Chapter 5: Women with Special Considerations

On completion of this section, the learner will be able to:
1. Identify the special learning, counseling and communication needs of specific groups.

Women with Barriers to Access

Since its introduction more than 50 years ago, screening for cervical cancer using the Pap test has seen significant reductions in mortality from the disease. However, improvements in screening participation rates have started to decline in the last five years and reductions in death from cervical cancer have plateaued across Canada. Health promotion and recruitment research demonstrates that multiple initiatives are necessary to reach the various population groups in terms of age, culture, and ease of access to health care services. Effective recruitment strategies have included media campaigns, increased training for physicians, expansion of nurse roles to increase providers of service, and letters of recruitment from physician offices and organized screening programs. While these initiatives demonstrate improvements in recruitment of women for cancer screening services, there remain those who are hard to reach given any health promotion strategy.

Demographic characteristics of women who do not attend for cervical cancer screening are older women over the age of 50, those living in rural communities, Aboriginal women as well as new immigrants to the province. Access to health care services, lack of reinforcement from a HCP, older age, living in remote rural communities, new immigrant, Aboriginal, and women of minorities have consistently remained those hardest to reach by health promotion and recruitment campaigns for cervical cancer screening.

Traditional barriers impacting participation in cervical cancer screening are reflected in personal attitudes and barriers to cancer screening. These attitudes include perceived cancer susceptibility, ethnicity, age, low socioeconomic status, and perceived benefits and discomfort of screening and treatments. Recommendations for education and promotion of cancer screening behaviors reflect multifactorial and multimodal measures to combat attitudes of non-adherence and non-compliance.

A significant limitation associated with opportunistic screening is the inability to reach unscreened populations. Combining access to health services with a tailored, mass media campaign have shown an increase in cervical cancer screening participation rates among those hard to reach (please refer to Chapter
Adolescents

Screening for cervical cancer should begin three years after first sexual activity. Adolescent girls should be approached individually to determine if they present risk factors to warrant “early” screening.

An adolescent’s first Pap test needs to be a positive experience as it sets the stage for future health care encounters. An adolescent’s first Pap test is an excellent opportunity to educate the adolescent about her body and to reassure her that she is developing normally.

Many adolescents feel embarrassed about their body and may be uncomfortable and unfamiliar with their external and internal genitalia. Be aware of potential power issues that may arise when a parent or partner are present (i.e. the adolescent may differently about how she shares her health history when her partner is absent versus present). An adolescent presenting alone offers a good opportunity to assess her relationship with her partner.

Some adolescents present on their own with a concern about possible pregnancy or STI. Establish trust by briefly explaining the Public Health Information Act (PHIA) and reassuring her that unless she is at risk to herself or others or continues a pregnancy, whatever she discloses will be held in strict confidence. When an adolescent comes in with her parent, it is important to speak to the adolescent alone again stressing that information gathered is confidential.

Counseling and Education
When educating the adolescent about sexual and reproductive issues, use direct, simple, developmentally appropriate, and concrete language. Use appropriate models and diagrams available to you to help illustrate the educational material you are discussing.

Before and During the Pap Test
Give the adolescent as much control of the situation as possible. Direct open-ended questions at her and not at her parent or partner. If three-dimensional genital models are available, they can be used to acquaint the adolescent with her anatomy, as well as review the examination process. At the end of the Pap
test comment on the young woman’s strengths, e.g. “You did great. It is hard to do something like that for the first time.”

Adolescents want to be perceived as being “normal” and want to be the same as their peers. Throughout the exam provide the adolescent with reassurance that her questions and feelings about the pelvic exam and her sexual and reproductive health concerns are normal. Emphasize her normal anatomy.

**Equipment**

A smaller sized speculum is more appropriate for examining a young adolescent.

**Lesbian Women and Transgender People**

Lesbian women, as well as women who may not identify as lesbian but who have sex with women (WSW), and transgender people are a largely underscreened population in Manitoba. This is often due to a combination of the following reasons:

- A misunderstanding of the HCP and the client that Pap tests are not required
- HCPs do not actively engage and represent lesbian and transgender individuals in their community
- Homophobic attitudes and heterosexist assumptions reflected
  - by the HCP
  - in the clinic setting
  - on the intake forms
  - during the health history by the HCP

**The Transgender Client**

Due to social stigmatization and transphobia, transgender individuals lack access to primary medical services and preventative health care. Screening for cervical cancer may be necessary in this population. An atmosphere of privacy, trust and respect should be facilitated by the HCP when taking a health history.

**Lesbian Women and WSW**

Lesbian women, and WSW are a subgroup that cut across all ages, races, social classes, and ethnic barriers. Lesbian women can be isolated in society because of homophobia. Many lesbian women avoid health care interactions because of their fear of discrimination. To provide a positive health care experience for lesbian women, it is important for the HCP to be aware of the unique health care needs of these women.
Lesbian women and WSW have fewer Pap tests than heterosexual women. They also have a low incidence of sexually transmitted infections (STIs), vaginal infections, and cervical intraepithelial neoplasia (CIN). Nevertheless, they are still at risk, because:

- lesbian women or their partners may have had consensual or non-consensual intercourse with men at some time (e.g. 77% of lesbians have one or more lifetime male sexual partners)
- HPV in lesbian women may be as prevalent as it is in heterosexual women

Screening for cervical cancer among lesbian women should be consistent with the screening guidelines and practices recommended for heterosexual women.

**During the Pap Test**
The presence of a chaperone or attendant may comfort the client. Inform the client of relevant chaperone policy pertaining to your facility or region.

**Counseling and Education**
Intake forms should:
- add a transgender/transexual option to the male/female check boxes
- enable the client to identify their sexual orientation/identity in a way that represents their experience

**During the Health History, the HCP should:**
- use the word “partner” rather than “boyfriend” with all clients
- facilitate an open dialogue about the clients sexual orientation, sexual practices and gender identity
- approach the client with empathy, open-mindedness and without judgement,
- attempt to create a positive rapport and atmosphere of trust
- ensure the client is aware of the confidentiality of your conversation
- not make assumptions about the client’s sexual behaviour, practices and identity
- avoid miscommunication by asking for clarification about concepts and terms when unfamiliar
- consider the trans person’s biological sex at birth, identify what anatomy exists and approach/treat accordingly
- understand that sexual reassignment surgery is not necessarily the end goal for trans people
- understand that trans people may or may not pursue a variety of different medical interventions
Access
As HCPs, there are several things that you and your staff can do to create a welcoming atmosphere for lesbian women and transgender people. These include:

- featuring signs, symbols and imagery of lesbian, gay, bisexual, transgender and two-spirit (LGBTT) people on the door of the clinic, in clinic windows and inside the clinic (rainbow sticker, pink triangle, posters, campaign acknowledgement)
- featuring and distributing educational information specific to the LGBTT clients in your clinic
- providing gender neutral washrooms and change facilities
- featuring media that positively reflect LGBTT people
- posting a visible statement that communicates your intentions as a clinic to provide equal service to the LGBTT communities and other marginalized populations
- encouraging staff and administration to partake in professional development and capacity building workshops that specifically address the issues and barriers of LGBTT people

Women with a History of Sexual Abuse

A Canadian study demonstrated that a history of sexual abuse may be associated with subsequent cervical cancer risk factors such as smoking, sexual intercourse at a young age, etc. Approximately 30% of all women have experienced some form of sexual abuse in childhood or adolescence.

Some women who are survivors of sexual abuse are very anxious about having a Pap test and may respond differently than women who have not suffered trauma.

Ensure the woman has the opportunity to be referred to a counselor. Check with your region or facility policy and/or procedure manual for direction on follow-up and referral of women with a history of sexual abuse.
Counseling and Education

During the Speculum and Pap Test
Some women don’t recall or have suppressed knowledge of childhood sexual abuse. This may impact the woman’s comfort level but she may not be able to articulate why. It is important to support her during this time and encourage her to articulate her feelings in a safe environment.

Give the Woman Control of the Situation
Ask the woman what would be helpful to make the Pap test easier for her. Give her choices about what position she wants to be in, and reassure her that if she feels uncomfortable at anytime during the Pap test that you will stop and proceed only when she feels comfortable for you to do so. The presence of a chaperone or attendant may comfort the woman. Inform her of relevant chaperone policy pertaining to your facility or region.

Talk the Woman through the Exam
Ask the woman how she is feeling and what she is experiencing. Tell her what you are going to do before you do it and provide her with reassurance. The phrases “let your knees go out to the side” or “let the muscles in your thighs go soft” are appropriate. The HCP may have to further review how to relax the muscles. If this doesn’t work and the woman is so tense that it is difficult to insert the speculum, it may be best to stop the exam and defer it for another time. On a subsequent visit, remind the woman that although the exam may remind her of the abuse, it is not the abuse and the procedure may be difficult but that the HCP will proceed at the woman’s pace.19

If the woman experiences a flashback during the Pap test:
- reassure the woman that you believe her
- have her describe her past experience and reassure her that she is safe
- reassure her that although she is re-experiencing the memories she is not re-experiencing the event
- examine her only with her permission
- ask her specific concrete questions to ground her
- never leave her alone18,20
- prepare visual cues to stop the exam (ie. raise hand) if the woman is unable to speak
- ensure follow-up and offer a referral to a counselor

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18. The HCP should ensure that the woman is comfortable and understands that the examination is for her own health and well-being. If she is unable to continue, the examination should be stopped and rescheduled at a later date.
19. The HCP may need to provide additional support and reassurance to the woman during the examination. This may include the presence of a chaperone or attendant, or specific language to help the woman feel more comfortable.
20. The HCP should always ensure that the woman is aware of her rights and understands that she can stop the examination at any time.
Women with Vaginismus

Vaginismus is a condition by which women experience persistent involuntary spasm of the vagina. Vaginismus often results in difficult and/or painful sexual intercourse, and in many cases intercourse is impossible. Women with vaginismus also often experience discomfort when inserting a tampon, as well as when having an internal exam.

During the Speculum and Pap Test

Use a smaller speculum.

Reassure the woman that if they feel uncomfortable at anytime during the Pap test that you will stop and proceed only when it feels comfortable for you to do so.

Give the woman control of the situation by giving her choices

- What would be helpful to make the Pap test easier?
- What position would be most comfortable?
- Give the woman the option of not using foot supports.
- Offer the woman the option of inserting the speculum themselves, and letting her know you will have to guide it to locate the cervix.

Women with Disabilities

Each disability affects each person differently. It is therefore important for HCPs to educate themselves about relevant aspects of a woman’s disability. A HCP’s sensitivity in asking only pertinent questions about the disability will increase the woman’s comfort and cooperation.

Women with Physical Disabilities

Since it is not necessary for a woman to remove all her clothes for the examination, she can wear an easily removable skirt or pair of pants. By only partially undressing, the woman can conserve time and energy. Removing or rearranging the furnishings in the examination room will provide the space needed for a client to negotiate her wheelchair.

The HCP should consider:

- access to the clinic
- the height of the exam table
- the woman’s physical limitations
- possible need of assistance for transfer
- alternate positioning for examination (please refer to Chapter 8)
Equipment such as obstetric foot supports, a high-low examination table, or a particularly wide examination table can be obtained to facilitate safer, transfers and positioning.  

**Women with Learning/Cognitive Disabilities**

**Counseling and Education**

“When speaking with the woman, the HCP should remember to speak directly to her. Often people will address a disabled person’s friend, attendant or interpreter instead of speaking directly to the client.” If the woman’s particular disability is cognitive, use visual strategies such as showing instruments and using 3D models.

The HCP should consider:
- how to obtain informed consent
- involving the caregiver in communicating effectively with the woman
- accepting that non-cooperation or distress of the woman must be recognized as refusal or withdrawal of consent

**Women with Hearing Impairments**

The communication system used by a hearing-impaired or speech-impaired woman (e.g. a sign language interpreter, word board, or talk box) should be discussed at the onset of the visit.

Among other services, the E-quality Communication Centre of Excellence (ECCOE) provides interpretation services to individuals with hearing impairments throughout Manitoba. The ECCOE can be contacted at:

Ph: (204) 926-3271
Emergency: (204) 475-6332
Email: candy@eccoe.com
Web: http://www.eccoe.com

**Counseling and Education**

Before the examination, offer the woman the opportunity to see the instruments that will be used during the examination. If three-dimensional genital models are available, they can be used to acquaint the woman with her anatomy, as well as review the examination process. Some women may wish to view the examination with a mirror while it is happening.

When working with an interpreter, the HCP should speak directly to the woman at a regular speed instead of to the interpreter. If a woman wishes to lip read, the HCP should be careful not to move her/his face out of sight of the woman without first explaining what she/he is doing. The HCP should always look
directly at the woman and enunciate her/his words clearly when she prefers lip reading.

**During the Speculum and Pap Test**
The woman with a hearing impairment may want to assume a position that elevates her head so that she can see the HCP and/or interpreter. If this is the case, the drape that is used to cover her body below her waist should be eliminated or kept low between her legs.

The woman should choose which form of communication she wishes to use during her examination: a sign language interpreter, lip reading, or writing. Although the woman may use an interpreter throughout most of the visit, she may decide not to use the interpreter during the actual examination. Many women will feel more comfortable with a female interpreter. Always ask the woman where she would most benefit from having the interpreter stand.

**Women with Visual Impairments**
Some visually impaired women may want to be oriented to their surroundings whereas others may not. Each woman should be encouraged to specify the kind of orientation and mobility assistance she needs. The HCP should verbally describe and assist the woman with the following:

- locating where she should put her clothes
- where the various furnishings are positioned
- how she can approach the examination table
- how to position herself on the table and put her feet in the stirrups
- the procedures of the Pap test from start to finish
- ensure consistent use of the same exam room with each visit
- obtaining and interpreting results
- follow-up

**Counseling and Education**
Before the examination, the HCP can ask the woman if she would like to touch the speculum, swab, or other instruments that will be used during the examination. If three-dimensional genital models are available, they can be used to acquaint the woman with her anatomy as well as the examination process.

**During the Pap test**
A woman may feel more at ease if continuous verbal contact is maintained (eg. the HCP narrating what is taking place during the examination). It is important for the HCP to identify themselves upon entering or leaving the examination room. Always inform the woman when they are starting the exam, what they are doing throughout the exam, and when they are finished the exam.
Women with Diverse Language and Cultural Considerations

Language, culture, socio-economic factors and education level may deter some women from seeking medical treatment. Providing culturally and linguistically appropriate services improves access to care, quality of care, and health outcomes.

Counseling and Education
Culture and language are vital factors in how health care services are delivered and how health care information is received. Counseling and education should be culturally and linguistically appropriate.

The HCP should:
- consider scheduling a longer appointment
- consider the needs of women who speak English as an additional language
- respond with sensitivity to the needs and preferences of all culturally and linguistically diverse women
- ensure all women understand the purpose of cervical screening
- ensure women know of the availability of an appropriate HCP to perform the Pap test
- inform women and explain the benefits (accuracy, confidentiality, impartiality) and availability of trained interpreter services (see info below), and the risks of working with untrained interpreters (information relayed may be inaccurate, incomplete, biased, and there may be breaches of confidentiality)
- schedule a trained interpreter as applicable when the woman indicates a preference or a need for these services
- be aware that women have the right to decline trained interpreter services and to arrange for their own interpreters, however, the use of ad hoc interpreter services (family member, friend, volunteer) is discouraged

Working with Interpreters
When communicating through an interpreter:
- speak to the woman directly so that she will feel like a participant in the discussion rather than talked about
- use one or two short sentences at time, pause frequently and speak clearly and slowly
- give simple, full explanations
- avoid technical terms, jargon, slang, and idiomatic expressions (the latter are difficult to render in another language)
• avoid side discussions that you would not usually have in the presence of a woman who is fluent in English (trained interpreters will interpret everything said, including side conversations)
• keep in mind that sometimes there are no direct equivalent terms in another language,
• be patient if the interpreter requests an explanation and requires more time (and more words) to convey unfamiliar concepts
• ask the woman questions to determine her understanding of the information provided

Trained Interpreter Services in the Winnipeg Health Region
Women who speak English as an additional language, even if they speak English well enough to have a basic conversation, may require interpreter services to fully understand and participate in communication regarding their health care.

To reduce risks associated with language barriers and working with untrained interpreters (family member, friend, visitor, staff, volunteer) WRHA Language Access currently employs trained interpreters who perform their duties in accordance with the WRHA Language Access Code of Ethics & Standards of Practice for Health Interpreters.

At WRHA facilities and WRHA-funded facilities, in-person interpreter services (face-to-face, conference call, message relay, reminder call, whispered simultaneous, sight translation) are available in 25-30 languages. In order to provide a more comprehensive range of languages, WRHA Language Access can also arrange over-the-phone interpreter services in approximately 170 languages.

If you are a WRHA facility or a WRHA-funded facility you can call WRHA Language Access Interpreter Services central dispatch at 788-8585 to request a trained interpreter for a Pap test examination, as well as for appointments to discuss abnormal test results. Requests can also be sent to Language Access by fax. To obtain a fax request form contact: languageaccess@wrha.mb.ca.

If you are a Winnipeg fee-for-service physician’s office and would like more information on how to request WRHA Language Access Interpreter Services send an e-mail to languageaccess@wrha.mb.ca.
Female Genital Cutting (FGC)

Numerous women who have immigrated to Canada from East and West Africa, Arabia, Yemen, Oman, Indonesia, Malaysia, and India have had their external female genitalia excised. Depending on the cultural perception of this procedure, some women may consider female genital cutting (FGC), also known as female genital mutilation (FGM), a normal cultural tradition, and not a practice that should be regarded as inappropriate, unnecessary or violent. HCPs should approach each woman with the sensitivity that reflects her personal and cultural experience. Please refer to Chapter 6 for a full description and illustrations of FGC.

Counseling and Education

Women who have experienced FGC may be anxious about exposing their genitals, especially in front of a male HCP. The woman should always have the choice to have a female chaperone accompany her in the examination room. Arrange for a female HCP to conduct the pelvic exam.

Do not assume that women who have been circumcised are not sexually active. These women should be counselled about STIs and cervical neoplasia on an individual basis. As well, do not assume that these women want reconstruction referral. Consult each woman on her individual needs.

During the Pap test

For women with FGC, the ability to perform a Pap test will depend on the size of the introital opening. A pediatric or small speculum may be necessary. If the introital opening is too small, the HCP will not be able to insert a speculum. These cases may require referral to the obstetrician gynecologist and may require the examination under anesthesia.

The HCP should:
- be sensitive and non-judgemental
- avoid inappropriate comments
- not ask colleagues to observe the exam as a method of teaching about FGC
- refrain from making facial expressions
Modesty and Healthcare for Women: Understanding Cultural Sensitivities.

Society of Obstetrics and Gynecology
A Guide for Health Professionals Working with Aboriginal Peoples: Cross Cultural Understanding

Society of Obstetrics and Gynecology
Lesbian Health Guidelines

The Canadian Women’s Health Network
Getting Through Medical Examinations: A Resource for Women Survivors of Abuse and Their Health Care Providers

Canadian Women’s Health Network
Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs

Vancouver Coastal Health
Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia

The Personal Health Information Act

sexualityandu
Assessment and Treatment of Female Sexual Dysfunction in Primary Care

Public Health Agency of Canada
Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse.
1. What are some special learning, counseling or communication needs of the following women:
   a. Adolescents
   b. Lesbian Women
   c. Transgender
   d. Women with a history of sexual abuse
   e. Disabled women
   f. Women from different cultures
   g. Women with barriers to access

References


9. Saskatchewan Institute of Applied Science and Technology, Faculty of Primary Care Nurse Practitioner Program. (2000). Pap testing and bimanual exam. Adapted with permission.


