

Developing Cervical Cancer Screening Programs that Meet Women's Needs

Original source:

**Alliance for Cervical Cancer Prevention (ACCP)
www.alliance-cxca.org**

Overview:

- Screening, treatment, and follow-up services need to address women's cultural, emotional, and practical needs and concerns.
- Community involvement is essential for:
 - Building a discourse with women
 - Reducing their fear of screening and treatment
 - Strengthening women's understanding of prevention
 - Improving women's experience with services

Creating messages to improve women's awareness:

- Target messages to reach women at highest risk of cervical cancer (generally aged 30 - 50).
- Involve women in creating prevention messages and programs.



Barriers to women's participation in screening:

- Little understanding of cervical cancer
- Limited understanding of female reproductive organs and associated diseases
- Lack of access to services
- Shame and fear of a vaginal exam
- Fear of death from cancer
- Lack of trust in health care system
- Lack of community and family support
- Concept of “preventive care” is foreign

Common misconceptions about cervical cancer:

- People often do not know that it is preventable
- Belief that screening involves STI/HIV screening
- Belief that a positive/abnormal Pap smear result means a woman will die
- Research found that:
 - In South Africa and Kenya, women often think a positive screening test means they have HIV
 - In Mexico, women fear that treatment will leave them sexually disabled

Ways to reach women:



- Direct personal contact
- Community meetings
- Posters or pamphlets
- Newspaper advertisements or articles
- Radio or television messages

Key sources of information:

- Peers who have received messages or been screened
- Leaders or members of women's groups
- Midwives and traditional healers
- Community health promoters
- Community leaders
- Nurses, nurse practitioners, or doctors

Places to reach women:



- Local women's groups
- Community centers
- Women's workplaces
- Places of worship
- Health facilities
- Women's homes
- Schools (parent's groups)
- Markets

Key cervical cancer prevention messages:

- Good health practices can help prevent cancer.
- Cervical cancer develops slowly and is preventable.
- Screening can detect treatable, precancerous lesions before they progress to cancer.
- Women aged 30 and older are more likely to develop cervical cancer than younger women.
- Women in their 30s and 40s should be screened at least once.

Key messages (continued):

- The screening procedure is relatively simple, quick, and is not painful.
- The small number of women who need treatment after screening can receive a simple procedure to remove the lesion.
- A screening test that is positive is not a death sentence!
 - It provides the opportunity to eliminate abnormal cells before they become cancerous.

Helping women discuss cervical cancer:

- Community health or outreach workers can facilitate communication at the community level.
- Counseling by health care providers can both inform women and help them talk to their families.
- Women who receive treatment for precancerous lesions and who must abstain from sexual intercourse for several weeks especially need good counseling.

Ensure women's positive experiences with screening:

- Build and maintain positive provider-client relationships.
- Women are more likely to participate when:
 - they are treated well;
 - health care providers are sensitive, responsive and respectful;
 - health care providers develop a respectful rapport with clients;
- Women with positive experiences become advocates when talking to other women.

Important counseling tips:

- Listening and encouraging women to express their concerns
- Being sensitive to cultural and religious considerations
- Expressing support through non-verbal communication, such as nodding
- Keeping messages simple
- Face-to-face time is essential

Counseling tips (continued):

- Answer questions directly, calmly, and in a reassuring manner
- Provide appropriate information to remind her of your instructions



Making services accessible and appropriate:

- Review internal policies and procedures to ensure that programs are accessible and friendly to women.
- Have female health care providers in settings where women are uncomfortable with male health care providers, if possible.

Making services accessible and appropriate:

- Ensure:
 - Affordability
 - Confidentiality and privacy
 - Availability in local languages
 - Availability at locations and times convenient for women

Involving women helps ensure success:


- Involve women in developing, implementing, and evaluating programs and messages.
- Consult an advisory team of women and other key community members.
- Exit interviews provide valuable feedback.

Conclusion:

- Meeting women's cultural, emotional and practical needs is fundamental to:
 - increasing women's awareness of and willingness to seek services;
 - improving women's experience with cervical cancer prevention services;
 - increasing program participation among women at risk.

For more information on cervical cancer prevention:

- The Alliance for Cervical Cancer Prevention (ACCP) www.alliance-cxca.org
- ACCP partner organizations:
 - EngenderHealth www.engenderhealth.org
 - International Agency for Research on Cancer (IARC) www.iarc.fr
 - JHPIEGO www.jhpiego.org
 - Pan American Health Organization (PAHO) www.paho.org
 - Program for Appropriate Technology in Health (PATH) www.path.org



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Overview:

- Screening, treatment, and follow-up services need to address women's cultural, emotional, and practical needs and concerns.
- Community involvement is essential for:
 - Building a discourse with women
 - Reducing their fear of screening and treatment
 - Strengthening women's understanding of prevention
 - Improving women's experience with services

- *Introduction:* This presentation will address the following issues.
- *Note for bullet 1:* Cultural and emotional barriers and practical needs are among the main reasons why women choose not to be screened. Addressing these barriers and needs will help increase women's awareness and willingness to seek services.
- *Note for bullet 2:* Using a community-based education approach and promoting women's participation will help reduce fear and misunderstanding about cervical cancer screening and treatment and strengthen prevention knowledge and practices. Making women's experiences with services more positive ensures greater follow-up rates and increases the likelihood that women will share information about their good experience with peers.

Creating messages to improve women's awareness:

- Target messages to reach women at highest risk of cervical cancer (generally aged 30 - 50).
- Involve women in creating prevention messages and programs.



- *Introduction/slide overview:* Specific messages are provided later in this presentation. First, it is important to think about who you are trying to reach with important messages about cervical cancer prevention and how to best reach them.
- *Note for bullet 1:* Women at highest risk for treatable, high-grade lesions are typically women aged 30 to 50. This is a particularly hard group to reach because most are past their childbearing years and no longer seeking reproductive health care services.
- *Note for bullet 2:* For example, the wording and presentation of messages should be created and pre-tested with members of the intended audience.

Barriers to women's participation in screening:

- Little understanding of cervical cancer
- Limited understanding of female reproductive organs and associated diseases
- Lack of access to services
- Shame and fear of a vaginal exam
- Fear of death from cancer
- Lack of trust in health care system
- Lack of community and family support
- Concept of "preventive care" is foreign

• *Introduction/slide overview:* There are many barriers to women's access to services.

• *Note for bullet 5:* Some women fear that they will also be tested for HIV and other STIs as part of a cervical cancer screening exam.

• *Note for bullet 7:* Some women experience family pressures discouraging them from seeking health care because of costs or time spent at the clinic, and because gynecological care may be frowned upon. Women's distance from services may be another reason family members discourage the time spent traveling.

• *Note for bullet 8:* Women often only think of going to the doctor once they are sick and may not be familiar with the idea of preventative care.

Common misconceptions about cervical cancer:

- People often do not know that it is preventable
- Belief that screening involves STI/HIV screening
- Belief that a positive/abnormal Pap smear result means a woman will die
- Research found that:
 - In South Africa and Kenya, women often think a positive screening test means they have HIV
 - In Mexico, women fear that treatment will leave them sexually disabled

- *Introduction/slide overview:* Many women share common misunderstanding about cervical cancer, screening and treatment.
- *Note for bullet 1:* Women and their male partners, especially in rural areas, have a limited understanding of female reproductive organs and associated diseases.
- *Note for bullet 2:* Women often do not distinguish cervical cancer from other cancers, many of which are not preventable.
- *Note for bullet 3:* The Alliance for Cervical Cancer Prevention (ACCP) has conducted research on barriers to cervical cancer screening and found that there is a great deal of misunderstanding about screening and treatment.

Ways to reach women:



- Direct personal contact
- Community meetings
- Posters or pamphlets
- Newspaper advertisements or articles
- Radio or television messages

• *Introduction/slide overview:* Women may prefer to receive information through various channels. No single communication channel is perfect, but there are a number of different channels that are effective.

• *Optional note:* For example, an ACCP program in Peru has employed a variety of communication strategies to increase community awareness through women's education programs and home visits.

Key sources of information:

- Peers who have received messages or been screened
- Leaders or members of women's groups
- Midwives and traditional healers
- Community health promoters
- Community leaders
- Nurses, nurse practitioners, or doctors

• *Introduction/slide overview:* Women may prefer to receive information from specific community members.

• *Note for bullet 1:* ACCP research in Peru and Kenya show that women are talking to each other about their experiences with screening and treatment, thus women are a key source of information. This includes women who have had cervical cancer.

• *Note for bullet 2:* Encouraging leaders of women's groups to promote screening can be very effective.

Places to reach women:



- Local women's groups
- Community centers
- Women's workplaces
- Places of worship
- Health facilities
- Women's homes
- Schools (parent's groups)
- Markets

- *Introduction/slide overview:* Women may prefer to receive information in certain places.
- A combination of group and individual settings for communication is important.

Key cervical cancer prevention messages:

- Good health practices can help prevent cancer.
- Cervical cancer develops slowly and is preventable.
- Screening can detect treatable, precancerous lesions before they progress to cancer.
- Women aged 30 and older are more likely to develop cervical cancer than younger women.
- Women in their 30s and 40s should be screened at least once.

- *Introduction/slide overview:* Programs seeking to recruit women for screening should consider focusing on the following central messages.
- *Note for bullet 2:* Precancerous lesions can take up to 10 years to develop, and a woman will likely not have symptoms during this time.
- *Note for bullet 3:* This helps women understand that they are preventing cervical cancer.
- *Note for bullet 4:* This is important because older women generally are less likely to seek health care services, particularly reproductive health care services.
- *Note for bullet 5:* This is generally the age at which precancerous lesions are most likely to be present.
- *Note to presenter:* for more information on the natural history of cervical cancer, see the fact sheet on the Natural History of Cervical Cancer (www.alliance-cxca.org).

Key messages (continued):

- The screening procedure is relatively simple, quick, and is not painful.
- The small number of women who need treatment after screening can receive a simple procedure to remove the lesion.
- A screening test that is positive is not a death sentence!
 - It provides the opportunity to eliminate abnormal cells before they become cancerous.

- *Note for bullet 4:* Problems can be detected and cured.

Helping women discuss cervical cancer:

- Community health or outreach workers can facilitate communication at the community level.
- Counseling by health care providers can both inform women and help them talk to their families.
- Women who receive treatment for precancerous lesions and who must abstain from sexual intercourse for several weeks especially need good counseling.

- *Introduction/slide overview:* Discussing cervical cancer with health care workers and with their families can be difficult but helpful for women.
- *Note for bullet 3:* This is because counseling can help a woman explain the importance of abstinence to her partner. Involving partners in the discussion can be important as well.

Ensure women's positive experiences with screening:

- Build and maintain positive provider-client relationships.
- Women are more likely to participate when:
 - they are treated well;
 - health care providers are sensitive, responsive and respectful;
 - health care providers develop a respectful rapport with clients;
- Women with positive experiences become advocates when talking to other women.

• *Introduction/slide overview:* Ensuring that women have a positive experience with screening strengthens programs.

• *Note for bullet 1:* Programs can help health care providers develop and maintain good communication skills by training them in interpersonal communication and counseling techniques.

• *Note for bullet 3:* Service providers need to realize that women who have positive experiences with screening share this information with their peers and promote screening among other women. Likewise, a woman who is poorly treated may also tell other women of her negative experience, affecting their willingness to seek prevention services.

Important counseling tips:

- Listening and encouraging women to express their concerns
- Being sensitive to cultural and religious considerations
- Expressing support through non-verbal communication, such as nodding
- Keeping messages simple
- Face-to-face time is essential

• *Introduction/slide overview:* Following some basic counseling strategies strengthens programmatic success. Counseling is an on-going process throughout examination.

• *Note for bullet 1:* Service providers need to be proactive in supporting women to ask questions and express their concerns.

• *Note for bullet 5:* If time is lacking, group counseling can work, but it is also very important to provide one-on-one counseling during examination.

Counseling tips (continued):

- Answer questions directly, calmly, and in a reassuring manner
- Provide appropriate information to remind her of your instructions



• *Note for bullet 2:* It is important to know your target audience and their literacy levels and deliver information in a way that is comprehensible to them. The best approaches may be verbal or visual, or a combination of both, depending upon your audience.

Making services accessible and appropriate:

- Review internal policies and procedures to ensure that programs are accessible and friendly to women.
- Have female health care providers in settings where women are uncomfortable with male health care providers, if possible.

- *Introduction/slide overview:* Here are some practical measures program planners can take to make sure services are socially accessible and appropriate.
- *Note for bullet 1:* Program planners and service providers can draw on the points made earlier in this presentation to evaluate their program's accessibility and friendliness to women.

Making services accessible and appropriate:

- Ensure:
 - Affordability
 - Confidentiality and privacy
 - Availability in local languages
 - Availability at locations and times convenient for women

- *Introduction/slide overview:* To the extent possible, accessible services should have the following qualities.
- *Note for bullet 2:* For example, make sure that the room used to screen women has a door that can close and curtains over any windows. Do not situate a woman with her feet towards the door.
- *Note for bullet 3:* Making services culturally appropriate is important, for example by hiring staff who speak the local languages.
- *Note for bullet 4:* Evening and weekends are times that are often more convenient for women.

Involving women helps ensure success:

- Involve women in developing, implementing, and evaluating programs and messages.
- Consult an advisory team of women and other key community members.
- Exit interviews provide valuable feedback.

•*Introduction/slide overview:* Women's participation in designing services and messages ensures that programs meet their needs.

•*Note for bullet 1:* With women's direct input in these processes, programs will better adapt to their needs.

•*Note for bullet 2:* An advisory team or other community members can provide valuable feedback to program managers.

•*Note for bullet 3:* Using a client-feedback method involving interviews with screened clients about their experiences with the examination and the quality of care can be very useful. Health care providers can use the findings of these interviews to identify problem areas and create action plans to address these problems.

Conclusion:

- Meeting women's cultural, emotional and practical needs is fundamental to:
 - increasing women's awareness of and willingness to seek services;
 - improving women's experience with cervical cancer prevention services;
 - increasing program participation among women at risk.

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