

Cancer Issues Population Survey 2005: Cervical Screening

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for:

PapScreen Victoria

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Executive Summary

As part of a broader survey conducted by the Centre for Behavioural Research in Cancer, 1500 Victorian women were surveyed by telephone about their cervical screening behaviour and their feelings about having a Pap test with a nurse Pap test provider.

Overall, 92.6% of respondents had undergone at least one Pap test. The youngest women (20 to 29) were significantly less likely to ever have had a test than women in any other age group, and women who came from areas other than Melbourne were more likely to have been tested than those from Melbourne. When only women who had been tested at least once are considered, older women (50 to 59 years or 60 to 69 years) are less likely to be adequately screened, that is, screened in the past three years, than women aged 20 to 29. Women with a tertiary degree were also more likely to be adequately screened than those who had not completed high school.

More than half the adequately screened women said their doctor had suggested their last test, which emphasises the importance of doctors in promoting Pap tests. Most of the women who had requested a test said they had just remembered it themselves, but receiving a letter was the most commonly cited external prompt. Women who had not had a test or who were inadequately screened were mostly likely to think experiencing symptoms would prompt them to be tested, though some also believed they would be influenced by a letter.

There were 92 women surveyed who had seen a nurse Pap test provider for a Pap test at least once. The most common reasons for choosing to see a nurse were access and availability, and as a way of seeing a female practitioner. The women who indicated they did not think they would be prepared to see a nurse for a Pap test were mostly happy with the arrangements they currently had in place – that is, they preferred to see the doctor or gynaecologist they were familiar with. Those who said they would consider seeing a nurse wanted reassurance about the experience and qualifications of the nurse, so it is important to emphasise the additional training done by nurse Pap test providers when promoting them to women.

Introduction

Background

Cervical cancer is a potentially fatal disease which is mostly preventable if it is detected early enough and then treated appropriately. The Pap test is used internationally as a screening test to detect abnormal changes in the cells of the cervix which may lead to cervical cancer.

Recommendations on the frequency of cervical screening vary from country to country. In Australia the recommended interval between tests is two years, providing the previous test did not detect any abnormalities. In 2002-2003, 63.9% of eligible Victorian women - that is, women aged 20- to 69-years old who had not had a hysterectomy - had a Pap test (Mitchell, Burrows, Scott, 2004).

Although the trend in Australia is for a decline in deaths from cervical cancer, from 5.9 per 100 000 women in 1982 to 2.8 per 100 000 in 2001 (AIHW 2003), more deaths could be prevented with adequate screening. In 2000, 267 women in Australia died of cervical cancer (AIHW and AACR, 2003) and there were 745 new cases detected (AIHW 2003).

There are a number of measures in place to prompt women to have a Pap test, some of which are designed to maintain the screening rates of women who screen regularly and others which are to encourage women who are under-screened or who have never had a test to have one. Women who have had a Pap test receive a reminder letter from the Victorian Cervical Cytology Registry if they have not returned for another test after 27 months. Many of these women would also receive a reminder letter from the practitioner who conducted their last Pap test. A mass media campaign aired in Victoria in July and August 2004 to prompt women who were overdue for a test to have one.

As well as these measures to prompt or remind women to have a test, ensuring that women have access to providers with whom they feel comfortable is also important. One strategy aimed at increasing options for women is the provision of nurse Pap test providers – nurses who undertake additional training so they are able to conduct Pap tests. Currently *PapScreen Victoria* (PSV) is involved with the training and credentialing of these nurses, but little is known about how women feel about this option.

As part of a wide-ranging study conducted by the Centre for Behavioural Research in Cancer, PSV participated in a telephone survey to explore issues relating to women's motivations to have a Pap test and their feelings about nurses as Pap test providers.

Aims of the study

The aims of the study were:

- To determine what prompted women who had undergone a Pap test in the past three years to have the test and explore what might motivate others to have a test
- To explore the types of factors women took into account when deciding whether to see a nurse Pap test provider for a Pap test.

Method

Procedure

The telephone survey was conducted during April and May 2005 by a market research company, which interviewed a representative sample of 3000 Victorian men and women aged 18 years and over. The sample was stratified by Melbourne metropolitan region and other parts of Victoria according to the population distribution (approximately 70%/30%). The sampling frame for the survey was the Electronic White Pages. Each household where the telephone number was selected was sent a generic approach letter on the letterhead of the market research company to introduce the survey. The purpose of this was to explain the purpose of the survey in the hope this would encourage response. Up to six calls were made to establish initial contact; however, once contact was established, an unlimited number of further attempts were made to achieve an interview. Contact attempts were made on weekday afternoons (4pm to 6pm) and early evenings (6pm to 8:30pm) and on weekends (10am to 6pm). No calls were made outside these times, except by prior appointment. When the household was contacted, the person 18 or over with the next birthday was selected for the interview. A 1800 number was used throughout the survey periods by the market research company to establish survey bona fides, address respondents' queries and encourage response.

Questionnaire

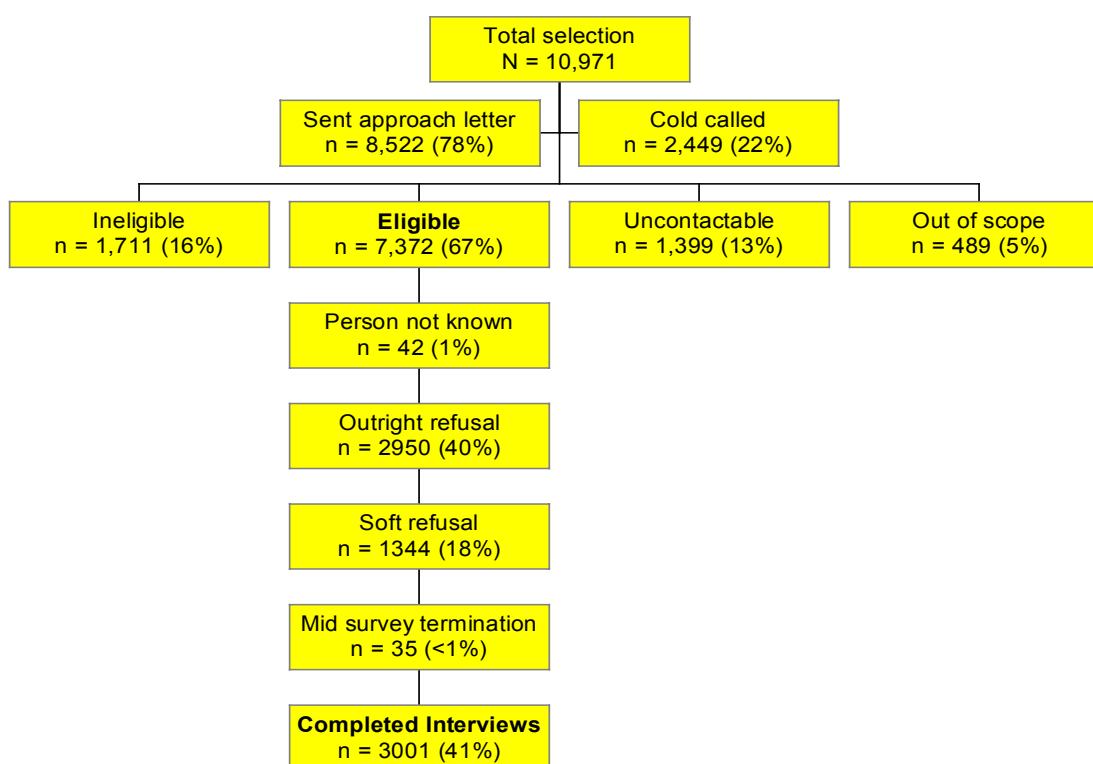
The questionnaire was developed at the Centre for Behavioural Research in Cancer (CBRC), and was piloted tested by the research company before the questionnaire was finalised. The survey covered a broad range of issues relating to cancer in general and the Cancer Council Victoria specifically. Personal and demographic information was also collected including age, gender, education level and country of birth.

The full questionnaire took approximately 20 minutes to complete. As there were a large number of questions in the survey some were only asked of half the sample, but all female respondents were asked the cervical screening questions. The wording of the questions relating to cervical screening can be found in Appendix A.

Response Rate

Telephone calls were made to 10971 numbers randomly selected from the Electronic White Pages for Victoria. As described above, an approach letter was sent to 8,522 households and the remaining 2449 were cold-called. Of the 7372 households where contact was made and there was an eligible respondent, 3001 interviews were completed which is a response rate of 41%. Figure 1 shows the outcomes of the calls made.

Figure 1. Survey response rate



Data analysis and demographic profile of respondents

Analysis was undertaken using SPSS (version 13.1). A comparison of the socio-demographic characteristics of the sample with the Australian Bureau of Statistics estimates of the Victorian population (ABS 2003, 3201.0) revealed that women were over-represented and younger women were under-represented. As a result responses were weighted by age and gender according to the Victorian population. The age groups were: 18-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+. For the purposes of this report, women

aged between 20 and 69 were selected for analysis after the data was weighted as these are the respondents of interest to PSV.

For this analysis, women have been categorised as not having completed secondary school (31.7%), completed year 12 or vocational qualifications/diploma (33.2%) and having completed a tertiary degree including postgraduate studies (34.9%). The effect of age has been assessed primarily using 10-year age categories (20-29, 30-39 etc). However, when the sample size has decreased, such as when looking at the respondents who are inadequately screened, age has been collapsed into three categories (20-34, 35-49, 50-69) to counteract the problem of small cell sizes. Comparisons are also made between women from the Melbourne metropolitan area (70.7%) and other parts of Victoria (29.3%).

Comparison between proportions were undertaken by chi-square analysis, with $p < 0.05$ being used as the conventional level of statistical significance, indicating less than a one in 20 possibility that the result was due to chance. Where applicable, “can’t say” responses were excluded from reported results.

Results

Pap test behaviour

Women were first asked if they had ever had a Pap test and 92.6% indicated that they had. As the data in Table 1 (over page) indicate, fewer women in the age group 20-29 (74.8%) had been tested than in any other age group (ranging from 94.9% to 98.9%) ($\chi^2=206.58$, $df=4$, $p < .001$). There was also a significant effect for education ($\chi^2=18.93$, $df=2$, $p < .001$). Women who had completed high school but had not gone on to complete tertiary degrees were the least likely to have had a test (89.1%). Fewer women from metropolitan Melbourne (91%) had been tested than women from other parts of Victoria (96.3%) ($\chi^2=13.42$, $df=1$, $p < .001$).

Logistic regression analyses indicated that age and location were independently associated with having had a Pap test, but that education was not. Women aged 20-29 were less likely to have had a test than those in any other age group and women from the Melbourne metropolitan area were less likely to have been than women from other parts of Victoria.

Table 1: Logistic regression of variables associated with having had a test

<i>Variable</i>	<i>Have had a test (%)</i>	<i>Odds ratio</i>	<i>95% CI</i>
Age			
20-29 (n=345)	74.8	1	
30-39 (n=386)	96.9	9.7	5.2-18
40-49 (n=357)	98.9	26.0	9.5-71.5
50-59 (n=290)	98.6	23.2	7.9-67.6
60-69 (n=195)	94.9	6.2	2.9-13.5
Education level			
Not completed high school (n=499)	96.2	1	
Completed high school (n= 521)	89.1	.79	0.4-1.5
Tertiary degree (n=547)	92.7	1.2	0.6-2.2
Location			
Melbourne (n=1111)	91.0	1	
Non-Melbourne (n=462)	96.3	2.1	1.2-3.7

Women who had previously had at least one test (n=1456) were then asked to describe their “usual Pap test behaviour”. Five options were read out and respondents were asked to choose which one best described her behaviour. Table 2 presents these data by age, education and location. The full wording of the options can be found in the questionnaire in Appendix A.

Table 2: Usual Pap test behaviour by age, education and location, of those tested (percentages)

	<i>Every year</i>	<i>Every two years</i>	<i>Usually more than 2 years</i>	<i>Irregularly</i>	<i>Only one or two tests</i>
Age					
20-29 (n=258)	15.9	56.6	13.2	4.7	9.7
30-39 (n=369)	19.5	61.5	13.0	4.1	1.9
40-49 (n=337)	20.5	59.9	11.6	5.0	3.0
50-59 (n=257)	17.5	62.6	10.5	5.4	3.9
60-69 (n=155)	11.6	62.6	11.6	7.1	7.1
Education level					
Not completed high school (n=432)	18.3	60.0	11.8	5.1	4.9
Completed high school (n= 451)	19.1	57.2	11.1	5.8	6.9
Tertiary degree (n=489)	16.4	64.0	13.1	4.5	2.0
Location					
Melbourne (n=964)	18.7	59.6	11.7	4.9	5.1
Non-Melbourne (n=414)	15.7	62.3	12.8	5.6	3.6
Total (n= 1377)	17.8	60.4	12.0	5.1	4.6

*Response was not read out

There were significant effects for age ($\chi^2=35.03, df=16, p=.004$) and education ($\chi^2=16.67, df=8, p=.034$). As the data in Table 1 indicate, annual testing was higher in the 30-39 and 40-49 year old age groups than any other group and more of the youngest and oldest groups said they had only had one or two tests. Women who had a tertiary degree were the most likely to report having a two-yearly Pap test and the least likely to say they had only had one or two tests. There was no significant difference between women from Melbourne compared with other parts of Victoria.

As well as being asked about their self-described “usual Pap test behaviour”, respondents were also asked how long ago they last had a Pap test. Responses ranged from less than 12 months ago to more than five years ago. Table 3 presents these data by age.

Table 3: Time since last Pap test by age, education and location, of those tested (percentages)

	<i>Less than 12 months</i>	<i>1+ to <2yrs</i>	<i>2yrs+ to < 3yrs</i>	<i>3yrs+ to <5yrs</i>	<i>5yrs +</i>
Age					
20-29 (n=254)	59.4	28.0	7.1	3.5	2.0
30-39 (n=372)	52.2	32.8	9.1	4.3	1.6
40-49 (n=345)	53.6	26.7	9.3	5.5	4.9
50-59 (n=278)	48.6	25.9	7.6	5.0	12.9
60-69 (n=181)	33.1	26.5	9.4	6.1	24.9
Education level					
Not completed high school (n=466)	45.5	27.3	8.2	6.2	12.9
Completed high school (n=457)	52.5	29.3	8.3	4.8	5.0
Tertiary degree (n=503)	53.9	28.2	9.1	3.6	5.2
Location					
Melbourne (n=993)	52.0	28.5	7.9	5.0	6.6
Non-Melbourne (n=438)	47.7	27.9	10.0	4.3	10.0
Total (n=1431)	50.7	28.3	8.5	4.9	7.6

There was a significant relationship between age and the length of time since women had a test ($\chi^2=135.56, df=16, p<.001$). Women over the age of 60 were far less likely to have been screened within the past three years – 31% of them had gone for more than three years since being tested. Women aged 30-39 were particularly well screened, with 80% saying they had had a test in the past two years. There was also a significant effect for education ($\chi^2=32.75, df=8, p<.001$), with women who had not completed high school least likely to have screened in the past 12 months (45.5%) and most likely to have gone more than five years without a test (12.9%). There was no significant difference in the recency of screening in metropolitan and non-metropolitan areas.

Based on these data, women were classified as being “adequately screened”, “inadequately screened” and “never screened”. Although the recommended interval between tests is two years, for the purposes of this report we have classified women who have had a test in the previous three years as being “adequately screened”. This is to distinguish women who have seriously lapsed in their screening from those who are less than a year overdue. Logistic regression was conducted to determine what characteristics predicted adequate screening. These data are presented in Table 4.

Table 4: Logistic regression of variables associated with being adequately screened

<i>Variable</i>	<i>Adequately screened (%)</i>	<i>Odds ratio</i>	<i>95% CI</i>
Age			
20-29 (n=254)	94.5	1	
30-39 (n=372)	94.4	1.0	0.5-2.0
40-49 (n=345)	89.6	0.6	0.3-1.1
50-59 (n=278)	82.1	0.3	0.2-0.6
60-69 (n=181)	69.0	0.2	0.1-0.3
Education level			
Not completed high school (n=466)	81.0	1	
Completed high school (n= 457)	90.1	1.4	0.9-2.2
Tertiary degree (n=503)	91.2	1.7	1.1-2.5
Location			
Melbourne (n=993)	88.4	1	
Non-Melbourne (n=438)	85.6	1.0	0.6-1.4

The logistic regression indicated that women who were aged from 50 to 59 or from 60 to 69 were significantly less likely to be adequately screened than women aged from 20 to 29. Also, women with a tertiary degree were more likely to be adequately screened than those who had not completed high school. There was no difference in being adequately screened or not by location.

Adequately screened women

Initiator of last Pap test

The women who'd had relatively recent tests (in the past three years) were asked whether they had asked for it to be done or whether the doctor had suggested it. More than half (54.5%) said that their doctor had suggested it. The proportion of women reporting that the doctor had suggested the test increased with age, from 42.1% for the 20-29 year olds to 66.4% for the 60-69 year olds ($\chi^2=27.70$, $df=4$, $p<.001$). There was also a significant effect for education, with those with the lowest education more likely to rely on the doctor to prompt them (60.4% cf 52.2% and 66.4%) ($\chi^2=7.68$, $df=0.021$). Metropolitan women

were more likely to request the test themselves (48.1%) than non-metropolitan women (39.5%) ($\chi^2=7.73$, $df=1$, $p=0.005$).

Motivation for requesting last test

Women who indicated that it was not the doctor who initiated the Pap test (566 women) were asked what it was that had prompted them to ask for it. By far the most common response was simply that they had remembered their test was due, without mentioning any external prompt (331 responses, 59.7% of cases). Apart from this, the responses were very wide ranging. There were 65 women who said they had received a reminder letter (11.5%), with 23 reporting it came from the Victorian Cervical Cytology Registry and one that it was from their GP. (The other 41 did not specify a source.) Thirty-four women said the Pap test was part of a regular check-up. Thirty-one women indicated they had problems in the past and 17 had current concerns which had motivated them to have test. Another 22 women had a Pap test which was in some way related to pregnancy or childbirth – which indicates that there was an element of external motivation for the test, it wasn't entirely self-motivated. There were very few women who specified that advertising or other media motivated them (7).

Who conducted last test

Women who were adequately screened were also asked who conducted their last Pap test. The most common response was that it been their usual doctor (69.7%). Other responses were: a different doctor (13.1%) a gynaecologist (13.6%) or a nurse (3.6%).

There was a difference in where women of different age groups went for their Pap test when age was collapsed into three categories: 20- to 34- years old, 35- to 49- years old and 50 and over ($\chi^2=14.71$, $df=6$, $p=.023$), but the relationship with age did not hold when the data were analysed in 10 year categories ($\chi^2= 18.79$, $df= 12$, $p=0.09$). There were also significant effects for education level ($\chi^2=17.61$, $df=6$, $p=.007$) and location ($\chi^2= 18.78$, $df=3$, $p<.001$). Data for each of these variables are presented in Table 5 below.

Table 5: Practitioner who carried out last Pap Test by age, education and region (percentages)

	<i>Usual doctor</i>	<i>Different doctor</i>	<i>Gynaecologist</i>	<i>Nurse</i>
Age				
20-34 (n=390)	64.4	15.1	17.2	3.3
35-49 (n=508)	70.5	12.4	14.0	3.1
50+ (n=354)	74.3	12.1	9.0	4.5
Education level				
Not completed high school (n=377)	75.6	12.2	8.0	4.2
Completed high school (n=412)	67.0	12.9	16.0	4.1
Tertiary degree (n= 458)	67.5	14.0	15.9	2.6
Location				
Melbourne (n=877)	69.7	13.0	15.1	2.3
Non-Melbourne (n= 374)	69.8	13.4	10.2	6.7
Total (n=1250)	69.7	13.1	13.6	3.6

The group most likely to go to their own doctor was women over 50 (74.3%) compared with those aged 20-34 (64.4%). Women under 35 were the ones most likely to see a gynaecologist, which may indicate that seeing a gynaecologist is related to other reproductive issues, such as pregnancy or trying to conceive. Those with the lowest level of education were most likely to see their own doctor (75.6%). Women in Melbourne were more likely to see a gynaecologist (15.1%) and women from other areas were more likely to see a nurse.

Inadequately screened women

Reasons for being inadequately screened

The women who had gone for more than three years without having a test (n= 169) were asked what their reasons for this were, and could give multiple responses. Some gave the legitimate response of having had a hysterectomy since their last Pap test (83 women) and four others said their doctor had indicated they did not need a test, but did not specify why this was the case.

Other reasons for test given were that it was too embarrassing or scary (23 women) or that it wasn't a priority (17 women). Other responses ranged from issues with choosing a doctor (8), not having time (8), a bad previous experience (7) or believing they would know if any thing was wrong (6). No other response was given by more than 6 women.

Potential motivators for screening

The women who gave reasons for being late with their screening, other than "hysterectomy" or "doctor's advice", were asked what things might encourage them to have a Pap test (n=92). A list of four things was read out to them and they were then given the opportunity to mention anything else which they might find encouraging. The four things were "A letter from your doctor", "A letter from the Pap Test registry", "Television advertising" or "Experiencing symptoms". The question allowed for multiple responses.

The most powerful motivator was seen to be experiencing symptoms (54.6%) though a letter from either a doctor (42.1%) or the registry (38.7%) were also seen as powerful by some women. Nineteen women (21%) indicated nothing would motivate them and 16 thought TV advertising would be helpful (17.4%). Only five women nominated something else which would be useful, but there was no consistent theme to these ideas.

Who conducted last test

The inadequate screeners were asked who had conducted their last test. More than half the respondents indicated that it was their "usual doctor" (52.7%), nearly one in five (19.2%) said a gynaecologist, 15.8% had been to a different doctor and 12.4% had their last test performed by a nurse. This is more than the 3.6% of women whose screening was up-to-date who indicated they last saw a nurse, but as this only represents 12 out of 91 women who had seen a nurse the confidence intervals are very wide (CI: 5%-19%).

Never screened

There were 117 women who said that they had never had a Pap test. The majority of these women were aged 20-29 (87).

Ninety-one women who had not had a Pap test answered a question about why this was the case and 26 would not or could not indicate why they had not had a Pap test. Twenty-three women gave legitimate reasons for not having had a test: either they'd had a hysterectomy (7) or they had never had sex (16), and these women were not asked any further questions. Another 10 women indicated they did not need a test but did not give a reason for this, and nine said they were not sexually active (but possibly meant they had been in the past). Apart from this, 15 women said they hadn't thought about it or got around to it and 12 indicated they were scared or embarrassed. The spread of responses and the fact that the majority of the women who had not been tested were in the youngest age group made it impossible to identify any demographic differences.

Ninety-four women answered a question about the way they felt about having a Pap test in the future. Five options were read out to them, and they were asked which best described them. Table 6 presents data on the responses to this question. No statistical analysis has been done because of the very small sample sizes, particularly for those over 50 and in non-metropolitan areas. However it is interesting to note that very few women (6) indicate that they have actually made a decision not to have a test.

Table 6: Feelings about having Pap test by age, education and location (frequencies)

	<i>I have never considered getting a test</i>	<i>I am not thinking about getting a Pap test</i>	<i>I have decided not to have a Pap test</i>	<i>I am unsure about having a Pap test</i>	<i>I am thinking about having a Pap test</i>	<i>None of the above*</i>
Age						
20-34 (n=83)	17	11	5	8	40	2
35-49 (n=7)	1	0	0	3	2	1
50+ (n=5)	1	1	1	1	0	1
Education level						
Not completed high school (n=15)	3	3	1	3	4	1
Completed high school (n= 45)	5	5	5	6	24	0
Tertiary degree (n= 35)	11	4	0	3	14	3
Location						
Melbourne (n=80)	19	11	4	10	33	3
Non-Melbourne (n=13)	0	0	1	2	9	1
Total (n=94)	19	12	6	12	42	4

*response was not read out

As with the inadequately screened women, the never screened were asked what might prompt them to have a test and ninety-three answered the question. Experiencing symptoms was again the most popular option (46.3%) followed by a letter from your doctor (35.6%), a letter from the registry (28%) and television advertising (19.4%).

Twenty-six per cent did not think any of these things would prompt them to have a test, but there were no consistent suggestions about things that would prompt them.

Attitudes to nurses conducting Pap tests

Adequately and inadequately screened women

There were 56 (45 adequately screened, 11 inadequately screened) women who said their last Pap test had been with a nurse and 92 women who said they had undergone a Pap test with a nurse at some time. Women who had been to a nurse for a Pap test did not differ by age, education or location.

These women were asked what factors influenced their decision to see a nurse for a Pap test and they could give as many responses as they liked. Availability and convenience were big issues for many (26) and 18 indicated it was the only way to access a female practitioner. For some the decision was made for them - 13 indicated they had no choice; 10 said that the doctor had sent them “The family doctor suggested the nurse and that was fine”. Others were accounted for by situational variables: 16% saying that it was the circumstances of the test “I made no decision because it was in the hospital”. For those who had consciously decided to see a nurse, the key factors had been: qualifications (8), cost (4) and belief a nurse would be gentler/more sensitive (4).

Women who had undergone a Pap test but not with a nurse (n=1186) , were asked “If there was a nurse available to take Pap tests somewhere that was convenient for you, do you think you would have a test there?”. Overall, 67.4% said that they would, 23% said they would not and 9.6% were unsure. There were no significant differences for age, education or location.

Women who indicated they **might** have a test with a nurse (n=114) were asked what things they would take into account in deciding whether to see one and 86 gave at least one response. The competence of the nurse was a key factor, with 21 naming the level of experience of the nurse and 19 the qualifications and training as important. Convenience and “preferring a female” were each mentioned by 15 women and comfort/rapport by 14. Twelve women simply said they would prefer a doctor, suggesting they really should have indicated they would not see a nurse on the previous question.

The respondents who said they would **not** have a test with a nurse were asked why they would prefer not to see a nurse and 265 gave a response. By far the most important issue was women’s preference for their own usual practitioner (148) with another 24 specifying they preferred their female GP/doctor and 17 that they preferred their own gynaecologist. Thirty-two indicated that they believed doctors were better trained, and 27 thought that that the doctor would deal with other things at the same time. Fifteen women said the doctor would have their medical history and a more holistic approach.

Never screened women

Finally, those women who had never had a Pap test were asked “In Victoria, nurses can undertake additional training so they are able to do Pap tests. If there was a nurse available to take Pap tests somewhere that was convenient to you would you consider having a test

with a nurse?”. Eighty-seven women answered this question, and of these two-thirds (67%) indicated they would consider having a test with a nurse, a quarter (26%) said they would not and 7% said they would think about it. There were no differences by age, education or location.

Those women who said they would have a test with a nurse or who would consider it were asked what things they would take into account when deciding whether to see a nurse. The key factors unscreened women would take into account were their preference for a female practitioner (20), the nurse’s ability to create a rapport (10), the qualifications/training of the nurse (8) and convenience (8).

Unscreened women who categorically stated they would not have a Pap test with a nurse were asked why not, but with only seventeen women responding no conclusions can be made. Of those seventeen, six indicated they would prefer their own doctor or a familiar person and five said they just didn’t want a Pap test at all, but there were no other responses given by more than a couple of women.

Discussion

The first aim of this study was to determine what had prompted adequately screened women to have a Pap test and how the inadequately screened could be encouraged to have one. It was apparent that being prompted by the doctor is an extremely important factor, with just over half the adequately screened respondents attributing their last test to the doctor suggesting it. Of those who said they had initiated the test themselves, most said that they just remembered they needed one, without the need for any external prompt. Letters (either from the doctor or VCCR) were the only external prompts mentioned by more than 10% of the women who said they had requested the test themselves.

Although few women identified advertising or other media as prompting them to request a test, we cannot conclude that these are not important strategies in helping keep Pap screening on the agenda for women. Women who say they “just remembered” may not remember unless there are reminders in the background.

Experiencing symptoms was seen as the most powerful motivator to have a Pap test by both inadequately screened women (54.6%) and those who had never had a test (46.3%), but it is of concern that for some women even experiencing symptoms would not lead them to have a test. Letters were also seen as motivating, with slightly more women in each group rating a doctor’s letter as motivating than the registry letter. Most women who had already had a Pap test would have received a reminder letter from the VCCR and possibly one from their doctor/gynaecologist as well, so they may not respond to it as well as they believe they will.

The survey was of limited use in looking at the factors which prevented women from having Pap tests, or the things that might prompt them to have a test, as only 7.4% of the

respondents had not had a Pap test (n=117), and many of these were aged 20-29. However it was notable that few women who had not had a test indicated that they had actually made a decision not to have one.

There were only 92 women in the sample who had already seen a nurse for a Pap test. The availability and convenience of the nurse were motivators for some women, and a nurse being the only way to access a female practitioner was also important. It was also apparent that many women did not feel they had really made a “decision” to see a nurse, but that it had been driven by circumstances. Consequently, they were not really able to describe the reasoning behind it.

For previously tested women who indicated they would not be willing to see a nurse for a Pap test, the main barrier was that they were comfortable with the arrangements they currently had. That is they wanted to see the doctor or gynaecologist they were already familiar with. It was apparent from some responses that some women conceptualised a nurse as operating completely independently from the woman’s usual medical care, consequently indicated that doctors had a more holistic overview of her health.

There are a group of women who are already satisfied with the arrangements they have for their Pap testing, and nothing is likely to influence these women to see a nurse instead. However there is another group who are willing to consider the idea, if the service was convenient for them. Two-thirds of women who had never been tested said they would consider having a Pap test with a nurse, so this could be a strategy in encouraging these women to have a test. Important messages to convey when promoting screening by nurses are the level of additional training they have undergone and convenience of service (if they are potentially more convenient than other options).

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Appendix A

Now I would like to ask you some questions about some women's health issues. If there are any questions you don't want to answer just tell me and I'll skip over them, however, your answers are very important to us and we do appreciate you giving us this information.

QD1 Can you tell me please, have you ever had a Pap test? (IF NECESSARY: A Pap test (or Pap Smear) is a quick and simple test done by a doctor or nurse that is used to check for changes to the cells of the cervix that may lead to cervical cancer.) (SINGLE RESPONSE)

Yes (CONTINUE)

No (GO TO QD14)

Don't Know / Can't Say (GO TO QD21)

Refused (GO TO QD21)

IF EVER HAD A PAP TEST (CODE 1 ON QD1) ASK:

QD2 Which of the following best describes your usual Pap test behaviour? (READ OUT CODES 1 to 5) (SINGLE RESPONSE)

I have a test every year

I have a test every two years

I mean to have a test about every two years, but I usually leave it longer

I have tests irregularly

I have only had one or two tests

(DON'T READ) I NO LONGER REQUIRE PAP TESTS

(DON'T READ) Don't know / can't say

(DON'T READ) Refused

QD3 How long ago was your last Pap test? (PROBE TO CLARIFY) (SINGLE RESPONSE)

In the last 12 months

More than one year, but less than 2 years ago

More than 2 years, but less than 3 years ago

More than 3 years, but less than 5 years ago

More than 5 years, but less than 10 years ago

More than 10 years ago

(DON'T READ) Don't Know / Can't Say

(DON'T READ) Refused (GO TO QD21)

IF HAD A PAP TEST IN THE LAST THREE YEARS (CODES 1-3 ON QD3) ASK:

QD4 Thinking back to your last Pap test, did you ask for it to be done or did your doctor suggest it?

I asked (continue)

Doctor suggested it (GO TO QD6)

Can't remember (GO TO QD6)

IF ASKED FOR LAST PAP TEST (CODE 1 ON QD4) ASK:

QD5 What prompted you to ask for a Pap test? (SINGLE RESPONSE)

OPEN _____ (specify)

Don't know /Can't say

Refused

ASK ALL WHO HAD A PAP TEST IN LAST THREE YEARS (CODES 1-3 ON QD3):

QD6 Still thinking about the last Pap test you had, was it carried out by (READ OUT).....(SINGLE RESPONSE)

Your usual doctor

A different doctor

A gynaecologist

A nurse

Don't remember

IF HAVE NOT HAD A PAP TEST WITHIN THE LAST THREE YEARS (CODES 4-6 ON QD3) ASK:
ELSE GO TO QD10

QD7 Can you tell me why you have not had a Pap test for more than three years? Any other reasons? (MULTIPLE RESPONSE)

Doctor said not needed (GO TO QD21)

Had a hysterectomy (GO TO QD21)

Other _____(specify) (CONTINUE)

Don't know (CONTINUE)

Refused (CONTINUE)

QD8 Do you think that any of the following things might encourage you to have a Pap test? (READ OUT) (MULTIPLE RESPONSE)

INTERVIEWER NOTE: IF OTHER SPECIFY ON QD7 IS MEDICAL REASON AND RESPONDENT IS SOMEWHAT UPSET, DO NOT ASK QUESTION, USE CODE 5 TO NOTE THAT QUESTION WAS NOT APPROPRIATE TO ASK.

- A letter from your doctor
- A letter from the Pap Test registry
- Television advertising
- Experiencing symptoms
- Or something else _____(specify)
- None of the above

QD9 Thinking back to the last Pap test you had, was it carried out by: (READ OUT) (SINGLE RESPONSE)

- Your usual doctor
- A different doctor
- A gynaecologist
- A nurse
- Can't remember

IF LAST PAP TEST CONDUCTED BY A DOCTOR OR CAN'T REMEMBER (CODES 1 TO 3 OR 5 ON QD6 OR CODES 1 TO 3 OR 5 ON QD9) ASK:

QD10 In Victoria nurses can undertake training so that they are able to do Pap tests. Have you ever had a Pap test with a female nurse?

- Yes (GO TO QD13B)
- No (CONTINUE)
- Don't know (CONTINUE)

IF HAVE NOT HAD A PAP TEST WITH A NURSE (CODE 2 OR 3 ON QD10)

QD11 If there was a nurse available to take Pap tests somewhere that was convenient for you, do you think you would have a test there?

- Yes
- Maybe
- No

IF MAYBE (CODE 2 ON QD11):

QD12 What things would you take into account when deciding whether to see the nurse for a Pap test?

Other _____ (specify)

Don't know /Can't say

Refused

IF WOULD NOT HAVE TEST WITH NURSE (CODE 3 ON QD11)

QD13A Why would you prefer not to see a nurse for your Pap test?

Other _____ (specify)

Don't know /Can't say

Refused

IF HAVE ALREADY BEEN TO A NURSE (CODE 4 ON QD9 OR CODE 1 ON QD10) ASK:

QD13B What things did you take into account when deciding whether to see the nurse for a Pap test?

Other _____ (specify)

Don't know / Refused

IF HAVE NEVER HAD A PAPER TEST (CODE 2 ON QD1); ELSE GO TO PREQD20

QD14 There are many different reasons why women haven't had a Pap test. Would you mind telling me why you have never had a test? (SINGLE RESPONSE)

1. Hysterectomy (GO TO QD21)
2. Haven't had sex yet (GO TO QD21)
3. Other _____ (specify) (CONTINUE)
4. Don't Know / Can't Say (CONTINUE)
5. Refused (CONTINUE)

QD15 Which of the following best describes the way you feel about getting a Pap test? (READ OUT) (SINGLE RESPONSE)

- I have NEVER considered having a Pap test
- I am NOT THINKING about having a Pap test
- I have DECIDED NOT to have a Pap test
- I am UNSURE about having a Pap test
- I am THINKING about having a Pap test
- (DON'T READ) None of the above

QD16 Do you think that any of the following things might encourage you to have a Pap test? (READ OUT) (MULTIPLE RESPONSE)

- A letter from your doctor
- A letter from the Pap Test registry
- Television advertising
- Experiencing symptoms
- Or something else _____ (SPECIFY)
- (DON'T READ) None of the above

QD17 In Victoria, nurses can undertake additional training so that they are able to do Pap tests. If there was a nurse available to take Pap tests somewhere that was convenient for you, would you consider having a test with a nurse?

- Yes (CONTINUE)
- Maybe (CONTINUE)
- No (GO TO QD19)
- Don't Know / Can't Say (GO TO QD19)

IF WOULD CONSIDER HAVING A TEST WITH A NURSE (CODES 1 OR 2 ON QD17)

QD18 What things would you take into account when deciding whether to see a nurse for a Pap test?

- Other _____(specify)
- Don't Know / Can't Say
- Refused

IF WOULD NOT CONSIDER HAVING A TEST WITH A NURSE (CODE 3 ON QD17)

QD19 Why would you prefer not to see a nurse for your Pap test?

- Other _____(specify)
- Don't Know / Can't Say
- Refused

PREQD20: ASK ALL WHO HAVE HAD A PAP TEST AND SHOULD STILL BE HAVING PAP TESTS (CODE 1 ON QD1 AND NOT CODES 1 OR 2 ON QD7):

QD20 Currently the recommended interval between Pap tests is 2 years. If the recommended interval was changed to 3 years, would you change your Pap tests to every three years?

Yes

No

Don't Know / Can't Say

Refused