

## CHAPTER 5

### Guidelines, recommendations and conclusions

#### 5.1 INTRODUCTION

This chapter concludes the study and focuses on the second objective, namely to formulate guidelines for cervical cancer screening programme implementation in private health care services. The guidelines should facilitate and promote cervical cancer screening implementation in private medical practices with the aim of increasing the participation of private medical practitioners and coverage of private patients in the screening programme. The limitations of the present study are also discussed and recommendations made for further research.

#### 5.2 GUIDELINES FOR CERVICAL CANCER SCREENING PROGRAMME IN PRIVATE HEALTH CARE SERVICES

Cervical cancer screening programmes have been successfully implemented and sustained in developed countries over the past four to five decades. The aim of cervical screening is to detect precancerous lesions and treat them before they progress to invasive cancer. In developing countries, geographic areas of underserved and under-screened women present with high incidence and mortality rates from cervical cancer. This could be due to the fact that women in these regions fail to access the screening facilities, there is a lack of screening programmes, or the ineffectiveness of the screening programmes (Sankaranarayanan et al 2001:955).

Private medical practitioners are normally the first line of contact for patients seeking health care in the private sector. They are therefore better placed to advocate primary health care in this sector. The researcher is therefore of the opinion that private medical practitioners need to be provided with guidelines for the implementation of a successful cervical cancer screening programme. These guidelines should clearly indicate the target population and the role of private health care providers in the programme.

### **5.2.1 Target population**

The screening programme should be aimed at sexually active patients from the age of 18 attending private health care sectors for their primary health care needs. This age group has been set to include sexually active younger populations as a mechanism to breach the gap between that age and 30 years as set by the government in its national guidelines for cervical cancer screening programme implementation (DOH 1999:3).

### **5.2.2 Roles of private medical practitioners**

Private medical practitioners should play a major role in the implementation and success of the screening programme by participating in health education and cervical cancer awareness campaigns. They should at all times be able to identify high-risk women. When women present with symptoms of cervical cancer and its precursor lesions, medical practitioners should be in a position to recommend a Pap smear.

## **5.3 PRIMARY PREVENTION OF CERVICAL CANCER**

Primary prevention consists of the measures that can inhibit the development of disease before it occurs, by applying them to a generally healthy population (Pervan, Cohen & Jaftha 1995:165). The development of cervical health promotion programmes could be the initial step in preventative strategies. These programmes should be aimed at dealing with cervical cancer awareness issues among the targeted population, including factors that cause cervical cancer as well as activities aimed at improving the cervical health status of women. Health education should, therefore, encourage individuals to make healthy choices about their life-styles and thus serve as an effective primary prevention tool. The following are some of the prevention strategies:

### 5.3.1 Educational strategies

#### □ Educate private health care providers on cancer-prevention messages

Pervan et al (1995:164) argues that some of the problems relating to cancer prevention are that doctors lack desirable attitudes towards cancer prevention as well as knowledge on cancer prevention and neglect the opportunity to teach on an individual basis. A cervical health education programme that is tailor made for private medical practitioners should be designed. Once the programme is in place short courses on cervical cancer and cervical screening should be planned and offered to private medical practitioners.

#### □ Educate women about cervical cancer and benefits of cervical screening

Once cervical health education programmes are in place, they need to be disseminated to the population through cervical health awareness campaigns. Door-to-door campaigns using trained volunteers from the targeted communities could be initiated. In the campaigns, the health educators should educate the community on cervical cancer and its causes, preventative strategies, signs and symptoms of cervical health problems and the importance of participating in cervical screening.

Promotional material, such as information pamphlets, flyers and posters should be developed and made available in the health care centers. They should be displayed in areas where women can easily access them and posters put up on the wall in the waiting rooms. Audio-visual materials are also an effective way of communicating with the women about cervical cancer and its screening tool. These materials could be watched by women as played on television sets in doctor's waiting rooms while waiting to go in the consulting room.

### 5.3.2 Pricing strategies

- use different methods to collect funds for use within the private health service sector
- encourage patients to attend preventative health activities by making them cheap or even free

- send the patients' Pap smears to cheaper laboratory service providers
- offer patients cheaper curative care

### 5.3.3 Provision strategies

- screening facilities should be accessible and user friendly
- make cervical cancer statistics available on the facilities
- offer appropriate screening services for the target population

## 5.4 SECONDARY PREVENTION OF CERVICAL CANCER

Secondary prevention strategies should emphasis on early diagnosis and prompt intervention to treat lesions before they progress to the most severe state (Pervan et al 1995:165).

### 5.4.1 Identification of high-risk women

As medical practitioners are already familiar with indicators that are essential in identifying women at risk of developing cervical cancer, such women should be identified during visits, irrespective of the reasons for consultation. In the women's best interests, medical practitioners should then advise them to undergo cervical screening. The following are some of the indicators of high-risk women (Mqoqi et al 2003:18):

- multi-parity
- early engagement into sexual relationships
- history of STDs
- history of smoking
- history of contraceptive utilisation
- multiple sexual partners
- partner with multiple sexual partners
- a previous abnormal smear

#### 5.4.2 Identification of symptoms of cervical cancer and its precursor lesions

Symptoms of cervical cancer and its precursor lesions should be made known to women through cervical health education and campaigns. The following are some of the symptoms of women at risk (Haagedoorn et al 1994:239):

- abnormal bleeding (between regular menses)
- contact bleeding (during sexual intercourse, douching, or pelvic examination)
- prolonged menstrual bleeding
- heavy menstrual bleeding
- increased vaginal discharge
- postmenopausal bleeding

#### 5.4.3 Early detection using a Pap smear and frequency of screening

Pap smears will enable women to better understand their cervical health status. As part of their responsibilities, medical practitioners are obliged to inform women about the following:

- what a Pap smear is
- why women should undergo a Pap smear test
- where women can go for the procedure
- what the implications are of the possible Pap smear results
- the cost of the Pap test

The frequency of screening should also be outlined in the cervical cancer screening programme. With the prevalence of STDs among women on reproductive age, the frequency of screening in the private health care sector should be as follows:

- a Pap smear once a year up to an interval of one smear in five years
- a Pap smear to be performed upon a patient's request
- a Pap smear to be performed as recommended by the medical practitioner

- a Pap smear to be performed annually in patients with a history of STDs

## 5.5 TERTIARY PREVENTION OF CERVICAL CANCER

“Tertiary prevention comes into play when a disease is confined to a local area, stabilised or irreversible (Pervan et al 1995:165). The disease can then be removed by excision or destroyed by radiation. After treatment the patient has to be rehabilitated in order to deal with constraints from the resultant disability.

### 5.5.1 Pap smear results and treatment of diagnosed lesions

Depending on the type of lesion and the extent of damage caused by the lesion, various treatments may be offered to the patients, taking the patients’ needs into consideration (Haagedoorn et al 1994:223). Table 5.1 illustrates the treatment options available.

**Table 5.1 Pap smear results and treatment options**

PAP SMEAR RESULT	TREATMENT OPTION
ASCUS	Depending on whether a lesion is low or high grade and whether the woman still want to have children in future, the woman's health, her preference and the doctor's preference, the doctor may use cryosurgery, cauterisation, or laser surgery to destroy abnormal cells. The doctor may also remove abnormal tissue by loop electrosurgical excision procedure (LEEP) or conisation. Hysterectomy may be chosen if abnormal cells are found inside the opening of the cervix.
Low-grade SIL	
High-grade SIL	
AGUS	
Cervical cancer	The choice of treatment depends on the location and size of the tumor, the stage of the disease, the woman's age and general health. The following treatment options are often involved: <ul style="list-style-type: none"> <li>• surgery</li> <li>• radiation therapy</li> <li>• chemotherapy</li> <li>• biological therapy</li> </ul>

(National Cancer Institute 1994:10-14)

### 5.5.2 Follow-up and referral system

Once screened the women must be informed of the date on which to return and obtain the results. Reminder letters should be sent to women with positive results to come for the follow-up Pap smear closer to the appointment date. Patients who do not come at the health care facility for their appointments should be traced. Patients presenting with lesions beyond the scope of private medical practitioners should be referred to gynecological specialists for treatment.

## 5.6 CONCLUSIONS

The study was undertaken among private medical practitioners in Soshanguve, north of Pretoria and was explorative, descriptive and contextual. Six private medical practitioners were purposively selected as the sample for the study. A theoretical framework was not used during data collection. In-depth, semi-structured interviews with the individual respondents were the data-collection tools. To further enrich and support the data, the researcher took detailed field notes on her observation of the chosen settings. Demographic information about the respondents was obtained by means of a structured questionnaire.

The respondents were asked a broad question relating to the research topic: "What are the factors influencing cervical cancer screening programme implementation within private health care sectors in Soshanguve?" In all six interviews, the first question was the same. Follow-up questions depended on the respondents' response to the research question. The interviews were tape-recorded and detailed session notes taken as back-up. The tape recordings were subsequently transcribed immediately after the interviews. The analysed data was sent to the researcher's supervisors for comments. For structure, the findings were then reflected within the health services evaluation model. Demographic data included the respondents' gender and age, the institutions they trained at, the year in which they qualified, the period spent in gynaecological wards/clinics during internship/training, as well as their length of practice in the public and the private sector.

The data analysis and categorisation identified two themes, namely (1) barriers to and (2) factors facilitating cervical cancer screening programme implementation among private medical

practitioners in Soshanguve. The following barriers emerged: (1) lack of awareness among medical practitioners and patients, (2) characteristic of medical practitioners and patients, (3) lack of interest on the part of medical practitioners, (4) patients' refusal to have a Pap smear, (5) poor communication between medical practitioners and patients and (6) cost of doing a Pap smear (affordability). The following facilitating factors were identified: (1) accessibility of the test and (2) the role of private medical practitioners.

The factors identified assisted the formulation of guidelines for a cervical cancer screening programme that could be implemented by private health care providers. The programme should target all sexually active women from the age of 18 who attend private medical practitioners for their health care needs. In the programme, private medical practitioners should fulfil the role of health educators and organisers of cervical health awareness campaigns with the assistance of volunteers. A number of promotional materials which could be utilised during the campaigns were identified. The guidelines outlined indicators of high-risk women, symptoms of cervical cancer and its precursor lesions, frequency of screening using a Pap smear, Pap smear results and treatment of diagnosed lesions, as well as follow-up and referral systems.

To ensure the trustworthiness of data, Lincoln and Guba's (1985) model of trustworthiness (cited in Polit & Beck 2004:432) was used. The study found that awareness programmes about cervical cancer should be designed, Pap smears should be referred to cheaper laboratories, private medical practitioners should employ female nursing assistants to perform Pap smears, Pap smear clinics should be established, audio-visual material promoting cervical screening should be designed and displayed in doctors' waiting rooms, and a course on cervical cancer and cervical screening should be designed for private medical practitioners.

## **5.7 LIMITATIONS**

The study was limited by the sample size, which was too small to allow generalisation to other population groups. However, the sample provided in-depth information about factors influencing cervical cancer screening programme implementation among private medical practitioners in Soshanguve. Time was also a limitation as the researcher is a part-time student with a full-time job. Time was also a limiting factor for the respondents who all have busy practices.



## 5.8 RECOMMENDATIONS

To facilitate a cervical cancer screening programme implementation among private healthcare providers the following recommendations are made:

- A course on cervical cancer awareness and cervical screening should be designed for private medical practitioners.
- Awareness programmes about cervical screening should be established.
- Communication materials containing information on cervical cancer and predisposing factors should be designed and made available in private practices.
- Cheaper laboratory service providers should be used by private medical practitioners, especially for cash paying patients.
- A private Pap smear clinic should be established either in medical practices or as an independent entity where women can go for their Pap test.
- Private medical practitioners should employ female nursing assistants to perform Pap smears.
- The design and development of audiovisual material promoting cervical screening.

## 5.9 RECOMMENDATIONS FOR FURTHER RESEARCH

The researcher recommends that further studies be conducted to

- establish whether training received by medical students better equips them to execute primary health care when in private practice
- determine why private medical practitioners use laboratory services that are not affordable to patients even if a more cost-effective service provider is available
- establish the feasibility of a private Pap clinic

## 5.10 CONCLUSION

The researcher found that the private medical practitioners in Soshanguve who participated in the study had neither knowledge of nor an interest in cervical cancer screening and consequently neglected their responsibility to inform women about cervical cancer screening and its benefits. In the researcher's view, therefore, most private medical practitioners in Soshanguve need extra training on cervical cancer awareness and cervical screening. To make the test accessible and affordable to disadvantaged communities, private medical practitioners should send patients' Pap smears to a cheaper laboratory service supplier. Medical practitioners should also use effective communication strategies to inform women about cervical cancer and the Pap smear. Seeing that the male practitioners found it challenging to encourage women to take a Pap smear, it is recommended that a private Pap clinic where specimen collection would be performed by female nursing assistants be established to ensure accessibility of the Pap test.

Although the findings of the study may be applied to all private medical practitioners in Soshanguve, a quantitative study could be conducted with a larger sample in order to generalise the findings to a larger population.