



'My First Smear Test': British Women's Lived Experience

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Abstract

With smear test attendance rates being at an all-time low in the United Kingdom ("Increasing cervical screening attendance", 2019) and the experiences shared often being negative, there is a misrepresentation of smear test experiences. Previous literature looking at pelvic examination experiences have suggested that they are a necessary situation (Larsen, Oldeide & Malterud, 1997; Oscarsson, Benzein & Wijma, 2007). Some women associated smear tests with intimacy and sexuality (Grundström, Wallin & Betero, 2011). Whereas some women found the procedure to be more positive than they expected it to be (Larsen et al, 1997). However, there has been a lack of research focusing on smear test experiences in a United Kingdom population. The aims of this study were 1. To explore British women's lived experiences of smear tests, and 2. To inform women who have not yet experienced a smear test. The study investigates ten British women's lived experiences of smear tests and the data was collected from blog posts which were accessible from the public domain. Hermeneutic phenomenological analysis has been used to analyse the data by following the six-step stage guide proposed by van Manen for hermeneutic research (1990). The study used van Manen's three questions to analyse the data and find the themes (van Manen, 2002). The themes identified were 'negative preconceptions', 'a necessary procedure', 'vagina anxieties', 'success through caring', 'keeping your modesty' and 'preparing for the medical encounter'. These themes overall created the essence of the experience which was 'a necessary evil'. The findings found that women saw the smear test as being a vital procedure, however, one which brought anxiety, exposure and shame. Positive nurse interaction and receiving information throughout the procedure led to a more comfortable smear test experience.

Introduction

In the United Kingdom, women are sent an invite to attend their first smear test at the age of twenty-five. A smear test, also known as a cervical screening test, is a free test in which a sample of cells are taken from a woman's cervix and tested to see whether there are any abnormalities or cell changes ("Cervical screening", 2019). Cell changes may be caused by high-risk human papillomavirus (HPV). This is a highly important test to attend as 3000 women per year are diagnosed with cervical cancer in the United Kingdom, with it being the most common cancer in women aged 35 and younger ("What is cervical screening (a smear test)?", 2019). However, there is a negative stigma attached to smear tests and a proportion of women fail to attend due to anxiousness and negative preconceptions, for example painful experiences (Hilden, Sidenius, Langhoff-Roos, Wijma & Schei, 2003). Currently, one in four women do not attend their smear test ("Increasing cervical screening attendance", 2019).

The smear test was developed by George Papanicolaou. Papanicolaou specialised in the "physiology and cytologic characteristics of the female reproductive system" (Tan & Tatsumura, 2015). In 1928, Papanicolaou examined swabs smeared on microscopic slides and he distinguished the differences between normal and malignant cervical cells. However, initially his findings were not paid attention to until he published, along with Dr Herbert Traut, a book named 'Diagnosis of Uterine Cancer by the Vaginal Smear' in 1943. This was the origin of the 'Papanicolaou test' which is more commonly coined nowadays as the 'pap smear' or 'smear test'. This test became the standardised test to screen for cervical cancer, it has worked efficiently due to low cost, a simple procedure and the swabs are accurately interpreted. Since the formation of the smear test, the incidence of cervical cancer has declined (Tan & Tatsumura, 2015; Peto, Gilham, Fletcher & Matthews, 2004).

Women often do not attend their smear test, and this can be due to them hearing negative experiences of smear tests or even being too anxious due to the idea that it may be painful. However, many women do view the smear test as being necessary to attend to keep a check of their health. We live in a neoliberal society in which individuals are held accountable for their own health (McGregor, 2001). This ideology is common in western societies as the individual is seen as self-governing in an actively self-examining health conscious society (Petersen, 1997, as cited in Petersen, Bunton & Petersen, 1997). Women will allow themselves to be uncomfortable for a short period of time as the alternative and consequences may be much worse. This is reflected in literature looking at experiences of pelvic examinations. Oscarsson, Benzein and Wijma (2007) carried out a qualitative study looking at adolescent's experiences of their first pelvic examination. Data was collected via tape-recorded interviews and it was analysed using latent content analysis. Oscarsson et al (2007) identified three key themes which were 'Emotional ambivalence', 'Being in control' and 'A step into women's world'. The study found that although the adolescent's found the experience to be embarrassing and exposing, they believed that it was vital and important for their health and an important step into womanhood.

Whether an individual will act in health preventative behaviours can be explained by the Health Belief Model. The Health Belief model is constructed of "perceived susceptibility, perceived severity, perceived benefits minus perceived barriers and cues to action" (Maiman & Becker, 1974). The Health Belief Model states that if an

individual participates in health preventative behaviour it is due to them believing they are threatened by an illness (Rosenstock, 1974). It is “determined by both the person’s perceived “susceptibility” or “vulnerability” to the condition. Perceived susceptibility is defined as being the individual’s evaluation of the risk of contracting a condition or illness (Burak & Meyer, 1997). If an individual feels vulnerable, they will more likely act. Perceived severity is defined as being how severe an individual perceives a condition is, with the most severe leading to willingness to take action (Burak & Meyer, 1997). They will also carry out this behaviour if they believe the benefits of the preventative procedure outweigh the costs (Burak & Meyer, 1997). Finally, a stimulus, coined cue to action, acts as a trigger the appropriate health behaviour. These may be internal, which may include bodily states, or external including media communications, interpersonal interactions or personal knowledge of people being affected by the condition (Maiman & Becker, 1974).

In relation to this, women’s pre-examination anxiety, leading to poor attendance rates, may stem from the idea of ‘patriarchal neoliberalism’ and the notion that a women’s physical appearance measures her value (Leve, Rubin & Pusic, 2012). In society, both historically and current day, women’s bodies are perceived as being problematic and inferior to the male body. Braun and Wilkinson (2001) present that historically, the ‘one-sex’ model was used in which the vagina was viewed as a version of the penis and the male was presented as the standard (Laquer, 1992, p. 78). This was reinforced by Freud who argued that the more this idea was researched, the more confirmation scientists gained that females were an inferior version of the male (Laquer, 1992, p.70). Even though these gender views progressed in understanding after the Renaissance period, in which the ‘two-sex’ model was introduced, hierarchal ideologies were sustained, and the female body was still considered as inferior to the ‘standard’ male body (Laquer, 1990, p.151-153).

Fredrickson and Roberts (1997) proposed the ‘objectification theory’ in which a woman’s body “exists within social and cultural contexts, and hence are also constructed through sociocultural practices and discourses”. This may have negative consequences as women may internalise society’s or other individual’s perspectives. If these views are negative, then this may lead to feelings of anxiety and shame (Fredrickson & Roberts, 1997). It is argued that physical appearance equates to power in today’s society and therefore if a woman is deemed to not possess physical beauty then they are viewed as socially and economically disadvantaged (Unger, 1979).

These ideologies are reinforced as the female genitalia is often constructed negatively in society and the media. In addition, it is also a taboo subject (Braun & Kitzinger, 2001). Braun and Wilkinson (2001) argue that it is a cultural norm for vaginas to be presented as shameful, unclean and even disgusting. This has negative implications as this societal view often translates to women’s view of their own genitalia. Braun and Wilkinson (2001) argue that this negative view may affect women’s willingness to discuss and seek medical help in relation to their genitalia. Therefore, this may reflect why there are low attendance rates for smear tests as women may be ashamed to expose their vagina therefore it becomes an anxiety-inducing topic. There is a severe lack of information surrounding vagina normality. Bramwell (2002) explored this through a media text study aiming “to investigate whether labia are presented as visibly protruding in women’s magazines”. They

carried out a content analysis of the images found in ten women's magazines. This was carried out to address the lack of research and portrayal of a normal vagina in the media. They found that labia were absent or minimised in pictures, which is consistent with cultural norms.

In addition to this, the vagina is often objectified which often makes young women embarrassed to talk about or address any medical needs involving their vagina (Ackard & Neumark-Sztainer, 2001). There have been multiple studies looking at women's experiences of having a pelvic examination in relation to how the women felt during the procedure. Grundström, Wallin and Betero (2011) carried out a study, in Sweden, using qualitative interviews. They looked at young women aged eighteen to twenty-five years and their experiences of pelvic examinations. However, they looked at pelvic examinations from birth control counselling and testing for sexually transmitted diseases. Grundström et al (2011) identified three key themes which were "relinquishing and regaining control", "facilitation of the situation by the examiner" and "pelvic examination is an unpleasant necessary". They found the essence of the experience was "an intimate situation". Overall, they found that young women found the experience of pelvic examinations intimate and this was strongly associated with sexuality. The idea of a stranger looking at their private parts was embarrassing to them and they did not feel comfortable with being exposed. To change this, Braun and Wilkinson (2001) argue that health services should "challenge negative socio-cultural representations" instead of objecting the female genitalia which reinforces the negative taboo. In addition, the vagina should not be objectified during examinations such as the smear test. Larsen, Oldeide and Malterud (1997) found if women associated this procedure with sexuality, then it was made more comfortable if the nurse was a female.

However, it is argued that even though women identify that vaginas are negatively constructed in society, they cannot resist these negative stereotypes (Moran & Lee, 2018). Moran and Lee (2018) carried out a thematic discourse analysis from data collected via responses to open-ended questions about female genitalia dissatisfaction. They identified two themes which were 'from natural to normal' and 'the difficulty of resistance'. The first theme identified how the natural female body is constructed as inadequate and that normality may only be achieved through modification of the body. The second theme explains the difficulty of rejecting this idea. This is due to the taboo being highly influential and not openly discussed. Therefore, it is ingrained in women to be vagina conscious and it is enforced from a young age that the female genitalia are negative.

However, previous literature has revealed that after women have attended their smear test, they found that the experience was not as negative as they presumed it would be. Larsen, Oldeide and Malterud (1997) looked at women of a variety of ages and their experiences of pelvic examinations using interviews. The sample consisted of thirteen women aged 16-80 years recruited from a General Practice in Bergen. The study found that women saw the examination as a necessary requirement and their experiences were more positive than their negative preconceptions were. The notions of control and integrity were highlighted as being important during the experience.

Edmund Husserl founded phenomenology which primarily is to understand experience and how individuals perceive the world in which they live. In addition to

this, how they experience relationships with others (Langdrige, 2007). Hermeneutic phenomenology draws upon Heidegger's understanding and is based on interpretation (Heidegger, 1962, as cited in Langdrige, 2007). Heidegger developed the idea of the 'Dasein' in which sense of being-in-the-world founds our experiences (Langdrige, 2007). To understand experiences of the lifeworld, individual's stories of their experiences need to be explored using hermeneutics and interpretation (Langdrige, 2007, p.41). Within hermeneutic phenomenology the aim is not to find the truth and reality but instead to make sense of how individuals make sense of an experience. This study uses hermeneutic phenomenology as it looks at understanding texts about experiences. In Hermeneutic phenomenology, van Manen follows the workings of Gadamer (1975) who focuses on language and how it can be within certain contexts which are understood through the fusion of horizons. Researchers continuously merge different interpretations of the phenomenon (the horizons) which is known as the 'hermeneutic circle' (Langdrige, 2007, p.122). This method of analysis does come with some cynicism, researchers should stay clear of providing rules as this may rule out or prevent interpretations (Gadamer, 1975, as cited in Langdrige, 2007).

Using the internet as a data source for research has both positives and negatives. Robinson (2001) stated that blogs are "unsolicited narratives". The use of blogs in research is advantageous as they allow the researcher to access varied narratives (Willig & Stainton-Rogers, 2017). In addition, they are often informal and therefore can present an in-depth, unfiltered account of an individual's experience. Bloggers tend to use their blogs as an outlet for self-expression. Other methods such as interviews may lack this sense of detail due to the interview being more structured and formal and the individual's not being able to articulate what they mean (Robinson, 2001). However, we must consider the possible ethical implications of the use of blogs and internet research. One ethical issue may be privacy as this may be infringed by using accounts that were not produced for use by internet researchers (Willig & Stainton-Rogers, 2017).

Therefore, the rationale of the study is to look at the lived experiences of those women who go for their first smear test, then blog about it, in order to consider how they describe and make sense of these experiences. Additionally, looking at how these women represent these experiences to inform those who have not yet lived this experience. Blog posts have not been utilised as a method in the existing literature. Many researchers have utilised interviews and surveys to assess smear test experiences (Oscarsson, Benzein & Wijma, 2007; Moran & Lee, 2018). The rationale for my study is there is a lack of studies that utilise alternative data and look at women from the United Kingdom and their smear test experiences. In addition, many of the previous studies look at other forms of pelvic examinations such as sexually transmitted disease examinations and reproductive health care, therefore the study will focus on solely smear tests and first-time smear tests. The research aims for this study is to 1. To explore British women's lived experiences of smear tests and 2. To inform women who have not yet experienced a smear test. Women tend to hear very negative experiences of smear tests so by providing lived experiences I would hope to help educate women whom are about to go for their first smear test and help to improve attendance rates.

Method

Phenomenology “aims to focus on people’s perceptions of the world in which they live in and what it means to them; a focus on people’s lived experience” (Langdrige, 2007). Hermeneutic phenomenology investigates the “subjective experience of individuals and groups” (Kafle, 2013). This type of phenomenology delves into the world in which the individual lives in the context of the experience (Langdrige, 2007).

Ethics

According to the BPS Code of Ethics and Conduct (2018) researchers should consider four ethical principles which are respect, competence, responsibility and integrity. To maintain respect in this study, each of the blog posts were considered to be of the same importance, no matter the experience, length of blog post or characteristics of the blogger. Confidentiality was also considered and even though the blog posts are available in the public domain, the women’s names have been left out of the study. To guarantee I was competent, I ensured to produce the research up to a high standard whilst identifying the limits of knowledge, education and experience. To ensure the integrity of the study, I have made sure to copy the blog post wording word-for-word to ensure accuracy of experiences. The study should create psychological knowledge for beneficial purposes. The study is unbiased as the experience is not one, I have experienced myself. To obtain responsibility, I ensured to handle the topic within a sensitive manner in order to maintain respect for humans and the living world. As the study was stage 1 ethics it avoided discomfort and harm from an often-distressing topic as there were no participants (see Appendix 1 for approved ethics form). This ensured scientific value and social responsibility. Due to the topic being a sensitive issue, I made sure to have a plan B in case of the topic causing myself distress. If this was to happen, I would apply the same the same method to a different topic and seek support.

I ensured that I had met ethical considerations and only collected blog posts that were available in the public domain. I made sure to avoid lock and key sites, following guidelines by Ess (2002) stated on the website <https://aoirg.org/>. I ensured confidentiality by keeping the bloggers identities anonymous to meet ethical guidelines. I also had to consider whether there were any ethical consequences of quoting from the blog posts (Markham & Buchanan, 2012). This included whether direct quoting could cause harm to the blogger. After consideration, I decided that using blog posts was the method I wanted to pursue as I believe that the information was put on the internet to share.

Fusion of Horizons

Hermeneutic phenomenology aims to create a fusion of horizons between the description of the experience of the lifeworld and the interpretation of the experience by the researcher (Langdrige, 2007). This study has taken different interpretations of the experience of smear tests and interpreted them to into a discussion of the hermeneutic of the phenomenon.

Phenomenological Reduction

Phenomenological reduction contains three key elements which are “description, horizontalization and verification” (Langdrige, 2007). This process investigates the layers of meaning of the data. The idea of phenomenological reduction is to describe the experience of the unconscious in as much detail as possible. This means to repeatedly reflect, examine and clarify the experience. The data should be looked at both in whole and in part. This is known as the ‘hermeneutic circle’ (Langdrige,2007). The researcher should consider horizontalization which is the idea that all the data should be of equal importance (Padilla-Díaz, 2015). The aim is to attempt to define how the world appears to the participant with regards to the experience (Langdrige, 2007). Within the research, phenomenological reduction is reflected in the coding process.

Imaginative Variation

Imaginative variation states that the researcher should be able to consider the phenomenon from various perspectives (Langdrige, 2007). The aim of imaginative variation was to capture both the emotional and psychological meanings of the data. This was reflected in the practice of organising codes into themes.

Essence

A Fusion of Horizons, phenomenological reduction and imaginative variation all equate to a method to formulate the essences. An essence is the structure underlying the experience and the experience in its entirety (Langdrige, 2007).

Gathering data

To gather in depth accounts of this experience, I chose to gather data from blog posts from women who have recently undergone smear tests, since these were rich accounts, with full descriptions. I used opportunity and sampling and selected blog posts that were readily available. I used the domain ‘Google’ to search for blog posts. I used the search terms ‘My first smear test’, ‘smear test experiences’ and ‘my first smear test experience’. The final data sample consisted of ten blog posts. I ensured that each blog post was written by women from the United Kingdom, reflecting on my rationale as there has been few studies using an entire UK demographic sample in pervious literature. The total word count for the blog posts equalled 10, 567 words.

Analysis

Once I had collected the blog post sample, I analysed the data using hermeneutic phenomenology. The unit of analysis was the individuals experience of their smear test. I followed van Manen’s (1990, pp.30-31) six-stage guide for hermeneutic phenomenological research. The six stages were: “turning to a phenomenon which seriously interests us and commits us to the world; investigating experience as we live it rather than as we conceptualise it; reflecting on the essential themes which characterise the phenomenon; describing the phenomenon through the art of writing and rewriting; maintaining a strong and orientated relation to the phenomenon; balancing the research context by considering parts and whole”.

To start the analysis of the data, I applied van Manen’s (1990) three ways in which to approach the data (Langdrige, 2007). These were: 1. Wholistic reading, 2. Selective reading and 3. Detailed reading. I decided to use a combination of wholistic and selective reading. I read through each blog post holistically to familiarise myself with

each blog post and the subjects that were addressed in each. It was here in which I had to amend the sample as one blog post was written by a woman who was not from the United Kingdom. Therefore, I replaced it with another blog post. Initially, I noted down the main points of the blog post, and the thoughts and feelings of the women. I repeated this for each of the blog posts. I continued the analysis by selective reading. I underlined sentences and phrases which I felt were of key importance to the posts.

Van Manen (2002) stated that in phenomenological research we need to contemplate: “the external things of the world in the midst of which the person lives. How does this person ‘see’ the things? What is important in this world? How does the person interact with his or her environment? Real is what is experienced. And it is those experiences we are trying to understand” (van Manen, 2002, p.62). As I believed the six stages to be ambiguous, I decided to use these questions to analyse the data and to help me delve into the meaning of the data. For each of these questions, I went through each blog post and categorised sentences into codes of meaning. I then clustered the alike codes into themes. These themes produced an overall essence.

Findings

In relation to van Manen’s (2002) and “the external things of the world in the midst of which the person lives” the blog posts informed the reader and outlined the typical journey to the first smear test. Typically, women in the United Kingdom will receive a letter through the post around their 25th birthday. Once receiving this letter, women can ring their medical practice/ surgery to book in appointment for a smear test. On the day of the smear test, women will arrive at the surgery for their appointment. When they go in for their appointment, the nurse will talk through the process of the smear test. Women are then instructed to remove their trousers and underwear and lie on the bed. Women will be given a towel to cover their private parts. The nurse will then instruct the women to put feet together and bring knees apart. The nurse will then remove the plastic speculum out of the packaging and lubricate it. The speculum is then inserted into the woman’s vagina and the speculum is cranked open. The nurse will then take the swab out of its packaging and take a swab from the woman’s cervix. Once the swab has been taken, the nurse will take the sample ready for it to be sent off for testing and the woman will be asked to get dressed. The nurse then may further explain when to expect the results which often take around two weeks.

In the rest of this section I am going to refer specifically to the findings in relation to van Manen’s three questions (van Manen, 2002, p.62).

1. How does this person ‘see’ the things?

Negative preconceptions

The women had pre-existing nerves and worries about the procedure. This was evident as women described the letter they received as “the dreaded letter”. Many women heard horror stories about smear tests previously with one woman stating, “nobody really has a good word to say about smear tests”. This emphasises how easy it is to form a negative opinion of the procedure due to the lack of information and positive experience accounts available. This was noted by one woman who wrote, “there is a lot of misconceptions about what they do or just a lack of

information really". These negative accounts increased anxiety levels which made the women not want to attend as they do not know what the process is going to be like. This was demonstrated in the blog posts as women said, "I was filled with dread, anxiety and nervousness about what it might entail" and "I couldn't bare thinking about for it would send me into a state of panic". Negative preconceptions included women feeling that the procedure was going to be uncomfortable, exposing and embarrassing. It was stated that "it feels quite unnatural to undress your bottom half in the middle of the day in a little office". In addition to this, women find the idea of having the procedure in a clinical setting to be quite intimidating. One woman wrote, "the thought of whipping out my lady bits to a complete stranger under those bright bloody lights they have, did fill me with a certain amount of dread". This also highlights how women found the experience to be unnatural.

Women also had anxieties surrounding the procedure itself. The woman had pre-existing ideas about what the procedure was going to be like such as whether it was going to be painful and if it would run smoothly. This was voiced by one woman who specified "I was terrified they wouldn't be able to get the speculum in, or that it would be excruciatingly painful". The women found that they were apprehensive as they did not know what to expect, especially if they had not had procedure's like this before, such as sexually transmitted disease checks.

A necessary procedure

Although women saw this procedure as uncomfortable, each woman saw the procedure as necessary. No matter how negative the women's experiences were, each one encouraged their readers to go for a smear test and not avoid doing it. It was described as, "such an important, worth-while test, I would personally say it's worth the stress". Other women expressed the idea that women should attend as they take care of other body parts, so this area should be no different. For example, one woman wrote, "consider it a form of self care; like getting your hair or nails done. It's an important thing you should do to take care of yourself; your future self might thank you for it". The women also considered themselves lucky to be living within a country that offers free smear tests stating that all women should, "Take advantage of that privilege that some women do not have".

It is also proposed by not attending the smear test may have detrimental consequences. The women were adamant that the consequences of not attending the smear test were potentially much larger than the amount of pain or uncomfortableness experienced during the procedure. It was highlighted that "the alternative could be cervical cancer". Another woman detailed, "my story isn't intended to scare you; I wanted to share it to highlight just how important that initial smear test was for my own health". The blog posts indicate that some of the woman had abnormal results return from their smear tests which would have remained undetected if they hadn't of attended their smear test. In addition to this it was emphasised throughout the blog posts that there are a range of both positive and negative experiences. This conveyed that even though someone you know may have had a bad smear test experience, that doesn't mean you will. This was addressed in one blog post which stated, "everybody's body is different, everybody's vagina is different, everybody's pain thresholds are different".

2. What is important in this world?

Vagina anxieties

An evident theme emerged that women had anxieties surrounding the appearance of their vagina. This created many internal questions for the women which included whether they should shave, shower or wear certain underwear. One woman contemplated, “should I fully shave the whole thing? Should I do a style? Should I just tidy it up? Should I do nothing? Should I wear nice underwear? Should I care? I worried a lot”. Women worried that they would look messy and even dirty or smelly. Some women felt anxious of the idea that a nurse, who is a stranger, was going to see their vagina. One woman, “fretted a LOT about the nurse seeing my vagina”. The women felt self-conscious about being exposed as this is not a frequent occurrence and they were scared about the opinion of the nurse. There was also anxiety surrounding whether the women’s genitalia looked ‘normal’. Women felt almost embarrassed to reveal their vagina with one worrying, “tell me you haven’t wondered ‘is mine...normal?’”. This was especially the case if this was the first smear test or procedure like it. However, in contrast to this some women did not worry about a nurse seeing their vagina as they had previous experience of exposing medical encounters such as pregnancy. This was implied when a woman wrote, “after giving birth twice by this point (once in front of a room full of medical students and surgeons) my dignity reservations about getting my foof out for a stranger were non-existent!”. Therefore, this process may feel more intimidating to women who have not had a pregnancy before. The woman empathised, “if you haven’t had a medical professional look at your most intimate parts, it can feel intimidating”.

It is evident that women also worry about their choice of underwear. They worry that they are going to appear too seductive. One woman stated in relation to her underwear choice that, “I’m not trying to seduce her after all”. Many women went for standard underwear such as “not sexy nice, but like, no holes”. It was highlighted that women found their underwear choice to be a difficult and almost embarrassing decision as they didn’t want to be too ‘seductive’ but not wear horrible underwear either.

Success through caring

Another prominent idea that the women conveyed in the blog posts was that the interaction with the nurse either made or ruined their experience. Some of the women found that the smear test procedure was uncomfortable physically, and even painful in some cases. This put a physical and mental strain on the women during the procedure as some of the women felt the experience was challenging mentally. For example, one blogger stated, “I just felt a bit weird mentally”. The women who received a friendly and “cheerful nurse” found the experience to be much easier and more comfortable as they found that this made them feel more relaxed. One nurse was described as “so bloody lovely that I think that’s what calmed my nerves so much”. Another positive experience included, “the nurses who performed the procedure did what they could to ensure any discomfort- both physical and emotional!- was kept to a minimum”. However, a few of the women had negative experiences with nurses with one woman claiming that “the lady didn’t explain anything to me” and “it was all quite rushed and I didn’t feel relaxed in the slightest”. The woman felt that good communication throughout the procedure was essential and this was the key to them feeling calmer during the smear test.

3. How does this person interact with her environment?

Keeping your modesty

The women found the idea of being exposed to a stranger to be uncomfortable. For example, one woman wrote, “if you’re not in the habit of lying down on a table, opening your legs and flashing your bits and pieces to a stranger then it is always gonna feel like a weird and awkward thing to do”. The women found the smear test to be unnatural and clinical.

In addition to this, women explained how “you then lie on the bed and cover yourself with a towel”. The use of this towel for modesty shows how women found the experience to be embarrassing and exposing as they are even covering themselves in a medical encounter. However, women were also “given big paper tablecloth or cover to put over yourself” and the procedure also happened behind a “modesty curtain”. This suggests that we live in a society in which it is ingrained in women and women are also expected to cover and respect themselves.

Preparing for the medical encounter

It was clearly emphasised in the data that many of the women wore skirts or dresses on the day of their smear test. Woman stated, “I wore a skirt as that makes the process a lot quicker and easier” and that, “it made me feel a little more comfortable on the day”. By wearing a skirt, women felt less exposed and self-conscious as they were able to keep the skirt on during the procedure, which made them feel more modest.

In addition, women found preparing themselves for the test made them feel a bit more comfortable about exposing themselves. One woman stated, “personally, I had a bit of a trim and went on my merry way”. In addition, women found that showering prior to the procedure made them feel cleaner and less worried about being exposed to a stranger. It was also emphasised that showering before you go was “I have a shower the morning before you go, that’s just common human decency”. Women stated that this was to ensure that you are clean. One woman also said that she likes to, “freshen up afterwards by using baby wipes”. This ensured that she could clean up and wipe any excess lube away. This made the woman feel more prepared to be able to expose her vagina and deal with the aftermath.

We can glean from women’s preparation for the medical encounter that women feel uncomfortable to be exposed in front of a nurse. One woman questioned that, “I don’t feel uncomfortable to take my knickers off in a sexual capacity so why would I feel nervous to do it for a person who only wants to do helpful things for me?”. The smear test is distinguishable from a romantic encounter as women are not openly wanting to be exposed and it is in a highly abnormal and intimidating setting. The women feel like in during the smear test, they need to obtain their dignity which is why many of the women chose to wear skirts and standard underwear. This was stated, “I generally wear a skirt so I can keep it on and not feel exposed”. This ensures that they are not presenting themselves in a promiscuous or revealing way. In addition, one woman stated that, “I’m not going to be naturally lubricated up and ready for action at a smear test”. This highlights the differentiation between encounters as women are not prepared to have a speculum inserted and therefore this can be anxiety inducing and suggest why some procedures do not run smoothly.

Due to the procedure being potentially painful and awkward, some of the women had to repeat their smear test. This was either due to the procedure being too painful or the nurse not being able to find the woman's cervix. For example, one woman said, "the nurse managed to get it in ok, but it got too painful when she opened it up".

The Hermeneutic of the lived experience of the smear test: A Necessary Evil.

Taking into consideration the findings aforementioned, the overall hermeneutic of the data is summarised as the smear test being a 'necessary evil'. There is a constant reinforcement throughout the blog posts that state that the smear test is vital and necessary. With the procedure being free of charge on the National Health Service (NHS), the women see that attendance should not be up for debate. It is important for these women and a necessity in order to keep a check on their cervical health, and the procedure is the only method in which this can happen. This taps into the shift of the neoliberal view on healthcare, individuals feel responsible for maintaining their health through self-care and examination. However, for many women this will be the first time in which they will have their genitalia medically examined. Even though they saw the procedure as being of importance, the women felt that the hardest part was to book the procedure and actually attend.

Through their descriptions of their smear test experience the women share their anxieties they felt prior to their procedure including the appearance of their vagina, vagina odours, exposing their vagina and whether the procedure was going to be painful. For many, it feels wrong to expose their genitalia even within a medical encounter. They feel as women in society, they should not expose themselves especially within a context outside of a romantic encounter. The women feel as though it is their responsibility to keep covered up, hence many of the women choosing to wear a skirt to the procedure. Additionally, the women felt uncomfortable to expose themselves as society presents women as a sexual object.

The women had vagina anxieties due to not being aware whether their vagina looked 'normal' in comparison to other women. They did not consider that the nurse had seen vaginas of all shapes and sizes and were worried that they were going to be judged on the appearance of their own. For many of the women their smear test was the first time in which they had showed their genitalia to anyone outside of a sexually capacity. In addition, women feel as though there is a taboo around genitalia, as vaginas are not discussed as a norm or the variety of vagina appearance is not represented in the media.

The women felt anxious and embarrassed that they may have vagina odour during the procedure, with many panicking and washing their vagina several times prior the procedure. They felt that having an odour to their vagina was embarrassing. They also felt that these odours are not normal and even disgusting. This is constantly reinforced in the media whereby there is constant advertisement of hygiene products for the vagina, advertising them as being able to eliminate odours.

The blog posts acted as a platform for self-expression to share their experiences and to help to answer any questions about the smear test their readers had. Some of the women described their journey as an easy, quick procedure which lasted five minutes and was bearable. Whereas, some of the women experienced painful procedures, unsuccessful attempts in which they had to rebook another smear or

procedures that lead to further complications. However, all women appealed to their readers to book and attend their smear tests as they are highly important.

Discussion

The aims of the study were 'To explore British women's lived experiences of smear tests' and 'To inform women who have not yet had a smear test'. The themes identified in this study were 'negative preconceptions, 'a necessary procedure', 'vagina anxieties', 'success through caring', 'keeping your modesty' and 'preparing for the medical encounter'.

In relation to the aims of the study, the study has successfully explored British women's lived experiences of the smear test. The use of the hermeneutic phenomenological analysis ensured an in-depth look into women's experiences and why they may have had these experiences, relating to the individual, culture and society. The findings stated that every woman's experiences are different. All women described having experienced pre-procedure anxiety whether that was down to anticipation of the procedure being painful or the idea of their body being exposed to a complete stranger. Many of the women experienced positive smear test procedures, with many stating it was better than they expected. However, some endured negative experiences which led to further complications. No matter what the women's experiences were like, all women stated that the smear test was a complete necessity and it is vital to attend. These themes overall produced the hermeneutic of the study which was 'a necessary evil'. The women found the procedure to be a necessity in order to keep a check on their health. However, they also felt to expose themselves in the procedure to be very uncomfortable due to the opinions of society and the appearance of their vagina.

All women noted that the smear test was a necessary procedure. The study found this idea of self-care was ingrained in the women and they saw did not see non-attendance as a viable option. This emphasises the role of self-care in a neoliberalist society. There was a shift during the 1970's in which the responsibility of an individual's health was moved from the state to the individual (Petersen, 1996). Neoliberal ideologies requests that an individual should "enter into the process of self-examination, self-care and self-improvement" (Petersen, 1996). The women felt it was their responsibility to keep their own health in check no matter how unpleasant the procedure was. In addition, the women felt that if they did not turn up to their appointment and later had abnormal smear test results, they would turn to self-blame.

In relation to the Health Belief model (Rosenstock, 1974), the findings have shown that the women attended the procedure as they perceived that the benefits of the smear test to outweigh the overall costs. The women understood that the costs of the procedure did not outweigh the benefit of checking their gynaecological health. The costs of the procedure included potentially being in pain and uncomfortable during the procedure. Furthermore, the costs of not attending the procedure may also include that if they do not attend the smear and later receive the diagnosis of cervical cancer, they could have prevented it or treated it earlier. The cues that triggered the health behaviour included internal stimuli such as worry of diagnosis and even the guilt of not attending. Whereas, external stimuli included hearing cervical cancer stories in the media or personally knowing women who received a

cervical cancer diagnosis or their smear test returning with abnormal results. In particular, one of the women accounted that she booked a smear test although she had never had sexual intercourse due to someone at her university being diagnosed with cervical cancer after going for a smear test. In addition, one woman booked her smear test due media influence and a reactance to viewing the Jade Goody Campaign for smear tests attendance rates.

Cetisli, Top and Işık (2016) looked at cervical cancer screening and the health belief model, women who have a mother with a cervical cancer diagnosis will more likely take part in cervical screening than those whose mothers do not. They also found that women who were more aware about cervical cancer and the smear test procedure had greater motivation to attend the smear test as they perceived the benefits to be higher than the costs of the procedure. Therefore, this supports that external triggers such as knowing people who have cervical cancer and information available to an individual can be motivating triggers to attend smear tests. In addition, alike the current study, the women found the benefits of attending the smear test and looking after their own health to outweigh the uncomfortable nature of the procedure.

The study highlighted that many of the women experienced anxiety prior to the procedure. The anxieties were associated with the women's own genitalia and society's expectations. The women were found to be worried about the appearance of their vagina and worried about preparing themselves for the procedure. Female genitalia are a taboo subject and often not openly talked about. In society, it is clear that women and women's genitalia are constructed negatively. This is demonstrated by the fact one of the worst expletives in the English language is a synonym for 'vagina' (Rees, 2013). The lack of portrayal of the vagina in culture and society has been evident in many forms. Greer (1970) argued that female genitalia has been "obliterated from imagery of femininity". Bignell (1998) stated this is inflicted on girls from a very young age as even 'Barbie' dolls are presented with no sexual organs. From a young age, it is evident that girls are not "encouraged to explore her own genitals or to identify the tissues of which they are composed" (Greer, 197, pp.39). This sets the tone for a women's life and their opinions towards their own genitalia. During puberty girls learn how to remove their pubic hair as quickly as they grow it (Greer, 1971, pp. 84). They acquire the opinion that their vagina should be kept hairless and tidy. The women in the study found they were embarrassed to talk about and expose their vaginas. They were anxious about the appearance of their vagina and fretted about whether they should remove all pubic hair or tidy it. Oscarsson et al (2007) found the same in their study in which the adolescents were embarrassed to expose their genitalia in front of a stranger, as they themselves had not looked at or touched their genitalia. This supports the idea that young women are not encouraged to discover their own sexual organs.

The women wrote that they were anxious that their vaginas could be dirty or smelly, even preparing for the examination by showering multiple times. Many women are unaware that vaginal smells and fluids are to be expected and they often perceive this to be disgusting (Braun and Wilkinson, 2001). Women are exposed to feminine hygiene products within advertisement in the media, including products which eliminate odour (Walsh, 1996). The feelings of the women who experience shame and embarrassment from vaginal odours stem from media portrayal of feminine hygiene even though it is medically stated that women should not participate in

vagina douching (Greer, 1986). The lack of representation of vaginal odours as a norm impacted on the women of the study, they felt embarrassed to attend their smear test due to having vaginal odour and many considered it a factor to influence not wanting to attend the smear test.

In addition to this, women felt anxious to attend their smear test as they wondered whether their genitalia appeared normal in comparison to other women. This reflects how little this subject is discussed as women did not know whether other people's genitalia were different. This suggests the lack of representation in the media, especially within context to the vulva and labia which are the parts of the genitalia which women worry most about appearance wise. Lloyd, Crouch, Minto, Liao and Creighton (2005) studied the appearance of female genitalia, recruiting participants from gynaecology operating lists. The study found significant variations of the female genitalia including the sizes of the labia. This emphasises that there is no one type of 'normal' genitalia. This emphasises the lack of representation of vaginal variations in the media and society, reinforcing the fact the women in found themselves to be anxious over the appearance of their vagina (Sharp & Tiggemann, 2016). All the women had pre-existing nerves prior and during the procedure in relation to the appearance of their genitalia. Many had considered delaying the procedure or not attending. These feelings occurred due to having negative opinions of their own genitalia. These negative self-perceptions impacted negatively on their health-related decision making (DeMaria, Hollub & Herbenick, 2011). This research highlights the importance of women viewing their own genitalia in a positive way and educating women that there is no 'normal' and many variations of appearances. This has been identified as a significant influence on women keeping a check on their genital health (Fudge and Buyers, 2017).

Furthermore, women also had anxieties about choice of underwear. The women did not want to appear too seductive to the nurse or doctor but also worried about the underwear not being presentable enough. Objectification theory states that a women's body "exists within social and cultural contexts" (Fredrickson & Roberts, 1997). A woman's body is viewed as an object by society which may elicit negative opinions if a women's body does not meet what is deemed to be attractive or, in fact, is 'too attractive'. How women are treated leads women to internalise this treatment and adopt a view of themselves (Fredrickson & Roberts, 1997). This may lead to negative consequences as not only women's mental health may be affected but it also may stop women from seeking treatments in which they have to expose their bodies. The women in the study found the smear test procedure to be embarrassing due to having to expose their bodies, feeling ashamed to do so. This contributes as a factor to low attendance rates as women may not want to attend their smear if they see their body as an object or have negative feelings towards themselves. This theme was evident throughout many blog posts. However, it is ironic that the women had pre-existing anxieties surrounding their underwear as during the procedure, the nurse does not see the women's underwear. This highlights the extent to which the idea of women being objects is ingrained in women.

The women found that they automatically wanted to cover up whilst attending the smear test and additionally they felt they were expected to cover up during the smear test. This was done using a paper sheet towel provided by the nurse. It can be argued that it is ingrained in women to be modest and cover up, even with the context of an intimate medical encounter (Greer, 1971, p.39). The idea of the women

being expected to cover themselves with a paper towel even whilst examining their cervix, reinforces the idea of female genitalia being taboo. It may be argued that this is a practice to make the women feel more comfortable and less exposed. However, it also reinforces the idea that women should be modest and cover up as their bodies are viewed as an object, and furthermore their genitalia viewed as being shameful. In relation to patriarchal neoliberalism, the women may have felt anxious to expose their bodies as in society value is often measured from a women's physical appearance (Leve & Rubin, 2011). Unger (1979) also argues that a women's position and power in society is measured by her physical appearance. The women found that exposing themselves and their bodies made them vulnerable to judgement. Due to this, many of the women wore a skirt in preparation for the medical encounter to feel more covered, modest and less exposed. Smear tests should produce positive messages of the female genitalia, portraying to the women that they should not feel ashamed to attend a medical procedure (Braun & Wilkinson, 2001).

The women's experiences emphasised the importance of a positive interaction with the nurse carrying out the procedure. The women reported that the nurses who took their time to explain the procedure and those who were friendly made the women feel more at ease. Wendt, Fridlund & Lidell (2004) are one of many researchers whom have found the importance between nurse interaction and overall experience. They found that a patient's trust in a nurse and their communication of information is key for a positive examination experience. Wendt et al (2004) found that the distribution of information is highly important especially in an intimate procedure. When the nurses explained the procedure to the patient, the patients had a positive experience (Larsen et al, 1997; Wendt et al, 2004). However, when there was insufficient information, this led to worry from the patients. This was reflected in the experiences as those who felt the procedure was rushed and did not receive any information about the procedure, reported the experience to be uncomfortable and anxiety-inducing. Those who had negative experiences dreaded the idea that they would have to return for another procedure in three years' time. Therefore, poor nurse interaction may be detrimental for attendance rates of smear tests as women may not want to return to have their next scheduled smear test.

In addition, those who had the procedure explained to them during the appointment found the smear test to be more positive and the nurses made them feel more comfortable. It could be suggested that the explanation of the procedure should be protocol for nurses to follow as it has been seen in this study to have positive effects. This is highly important, as rushed, uncomfortable procedures may affect levels of attendance in the future. This contributed to a proportion of the experiences being more positive than the women first previously anticipated. This additionally supports the findings of Larsen et al (1997) who also found that women's experiences were better than they expected. These findings are also supported by Arabaci and Ozsoy (2012). They found that the women should be advised more clearly from medical staff about the process of the smear test and the importance of attending the procedure. Furthermore, Wong, Wong, Low, Khoo and Shuib (2008) highlighted how necessary it is that the nurses provide correct information about the procedure. This will help women to make an informed decision to attend the smear test as they will be aware of the importance of it and additionally, what will happen during the procedure so they will be mentally prepared.

This research has provided an overview of the variety of experiences women have when attending their smear test. It also provided details of what made the experiences both positive and negative. From the findings, it may be suggested that there may be things that can be done to facilitate the experience and make it as comfortable as possible. It is evident that media coverage is limited of smear tests and accounts of women's experiences, also of the female genitalia in general. However, the media could be an efficient tool to educate women on both the possible dangers of cervical cancer and not attending the smear (Bell & Seale, 2011). In addition, it would be beneficial to promote positive smear test experiences as many of these women accounted hearing horror stories and nothing else (Macarthur, Wright, Beer & Paranjothy, 2011). This was shown successfully via the exposure of celebrity Jade Goody's cervical cancer battle. This campaign directly led to a 12% rise in smear test attendance, especially in young women (Patnick, 2009). This was even evident in one of the blog posts from the study as this was an influential reason as to why a woman booked her smear test. Sheeran and Orbell (2000) suggested the use of implementation interventions to improve the rate of smear test attendance. Women who were asked when they were going, where they were going and how they were getting to their cervical screening appointment were more motivated to attend. This is called an implementation intervention where individuals are encouraged to perform the goal behaviour, in this case to book a smear test appointment. The study found that 92% of participants who participated in the intervention attended their smear test. This was in comparison to 69% of the control who did not participate in the intervention. Therefore, this suggests that implementation interventions are successful in encouraging smear test attendance.

The strengths of this research include that this research is original as there are very few, if any, studies that have looked at first smear test experiences. It has explored experiences of subject which is notorious for being a difficult subject to talk about. In addition, this study explores these experiences without inflicting distress to participants due to use of blog posts. The blog posts provided rich and in-depth accounts of the women's experiences. One of the aims of this study was 'To inform women who have yet not had a smear test'. This study has informed readers of a variety of experiences of smear tests and given advice for preparation of attending smear tests. However, this advice may not be transferable to other gynaecological examinations or examinations that are not carried out in the United Kingdom.

Furthermore, a limitation of this study may fall in the non-use of participants as, even though an in-depth account of the experiences were given, this may have been even richer if the study used participants within an interview study. Additionally, the study was relatively small scale but in relation to what has been researched previously, the study has provided insight.

In relation to personal reflexivity, the topic of this study was chosen as I am a young woman who has not yet experienced my first smear test. Furthermore, it is a topic of interest in the media although it is a topic that is often left to the imagination and shrouded in mystery. Amongst my peers it is not a topic of conversation and I felt that this conversation should be normalised. Functional reflexivity is interlinked with personal reflexivity (Wilkinson, 1988). When considering functional reflexivity, hermeneutic phenomenological analysis appeared to be an appropriate method of analysis to provide in-depth experiences and capture the essence of the experiences. In addition, this was my supervisor's area of expertise.

In conclusion, the essence of the smear test is 'a necessary evil'. Women in a neoliberalist society are knowledgeable that they should attend their smear test as it is necessary for self-care and health examination. However, the experience in its self may be seen as evil. This is firstly due to the experience itself whether it is painful or uncomfortable and pre-existing anxieties play a major factor in why women perceive the smear test to be negative. Experiences may be dependent on the nurses who carry out the procedure or the pain threshold that women have. However, pre-existing cultural and societal perceptions of women's genitalia underlie the smear test being portrayed as evil. Vaginas have been portrayed as problematic, disgusting and there has been a lack of information and discussions of both female genitalia and smear test experiences within the media.

Women's experiences of smear test are everchanging and by highlighting the variety in experiences, women can be informed that the negative stereotype of smear tests may not be the experience they have themselves. It would be beneficial in future research to explore whether first smear test experiences affect the attendance of future experiences. Additionally, these experiences can inform what could be changed within the procedure to help women feel more comfortable. It is important to present positive experiences so women who have not yet had their smear test still want to attend.

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