

'It's our choice'

A health promotion initiative to assist women experiencing homelessness in overcoming barriers to cervical cancer screening

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Background

In Australia, the National Cervical Screening Program aims to reduce illness and deaths from cervical cancer by encouraging women aged 18-69 years to have a Pap test, every two years.¹

Women experiencing disadvantage, including socio-economic disadvantage and homelessness, generally have lower levels of knowledge regarding the benefits and availability of cervical cancer screening and face a range of access barriers². Risk factors for non-participation include women accessing welfare benefits, those with a reported history of childhood sexual abuse and those with anxiety symptoms³. Women from Aboriginal and/or Torres Strait Islander backgrounds also have lower cervical cancer screening participation rates and higher cervical cancer mortality compared with other women in Australia⁴.

Health promotion initiatives that include small media and one on one education delivered by peers or lay health advisors have some evidence of effectiveness, however it is not clear what the best format may be^{5,6}.



Our health promotion initiative took a multi-faceted approach. This included the development of a suite of resources, to be used in conjunction with education, provided by accommodation or homelessness service providers.

Aim

To seek feedback on the development of resources addressing barriers to cervical cancer screening participation, as experienced by women at risk of, or currently experiencing homelessness.

Methods

- Semi structured interviews November 2014 - February 2015**
Women attending an inner-west women's health service in Sydney NSW, which provides health, social and emotional wellbeing services to women who are economically disadvantaged, were invited to participate in a one-on-one semi structured interview. The interviews were audio recorded. Content was transcribed, coded and qualitative thematic analysis undertaken using NVivo10.
- Draft resources**
Based on key findings from the interviews and literature review, a card and poster were developed.
- Focus groups July-August 2015**
Women attending support groups at two services in the inner-west targeting women experiencing socio-economic disadvantage, as well as women previously interviewed, were invited to participate in focus group discussions to provide feedback on the draft resources. Focus group discussions were transcribed and key quotes were identified.
- Aboriginal representative group**
An Aboriginal representative group was formed to provide feedback on the cultural appropriateness of resources.
- Support worker tool**
A support worker tool was developed using a motivational interviewing framework. Feedback was sought from a homelessness service manager and Domestic Violence NSW.

Key findings

One-on-one interviews (n=13)

Knowledge about cervical cancer screening

- Familiar with the terms 'Pap smear' or 'Pap test'. Most had not heard the term 'cervical screening'.
- Unsure about when to start having a Pap test *"I always think from 18 'til whenever, or is it periods? I'm not sure actually."*

Experiences of cervical cancer screening: barriers

- Physical discomfort and embarrassment. *"They're very uncomfortable, embarrassing... Well I find it slightly uncomfortable, I mean physically uncomfortable."*
- Not having a regular general practitioner (GP) or a female GP. *"So it depends where you live, and so many of them don't bulk bill, and then you will get a different doctor. So if you want to deal with women's health, you want to see the same person, so that there is some continuity or understanding."*
- Challenges of receiving postal reminders for screening. *"A bit trickier if you don't have fixed accommodation."*
- Some negative experiences described due to clinicians being patronising and making assumptions, not explaining what they were doing, or rushing through the procedure.

Experiences of cervical cancer screening: enablers

- Patient-clinician relationship (and preference for female clinician). *"Yeah I mean probably seeing the same doctor, and having a doctor you are comfortable with makes a big difference. I've only seen female doctors, so that makes a big difference."*
- Clinicians being sensitive to different backgrounds and experiences. *"I just think they [the doctors] should be aware that women, we have different backgrounds and different experiences, so they should be a little bit more sensitive as well when they're conducting this procedure... I think they should just be aware because you don't, when you're a doctor, they don't know that person's history."*

Preferences for health information style and delivery

- Health professionals trusted sources of health information.
- Concern about the quality of information on the internet. *"I think you've got to be careful with the internet, I think there's lots of un-reputable sources out there. So I would certainly not be going towards that."*
- Normalising Pap tests. *"...yeah maybe just show that it's not that bad once you do it. And that it's actually just that, whatever couple of minutes it's going to take to do it, could save your life."*
- Representing a wide range of communities. *"Yeah, real women's stories. And from all different ages, backgrounds, everything, religious background, cultural background, social background, you know you could have a lawyer, then you could have, I don't know a waitress or something, like just to show that every woman no matter what her social class is, cultural whatever, has got to come forward and do that."*

Focus groups (n=16)

Agreement with themes in the resource card

- "Points out it doesn't have to be fun but it's important."*
- "If they are uncomfortable you can say stop."*
- "Look after your health."*
- "Some women are embarrassed but it could save a life getting it done."*

Acknowledgement of barriers

- "You're always doing something else, then you put it off for that long that you are scared of doing it, so I take someone else with me, like my mum."*
- "Some people are too embarrassed to go get one."*
- "You feel exposed, like you are wide open."*
- "No one wants a man to do it, it's good to have that here so you see other people feel the same."*
- "Some girls are self-conscious, they have had difficult lives, you know down there, they don't want people to see it."*

Appropriateness and appeal of the resource

- "Nice, simple, to the point."*
- "Casual comfortable chat, it's informal."*
- "Faces draw you in and make you want to read."*
- "Catches your eye."*
- "Love the colours."*
- "Words are believable, that they are the things they would face, or say."*
- "Covers all nationalities, range of people."*
- "Fits nicely in your wallet."*

Outcomes

- Resources were developed based on the idea of having a casual conversation with another woman about Pap tests.
- Barriers to having a Pap test were addressed using positive statements.
- Women from a variety of backgrounds including Aboriginal and/or Torres Strait Islander, older and culturally and linguistically diverse women were represented.
- Information about Pap test services was provided.
- A motivational interviewing framework was used for the tool to guide support workers in initiating discussions about Pap tests.

Conclusion

A thorough development process was undertaken by seeking feedback from women experiencing socio-economic disadvantage to ensure the production of appropriately targeted resources.

The next phase of the health promotion initiative will pilot test implementation of the resources in organisations providing services to women who are homeless or at risk of homelessness.

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