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Barriers to cervical cancer screening: A qualitative study with women in Serbia

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Abstract

Serbia employs opportunistic approaches to cervical cancer screening, leading to inequitable health care access. To better understand the health care needs of women, we investigated their knowledge of and perceived barriers to cervical cancer screening. Data reported in the paper arise from nine focus group discussions with 62 women from diverse socio-economic backgrounds. They were recruited in two cities with contrasting social settings, Belgrade, the Serbian capital, and a regional town, Smederevo. Thematic analysis identified that the interplay of social and personal barriers influenced women's poor presentation for screening. Inadequate public health education, lack of patient-friendly health services, socio-cultural health beliefs, gender roles, and personal difficulties were the most salient barriers to screening. We suggest how within the context of opportunistic screening patient education may be employed. The introduction of compulsory cervical cancer screening, suggested by some participants, is also discussed.

Keywords: Serbia; Former Yugoslavia; Reproductive health; Transitional economies; Health policy; Cervical screening

Introduction

Extensive research on women's knowledge of and access to cervical cancer screening has been conducted almost exclusively in countries which employ organized cervical screening, such as the USA, UK, Australia, Canada, and Sweden (Eaker, Adami, & Sparén, 2001; Kelaher et al., 1999; Luke, 1996; van Til, MacQuarrie, & Herbert, 2003). This international research suggests that in addition to knowledge, beliefs, and the social position of women, the health care system and physicians influence women's poor cervical cancer screening practices. Women's comprehension of Pap smears is often inadequate, and they do not understand why healthy women need to have a Pap smear (Luke, 1996; Temple-Smith, Banwell, Gifford, & Presswell, 1995). Women are embarrassed about being examined internally, fear the procedure or believe that little can be done to prevent cancer (Gregg & Curry, 1994; Harlan, Bernstein, & Kessler, 1991; van Til et al., 2003). Lower socio-economic background, lack of health insurance and low literacy skills of women also comprise access to screening (Hewitt, Devesa, & Breen, 2004; Jenkins, Le, McPhee, Stewart, & Ha, 1996; Lindau et al., 2002; Rohlfs, Borrell, Pasarin, & Plasencia, 1999). Attending cervical cancer screening may have a negative connotation when it is combined with a pelvic examination and treatment for reproductive tract infections (Wood, Jewkes, & Abrahams, 1997). The gender of health professionals (Bahl, 1996; Jirojwong & Manderson, 2001; Kelaher et al., 1999; Watkins, Gabali, Winkleby,

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Gaona, & Lebaron, 2002) and limited time that they allocate to patient education influence poor screening rates (Hyman et al., 2002).

As suggested earlier, there has been little comparative research in countries where cervical cancer screening is not organized. A paucity of research characterizes, for example, Central and Eastern European countries. Studying barriers to cervical cancer screening from the perspective of women is of particular importance in Serbia and Montenegro. Central Serbia, the largest part of Serbia and Montenegro, where this study was conducted, has twice the age-standardized incidence rate of cervical cancer of Western European countries and the highest amongst all other former Yugoslav Republics (CRS, 2000; Ferlay, Bray, Pisani , & Parkin, 2004). Opportunistic cervical screening is provided free of charge in community health centres and hospitals, and since recently, in some private health practice (the cost is approximately US$ 12). Unlike other countries, including the UK, USA and Australia, Pap smear tests are performed only by gynaecologists. Women do not require a referral from a general practitioner to access a gynaecologist. Younger women have been a target for cervical cancer screening. For example, university students who wish to live in government subsidized accommodation or fulfil enrolment requirements are requested to provide a health certificate. A medical examination at student health services involves presentation to a gynaecologist. Pregnant women often receive cervical cancer screening on presenting for antenatal care, but given a low total fertility rate of 1.7, this gives little opportunity for general health promotion among women. Some government institutions, including banks, steel industry, and energy companies, have taken the initiative and, in collaboration with health services, have organized annual health check-ups for their employees. Their aim has been to ensure a healthy workforce, and cervical cancer screening has been included in health check-ups.

Study design

In our study in Central Serbia we explored women's cervical cancer screening behaviour, with a particular focus on:

- Women's knowledge about early detection of cervical cancer
- The impact of individual socio-demographic and social factors on women's screening behaviour
- Perceived barriers to cervical cancer screening.

This study applied a combination of qualitative (phase I) and quantitative (phase II) research methods. As there is no prior research in Yugoslavia, the first phase of the project was explorative and identified women's lay understandings and knowledge of cervical cancer and barriers to screening. It generated hypotheses for further research and informed the development of a survey questionnaire. Quantitative research methods were applied to triangulate and generalize the qualitative findings. The questionnaire was distributed to a stratified random sample of women ($N = 775$) aged 18–70 accessing community health centres.

This paper reports the findings arising from the qualitative study, and in particular the focus groups. The study was conducted in Belgrade and a regional town, Smederevo. Belgrade, the capital, is the largest city in Serbia and Montenegro, with a population of about 1.2 million. Smederevo is one of the principal towns in Central Serbia, with a population of about 62,000, in size similar to some other major cities in the republic (e.g. Krusevac, Leskovac, Valjevo). Situated about 60 km southeast from Belgrade, Smederevo has an established steel industry with the workforce migrating daily from semi-rural and rural areas. The selection of two cities with contrasting social settings enabled us to investigate the variability of perceptions and identify specific health care needs of women from different socio-demographic backgrounds.

We employed the network/snowball sampling technique to recruit women from a variety of socio-demographic backgrounds to the qualitative study (Welch, 1975). Data collection methods were focus group discussions and in-depth interviews, all of which we conducted in women's native language. Data were collected by two members of the research team, with expertise in qualitative research; the other two researchers were also native speakers. Between May 2003 and March 2004, nine focus groups (4 in Belgrade and 5 in Smederevo) were conducted, involving 62 women (see Table 1). The slightly higher number of focus groups in the regional town reflected our attempt to collect information from women living in a town with less choice in relation to health services (one secondary hospital only, not providing gynaecologic oncology services). Focus group discussants in Smederevo included the employees of the established steel company, Sartid 1913, now US Steel Serbia, who were subject to compulsory annual health check-ups and cervical cancer screening. In Belgrade, in one case, we used a natural group, a support group for women whose husbands have been alcoholics. This focus group discussion enabled us to explore the impact of difficult family circumstances on women's health promotion practices.

Women were invited to participate in a focus group discussion on women's health issues. Each focus group was comprised of women from the same age group or similar education. The majority of women were 35–55 years old, which reflects the incidence by age of cervical