We read with interest the recent study on women's knowledge of breast cancer screening.

We question whether education level attained is an independent variable or whether it is linked to awareness about relevant sources of information and the ability to seek them out. It is not clear from the study whether women were required to choose from a list of pre-determined options on knowledge of screening or provide an open, written response. This distinction is important when interpreting the fact that 94% believe breast screening is to allow the earlier detection of cancer and 45% believe screening is to prevent cancer developing. Women participating in the NHS screening programme receive a leaflet along with their invitation for mammography, and it clearly states screening does not prevent breast cancer; a fact which the above would suggest is not retained or other sources of information are being used. Therefore, this study highlights deficits in understanding of the purposes of screening which could guide further research.

References


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Response to: Understanding women’s knowledge of breast cancer screening

Sirs,

In response to the comment on investigating the issue of ethnicity, the number of respondents from ethnic minority groups was too small to undertake any meaningful analysis. An analysis of the non-responders did not show a higher proportion of women from ethnic minorities. As pointed out in the article, the preponderance of white, home-owning women in the sample reflects the population profile of Oxfordshire in this age group. Ethnicity is an important factor, and it is essential that research be done to identify the particular needs of ethnic minority women.

Education, as the correspondents have pointed out, is linked to awareness about relevant sources of information and the ability to seek them out. The women were required to choose from a list of pre-determined options on knowledge of screening. This questionnaire was sent out before the NHS breast-screening leaflets were introduced. However, a follow-up study was done on a sub-group of the respondents to this study who were sent the NHS leaflet to identify whether knowledge about breast cancer risk and screening had changed following the leaflet. It was interesting to note in this study that although the leaflet states that breast screening does not prevent cancer, while 32% who previously thought screening prevented breast cancer responded correctly after reading the leaflet, 20% who previously thought that screening does not prevent cancer responded that screening does prevent cancer.

This follow-up study further highlighted issues of how information provided on breast screening is perceived and
understood and as the correspondents point out emphasizes the need for further research in this important and complex area.

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Concerning: Is screening for tuberculosis acceptable to immigrants? A qualitative study

Sirs,

This is a timely piece of research, given the high priority currently being given to tuberculosis (TB) prevention and control. Public health and commissioning leads are beginning to develop a response to the national TB action plan and National Institute for Health and Clinical Excellence (NICE) clinical guidelines and their implications for a wide range of specialist and community services.

The authors acknowledge the political pressures to continue new entrant screening, despite observational evidence that such programmes are ineffective, largely due to poor uptake, patients lost to follow-up and the current resource limitations on screening for latent cases of TB. A key strand of local TB strategies is therefore likely to be the continuation of new entrant screening, with increased efforts to identify and target high-risk populations.

The study’s major flaw is the recruitment of participants who had already accepted the offer of screening and associated services, predominantly in community and primary care settings. By definition, these participants are likely to be the group who find current services most acceptable and accessible. It is not surprising therefore that reported acceptability was almost uniformly positive, with little dissonance found within the sample. The conclusion that screening is highly acceptable to recipients in the chosen study settings is a positive one for existing services, but we are left uncertain about the perspectives of those who do not take up the offer of screening.

More useful insights into service acceptability would have been gained if the study had included purposive recruitment of participants who had not taken up the offer of voluntary screening, accepting that such individuals may be very difficult to reach.

There is, in addition, only limited exploration or discussion of the social and cultural factors that influence the acceptability and accessibility of screening. As reported here, this study is more representative of a customer satisfaction survey and is missing some of the critical elements of qualitative research. It would have been useful to have a better understanding of the researchers’ theoretical and organizational perspectives and to see reflection on researcher positionality and its potential to influence the response of interviewees. This may be particularly relevant when interviewing participants selected from such a vulnerable population.

The discussion of lay understandings of TB is useful, particularly the observation that many participants derive their knowledge of TB from personal experience before entering the United Kingdom, in countries of origin where incidence is higher and TB is a more prevalent health concern.

Well-designed and executed qualitative studies are a powerful tool to develop our insight into the factors that are important in the interaction between people and services. TB is a complex disease, and the political, socioeconomic and cultural influences on TB control make in-depth qualitative work a valuable resource.

This study does not take us as far as we might have hoped towards an understanding of the wider influences on the uptake of TB screening, particularly the key dimensions of social, economic and physical access to services. However, the published article did promote a lively debate amongst members of our local Health Protection team and was a catalyst for reflection on the future role and design of screening services.

Reference


Yours sincerely,

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