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Psycho-social influences upon older women's decision to attend cervical screening: A review of current evidence



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ABSTRACT

Cervical cancer is the fourth most common cancer in women worldwide (WHO, 2016). In many developed countries the incidence of cervical cancer has been significantly reduced by the introduction of organised screening programmes however, in the UK, a fall in screening coverage is becoming a cause for concern. Much research attention has been afforded to younger women but age stratified mortality and incidence data suggest that older women's screening attendance is also worthy of study. This paper provides a review of current evidence concerning the psycho-social influences that older women experience when deciding whether to attend cervical screening. Few studies have focussed on older women and there are significant methodological issues with those that have included them in their samples. Findings from these studies indicate several barriers which may deter older women from screening, such as embarrassment and logistical issues. Drivers to screening include reassurance and a sense of obligation. Physical, social and emotional changes that occur as women age may also have an impact on attendance. This review concludes that there is a clear need for better understanding of the perceptions of older women specifically with regard to cervical cancer and screening. Future research should inform the design of targeted interventions and provision of information to enable informed decision-making regarding cervical screening among older women.

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1. Introduction

Cervical cancer is the fourth most common cancer in women worldwide, with approximately 530,000 new cases each year, of which 445,000 occur in less developed regions, where it is the second most common cancer in women (WHO, 2016). Human papillomavirus (HPV) is estimated to be present in 99.7% of cervical cancer samples and is therefore widely considered a necessary cause of the disease. HPV is a common, often transient, sexually transmitted virus to which a majority of sexually active women will be exposed within their lifetime without adverse effects. However, high-risk variants of HPV, most notably HPV16, may persist and cause pre-malignant changes to the cells of the cervix which, if left untreated, can develop into cervical cancer. Cervical screening programmes aim to detect these changes in order to halt this process (Bosch and Iftner, 2005; Walboomers et al., 1999).

In the UK, women aged 25–49 are invited for 3-yearly screening and women aged 50–64 for 5-yearly screening. The programme has success-fully reduced cervical cancer rates. It is estimated that 78.3% of eligible women in England engage with the cervical screening programme (Sasieni and Castanon, 2014) whilst 70% of cervical cancer related mortalities are prevented by screening (Landy et al., 2016). The incidence of cervical cancer has halved over the last 3 decades, despite increased HPV infection rates (Sasieni and Castanon, 2014).

However, a significant number of cervical cancer diagnoses and mortalities still occur. Annually, around 3200 women are diagnosed and, in 2014, 890 deaths attributable to cervical cancer were reported in the UK (Cancer Research UK, 2016a). Additionally, a gradual fall in the coverage of the national screening programme is a cause for concern (Health and Social Care Information Centre, 2015).

1.1. The need to focus on older women (aged 50-64)

Over the last decade there has been significant lobbying by the British public and press to return the age of entry to the screening programme to 20, but relatively little attention paid to older women. This is at odds with evidence from age-stratified incidence and mortality data (Sherman et al., 2015). Between 2011 and 2013, 2.4% of cervical cancer diagnoses were among women under 25 years, whereas 20.0% of diagnoses were made in women aged 65 + (Cancer Research UK, 2016b). Between 2012 and 2014, there were 418 deaths due to cervical cancer among women over 65 versus 7 deaths among women under 25 (Cancer Research UK, 2016c). Older women are also more likely to present with advanced disease (Sasieni and Castanon, 2014).

The importance of cervical screening in older women is highlighted by evidence that the 20-year risk of cervical cancer is reduced six-fold for women who undergo regular screening between ages 50 and 64 (Castanon et al., 2014). However, some figures suggest that screening attendance rates are declining in this age group. As of March 2015, 78.4% of women aged 50–64 engaged with cervical screening programme compared with 80.1% in 2011 (Health and Social Care Information Centre, 2015).

Given this, there is a need for insight into how women approaching the programme exit-age (i.e. 50–64) view cervical cancer and make screening-decisions. Due to a lack of studies specifically focussing on older women, a systematic review in this area was not feasible. Instead, this paper collates available evidence in order to identify potential psycho-social influences on middle-aged and older women's likelihood of attending cervical screening and identifies areas for future research. Papers were selected on the basis of relevance to the issue of cervical screening among older women in the UK. Therefore, articles from countries with comparatively low screening attendance (e.g. China) or focussed on minority groups not prevalent in the UK (e.g. Korean American women) were excluded. Articles including other minority groups (e.g., African Americans, Bangladeshis in the UK) were included. Due to the relative lack of papers focussing exclusively on older women, evidence is drawn from studies in wider populations where specific analysis by age is included or where interpretations around age can be drawn. Findings from 7 qualitative studies (focus groups and interviews) and 15 quantitative studies are included (see Table 1) illustrating the emergent themes.

1.2. Psycho-social influences upon older women's cervical screening decisions

1.2.1. Knowledge of cervical cancer and cervical screening

Most of what is known regarding older women's knowledge of cervical cancer and screening comes from large-scale cross-sectional research with results stratified by age. Their knowledge of cervical cancer is generally low (e.g., Low et al., 2012; Waller et al., 2004). Waller et al. (2004) conducted a study with 1937 British adults aged 16+. Older participants were less likely to see not attending screening as a risk factor for cervical cancer with 20.8% of 25–34 year olds citing this risk factor versus only 8.7% of 55-64 year olds. Marlow et al. (2015) investigated barriers to screening among women aged 28-63 from white British and ethnic minority backgrounds in London. Qualitative interviews indicated widespread knowledge-deficits but older ethnic minority women's responses in particular highlighted lack of knowledge within their communities. Montgomery et al. (2010) conducted a survey among women aged 40-70 in the US and found participants to have low knowledge of cervical cancer, with a particular knowledge-deficit regarding the relationship between HPV and cervical cancer

The purpose of cervical screening may be misunderstood among older women as a method of detecting rather than preventing cancer (Pitts and Clarke, 2002; Van Til et al., 2003; Waller et al., 2015; Walsh, 2006; White, 1995). Waller et al. (2015) reported that of over 500 UK women aged 50-64, 72% thought that screening was to detect rather than prevent cancer. Similarly, Walsh (2006) found that 78% of a sample of Irish women aged 60 and under thought screening detected cancer. However, within the same study, 70% of women believed that smear tests detect changes to the cells in the cervix, suggesting confusion or lack of complete understanding. Pitts and Clarke (2002) surveyed 400 female university employees aged 19-64. Almost all correctly identified that a cervical screening test is 'scraping to look for abnormal cells' and that an abnormal result might mean 'abnormal, precancerous cells' were present. However, 39% also thought that an abnormal result might mean cancer and 45% thought it could indicate an infection, again suggesting confusion around the purpose of screening.

Qualitative studies support the presence of a misperception around the purpose of screening (Van Til et al., 2003; White, 1995). A participant in Van Til et al.'s (2003) study commented:

"One thing that bothers me, 'a pap test every 2 years prevents cervical cancer'. I'm sorry I don't think there is anything that can prevent cancer. A pap smear will detect it, but [not prevent it]" (p. 1127) Download English Version:

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