

Cervical Cancer Prevention

FACT SHEET



Key Steps for Meeting Women's Needs

Providing services that meet clients' cultural, emotional, and practical needs is essential to the success of cervical cancer prevention programs. Women face many potential barriers to accessing prevention services. They may be reluctant to undergo screening due to embarrassment or shame about having a pelvic exam, fear of the screening procedure, or fear of cancer.¹ In some settings, they also may be concerned that they will be tested for the human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs) as part of the exam. Women may mistrust health care providers and may experience family pressures that discourage them from seeking health care, especially gynecological care.² Programs need to provide screening, treatment, and follow-up services that address women's concerns and needs in a respectful and culturally appropriate

manner. Combining appropriate services with community-based education and support programs will help ensure the impact of cervical cancer prevention programs.

Improving women's awareness of cervical cancer

Lack of awareness about cervical cancer is a key barrier to women seeking cervical cancer screening.^{1,3} Programs must reach those at highest risk for treatable, high-grade lesions—typically women aged 35 to 50—with messages that encourage them to seek cervical cancer prevention services. Women's preferences regarding message content and dissemination will vary (see figure).⁴ The specific wording and presentation of these messages should be created and pretested with members of the intended audience to ensure that the messages are appropriate and easily understood.

Ensuring positive provider-client relationships

Women are more likely to seek cervical cancer prevention services from health care providers who are sensitive and responsive to their needs. Concerns about how they will be treated by a health care provider can prevent women from seeking screening or other health services. A woman who is treated poorly at a health facility is less likely to return for necessary follow-up care. She also may tell other women of her negative experience, affecting their willingness to seek prevention services.

Health care providers who establish a respectful rapport with women help them obtain the information and the follow-up care they need. Programs can help health care providers develop and maintain these communication skills by training them in interpersonal communication and counseling techniques.

Women May Prefer to Receive Information in a Variety of Ways

Women may prefer to receive information through various channels:

- direct personal contact
- community health meetings
- posters or pamphlets
- newspaper advertisements or articles
- radio messages
- television messages

Women may prefer to receive information from specific community members:

- their peers
- traditional healers
- leaders of women's groups
- community health promoters
- community leaders
- midwives
- nurses or nurse practitioners
- doctors

Women may prefer to receive information in certain places:

- local women's groups or community centers
- their workplace
- places of worship
- family planning or reproductive health centers
- hospitals

Discussing cervical cancer can be difficult

Cervical cancer, like many other illnesses, is a taboo subject in some communities. Women may find it difficult to ask questions or talk about the disease with their health care providers, partners, or other family members. The concept of preventive screening inevitably raises fears about cancer for many women. The anxiety felt by women (often caused by misconceptions about the purpose of the test and the implications of the results) demands time and attention from providers. Information provided to women prior

General counseling tips for health care providers include:

- Listen to the woman and encourage her to express her concerns; try not to interrupt her.
- Be sensitive to cultural and religious considerations and be respectful of her views.
- Express support and understanding through non-verbal communication, such as nodding.
- Answer questions directly, calmly, and in a reassuring manner.
- Keep your messages simple by using short sentences and words the woman understands.
- Provide written information (if available and appropriate) to remind her of your instructions.

Adapted from JHPIEGO, 2001.⁵

to screening can help alleviate fear and anxiety associated with the screening, as well as with the receipt of a positive test result. Counseling can be particularly helpful to women who receive treatment for precancerous lesions and who must abstain from sexual intercourse for several weeks while healing.

Making services accessible

Programs can further ensure that services are accessible to women by reviewing internal policies and procedures. Services should be culturally appropriate and available in languages spoken by the women most at risk. Services should be made available at locations and times that are convenient to women, such as during the evenings and on weekends. In many settings, services are more acceptable when provided by women. Costs should not place services out of reach of the women who need them. In addition, confidentiality and privacy of those seeking services must be safeguarded.¹

Involving women helps ensure success

To ensure that programs address women's needs and concerns, those at risk of cervical cancer should be involved in developing, implementing, and evaluating program interventions and informational messages. Program managers seeking ongoing feedback may consider conducting exit interviews with women after screening and establishing an advisory team that includes women at risk, as well as other key community members, to provide guidance on improving services. Involving women in these ways helps programs to provide women

Key cervical cancer prevention messages include:

- Cervical cancer develops slowly.
- Screening can detect treatable, precancerous lesions before they progress to cancer.
- Women aged 35 and older are more likely to develop cervical cancer than younger women.
- Women in their 30s and 40s should be screened at least once.
- The screening procedure is relatively simple and quick.
- Screening generally is not painful.
- The small number of women who need treatment after screening often receive a simple outpatient procedure to treat the lesion.

with persuasive information from their preferred sources and at their preferred delivery sites.

References

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