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CERVICAL CANCER PREVENTION KNOWLEDGE AND ABNORMAL PAP TEST EXPERIENCES AMONG WOMEN LIVING WITH HIV/AIDS

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ABSTRACT **Background:** Cervical cancer prevention knowledge deficits persist among women living with HIV/AIDS (WLHA) despite increased risk of developing cervical dysplasia/cancer. We examined associations between WLHA's cervical cancer prevention knowledge and abnormal Pap test history. **Methods:** We recruited 145 WLHA from AIDS service organization located at DMCH. Participants who reported a history of cervical cancer (n=1), or had a total hysterectomy (n=16),were excluded. Observations with missing data(n=22), on any of our measures were also excluded. **Results:** More than half of WLHA (52.4%) had a Pap test <1 year ago and 40.7% knew that HIV-positive women should have a Pap test every year, once two tests are normal. WLHA ,who had a history of abnormal Pap smear were more aware in terms of screening recommendations and follow up care. **Conclusions:** For WLHA to make informed/shared decisions about their cervical health, they need to be knowledgeable about cervical cancer care options across the cancer control continuum. Providing WLHA with prevention knowledge beyond screening recommendations seems warranted given their increased risk of developing cervical dysplasia/ neoplasia.

KEYWORDS : cervical cancer, HIV-positive women, cancer prevention and screening, women's health, cancer care continuum

INTRODUCTION

Kaposi's sarcoma, non-Hodgkin's lymphoma, and cervical cancer are among 26 acquired immune deficiency syndrome (AIDS)-defining clinical conditions [1]. The incidence rates of Kaposi's sarcoma and non-Hodgkin's lymphoma have decreased significantly since antiretroviral therapy was introduced in the mid-1990s [2]. In contrast, the incidence of cervical cancer has remained unchanged [3]. Most women with intact immune systems will clear human papillomavirus (HPV) infection. Among immunosuppressed women such as women living with HIV/AIDS (WLHA), potentially oncogenic HPV infection is less likely to be transient [4]. Increased cervical cancer risk among WLHA underscores the need for cervical cancer prevention and control efforts targeted at this vulnerable group.

In order to make informed health decisions about cervical cancer care, WLHA need to better understand what they can do to improve their cervical health outcomes to reduce cervical cancer health disparities between WLHA and HIV negative women.

AIM OF STUDY

The purpose of this study was to examine WLHA's knowledge about cervical cancer screening guidelines for HIV-positive women by abnormal Pap test history.

METHODS

This cross-sectional study consisted of a sample of 145 WLHA from AIDS service organization(ART centre) located at DMCH .Participants who reported a history of cervical cancer (n=1) or had a total hysterectomy (removal of uterus and cervix) (n=16) were excluded. Observations with missing data (n=22) on any of our measures were also excluded.

We used two cervical cancer prevention knowledge items from the "HPV Knowledge Attitude and Behaviors" questionnaire used in the Women's Interagency HIV Study (WIHS) [5]. To assess WLHA knowledge of Pap test recommendations,we asked, How often should a Pap test be done for a woman with HIV? Response were: every year, once two tests are normal (correct response); every 3 years; every 4-5 years; when a woman has a discharge; don't know.Abnormal Pap test follow-up careTrue/false questions were used to assess WLHA's knowledge about abnormal Pap test follow-up care. We asked, After an abnormal Pap test, follow-up may include: another Pap test; a colposcopy; a biopsy; a hysterectomy; a blood test; nothing. Response options were true, false or don't know.We assessed colposcopy awareness prior to assessing abnormal Pap test follow-up care knowledge by asking participants (yes/no), Have you ever heard of a health test called a colposcopy? The response for the abnormal Pap test follow-up care question about colposcopy was recoded as "don't know" for participants who had never heard of a colposcopy.Cervical Cancer Screening We adapted a question used on the Health Information National Trends Survey [6] to assess Pap test use. We asked participants, When did you have your most recent Pap test? Response options were: less than 1 year ago; 1-3 years ago; 3-5 years ago; more than 5 years ago; never; don't know / not sure; refused. Those who responded "less than 1 year ago" were recoded as being "adherent" to cervical cancer screening recommendations for HIV-positive women [5]. All other responses were recoded as "non-adherent".

RESULTS

More than half of WLHA (52.4%) had a Pap test <1 year ago and 40.7% knew that HIV-positive women should have a Pap test every year, once two tests are normal.WLHA ,who had a history of abnormal Pap smear were more aware in terms of screening recommendations and follow up care.

Even though more than half (62%) of the 103 participants had an abnormal Pap test,follow up care knowledge varied.66% of participants knew this could include repeat Pap test,more participants who had an abnormal Pap test correctly knew that this could include a colposcopy (46.8%) or a biopsy (34.3%) compared with participants who have not had an abnormal Pap test.

DISCUSSION

In terms of both the correct screening recommendation in WLHA for cancer cervix as well as the variation in higher and lower knowledge about abnormal Pap test follow-up care, participants in our study were much less knowledgeble about cervical cancer screening recommendations for HIV-positive and follow-up care of abnormal Pap test results.

While participants who had an abnormal Pap test were more knowledgeable about some things that might be done as part of follow-up care, the majority of participants did not knew about the correct screening recommendation for cancer cervix in WLHA.

CONCLUSION

Given WLHA's high risk for developing cervical dysplasia/cancer, providing them with prevention knowledge beyond screening recommendations is warranted.Raising awareness about increased cervical cancer risk as well as the benefits of timely adherence to abnormal Pap test recommendations are necessary first steps.Cancer prevention and control efforts should aim to increase cervical cancer prevention education knowledge among HIV-positive women given their increased risk for developing cervical disease and cancer.

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