

**Brief report on a survey conducted
at the Chillout Festival about
lesbians' cervical screening practices**

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Introduction

For a long time it was believed that lesbians did not need Pap tests as they do not engage in sex with men. Recently it has been found that the Human Papilloma Virus (HPV) is a necessary, though not sufficient, cause of cervical cancer. HPV is the most frequently detected sexually transmitted disease in women and is transmitted via genital skin-to-skin contact. As the HPV virus has been detected in lesbian women it is apparent that they do in fact need Pap tests.

Not a great deal is known about the cervical screening practices of lesbian women in Victoria. To address this deficit, a survey was conducted on behalf of *Pap Screen Victoria* at the Midsumma Carnival, an annual gay and lesbian community event in February 2002. Details about the survey undertaken at the Midsumma Festival are not reported in this Brief Report but can be found in Brown et al (2003). The Brown et al report also includes greater detail about the need for lesbians to have Pap tests.

This report details the findings of a second survey of lesbians screening practices, this time conducted at the Chillout Festival in March, 2004. As with Midsumma, the Chillout Festival is a gay and lesbian community event. It differs from Midsumma in that it is held in Daylesford, a small rural town, rather than in Melbourne. The main purpose of this survey was to determine whether the attendees at Chillout differed from those at Midsumma in terms of their cervical screening practices. A couple of minor adjustments were made to the original questionnaire: respondents were asked if they came from a city/metropolitan area, regional town, or rural area. They were also asked about their intention to have a Pap test in the next two years, which was not part of the Midsumma survey.  The full questionnaire from Chillout is included in Appendix A.

Sample

There were 315 respondents to the Chillout survey. Of these, 254 self-identified as lesbian, 21 as bisexual, 33 as “other” and seven did not describe themselves. There were also 22 women in the survey who identified as lesbians and said they had had a hysterectomy. As women who have had hysterectomies generally do not require Pap tests they have been excluded from the sample. The data analysis was restricted to lesbian women as the concern here is with lesbian women and whether they are being offered Pap tests. This gave a relevant sample of 235 women.

In this sample 93% of women reported they spoke English at home, thus the sample of women who spoke other languages is too small to draw any conclusions from. Sixty-three per cent came from the city or metropolitan areas, 18% from a regional town and 19% from rural areas. Overall, 43% were aged 18- to 39-years old, and 57% were aged 40- to 59- years old.

Statistical analysis

To test for the significance of relationships between variables the chi-square test was used. Details of the statistical tests are not reported in text. Where relationships between variables are reported, the probability level of significance was less than 0.05, indicating a less than 1 in 20 probability that the effect was caused by chance.

Results

Previous tests and intention to have tests

Overall, 91% of the women said they have had at least one Pap test. Of those who had had one, 76% had done so in the previous two years. This gives an overall percentage of 68% of lesbians in the sample who were adequately screened, that is who had tests in the previous two years.

Intention to continue with screening was very high among the screened women, with 95% of those who had ever had a test saying they intended to have another one within the next two years.

There were no significant relationships between where the women lived (rural, urban metropolitan) and whether they had ever had a Pap test, had had a test in the past two years or intention to have another test.

Perceived difficulty of having a test

Respondents were presented with a list of the chronological steps of the Pap test procedure, from deciding to have a test through to receiving the results and asked to indicate which they found “most difficult”. They were able to indicate as many stages as applied.

Table 1: Steps of the Pap test procedure found to be most difficult*

	Under screened	Well screened	Total
	n=53	n=159	n=212
Deciding to have a Pap test	43%	13%	21%
Choosing a practitioner	42%	18%	23%
Making an appointment	28%	17%	20%
Turning up to the appointment	17%	6%	8%
The experience of the Pap test	68%	55%	59%
Getting the results	9%	11%	11%

* Respondents were asked to tick as many as applied

As the data in Table 1 indicate it was the actual experience of the Pap test which the women found most difficult, irrespective of whether they were well-screened or under-screened. But about one in five also rated deciding to have the test, choosing a practitioner and making an appointment difficult. Under-screened women were significantly more likely to find deciding to have a test, choosing a practitioner and turning up difficult than the well-screened women, suggesting that for them there were barriers early in the process. It should be noted that this question was only asked of those who'd had at least one Pap test during their lifetime, so it is possible that “deciding to have a Pap test” is a major issue for those who have not actually had one.

There was no relationship between where a respondent lived and the aspects of the test they found difficult.

Influence of the “Lesbians need Pap tests too” brochure

There were 72 women who said they had read the brochure “Lesbians need Pap tests too” and of these, six had never had a Pap test. Nineteen people said they were influenced by the brochure to have a Pap test, but two of these had not actually had one.

Doctor/health practitioner issues

Overall, 75% of the women indicated that their doctor was aware that they were not heterosexual, 16% said he or she was not, and 9% were unsure. The data were examined to determine if there was any relationship between the doctor’s awareness of the woman’s sexuality and whether the woman had ever had a test, had had a test in the past two years and intended to have another test in the next two years.

Table 2: Impact of doctor/health practitioner awareness of sexuality

	Doctor aware you are not heterosexual			
	Yes	No	Not sure	Total
n=	172	36	21	229
Ever test	95.3%	72.2%	95.2%	91.7%
No test	4.7%	27.8%	4.8%	8.3%
Of those who had ever had a test*...				
n=	163	31	19	213
Test past 2 years	77.9%	64.5%	68.4%	75.1%
No test past 2 years	22.1%	35.5%	31.6%	24.9%
n=	165	30	18	213
Intention in next 2 years	97.6%	93.3%	94.4%	96.7%
No intention next 2 years	2.4%	6.7%	5.6%	3.3%

*n varies slightly as those who could not answer the question were excluded.

As the data in Table 2 indicate, there was a significant relationship between the doctor/practitioner knowing the woman was not heterosexual and the likelihood of her ever having had a Pap test. Women were most likely to have had a test if the doctor was aware she was not heterosexual, or if the woman was not sure if the doctor was aware of her status. There was a trend towards women being more likely to have had a test in the past two years if the doctor was aware she was a lesbian, but the relationship was not significant. There was no significant relationship between the doctor’s awareness and intending to have a test.

When asked whether their doctor was aware of lesbian specific health issues just over one-third, (35%) said that their doctor was, 13% said their doctor was not and 51% were unsure. Table 3 presents this data by whether the woman has ever had a test, has had a test in the past two years and intends to have one in the next two years.

Table 3: Impact of doctor/health practitioner knowledge of lesbian health issues

	Yes	No	Not sure	Total
n=	82	30	116	228
Ever test	93.9%	86.7%	91.4%	91.7%
No test	6.1%	13.3%	8.6%	8.3
Of those who had ever had a test*...				
n=	77	27	108	212
Test past 2 years	85.7%	66.7%	69.4%	75%
No test past 2 years	14.3%	33.3%	30.6%	25%
n=	79	28	105	212
Intention in next 2 years	97.5%	100%	95.2%	96.7%
No intention next 2 years	2.5%	0	4.8%	3.3%

If a woman rated her doctor as being aware of lesbian-specific health issues she was more likely to have had a Pap test in the past two years (86%) than if the doctor was unaware (67%) or the woman was unsure (69%). There was no significant relationship between knowledge of lesbian-specific health issues and either ever having had a test or for intending to do so in the next two years.

Comparison with findings from the Midsumma Festival

The Midsumma participants tended to be younger than the Chillout Festival participants. At Midsumma, 56% of the respondents were aged under 40, and this figure was calculated prior to those who had had hysterectomies being excluded from the sample. It is safe to assume that the majority of those who had had hysterectomies were over 40, which would make the proportion under 40 even higher after those who had had hysterectomies were excluded. At Chillout, 43% were under 40.

The following section compares some of the key findings from the Midsumma and Chillout festivals.

Table 4: Pap test history

	Midsumma Festival	Chillout Festival
	n=384	n=232
Pap test in past 2 years	66%	68%
Pap test more than 2 years ago	22%	24%
Never had Pap test	12%	8%

As the data in Table 4 indicate, the Pap test history was very similar for women at the two festivals.

Table 5: Practitioner knowledge and awareness issues

	Midsumma Festival	Chillout Festival
Practitioner aware not heterosexual	66%	75%
Aware of lesbian health issues	35%	35%

The data in Table 5 indicate that a higher proportion of women at the Chillout Festival believed their doctor was aware they were not heterosexual. At both festivals around one-third indicated that their doctor was aware of lesbian health issues.

Table 6 compares the responses of those women who had had at least one Pap test to determine which aspect of the test procedure they found most difficult. Women are divided into those who are under screened (no Pap test in past 2 years) and well screened (Pap test in the past 2 years).

Table 6: Steps of the Pap test procedure found difficult by under-screened and well-screened women at Midsumma and Chillout

	Midsumma		Chillout	
	Under screened	Well screened	Under screened	Well screened
	n=74	n=250	n=53	n=159
Deciding to have a Pap test	34%	21%	43%	13%
Choosing a practitioner	46%	25%	42%	18%
Making an appointment	38%	14%	28%	17%
Turning up to the appointment	11%	10%	17%	6%
The experience of the Pap test	61%	55%	68%	55%
Getting the results	10%	16%	9%	11%

In both locations and for both under-screened and well-screened women the experience of the Pap test itself was the most off-putting aspect of the process. Under-screened women generally reported more barriers than the well-screened women. The under-screened women at Chillout reported particularly high levels of difficulty with the decision to have a Pap test.

Discussion

As with the Midsumma data, lesbians at Chillout reported being screened at similar rates to the overall population of women aged 20-69, which was 64% in 2002 (VCCR, 2003). As the data on lesbian cervical screening is based on self-report data it is possible that it may exaggerate their screening behaviour. However, the similar results found here to the results from the Midsumma festival do suggest that lesbians, at least those who participate in gay and lesbian community festivals, are not being excluded from cervical screening. Stated intention to screen in the future is also very high, indicating most lesbians are aware of the need for tests.

The experience of the Pap test itself was the greatest barrier to screening, regardless of whether the woman was well-screened or under-screened. In this respect, lesbians did not differ from other women, who also report the experience as a barrier. Deciding to have a test was difficult for some though, with 43% of the under-screened women at Chillout saying this was an issue, and 42% reporting it was hard to choose a practitioner. These difficulties were not related to the area in which the women lived – that is, there was no suggestion that making the decision was harder for rural women, or that they found choosing a GP more difficult.

Educational strategies need to continue to promote to both lesbian women and to doctors and health practitioners that lesbians should be having Pap tests. Nearly one-quarter of those who had seen the “Lesbians need Pap tests too” brochure claimed they had been influenced to have a Pap test by it. Ensuring continued distribution of this resource at appropriate locations may be of benefit.

The respondents from this survey tended to be older than those from Midsumma. This indicates that if PapScreen wishes to use such festivals to reach lesbian women with health education messages they need to have a presence at each of those festivals, as they may attract different members of the community.

Having a doctor who was believed to be aware of lesbian health issues was associated with having had a test in the past two years, but not with whether they had ever had a test. It is possible that more health-conscious lesbians deliberately seek out GPs they feel understand their specific issues, rather than the influence being entirely the doctors. Intention to screen was high regardless of the perception of doctor’s understanding.

This survey supported the findings of the Midsumma Festival that lesbians’ cervical screening was on a par with that of women overall. There were issues for some lesbians with actually deciding to have a test, but future intention to have a test was high, suggesting this barrier can be overcome with the same type of prompts as are needed by the heterosexual community.

References

Brown A, Hassard J, Fernbach M, Szabo E and Wakefield M. Lesbians' experiences of cervical screening. *Health Promotion Journal of Australia* 2003; 14, 125 – 129.

Mitchell H, Burrows C, Scott V. *Statistical Report 2002*. Melbourne: Victorian Cervical Cytology Register; 2003.



*PapScreen
Victoria*

Lesbian Health and Pap Tests Survey

This short survey will help PapScreen Victoria to better understand the Pap test experiences of lesbian women. Please tick the appropriate boxes. Your answers are confidential and will be used only by PapScreen Victoria.

1. Which of these age groups includes your age?
 Under 18 18-39 40-59 60-69 70+

2. Do you identify as:
 lesbian bisexual transgender other _____

3. Do you speak a language other than English at home?
 No Yes (which one? _____)

4. Do you live in a:
 city/metropolitan area regional town rural area

5. Have you had a hysterectomy?
 No Yes

6. Before today, have you read the "Lesbians Need Pap Tests Too" pamphlet?
 No Yes

7. Does your doctor/health practitioner know you are not heterosexual?
 No Yes Not sure

8. Is your doctor/health practitioner aware of lesbian specific health issues?
 No Yes Not sure

9. Have you ever been advised not to have a Pap test because of your sexuality?
 No (please skip the next question) Yes

10. If you answered YES to the above question, please specify:

Who advised you not to have a Pap test?

What reason did they provide?

please turn over .../

11. Have you ever had a Pap test?

- ¹ No => why? _____
- ² Yes (please skip the next question)

12. For people who have NEVER HAD a Pap test:

What would make it more likely that you would have a Pap test?

We have reached the end of the questions that relate to your experiences. Please place this form in the box provided. Thank you for participating!

For people who HAVE HAD a Pap test:

13. Have you had a Pap test in the last two years?

- ¹ No => why? _____
- ² Yes
- ³ Not sure

14. Do you intend to have another Pap test in the next two years?

- ¹ No => why? _____
- ² Yes
- ³ Not sure

15. Have you ever had an abnormality detected from your Pap test?

- ¹ No
- ² Yes
- ³ Not sure

16. Which steps of the Pap test procedure do you find MOST DIFFICULT?
(tick as many as apply)

Steps	Tick	Comments:
Deciding to have a Pap test		
Choosing a practitioner		
Making an appointment		
Turning up to the appointment		
The experience of the Pap test		
Getting the results		
Other (specify)		

17. Did the information in the "Lesbians Need Pap Tests Too" pamphlet influence you to have a Pap test?

- ¹ No
- ² Yes (how? _____)

Thanks for participating!

Your answers will be used to inform *PapScreen Victoria*'s lesbian health strategy.