CERVICAL SCREENING: DO GYNECOLOGISTS THEMSELVES PRACTICE WHAT THEY PREACH? A STUDY BASED IN TERTIARY CARE HOSPITALS OF LAHORE

Qudsia Nawaz, Shamim Akhtar*, Mona Zafar, Ayesha Arif**, Sadia Arif***, Qurrat-ul-Ain Mushtaq****

Combined Military Hospital Malir, *Combined Military Hospital Quetta, **Combined Military Hospital Lahore, ***Combined Military Hospital Kharian

ABSTRACT

Objectives: To determine the frequency of self-compliance to cervical screening guidance among the sexually active female gynecologists in tertiary care hospitals. To identify the possible barriers to effective screening in those who do not undergo cervical screening.

Study Design: Cross sectional study.

Place and Duration of Study: This study was conducted in the Obstetrics & Gynecology department of various tertiary care hospitals of Lahore* from 1st Jun 2012 to 30th Nov 2012.

Patients and Methods: Total 157 female gynecologists, serving in various positions in tertiary care hospitals of Lahore were interviewed by using a structured self reporting performa. The performa was designed to find out the number of gynecologists undergoing pap screening, and in those who fail to undergo screening the single most important barrier presumed to be preventing them from undergoing screening was also evaluated.

Results: In this study, only 3.1% of the subject population was found to be undergoing pap-screening, which reflects the national level of screening in urban areas, in sharp contrast to the studies being conducted in developed countries, with screening coverage rates of more than 80%.

Conclusion: The prevalence of pap screening in the subject population is disappointingly low and drastic steps are needed to bring about a change in attitude of the subject population which cannot be brought about without changing the current culture of self-negligence and least prioritization for self, in the feminine part of our society.

Keywords: Cervical screening, Gynecologists, Screening barriers, Screening coverage.

INTRODUCTION

Cervical cancer is one of the leading causes of cancer related deaths in oncology patients. Worldwide, about 510,000 new cases are reported annually, with mortality rates of 288,000 per annum[1]. The disease is particularly common in the women of lower socioeconomic class, and affects the women at a younger age when they are particularly important for the socioeconomic wellbeing of their families as well as the nation[2]. However, as screening helps to decrease the disease incidence as well as mortality by early detection and treatment, it is a preventable malignancy[3-5]. Inspite of this fact, many women are screened quiet infrequently or not at all particularly in the developing world, where there is scarcity of health care resources[6], making screening coverage rates either very poor or virtually non-existent[7]. In Pakistan for instance, the total population coverage rates are 1.9% with the coverage of urban population being 3.4%[8]. Considering the effect of education and employment, and study being conducted in an urban area, the frequency of cervical screening among gynecologists is assumed to be 11%.

In the developing countries, the barriers to cervical screening uptake include a lack of knowledge about the disease, absence of the concept of preventive health, inaccessibility of services due to geographic and economic reasons, lack of support for women from their families and communities, and religious and cultural influences[7-11]. Among the women who are well informed of their eligibility for cervical screening and its significance important barriers identified are embarrassment (29%-43%), anxiety (42%), intending to go but then failure

Correspondence: Dr Qudsia Nawaz, Graded Gynaecologist, CMH Malir Cantt
Email: qudsia.nawaz@gmail.com
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*Ghurki hospital Lahore, Shalamar Hospital, Hameed Latif Hospital, Lahore General Hospital, Sir Ganga Ram Hospital, Jinnah Hospital Lahore, Fatima Memorial Hospital, CMH Lahore.

to reach straight away to screening (21%), fear of pain (14%), bad past experience (9%), not trusting the test results (1.2%), inability to make appointment that would fit work/child care schedule (7%), not feeling at risk of cervical cancer (4.7%), not feeling the need to have test when there are no symptoms (0.87%) and fear of discovering an early change (12%-26%)[12,13].

Level of education and employment are positively correlated with the likelihood of having a cervical smear done (OR 2.42 & 1.83 respectively) compared with low education and employment levels[14]. However not a single study could be found on Pubmed that specifically targeted the frequency rates of pap screening among female gynecologists, and none of the previous studies identified self-negligence, knowledge or a lack of belief on medical knowledge as barriers. This study was intended to find out the preventive practices among gynecologists for self health care regarding cervical cancer, assuming it to be the most informed group regarding the need and effectiveness of this screening program and risks of late detection of a largely preventable malignancy. The study also intended to find out the barriers in those who are not compliant to cervical screening program and then to give recommendations for improving upon the cervical screening frequency rates in the subject population.

Table-1: Prevalence of pap screening among gynecologists based on professional status.

Level	Screening Compliant	Screening non-compliant	Group screening Coverage %
House Officers	0	19	0
Medical Officers	0	103	0
Senior Registrars	1	11	9.09
Assistant Professor	2	9	22.22
Associate Professor	1	7	14.29
Professor	1	3	33.33
Total	5	152	3.18

Table-2: Age Distribution of study participants with respect to screening.

Age group	Number of study participants/ (percentage)	Cervical screening compliant	Percentage age group compliance
20-29 years	127(80.89%)	1	0.7874%
30-39	16(10.19%)	1	6.25%
40-49	7(4.46%)	2	28.57%
50-59	7(4.46%)	1	14.29%
Total	157 (100%)	5	3.18%

Table-3: Strength of various barriers.

Presumed barrier	Numbers voted for	Percentage voted for
Embarrassment	69	43.94%
Fear of pain	34	21.66%
Self negligence	33	21.02%
Resource constraints	9	5.73%
Knowledge as a barrier	7	4.46%
Fear of detecting unknown abnormality	3	1.91%
No apparent symptoms of disease	2	1.27%

SUBJECTS AND METHODS

This was a cross sectional study, conducted in Gynecology department of various tertiary care hospitals of Lahore* from 1st Jun 2012, to 30th Nov 2012 using purposive sampling. Total 157 female gynecologists working in various tertiary care hospitals, who were married and sexually active, and had consented to participate in the study were interviewed using structured questionnaire regarding their self compliance to international cervical screening guidelines such as those of ACOG. Those who reported themselves as non-compliant were asked to choose one strongest barrier that they

feel had been preventing them from undergoing cervical screening till now. Also the non-compliant gynecologists were asked to point any suitable remedial measure which they feel could help in enhancing coverage.

All male gynecologists, and those female gynecologists who are unmarried, and those who are married and sexually active but refuse to participate in the study, were excluded.

Verbal informed consent was taken from all participants. Strict confidentiality was maintained at all time. Participation in study was on voluntary bases and participants were free to quit from study at any point where they feel uncomfortable, without any form of imposition or penalty etc.

Data analysis was performed with SPSS software, version 19. Continuous variables like age are presented in the form of mean as well as in range groups. Qualitative / categorical variables like self compliance to cervical screening guidance and presumed barriers are presented in the form of frequency and percentages.

RESULTS

Total 157 gynecologists serving at various positions in different tertiary care hospitals of Lahore were interviewed. The awareness of need and significance of cervical smear was found to be 100%. The prevalence of pap screening based on professional status is given in Table-1.

Even though, the above table shows that the higher professional status is associated with higher frequency of cervical screening, the total number participating in the study at the upper hierarchy was too low to establish a causal relationship.

Table-2 represents the age wise prevalence of pap screening in study participants.

The strength of various barriers was calculated in the form of frequencies and percentages and is tabulated in Table-3.

The candidates were also interviewed of what they would suggest to rectify the current attitude towards cervical screening, to which 88% suggested that it would require an attitude change at community level by imparting the importance of women health in each strata of community. Eleven percent suggested it to be made a compulsory requirement at workplace and only 1% suggested frequent self-health reminders by letters/conferences and call-recall system.

DISCUSION

The cervical cancer screening coverage rate of study participants was found to be just 3.18%, which parallels our national screening rate of urban areas and is far behind the targeted population screening rates of 80%. Another study in Lahore, conducted by Imam et al[15] found the screening coverage rate of around 2.6%, with the main reason (50.5%) of poor screening being not knowing about the pap test. In their study 44.3% of study participants were not educated at all, and only 8.3% of the population has attained university level education. This is in sharp contrast to our study, where entire population is graduate as a minimum, and either already done with their post graduation (19.11%) or undergoing their training in obstetrics & gynecology (80.89%). The awareness of Pap test in our study for obvious reasons was found to be 100%. Among the barriers identified, the strongest barrier was found to be embarrassment/ shyness regarding pelvic examination (43.94%). This is consistent with findings of Sheina and colleagues[12] and was much stronger a barrier as compared to the findings of Waller and associates[13].

The other important barrier was found to be fear of pain on pelvic examination (21.66%), it was in contrast to study of Waller and colleagues who found such fear as a barrier in 14% of the cases[13]. An interesting barrier not evaluated in previous studies was Self negligence (21.02%). It was found to be almost as strong a barrier as is fear of pain (21.66%), and was therefore next to embarrassment.

Resource constraints as a barrier was found in 5.73% cases, mainly in terms of time and hectic work routine, while it was found to be responsible in 7% of cases by Waller and colleagues[13]. Knowledge as a barrier was found in 4.46% of cases, mainly in terms of not finding oneself at risk because of the known risk factors of the disease.

Fear of detecting unknown abnormality was responsible in 1.91% cases in contrast to findings of Sheina and associates who found it in 26% cases[12]. Not undergoing screening because no apparent signs and symptoms of disease exist was seen in 1.27% cases only in contrast to 0.87% found by Waller and associates[13].

The most striking finding of the study however is the overall poor prevelance of cervical screening (3.1%) considering the fact that the study group is one of the most aware and most educated group of the society, and women in this study group are much stronger from socioeconomic viewpoint than the rest of the society.

CONCLUSION

The prevalence of pap screening in the subject population is disappointingly low and drastic steps are needed to bring about a change in attitude of the subject population which cannot be brought about without changing the current culture of self-negligence and least prioritization for self, in the feminine part of our society. Moreover, the system of over extended and tiring work routine which leaves gynecologists with little time to look after themselves needs to be brought to a halt. Considering that the charity begins at home, we cannot dream to achieve national screening coverage rates of more than 80%, if our preachers are the greatest breachers. So workplace screening services should be made compulsory.

CONFLICT OF INTEREST

The authors of this study reported no conflict of interest.

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