

To Expose or Not to Expose: The Complexity of Emotions in Pap Smear Acceptance

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Abstract: The Pap smear test has been established as a screening method to detect cervical cancer at a precancerous stage. Yet, the coverage is still low in many developing countries. The paucity of studies which probe into the emotional barrier drove this study to explore further the role of emotions among women in their process of making decision to do the Pap smear test. This qualitative study employed interpretative phenomenological analysis from semi-structured in-depth interviews of nine women who had undergone the Pap smear test. The results revealed two main emotions: embarrassment and anxiety. The sub-themes for embarrassment are *embedded value, imperfections, doubt trustworthiness, enormity of emotion, sex of health personnel matters* and *temporal and conditional significance*. Whilst, the sub-themes for anxiety are *what are they going to do to me* and *what are the consequences*. These emotions stemmed from values and past experiences of these women. The barriers set by these emotions signify the importance of their role in preventing women from doing the Pap smear test. The enormity of these emotions calls for interventions to focus on assisting women to overcome them before they can accept to do the Pap smear test.

Key words: Pap Smear • Cervical Cancer Screening • Emotions • Embarrassment • Feelings • Barrier

INTRODUCTION

Cervical cancer screening undoubtedly is an important public health secondary prevention in its ability to reduce morbidity and mortality attributable to cervical cancer [1]. Due to its imperative role in detecting cervical cancer at the pre-cancerous stage, many intervention programs have been designed, not only to ensure that women understand its importance [2], but also to make the service as accessible as possible for women [3, 4]. Yet, for decades since the establishment of cervical cancer screening in the 1950s [1, 5], the screening coverage in many countries especially developing countries remain below the target set by the World Health Organization (WHO) [6] due to various constraints in these countries [7]. The WHO targets that after 10 years of implementing

a screening service, a country is expected to achieve 80% coverage of eligible women to ensure the success of the program [1].

Many studies have been carried out to investigate reasons making women do not attend cervical cancer screening. These reasons ranged from organizational related factors such as accessibility and courteousness of health personnel [8] to socio cultural factors [9] and personal reasons such as disability [10], obesity [11] and lack of knowledge [12]. One of the factors which have received attention in studies is the emotions which surfaced as a result of screening. The intimacy of gynecological examination has been a subject of debate ever since the vaginal speculum was invented in the 19th century [13]. Though the gynecological examination has ceased to be a debate among medical professionals,

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the invasion of women's modesty is still an issue and poses as a barrier to the success of preventive programs such as cervical cancer screening.

One of the emotions expressed by women is embarrassment. A number of studies have shown women's expression of embarrassment concerning the Pap smear examination [14- 16]. However, there is paucity of studies which elaborate this emotion further. Another feeling which was also studied is fear. There were two sides to this feeling. One is fear of the examination [17, 18] and another, fear of the results of the examination [19]. However, fear of the results has two effects, driving the women towards the examination or away from screening [20]. van Til, *et al.* [18] presented a very sexually traumatic experience of women who goes through the Pap smear examination. Though some women only felt some unpleasantness towards the examination, other women were intensely distressed to the extent that they did not want to have another test in the future. Other feelings expressed by women were confusion and frustration [21], 'scary, uncomfortable and painful' [17] and feelings of distrust of health personnel [19].

Theories of embarrassment present situations in which an individual feels a social obligation to behave appropriately in accordance to social expectations in public places. Hence, inappropriate behavior, real or perceived to be, arouses the feeling of embarrassment, besides other feelings such as distress and loss of self-esteem [22]. However, the embarrassment felt during or even thinking about the Pap smear test arises from the feelings of modesty. Henslin and Biggs [23] pointed out that modesty has different values during sexual and non-sexual encounters. The vagina is conceptualized as sacred and any approach must ensure that the taboos are not violated.

Acknowledging the importance of emotions as a barrier to cervical cancer screening, this paper aimed at exploring the expression of emotions by women who had gone through the experience of making decision regarding the Pap smear test and had had experience with the Pap smear examination.

MATERIALS AND METHODS

This study applied an interpretative phenomenological analysis approach of qualitative research method [24]. This allowed for natural and free expression of participants' experience without having to comply with pre-set answers. It also allows for exploration of the meanings of the feelings to them.

This study was carried out in one of the districts in southern Malaysia. The participants were chosen from 2009 Pap smear registry of the district health clinic. Purposive sampling was carried out with inclusion criteria of Malay ethnicity, being currently married and has at least one child. Non-citizens were excluded from the study. Going down the registration list, the participants were contacted by telephone. Contactable persons were invited to participate in the study.

Face-to-face interview was carried out by the researcher using a semi-structured interview format. The women were asked on how they felt about the Pap smear test. Further probing was carried out to explore the feelings they expressed. Each interview took 60 to 90 minutes.

All the participants were given a written explanation about the study and further explained verbally for clarification. Written consent was obtained from all participants to participate in the study. Verbal consent was also obtained to record the interview. Validation by members checks were done with the participants to ensure the analysis reckoned with their experience.

Ethical clearance was obtained from the Universiti Putra Malaysia ethical board and Public Health Institution. Local permission was obtained from the State Health Department as well as the District Health Office and Health Clinic involved with the study.

The interviews were carried out in the Malay language (Bahasa Malaysia), which were transcribed later for analysis. Data was analyzed using interpretative phenomenological analysis method [24]. The NVivo 8 computer software was used for data keeping and organizing. It facilitates retrieval of data, arranging data systematically and cross analysis of themes. In this article the analyzed verbatim was translated to English, while maintaining its originality.

RESULTS

A total of nine Malay women were involved in this study. The age range was between 26 to 54 years old. Four of the women were housewives, two were self-employed and three were employed. Monthly earnings ranged between USD326 to USD977 (MYR1000 to MYR3000). The number of children ranged from three to eight.

Two themes emerged from the analyzed data, namely embarrassment and anxiety. These feelings occurred at different phases of the Pap smear experience and these would be further elaborated below.

Embarrassment: In this theme on embarrassment, women expressed the feeling they felt upon the realization that the Pap smear examination involved examination of the genitals. Embarrassment was a complex emotion which was difficult for the participants to elaborate and explain initially. When it was difficult for them to elaborate, the women either repeated the word shy (*'malu'*), used synonyms, mentioned directly that it was difficult for them to elaborate and that they were unsure how to explain it. At times, there was also hesitancy to answer and often they just laughed. Eventually they shared what they actually felt and these were captured in the following sub themes: *embedded value, imperfections, doubt trustworthiness, enormity of emotion, sex of health personnel matters* and *temporal and conditional significance*.

Embedded Value: The *embedded value* of guarding their genitals against exposure to others' eyes was conveyed by all participants. The genitals were expressed as private parts that should not be exposed to others. By convention, the genitals were protected from being seen and hence it was unacceptable to have an unknown person look at the genitals, especially so it was done when they were clearly conscious. Hence letting others see (without force; willingly), even though it was for a medical examination, drew the embarrassing feeling, as one of them said, "Well, it's not something that is exposed. So, that's why we feel embarrassed." (Mas).

Women also expressed possessiveness towards the genitalia which emphasized the importance of not exposing it to other people. The feeling was expressed in an emphasizing tone and stresses on the value of not exposing the genitals.

The private parts also had bodily meanings to the women. They differed from other body parts which were freely seen by others. Though the breasts were also women's body parts and which were usually enclosed, the women felt they were not as private as the genital parts. Hence, it was permissible to look at other body parts freely and less embarrassing to have others look at the breasts compared to the genitals. This is confirmed when they said, "Well, if it was just the arm, can just show it. I don't care." (Lisa) and, "It's less embarrassing if it was the breasts. The breasts are on the upper part. They are less private." (Asma)

Imperfections: Embarrassment was also expressed as others looking at the imperfections of their private parts. These imperfections were expressions of various forms of

disfigurements which included changes as a consequence of childbirth and also embarrassment due to obesity. They also expressed it as a feeling of being different from other people.

Doubt Trustworthiness: Having others look at the private parts was linked frequently with having the examiners spread what they had seen during the examination to other people. They doubt the trustworthiness of the health personnel in keeping the examination confidential, as one of them utter, "Later that person might talk about it, that's what we think. Like this and that, this person is like this. Aaa, that's what I think." (Mas). This perception of 'see and tell' and breach of trust added up to the feeling of embarrassment and causing the women to avoid or procrastinate the examination.

Enormity of Emotion: Enormity of emotion is a theme which shows the atrociousness of embarrassment to the women in the context of the Pap smear test examination. This enormity of emotions was shown in various ways. This feeling was repeatedly mentioned throughout the interviews even when questions were posed concerning other things.

Even having the knowledge about the Pap smear test did not guarantee that women will go for the Pap smear test. Some women postponed the examination just because of embarrassment which posed as a strong barrier. Hence, knowing alone did not mean that women would attend the Pap smear test examination.

Some of the participants shared their experience of avoiding examination by a known person. Being in a close community, some of the health personnel were either their relatives or friends. Hence, even though the service in the health clinic is free, some of the women went to the extent of going to private practitioners in which they had to pay for the service, in order to avoid the test being performed by somebody they knew.

However, later when they felt more comfortable with the examination, they did not mind attending the health clinic for regular Pap smear test.

The women also conveyed the enormity of being embarrassed by expressing that being embarrassed was the main barrier against having the Pap smear test. Some even mentioned that there was no other hindrance except for being embarrassed. The feeling was so strong that it even took precedence over the intention to do. As Asma mentioned, "There is no other reason for not doing the Pap smear test. It's just whether we want to do or not. We want to do but it's embarrassing. There's a lot of embarrassment."

The enormity of the feeling was also related as the main barrier that prevented not only the participants but also other women from going for the Pap smear test.

Feeling embarrassed was also reflected not only by the persistent mentioning of the feeling during the interviews, but also by the expression of the women that they felt it when they first heard about how the examination was to be carried out. They also felt it even after the examination and when they come back for the repeat of the Pap smear test, as Huda remarked, "After that, the second time, still, the embarrassment was still felt. Even until now, when we want to do it [still feel embarrassed]."

Sex of Health Personnel Matters: Generally, the Pap smear test examination is performed by staff nurses either in the health clinic or the community clinic. Though staff nurses can be males, during this study period, all the staff nurses in the study area were females. Even when the health personnel were females the participants expressed the strong feeling of embarrassment, undeniably, they expressed embarrassment if the examiner was a male. Ana shared her concern on this issue, "Luckily it was a female. If it was a male, it will be terrible. It will be a problem if it was a male. Terrible if it was a male."

Temporal and Conditional Significance: Though women generally expressed a strong feeling of embarrassment over the examination of the genitals, this feeling was however, conditional. In this theme, *temporal and conditional significance*, the participants differentiated situations which will cause this feeling to surface and when this feeling was suppressed.

Temporally, in relation to the Pap smear test, the feeling of embarrassment was felt at the time they received information about the Pap smear test examination. This was the time when they realized that the procedure entailed examination of the genitals and hence, they have to expose the parts to be inspected.

In addition, though they felt embarrassed anytime when they talked about the Pap smear test, there was another occasion when they strongly felt embarrassed. This was when they were in the examination room and was about to be examined. It was bad enough that they visualized in their minds how embarrassing the examination would be at the time of information acquirement, it was worst when they were actually told to be in the lithotomy position. This embarrassing position was when they were already on the examination couch, as

one of the respondent commented, "They (the nurse) ask to open up my legs. Then, it's embarrassing, embarrassing". (Ana).

Despite the fact that the participants agreed that the position in the Pap smear test examination was similar to when they were in labour, they did not feel embarrassed when in labour. The distressed feeling due to the desperation of wanting the baby to be delivered and the pain during delivery was greater and this made the feeling of embarrassment to be suppressed. Compared to the process of delivery, during the Pap smear test examination they were not only fully conscious of the procedure, they were also not in pain or ill. There was no pressure or necessity of the procedure as the need of treatment or intervention when one was ill. Hence, it was permissible (and not embarrassing) to expose the private parts during labour, but not at other times, including during the Pap smear test examination.

Anxiety: *Anxiety* consists of sub themes which encompasses feelings of 'fear of the unknown' over the Pap smear test. The first time they attended clinic for the Pap smear examination was a mystery to them as they did not know how the examination was like and how would it affect their genitals. This ambiguity over the procedure and the instinct to protect the genitals causes the anxiety concerning the Pap smear test examination.

Two sub themes emerged which are *what are they going to do to me* and *what are the consequences*.

What Are They Going to Do to me: In this theme, *what are they going to do to me*, the women expressed the fear of not knowing exactly how the procedure was like. It was anxiousness over the unknown. The women wondered what would be done to their genitals during the Pap smear test procedure. The women were also worried whether the examination would take a long time.

What Are the Consequences: The participants also feared the effects of the procedure. The feeling of anxiety was expressed in various ways as fear of insult to the genitals. Whether the procedure will cause pain, or injure their private parts. The sight of the vaginal speculum caused alarm because of its size and the women worry whether the instrument would fit into their vagina. Though one of the women joked that the speculum looked just like the penis, it still worried her at the time of the examination on the feasibility of the speculum fitting into the vagina. One of the participants even wondered if she could still

have sexual activity with her husband after the procedure. There was also fear whether the instrument will cause infection as it will be inserted 'into' the body.

DISCUSSION

In this study, it was shown that two main emotions that were felt by the women were embarrassment and anxiety. The subthemes in embarrassment were *embedded value, imperfections, doubt trustworthiness, enormity of emotion, sex of health personnel matters* and *temporal and conditional significance*.

The embedded value in relation to exposing the genitals is also found in other studies which explained the reluctance of women to have the screening test [15, 16]. It is difficult to exchange one's dignity with scrutinization by a stranger though the stranger is a medical professional. In addition, they were well and not in need of treatment. Having other see the private parts was made worse when there are imperfections at the genitals. Seeing is also associated with telling others of what was being seen. This chain of perceptions as to what will happen as a consequence of exposure presents as a threat to their privacy and honor.

Other studies which similar results had found that embarrassment stemmed from the repulsive feelings of even just talking about the private parts. Hence, the feeling is worst having others to not just look but also scrutinize and touch the pubic area. Husbands were the only person allowed to see the genital area [19, 21]. These feelings were due to sociocultural practices which forbid even discussion on sexually related issues [21] and emphasized the importance of protecting the private parts from being seen by others [25]. This feeling is so intense that women would go to the extent of bearing symptoms just to avoid examination of the genitals [19]. Therefore, some women preferred examination by female health personnel [19, 21].

Earlier studies have shown that a female examiner is preferable to a male examiner [17]. This preference was also expressed by women in this study. However, the feeling of embarrassment was also felt even when the examiner was a female. This adds up to the enormity of how women felt about the test.

Ironically, but understandably, having similar examination at the same site when the women were in pain, such as in labor, did not trigger the feeling of embarrassment. The effect of desperation and 'being ill'

suppressed the feeling of embarrassment which would otherwise surface when one can think and feels well and not in need of medical help.

It can be argued that the pelvic examination is not the only examination which triggers affective response. Other examinations involving other parts of the body which are perceived to be sensitive by any persons have also aroused emotions similar to the experience with pelvic examination. These include the breast examination [26], colorectal examination [27] and also testicular examination [28]. It is also observed that the emotions generated affect both men and women. However, where comparison is possible, such as the colorectal examination, it has been shown that more women are affected compared to the number of men [29]. Nevertheless, the intensity of these emotions has yet to be studied.

Anxiety stemmed from the feeling of fear of the unknown: unknowing of what to expect during the procedure as well as the outcome of the procedure. However, for women who were told about the procedure, fear was still felt at the sight of the vaginal speculum and the realization of the actual procedure. Nevertheless the vaginal speculum is still a scary instrument even after three centuries of its invention [13]. It would be a dilemma to health education whether information on the procedure would help in encouraging women to do the Pap test or otherwise. Though studies have shown that educating women about the procedure helped in motivating women, in this study it enhances the anxiety felt. Though the women in this study eventually had the Pap smear test done, there were also other women whose fear has hindered them from attending screening.

Not knowing what to expect invites various perceptions about the consequences of the procedure. Fear whether the procedure will be painful and the perception that the test involved taking something from the body were found in an ethnographic study by Hunter [30]. Other studies on fear of the Pap smear procedure were focused on fear of a positive result of cancer [31].

The enormity of emotions has drove discovery of interventions which were directed at eliminating or at least, reducing these emotions such as speculum self insertion [32], HPV self-sampling [33] and using the self-administered Kato device [34]. With these interventions, women can perform the test themselves and thus avoid examination of the genitals by health personnel.

Other interventions which have been suggested to overcome emotions are such as health education which are culturally-specific to address cultural beliefs and to assist women to overcome the negative feelings they feel about Pap smear [25], methods of pelvic examination to alleviate discomfort and anxiety [35] and also to encourage open discussion about taboo subjects [36].

Limitations of this study include the small sample size which means that the findings cannot be generalized to the population. However, being a phenomenological study, this study sheds light into the reality of experience and others who do have similar experience can relate to these findings.

Many barriers which hinder women from cervical cancer screening can be overcome by interventions at various levels such as organizational level or community level and even using influential persons such as community leaders and even husbands. Interventions undertaken to overcome these barriers have proved to be successful. Nevertheless, emotions are psychological barrier which cannot be seen and not easy to combat. Until the time that these emotions and feelings inflicted by the Pap smear examination in particular and cervical cancer screening in general can be overcome, women will continue to avoid screening. Though some studies have suggested interventions to overcome social taboo on discussion on sexually oriented subjects, the examination itself triggers emotions in women which can be overcome by a strong will and believe in the benefits and relevance of screening.

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