

## INTERVIEW 1

### INTERVIEWER

What are the factors that influence cervical cancer screening programme implementation among private medical practitioners?

### RESPONDENT

Basically I don't think there is any problem, except the fact that I think **women are not informed** about this cervical cancer and the screening method. But the implementation of the private practice I think it is not a big problem except maybe **the cost issues** on the **cash paying patients**. But I think the most important thing is that people are not very informed about the cervical cancer, about the test Pap smear. I mean, you find that some of them when you ask them have you ever done a Pap smear they say what is it? That's the most important problem in our community here.

### INTERVIEWER

So you said affordability is not an issue, the cost is not an issue.

### RESPONDENT

The cost is also an issue for those who are cash paying patients. It is an issue.

### INTERVIEWER

And then how do you try to, because you just mentioned that they don't know, probably they are not informed. How far do you go as a medical practitioner to make the work easier for them?

### RESPONDENT

We, in that time, I put **some leaflets**. Every patient who comes here will come and will get one leaflet to read about it. Just an **awareness campaign** that people must be **aware of this problem** because, most of the people you find that once you require a cervical screening, you find that they are **already having a problem**.

### INTERVIEWER

What kind of a problem? With you doing the smear or?

## RESPONDENT

No! No! No! Not with us doing the smear, the **patient presenting with symptoms** of cervical cancer. Then when you do the Pap smear you already find that **the cancer is already advanced**. That's one thing about the awareness programme of the patients. I think that's the only problem we have around here except the cost for those who are paying cash

## INTERVIEW 2

### INTERVIEWER

What are the factors that influence cervical cancer screening programme implementation among private medical practitioners?

### RESPONDENT

Basically what we have seen from our community are that there are some of them who actually **due to finances** you find that actually they don't do the Pap smear as often as they should. Most of them when you try to find out from them when last actually a Pap smear was taken from them. They tend to say **during my last pregnancy**. That pregnancy might be some five years back, maybe that child might be at school by now meaning that more than six years, she took the smear. The thing that seems some how to discourage them from taking another one is like **they are not that much informed** about the issue, that the changes that may take place that at the end of the day may lead to cancer. We **normally talk to them from time to time** and what mainly happens is that they normally say hey! **No, I am not going to take it now, next trip**. But when you look at that you find that most of them is like when you tell them that there is **a little bit of a fee for the laboratory** may be around sixty rand or something of that nature, they feel somehow that it is an extra cost on the other side. So most of them however tend to that as part of their screening during pregnancy, which seem **to be a free thing at the clinic** during that particular time.

### INTERVIEWER

So you as a medical practitioner, what is it from your site that could become a barrier or a factor that could facilitate screening. From your side I mean if you have a patient you see it's a candidate, it's a high risk patient. What is it that could become a barrier?

### RESPONDENT

Actually from the medical doctor's point of view there are no barriers per se. The, it could just be a person maybe trying to attend to some of the problems of a patient and **not actually prioritizing** some of them. Like basically when it comes to the people who are **middle ages** above the age of say forty five or so or maybe above the age of forty we normally prefer that at least a Pap smear be repeated more often than maybe an **eighteen year old**. So from the doctor's point of view sometimes it may just be a little bit of maybe **an inconvenience**, maybe or **laziness as we are lazy to take it**. I don't see any really strong reasons why doctors don't do it.

## INTERVIEWER

I don't know if there is any other information that you would like to share with me from your practice about screening and if there is no information that could be the end of our interview.

## RESPONDENT

When it comes to the screening because of probably the poor screening of our patients, it is a bit difficult to just say exactly the ratio or the rate of the changes like the CA of the cervix because **we are not screening them as much as we are supposed to be**. We have got patients here you find that maybe this old lady they've been here. We normally **screen them based on some sort of evidence** that like somebody here is a person coming with eh, **PV bleeding post menopausal** we tend to become worried a bit. Then when we think that **this person is threatened** whereas in actual fact it would be nice, at least to screen them even when they are not complaining of the symptoms. Based on their **age group** that this person **haven't done a Pap smear for the past eight years**. She is not complaining of anything related to that or any PV, some post coital bleeding or some irregular menstruations or anything or any pain. So I feel that our screening is really not up to scratch. We are under-screening them. We seem to screen them when we see that somehow this person is in danger like **a person with serious symptoms**.

### INTERVIEW 3

#### INTERVIEWER

What are the factors that influence cervical cancer screening programme implementation among private medical practitioners?

#### RESPONDENT

You know there are many factors, in the first place its **information to our patients**. Some, in fact most of the patients they don't know about cervical cancer and what are the predisposing factors towards cervical cancer. So I mean I can say they are ignorant because they go to a health facility, **they are not being told what is expected of them**. Some you know and when you ask them at least but overall you find that at least its one in ten who **knows what a Pap smear?** Has she ever done it? 100% I can say they don't know anything about that. So you find that **the most problem is knowledge** if they had known they would have done it, but unfortunately **they are misinformed**.

#### INTERVIEWER

What else?

#### RESPONDENT

Another thing with Pap smears **they must be affordable** for our community to afford them. Other wise if the price is too high they can't afford them. For instance if she has to come as a cash patient paying me R140 for consultation excluding a Pap smear and a Pap smear in a private lab is about R65. At the end of the day she would have parted with more than R200 of which most of the people in the community cannot afford that. And another thing is **accessibility of the test**. Most of our colleagues I don't think they ever mention a question of a Pap smear, because **most of them are males**. They don't think about other illnesses except what the patient came with at that present moment. So I think all in all it has to be **the health provider who talks to the patient** about the test and tell them its available they can take it if they can afford it. Or if they cannot afford it they would rather **go to a nearest hospital**. And another thing is for **different age groups** they have to done Pap smears at different times so that's the other thing that most of the **doctors don't give away the information to the patient**. The other thing is we are dealing with people who are unemployed, so most of our **patients cannot afford** that. So we have to correct thing from far not next to where the doctor is working. That's it.

## INTERVIEWER

From what you have said you mentioned that information could be a factor as you thought people are not informed about a Pap smear. Can you elaborate more on that?

## RESPONDENT

Like I said at the other time that, we **don't dish out information for the patient**. I think the most appropriate way will be to **have flyers that are having the information** in it for the patient to see that a doctor can offer the Pap smear **at which cost**, and then what are **the implications of doing a Pap smear**, and I think they can take it from there. I don't think they are completely ignorant that they can't at least adhere to what is been suggested for them.

## INTERVIEWER

And then again you talked about predisposing factors. Can you maybe take me through the predisposing factors which you would guard against as a medical practitioner when a patient is visiting.

## RESPONDENT

For instance if **a patient comes with pelvic inflammatory** disease those are one of the predisposing factors which might tell you even further that **that patient is not having one partner in a relationship**. It's possible she might be having more than one partner, or the partner is having other partners. So, that is what will predispose her to problems in future.

## INTERVIEWER

Are you saying to me that when somebody has pelvic inflammatory diseases, then is then that you assume that that patient is a high risk patient?

## RESPONDENT

Another thing is depending **even the age** can tell you. I mean let's say a person is 30 years old, is having **6 children**. Obviously she started **coitus at an early age**, that's why she is having those kids at this point in time. And another thing is unfortunately you cannot ask them, the fathers of those kids, because **if it's different fathers** it's another risk factor. Such a person is liable to have all in fact a conglomeration of illnesses of which HIV/AIDS is one of them which will actually predispose her to cervical cancer.

## INTERVIEWER

You also mentioned about affordability of Pap smears especially to cash paying patients. How does this impact you as a service provider?

## RESPONDENT

The thing is most of the time our patients you find that at least maybe perhaps she's gone to the next door neighbor to ask for money to go and see a doctor, and all that she can afford is being seen and being given medication. Then if you have to offer her a Pap smear at a private rate she cannot afford it because **she's dependent on maybe the maintenance money that she gets from the government.**

## INTERVIEWER

How would you make a pap smear accessible then seeing that you have already mentioned the costs about the cost of a pap smear to cash paying patients, and now you are saying the test must be accessible?

## RESPONDENT

We have technologists who can be able to practice privately and obviously those people they are not going to charge more money like pathologists do. Alternatively we can offer a service if perhaps we have a contract with the pathologists. We say to them we are offering you to bring all the Pap smears to your lab. Can you at least workout a cheaper price for them. They will be knowing that they are going to gain. They are going to process many Pap smears and then at the cheaper cost which will cover the very amount that they were going to get from few patients that are eligible to pay for private fees.

## INTERVIEWER

You mentioned the fact that most of medical practitioners are male, how does this affect service provision, in terms of cervical screening? Because as you put it shows that gender could be having an impact on screening.

## RESPONDENT

I mean, lets say a patient comes, it's a female she comes complaining of upper respiratory tract infection. I mean if I am **a male I wouldn't see her as a potential client for a Pap smear.** Unlike if, like I said before you can organize for you to like make Pap smears like as a routine for different patients whom you feel they are high risk. So as a male when you see a patient coming with a upper respiratory tract infection, **you treat the respiratory tract infection and you get it over and done with.** You don't see beyond the respiratory tract

infection. Whereas as a female when I see a female I see something else, you understand, and I am also a female and I am also a mother. **When I see my patients I see them holistically as females.**

#### **INTERVIEWER**

Another issue is you mentioned that health providers are not parting with information about the test to the patients. Can you elaborate more on this?

#### **RESPONDENT**

The thing is most of the time you see a patient and even that patient lets say she tells you **I am in a hurry** you see what ever she came with and you give her treatment she's off. Because some of them when you start talking about other things they start saying **how can she start talking about things that are not related to my illness** for today. I mean I've seen patients who would say, no **that other doctor makes you undress** when you say you have flu. She makes you he makes you undress the whole body. So I mean they are feeling uncomfortable with the whole situation. **So you end up not saying anything** you treat whatever illness that she came with you get it over and done with.

#### **INTERVIEWER**

Are you saying that patients feel uncomfortable when you ask them to undress, and if that is the case does it also happen to you as a female practitioner?

#### **RESPONDENT**

It does I mean let me say I came with tonsillitis you are asking me to undress somewhere else, how am I going to feel? I am going to feel bad about the whole thing and I am going to talk about you.

#### **INTERVIEWER**

No, what I mean is you as a practitioner has it or does it happen to you that patients feel uncomfortable if they came for upper respiratory tract infections and you ask them for screening.

#### **RESPONDENT**

They do

## **INTERVIEWER**

Another thing that you talked about is the unemployed patients. How serious is the issue of unemployed patients in your region?

## **RESPONDENT**

It's very serious. I'm dealing with people who are staying in shacks, who can't afford anything, who are dependent on the social grants for them to move on, you understand. And it's like the elderly I mean she gets a social grant. She has many grant children to support who their mothers died of HIV/AIDS. So it's a serious problem and in my area I mean honestly medical aid basis it's minimal. Most of the patients come with cash.

## **INTERVIEWER**

You talked about you using flyers to give patients information. Can you tell me more about this type of communication with the patients?

## **RESPONDENT**

I mean it's, I think it reasonable you can ask you know like any form of a questions as: have you ever done a Pap smear lately? You know, there are facilities where you can go, or you can say see your health provider sooner for a Pap smear. Then they can come and is they can afford it you must at least tell them how much does it costs.

## **INTERVIEWER**

And then, when you design your flyers would you like to go and tell them on that flyer what a Pap smear is?

## **RESPONDENT**

Yes I would like to. I mean you can't do flyers without telling. I was just talking about flyers let me say in the surgery when as they come in to come and consult, they can have you know like **flyers with information** like the you know you get pamphlets with HIV/AIDS, whatever, something of that nature

## INTERVIEW 4

### INTERVIEWER

What are the factors that influence cervical cancer screening programme implementation among private medical practitioners?

### RESPONDENT

We normally **see a lot of STIs** (sexually transmitted infections) in the **teenage age groups**. Now that is one factor that predisposes to we call it CIN (cervical intraepithelial neoplastic) at the area of the cervix. Now **early engagement of sex** may be contributory to development of CIN, which are one of the stages of development of cervical cancer. Now, if we see lot of sexually transmitted infections we obviously know that the patient concern is probably using **unprotected sex**. That's one. And the other factor that can lead to CIN is actually spermatogenesis. There are arguments about some chemicals in the sperms of a male that if a lady, teenage girl gets involved in unprotected sex, there are some chemicals that can convert the epithelium of the cervix into CIN. Now if a teenager comes in with sexually transmitted infection lets assume that she is still young, and secondly she was involved with unprotected sex. So there was a contact with some sperms. Now there is another factor that we get **a lot of pregnancies**, you know there is a well documented proof that number of pregnancies also contribute to CIN, which is the early stage of cervical cancer. That is **the more you get pregnant or the more kids you've got** the more likely that you can develop cancer later on in the age group of between **30 and 45** which is the common age where you get development of cervical cancer. Now there is also because of STD it actually makes you think that there is also **promiscuity**, issue of promiscuity. You know **teenagers doesn't stick to one partner**. Not sticking to one partner also predisposes you to development of CIN later on in your adulthood, that is between 30 and 45. So **all those things are making us to be on alert**, because we think that we must not miss you know any CIN. So **we do that by screening with a Pap smear**. And then I don't know if you want me to go into what is Pap smear? Its just a laboratory the procedure whereby you scrape off the epithelial cells between the endo- and the ecto-cervix, that is the transformation zone and smear it on a slide, fix it and send it to **histology** where they are going to study the type of cells, whether it is still a normal epithelial lining or is it in the process of changing into being a neoplastic cell.

### INTERVIEWER

You gave me the high risk groups that are sort of vulnerable or are predisposed to cervical cancer. So when you see those high risk groups, what is it that could come up as a barrier or a promoter for you to perform Pap

smear? What is it that can make it possible for you to perform a Pap smear or impossible for you to perform a Pap smear on those high risk groups?

#### RESPONDENT

You see it is very difficult because you see in most cases **people come with presentations**. You see the **CIN stage is asymptomatic**, you know. So you actually whenever you see because of our area, you know **its disadvantaged background** and so on. You think it is better **to encourage any lady between the ages of 30 and 45 to do Pap smear**, just to be on a safe side **once every three years** or so.

#### INTERVIEWER

The disadvantaged background, the people from the disadvantaged background, how do they affect the screening programme?

#### RESPONDENT

At times **they don't have money**; financial contributions because they've got to come in you know, pay consultation, pay the **laboratory**, and so on and so on. At time we've got to reduce consultation fees just to pay the laboratory.

#### INTERVIEWER

The fact of you encouraging ladies which means do you use to encourage ladies to participate in the screening or to be taken a Pap smear?

#### RESPONDENT

I **interview them** and let them **know about the advantages of having to know the status** of their cervix. And then, I mean **the earlier we catch it the better for them**.

#### INTERVIEWER

You talked about referring the specimens to the laboratory. How does the laboratory services, also impact the screening? How do they affect your screening programme either to make it efficient or not efficient?

#### RESPONDENT

No, **laboratories are quite efficient**, we've got quite efficient laboratories.

**INTERVIEWER**

I am sorry I am going to ask you more on this. What do you mean by efficient?

**RESPONDENT**

The **accuracy is quite good**. And the time of you know, everything is running smooth. After taking a Pap smear you just call them they come and take it. The chances of them making error is quite low. And then **you get results timeously**. And then you can phone the patient back if there is a problem, and say **refer her to the high or tertiary institutions**.

**INTERVIEWER**

Personally do you find a Pap smear to be a useful tool in terms of the detection of cervical cancer through your experience in the practice?

**RESPONDENT**

Yah it is, **it is a useful tool if taken correctly** you know in picking up the CIN at the early stage.

## INTERVIEW 5

### INTERVIEWER

What are the factors that influence cervical cancer screening programme implementation among private medical practitioners?

### RESPONDENT

I think from my own personal experience, I would say firstly **awareness**. The awareness campaign I don't think it actually reached the level where, you know a lot of our people know why they are supposed to go for a Pap smear if one has to put it that way. And the other thing is that as a doctor personally sometimes I find it **not really necessary to do it** probably because you know I find myself **not going to benefit financially** (laughed) I am trying to be fair.

A lot of our people for example a lot of my patients who come for pap smear they will be coming for it mainly for the purpose of **getting to know what is actually causing their vaginal discharge** in most cases. You find a person coming to you and saying can you do a Pap smear? I have been having a troublesome discharge for some time and then, as a doctor when you try to **explain the purpose of a pap smear investigation** and from there one will do it.

But to go back to the issue of awareness, I don't think much has been done especially you know in our settings. And as a doctor too I think eeh! I mean I have been practicing for ten years now and I **sometimes forget that there is a pap smear too** unless if that person asks for it. So I think there is also **lack of awareness from service providers or health providers** to like voluntarily suggest to the patient to go for that, I think. I would say from my own personal experience, I **last saw a patient with cervical cancer ten years ago**, when I was still working at the hospital. So **in private practice I guess it is not something that one can see on a regular basis unless maybe you are looking for it**.

### INTERVIEWER

What are you doing about that, especially to the older patients and those you feel are not informed?

### RESPONDENT

Currently I am not doing nothing, I am not doing anything. Maybe another thing is **because of probably lack of awareness** on my side and also **lack of interest** in doing that.

## INTERVIEWER

Previously you mentioned that there is a lack of awareness among the patients. Can you elaborate more on that?

## RESPONDENT

Yaa! **there's lack of awareness** in the sense that if there was I mean one would be getting a **lot of requests from patients**, asking for Pap smear examination. But in the absence of that it's obvious that there is definitely lack of awareness on that. I don't know whether one can try and come up with maybe **ways of making people aware** of the importance of doing a Pap smear, in a practice setting like mine. I think one of the ways will **be to try and talk, have a direct talk to patients to sort of encourage them** to as for Pap smear examination. And maybe the other way would be to **putting flyers at the reception like in the form of pamphlets** to maybe for patients who are coming in and out to grab one of those to maybe read about Pap smear examination. Maybe the other way which might involve maybe other people like the **community radio station** maybe you know one can encourage them to have maybe a health talk which can include among others you know Pap smear examinations. Maybe the other way would be **to talk to the church people, congregations** especially during prayer meetings, the mothers. You know you can also have a talk to them about Pap smear. I don't know **whether schools would be relevant**, that will be yaa maybe you can start from school so that when they grow up they shouldn't run away from examination. I think that's about all about awareness the pitfalls of it and how that can be remedied.

## INTERVIEWER

Another thing that crossed my mind is when you mentioned that as a medical practitioner you may not benefit financially. Can you give me more information on that?

## RESPONDENT

Yaah! in the sense that if you do a Pap smear, **I think it was an understatement**. I had a long thought of it, I mean if you do a Pap smear you **can charge consultation fee and benefit**, by getting a consultation fee from the patient.

## INTERVIEWER

So you are rephrasing from this actually.

## RESPONDENT

Yah, I think it was an understatement to say one wouldn't benefit but otherwise **I think one can benefit.**

## INTERVIEWER

Another thing that caught my mind is when you talked about lack of awareness from the providers themselves.

## RESPONDENT

I think in the sense that you know **the consequences of Pap smear**, maybe of not doing rather Pap smear and are rather not obvious in our practice settings. Like, **you wouldn't get somebody with probably, cancer of cervix in a surgery setting.** So in that you tend to put it in the back of you mind. You see so I think that's the reason why I think a lot of providers **we don't voluntarily you know do Pap smear before the request of the patient.** So It's something that **you tend to forget that its there in medicine.**

## INTERVIEWER

The other thing when you mentioned health promotion, were you talking about health promotion being done by the medical practitioner or you meant maybe the government and other stake holders doing it on behalf of the medical practitioners?

## RESPONDENT

I think with the awareness part of it you know I think from the doctor's point of view I think **it can be a little bit rather difficult.** People who can be relevant I think in health promotion will be I think **the government probably with the help of the private sector** maybe people who are doing Pap smear examinations like you know **microbiologists.** I think they can be relevant in putting up a campaign of that magnitude.

## INTERVIEWER

Seeing that the patients are not requesting it and with this predominance of STI's, what is it that makes it a barrier for you to can request it from the patient who presents with STI.

## RESPONDENT

Maybe the problem is **for me to diagnose an STI, I don't need a Pap smear.** Unless if maybe it is something that is resistant to treatment then maybe one will do a Pap smear to **check the sensitivity of the drug** that one is using and the resistance thereof. But the majority of people that I see **who have got STIs, I normally don't do any investigation,** I just treat and the response is good.

## INTERVIEW 6

### INTERVIEWER

What are the factors that influence cervical cancer screening programme implementation among private medical practitioners?

### RESPONDENT

The most important in the **issue is age**, because **usually older women do not like Pap smears to be done**. They do not like doctors to examine their private parts, especially those over 50 years; **do not like being examined by male doctors**, sometimes even female doctors. Sometimes **even the young women do not want to be examined** if they **do not have any complaint on vaginal problems or discharge**; it is very difficult to do a Pap smear because they start thinking other things. If you suggest to them about Pap smear they think you want to play with their private parts.

Women above 50 years **even if they have a problem on their private parts**, vaginal discharge or anything they do not want to be examined. One patient about 60 years came to see me. She had been discharged from the hospital and she complained of a smelling vaginal discharge. I examined her and found a lesion. I referred her back to the hospital and she was very angry about that. I explained to her what I saw and about the cancer and the procedure.

### INTERVIEWER

When you get the difficult patient in their own way how do they respond? Do they just say no or do they give some indications that they are not interested in the screening programme?

### RESPONDENT

Basically they **do not want to be examined by male doctors** especially **young ones**. As a man if the woman is complaining of a cough and you tell them about cervical cancer screening they think you want to take their money, but some of them are very open. They will tell you that **I came for a cough; I don't want my private parts to be examined**.

### INTERVIEWER

How would you make reluctant women to participate in screening?

## RESPONDENT

The most important thing is **communication** because the first thing the patient needs to be free and believe in you. Another thing it depends on **how you behave outside your practice**. If as a doctor you go around sleeping with women, where you work it gives people a bad impression and even the patients won't be comfortable around you or coming to you. They also need to believe that whatever you communicate to them will help them.