- Reassure the woman that she can stop the procedure at any time, and that she may feel more comfortable asking a friend to accompany her.

Summary

There are many strategies to overcome barriers to cervical screening. Here are some tips.

- Step 1** Identify possible high-risk groups, especially women who have never been screened or are under-screened.
- Step 2** Explore your patient's cervical screening history.
- Step 3** Encourage your patient to begin screening/ have a Pap smear **now**.
- Step 4** Implement and monitor patient recall and recruitment procedures.

Talking to women about the register

It is important that women make an informed choice about having their results, including HPV tests, recorded confidentially on the Pap test register. The register provides an important safety net of reminder letters if a woman's Pap smear or follow-up is overdue. The register is not a replacement for your reminder system. More information on the register is available from the National Cervical Screening Program on **13 15 56**.

FREE PUBLICATIONS

For consumers

- "Early detection is the best protection" (brochure)
- "An abnormal Pap smear result – what this means for you" (booklet)
- "The link between cervical cancer and HPV" (brochure)

For health professionals

- Cervical screening essentials (set of fact sheets)
- Cervical screening is changing: what you need to know (DVD)

FURTHER INFORMATION

www.cancerscreening.gov.au - you can order free copies of publications from this website

www.healthinsite.gov.au

State/Territory Cervical Screening Program
13 15 56

Translating & Interpreting Service 13 14 50