



Screening for cervical cancer: What are the determinants among adults with disabilities living in institutions? Findings from a National Survey in France



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ABSTRACT

Objectives: To explore the rate and determinants of the likelihood of cervical cancer screening participation among disabled women living in institutions in France.

Methods: The data source was the French national *Health and Disability Survey—Institutions Section, 2009*. Disability severity was assessed by scoring mobility and cognitive limitations. Chi-square tests revealed the significant factors associated with the screening rates; these factors were used in a multivariate logistic regression of Pap-test use within the 3 years prior to the interview ($n = 1052$, women aged 20–65 years living in institutions for disabled adults).

Results: The cervical cancer screening rate was particularly low in this population. After adjusting for all other covariates, women with more severe degrees of mobility or cognitive limitations had a lower likelihood of receiving a Pap test. Our findings also showed that being socially isolated, illiterate or underweight significantly decreased screening participation.

Conclusion: Even in institutions, disability severity remains a barrier to cancer screening. Given the increasing prevalence of disabling conditions and cancers, and the lack of previous studies on this specific topic, our findings are highly important from a policy point of view. These findings should alert health authorities to increase their efforts to provide medical care for institutionalized people with disabilities.

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1. Introduction

To reduce the incidence of cancer-related deaths, health authorities have and should continue to focus on improving access to routine screening. Indeed, over 40% of all cancers can be prevented, and some of the most common cancers, including cervical cancer, are curable if detected early [1]. For these reasons, most governments in developed

countries recommend screening for cervical cancer every 3 years from ages 20–25 up to 60–65 years [2,3], and offer the Pap test as part of routine cancer screening programs.

Unfortunately, there is growing evidence of disparities in Pap test coverage, even in health systems with adequate resources [4]. According to previous research, women over the age of 65 years who are overweight or obese; have a poor socio-economic status; are unmarried, unemployed, or inactive; have been diagnosed with diabetes; or have a severe disability level are known to have a lower cervical cancer screening participation rate [5–7].

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This phenomenon of reduced cancer screening use in the disabled population has largely been investigated in women in community dwellings [8–11]. For example, in 2008 in France, 65% of the women who lived in community dwellings with at least one mobility limitation received a Pap test in the last 3 years, compared with 78% of the women who didn't declare any mobility limitation [11]. Screening rates are strongly influenced by not only the severity of a disability but also by the type of impairment [12]. Disadvantages and precarious situations related to poorer socio-economic status in this vulnerable group partly explain this result [13,14]. Such inequalities can also be attributed to the following disability-related barriers identified in previous studies [15–17]: accessibility, equipment and facilities, attitude of providers, and communication and comprehension of the screening procedure.

Many people with disabilities currently live in institutions. According to the European Network on Independent Living (ENIL), they were approximately 1.2 million people in the European Union in 2008 [18]. Institutions here refer to nursing homes, shelter centers for social reintegration, mental health facilities and institutions for people with cognitive, sensory, and mobility disabilities. In 2010, in France, about 140 000 people lived in institutions for adults with disabilities [19].

If the cancer screening use in the community dwellings has been studied, the literature involving people living in institutions for adults with disabilities is scarce on the matter. More generally, little is known about the utilization of medical services in this specific population. Institutions are often better equipped to handle people's medical needs, but they can fall short in other aspects of care, such as preventive care.

To shift the focus toward reducing cervical cancer deaths and to develop appropriate public health programs, we must clearly identify existing inequalities and the reasons for these inequalities. This study aimed to explore the rate and determinants of cervical cancer screening participation among women living in institutions for adults with disabilities in France.

2. Materials and methods

2.1. Data source

The source of the data was the *Health and Disability Survey—Institutions Section*, HSI (available at <http://www.drees.sante.gouv.fr/les-enquetes-handicap-sante,4267.html>), which was performed in 2009 by the French National Institute of Statistics and Economic Studies (INSEE) and the French Head Office of Research, Studies, Evaluation and Statistics of the Social Affairs Ministry (DREES). This section is the complement of the *household section* that was collected in 2008.

The HSI is a national cross-sectional survey that aims to measure the prevalence of various forms of disabling situations by applying the concepts of disability listed in the International Classification of Functioning, Disability and Health (ICF) [20]. These concepts were developed by the World Health Organization (WHO) to assess the

need for aid and to measure the social disadvantages of disabled people. In the HSI survey, individuals were asked about their impairments (physical, sensory, and/or cognitive), their functional limitations (mobility, sensory, and/or cognitive), and their social participation restrictions (access to the labor market, educational opportunities, and leisure, as well as aspects of their standards of living, familial or social network, general accessibility, and/or experience with discrimination). They were also asked about their diseases, their use of healthcare, and the different forms of aid they received or needed. Information regarding their socio-demographic characteristics was also collected.

Data were collected from a sample of people living in different types of institutions as defined above across French territories (mainland France and overseas territories). The sampling database used to derive the institution sample, which included approximately 12,000 institutions, was the National File of Health and Social Institutions (FINESS). The sampling of the institutions was stratified according to the location and type of institution (nursing homes, shelter centers for social reintegration, mental health facilities and institutions for people with cognitive, sensory, and mobility disabilities). The aim was to sample an institution proportionally to its capacity and to sample a fixed number of people at each institution. This method theoretically secured equal weights for the individuals inside each stratum. The response rate was approximately 97% for the institutions and approximately 91% for the individuals. In total, the HSI database contained 9104 completed questionnaires from people hosted in 1519 institutions. Each respondent was assigned a final weight that reflected the probability of being investigated and answering the questionnaire. The final weights established by the INSEE ensured that the data were representative of the French population living in institutions.

All the information was gathered directly by trained investigators using computer-assisted personal interviewing (CAPI). When the individuals were unable to respond to the questionnaire by themselves, a proxy was asked to provide help. Forty-five percent of the questionnaires were proxy-reported.

This national survey was planned as a research project. All precautions were taken by the INSEE to ensure anonymity of the data. This study was declared to be of public interest by the CNIS (Conseil National d'Information Statistique) and was approved by the CNIL (Commission Nationale de l'Informatique et des Libertés, French law no. 78–17). According to French law, written informed consent was not required for this type of study.

2.2. Study participants

From the 1519 institutions in the HSI database, we selected institutions for adults with cognitive, sensory, and mobility disabilities which corresponded to 456 institutions and 2962 individuals. Institutions for adults with disabilities receive adults with various degrees of dependence, i.e., ranging from people who cannot perform basic

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