



Original article

Understanding the cervical screening behaviour of Chinese women: The role of health care system and health professions



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ABSTRACT

Background: In China, cervical cancer cases are increasing, making an impact on the worldwide burden of cervical cancer. Despite the initiatives undertaken by the Chinese government, the current coverage of cervical screening in China remains suboptimal. There is an urgent need to identify the facilitators and barriers associated with the uptake of cervical cancer screening among the Chinese population.

Purpose: The study aimed to explore the experiences and perceptions of cervical cancer screening of mainland Chinese women in relation to their screening behaviour, particularly in the aspects of health care system and health profession roles.

Methods: A qualitative research was conducted using semi-structured interviews. A total of 27 Chinese women aged 25 to 50 (both screened and non-screened women) completed the interviews. The analysis of the interview data was undertaken inductively using latent content analysis.

Discussion and conclusion: Results showed that organised health examination programmes provide a good basis for integrating cervical screening into broader checks on the health of women, and utilising different networks of social support facilitate the utilisation of the screening service. However, education on cervical cancer and screening must be made more generally available. More importantly, there is a need for a more participatory and empowering exchange in the encounter between health professions and these women. Appropriate training program is strongly recommended for health professions about communicate skills with patients. Future work should focus on identifying strategies to overcome the barriers to cervical screening related to health care system and medical professions among this population.

1. Introduction

Cervical cancer is the second most common cancer in women worldwide. It is caused by sexually acquired infection with certain types of human papillomavirus (HPV) (WHO, 2013). Early detection of HPV infection and subsequent cervical cell changes will decrease the chance of suffering and death from cervical cancer from 1 in 250 to 1 in 2000. Cervical cancer screening is a simple, inexpensive and non-invasive measure to effectively identify abnormal cervical cells or cervical cancer (Hinkle & Cheever, 2014). Despite the advances in screening and treatment over the past few decades, cervical cancer remains a major health issue in most countries, including China (Torre et al., 2015).

China has a very extensive population, with 1,347,350,000 people in 2012 (Kim, Zang, Choi, Ryu, & Kim, 2009). Cervical cancer cases are increasing because of an expanding and aging population. The number of new cases is projected to reach 93,500 by 2030 (Ferlay et al., 2012), and in particular, is set to increase in young women (Kim et al., 2009). The introduction of a safe and effective HPV vaccine has reduced its incidence in developed countries. However, it is suggested to have a dual approach of balancing immunisation and screening to identify the disease at the precancerous stage with treatment for the prevention of cervical cancer (Choma & McKeever, 2015; Malagón, Drolet, Boily, Laprise, & Brisson, 2015).

To increase the uptake of cervical cancer screening, its associated

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facilitators and barriers should be explored. Previous studies have indicated that health care system and medical professions played important roles in the contextual factors for screening participation (Gao, Paterson, DeSouza, & Lu, 2008; Gu, Chan, Twinn, & Choi, 2012; Kwok, White, & Roydhouse, 2011; Mansfield et al., 2016). For cervical screening programmes implemented as a population-based health service, the uptake rate has been rising steadily in recent decades, and the incidence of invasive cervical cancer and resultant mortality markedly reduced (American Cancer Society, 2009). The incorporation of screening into a gynaecological or obstetric service or a family-planning visit motivates women to have the screening test for the first time (Gu et al., 2012; Herweijer et al., 2015). However, unavailability and poor accessibility of the health care service are identified as barriers to screening for all ethnic minority women, particularly for the underserved group (Ackerson & Gretebeck, 2007; Chan et al., 2014; Gao et al., 2008). Other structural barriers, including geographical and transportation issues as well as health care policy, have been frequently cited as key factors influencing the screening behaviour (Kwok et al., 2011; Maar et al., 2013; So et al., 2012; Zimet et al., 2015). On the other hand, advice and attitudes of medical and health professions have consistently shown importance in cervical cancer screening. A strong association between recommendations of a physician and use of cervical screening of women has been documented in diverse populations (Gao et al., 2008; Gu et al., 2012; Kwok et al., 2011).

The health care system in China is different from other countries after the economic reform in the 1970s (Gao, Qian, Tang, Eriksson, & Blas, 2002; Wu et al., 2012). Health care services in China are subsidised by the government and there have been concerns about an increasing disparity in accessibility of cervical screening services in the current health care system (Di, Rutherford, & Chu, 2014; Gu, Chan, & Twinn, 2010). At present, no centrally organised, population-based cervical screening programme is available in China. However, the government has paid special attention to the health of women, particularly to women of child-bearing age. Married women receive gynaecological health care through the subsidised National Family Planning Programme at designated health facilities. Cervical screening service is a part of this programme, and recruitment for the said programme has been achieved primarily through occupational and community-organised campaigns. This health care policy is unique to the country. Despite the initiatives undertaken by the Chinese government, the current coverage of cervical screening in China remains suboptimal. A regional study in China demonstrated that only 10% of the total women residing in an urban district received cervical screening (Tu, Wang, & Zhang, 2011).

In view of the large population of China which has an impact on the worldwide burden of cervical cancer and the immense success of cervical screening in detecting the disease at an early stage, there is an urgent need to identify the facilitators and barriers associated with the uptake of cervical cancer screening to promote participation among the Chinese population. A better understanding of the health care system and services provided in China will advance the development of preventive measures in the unique society to cater for the health needs of its huge population.

The current study presents only a part of a larger study investigating the cervical screening behaviour of Chinese women. The present study aims to explore the experiences and perceptions of cervical cancer screening of Chinese women living in the mainland, specifically to identify the impact of health care system and health professions on their screening behaviour through in-depth interviews.

2. Design and method

2.1. Methodology

Semi-structured interviews were conducted to collect information from the participants about their experiences and perceptions of

cervical cancer screening. The impact of health care system and health professions in relation to their screening behaviour was also explored. The interview guide was developed by the researcher, with reference to an initial analysis of the data from a prior quantitative study and a review of the related literature (Lee, Seow, Ling, & Peng, 2002; Taylor et al., 2002). For example, the analysis of the data from the prior quantitative study raised a question as to why non-screened women did not take part in screening even when access to the screening service was free. Therefore, the question, “Could you tell me why you've not attended for cervical screening?” was addressed in the interview guide to clarify the above issue among the non-screened participants. Findings from the literature highlight the importance of health practitioners in influencing women's attendance patterns. Therefore, the question “What do you think of the impact of health provider's support on your decision making of receiving a cervical screening?” was employed. All interview questions have been validated by an expert panel consisting of gynaecologists and senior researchers in qualitative study. The researcher started the interview with some general questions and allowed the participants to talk freely about their experiences and describe their own views as detailed as possible. A list of core questions (see Appendix 1) was used to guide the interviews, and the interviews were conducted in Mandarin Chinese. A total of 27 participants completed the interviews, which lasted between 35 min to 85 min for each interview.

2.2. Participants

A purposeful sampling strategy was employed to identify Chinese women aged 25 to 50 (both screened and non-screened women) who were perceived as having a high or low risk of cervical cancer in a prior quantitative research (Gu et al., 2010; Gu et al., 2012). Our study focused only on women aged 25 to 50, because Chinese women within this age group bore a moderately high morbidity of cervical cancer. Data from national cancer registries showed that the incidence rate of cervical cancer steadily increased from 2.3 per 100,000 women in women aged 25, peaking at the age of 50 (6.1 per 100,000 women), and then slightly decreased over time (Shi, Canfell, Lew, & Qiao, 2012). Understanding facilitator and barriers associated with cervical cancer screening behaviours in this population would assist health professionals to develop appropriate screening strategies for cervical cancer prevention. Participants in the prior quantitative research were asked to estimate their chance of developing cervical cancer in the future from 1 (very low) to 5 (very high). Twenty-seven women were interviewed using face-to-face methods, including 11 women who had never participated previously in cervical cancer screening (non-screened group, 40.7%) and 16 women who had participated in cervical cancer screening within the past three years (screened group, 59.3%). These women were recruited from four work settings in Changsha, which is a medium-sized city situated in Hunan Province, central south China.

2.3. Data gathering

The study was approved by the Survey and Behaviour Ethics Committee of the Faculty of Medicine at The Chinese University of Hong Kong. Approval was also obtained from the study settings. A written consent was obtained from each participant upon a full explanation of the purpose and procedure of the study by the researcher. Before the interview, socio-demographic information and sexual history were obtained from the consented women. Telephone calls were made to confirm their availability and the time and place of the interview. The participants were informed that the interview would be audio recorded. All interviews were conducted at the end of their working day. Nineteen interviews were conducted in a private room at the workplace of the women; and eight were conducted in a separate room at a tea-house near their workplace. Privacy was ensured by locking the door with a ‘Do not disturb’ sign displayed during the interview.

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