

A Qualitative Evaluation of the Acceptability and Feasibility of a Single Visit Approach to Cervical Cancer Prevention

Roi-et Province, Thailand

By

*Amy Corneli, MPH
Lynne Gaffikin, DrPH
Lisa Baldwin, MPH*

for the

*Thailand/JHPIEGO
Cervical Cancer
Prevention Group*

March 2003



Cervical Cancer Prevention Program Office,
JHPIEGO Corporation, an Affiliate of
Johns Hopkins University

With funding from the
Bill and Melinda Gates Foundation through the
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JHPIEGO, an affiliate of Johns Hopkins University, is a nonprofit corporation working to improve the health of women and families throughout the world.

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231-3492, USA
www.jhpiego.org

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PREFACE AND ACKNOWLEDGMENTS

This report describes the findings of a qualitative evaluation of the SAFE Demonstration Project in Roi-et Province, Thailand. The Project was jointly conducted by the Royal Thai College of Obstetricians and Gynecologists, the Ministry of Health of Thailand, and the Cervical Cancer Prevention Program Office of the JHPIEGO Corporation, Maryland, USA. Financial support came from the Bill and Melinda Gates Foundation through the Alliance for Cervical Cancer Prevention.

The evaluation targeted three groups: stakeholders at the national and provincial levels, including national policy makers and Project advisory group members; stakeholders at the district level, including Project staff, Project providers, and other clinic personnel; and men and women at the community level. Three consultants conducted and analyzed the in-depth interviews: Marijo Wunderlich (national and provincial levels), Lisa Baldwin (district level), and Amy Corneli (community level).

Recognition and thanks go to the staff members from the Obstetrics and Gynaecology Department of Khon Kaen University; representatives from the Ministry of Health; and Project staff from the district hospitals and primary healthcare centers who assisted in coordinating the interviews. We also extend our gratitude to the stakeholders, women, and men who spoke freely and granted us the opportunity to understand their perspectives regarding cervical cancer as a health problem in Thailand.

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ABBREVIATIONS AND ACRONYMS

CECAP	Cervical Cancer Prevention Program
IEC	Information, Education, and Communication
LEEP	Loop Electrosurgical Excision Procedure
MOH	Ministry of Health
TAG	Technical Advisory Group
SAFE	Safety, Acceptability, Feasibility, and Effectiveness
STI	Sexually Transmitted Infection
SVA	Single Visit Approach
VIA	Visual Inspection with Acetic Acid

INTRODUCTION

PROJECT OBJECTIVES

The SAFE Demonstration Project was a joint collaboration among the Royal Thai College of Obstetricians and Gynaecologists, the Ministry of Health (MOH) of Thailand, and the Cervical Cancer Prevention Program Office (CECAP) of the JHPIEGO Corporation.

The Project complemented the MOH's cervical cancer prevention objectives, which are to:

- Decrease cervical cancer morbidity and mortality through improved screening and treatment
- Strengthen service provider skills in detection and treatment of precancerous cervical lesions
- Provide affordable and accessible cervical cancer screening and treatment of precancerous lesions

The objectives of the Project included:

- Assessing the safety, acceptability, feasibility, and program effort (SAFE) associated with providing visual inspection with acetic acid (VIA) and treatment with cryotherapy in a single visit as a means of managing precancerous cervical lesions
- Showing that nurses and midwives can confidently treat or refer women with abnormal (precancerous) lesions
- Identifying ways in which a single visit approach (SVA)-based program could be implemented on an expanded scale

DESCRIPTION

The SAFE Demonstration Project in Roi-et Province, northeastern Thailand, attempted to address the large unmet need for cervical cancer prevention services in the country by testing a practical alternative to cytology-based screening. There is a marked lack of cytologists in Thailand, and a typical wait for Pap test results in some rural areas of the country is 1 to 3 months.

The alternative approach that was tested through the SAFE Demonstration Project involved VIA followed, when indicated, by immediate cryotherapy treatment. This approach allows for an immediate management decision and action to be taken, as appropriate. VIA is a simple procedure that consists of swabbing the cervix with vinegar, waiting for 1 minute, and looking at the cervix with a light source. Aceto-white areas near the squamo-columnar junction are suspect precancerous lesions—those occupying less than 75% of the cervix in this project were considered eligible for immediate cryotherapy.

An intensive data collection and supervision protocol was established to promote high-quality service. Between March 2000 and September 2001, the Project tested and collected data on approximately 6,000 women in four district hospitals and in mobile units in selected primary healthcare centers. During that period, 13.9% women tested positive for precancer, the majority of whom were eligible and elected to receive cryotherapy treatment. In February 2001, 1-year

followup visits began and were ongoing at the time of the evaluation visit. In addition, SVA services in the four district hospital continued to be offered.

TIMELINE

- The SAFE Project was approved in September 1999.
- Between September and December 1999, incountry Project staff were hired, discussions were conducted with officials from the Provincial MOH in Roi-et, various district hospitals in the Province were assessed, and four were selected as participating sites.
- Initial training for clinical supervisors was conducted in December 1999.
- Training of nurses was conducted in January 2000.
- Training of data collectors was conducted toward the end of January/beginning of February 2000.
- Project implementation/client recruitment began in Roi-et in four district hospitals at the end of February 2000.
- Approximately 6,000 women received VIA by September 2001 and Project recruitment with full data collection ended at this time.
- At the time of the evaluation, April/May 2001, SVA services were being continued in the four district hospitals, but mobile services had stopped.

METHODOLOGY

INTERVIEW TOPICS

Stakeholders at the national, provincial, and district levels were asked to comment on the following topics:

Acceptability:

- Perceptions of barriers to client access to services
- Perceptions of client satisfaction
- Perceptions of client compliance with home care post-treatment
- Willingness to continue with SVA services
- Recognition of benefits of the SVA
- Concerns regarding this approach

Feasibility:

- Impact of the SVA on routine services
- Training
- Counseling
- Supervision
- Quality assurance
- Data collection

Individuals at the community level were interviewed in order to:

- Explore women's and men's knowledge, awareness, and risk perceptions of cervical cancer
- Explore women's and men's understanding of the SVA
- Determine women's and men's attitudes toward, value of, and acceptability of the SVA
- Identify gaps in pre- and post-testing and treatment counseling
- Identify barriers to implementing the SVA
- Determine women's acceptability of nurses as testing/treatment providers

SAMPLE

In-depth interviews at the **national and provincial levels** took place in Bangkok and in Khon Kaen and Roi-et provinces. In-depth interviews at the **district and community levels** took place in the four districts in which the SAFE Demonstration Project was carried out—Chaturaphak, Kasetwisai, Phanomprai, and Prathumrat.

At the **national, provincial, and district levels**, a total of 49 in-depth interviews were conducted—24 at the national and provincial levels and 25 at the district level. The national and provincial level sample consisted of the following people:

- National level policy makers
- Provincial level health personnel
- Technical Advisory Group (TAG) team members
- SAFE Project personnel

- Clinical supervisors
- Directors of district hospitals
- Senior doctors in district hospitals
- Primary healthcare center directors
- SAFE nurses
- SAFE nurse data collectors/counselors
- SAFE Project data coordinator

An outline of the district level sample is provided in **Appendix A**.

At the **community level**, a total of 44 interviews were conducted. The sample consisted of 26 women and 18 men. A purposeful sample was used and women were selected based on whether they:

- had tested positive,
- had tested negative, or
- did not have the test.

Women were also selected based on whether they had received VIA and cryotherapy services at the district hospital or at a primary healthcare center. Men were selected based on their wives' test status. Usually, women and their husbands were both interviewed, but in some situations, men and women were interviewed without their spouses. The women's ages ranged from 30 to 45; the men's ages ranged from 32 to 52. All women and men had completed at least primary school (either 4th or 6th grade, depending on area). A brief description of the community interviewees' age, years of education, test result, and place of service is provided in **Appendix B**.

Specifically, the sample included:

- Four women who were positive on the initial test, had cryotherapy, and were positive on the 1-year followup test, and three men whose wives were in this category
- Six women who were positive on the initial test, had cryotherapy, and were negative on the 1-year followup test, and four men whose wives were in this category
- Three women who were positive on the initial test, had cryotherapy, and had not had the followup test as of the date of the interview, and three men whose wives were in this category
- Eight women who were negative on the initial test, and five men whose wives were in this category
- Five women who had not yet had the test, and three men whose wives were in this category

DATA COLLECTION AND ANALYSIS

Interviews at the National, Provincial, and District Levels

CECAP staff provided the team with content guidelines for the semi-structured interviews. The interviews were conducted over 2 weeks (between 22 April and 3 May 2001) and data were summarized according to major themes.

Interviews at the Community Level

The interviews were conducted over a 2-week period (between 16 May and 24 May, 2001). During the first week, the interviews were unstructured, allowing the interviewees to discuss issues salient to them. This method allowed the interviewees to direct the focus of the interview while the researcher probed to help the interviewee elaborate on selected topics. This method also allowed for new, related topics to emerge that were previously unidentified. When appropriate, clarifying questions were posed to allow the interviewees to expand upon initial statements. The interviews conducted during the second week consisted of more targeted questions. These questions focused on areas in which more information was needed, or on themes that had emerged during the first week. The women and men's interviews lasted 30 minutes to 1½ hours, and 30 to 45 minutes, respectively. The interviews were conducted in Isaan and interviewees' responses were translated into English.

A matrix-based approach was used to analyze the data. Each interview was individually summarized to identify themes and patterns, which were then compared across all interviews. Findings were summarized using words women commonly chose to describe their experiences.

FINDINGS

UNDERSTANDING AND PERCEPTIONS OF CERVICAL CANCER

Women

Many women interviewed said that they were afraid of cancer. In general, women’s perceptions of the frequency of occurrence of cervical cancer ranged from “not sure,” to “only a limited number of women get it,” to “it is very common.” Several women said that any woman could get cancer. Many women had never heard of cervical cancer before the Project and were unsure of its cause or what exactly it was. A few women said that they had heard that a woman who gets cervical cancer “will have to have her cervix cut off.” Many women believed that women would not get cancer if they did not show any symptoms.

“Women in my community are scared of cancer, because they have seen someone die from it.”

-- A statement made by a woman describing women’s fear of cancer

Most interviewees said that if a woman gets cervical cancer, she would die. A few mentioned that they knew someone with cervical cancer who had died. Women also talked about women in their villages who had received an abnormal VIA test result. One said that a woman with cervical cancer in her village was not stigmatized, because the disease is not “contagious.” When asked what prevents cervical cancer, women’s responses varied from “having a test every year,” to “having husbands who wear condoms,” to “I don’t know,” to “getting exercise.”

Women clearly understood the connection between a sexually transmitted infection (STI) and cervical cancer. Most said that women who have husbands with many sexual partners or who sleep with prostitutes were at greater risk of getting cervical cancer.

Several said that women aged 35 years and older were at greater risk of having cervical cancer, and a few mentioned that women who were married were at risk. Many said that women who work hard, have abdominal pain, or have vaginal discharge were at greater risk of getting cervical cancer. A few mentioned that being unclean increases a woman’s risk.

Men

Most men said that they did not know anything about cervical cancer, but several said that it was dangerous for women to get the disease. All made a connection between STIs and cervical cancer. None of the men mentioned the term “STI” specifically, but many said that women were at risk if their husbands had sexual intercourse with prostitutes or if their husbands had many sexual partners. A few said that women were at greater risk when they had many sexual partners. Men frequently mentioned that prostitutes were at greater risk than women who were not prostitutes.

Several interviewees said that women with cervical cancer would die. Several also said that women could not develop cervical cancer unless they had symptoms such as abdominal pain, vaginal discharge, or backaches. Some of these men said that the only way a woman would

know for sure that she had cancer would be to visit a doctor. Two men said that they wondered if a woman with cervical cancer could transmit the disease to them.

Stakeholders

The majority of stakeholders at the national and provincial levels indicated that cervical cancer is a major public health problem in Thailand. Several mentioned that cervical cancer is the most prevalent type of cancer found in women and that it is frequently not diagnosed until an advanced stage. For example, a nurse at a provincial hospital said:

“I think cervical cancer is a big problem, mainly because by the time we see women, cancer is in the advanced stages.”

A few stakeholders indicated that while many women die of cervical cancer each year, funds allotted for the prevention of cervical cancer and the priority placed on cervical cancer were low due to competing diseases.

ATTITUDES TOWARD AND UNDERSTANDING OF THE SERVICE

Women

Understanding of the Purpose of Testing

Most women described the VIA test as a means by which the provider could find out if there was something normal or abnormal about her cervix. Women explained that if the provider found something abnormal, they would receive treatment. Some, but not all, of these women said that they were not sure how the test worked, but that they knew the test had two results—normal and abnormal. While a few women said that they did not remember what was done during the test, many replied that they “laid down on the bed and the provider put a liquid on my cervix.”

Overall, women believed there were two purposes of the test—to prevent their condition from becoming worse, and to diagnose a gynecological problem. Several women said that the test checked for cancer, and if they received an abnormal test result, they would receive treatment to prevent progression. In contrast, other women said that the test told the provider about any gynecological problems they were experiencing (cancer or non-cancer related). Only a few women said that they thought the purpose of the test was to cure their medical problem (abdominal pains and vaginal discharge).

While not all women had heard of a Pap test, those who had heard of it or those who had received a Pap test preferred VIA over the Pap test, because their test result was immediate. Some women said that they had nervously waited to receive their Pap test result in the past, but that with VIA, there was no “worry” time. A few women said that they preferred the VIA test because it was newer technology. One woman said:

“A woman told me that this test is easier than the old method [Pap test], because it is updated and I’ll know the results immediately.”

Women were asked to sign an informed consent prior to getting tested, but many were unsure of its full meaning or purpose. In general, however, women understood that by signing the form, they were accepting the SVA service.

Perceptions of an Abnormal Test Result

Most women interviewed who had had an abnormal test result expressed distress. Many said that their initial thought was that the test result meant they had cancer. Some thought that the abnormal result meant they could get cancer in the future. Several believed that an abnormal result meant a woman had something that may or may not develop into cancer. Numerous women said that they did not know the difference between cancer and precancer, and a few did not know what an abnormal test result meant. One woman described her concern about her test result:

“The abnormal result made me afraid I had cancer and would not recover.”

Even after having cryotherapy, several women mentioned that they still worried about the possibility that the treatment did not work and they could still get cancer. In contrast, one woman said that she was frightened when she first learned she had an abnormal test result, but was later relieved when the nurse told her that her condition was precancerous and, with treatment, the abnormal area could be destroyed. Another woman said that she did not worry too much about her abnormal test result, because she was in the care of the provider. A few women said that they were unsure about their chances of developing cancer, but thought they were at an increased risk because of their abnormal test result.

“It’s a cervical cancer screening test. If the result is abnormal, it means cancer.”

—A statement made by a woman describing her understanding of the meaning of an abnormal test result

Women who received an abnormal test result on the followup test were particularly concerned that either their condition had become more serious, or that it had developed into cancer. One woman described her frightened feelings after receiving an abnormal followup test result:

“I became very frightened when I heard this, because I was afraid I had cancer. I couldn’t sleep or eat after hearing it.”

Another woman expressed a mixture of concern and relief after receiving an abnormal followup test result:

“If the provider told me that I no longer had abnormal areas because of the treatment, I would be very relieved. Even though I found out I’m still abnormal, I’m glad to know I still have another chance to receive treatment.”

A few of the women who had an abnormal initial test result said that they would be happy with a normal followup test result, because that meant the treatment worked.

Perceptions of a Normal Test Result

Of the women who had a normal test result, most said that they did not understand what a normal test result meant, but that now they knew they did not have a problem. All of the women with a normal test result stated that they wanted the test done again in the future (in 2 to 5 years as recommended by the provider). Most, but not all, of these women said that they wanted a test in the future, because they thought there was a possibility that they could be abnormal. One woman thought this, because her husband has a STI. Another woman, despite having a normal result at 1 year, thought she could have an abnormal test result in the future, because it is possible she never fully recovered from her previous “abnormal” condition. She was afraid that cryotherapy did not work, but felt she could not go back to talk to a provider because she was told to come back in 5 years.

Women who had a normal test result at 1 year expressed more relief than those who were normal on their initial test. As expressed by one woman with a normal 1-year followup test result:

“I feel much better now that I am normal.”

Another woman said:

“I’m happy now that I’m normal. I don’t want to think about being abnormal again in the future.”

Attitudes Toward and Understanding of Cryotherapy

Although the majority of women do not understand the specifics of how cryotherapy works, several said that cryotherapy removes abnormal areas (disease). Several women said that cryotherapy was “good,” because it helped them to recover from an abnormal cervix. A few said that cryotherapy would cure their symptoms, such as abdominal pain and vaginal itching.

Others said that they do not really know what cryotherapy does, but they know it will make them better. One woman said that cryotherapy removed cancer from a woman’s cervix.

All but one interviewee were satisfied with cryotherapy. The one unsatisfied woman said that she did not like cryotherapy because of the excess discharge she experienced after treatment. She said, however, that she was still glad she had had the test:

“Even though I didn’t like the vaginal discharge after the treatment, it was good that I found out I was abnormal so I could get treatment.”

Only two women said that they were afraid of the treatment. One said that she was afraid of cryotherapy, because it involved the use of electricity (although it does not). The other woman said that she felt anxiety during the treatment:

“I nearly fainted during the treatment, because I was so scared. I felt better knowing the nurse was removing anything abnormal, but I still think I could get cancer because I’m so scared of it.”

Satisfaction With the Single Visit Approach

Every woman interviewed said that she was glad she had had the test. All but one woman, mentioned above, said that they were also satisfied with the treatment. Examples of women's feelings about their experience follow:

"I'm glad I was given the chance to have the test and treatment before it became serious."

"I feel good, because there is no need to be worried about cancer now."

"Every woman must get this type of test."

—A common statement made by women about VIA

Several women said that projects in the past never came to remote areas and they were happy that this project did. One interviewee said that more women wanted the test than were able to have it; another woman said that she did not know of anyone in her village that did not want the test.

Of those who had two abnormal test results (initial and followup), not finding out their referral test result from the Srinagarind Hospital of Khon Kaen University was the only complaint. (Referral for abnormal at 1 year took place as part of a separate study, not as part of the SAFE Project protocol, to evaluate the accuracy of VIA after cryotherapy.) That aside, they could not think of anything the hospital staff could have done to make the experience better for them. One such woman expressed positive feelings about her experience:

"I don't mind the whole thing even though it is taking a long time. I just want to recover."

Another woman with two abnormal test results described the support she received throughout the entire testing and treatment process:

"I feel the nurses have supported me throughout everything. I can't think of anything they could have done to make this better for me. I think they have been extremely helpful and they have been good to me."

Women who had been referred to Srinagarind Hospital of Khon Kaen University said that it was helpful to travel to the hospital with other women who were in the same situation, because it provided them with time to share their experiences.

Attitudes Toward Diagnostic or Confirmatory Testing

Women spoke very positively about having had immediate treatment without first having had a diagnostic or confirmatory test. "Women want to be healthy" emerged as a common reason why women sought testing and wanted the choice of immediate treatment. It is clear that the greatest concern to test-positive women was the need for "removal of any abnormal areas." If abnormal areas were not treated immediately, women feared their condition could become serious. Women expressed that they wanted treatment regardless of whether or not they knew with certainty that their lesion would develop into cancer. One woman described her decision to have cryotherapy:

“As soon as I heard that I was abnormal, I knew I wanted to get cryotherapy. I understand that I might not get cancer, but I wanted to get rid of anything abnormal because there’s a chance it might get serious in the future.”

Another women expressed similar feelings regarding immediate treatment:

“It’s better to get treatment now before it becomes serious, even though I don’t know if it will or not.”

Numerous women said that they did not want to have an additional test to confirm if their lesion would progress into cancer, because during that time their condition could become more serious. One woman responded unfavorably about confirmatory testing. She said:

“I don’t want to wait for another test to see if the abnormality would develop into cancer or not, because it might get serious during that time. I would spend that time thinking of the result and thinking that I might get cancer during this time.”

Many women said that they wanted treatment because the provider recommended it and they trust and do what providers suggest. While one woman said that she felt she could have refused treatment if she wanted to, another said that she did not feel she could say no to a provider. Nevertheless, these women, as well as others, said that they did not feel pressured to have the treatment—they said that they wanted cryotherapy. After learning their test result was abnormal, many women also said that they did not need time to think about whether they wanted treatment or to discuss things with their husbands.

Attitudes Toward Nurses Providing the Service

Many women thought the nurse who had provided the test and treatment was in fact a doctor. These interviewees felt that doctors were more competent than nurses to perform the SVA. Most said, however, that if nurses had appropriate training, then they would be qualified to provide the service. The majority of women knew that providers of the service at primary healthcare centers had come from the district hospital.

Perceptions of Access to Services

Most women said that they were comfortable having the test at either the primary healthcare center or the district hospital. Only one woman said that she and her friends preferred the district hospital. This was because they thought the test result from the primary healthcare center might not be accurate and, because there were so many other women at the center who wanted the test, the nurses would not have enough time for them.

The women who lived closer to a primary healthcare center said that they would prefer to use the center over the district hospital, because it is closer and they would not have to pay transportation costs (women said that they could either walk or ride a motorbike to the nearest primary healthcare center). Because of transportation difficulties, some said that others might not have VIA if it is only offered at the district hospital.

While most of the women interviewed said that it would not be difficult for them to travel to the district hospital, they said that it might be difficult for other women in their village. They

also said that if women do not have a motorbike, they would have to use the bus service or hire a car, something that costs 40 to 300 baht (in American currency, approximately \$1 to \$7.50). A few said that the road between their village and the district hospital was not good.

Several women said that they did not think issues with traveling to a primary healthcare center kept other women from having the test. As explained by one woman:

“I don’t think women don’t get the test because they are unable to get to the primary healthcare center—it’s easy to get to. My village is the farthest from the clinic and there’s no problem with transportation.”

Men

Perceptions of the Single Visit Approach

Many men said that they knew about a test that checks for cervical cancer, because they had talked with their wives about it before testing and, after the test, their wives explained the result to them. Most men said, however, that they did not know any details about the test. Several men said that their wives had had the test done because they were having some kind of medical problem (such as abdominal pain or vaginal discharge). All men said that they were happy that their wives had had this test and most men said that they encouraged their wives to have it. Some of the reasons men mentioned for wanting their wives to have the test were:

“The test is very important, because if a woman has something wrong with her, she can get treatment.”
—The husband of a VIA recipient

- To know if their wives’ test results were normal or abnormal
- To get treatment for their wives if something was medically wrong
- To know if something was wrong before it became serious

Several men said that women should have the test, because there may be something wrong with them that they do not know about due to a lack of symptoms. One man stressed his belief in the importance of early detection:

“I feel this test is important because women will know early that there is something abnormal with their cervix and it’s important to know this early. If women don’t get this test done, they won’t know that something can happen to them.”

“All men think the same way. If their wives were unhealthy, they would want them to seek treatment.”
—One man’s perception of Thai men’s considerations toward women’s health

Another man said that the test was important, because:

“If anything is wrong, she’ll find out now before it is serious. Maybe then she’ll have a chance to get rid of it. If she doesn’t have a test, and if she has this illness, it could develop into cancer and it would be too late to cure her, or it would cost too much money and we are a poor family.”

Several men said that this project was “good,” because it went to the villages. As one man explained:

“I think many women are interested in having this test. When tests are offered in the city, most people aren’t interested in getting them because of money. It costs a lot of money for villagers to go to the city to get tests and treatments. Villagers don’t go to the hospital unless their conditions are really serious, because it costs so much money.”

Several men said that they were involved in their wives’ decision-making about health issues. Additionally, male interviewees frequently said that all men should be concerned about the health of their wives. As stated by one man:

“Men have to be concerned about the health of their wives. They are partners. They have to take care of each other. This test checks for a big one [a serious disease]. If a woman doesn’t get treatment, it will be bad in the future. Then the man will have to help his sick wife. Men also have to think of the children. If men don’t take care of their wives, who is going to take care of the children?”

Men’s description of the meaning of an abnormal test result ranged from “she could get treatment,” to “it means there is something wrong and she might get cancer,” to “it could be cancer or (another) disease.” Several men mentioned that they thought a normal test result meant that a woman was healthy and did not have a disease.

Men made other comments, including the fact that the treatment had not affected their relationship with their wives. One man said that he talked to a group of men who doubted the treatment would actually be free. A few men mentioned that they currently have sex with prostitutes. One of these men said that he was afraid he could infect his wife with a disease and was therefore happy that she had had this test.

Stakeholders

Perceptions of the Single Visit Approach

At the national and provincial levels, many acknowledged that VIA could detect precancerous lesions. The majority of stakeholders believed that VIA was a viable screening option for women in rural areas, because of its potential for high-screening coverage, easy administration, low cost, quick results, possibility for same-day treatment, and because of the limited number of cytologists in Thailand. As stated by a TAG member:

“There is strong support for the [VIA-based] single visit approach in areas where they don’t have many resources. Pap tests will stay in big cities where resources are available. Testing and treatment should be offered together in remote areas, because people only have one day.”

Other TAG members said:

“Pap tests are useful, but impractical. Coverage is low with Pap tests and there is very low followup in rural areas.”

Yet another TAG member acknowledged the importance of improved access to screening:

“Coverage should come first.”

There was wide belief by others, however, that VIA should not replace the Pap test. While some stakeholders acknowledged the limited Pap test coverage and low number of cytologists in Thailand, others still regarded the Pap test as the best to screen for cervical cancer. Many interviewees believed that VIA should be used as a triage test for the Pap test, whereby all women with a positive VIA test result should be followed up with a Pap test at the district hospital. As stated by a doctor at the provincial level:

“I want to see VIA done. I feel comfortable with VIA in the field, but if the test is positive, then the patient should be referred to the district hospital for a Pap test.”

A few stakeholders elaborated, saying that using VIA as the basis for triage for the Pap test was cost-effective, because it would limit the number of Pap tests.

Another few withheld judgment, saying that they would like to review data to compare the effectiveness between VIA and the Pap test.

At the district level, there appeared to be a high understanding and acceptability of the SVA and an overwhelming agreement that this was a better approach for women. A district hospital director said:

“Yes, VIA is an acceptable alternative. The Pap test is better for the individual if cost is not a consideration. But considering cost-effectiveness, (the SVA) using VIA is the answer for a mass treatment strategy.”

District hospital directors and doctors practicing at the district level supported immediate treatment as an effective cervical cancer prevention strategy, rather than referring all VIA test-positive women for a confirmatory diagnosis. A practicing doctor in a district hospital described his support as follows:

“[The single visit approach is] very impressive. We used to raise women’s fear of cancer, then have nothing after diagnosis. Treatment is now successful from the perspective of women and this is very satisfying.”

A clinical supervisor expressed satisfaction with the SVA, while at the same time citing VIA’s limitations:

“I very much like the single visit approach. However, there are a lot of perfectionists in the medical field and only 50% will accept this strategy. VIA should only be used in women under 45 years of age due to changing physiology. VIA can see exactly where the problem lies. [It] can be done easily. ”

When asked about VIA as an alternative to the Pap test, there was wide acceptance that VIA was indicated for use in rural Thailand. Another clinical supervisor said that her reason for supporting the SVA was due to the lack of accuracy of the Pap test in Thailand:

“I accept that the Pap test is not accurate in more than 75% of Thailand. [It is only good] in Bangkok and big cities.”

A clinical supervisor said:

“VIA is the best screening method in this setting [low resource and rural]. [It is] appropriate for detecting mild dysplasia and preventing cancer.”

This stakeholder understood the difference between public health and individual clinical care decisions, but this was not always the case. As with stakeholders at the national and provincial levels, some district interviewees felt VIA should be used as a triage for the Pap smear. As described by a practicing doctor in the district hospital:

“The Pap test is very good for detecting cervical cancer. VIA is not the best way. Maybe it should be used as a screening test for the Pap test.”

A nurse expressed her concerns about VIA in terms of the quality of supplies:

“I am worried about the quality of the acetic acid supply and the effect that this has on the VIA test. New acetic acid has a certain smell that [our current] batch does not have.”

Attitudes Toward Test Sensitivity and Specificity

Stakeholders at the national and provincial levels were divided in their attitudes about false positives. Several stakeholders said that an estimated 25% false positive rate was acceptable because “cryotherapy is harmless,” “the side effects are minimal,” and “women at least get examined.” However, several stakeholders felt that an estimated 25% false positive rate was too high. As stated by the referral doctor at the provincial level:

“I would like to see 10% fewer false positives.”

Stakeholders who were concerned about an estimated 25% false positive rate wanted to know what effects cryotherapy has on the cervix.

At the district level, practicing doctors in the district hospitals (almost all general practitioners) were the most rigid in terms of acceptance of false positives:

“The acceptable rate [should not be] beyond 1%.”

“[The rate should be] 0%! But [I would] accept 5%.”

A few practicing doctors focused more on the issue of treatment safety. When told that VIA has an estimated false positive rate of 25%, a practicing doctor in the district hospital said:

“In my opinion, it’s too much. However, false positives don’t harm the patient given the minimal side effects of cryotherapy, so it is good for early management of cervical cancer. [I think] the patients are lucky to receive [this treatment].”

Another practicing doctor said that an acceptable false positive rate was 30% to 50% “because of the minimal complications from treatment.”

By comparison, many of the district doctors in charge and the clinical supervisors believed that a 10% to 25% false positive rate was acceptable.

A clinical supervisor reported that the false positive rate was not as concerning to her as was the estimated false negative rate:

“[I have] no fear about false positives because [there are] not many complications [with treatment]. I have more fear about false negatives.”

Clinical supervisors and district directors of hospitals similarly felt that an acceptable range for false negatives was between 0% and 8%.

The practicing doctors all felt that the false negative rate was directly linked to nurse competence and urged rigorous training and continued supervision to mitigate such problems:

“I feel that this result (false negatives) comes directly from provider competence. Therefore, it is important that the training and supervision of the provider is high to assure skill and competency.”

All of the practicing doctors in the district hospital who were interviewed were disinclined to accept *any* false negatives. Many practicing doctors stated that an acceptable rate was between 0% and 10%, and if the rate was any higher, VIA shouldn't be used. As stated by a practicing doctor:

“[The false negative rate should be] 0% or 1%. If the false negative rate is more, then we should be using the Pap test.”

Attitudes Toward Cryotherapy

Stakeholders at the national and provincial levels did not elaborate on their attitudes toward cryotherapy. A few indicated that women were satisfied with cryotherapy and one stakeholder indicated that cryotherapy is cost-effective. A provincial level Project staff member felt strongly about the effectiveness of cryotherapy and said:

“Cryotherapy is as effective as laser and LEEP (Loop Electrosurgical Excision Procedure). It allows us to take care of more patients.”

However, several other stakeholders mentioned that they would like to review the data on the effectiveness of cryotherapy, and a few stakeholders inquired about its effect on the cervix.

At the district level, there was wide agreement that cryotherapy was an acceptable option for treatment of precancerous lesions and, as stated previously, that offering immediate treatment post-VIA was best for women. However, one nurse said:

“[I am] not sure about cryotherapy really curing precancer, because I have heard stories from other providers that they have seen lesions at the first followup visit.”

Given that VIA results in some false positives, many doctors at the district level were interested in knowing whether it is damaging to a healthy cervix to receive cryotherapy, and more about the effects of over-treatment. As described by one doctor:

“[I] am interested in knowing if cryotherapy can cause health problems for a woman if she did not need cryotherapy treatment and received it.”

Many doctors said that they would want to see more scientific data on this prior to any expansion.

Patients’ Understanding of their Actual Cancer Risk

When women were asked if they understood that they likely had a precancerous condition, as opposed to true cervical cancer, the nurses at the district level all felt that the women clearly and easily understood this distinction. They felt that any initial confusion or misunderstanding by women was easily resolved through the counseling process. The 1-year followup visits were under way at the time of the evaluation and the nurses felt that those women who were testing positive for a second time were far more likely to believe that they had developed full-blown cervical cancer.

Perceptions of Nurses as Providers

Many stakeholders at the national and provincial levels felt that nurses were appropriate providers because women accept them. A few stakeholders indicated that, given the rural setting, nurses were appropriate to provide both the test and the treatment. However, as stated previously, a prevalent feeling among stakeholders was that nurses could perform VIA, but should then refer all women with an abnormal result to a doctor for a Pap test. One stakeholder indicated that there should be a “VIA” nurse assigned to do all VIA tests at the hospital.

Stakeholders at all levels suggested that nurses who are familiar with female reproductive health issues should perform the service. As stated by a clinical supervisor, family planning nurses are best to provide the SVA service:

“Some nurses come from the operating theatre and haven’t seen a cervix in a long time. Look carefully at what department you pull nurses from when they are to receive training. It is best if they are nurses who work in family planning.”

PERCEPTIONS OF COMMUNITY OUTREACH, WOMEN’S EXPERIENCES, PROVIDER COUNSELING, AND HOME CARE

Women

Effects of Community Outreach

Most often, women mentioned two channels through which they learned about the availability of services—loudspeaker announcements and other women. Almost all of the women mentioned that they had heard a loudspeaker announcement about the services. Women also learned about the days the test was being offered through loudspeaker announcements or from other women. Frequently heard messages were:

“The [name of primary healthcare center or district hospital] is now offering a new method that tests for cervical cancer. It’s new technology.”

“Come have this test to find out if there is anything normal or abnormal with your cervix... If there is something abnormal, you can get treatment immediately.”

“If you are having any problems, like vaginal discharge or abdominal pain, come get this test.”

“The test and treatment are free!”

A few women heard that women who were married or 30-years and older should have this test. Two women said that they heard that cervical cancer was common among women in their community.

Of the women who heard about the test from other women, similar messages were mentioned. Many times, women would make reference to older women in their village who had told them about cervical cancer and encouraged them to have this test.

Only a few women mentioned that they had heard about the test from hospital staff or during a home visit by a health volunteer. A few women said that they had heard about the test at an informational meeting at a nearby temple.

All but one woman interviewed (she was in Bangkok) who had not had VIA had heard about its availability.

Who Women Spoke with Prior to Testing

Most, but not all, women interviewed talked to their husbands before having the test. Every woman said she made the decision to have the test on her own, however, and did not need the permission of her husband to get tested. Of the women who spoke with their husbands before the test, all said that their husbands thought they should have it.

Many women, before and after testing, said that they talked to and encouraged other women to have VIA. Many women said that they went with their friends or neighbors to the district hospital or the primary healthcare center to have the test. Women made the following statements to other women to convince them to have VIA:

“You don’t have to be shy because the provider is a woman.”

“If you wait too long, it could be too late to get treatment.”

“The test and treatment didn’t hurt.”

“You’ll know whether or not you have this illness and you can be cured before it becomes cervical cancer.”

—A statement made by one woman to other women to motivate them to get tested

Why Women Chose to Get Tested

All the women voluntarily chose to have this test. Women specifically went to the health facility to have the test—they did not have the test out of convenience (i.e., opportunistically) while at the health facility for another reason. Three main themes emerged as reasons why women chose to get tested:

- **Women Are Clearly Afraid of Cancer.** Women’s fear of cancer was a common theme that emerged numerous times within each interview. Several women told stories of women whom they knew who had died of cervical cancer, who currently have cervical cancer, or who had received an abnormal test result. Exposure to these women motivated them to have the test themselves. One woman’s concern about cancer was expressed in terms of caring for her children:

“If I have cancer, I would die before my time and then I couldn’t take care of my children.”

This same woman described her fear and relief:

“Even though it’s scary to think I might have cervical cancer, I still want to get the test because, [if I have it], I will get sick regardless of knowing if I have it or not.”

- **Women Are Concerned about Their Health and the Prevention of Disease.** In general, women said that they feel better and more relaxed when they take care of their health problems. Several women said that they get regular health evaluations. One woman expressed her concern for her health:

“I like to know if I am healthy or not. I want to get checkups.”

Regarding cervical cancer, women said that they heard that if they get treatment early, they could prevent an abnormal condition from becoming serious. They wanted to know if they were normal or abnormal and, if they were abnormal, they wanted treatment immediately.

“If the provider finds something abnormal, I can hurry up and get treatment. If I am normal, then I will feel comfortable.”

—A woman’s explanation for having the test

- **Women Want to Know What Their Symptoms Mean.** Several women mentioned that they sought testing because they were having problems (such as abdominal pain, backaches, or vaginal discharge), and they thought the test would tell them what was causing their problems. One woman explained her reasons for having the test as:

“I wanted to know what was wrong, because I was having abdominal pains.”

Some women were concerned that their problems could be a sign of cancer and therefore they wanted the test. Other women were motivated to have the test because they wanted to know the cause of their gynecological problems (cancer or noncancer-related), and to receive treatment.

A few women said that they wanted to have VIA because “the test has come to their village,” making it easy to have. One woman said that she decided to have the test because she knew that so many other women had received it. Many women said they were motivated to get tested, because they knew if their test result was abnormal they would receive treatment immediately, and because the test and treatment were free. Several women also knew that if their condition was serious, they would be sent to the Srinagarind Hospital of Khon Kaen University and all the treatment and transportation costs would be free.

What Women Remember Being Told Before being Tested

Before the nurse administered the test, several women mentioned that they were provided with an explanation of the SVA and a description of what would occur if the test result was abnormal. One woman explained that she was told the following before getting tested:

“The nurse told me that if she found something abnormal, I could get treatment before it becomes too serious.”

Many women said that the nurse told them they would be putting a liquid on their cervix. One woman said that the nurse told her about the benefits of the SVA. Another woman said that she received an explanation of the differences between cancer and precancer. A few women said that they were told about side effects of the test, that they could receive treatment before their condition became serious if the result was abnormal, and that it was good to get tested.

In contrast, several women said that they did not receive any information from the nurse before testing. One woman said that she arrived at the health facility and was only asked her date of birth, how far away she lives from the health facility, and how she got there. She was then given a card and sent downstairs to get tested. None of the women remembered having received information about the cause of cervical cancer or risk factors prior to testing. One woman explained her need for more information:

“The district hospital encourages women to get tested with this project, but they don’t talk about the details of cervical cancer.”

Because they had been tested more than 1 year ago, several women explained that it was difficult for them to remember what the nurse had told them. A few women said that while they knew they were given information before being tested, they do not remember exactly what they were told.

What Women Remember Being Told about Their Test Result

Test-negative women said that they were told their test result was normal. Many were told that this meant their cervix was normal or that nothing was wrong. Almost all of these women said that they were told to return to the hospital for retesting in the future (the time frame varied from 2 to 5 years). Two women said that the nurse did not tell them when to return for retesting. Only one woman said that the nurse told her that a normal test result meant she did not have disease. Many women said something similar to this interviewee:

“The provider didn’t tell me anything after the test. She only said that I was normal and to come back in 5 years.”

These women felt that they were not told about the real meaning of their test result. Test-negative women at 1-year said that they were told their test result was normal and that they should come back in 5 years.

Of those who were initially test positive, about half said that they were not provided with any explanation about the meaning of an abnormal test result. These women said that they were only told that they were abnormal and needed treatment. About half of the women said that they were told they had white spots on their cervix and that meant their test was abnormal. In a few cases, the women said that the nurse continued to explain that these areas may or may not develop into cancer. One woman said she was told that, although her cervix was abnormal, she did not have cancer, but her condition could develop into cancer. One woman said that she did not remember what the nurse told her after testing.

What Women Remember Being Told prior to Treatment

Of the test-positive women interviewed, all but one said that cryotherapy was the only treatment option mentioned by the nurse. The one woman who remembered being offered an alternate treatment said that the second option mentioned was medication (she chose cryotherapy). A few women said that the nurse told them that cryotherapy would not hurt, or that they would recover after cryotherapy, or that cryotherapy would destroy the abnormal areas. One woman remembered that the nurse gave her a lot of information, but she did not remember the details. Another woman said that she was not told anything at all. Several women said that the nurse told them to relax. Most women related that the nurses did not explain to them how cryotherapy works.

What Women Remember Being Told Post-Treatment

All women interviewed said that the nurse told them to avoid having sexual intercourse for 1 month after treatment and, if they could not wait, that they should use condoms. Several women remembered being told to expect vaginal discharge after cryotherapy. Several also mentioned that they did have vaginal discharge, but it did not worry them because they were told to expect it by the provider. All women were able to name at least one warning sign to watch out for after cryotherapy. Most women said that the provider told them that if they had any warning signs, they should return to the hospital. Only two women did not remember being told to return to the hospital if they had warning signs, but these women were told to expect vaginal discharge. Women said that the nurses most frequently mentioned bleeding and abdominal pain as warning signs. Only one woman remembered being told to return if she had a fever. Women said that if they had experienced the warning signs mentioned by the provider, they would have sought care immediately, because they would have thought something might be wrong or that their condition had become serious. Several women mentioned that they were asked to return “just to talk” for a followup visit in 1 to 3 months (the protocol was to return in 3 months). All women said that they were told to return to the district hospital in 1 year for a followup test (all followup tests were performed at the district hospital; none were performed at the primary healthcare centers).

Women's Followup Experience

Women who received cryotherapy said that they wanted a followup test to be “reassured” that they had “recovered,” to find out if the “treatment worked,” or to find out if their condition “had become serious.” Also, some women said that they kept their followup appointments because it is important to keep appointments with providers. Several women said that they were nervous before going to their followup appointment.

Numerous interviewees said that some women might not keep their followup appointment, thinking they were now well. One woman said that she knew of women in her village who did not keep their followup appointments, because they thought the quality of a free test was probably lower compared to a test they must pay for in a private clinic. (Overall, however, the followup rate was high for the first visit and for the 1-year followup visit.)

Of those who had had a positive test at 1 year and had been referred, all expressed concern because they had not yet received their referral test result from Srinagarind Hospital of Khon Kaen University. They said that they were told they would receive a letter in the mail if “something was wrong” and none of the women had received a letter. They said that they wanted confirmation of their test result, regardless of whether it was normal or abnormal, to keep them from worrying. A husband expressed his and his wife's frustration with not having received a letter from the referral site. “We just want to know the result,” he said.

Perceptions of Most Common Barriers

Three reasons were mentioned by women regarding why some women do not get tested:

- **Women are shy.** Many women said that shyness might be an obstacle to getting tested. One woman described her feelings toward overcoming her shyness:

“I don't know what women can do to not be shy. For me, I wasn't shy because I thought I had something abnormal.”

Another woman described similar feelings:

“I am usually shy. If I had symptoms, I would not be shy anymore. But since I wasn't having any symptoms, I didn't feel that I needed the test.”

“It's normal for villagers not to visit a clinic if they are not having problems or don't have an illness. They don't understand that they can get illnesses without having any [apparent] problems.”

—A woman's explanation for why some women do not get tested

Many women said that having a male provider, in most cases, would not prevent women from being tested. They believed women were reticent to have anyone, male or female, see their private areas. Some, however, said that women would be more comfortable with a female provider. Women interviewed said that they did not know what the nurses could do to help other women overcome their shyness.

After probing to determine if anonymity would reduce shyness, women said that they would prefer nurses who are part of their community providing the service, versus nurses from another district hospital.

- **Women feel healthy and do not think they need the test.** Many interviewees said that women might not get tested because they feel healthy and do not have any medical problems. One woman said that she would not have had the test if she was not experiencing a problem at the same time VIA was offered.

Another woman said that she would tell women the following if they thought they did not need testing because they felt healthy:

“This illness is pretty common in women, so you should have the test. If you don’t get the test, you won’t know if you have it or not. If you have [an abnormal lesion], it can develop into a very serious condition and will be very difficult to cure. If you go to a provider now, you’ll get proper care and then you won’t have to worry.”

- **Women are afraid of the test result.** Many interviewees said that other women might not get tested, because they are afraid of the test result. As stated by one woman:

“Women aren’t brave enough to get tested. They don’t want to know the result because they will lose their powers and strength to fight off cervical cancer. Some people believe they have been healthy for such a long time and they don’t want to know now that something is wrong.”

While most women said that it was not difficult for them to find time in their schedules to go to a primary healthcare center or district hospital to get tested, some women said that it would be difficult during planting season and a few women said that it would be more difficult for women who work. Several other barriers mentioned, but less often, were that women:

- Did not feel they were at risk of having cervical cancer
- Did not want to wait in line at the primary healthcare center/district hospital
- Were busy

One woman said that she believed there were many women in her village who did not get tested, because they thought medicines would be more useful. One woman said that she went to the primary healthcare center to have VIA, but that the center was too busy with other women getting tested. This woman said that she never heard another announcement with new test dates, and therefore she never went back.

Of those interviewed who themselves did not get tested, several said that they did not because they were shy. They said that they did not want the nurse to see their private areas. These women could not think of anything the nurse could do to make them less shy. However, they said that if they were having a problem, they would overcome their shyness and see a provider.

Several women also said that they did not have the test because they felt healthy. One woman described her reason for not getting tested as:

“I don’t have any abdominal pain, so I’m normal. I don’t need to get the test.”

Another woman made a similar comment when she said:

“In the announcement about the test, the staff said that women with pain or vaginal discharge should come. I didn’t have any of these symptoms, so I felt I didn’t need the test.”

Perceived Barriers to Cryotherapy

Most women said that they could not think of reasons why women would not want to have cryotherapy. One person said that some women might want to have the test done again to make sure the result was abnormal before they received treatment.

“Men can be patient if it is for the health of their wives. This is especially true with my husband.”

—A woman’s response that was similarly quoted by others

Husbands’ Response to Home Care Recommendations

All women who had had cryotherapy said that their husbands were not upset and did not complain about the recommendation not to have sexual intercourse with them for 1 month after treatment. All indicated that they were able to abstain from sexual intercourse during that time. Several women said that their husbands want them to be healthy. One woman described her husband’s feelings:

“My husband wants me to be normal and he’s never said anything bad about this treatment.”

All but one woman said that they did not think men would be against their wives having this test, despite knowing they would not be able to have sexual intercourse for 1 month if their wife received treatment. As related by one woman:

“There are no men here like that.”

Several other women said that they could not think of a reason why husbands would not want their wives to get tested.

Perception of Counseling

While several women said that they received enough information from the nurses, a few said that they would have preferred more explanation. Similarly, while many women felt that the nurses spent enough time with them, some felt that they needed more time. All women said that their questions were answered.

A few women commented on the campaign being sponsored by a foreign organization. One woman said that the Project was worthwhile because foreigners were interested in it.

Future of the Project

Many interviewees said that it would be difficult for women to remember to get tested in the future if it was not promoted as part of a campaign. One woman explained her rationale for believing in campaigns:

“I think less than 50% of women will get tested if it is not part of a campaign. Not too many women do these things normally, but many women did it during the campaign. Usually villagers are very busy working and they don’t pay attention to these things, but the campaign caught their attention. Villagers will come to the clinic if something is wrong with them, but very few have yearly preventive tests. They’re not interested in going to the district hospital by themselves, but more are interested when the services are free. However, in the future, if the test isn’t too expensive, women may still want it.”

Another woman suggested:

“When the campaign is over, it would be helpful to continue community meetings to remind women about the test.”

Men

Acceptability of Home Care Recommendations

All men interviewed (whose wives had had cryotherapy) said that they were not frustrated that their wives had been instructed to avoid sexual intercourse during the month after treatment. Men called this time “the period of treatment.” Some men said that sexual intercourse might make their wife’s condition worse. One man said:

“Men, including myself, must do as the provider suggests.”

“Men need to take care of their wives. This is part of their treatment.”

—A husband’s statement about home care recommendations after cryotherapy

Men whose wives had not received cryotherapy (normal test result) also said that they would not complain about not having sexual intercourse if their wives had received cryotherapy. Most said that other men would not be frustrated if they were advised to avoid sexual intercourse with their wives for 1 month after treatment. They said that they could not think of circumstances in which men would want to have sexual intercourse with their wives during the time period that the provider had suggested not to do so.

Some others, however, said that they thought some men would not want their wives to get tested if they knew there was a chance their wives, if tested, would be advised to avoid sexual intercourse for 1 month. One man said that 2 out of 100 men would think this way, two men said that about 50% of men would think this way, and another man said that about 30% to 40% of men would think this way. A few men also mentioned that younger men might have a harder time avoiding sexual intercourse than older men.

Perceived Barriers to Women Accessing Services

While some men said that it is hard to think of reasons why women would not want to get tested, a few said that some women did not get VIA because they were shy. Furthermore, some said that other men might not want their wives’ private areas to be seen by others. One man described men who think that way as being old fashioned. A few other men mentioned that they did not mind that a provider saw their wives’ private areas. Some men said that some

women did not get tested because they thought they were healthy. One interviewee said that he heard a man say his wife did not need testing because she did not have anything wrong with her.

Stakeholders

Effects of Community Outreach

Stakeholders at the district level said that mass education “campaigns” in the community are a traditional and acceptable way of spreading health messages in Thailand. They also said that the SAFE community outreach component was successful in raising community awareness regarding cervical cancer and the opportunity for testing and treatment. In addition, a brochure, “How to save women’s lives from cervical cancer,” was available in Thai, and stakeholders said that it was widely available at the primary healthcare centers. Stakeholders also felt that primary healthcare center personnel were well versed in the objectives of the Project.

Stakeholders said that the main message communicated in the primary healthcare centers and in the brochure was that cervical cancer is a problem for women in Thailand today and is associated with high mortality. Messages explaining the link between early detection and prevention, the simplicity of VIA, the testing procedure, risk factors, and the SVA service were also communicated. These messages stressed the importance of regular screening, the simplicity of followup care after treatment, and warning signs of treatment complications.

Why Women Elected to Receive Immediate Treatment

Stakeholders at the district level indicated that it is culturally appropriate for a woman who is aware that she has a health problem to take expedient action in order to resolve it. Thus, stakeholders felt that if a woman tested positive for a precancerous lesion, she would followup with treatment. As borne out by the Project data, stakeholders felt that most women would opt for immediate cryotherapy treatment if given the option. If a woman was not eligible for immediate treatment (because of her menstrual period, for example), stakeholders felt that she would return as soon as possible to receive treatment. Otherwise, if referred because she had a large lesion or suspect cancer, stakeholders felt that she would followup appropriately as recommended by the provider.

Perceptions of Counseling

Several stakeholders at the national and provincial levels said that it was important for women to learn the meaning of cervical cancer, how to prevent it, how to detect it, and that it is important to have an annual cervical cancer screening test. A few stakeholders mentioned that providers should use simple words when discussing cervical cancer prevention with women and interact with them, allowing opportunities for women to ask questions. Additionally, a few stakeholders felt that women should be informed of any symptoms of precancer.

At the district level, nurses generally felt that they were providing good counseling and that women were content

“The first thing I do is build a relationship and welcome the woman. Good interaction is important for a woman. Then [we] talk in general about everything—[first] about VIA and then about cryotherapy... [I] make clear the information about the procedure, because this decreases anxiety.”

—A nurse’s description of the counseling she provides to women

with the information that they received about SVA services. In general, nurses reported that they were counseling women about risk factors, the cause of cervical cancer, how VIA and cryotherapy work, and the meaning of the test result. One nurse described the information she provided in counseling sessions:

“I explain about VIA and how it works, and then I explain cervical cancer risk factors. I explain the cause of cervical cancer, what the results mean, and how fast you get them [immediately]. I explain what cryotherapy is and its effect, the 1-year followup, and about overall health.”

Nurses felt that women were generally pleased with the quality of the counseling they received. As stated by one provider:

“Women are so happy with the counseling, because [it is] different from the other services. [It is an] opportunity for women to choose and they are very comfortable—really accepting. There is no concern.”

The nurses felt that women were not confused by the information provided to them. They believed women had four main concerns:

- Cryotherapy would be painful
- Complications would arise from the treatment (nurses said that women expressed tremendous concern regarding the normality of discharge)
- Caring for oneself after treatment
- Cryotherapy would not “take away” the lesions

Suggested Changes to Counseling

On the whole, stakeholders at the district level felt that the counseling process was appropriate and does not need to be changed significantly either in content or timing. If it were possible to add more time, there was a general feeling that women would prefer additional time to talk after a positive VIA finding and before cryotherapy treatment. The other major recommendation expressed by several providers was to decrease the recommended abstinence period for women to 2 weeks. Younger patients had difficulty maintaining abstinence for 1 month, but were often too shy to raise this issue when discussing home care requirements following treatment.

Perceptions of Adherence to Home Care Recommendations

All the nurses felt that there was strong adherence to the home care recommendations. It was perceived that the vast majority of women abstained from sexual intercourse altogether, with the remainder of women’s husbands using condoms during the stipulated 1-month period. Most women who had sexual intercourse during the month post-treatment were younger (35-years old and younger), and it was felt that their husbands had a more difficult time abstaining from sexual intercourse. Nurses also perceived that women returned if they had any intolerable side effects or issues of concern.

Perceptions of Barriers to Accessing Services

The majority of stakeholders at the national and provincial levels mentioned shyness as a barrier to women having the test. Several stakeholders also mentioned that women prefer a female provider.

At the district level, nurses believed barriers exist despite women's desire for the service. They felt that, taken alone, none of the following barriers is insurmountable, but when considered together, they constituted a significant obstacle for Thai women:

- **Day-to-day living.** In general, stakeholders felt that women shoulder much of the burden within the community, because they care for the family and maintain the day-to-day routine within the household.
- **Lack of information.** Stakeholders believed that women and communities need to better understand the link between early detection and treatment.
- **Distance from treatment centers.** Most nurses felt strongly that maintaining the mobile units in the primary healthcare centers was best for women, and therefore should be continued. All of the nurses readily admitted, however, that it would be easier for them and for staff at the district hospitals to discontinue mobile unit services.
- **Money.** Stakeholders mentioned that the new scheme of payment for health services, the “30 baht system” that was being tested then in six provinces, had people worried about cost coverage of services in the future. Essentially, this new system means that people will need to pay 30 baht every time they want to access the healthcare delivery system and, after payment, they will receive full service during that visit.
- **Shyness.** Stakeholders believed that women's general shyness about discussing personal health problems and their specific shyness about having pelvic examinations were barriers to having the test.

ATTITUDES TOWARD PROJECT IMPACT ON ROUTINE SERVICES AND PROJECT EXPANSION

Stakeholders

Impact of Project on Routine Services

The effect of the Project on routine services in the district hospitals appeared to be a source of tension at the national, provincial, and district levels. Stakeholders clearly stated that routine services had been affected. Concern was expressed by hospital management and supervision staff about the effect on routine services due to a lack of personnel in all district hospitals. As stated by a district hospital director:

“Yes, [the Project] has had an impact on services because of a lack of personnel in this hospital. If it could be incorporated routinely, it would be good. Women want to have this service—VIA makes women so happy. As a routine service, demand would decrease and it would reduce the stress on the hospital. It is more intense now because of the Project.”

Another district hospital director acknowledged both the importance of the service and its impact on staff:

“[The Project] has had both positive and negative impacts. There is not enough personnel and [the Project] takes them away from other services, but I think it is very important. Other providers may have more work to do, but they understand.”

While staff from the primary healthcare centers and a nurse at the provincial level did not feel that the mobile units caused any disruption of services, district hospital directors were concerned that the mobile units were difficult to support from the hospital. District health directors felt that other nursing personnel were usually able to pick up the additional burden, but that it was not an ideal situation. All four of the participating district hospitals continued to offer SVA services at the time of the evaluation.

At the district level, nurses indicated that there was less than full support for the Project among other hospital staff and management.

Project data collectors appeared overwhelmed by the amount of data collection and processing. The clinical supervisors confirmed that untrained personnel were often brought in to assist with processing the forms at peak times.

It should be noted that there was full agreement among all stakeholders at the district level that the Project startup was the most intensive and difficult phase for district hospitals to support. Specifically, the time when nurses needed to be away for training was difficult for the hospitals and, when first introduced, the daily SVA services were too much. The current situation, however, was manageable and more representative of how the SVA would actually have an impact if it were incorporated into routine services. The most outspoken critics against the Project were district hospital directors and even they agreed that current SVA services were not causing a problem with the delivery of routine hospital services.

“My job is to monitor how the nurses work, determine if they can work on their own, and get them to a point where they are not stressed and can work in existing conditions. I try to determine whether they can appropriately handle their patients and ask myself how can I help the providers.”

—A description of the supervision process by one clinical supervisor

The predominant feeling among all stakeholders at the district level was that SVA services to prevent cervical cancer were important and should be offered as a part of routine hospital care. However, stakeholders felt that district hospitals must be better prepared in advance for the implementation of these services. There was strong acknowledgement that a large part of the Project impact was due to the intensity of data collection. It was generally believed that incorporating the SVA into routine services would not be difficult or particularly disruptive with reduced data collection.

Impact on Individual Responsibilities

Nurses felt that while they did have a significant amount of SVA work to complete, it fell within their normal scope of work. The district hospital directors and other doctors working at the district hospitals did not concur with this view; they felt that while the Project did not impact on their own jobs much, it did have an impact on the nurses and other personnel in the hospital. The clinical supervisors expressed the most concern about the impact of the Project on their jobs. The time spent and distance traveled in order for them to reach the district hospitals added

to the time they spent away from their own hospitals. A nurse at the provincial level described the impact on hospital doctors:

“It takes doctors away from the district hospital and their work there.”

While all clinical supervisors, in the event of a continuation or expansion of services, said that they wished to continue their involvement in the Project, they also expressed interest in exploring different ways of assuring that supervision could continue. This could be done, they said, either by using specially trained general practitioners within the district hospitals, or by using senior nurses to monitor services.

Supervision Issues

Clinical supervisors and nurses at the district level both valued the supervision process. The SAFE nurses felt supported in implementing services and the clinical supervisors clearly felt their role was valuable to assuring nurse confidence, as well as maintaining and raising the quality of services provided. As stated by a clinical supervisor:

“My most important function as a clinical supervisor is to increase provider confidence. At the beginning, I looked at the patient with the provider and discussed the VIA assessment with the provider. By the end, I was just observing. I would talk to them about everything and I think they work very well.”

One nurse expressed her gratitude for clinical supervision as follows:

“The clinical supervisor helps the service. I want to extend this practice. Clinical supervisors should come to the hospital more often, especially after the 1-year followup visits. Their visits make providers more confident about VIA.”

Another nurse expressed similar feelings, but also pointed out a protocol lapse:

“Clinical supervisors are good at helping, but sometimes they don’t come when planned. They are supposed to come each month according to the protocol, but they actually came less often.”

The clinical supervisors felt that their input was well accepted and that there were few issues with the nurses. One clinical supervisor, however, expressed his concern about supervision:

“It is most difficult when the provider’s assessment is wrong and I have to figure out how to manage correcting them while continuing to encourage the provider and not affect the patient’s trust. Teaching how to reduce false negatives is the most important aspect of supervision. There were lots of false positives with two providers, but the others were acceptable.”

Everyone interviewed felt that the supervision process was most important in the beginning of the Project because it was, in essence, a continuation of training. Toward the end of the Project, supervision was viewed as less important. The greatest challenge was creating a schedule that could be maintained. There is some concern among the clinical supervisors regarding how to maintain quality control if the Project expands nationally.

Data Collection

Everyone interviewed at the district level understood the need for standard data collection during the pilot phase and that the information generated by the SAFE Project would be necessary for justifying expansion or continuation of services. However, it was clear that maintaining the rigorous data quality standards and the multitude of forms was burdensome. Many interviewees identified the data collection aspect of the Project as having the most impact. Without this, routine services would not have been as affected. At the time of the evaluation, the target of 6,000 women had been reached and an abbreviated data collection process had been introduced. A few shortened forms will be used in the future for quality assurance purposes and program evaluation.

Attitudes toward Resource Allocation for Cervical Cancer Prevention

District hospital directors, practicing doctors in the district hospitals, and the clinical supervisors were all asked about the level of financial resources they thought should be devoted to cervical cancer prevention. This proved to be an extremely difficult concept to convey to the interviewees. Several tried to come up with a figure, but no one had thought about cervical cancer in this context before. Focusing on the estimated cost per woman per year for services, interviewee estimates ranged from 50 baht to 800 baht. The most useful estimate came from a practicing ob/gyn who tried to put his estimated cost of 300 baht per woman per year in the context of the family planning budget (which he believed to be approximately 200 baht per woman per year).

Suggestions for Project Expansion

Many stakeholders at the provincial level requested to expand the age of women who were eligible to receive services. Two stakeholders suggested screening women less than 25-years old. A doctor at the provincial level indicated that he would like to see the Project expanded to all villages because:

“It is nice not to see the last stage of cancer in the hospital.”

Several stakeholders indicated that cervical cancer prevention should be part of the new health reform. One interviewee said:

“With the new health reform, cervical cancer screening should be part of prevention. However, cervical cancer prevention is not part of the essential package for every individual.”

Lastly, some stakeholders indicated that they would like to review the Project results before making conclusions about whether the objectives had been met and whether services should be expanded.

ISSUES TO BE EXPLORED

The following themes emerged from women's interviews, but cannot be fully explained by the evaluation findings and are worthy of future exploration.

COUNSELING AND COUNSELING RECALL

Several women mentioned that they were unable to remember what they had been told by the nurse prior to testing, because the experience was 1 year before. However, most women were able to remember messages that they had heard from village loudspeakers or from other women, which they also heard 1 year prior. Many factors could account for this difference in information recall. First, counseling information may not have been communicated to women in terms that were easily understood. Second, women may have been anxious about the test result and this could have affected their ability to retain information. Third, women said that they trusted providers and, therefore, they may not have paid close attention to the counseling information, assuming they would always agree with the provider's suggestions [worth noting here is that most women thought the nurses were doctors]. Fourth, women may have remembered details of the loudspeaker announcements because they were repeated numerous times, reinforcing the messages.

Furthermore, women were able to remember when they were to go for a followup test, information also told to them 1 year prior. All women who had cryotherapy were also able to remember at least some of the home care information given to them by the nurses, such as likely side effects, warning signs of potential complications, and the need to avoid sexual intercourse. It is possible that women listened more intently and retained more information about potential complications because they believed the information was more pertinent to them, as they were now responsible for their own health. Home care information was communicated using less medical terminology, which could account for why women were able to understand and retain this information more easily. Lastly, it is possible that nurses communicated post-cryotherapy care recommendations more carefully, believing women must follow these suggestions in order to fully recover from treatment. Reasons for varying information retention is not apparent from the available data and warrants further exploration.

It is worth mentioning that when women were asked to describe cryotherapy, more were able to provide responses to that question than when asked to explain what the nurse told them about cryotherapy. Most women responded that "cryotherapy removes abnormal areas." When asked to describe what the nurse told them about cryotherapy, most women said that they did not receive an explanation from the nurse. It is unclear from their responses where the women learned that "cryotherapy removes abnormal areas." It is possible that women did learn this information from the nurses, but did not remember hearing this information at the time of treatment. It is also possible that other women provided them with this explanation.

INFORMATION, EDUCATION, AND COMMUNICATION MESSAGES

When women learned about the SVA services from loudspeaker announcements and other women, they also learned that if their test result was abnormal, they should (and could) get free treatment the same day. Women understood that the two procedures (VIA and treatment) would be sequential if their test result was abnormal. It appears (but warrants further exploration) that most women had already made the decision to get treatment, if necessary, by the time they had arrived at a health facility for testing. It does not seem that women were pressured into receiving treatment by the nurses, but were convinced to have the test and treatment, if necessary, through loudspeaker announcements and other women. This finding suggests that the information, education, and communication (IEC) campaign's purpose was achieved—to persuade the target audience to actively seek health-promotion services.

It appears from the data (but warrants further exploration) that women preferred immediate treatment with cryotherapy to LEEP or a biopsy. Women expressed a need to have abnormal areas “removed immediately” and, during the time VIA was offered, cryotherapy was the only treatment available immediately post-testing at both the primary healthcare centers and district hospitals. Additionally, many women said that they did not want a confirmatory test because they were afraid that their condition would become worse during the confirmatory wait period. The effect of IEC messages on women's choice of treatment is not clear from the available data and is worthy of further exploration.

STRENGTHS AND CHALLENGES

Strengths and challenges associated with each category in the findings section are presented below.

UNDERSTANDING AND PERCEPTIONS OF CERVICAL CANCER

Strengths

- The Project increased women and men's awareness of cervical cancer. Many women and men had never heard of cervical cancer before the Project.
- Both women and men understood the connection between a STI and cervical cancer.
- Stakeholders at the national and provincial levels indicated that cervical cancer is an important public health problem in Thailand.

Challenges

- Women were unsure of the causes, magnitude, and clinical presentation of cervical cancer, and held some misconceptions about associated risk factors.
- Nurses believed that women who had an abnormal test at 1 year were far more likely to think they had developed cervical cancer than after the initial abnormal test, and less likely to believe they still had a precancerous condition.

ATTITUDES TOWARD AND UNDERSTANDING OF THE SINGLE VISIT APPROACH

Women

Strengths

- Women expressed satisfaction with the SVA. Many women, before and after testing, told other women to get the service, a demonstration of their satisfaction with the SVA.
- Most women understood the purpose of the test and several women understood the purpose of cryotherapy.
- Women knew that early treatment was essential to preventing a condition from worsening.
- Women indicated that they prefer VIA to the Pap test, because they learn about their test results immediately.
- Most women with normal test results believed it was important to get retested in the future.
- Despite understanding that their lesions may or may not develop into cancer, women wanted cryotherapy when they learned that they had an abnormal test result.
- Most women kept their 1-year followup appointment.
- Women took counseling seriously regarding seeking care if select warning signs developed after cryotherapy.
- Women who tested positive on both the initial and followup VIA said that they felt supported by the nurses throughout the process.
- Nurses said that, in general, women are keen to take care of their health and are willing to take the necessary steps to maintain their own health.

Challenges

- Several women thought that they should have VIA only if they had a gynecological problem.
- Many women also thought that asymptomatic women would not get cervical cancer or have an abnormal VIA test.
- Women called VIA “new technology” and the Pap test “the old method.”
- Many women said that it would be difficult to remember to have VIA in the future if it was not offered as part of a campaign.
- Women who had a followup test as part of a special referral study at the Srinagarind Hospital of Khon Kaen University wanted to be informed of their test result regardless of whether their result was positive or negative.
- A few women did not understand the purpose of VIA testing, saying that the test treated their gynecological problems.
- Nurses felt that women and communities need to better understand that early detection can mean an opportunity for treatment and cure (women interviewed seemed to understand this).

Men

Strengths

- Men supported their wives having VIA.
- Men thought that it was important for their wives to know if there was something abnormal with their bodies.
- Most men thought that other Thai men would similarly support their wives being tested and treated, if appropriate.

Challenges

- Some men thought that younger men would not accept a 1-month abstinence recommendation.

Stakeholders

Strengths

- Stakeholders at the district level perceived VIA as an acceptable testing alternative and cryotherapy as an effective treatment for precancerous lesions.
- Stakeholders at the national and provincial levels said that VIA was appropriate in rural areas, because of the potential for high screening coverage.
- Stakeholders at the national and provincial levels indicated that nurses are appropriate providers of SVA services.

Challenges

- Many district doctors had not considered the SVA in terms of cost-effectiveness but all were interested to learn that there was a potential cost savings using this approach.

- Doctors are inconsistent in their thinking regarding what they consider the “best test” for an individual versus the best approach for all (i.e., clinical management versus public health perspective). A disconnect exists in terms of their thinking that the Pap test should always be used (because it is the “best test”), versus thinking the SVA is best for women and should be used more widely in Thailand.
- Doctors were concerned about the occurrence of false positives and the possibility of over-treatment.
- Doctors were unsure of the effects of over-treatment and whether it is damaging to a healthy cervix to receive cryotherapy.
- Practicing doctors in district hospitals all expressed that false negatives are directly linked to provider competence.
- All of the doctors interviewed were disinclined to accept any false negative rate associated with a test.
- Stakeholders at the national and provincial levels felt that VIA should be a triage test for the Pap test.
- Stakeholders at the national and provincial levels indicated that they wanted to review data on the effectiveness of cryotherapy as well as data comparing the effectiveness of VIA to the Pap test.
- One nurse expressed concern about the quality of the supplies and the effect poor supplies might have on the accuracy of VIA.

PERCEPTIONS OF COMMUNITY OUTREACH, WOMEN’S EXPERIENCES, PROVIDER COUNSELING, AND HOME CARE

Community Outreach

Strengths

- Community outreach efforts were widespread. Almost all women said that they had heard a loudspeaker announcement about the Project.
- Community outreach efforts were successful in building awareness about the availability of the SVA.
- Community outreach efforts were successful in educating women and men in Roi-et about the existence of cervical cancer as a health problem.
- Nurses said that women were interested in hearing about the Project and associated services.

Challenges

- Some of the announcements made via village loudspeakers by health staff and health volunteers told women to seek testing if they were having gynecological problems. This message deterred some asymptomatic women from having VIA.
- Some women mentioned that they could not read and therefore could not understand the brochure that was distributed. Some women said that they did not receive a brochure.

Women's Decision to Seek Testing

Strengths

- Women voluntarily went to the district hospital or a primary healthcare center specifically to have the test (i.e., not opportunistic screening).
- Most women said that it was easy to find time in their schedules to have the test.
- Nurses believed that women were anxious to overcome any barriers to accessing services.

Challenges

- The most common barriers mentioned by women that kept them from getting tested were shyness, a lack of symptoms, or fear of the test result.
- Some women said that it would be difficult to seek testing during planting season or for women who worked.
- The most common barriers mentioned by nurses that kept women from getting tested were shyness, distance from the treatment centers, and time away from home. Nurses also felt that the “30 baht system” —the new health payment scheme—could become a barrier to testing.

Provider Counseling

Strengths

- Several women said that they received enough information about the SVA from the nurses and all women said that their questions were answered (although few had questions). Many women said that they had had enough time with the nurses.
- Women said that the nurses told them about the potential complications of cryotherapy (at least one warning sign).
- All women who received cryotherapy remembered being told to avoid having sexual intercourse for 1 month after treatment.
- All women with normal test results remembered being told to have a followup test in the future (the time frame, however, ranged from 2 to 5 years). All women with abnormal tests remembered being told to have a followup test in 1 year.
- Nurses felt women were generally pleased with the quality of counseling they had received.
- Nurses felt the counseling process was appropriate and did not need to be changed significantly either in content or timing.

Challenges

- When women received their test results from the nurse, some said that they felt the nurse did not explain its meaning and implications.
- Other than cryotherapy, women did not remember being told about other treatment options if their test was abnormal. On the written educational materials available for women, information about other treatment options was not specified. Currently, on the group education script, it is written: “In this program we offer cryotherapy to treat small cervical abnormalities.” It also reads: “If you choose not to have [the treatment], we can refer you to a health facility where you can learn about other options.” The script does not mention what the specific other options are (Draft 16 December 1999 version).
- Women did not mention the nurses explaining the treatment procedure to them in detail.

- Women remembered some, but not all, warning signs.
- While many women said that they had enough counseling time with the nurse, others felt that they needed more time.
- Several women said that they were not given any information before the test was performed. A few women said that they were given information before the test, but do not remember what they were told. Several women said that they had the test 1 year ago and therefore it was difficult to remember what they were told.
- Many of the women thought that doctors, not nurses, performed the service.
- Nurses felt that women were shy to ask questions after a positive VIA result and before cryotherapy treatment.

Home Care

Strengths

- Women said that their husbands were not upset that they were instructed to avoid sexual intercourse for 1 month after treatment.
- Men said that they were not frustrated with the recommended abstinence period, because their wives were instructed to do so.
- Most men said that other men would not be frustrated if they were advised to avoid sexual intercourse with their wives for 1 month after treatment.
- Nurses said that women are willing to adhere to the home care recommendations to the extent possible, given husband support.

Challenges

- While most men said that 1 month of abstinence would not be a problem for them, several said that they thought other men would not want their wives to have the test if there was a chance they would receive treatment requiring a 1-month period of sexual abstinence.
- Nurses said that younger men (35 years old and younger) might have difficulty abstaining from sex for 1 month.
- Nurses felt that it was a challenge to assure husband's compliance with the home requirements.

Location of services

Strengths

- Most nurses felt strongly that maintaining the mobile units in the primary healthcare centers was best for women and therefore should be continued.
- Several women and men indicated that projects rarely come to the villages and the mobile clinics were a strength of the Project.
- Women said that it was easy to travel to the primary healthcare centers for testing. Many women said that it is easier for them to get to the primary healthcare center than the district hospital to get tested.

Challenges

- Many women indicated that it would be difficult for other women in their village to get to the district hospital for services, mostly because of transportation costs.

ATTITUDES TOWARD PROJECT IMPACT ON ROUTINE SERVICES AND PROJECT EXPANSION

Strengths

- District level stakeholders strongly believed that incorporating the SVA into routine service delivery would not be a problem if services were expanded. The main burden, they felt, within the Project was related to data collection.
- Stakeholders at all levels believed that having nurses provide the service was good, and they felt that nurses were capable of performing the service.
- District level stakeholders believed that using nurses as providers increased accessibility of services among women.
- Both clinical supervisors and nurses valued the supervision process.
- Clinical supervisors felt that all of the nurses were fully competent within 1 to 3 months after Project implementation.
- Clinical supervisors and nurses both felt that the supervision process was most important in the beginning months.

Challenges

- Stakeholders indicated that the delivery of routine services was affected most at the beginning of the Project, indicating a need to better determine how to manage the startup of services in new areas.
- Challenges remain regarding how to:
 - Create a supervision schedule that can realistically be maintained (given the regular jobs of the supervisors) during expansion
 - Orient all hospital personnel, including those not directly associated with the Project
 - Assure the quality of continued services

RECOMMENDATIONS

SERVICE DELIVERY

- Continue to maintain SVA services at district hospitals with mobile outreach units.
- Continue nurse support to women who have had abnormal tests at the initial and followup visits.
- To increase provider competency, select nurses already experienced in working with sensitive health topics (such as those from the family planning clinics) to provide SVA services.
- Incorporate the SVA into an existing service in the district hospitals, such as family planning, to minimize disruption.
- Ensure that district hospital personnel are adequately prepared in advance of incorporating new services.
- Assess how the “30 baht system” plan and health insurances available in Thailand will affect women’s ability to access services in the future.
- Educate doctors to address their concerns about false positives and over-treatment.
- Address any supply quality-control issues.

SUPERVISION

- Continue supervision visits to maintain quality.
- Continue to provide training in coaching/mentoring skills for clinical supervisors.
- Explore creating on-site clinical supervisor posts (or equivalent) within district hospitals to reduce travel time. This could involve special training for on-site general practitioner doctors, or by using the best and most senior nurses.

DATA COLLECTION

- Streamline the data collection process prior to expanding services.
- Consider how stakeholders can assure the highest quality of data collected.

TRAINING AND CONTINUING EDUCATION

- Continue using a competency-based approach to training.
- Discuss incorporating SVA skills into preservice training of doctors with the Thai Royal College of Obstetricians and Gynaecology.
- During training, use real clients in hospitals for counseling purposes rather than role plays with students.
- Break into smaller training groups.
- Increase clinical training caseload for nurses.
- To address concerns of practicing doctors in the district hospitals, ensure that training and continued supervision focus on nurse competence and minimizing false negatives.
- Provide orientation for all staff within the district hospital to explain the new service. This will enable fellow nurses and aids to understand why they are being asked or required to take on additional work.

- Scientific information about the effectiveness of cryotherapy, the minimal side effects associated with cryotherapy, and the effects of treating a non-precancerous cervix should be provided to all stakeholders to increase confidence in using cryotherapy.

COMMUNITY OUTREACH

- Continue to stress in outreach messages the importance and effectiveness of cancer prevention through early intervention.
- Continue to encourage women who have already had VIA and treatment (if applicable) to tell other women to get tested.
- Continue community educational campaigns.
- Maintain involvement and continued training of the primary healthcare center personnel.
- Develop a “reminder system” to encourage women to seek testing if a campaign-type promotion cannot be continued in the future.
- Ask women who have received VIA and treatment to serve as health volunteers if another campaign is implemented in the future.
- Provide more detailed information about the cause, magnitude, and clinical manifestation of cervical cancer in outreach messages to prevent women from thinking they must have an apparent gynecological problem to have an abnormal cervix.
- Target men in community outreach messages. Many men said that they participate in their wives’ decision-making about health issues; therefore, community outreach messages should also be targeted at them. These messages should focus on husbands encouraging their wives to be tested, and on the barriers to testing mentioned by women and nurses. Educational campaigns should include information about abstinence recommendations.
- Continue loudspeaker announcements in future campaigns as a means of increasing general community awareness about cervical cancer and the availability of testing.
- If the objective is to have all women between the ages of 30 and 45 receive testing, eliminate or rephrase the community education message that women with obvious gynecological problems should get tested.
- Re-evaluate the reading level of the brochure, giving consideration to the average literacy level of many women in rural communities. Furthermore, while a male provider was not mentioned very often as a cause of shyness in women (barrier), the picture of a male provider in the brochure may still inhibit some women from getting tested. Also, the woman in the picture who is receiving services is wearing a suit and rural villagers may not relate to this type of woman. Lastly, there is a cartoon picture of a woman holding her stomach. Some women may interpret this picture as saying they should only get the test if they have abdominal pains.

PROVIDER COUNSELING

- Continue to use the same terminology to instruct women about home care instructions and warning signs.
- Evaluate counseling information giving consideration to women’s educational and literacy levels.
- Explore how to best communicate information about the cause, magnitude, and clinical manifestation of cervical cancer to women during counseling sessions.
- Explore appropriate terminology to use when describing how VIA and cryotherapy work.
- Expand the explanation given about the meaning and implication of all test results and explore appropriate terminology to use.

- Explain all options available in Thailand that could potentially be available to women with a positive test result in terms that are understandable to them.
- Increase counseling time for women with a positive test before offering cryotherapy treatment.
- Provide more intensive counseling for women with an abnormal test at the 1-year followup visit.
- Emphasize the importance of using condoms if sexual abstinence is not possible for 1 month post-treatment.

CONCLUSIONS

The SAFE Demonstration Project has been very successful from the perspective of the women receiving services. Awareness of the existence of cervical cancer has increased among both men and women, as has their understanding of the importance of early detection and the connection between cervical cancer and STIs. Every woman expressed satisfaction with VIA as the test and all but one women expressed satisfaction with cryotherapy as the treatment. Challenges, however, still exist, mostly in relation to improving provider-client communication during counseling sessions.

What is clear from stakeholder interviews is that they recognize that SVA provides increased access to preventive cervical cancer services for Thai women, although there are concerns regarding the effectiveness of VIA, the safety of cryotherapy, and the use of VIA versus the Pap test. It is important to note, however, that despite existing reservations, the majority of service providers at all levels support continued provision of SVA services, especially in rural areas where access to a Pap test is extremely limited.

The challenge to expanding SVA services in Thailand will be continuing to provide quality services, including counseling, while minimizing any impact this has on routine services in district hospitals. It is likely that without the extensive data collection involved in the Project, services will be easier to integrate. Success will hinge on improved “marketing” of the importance and intent of the services to stakeholders beyond those directly involved with service delivery. In addition, success will require finding a way to maintain appropriate clinical supervision at the local district level through specially trained general practitioners at hospitals, or competent and experienced nurses.

APPENDIX A. DISTRICT LEVEL SAMPLE

STAKEHOLDER	NUMBER INTERVIEWED	PROVINCE OR DISTRICT
Clinical Supervisor	2	Phanomprai and Chaturaphak Districts
	2	Prathumrat and Kasetwisai Districts
Senior Doctor in District Hospitals	4	One in each of the four districts (the senior doctor in Phanomprai was an ob/gyn, all others were general practitioners)
Data Collector	4	One in each of the four districts
Data Collection Coordinator	1	One representing all four districts
District Director	4	One in each of the four districts
Nurse	8	Two in each of the four districts
Total	25	

APPENDIX B. COMMUNITY LEVEL SAMPLE

Chaturaphak District

A total of 18 interviews were conducted in this district: 10 women and 8 men. Four women were VIA-positive, received cryotherapy, and were VIA-positive on the followup test. Two women were VIA-positive, received cryotherapy, and were VIA-negative on the followup test. One woman was VIA-positive and received cryotherapy, but had yet to have a VIA followup test. Two women were VIA-negative, and one woman had yet to be tested. Four women received VIA and cryotherapy services at the district hospital, and five women received VIA and cryotherapy services at a mobile clinic.

Kasetwisai District

A total of 10 interviews were conducted in this district: 6 women and 4 men. One woman was VIA-positive, received cryotherapy, and was VIA-negative on her 1-year followup test. One woman was VIA-positive and received cryotherapy, but had yet to have a VIA followup test. Two women were VIA-negative, and two women had yet to be tested. All women, with the exception of the two who had not yet been tested, received VIA and cryotherapy services at a mobile clinic.

Phanomprai District

A total of nine interviews were conducted in this district: five women and four men. One woman was VIA-positive, received cryotherapy, but had yet to have a VIA followup test. Three women were VIA-negative, and one woman had yet to be tested. All women, with the exception of the one who had not yet been tested, received VIA and cryotherapy services at the district hospital.

Prathumrat District

A total of seven interviews were conducted in this district: five women and two men. Three women were VIA-positive, received cryotherapy, and were VIA-negative on the followup test. One woman was VIA-negative, and one woman had not yet been tested. Three women received VIA and cryotherapy services at a mobile clinic, and one woman received VIA and cryotherapy services at the district hospital.

The tables below summarize who was sampled. **Table 1** lists the age, education, type of service rendered, and place of service for each woman interviewed. **Table 2** lists the age, education, and interview number (linking husband and wife interviews). **Table 3** provides a summary of how many women and men were interviewed based on the type of service the women received.

Table 1. Women Interviewed

DISTRICT	INTERVIEW NUMBER	AGE	EDUCATION	TEST RESULT	PLACE OF SERVICE**
CHATURAPHAK	6	35	Grade 4	VIA-positive and cryotherapy; VIA-positive on followup	District Hospital
	7	33	Grade 6	VIA-positive and cryotherapy; VIA-positive on followup	District Hospital
	19	35	Grade 6	VIA-positive and cryotherapy; VIA-positive on followup	Mobile Clinic
	21*	35	Grade 6	VIA-positive and cryotherapy; VIA-positive on followup	Mobile Clinic
	8	35	Grade 6	VIA-positive and cryotherapy; VIA-negative on followup	District Hospital
	22	37	Grade 6	VIA-positive and cryotherapy; VIA-negative on followup	Mobile Clinic
	23*	43	Grade 4	VIA-positive and cryotherapy	Mobile Clinic
	20	33	Grade 6	VIA-negative	Mobile Clinic
	24*	30	Grade 6	VIA-negative	District Hospital
	9	42	Grade 4	Had not been tested	-----

Table 1. Women Interviewed (continued)

DISTRICT	INTERVIEW NUMBER	AGE	EDUCATION	TEST RESULT	PLACE OF SERVICE**
KASETWISAI	16	37	Grade 4	VIA-positive and cryotherapy; VIA-negative on followup	Mobile Clinic
	26	43	Grade 4	VIA-positive and cryotherapy	Mobile Clinic
	15	43	Grade 4	VIA-negative	Mobile Clinic
	17*	42	Grade 9	VIA-negative	Mobile Clinic
	18	45	Grade 4	Had not been tested	----
	25*	44	Grade 6	Had not been tested	----
PHANOMPRAI	1	36	Grade 6	VIA-positive and cryotherapy	District Hospital
	2*	37	Grade 6	VIA-negative	District Hospital
	3	39	Grade 3	VIA-negative	District Hospital
	4	29	Grade 6	VIA-negative	District Hospital
	5*	34	Vocational school	Had not been tested	-----
PRATHUMRAT	10	37	Grade 6	VIA-positive and cryotherapy; VIA-negative on followup	District Hospital
	12*	33	Grade 6	VIA-positive and cryotherapy; VIA-negative on followup	Mobile Clinic
	14*	35	Grade 6	VIA-positive and cryotherapy; VIA-negative on followup	Mobile Clinic
	13	41	Grade 4	VIA-negative	Mobile Clinic
	11*	37	Grade 6	Had not been tested	----

*Husband not interviewed

**Site of the first test (all 1-year followup tests were conducted at the district hospital); mobile clinics were all conducted at primary healthcare centers by itinerant district hospital nurse teams.

Table 2. Men Interviewed

DISTRICT	INTERVIEW NUMBER	AGE	EDUCATION	WIFE'S INTERVIEW NUMBER
CHATURAPHAH	5	41	Grade 4	6
	6	37	Grade 6	8
	7	36	Grade 6	7
	8	45	Grade 6	9
	14	44	Grade 4	19
	15	35	Grade 4	20
	16	33	Grade 6	22
	17	45	Grade 4	Wife not interviewed
KASETWISAI	11	44	Grade 4	15
	12	49	Grade 4	16
	13	46	Grade 4	18
	18	52	Grade 4	26
PHANOMPRAI	1	32	Grade 6	3
	2	32	Grade 6	4
	3	40	Bachelors Degree	Wife not interviewed
	4	39	Grade 9	1
PRATHUMRAT	9	41	Grade 4	10
	10	42	Grade 9	13

Table 3. Number of Women and Men Interviewed Based on Service Received

INTERVIEWEE	TYPE OF SERVICE					
	VIA-POSITIVE AND CRYOTHERAPY; VIA-POSITIVE ON FOLLOWUP	VIA-POSITIVE AND CRYOTHERAPY; VIA-NEGATIVE ON FOLLOWUP	VIA-POSITIVE AND CRYOTHERAPY	VIA-NEGATIVE	NO TEST	TOTAL
WOMEN	4	6	3	8	5	26
MEN (WIFE'S TEST)	3	4	3	5	3	18

