

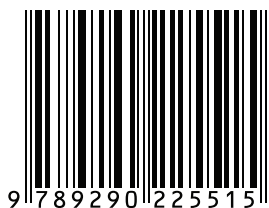
Cervical cancer screening and management
of cervical pre-cancers

Training of community health workers



Training of community health workers

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Cervical cancer screening and management of cervical pre-cancers

Training of
community health workers

Cervical cancer screening and management of cervical pre-cancers

Package contents

- **Training of health staff in VIA, HPV detection test and cryotherapy**
 - Trainees' handbook
 - Facilitators' guide
- **Training of health staff in colposcopy, LEEP and CKC**
 - Trainees' handbook
 - Facilitators' guide
- **Trainees' handbook and facilitators' guide**
 - Programme managers' manual
- **Trainees' manual for community health workers**
- **Counselling cards**
- **Flip chart**
- **Teaching aids**

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Foreword



Cervical cancer is the second most common cancer among women worldwide and causes a significant number of deaths in the South-East Asia Region. Nearly 200 000 new cases of cervical cancer occurred in SEA Region Member States in 2008, giving an incidence of almost 25 per 100 000 and a mortality rate of almost 14 per 100 000. Cervical cancer can be prevented by early screening and vaccination. However, due to poor access to screening and treatment services, the vast majority of these deaths occur in women from nine Member States of the South-East Asia Region which account for more than one third of the global burden of cervical cancer.

In 2015, the WHO Regional Office for South-East Asia, in consultation with Member States, launched a Strategic Framework for the Comprehensive Control of Cervical Cancer in the South-East Asia Region. To strengthen the

capacity of health-care providers, a training package has been developed based on the emerging scientific evidence related to new technologies and novel paradigms in cervical cancer screening and to the safety and efficacy of the vaccines.

A paradigm shift has taken place over the recent years in the understanding of the natural history of the disease, the preventive strategies, and the technologies associated with its early detection and treatment. The availability of effective and safe human papillomavirus (HPV) vaccine has introduced an entire new dimension to the prevention of the disease.

The South-East Asia Region is the first region of WHO to publish a training package on a comprehensive approach to cervical cancer screening and management of cervical pre-cancers. The training package provides strategies for a screen-and-treat programme building upon the existing evidence-based WHO global guidelines.

The training package is intended for programme managers, health-care providers and other professionals who have a responsibility for cervical cancer prevention, detection and treatment at the national and sub-national levels. There are eight separate modules for different target audiences including the facilitator's guides.

I am convinced that the success of the Sustainable Development Goals and implementation of the Global Strategy on Women's, Children's and Adolescents' Health will depend on strong commitment towards the '*Survive, Thrive and Transform*' objectives for building healthy societies. This is our vision as we work together for stronger health systems, universal health coverage and scaling-up of life-saving interventions for comprehensive cervical cancer prevention and control. I would urge Member States to strengthen the capacity of health-care providers in the prevention and control of cervical cancer.

Dr. Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region

Acknowledgements

The World Health Organization (WHO) would like to thank all experts, partners and reviewers involved in developing this training package on cervical cancer screening and management of pre-cancers. The enormous task of preparing the comprehensive package to train the complete spectrum of providers in a cervical cancer screening program could be completed successfully due to the contributions of several experts from Member States of the WHO South-East Asia Region.

The development of the training package was coordinated by the WHO Collaborating Centre for Human Reproduction at the Department of Obstetrics and Gynaecology, Post-Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, India, under the leadership of Professor Lakhbir Dhaliwal and Professor Vanita Suri, along with team members Professor Reshmi Bagga, Dr Rakhi and Dr Parul. Inputs from consultants who worked on the project, Dr Partha Basu, Screening Group, International Agency for Research on Cancer (WHO), France, and Dr Srabani Mittal, Child in Need Institute, India, were critical.

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Abbreviations

CHW	community health worker
FAQ	frequently asked questions
VIA	visual inspection with acetic acid
HPV	human papillomavirus
HIV	human immunodeficiency virus
LEEP	loop electrosurgical excision procedure
HLD	high-level disinfection
CKC	cold knife conization

Section 1: General information



1.1 How to use the manual

The training manual is designed to assist in building capacity of community health workers (CHWs) in educating women and community members on relevant aspects of cervical cancer prevention. The manual aims to facilitate improvement in communication skills of CHWs for promoting uptake of cervical cancer screening services in the community. The primary intention of this manual is to assist CHWs in spreading community awareness on cervical cancer prevention and establishing linkage between the community and available screening services. The information and instructions included in the manual can be used by both the facilitators and CHWs while participating in the training. The manual contains nine different sessions to assist CHWs to be acquainted with different aspects of cervical cancer prevention at the community level with focus on improving their communication skills. Each session contains key information in ‘question and answer’ format written in simple language so that CHWs can comprehend the contents better. At the end of each session, there are group activities like role plays, group discussion and games for active learning. These are intended to give opportunity to CHWs to learn by interacting with each other and also relate themselves with their roles and responsibilities at the community level. The manual includes ‘notes to the facilitator’ on how to conduct various sessions as per the given session plan. A set of ‘Frequently Asked Questions’ has been included to help the CHWs provide appropriate information to women and community members.

1.2 Training objectives

The training aims to enhance knowledge and communication skills of CHWs in cervical cancer prevention activities at the community level. After completion of the training, CHWs will be able to:

- explain the basic anatomy of female genitalia;
- describe common female genital infections;
- list the causes and symptoms of cervical cancer;
- state the risk factors of cervical cancer and how to reduce them;
- demonstrate communication skills for raising awareness;
- demonstrate educating women and the community to prevent cervical cancer.

1.3 Batch size and duration of training

The total number of trainees per batch is 25–30. The number of facilitators per batch should be at least three. The total duration of training is 3 days. For details of the session plan, refer to Section 2.

1.4 Ground rules for trainees

- Attend the training daily as per schedule
- Sign daily attendance sheet
- Attend all the sessions and participate actively
- Perform group exercises as guided by your facilitator
- Have mutual respect for co-trainees and for facilitators

1.5 Dos and don'ts for trainees

Dos	Don'ts
<ul style="list-style-type: none"> • Reach training venue at least 15 minutes ahead of beginning of the session each day • Familiarize yourself with training sessions and training materials provided to you • Participate actively in the training • Interact with facilitators as and when required and ask questions for clarity • Know your group members and stick to your allocated group during group activities • Listen carefully to the instructions given by facilitators for group activities 	<ul style="list-style-type: none"> • Cross-talk among yourselves during training sessions • Use mobile phones or do anything to distract your colleagues during training sessions • Hesitate to ask questions

Section 2: Session plan



Session plan

Day	Session	Time	Contents
Day 1	Registration	9:00 a.m.–9:15 a.m.	Registration of name and contact details
			Signature on attendance sheet
			Handing over of training folder
	Opening session	9:15 a.m.–10:00 a.m.	Welcome of participants
			Objectives and overview of training
			Introduction of facilitators and trainees
			Ground rules and other logistics of training
	Session 1: Your role as a community health worker	10:00 a.m.–11:00 a.m.	
	1a. Interactive learning		Who are community health workers (CHWs)?
			What can CHWs do to prevent women from getting cervical cancer?
			How to educate women and the community on cervical cancer
			What are the specific services CHWs can provide to promote cervical cancer screening?
	1b. Group activities		Small group work
	Session 2: Knowing the female genital organs	11:00 a.m.–1:00 p.m.	
	2a. Interactive learning		Why is it necessary to know the parts of female genitalia?
			What are the different parts of female genitalia?
			How does a cervix look during naked eye examination?
	2b. Group activities		Small group work
	lunch break	1:00 p.m.–2:00 p.m.	
	Session 3: Common female genital infections	2:00 p.m.–4:00 p.m.	
	3a. Interactive learning		Do you think having vaginal discharge is always bad?

Day	Session	Time	Contents
			How to know which type of vaginal discharge is bad?
			How do bad microbes cause infections?
			What are the complaints of a woman having vaginal infections?
			What should be done when a woman has vaginal infections?
	3b. Group activities		Small group work
	Summary of the day's activities	4:00 p.m.–4:30 p.m.	To be presented by trainees
	Discussion on next day's agenda	4:30 p.m.–5:00 p.m.	To be led by facilitator
Day 2	Review of previous day's activities and doubt clearance	9:00 a.m.–9:30 a.m.	Presentation of key-points by trainees
			Discussion to be led by facilitators for doubt clearance
	Session 4: Understanding cervical cancer and its causes	9:30 a.m.–10:30 a.m.	
	4a. Interactive learning		Have you ever heard of cancer?
What causes cervical cancer?			
How does HPV cause cervical cancer?			
Who are at risk of having cervical cancer?			
How would a woman know if she has cervical cancer?			
	4b. Group activities		Small group work
	Session 5: Learning about prevention of cervical cancer	10:30 a.m.–1:00 p.m.	
	5a. Interactive learning		Is it possible to reduce the risk of cervical cancer?
Who should have cervical cancer screening?			
What are the common cervical cancer screening tests?			

Day	Session	Time	Contents
			What preparations are necessary before a woman goes for a screening test?
			What is VIA?
			What is HPV test?
			What is PAP smear?
			How frequently a woman should have cervical cancer screening?
			Do women feel any discomfort after screening test?
	5b. Group activities		Role play
	lunch break	1:00 p.m.–2:00 p.m.	
	Session 6: Dealing with women having positive screening test or suspected cancer	2:00 p.m.–4:00 p.m.	
	6a. Interactive learning		What are the next steps for a woman with a positive screening test?
			What information should be given to a woman after cervical biopsy?
			What are the available treatment options for cervical pre-cancers?
			What is meant by cryotherapy and how is it done?
			What is cold coagulation and how is it done?
			What is LEEP and how is it done?
			What is meant by a cone biopsy?
			How should a woman take care of herself after treatment for cervical pre-cancer?
			What are the next steps for a woman with suspected cervical cancer on screening?
	6b. Group activities		Role play

Day	Session	Time	Contents
	Discussion on Annexure 6.1	4:00 p.m.–4:30 p.m.	Knowing the instruments used in screening clinics
	Summary of day's activities	4:30 p.m.–4:45 p.m.	To be presented by trainees
	Discussion on next day's agenda	4:45 p.m.–5:00 p.m.	To be led by facilitator
Day 3	Review of previous day's activities and doubt clearance	9:00 a.m.–9:30 a.m.	Presentation of key-points by trainees and discussion to be lead by facilitators for doubt clearance
	Session 7: Raising community awareness	9:30 a.m.–11:00 a.m.	
	7a. Interactive learning		<p>What do people in the community know about cervical cancer?</p> <p>What preparations are required for community awareness activities?</p> <p>How can you spread the word about cervical cancer screening?</p> <p>What messages can you provide to the community for raising awareness on cervical cancer?</p> <p>What can you do to motivate women to have cervical cancer screening?</p> <p>How to use counselling cards</p> <p>How to use a flip chart</p>
	7b. Group activities		Role play
	Session 8: Making home visits	11:00 a.m.–1:00 p.m.	
	8a. Interactive learning		<p>Why are home visits important?</p> <p>How to build rapport with women and her family while making home visits</p> <p>How to approach a woman who fails to attend awareness meetings on cervical cancer</p> <p>How to talk to a woman who misses her schedule appointment for screening</p>

Day	Session	Time	Contents
			How to approach a woman who is unwilling to attend health facility for check-up following a positive screening test
			What messages are to be given to a woman who fails to keep her follow-up appointments?
	8b. Group activities		Group discussion
	lunch break	1:00 p.m.–2:00 p.m.	
	Session 9: Getting to know service delivery points in your locality	2:00 p.m.–4:00 p.m.	
	9a. Interactive learning		What is meant by a service delivery point for cervical cancer prevention?
			Why do you need to know about the service delivery points in your locality?
			What are the cervical cancer screening and treatment services available at these service delivery points?
			How to prepare a list of service delivery points in a locality
			How to draw an area map showing location of service delivery points
	9b. Group activities		Role play
	Discussion on Annexure 6.2	4:00 p.m.–4:30 p.m.	Processing of instruments in screening clinics
	Summary of day's activities	4:00 p.m.–4:45 p.m.	To be presented by trainees
	Closing	4:45 p.m.–5:00 p.m.	

Section 3: Sessions

- Session 1:** Your role as a community health worker
- Session 2:** Knowing the female genital organs
- Session 3:** Common female genital infections
- Session 4:** Understanding cervical cancer and its causes
- Session 5:** Learning about prevention of cervical cancer
- Session 6:** Dealing with women having positive screening test or suspected cancer
- Session 7:** Raising community awareness
- Session 8:** Making home visits
- Session 9:** Getting to know service delivery points in your locality



Session 1: Your role as a community health worker

1.1 Session contents

- Who are CHWs?
- What can CHWs do to prevent women from getting cervical cancer?
- How to educate women and the community on cervical cancer?
- What are the specific services CHWs can provide to promote cervical cancer screening?
- Group activities

1.2 Learning objectives

By the end of this session, the trainees will be able to

- List their responsibilities as a community health worker
- Describe the services they would provide to the community

1.3 Key information

1.3.1 Who are community health workers (CHWs)?

CHWs have an important role in increasing access to quality healthcare services to people in the community. As a CHW you should:

- belong to the community where you volunteer to work;
- are chosen by people of your own community;
- receive short trainings for performing your activities;
- obtain support from the government health system locally;
- are responsible for providing correct guidance to your community on basic healthcare needs;
- are entrusted by your people to serve the remote and difficult areas where the existing healthcare services hardly reach;
- are accountable to your community as well as the health system for various activities taken up by you;
- serve as bridge between the community and healthcare facilities.

1.3.2 What can CHWs do to prevent women from getting cervical cancer?

Cervical cancer is a preventable cancer. You as a CHW can help in protecting a woman's health from the risks of cervical cancer by providing appropriate information on the disease and available preventive services. You can involve yourself in the following ways:

- educate women/family members on cervical cancer, its risk factors, and how it can be prevented;
- reach out to the community and provide basic information about preventive measures;
- inform about the available healthcare services related to cervical cancer prevention;
- counsel women/family members to attend the healthcare facilities where preventive services on cervical cancer is available;
- provide necessary guidance and support.



1.3.3 How to educate women and the community on cervical cancer

To reduce risk of cervical cancer it is necessary to educate the women, her family members and the community about the disease and ways of preventing it. While conducting the educational sessions you are encouraged to use visual aids e.g flip chart, counselling cards. Using such aids helps your audience to relate to the visuals and understand better. You need to use simple language to discuss the following:

- What is cervical cancer or the cancer of mouth of the womb?
- What causes cervical cancer and what are the symptoms?
- Who are at risk of developing cervical cancer?
- What is HPV infection?
- What can be done to reduce the risk of getting HPV infection?
- What is meant by cervical pre-cancer?
- What are the common tests done to find out if there is cervical pre-cancer or cancer?
- Why is it important to have the tests done?
- Is there any vaccine available to prevent cervical cancer?

While educating women and the community, you can take help of the FAQs given in Annex 6.3 of this training manual.

1.3.4 What are the specific services CHWs can provide to promote cervical cancer screening?

CHWs can provide their support in the following ways:

- Inform about the special tests (known as screening tests) available for detection of cervical pre-cancers.
- Motivate women who are above 30 years of age to undergo cervical cancer screening tests.
- Spread information about the importance of having further check-ups and/or treatment if the screening test is positive.
- Make home visits to remind women if they miss a scheduled appointment for undergoing screening tests / treatment / follow-up and help in rescheduling her next appointment.
- Counsel women and try to address any fear or misconception that prevents her from attending screening clinics.
- Spread information about the healthcare facilities where cervical cancer prevention services are available.

Educating women in the community



Group activities

Group activity 1: Listing of topics for educating women and the community on cervical cancer

Group activity 2: Learning to provide specific services to promote cervical cancer screening

Session 2: Knowing the female genital organs

2.1 Session contents

- Why is it necessary to know the parts of female genitalia?
- What are the different parts of female genitalia?
- How does the cervix look during naked eye examination?
- Group activities

2.2 Learning objectives

By the end of this session, the trainees will be able to:

- identify and name the parts of female genital organs;
- describe the key functions of the major parts of female genital organs.

2.3 Key information

2.3.1 Why is it necessary to know the parts of female genitalia?

When you will work in the community for cervical cancer prevention, a brief knowledge of the parts of a woman's genital organs will help you in understanding as well as educating women and the community on:

- position and basic functions of the genital organs;
- location of the cervix in relation to other genital organs; and
- appearance of normal cervix and how does it differ from pre-cancer/cancer of the cervix.

2.3.2 What are the different parts of female genitalia?

In this session, you are going to learn about the different parts of a woman's genital organs. They can be broadly divided into two – the outer part that can be seen with the naked eye (external genitalia) and the parts that are located inside a woman's body (internal genitalia).

First you will learn about a woman's **external genital** parts. These are described below and shown in Fig 2.1.

- Mons pubis:** This is the uppermost part having a pad of fat and covered by hair (pubic hair)
- Clitoris:** It is a small fleshy organ that is present at the joining point of labia minora. It is very sensitive and increases sexual pleasure when touched.
- Urethral opening:** This is present just below the clitoris. It is the opening through which urine comes out of the body.

d) **Vaginal opening (introitus):** This is the opening of the passage that connects lower part of a woman's birth canal to the outside of body. Through this opening the menstrual blood flows out of the body. During childbirth, new born babies are delivered through this opening.

e) **Labia majora:** These are two large fleshy folds ('large lips') that cover and protect the external genital organs. After puberty, the labia majora become covered with hair.

f) **Labia minora:** They are the 'small lips' that are present just underneath the 'large lips' or labia majora. They protect the entrance to the vaginal and urethral openings.

g) **Anus:** This is the opening through which faecal matter comes out. As it is located close to the vaginal opening, proper hygiene should be maintained to avoid infection.

Now you will learn about the various parts of a woman's **internal genital** parts (Fig.2.2). They are:

a) **Vagina:** This is like an elastic tube with multiple folds approximately 7–8 cm long. It connects the lower part of a woman's womb (cervix) to the outside of body through the vaginal opening (introitus). It is through this opening that a man's seeds (sperms) enter the womb during sexual contact, menstrual blood comes out during menstrual periods and babies come out during child birth. This tube is also known as the 'birth canal'. When a doctor/nurse wants to examine the lower part of the womb, he/she introduces an instrument known as, 'speculum' into this tube through the vaginal opening. The vaginal tube can be easily stretched by the speculum, thus allowing clear vision of the area to be examined. Speculum examination is not painful and does not cause any damage to other organs inside.

Fig. 2.1 Female external genitalia

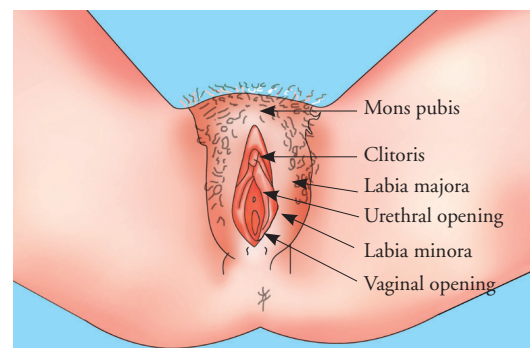
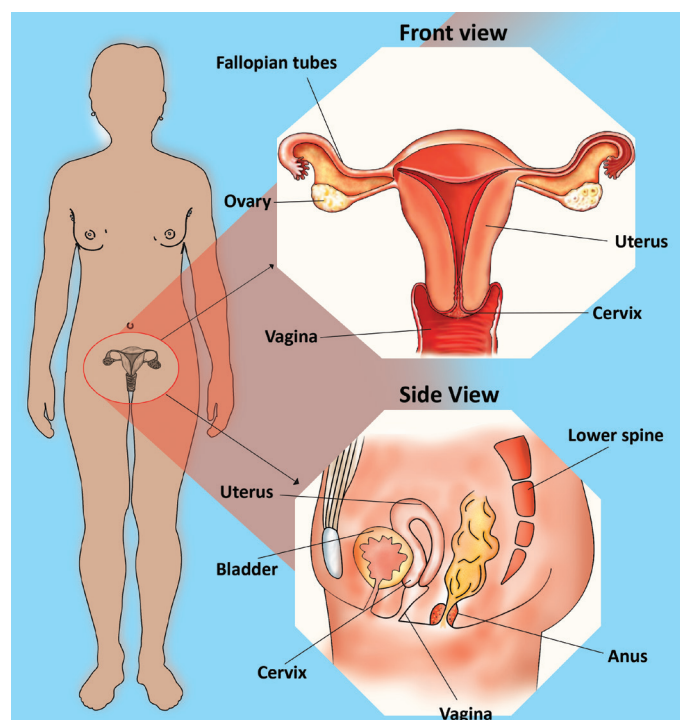


Fig. 2.2 Female internal genitalia

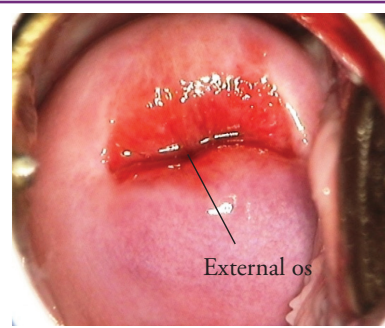


- b) **Uterus:** This is a hollow pear-shaped organ where the baby of a pregnant mother grows. The uterus has got two parts – the upper part is known as the ‘body’ and the lower part is known as cervix. During speculum examination, the cervix or the ‘mouth of the womb’ is visible to the naked eye. You will learn in more details in later sessions.
- c) **Ovaries:** They are small egg-shaped glands and are two in number. They are placed on either side of the uterus. These glands produce eggs that are fertilized by sperms to produce a baby. They also produce the female hormones that helps to maintain the feminine looks of a woman.
- d) **Fallopian tubes:** These are two narrow channels that are attached to the upper part of the uterus. The eggs from the ovaries travel to the uterus through these channels. The meeting of a woman’s egg by a man’s sperm normally occurs in this channel.

2.3.3 How does a cervix look during naked eye examination?

When a speculum is introduced inside the vagina and its blades are opened, you will be able to see a pinkish red rounded knob-like structure. This is known as the cervix (Fig 2.3). A normal cervix looks pink and smooth and it has an opening at the centre (external os). All the secretions and menstrual blood from within the uterus come out through this opening. Cervical cancer starts in the area of the cervix close to this opening.

Fig. 2.3 Normal cervix on speculum examination



Group activities

Group activity 1: Identification of various parts of the female external and internal genitalia

Group activity 2: Description of functions of the female external and internal genital parts

Session 3: Common female genital infections

3.1 Session contents

- Do you think having vaginal discharge is always bad?
- How will you know which type of vaginal discharge is bad?
- How do bad microbes cause infections?
- What are the complaints of a woman having vaginal infections?
- What should be done when a woman has vaginal infections?
- What are the ways to prevent vaginal infections?
- Group activities

3.2 Learning objectives

By the end of this session, the trainees will be able to:

- state the difference between normal and abnormal vaginal discharge;
- describe the different types of vaginal discharge caused by common infections;
- explain how to prevent female genital infections.

3.3 Key information

3.3.1 Do you think having vaginal discharge is always bad?

Being a community worker, a number of times you may come across women telling you their most personal problems like having a 'wetness' around the vaginal opening. This wetness is loosely called vaginal discharge and it is not always bad. It is normal for women to have some vaginal discharge during their child bearing age. This discharge contains some good 'bugs' (from now on we will call them 'microbes') that help to keep the vagina clean and healthy and also protect from infections by bad microbes. Normal vaginal discharge may vary in quantity and thickness. Some days of the month it may be thin and clear, while other days it may be cloudy, thick like the raw egg white. The discharge can increase in quantity when a woman is pregnant and may decrease when she is approaching menopause.

Bad microbes causing vaginal discharge



3.3.2 How will you know which type of vaginal discharge is bad?

When bad microbes infect the vagina, there is change in amount, colour, thickness and smell of the vaginal discharge. These infections produce discharge that may be copious, frothy (Fig.3.1)

thin, thick or flake-like. The colour of the discharge may be greenish, yellow or white like that of cheese or curd (Fig.3.2). Sometimes the discharge may have a bad fishy smell. These are bad discharge and can be treated by using appropriate medicines. Having vaginal infections does not mean that the woman would have cancer in future.

Fig. 3.1 Copious frothy discharge

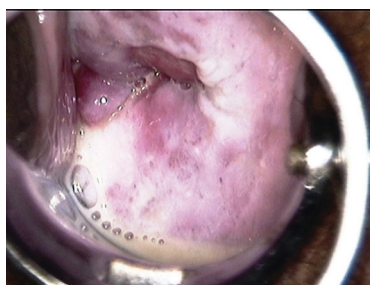


Fig. 3.2 Thick curd like discharge



3.3.3 How do bad microbes cause infections?

When the good microbes of vagina become weak or are killed, the natural defence system created by them inside the vagina fails to protect the entry of bad microbes. These bad microbes enter the woman's body through vagina and multiply inside and cause inflammation of the vagina (vaginitis) or cervix (cervicitis). Most of the time these bad microbes enter the vagina through sexual contact. They may also get entry when a woman washes the inside of her vagina (douching).

3.3.4 What are the complaints of a woman having vaginal infections?

Vaginal infections are rather common and almost all women experience them at some point in their life. A woman having vaginal infection may have any of the following symptoms:

- profuse vaginal discharge;
- soreness or itching of external genital area;
- redness of the external genital area;
- rashes around the vaginal opening;
- burning sensation of skin around external genital area while passing urine;
- pain during sexual intercourse;
- pain in the lower abdomen.

3.3.5 What should be done when a woman has vaginal infections?

The woman should be advised to visit a health centre/ clinic where a doctor will examine her by introducing a speculum in her vagina. Depending on the type of infection, the doctor will treat her with appropriate medicines. In certain types of infections, the male partners are also treated even if they do not have any symptoms.

Visiting a health facility to consult a doctor

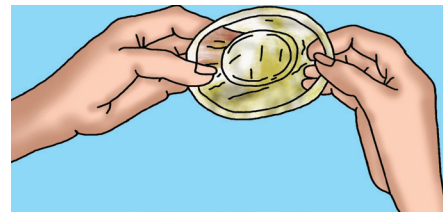


3.3.6 What are the ways to prevent vaginal infections?

Women should be encouraged to adopt healthy practices to avoid vaginal infections. You need to advise them on the following practices for prevention of infections:

- use condoms during sexual contact;
- keep external genital area clean and dry;
- wear clean cotton undergarments;
- do not douche inside the vagina;
- use clean water to wash after passing urine or bowel movement;
- always wipe dry from front to back;
- always use sanitary napkins during menstrual periods.

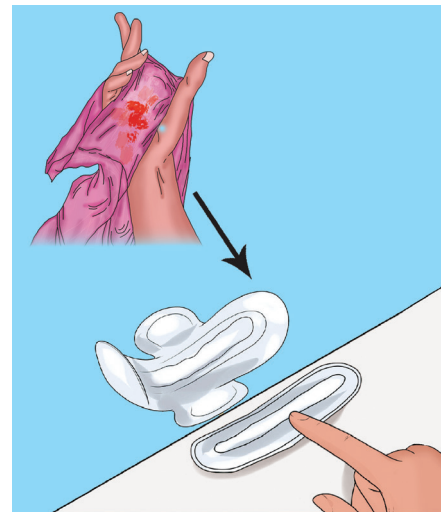
Using a condom during sexual contact



Using clean water to maintain genital hygiene



Using sanitary napkins during menstruation



Group activity

Pass the ball, play and learn

Session 4: Understanding cervical cancer and its causes

4.1 Session contents

- Have you ever heard of cancer?
- What causes cervical cancer?
- How does human papillomavirus cause cervical cancer?
- Who are the women at risk of having cervical cancer?
- How would a woman know if she has cervical cancer?
- Group activities

4.2 Learning objectives

By the end of this session, the trainees will be able to:

- list the causes of cervical cancer;
- describe how human papillomavirus cause cervical cancer;
- state the symptoms of cervical cancer.

Let us start the session with a short story narrating a woman's fight with the disease known as cervical cancer

Mina's story: Winning my fight against cervical cancer

I still remember the day when I first noticed blood stains in my undergarment after waking up from the bed. I wondered "This is not the time for my menstrual period. Then why am I having the bleeding?" I was scared and informed my husband about it. He said I should go and consult a doctor at the health centre that is located close to our home.

I am a 42-year-old mother of four children and have never been to any health centre for any kind of illness or treatment. I felt shy and embarrassed to go to the health centre. Besides that, I hardly find any time for myself after finishing my routine household chores, taking care of my children and family. I was only 17 years old when I got married. I became pregnant the very next year and had my first child when I was just a little older than 18 years. All through my pregnancy and child birth, I did not go to a doctor or to any hospital as the elder women of the family did not think it to be a necessity. In the subsequent years I had three more children and all were born at home. I even had two miscarriages in between. The hospital was a place that was completely unknown to me till the day I went to see a doctor due to repeated bleeding episodes taking place at irregular intervals.

The doctor at the health centre examined me and advised some tests. He said I should go to the district hospital as this health centre does not have the facilities to do these tests. I visited the district hospital and underwent the tests as advised. I was told to come back after ten days to collect my reports. On the day of my report, the doctor called my husband and me together to his clinic and informed that I had this disease called 'cervical cancer'. I could not believe what I just heard! It was like me speaking to myself – "Did I hear the

word cancer? It can't be. No one in my family ever had cancer. Then why it had to happen to me"? At that moment my world seemed to shatter to pieces. I lost all hopes of living any more. Fortunately, my doctor had better news for me. He informed that although I had cervical cancer, it was in a very early stage and can be cured by surgery. Within a week, I got admitted and had this operation where doctors removed the whole of my womb. It took me few days to recover from surgery, following which my doctor discharged me from the hospital. He advised me to keep on attending the hospital for check-ups at regular intervals. I came back home, regained strength, both physically and emotionally, and in a few months' time my life gradually resumed a normal routine. Now I am cured of cervical cancer. I continue to go for regular check-ups as advised by my doctor.

Coping with cancer was a dreadful experience for me but then am thankful that my disease was diagnosed early and could be treated successfully. Now I feel like helping other women in my neighbourhood by encouraging them to see a doctor if they have symptoms like me.

4.3 Key information

4.3.1 Have you ever heard of cancer?

Most of you must be familiar with the word 'cancer'. The word scares us as it is usually associated with a terrible disease and painful death. This is because our understanding of the disease and its cause is limited. Cancer is almost like other chronic diseases that you have often heard of like diabetes, stroke, and many others. You will now get to know the disease in more detail.

Our body is made up of thousands of healthy cells that divides as we grow (Fig.4.1). The cells have a natural life after which they die. Newly born cells take up their places. A very nice balance is maintained between death of old cells and growth of new cells in our body.

In certain situations, some of these cells start multiplying abnormally. Our body cannot control their multiplication. These cells get heaped up together and produce a swelling that we commonly call a 'tumour'.

Most of the time, abnormal multiplication of cells and formation of growth stops on its own or is very slow. This kind of tumour is known as benign (not bad) tumours.

Sometimes, the abnormal cells multiply very fast (Fig 4.2) and a tumour caused by these cells grows rapidly and can grow into surrounding normal body parts and can even damage them badly. More importantly, part of these fast-growing tumours can also spread to other parts of the body and can finally cause death of the person unless treated. This type of tumour is known as a malignant (bad) tumour or cancer.

Fig. 4.1 Normal cell division

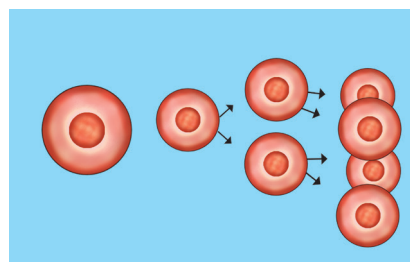
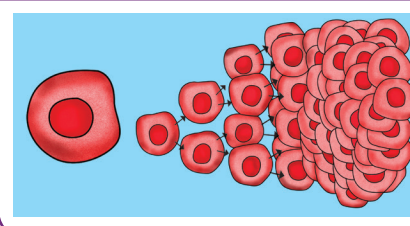


Fig. 4.2 Abnormal cell division

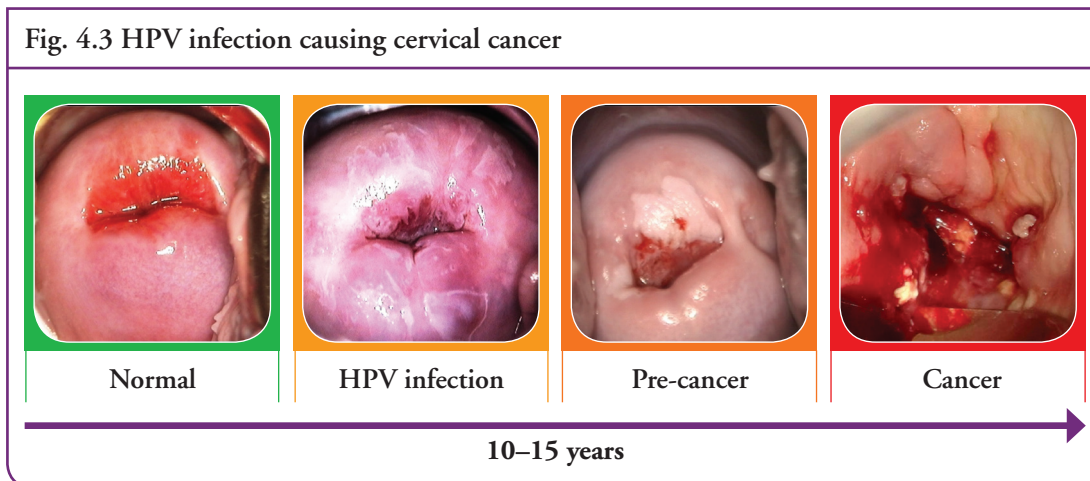


4.3.2 What causes cervical cancer?

The cause of cervical cancer is infection with a virus. Viruses are very tiny organism that cause various other diseases in our body like polio, chicken pox, etc. The virus that causes cervical cancer is named Human Papillomavirus (from now on it will be called as HPV). HPV is transmitted from a man to a woman or a woman to a man when they have sexual relations. This is the reason why women who ever had sexual contact can get this infection and are at risk of developing cervical cancer.

4.3.3 How does HPV cause cervical cancer?

HPV infection is very common in women who are or have been sexually active. Most of them will not have any symptoms and will be cured without any treatment. Some of them cannot clear the HPV infection. In these women, the virus stays in the cells of the cervix for a long time and then causes cells to multiply abnormally. Abnormal multiplication of cells causes a change in the cervix. If this change in the cervix is not detected and treated, it can turn into cancer after several several years. This change in the cervix is called ‘pre-cancer’. HPV infection may take as long as 10–15 years to cause cervical cancer. Fig 4.3 shows how a normal cervix looks like and how it appears after getting infected by HPV, gradually progressing to develop cervical pre-cancer and finally cervical cancer over the years.



- Both men and women can get HPV infection.
- HPV infection does not cause any symptoms.
- While women get cervical cancer from this infection, men rarely have any problem.

4.3.4 Who are the women at risk of having cervical cancer?

- Women above the age of 40 years who have ever had sexual relations
- Women whose sex life starts at a very young age

- Women who have sex with multiple partners or women whose partners have multiple sex partners
- Women who have too many children specially at young age
- Women who smoke
- Women who have HIV infection

4.3.5 How would a woman know if she has cervical cancer?

When cervical cancer is in a very early stage, it may not cause any discomfort to the woman. As the disease progresses, she starts to experience the following problems:

- vaginal discharge that smells bad, may be blood stained and not responding to antibiotics;
- bleeding after having sex;
- vaginal bleeding in between menstrual cycles;
- vaginal bleeding after stoppage of menstruation (menopause);
- lower back pain.

Group activity

Learning about the risk factors of cervical cancer

Session 5: Learning about prevention of cervical cancer

5.1 Session contents

- Is it possible to reduce the risk of cervical cancer?
- Who should have cervical cancer screening?
- What are the common cervical cancer screening tests?
- What preparations are necessary before a woman goes for screening test?
- What is VIA?
- What is HPV test?
- What is PAP smear?
- How frequently a woman should have cervical cancer screening?
- Do women feel any discomfort after screening test?
- Group activities

5.2 Learning objectives

By the end of this session, the trainees will be able to:

- explain the ways to prevent cervical cancer;
- describe the common cervical cancer screening tests.

5.3 Key information

5.3.1 Is it possible to reduce the risk of cervical cancer?

In the previous session, you have learnt that a virus named HPV is responsible for causing cervical pre-cancer and cancer. The best way to prevent cervical cancer is to avoid infection from this virus. As you know that several infections like tetanus, polio, measles, hepatitis infections can be prevented by vaccines, similarly there is a vaccine available to prevent HPV infection. Two doses of the vaccine can be given to young girls (9–13 years old). The vaccinated girls have very little risk of getting cervical cancer. However, the vaccine is still costly and may not be available free of cost.

The risk of getting HPV infection and subsequent development of cervical cancer can also be significantly reduced by safe sexual practices like avoiding sex at a very young age, avoiding too many sex partners and use of condoms regularly. Women who have less number of children and those who do not smoke tobacco also have less risk of cervical cancer.

Screening for cervical cancer is another effective method for prevention of the disease. If the cervix remains infected with HPV for a long time (few years), the covering of the cervix develops a change

that is called pre-cancer. If the pre-cancer is not detected and treated, the woman may develop cervical cancer after 10 to 15 years. There are special tests (screening tests) available to detect the pre-cancers. Since progression from pre-cancer to cancer takes a long time, the pre-cancers can be detected by the screening tests even if a woman gets herself checked once in 5 years or even 10 years after the age of 30 years. Detection and appropriate treatment of pre-cancer prevents further development of cervical cancer. This process is called cervical cancer screening. Women who are negative on screening test have very little chance of developing cervical cancer in future.

Do you think use of condoms can reduce the risk of getting HPV infection?

Condom use may partially reduce the risk of HPV infection. But as HPVs may also be present in areas not covered by a condom, it does not give complete protection against the infection

5.3.2 Who should have a cervical cancer screening?

All women who are above 30 years of age should have screening tests done for detection of cervical pre-cancer and cancer. Women below 30 years of age need not have these tests as cervical cancer is rarely seen in this age group. Pregnancy is not the ideal time to have screening tests. Pregnant women can wait six weeks after childbirth and then go for the tests. Women who have their uterus removed due to reasons other than cervical pre-cancer or cancer need not have the screening tests.

5.3.3 What are the common cervical cancer screening tests?

There are several screening tests available; the tests commonly done are as follows

- Visual inspection with acetic acid (VIA)
- HPV test
- PAP smear

Any one of these tests is used to screen women in the eligible age group.

Please note that a positive screening test does not necessarily mean that the woman has cervical cancer. It indicates that she has a risk of developing the cancer in future. She needs further tests and/or treatment to prevent development of cervical cancer

5.3.4 What preparations are necessary before a woman goes for screening test?

A woman should be advised on the following before she goes for a screening test:

- avoid going for screening on the days of her menstrual period;
- not to douche her vagina at least 24 hours before the test;
- avoid sexual contact at least 24 hours before the test;
- not to use any birth control cream or jelly in her vagina at least 24 hours before the test.

5.3.5 What is VIA?

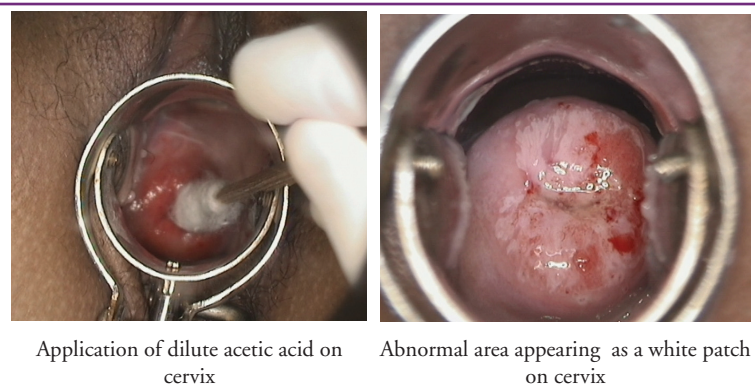
VIA or visual inspection with acetic acid is a simple screening test where a healthcare provider applies dilute acetic acid (vinegar) to the cervix and looks for colour change on the cervix. If there is any abnormal area, it temporarily appears white in colour, that can be easily identified (Fig. 5.1). It takes few

minutes to do the test and does not cause any pain. The test results are available immediately and do not need any laboratory support. If a woman is negative on VIA, you need to:

- Inform her that she does not have cervical pre-cancer or cancer at present
- Reassure that her chances of getting cervical cancer in the next 3 to 5 years is low
- Advise her to continue to have repeat VIA tests at the recommended screening interval because new infections can occur any time and cause abnormal changes in her cervix

If a woman has positive VIA test result, it may indicate presence of possible cervical pre-cancer. You should advise her to see a doctor for further examination.

Fig. 5.1 Visual Inspection with Acetic acid



Application of dilute acetic acid on cervix

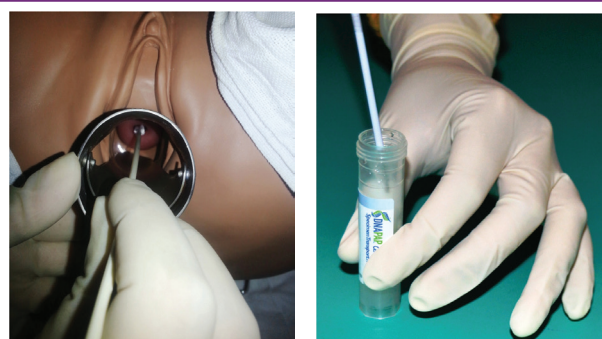
Abnormal area appearing as a white patch on cervix

5.3.6 What is HPV test?

HPV detection based screening tests are relatively new. In this test, a doctor or trained nurse uses a soft brush to collect cells from the cervix (Fig. 5.2) and sends the sample to a laboratory for examination. The HPV test results are reported as either positive or negative. If a woman has a negative test report, you need to:

- Inform that presently she does not have any infection with the types of HPVs that can cause cervical pre-cancer or cancer
- Reassure that her chances of getting cervical cancer in the next 5 to 10 years is very low
- Advise on having repeat HPV test after 5 to 10 years because new infections can occur any time and cause abnormal changes in her cervix

Fig. 5.2 Collection of cervical cells for HPV test



Collection of cervical cells with a soft brush

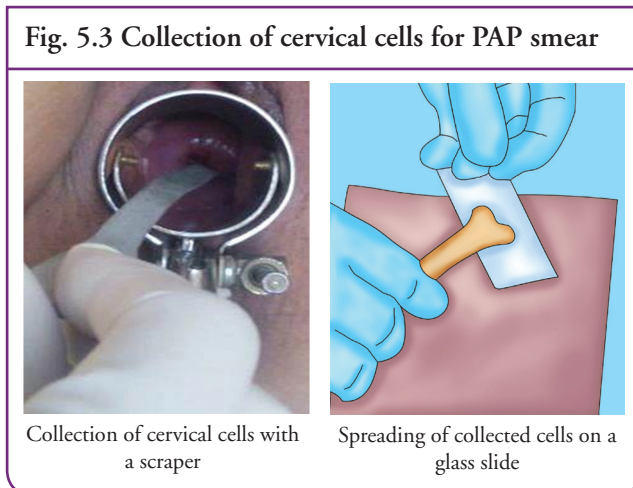
Placing the brush inside a vial that is sent to laboratory for examination

If a woman has a positive HPV test report, inform her that she has infection with HPV types that are known to cause cervical cancer. However, a positive HPV test does not necessarily mean presence of cervical pre-cancer or cancer. Advise her to consult a doctor for further examination.

5.3.7 What is PAP smear?

This is a simple test where a doctor or trained nurse uses a small brush or a scraper to collect cells from the cervix (Fig. 5.3) and sends it to a laboratory for examination. It takes only a few minutes to do the test and does not cause any pain. The test results are available in 1–2 weeks. If a woman has a normal PAP test result you need to:

- inform her that presently there are no abnormal cells in her cervix;
- reassure her that chances of getting cervical cancer in next 3 to 5 years is very low;
- advise her to have repeat pap test at the recommended screening interval as new infections can occur any time and cause abnormal changes in her cervix.



If a woman has positive PAP smear report, it may indicate presence of abnormal cells in her cervix that can cause cervical cancer. You should advise her to see a doctor for further examination.

5.3.8 How frequently should a woman have cervical cancer screening?

The time to repeat cervical cancer screening depends on the type of screening test a woman had initially. In places where VIA is used for screening women, the time gap for rescreening VIA negative women should be 3 to 5 years. In places where HPV test is used for screening, the interval for rescreening HPV negative women should be at least 5 years. The time gap can be extended up to 10 years if the HPV test is used to screen women.

5.3.9 Do women feel any discomfort after undergoing a screening test?

Women generally do not experience any discomfort or pain after a screening test. However women who undergo screening with VIA, may feel a mild tingling inside the vagina temporarily due to the effect of dilute acetic acid (vinegar). You need to reassure these women that the sensation will go away after a few minutes on its own. After screening test, women can go home and carry on with her day-to-day activities without any restrictions.

Group activities

Role play 1: Educating women on how to reduce their risk of having cervical cancer

Role Play 2: Talking to women about screening by VIA

Session 6: Dealing with women having positive screening test or suspected cancer

6.1 Session contents

- What are the next steps for a woman with positive screening test?
- What information should be given to a woman after cervical biopsy?
- What are the available treatment options for cervical pre-cancers?
- What is meant by cryotherapy and how is it done?
- What is cold coagulation and how is it done?
- What is LEEP and how is it done?
- What is meant by a cone biopsy?
- How should a woman take care of herself after treatment for cervical pre-cancer?
- What are the next steps for a woman who has suspected cervical cancer on screening?
- Group activities

6.2 Learning objectives

By the end of this session, the trainees will be able to:

- explain what is meant by a positive screening test;
- list the different tests that may be advised following a positive screening test;
- list the treatment options available for cervical pre-cancers;
- describe aftercare following cervical a biopsy and treatment.

6.3 Key information

6.3.1 What are the next steps for a woman with positive screening test?

It is natural for a woman to feel worried when she is informed about her positive screening test report. You need to reassure her and inform that a positive screening test does not necessarily indicate that she has cervical pre-cancer or cancer. It means that she has some changes in her cervix that requires further examination and/or treatment, if indicated. Inform her about the tests that she may have to undergo to see if there is any abnormality in her cervix. The tests are:

- **Colposcopy:** This is a procedure where the cervix is examined closely with the help of a special machine that has a focusing light and can magnify the field of vision.
- **Cervical biopsy:** If there is any suspected abnormality of the cervix, a small sample of tissue is taken from the abnormal area and sent to laboratory for examination.

Tell her that she may be advised treatment for cervical pre-cancer in the same visit or may be referred to some specialized centre for treatment if cancer is suspected.

You need to check her screening card for any specific advice or referral to any particular health facility. Provide appropriate guidance accordingly and ensure that she receives continuity of care. You may refer to specific counselling cards to talk to women with a positive screening test

6.3.2 What information should be given to a woman after cervical biopsy?

Cervical biopsy is a simple procedure and does not cause pain. A woman who had cervical biopsy must be clearly informed of the following:

- She may have a small amount of bleeding and discharge for a few days for which she should use sanitary napkins until the bleeding or discharge stops.
- She may experience mild discomfort or cramping (similar to menstrual cramps) that usually goes away in a day or two. She may rarely require one or two pain-killer tablets.
- She should avoid having sexual contact until the bleeding and discharge stops.

You may refer to specific counselling cards to talk to women who had cervical biopsy

Counselling after a cervical biopsy



6.3.3 What are the available treatment options for cervical pre-cancers?

If a woman is detected to have cervical pre-cancer she needs to be treated by a suitable method. If left untreated, some of these pre-cancers may progress and develop into cervical cancer in future. Treatment for cervical pre-cancers is done by either destroying or removing the abnormal area in the cervix. The common treatment methods are:

- Cryotherapy
- Cold coagulation
- LEEP (Loop Electrosurgical Excision Procedure)
- Cone biopsy

6.3.4 What is meant by cryotherapy and how is it done?

This is a simple treatment method by which the abnormal area of cervix is frozen for few minutes by applying special cold probes. In this procedure, the woman is made to lie down comfortably on examination table with legs bent at the knees. A speculum is introduced in her vagina to expose the cervix. The doctor or nurse then applies the cold probes on cervix for few minutes to destroy the abnormal area. No anaesthesia or medication is required for the treatment. Cryotherapy does not cause any pain. However, some women may feel some discomfort (like menstrual cramps) that goes away on its own after sometime or with a mild pain-killer tablet. After treatment, women generally experience excessive watery vaginal discharge for about 2–3 weeks for which no medicine is required.

Treatment by cryotherapy



6.3.5 What is cold coagulation and how is it done?

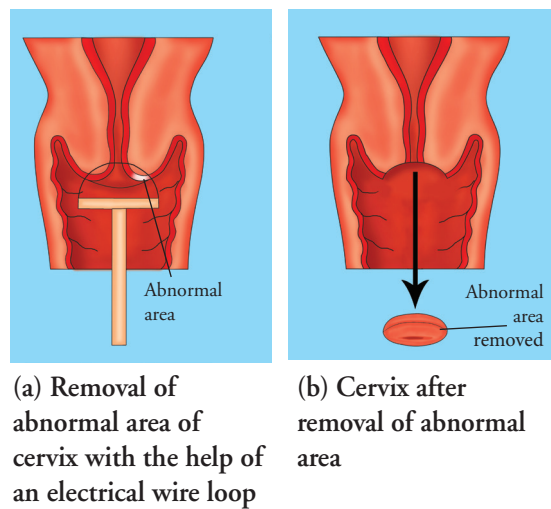
This procedure is done in a similar way as cryotherapy but uses a different method to destroy abnormal cells. Here, a heated probe is applied on the cervix for a few seconds only. Women do not feel the heat during treatment. Some may experience a mild cramping during the procedure.

6.3.6 What is LEEP and how is it done?

LEEP is a treatment method where the abnormal part of cervix is removed with the help of a small wire loop that is heated electrically (Fig. 6.1). This treatment is done in a doctor's clinic or hospital as an outpatient procedure.

In this procedure, the woman is made to lie down comfortably on a couch with feet raised and supported by foot-rests. A speculum is introduced in her vagina to expose the cervix. A local anaesthetic agent is injected into the cervix so that the woman does not feel any pain during the procedure. The abnormal part of the cervix is removed with the help of a small wire loop and sent to laboratory for examination. After treatment the woman can go home on the same day and resume normal activity within 1–2 days. Rarely, a woman may require hospitalization for control of bleeding.

Figure 6.2: Treatment by LEEP



6.3.7 What is meant by a cone biopsy?

Cone biopsy is a procedure where a small cone of the cervix, including the abnormal area is surgically removed with the help of a surgical knife (scalpel). A woman who needs a cone biopsy is admitted to a hospital for an overnight stay. The procedure may be done by giving a local anaesthetic injection into the cervix or by giving a general anaesthesia. The time taken to do the procedure is a little longer than LEEP. The removed area of the cervix is sent to the laboratory for examination under a microscope.

6.3.8 How should a woman take care of herself after treatment for cervical pre-cancer?

Following treatment for cervical pre-cancer, a woman may experience excessive vaginal discharge (may be blood streaked for initial 2–3 days after treatment). You should advise her to use sanitary napkins till the discharge stops. Inform her about the following:

- to avoid sexual contact for about 4 weeks or ask her partner to use condoms if sexual contact is unavoidable;
- to avoid using vaginal tampons or douching her vagina for about 4 weeks;
- to consult her doctor if she experiences any of the following warning signs –
 - fever with temperature >38 degree C or with chills and rigours
 - foul smelling vaginal discharge
 - severe lower abdominal pain/cramps
 - vaginal bleeding for more than 2 days or with clots (except during expected time of menstruation)
- to keep all her screening/treatment records safely and carry them along with her every time she visits her healthcare facility for follow up.

6.3.9 What are the next steps for a woman with suspected cervical cancer on screening?

Talking to a woman with suspected cervical cancer can be difficult as the very word ‘cancer’ is expected to make her anxious and depressed. You should gently inform her that there is an abnormality in her cervix that requires urgent attention of a doctor. Advise her to attend appropriate health facility as early as possible, where she may have to undergo cervical biopsy for confirmation of abnormality. Explain that it is important to consult doctor soon so that if there is any disease that is of concern, it gets detected early and treated successfully. Listen patiently to her fears/concerns and offer your help if she needs it.

You can take help of specific counselling card while talking to a woman with suspected cervical cancer on screening.

Group activities

Role play 1: Talking to a woman who is positive on VIA

Role play 2: Talking to a woman who has suspected cervical cancer on screening by VIA

Session 7: Raising community awareness

7.1 Session contents

- What do people in the community know about cervical cancer?
- What preparations are required for community awareness activities?
- How can you spread the word for cervical cancer screening?
- What messages can you provide to the community for raising awareness on cervical cancer?
- What can you do to motivate women to have cervical cancer screening?
- How to use counselling cards?
- How to use a flip chart?
- Group activities

7.2 Learning objectives

By the end of this session, the trainees will be able to:

- describe ways of sensitizing the community on cervical cancer screening;
- explain how to build community partnership;
- describe how to motivate women to go for screening;
- be familiar with the use of counselling cards and flip chart.

Let us start the session with a short story narrating a woman's motivation to go for cervical cancer screening

Joshua's story: A mistake that could have taken my life

The other day I saw a few women from my neighbourhood sitting together in my friend's home. They seemed to be waiting for someone. Curious to know the reason I too joined them for a friendly chat. After a while a familiar face walked in. She was none other than our community health worker named Sana. My friend said Sana has requested women in our locality to give her sometime so that she could share few important women's health-related information with all. After mutual exchange of greetings, Sana took out some picture cards from her bag and started talking about a disease named 'Cervical cancer'. She said that all women who are above the age of 30 years must go to our nearest health centre that has recently started offering 'screening' tests to women that helps in reducing the risk of cervical cancer.

I listened to her and thought, "Why should I have anything to do with cancer? Cancer is a disease that happens to the elderly people. I am young, only 33 years old keeping healthy and happy with three children. I need not be worried about it now". Days went by with many of the women in my neighbourhood taking the test. One day my friend insisted that both of us should go and get the tests done. She has already come to know from others that

the test does not take much time and does not hurt. So I went with her to the health centre where the nurse performed the screening test known as VIA on me. I was confident that nothing could possibly be wrong with me. But I was in for a shock when the nurse informed that my test was positive. She said that the test had detected a white patch on the 'mouth of my womb' (known as cervix) indicating presence of an abnormality. The nurse handed me a referral card and informed that I should go to the district hospital where facilities are available for further tests that would find out the exact nature of abnormality in my cervix.

Within a couple of days I had the tests done. I was told that it will take around 7–10 days for reports to come. The waiting period seemed too long and agonizing. Finally the day came when I went to collect my reports. I met my doctor who informed that my reports say I have a mild abnormality in my cervix and it requires treatment. It was hard for me to believe. "How is it possible?" I thought. "I do not even have any problem like white discharge or irregular menses. Then how?"

But I had to accept reality. I was explained that if the abnormality remains untreated, it may develop into cancer later. My doctor also informed that the treatment procedure is simple, is not painful and I would be able to go home after sometime. I agreed for the treatment immediately. It did not take much time. After completing the treatment, the doctor reassured that my problem has been taken care of and that I should continue to have regular check-ups to make sure that I remain healthy.

Now I understand what a grave mistake it would have been if I had not gone for the screening test that day. I will always remain thankful to Sana and my friend for guiding me right and saving my life. Now I share my experience with other women and encourage them to go for cervical screening even if they do not have any symptoms.

7.3 Key information

7.3.1 What do people in the community know about cervical cancer?

Before planning for community awareness activities on cervical cancer, it is important to understand people's interest in such activities. You can do this by talking to small groups of people (focus groups) separately or by organizing a community gathering. While choosing small groups you should try to include those who have good rapport with the community and have the ability and interest to reach out to people. If you plan to organize community meetings you should invite people from various segments of the community like teachers, religious leaders, political leaders, community volunteers, and health educators. In the meetings you can lead the discussion including following topics:

- Have you heard of the disease called 'cervical cancer' or cancer of the 'mouth of the womb'?
- Do you know who is at risk of getting the disease?
- Are you aware that this cancer can be prevented?
- Do you have any idea about what can be done to reduce the risk of the disease?

- Do you know of the clinics/hospitals where special tests for early detection of the disease is available?

Based on the current level of understanding of the community, you should plan your awareness messages and activities.

7.3.2 What preparations are required for community awareness activities?

You may prepare for your awareness activities in the following way:

- Identify your target audience –
 - **Women:** to motivate them for cervical cancer screening
 - **Spouse/other family members:** to make them understand the importance of screening and help women of the family to attend screening clinics
 - **Community peer leaders:** who can influence women to go for screening
 - **Political leaders:** to inform about necessity of cervical cancer screening and seek their support for organizing venues for awareness activities and screening services
- Make a list of required materials and supplies. E.g., counselling cards, flip chart, leaflets, posters.
- Get ready with the content of your messages according to the target audience (Refer to 7.3.4).



7.3.3 How can you spread the word about cervical cancer screening?

In order to reach out to a community for spreading word about cervical cancer screening, you can adopt various ways that are appropriate and acceptable to that community. You may:

- Visit places where prominent people of the community gather (e.g meeting place of village heads) and talk to them to develop community support.
- Meet the peer leaders who would be able to talk to the community
- Talk to local voluntary organizations, self-help groups, support groups and hold workshops to build up community interest
- Organize local leaders' meetings for sharing of knowledge and develop plans to promote cervical cancer screening

- Hold awareness meetings along with other programmes (where you can expect large gatherings), like village health and nutrition days, mothers' meetings
- Identify people (e.g community volunteers, local political leaders) and build a team for spreading awareness
- Invite male members of the family/community to awareness meetings. You may include dramas, short plays on topics related to cervical cancer prevention to make the sessions interesting
- Put up posters and other communication materials at prominent places, like local health centres
- Distribute leaflets, handbills with contents focused on importance of cervical cancer screening and availability of screening services

7.3.4 What messages can you provide to the community for raising awareness on cervical cancer?

The content of the awareness messages should be focused and prepared in advance. Some examples are given below.

- **When talking to women, explain:**
 - where the cervix is located in a woman's body;
 - what causes cervical cancer;
 - who are at risk of having cervical cancer;
 - what are the ways to prevent cervical cancer;
 - what tests are done to detect the disease early;
 - who should have the tests;
 - where are the facilities available for undergoing the tests.
- **When talking to family members:**
 - inform them that prevention is the best way to fight cervical cancer;
 - explain the necessity of their support to help women participate in awareness meetings, attend screening clinics for tests/treatment/follow-up;
- **When talking to community leaders/volunteers/local political leaders/support groups:**
 - explain the importance of their involvement in improving women's health;
 - encourage participation in organizing community workshops, outreach programmes and mobile services;
 - inform about the local health facilities where screening services are available.

7.3.5 What can you do to motivate women to have cervical cancer screening?

- Explain the benefits of screening and help in decision-making
- Clear misconceptions and address fears, if any
- Inform about the health facilities where screening services are available
- Ask the spouse/family members to support women and help participate in screening
- Offer your support in accompanying women to screening clinic

Some common misconceptions that make women stay away from cervical cancer screening

- ‘Screening tests are not necessary for me as I do not have any symptoms’
- ‘My periods have stopped and I cannot have gynaecological problems’
- ‘I do not need the tests as no one in my family ever had cervical cancer’
- ‘I cannot have cervical cancer as my partner always uses condoms’
- ‘My neighbours went for the test and they said it was painful’

7.3.6 How to use counselling cards?

Counselling cards are picture cards that are meant to be used for facilitating communication with your audience. These cards have pictures on one side and related discussion points on the other side. Such visual aids make the discussion interesting. The pictures on the cards help the audience to relate to the characters drawn on the card and motivate them to adopt the behaviour/activity shown in the picture. For example – a counselling card showing picture of a woman attending cervical cancer screening clinic helps the audience to identify themselves with the woman shown in the picture and may motivate them to do the same. While using counselling cards, you should refer to the given points for discussion given at the back of each card. Do not read the points. Prepare yourself well in advance on messages of each card and practice how to communicate using these cards in your own language.

You will have a set of 10 counselling cards (Refer to the set of counselling cards provided in your training folder) that can be used depending on the situation described. The cards are numbered from 1 to 10. To help you in choosing a particular card, there is a card selection catalogue with card numbers indicating a specific situation. Given below are the steps for using these cards.

- Select a card appropriate to the given situation
- Hold the card in such a way so that the picture side of the card faces your audience and the discussion side towards you
- Start the conversation in your own language while taking hints from the given discussion points

- Ask questions to make it participatory and lead the discussion according to the listed points on the card
- Conclude the session by asking her to describe in her own words on what she has understood

7.3.7 How to use a flip chart

A flip chart is an educational tool for providing information on specific topics in a simple and systematic way. A flip chart contains pictures along with information that describes the pictures. You can use a flip chart for one-to-one talking or for small groups. Depending on the type of audience, you can use the entire flip chart in one go or use specific sections appropriate for a particular situation.

Following are the steps of using a flip chart: (Refer to the flip chart provided in your training folder)

- Sit comfortably with your audience so that they can see the pictures on the flip chart clearly.
- Prepare yourself on the contents of each page well in advance so that participants benefit from your presentation.
- Start the conversation in your own language. Keep it simple and use simple and small sentences.
- Go through each page slowly explaining the visuals and the contents.
- Encourage participation to make sure your audience is understanding.
- Try to keep your presentation short and time bound.

You are required to use the flip chart as a job-aid during counselling sessions.

Counselling women using flip chart



Group activities

Role play 1: Reassuring a woman who fears screening by VIA may be painful

Role play 2: Explaining about cervical cancer to a small group of women at a community awareness meeting

Session 8: Making home visits

8.1 Session contents

- Why are home visits important?
- How to build a rapport with women and her family while making home visits
- How to approach a woman who fails to attend awareness meetings on cervical cancer
- How to talk to a woman who misses her scheduled appointment for screening
- How to approach a woman who is unwilling to attend health facility for check-up following a positive screening test
- What messages should be given to a woman who fails to keep her follow-up appointment?
- Group activities

8.2 Learning objectives

By the end of this session, trainees will be able to:

- state appropriate reasons for making home visits;
- demonstrate communication skills required to motivate women to attend screening clinics;

8.3 Key information

8.3.1 Why are home visits important?

Home visits give you an opportunity to meet a woman face to face and discuss various personal issues in the privacy of her home. A woman is likely to feel relaxed and communicate better in her home environment. You may make home visits when a woman:

- Fails to turn up at community awareness meetings
- Misses her scheduled appointment for screening test
- Not willing to go for further check-up after a positive screening test
- Fails to attend health facility for treatment as advised
- Misses her follow-up appointment

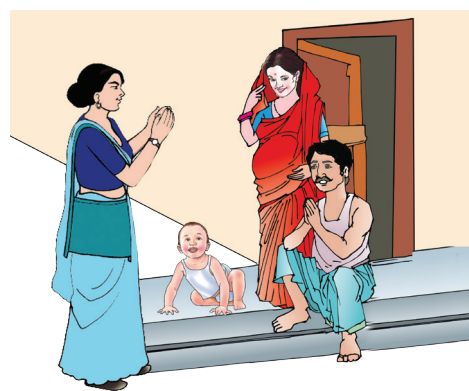
8.3.2 How to build a rapport with women and her family while making home visits

You are required to adopt friendly ways while making home visits. You should avoid going to someone's home during busy household times, like school sending-off and release times. Select a time for the home visit that is convenient for the family. To build rapport with woman and her

family members, you need to maintain certain etiquettes and manners:

- Knock on the door softly. Greet the person who opens the door with a smile.
- Introduce yourself and ask if it is the right time to talk to the family.
- Observe household norms (like keeping shoes outside the door before entering the house).
- Sit with the family when invited to do so.
- Be respectful to all the family members.
- Talk about general health problems of women. You may also talk about their children to help them relax.
- Be sensitive to cultural and religious issues.
- Explain the purpose of your visit and guide the conversation to the reason of your visit.
- Listen carefully to what the woman and her family members have to say.

Greeting a woman and her family at her doorstep



Some things to consider while making home visits

- Make a plan for your home visits according to priority.
- Share the plan (along with the addresses of the households you are going to visit) with your supervisors.
- Make sure that the same household is not visited on the same day by your co-workers.
- Carry necessary papers, cards, forms.
- Try to make home visits during daylight hours.
- Carry your identity card.
- Dress appropriately keeping in mind the social and cultural issues.
- Be watchful and aware of your surroundings.

8.3.3 How to approach a woman who fails to attend awareness meetings on cervical cancer

After initial greetings and introduction, explain the purpose of your home visit. Request for sometime so that you can talk to the woman (and if required to her family) on the following:

- Gently ask her why she was unable to go to the meeting.
- Tell her about benefits of attending such meetings where she would be able to:
 - learn how to take care of women's health;

- know about cervical cancer and how it can be prevented;
- listen to experiences of other women regarding cervical cancer;
- Educate her with the help of counselling cards/flip chart and encourage her to participate in such meetings;
- Thank her for giving you time and invite her again for the meeting;
- Offer your support if she needs it.

8.3.4 How to talk to a woman who misses her scheduled appointment for screening

After initial greetings and introduction, you may start by asking about her general well-being or her children's health so that she feels comfortable. Gently begin with the purpose of the visit and lead the discussion in the following way:

- Ask if she is aware of the benefits of cervical cancer screening.
- Explain how screening tests would help her to prevent cervical cancer.
- Ask what kept her away from going for screening.
- Encourage her to talk about her worries if she has any.
- Listen carefully to her problems and concerns.
- Reassure her that she need not be scared as the screening tests are simple, do not take much time and are not painful.
- Clear her misconceptions, if any.
- Thank her for giving you time and invite her again for screening.
- Offer your support if she needs it.

Some of the reasons that keep women from attending screening clinics

- Shy to go for the test
- Scared that the test may hurt or create other health problems
- Fear of having a cancer diagnosis
- Spouse or in-laws do not want her to go for screening
- No one to accompany her to the clinic
- No one to look after her children while she is away at the clinic
- Family does not support her (financially or otherwise) to go for the tests

8.3.5 How to approach a woman who is unwilling to attend a health facility for check-up following a positive screening test

After initial greetings and introduction, start by praising her for having had the screening test done. You can further carry on the discussion in the following ways:

- Gently ask her if she is aware of her screening test result.
 - If she says that she was not informed (or informed but did not understand), tell her what a positive screening test means.
 - If she says that she knows about the test report, then ask her to repeat to make sure that she understood it correctly.
- Politely enquire what kept her from keeping appointment for the check-up she was advised.
 - If the reasons involve lack of family support, then talk to the family members/spouse and give details on why it is important to go for further check-up and how it can prevent her from the possibility of developing cervical cancer.
 - If she is scared of having cancer diagnosed, inform that having a positive test does not mean she has cervical cancer. However, a few tests and/or treatment would be done to make sure that she stays healthy.
 - If she is worried about tests/treatment being expensive, explain to her the cost implications (whether available free of cost or is a paid service). Inform that the treatment of cervical cancer is far more expensive compared to the cost involved now.
 - If she is anxious about staying in a hospital following treatment inform that she would be able to return home on the same day and carry on with her routine work.
- Stress on the importance of a check-up as early as possible so that if there is any disease that is of concern, it gets detected and treated early.
- Inform her that you and your other co-workers are always there to offer any help she might need.
- Thank her for listening to you and hand her a repeat appointment letter or a note with a new date.

8.3.6 What messages should be given to a woman who fails to keep her follow-up appointment?

After the initial greetings and introduction, begin the conversation by asking about her general well-being. You can choose to continue further conversation in the following way:

- Explain that you have come to see her as she failed to turn up at the clinic on her scheduled day of follow-up visit
- Ask about the reasons that caused her to miss the appointment

- If she lacks family support, then talk to the family members/spouse and give details on why it is essential to go for follow-up visits.
- If she is scared that it will hurt her, reassure that it will not be painful.
- Inform her that it is important that she goes for the follow-up visits so that the doctor can examine her to see if:
 - the treated area has healed properly or not;
 - there are further problems that need repeat treatment;
- Offer your support by telling her that you and your co-workers are always there to help;
- Thank her for listening to you and give her fresh dates for her follow-up visits.

Group activity

Group discussion: Reasons that may keep a woman from attending screening clinic

Session 9: Getting to know service delivery points in your locality

9.1 Session contents

- What is meant by a service delivery point for cervical cancer prevention?
- Why do you need to know about the service delivery points in your locality?
- What are the cervical cancer screening and treatment services available at these service delivery points?
- How to prepare a list of service delivery points in a locality
- How to draw an area map showing location of service delivery points?
- Group activities

9.2 Learning objectives

By the end of this session, trainees will be able to:

- describe the specific cervical cancer screening and treatment services available at different levels of healthcare system;
- prepare an area map of their locality identifying the service delivery points,

9.3 Key information

9.3.1 What is meant by a service delivery point for cervical cancer prevention?

The health units that provide facilities for cervical cancer screening and treatment in your locality are considered as service delivery points for cervical cancer prevention. These units can belong to either the government or the private sector. Some may also belong to nongovernmental organizations. The type of service provided by these units will depend on the level of the healthcare system they belong to, e.g. primary, secondary or tertiary level of healthcare. Make-shift community-based camps/out-reach clinics organized in the locality may also be considered as temporary service delivery points of that area.

Screening services at a primary health centre



9.3.2 Why do you need to know about service delivery points?

It is essential to know the service delivery points in your locality for almost the same reason that you would like to know about the educational institutions in your area. Just as you always try to

identify the good schools and colleges in your locality for your children with the hope to build a better future for them, similarly you need to know the service delivery points for cervical cancer screening in your locality so that you can help improve access to the available services. By knowing the service delivery points, you would be able to guide women to appropriate centres for screening and/or treatment.

9.3.3 What are the cervical cancer screening and treatment services available at these service delivery points?

To improve uptake of cervical cancer screening services, it is necessary to make women and the community aware about the service delivery points in the neighbourhood where they can go for screening tests, treatment and follow-up. Depending on the kind of services required, you can guide them to attend a suitable service delivery point. The services delivered at various levels of health care are:

- **Primary level**
 - Counselling
 - Screening tests
 - Treatments like cryotherapy, cold coagulation
 - Referral services
- **Secondary level**
 - Counselling
 - Screening tests
 - Diagnostic tests like colposcopy, cervical biopsy
 - Treatment facilities for cervical pre-cancers
 - Follow-up
 - Referral services
- **Tertiary level**
 - All services listed above
 - Diagnostic and treatment facilities for cervical cancer
 - Palliative care
- **Community-based camps/outreach clinics**
 - Counselling
 - Screening tests
 - Treatments like cryotherapy, cold coagulation
 - Referral services

9.3.4 How to prepare a list of the service delivery points in a locality?

For preparing a complete list of service delivery points in your locality, you will be required to collect relevant information about their location, how to reach there, and what services they provide. You may use the table below as a guide to prepare your own list. You should also include the community clinics/outreach services that are organized on specific dates.

Guide for preparing a list of service delivery points in a locality

	Name of service delivery point – 1	Name of service delivery point – 2	Name of service delivery point – 3
Location with important landmark			
How to reach			
Timings of services			
Names of 1 or 2 health staff involved in providing services			
Screening tests done			
Colposcopy, cervical punch biopsy done			
Treatments like cryotherapy, cold coagulation done			
Treatments like LEEP, cone biopsy done			
Whom to report to during emergency			
Nearest referral centre			
Any other relevant information			

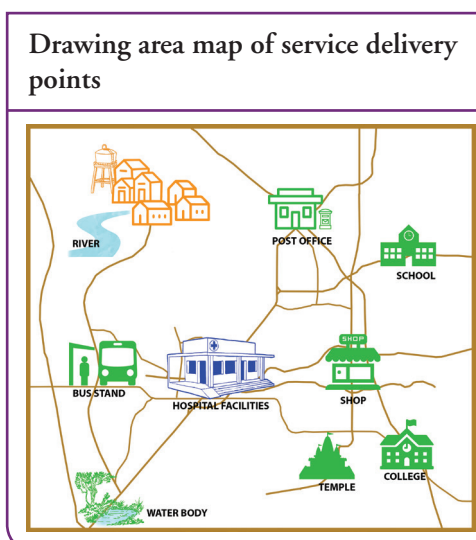
9.3.5 How to draw an area map showing the location of service delivery points?

An area map showing the available service delivery points is useful as it provides information in the form of pictures. The mapping exercise will help you to be confident in providing appropriate information to women and the community. You would need the following to prepare an area map:

- Large sheets of paper/chart-papers
- Markers/pens
- Notebooks

How to prepare an area map:

- Make a small group by selecting few people from the community who know the neighbourhood well
- Think carefully and together plan a route that you will take so as to include at least one or two service delivery points
- Start walking along the planned route carefully observing the landmarks and systematically writing it down in your notebook
- After completing the walk, sit down together in a suitable place to discuss the information gathered from the walk



- Draw sketches on large sheets of paper/chart paper to map the neighbourhood boundaries and represent the location of the service delivery points in relation to important landmarks of the neighbourhood, like schools, post-office, banks if any
- Provide appropriate road direction by putting in arrow marks wherever necessary
- You may mark the service delivery points with different colours each indicating the type of services available. For example, centres with screening services only (say VIA only) may be marked in green colour; centres having only colposcopy services may be marked in blue colour; centres with treatment facilities may be marked with red colour; and so on
- After completing the pictorial representation, cross-check with community members for accuracy of the prepared map

Group activities

Role play 1: Addressing a small community gathering to inform about the available cervical cancer screening services in the locality

Role play 2: Guiding a woman to an appropriate service delivery point for screening by VIA

Section 4: Notes for the facilitator



4.1 Your role as a facilitator

As a facilitator, you are required to be familiar with the content of the manual and the training methodologies. You should have the necessary skills of training adult learners with varied educational backgrounds. You will train in a way so that it becomes a participatory learning process for trainees. You will use local language and simple words throughout the training. You will be supportive to the trainees, particularly during group exercises, and use words of encouragement to build a friendly and positive environment. To increase the information retention and recall capabilities of trainees, you will ask the trainees to summarize the day's activities at the end of each day. You will offer help in facilitating the process. It is preferable that you are trained in 'training technology'.

You will be required to maintain the attendance sheet/register of trainees and do administrative tasks like informing the trainees about available facilities during the training (lunch room, toilets) and making arrangements for reimbursement of expenses, per diem, if applicable.

How to choose a community health worker for cervical cancer screening

A community health worker is a woman who has:

- good communication skills that includes good listening skills;
- a desire to serve the community;
- has interest in participating in health programmes;
- has adequate time to attend workshops/training programmes/meetings;
- is available to participate in the programme for more than 1 year;
- has up-to-date knowledge about the healthcare services and facilities in her locality; and
- is able to read and write.

4.2 Materials and supplies

Before starting the training, make sure all materials and supplies are available for smooth conduction of the training sessions. The list of items required is given below for ready reference:

Items

- Folders for trainees containing
 - I Training manual for community health workers
 - II Counselling cards
 - III Flip Chart
 - IV Pen, pencil, eraser, sharpener
 - V Writing pad
- Name tags of trainees and facilitators
- Attendance sheet for trainees and facilitators
- Pens, pencils
- Marker pens-various colours
- Note pads
- Chart papers and stand
- Large paper clips to hold chart papers on stand
- Basket to hold chart papers
- Board and board pins
- White board, duster
- Counselling cards
- Flip charts
- Transparent tapes, glue stick
- Punching machine
- Staplers and staple pins
- Rubber balls
- Scissors
- Chart showing pictures or drawings of female external genital parts
- Chart showing pictures or drawings of internal genital parts
- Small cards with names of various parts of female external and internal genitalia written on them
- Small bowl or box for holding the small cards
- Sample of registration cards
- Sample of screening data collection forms
- Sample of referral forms

4.3 Training methods

The training should be interactive throughout the entire duration of training so that trainees can learn by active participation. There are nine sessions in the manual that are to be taught in an informal manner encouraging questions and comments from trainees. Make use of chart papers and coloured markers to highlight important points wherever necessary. Ask questions from time to time and make sure that trainees understand the session contents. Allow short breaks in between sessions and let participants do some easy stretches. You may decide to offer candies/tea/coffee/juices during one or two such breaks to refresh trainees.

There are group activities for each session in the form of games, small group work, group discussions and role plays. You will find them listed separately for each session along with instructions on how to conduct them. You may refer to those specific instructions while conducting the group activities.

4.4 Tips for conducting sessions

4.4.1 Opening session

- Greet participants warmly and welcome them to the training
- Put up a flip chart and write down the overall objectives of the training
- Explain that few minutes will be spent on self-introductions of the facilitators and trainees
- Put up a flip chart on the stand and write down the following points
 - Name
 - Place where you currently work
 - Few words about the organization you work for
 - Nature of your work
- First introduce yourself and your co-facilitators covering all the points written on the flip chart. Then ask each trainee to do self-introduction in the same way
- Put up a flip chart and write the 'ground rules' for trainees

Ground rules for trainees

- Attend the training programme daily on time
- Sign daily attendance sheet
- Attend all the sessions and participate actively
- Perform group exercises as guided by your facilitator
- Have mutual respect for co-trainees and for facilitators
- Inform about the available facilities (lunch room, toilets etc.)
- Inform about arrangement of reimbursement of expenses, if applicable

4.4.2 All other sessions

- Start each session by discussing the learning objectives
- Use white board, chart papers, pictures for making the learning process interactive
- Summarize the session contents at the end of each session
- Refer to the group activities listed for each session and conduct accordingly
- Try to maintain session timings as per the given session plan
- Ask the trainees to summarize the day's activities at the end of each day
- Brief trainees on next day's agenda

4.5 Tips for conducting group activities

4.5.1 Role plays

- Check the list of suggested role plays provided for relevant session
- Identify the group that will be performing the role play
- Identify the trainee(s) who will enact the specified roles
- Brief trainees about the background situation and the focus of the role plays described in the module
- Describe each role to trainees clearly
- Ask the trainees to use the flip chart and the counselling cards
- Allow adequate time for trainees to develop the script for the given situation
- Ensure that the focus of the script remains on the theme related to the given topic
- Assign the role of observers to the remaining trainees. They will observe the role players and will provide feedback at the end
- Set a time limit for the role play
- Ask trainees to speak loudly and clearly
- Ensure that the role play is kept focused to the given situation
- Thank the group after the role play is over
- Do the debriefing with necessary corrections after completion of the act
- Encourage all trainees of the group to ask questions and give feedback

While conducting the role play, you may change the subjects' names, locations or the circumstances of the situation as described in the session to make it locally and culturally appropriate

Points you should observe during role plays

- How did the trainee enacting the role of CHW approach trainees enacting other roles?
- Did the CHW use language easily understood by women in the community?
- Did the CHW encourage women or the community members to talk, to make the communication interactive?
- Did the CHW give enough information relevant to the given situation?
- Was the CHW non-judgmental and use positive verbal and non-verbal communication?
- Did the CHW use the counselling cards or flip charts to explain the messages effectively?
- Did the CHW adequately address the questions and concerns of women or the community members?
- What could the CHW do to improve the interaction with women or other community members?

4.5.2 Group discussions

- Ask trainees to read the relevant session (provide page numbers of the session for easy reference) for which group discussion is planned
- Allow 15 minutes of reading time
- Conduct a group discussion on topics listed for that particular session
- Try to involve a maximum number of trainees in the discussion
- Guide the discussion so that trainees do not deviate from the given topic
- Maintain limited participation in the discussion and encourage group members to talk
- Make sure that most of the points discussed are understood and agreed upon by group
- Write down the important points of discussion on chart paper and elaborate on those
- Summarize the entire discussion
- Conclude the group discussion and thank participants for their contribution

4.5.3 Small group work

- Organize trainees into small groups, with each group having 5–6 trainees
- Identify a group representative for each group
- Tell trainees not to change groups while the group work is being carried on
- Provide the necessary materials and supplies required for the particular group work
- Conduct the session as per the instructions provided for each group work
- Explain the activities in simple language so that trainees can understand and perform them
- Set the time limit as given for each group work and maintain it
- Keep the flow of the session by involving all trainees in the groups
- Encourage those who are shy and hesitate to participate
- Praise the trainee/group who performs well
- Summarize the activity at the end highlighting the important learning points
- Thank the groups for their participation

Section 5: Group activities



Session 1: Your role as a community health worker

Group activity 1: Creating a list of cervical cancer topics on which to educate women and the community

- Divide trainees into small groups, each comprising not more than 4–6 trainees
- Give a name to each group (e.g., Group A, Group B) and ask each group to identify their representative
- Distribute chart papers, coloured marker pens to the groups
- Explain that each group is required to list the topics on which they are going to educate the women and the community about cervical cancer
- Allow 10 minutes to each group to write down the topics
- After 10 minutes, ask the group representatives to exchange the list with each other
- Explain that each group will read the listed topics thoroughly and check if it is complete. Each group may add new topics (with a different colour marker pen) if they think it is missing
- Allow 5 minutes to complete this exercise
- Collect the chart papers and check for completeness of the list made by each group
- Thank the group that has made the most comprehensive list and also added new topics
- Discuss the points that may have been missed out by the groups
- At the end of the exercise, thank the groups for their participation

Group activity 2: Learning to provide specific services to promote cervical cancer screening

- Divide trainees into small groups, each comprising of not more than 4–6 trainees
- Give a name to each group (e.g., Group A, Group B) and ask each group to identify their representative
- Distribute chart papers, coloured marker pens to the groups
- In the first round, ask the group representative of one group (say Group A) to write down two specific services related to cervical cancer screening that a CHW can provide to the community. The group representative will read it out to the other groups
- Invite the next group representative (say Group B) to write down two more services other than those already mentioned by group A. The group representative will read them out to other groups.
- Repeat the exercise with all groups in turn till a complete list of services is obtained

- Ask the rest of the participants to feel free to correct if any of the responses is wrong or to add information if they feel it is missing
- Fill in the gap in knowledge, wherever you think it is necessary
- Thank the group that performs the best in providing maximum number of correct answers
- Thank the groups for participating in the exercise

Session 2: Knowing the female genital organs

Group activity 1: Identification of various parts of the female external and internal genitalia

- Divide trainees into small groups, each comprising of not more than 4–6 trainees
- Give a name to each group (e.g., Group A, Group B and so on) and ask each group to identify their representative
- Put up two chart papers on a board – one showing drawings/pictures of female external genital parts and the other showing internal genital parts
- Write the names of the various parts of female external and internal genitalia on small cards and put them in a small bowl or box
- Explain that each group by turn will have to pick up a card from the bowl/box and read aloud what is written on it, e.g., ovaries
- Ask the group representative to
 - Mention whether the part is external or internal
 - Locate the part on the corresponding picture on the board and identify it by putting (pin up/paste) the card on the chart paper
- Allow 2 minutes time for the group to complete the exercise
- If one group is unable to complete the exercise, pass the card to the next group and so on
- Fill in the gap in knowledge, wherever you think it is necessary
- Thank the groups for participating in the exercise

Group activity 2: Describing the parts and functions of female external and internal genital

- Divide trainees into small groups, each comprising of not more than 4–6 trainees
- Give a name to each group (e.g., Group A, Group B and so on) and ask each group to identify their representative

- Write the names of various parts of female external and internal genitalia on small cards and put them in a small bowl or box
- Ask the representative of one group (say Group A) to pick up a card from the bowl/box and describe the functions of the part written on it (e.g. – These are small oval shaped glands and are two in number. They are placed on either side of the uterus. These glands produce eggs that are fertilized by sperms to produce a baby). Ask her NOT to read aloud the name of the part written on the card
- Ask all other groups to listen carefully
- Invite the next group representative (say Group B) to:
 - a. Name the part of the female genital
 - b. Mention whether the part is external or internal
- Allow 5 minutes time for the groups to complete the exercise
- If one group is unable to complete the exercise, pass the card to the next group and so on
- Fill in the knowledge gaps, wherever you think it is necessary
- Thank the groups for participating in the exercise

Session 3: Common female genital infections

Group activity: Pass the ball, play and learn

- Ask trainees to sit forming a wide circle
- Place a box in the middle of the circle containing pieces of folded paper with questions/ messages written on each
- Inform that you will begin a game and would like all trainees to participate actively
- Give a small ball to one of the trainees and inform that they will have to pass the ball quickly from one person to another while you clap (keep your eyes closed while clapping)
- Inform trainees that when you stop clapping, whoever has the ball will have to pick up a folded paper from the box and do as per the message written on the piece of paper
- A few examples of the messages are given below:
 - What does normal vaginal discharge look like?
 - Tell a joke
 - How would you know if there is vaginal infection?
 - How do bad microbes cause infection?
 - Sing a song

- What does a woman complain of when she has vaginal infections?
- What would you do if a woman comes to you complaining of greenish frothy vaginal discharge?
- Act like a popular movie character
- What advice will you give to a woman on maintaining good genital hygiene?

Session 4: Understanding cervical cancer and its causes

Group activity: Learning about the risk factors of cervical cancer

- Divide trainees into small groups, each comprising not more than 4–6 trainees
- Give a name to each group (e.g., Group A, Group B and so on) and ask each group to identify their representative
- Give a chart paper and coloured pens to each group
- Ask each group representative to write ‘Which women are at greatest risk of having cervical cancer?’ on the top of the chart paper
- Now explain that each group will have to answer the question by making a point-wise list (e.g., i) Women above the age of 40 years who have ever had sexual relations; ii) Women who start sex life at a very young age and so on)
- Allow 5 minutes for each group to complete their list
- Ask each group to share their list by putting up their chart paper on the flip chart stand
- As one group puts up their list, ask the other groups if they agree with the causes written
- Allow the other group members to add to the list if they know of additional causes
- Repeat the exercise with each group by turn
- Discuss all the causes with corrections if needed
- Thank the groups for participating in the activity

Session 5: Learning about prevention of cervical cancer

Role play 1: Educating women on how to reduce their risk of having cervical cancer

Participants and background situation for role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Joyce – a 35-year-old CHW who talks to a small group of women in the village
 - Christine, Lisa, Sonia, Anna and Sofia – women of the small group participating in the discussion
- Give the following background situation to the entire group including the role players:

Joyce is a CHW who has the responsibility of educating women of her neighbourhood on ways of reducing risks of getting cervical cancer. Christine, Lisa, Sonia, Anna and Sofia are all married women of the neighbourhood aged between 30 and 40 years and curious to know about what Joyce has to say on the disease called cervical cancer.



Focus of the role play

The focus of the role play is the interaction between Joyce and a small group of women in the neighbourhood who have heard of a disease called cervical cancer. They have also come to know that this cancer can be prevented but are not sure what can they do to reduce the risk. Joyce selects a suitable place in the neighbourhood (e.g., neighbour's house) and all of them sit comfortably. Joyce starts the discussion by greeting them warmly to make sure that all participating women feel good to be there with her. To make everyone feel relaxed, she asks about the wellbeing of their children/family. Then she asks them if anyone in the group knows how to protect themselves from getting cervical cancer. She listens carefully to what each one of them says and then starts building up their new knowledge by informing them on how to avoid infection from this virus known as HPV that causes cervical cancer. She tells them about availability of an HPV vaccine that can be given to young girls. She also talks of safe sexual practices highlighting that use of condoms does not give complete protection to women from HPV infection. She informs about avoiding smoking, that puts women at higher risk of having the cancer compared to women who do not smoke. Then she talks of the special tests (known as screening tests) available to women above 30 years of age, which they must have at least once in 3–5 years to check if they have the risk of developing the cancer. Joyce stresses on the benefits of having the screening tests. She informs that if the tests detects any it then they can be treated easily thus preventing development of cervical cancer. She assures that women who are negative on screening tests have very little chance of developing cervical cancer in the future. Joyce encourages all women to ask her questions to make the discussion interactive.

Time allotted for the role play: 10 minutes

Role play 2: Talking to women about screening by VIA

Participants and background situation for role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Sonali – a 42-year-old CHW who works for cervical cancer prevention activities in her locality
 - Rekha, Sushma, Mani and Shobha – women in the neighbourhood who have been requested by Sonali to meet her at a village locality. Give the following background situation to the entire group including the role players:
- Sonali is a CHW who wants to inform the women of her locality about the cervical cancer screening test known as VIA and to encourage women who are more than 30 years of age to undergo the test. Rekha, Sushma, Mani and Shobha are the women in the village who have been invited by Sonali to meet her as she wanted to share with them the details related to VIA.



Focus of the role play

The focus of the role play is the interaction between Sonali and the group of women in the neighbourhood who have come to listen to what Sonali has to share with them. These women had earlier attended awareness meetings on cervical cancer and have heard of special tests that can detect changes in the cervix years before developing into cervical cancer. But they are not very sure of the details of the tests. Sonali selects a suitable place in the neighbourhood (e.g., neighbour's house) and sits with them forming a circle. She makes all of them sit comfortably and starts the discussion by greeting them warmly. Then she goes on to explain the purpose of calling all of them. Sonali starts by asking the women if they have heard of the VIA test before. After listening to them carefully, she goes on to share her knowledge about the test and why it is necessary for all women above the age of 30 years to have the test. She informs that in this test, a doctor/nurse applies dilute acetic acid (vinegar) to a woman's cervix and looks for any colour change on the cervix. If there is any abnormal area, it appears white in colour, which can be easily identified. The test does not cause any pain and time taken to do the test is very short, roughly 5 minutes. It is possible for the nurse to inform of the test results immediately after the test. If a woman has a negative VIA test result, she need not worry about getting cervical cancer in the next 5 years. If the woman has a positive test result, it may indicate presence of possible cervical pre-cancer. She should be advised to see a doctor for further examination. At the end of the discussion, Sonali thanks the women for listening to her and asks them to go for a VIA test for their own benefit.

Time allotted for the role play: 10 minutes

Session 6: Dealing with women having a positive screening test or suspected cancer

Role play 1: Talking to a woman who has a positive VIA result

Participants and background situation for role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Ayesha – a 30-year-old lady with three children, who has undergone a VIA at the primary health centre and has a positive test result
 - Uma – a CHW who explains to her what a positive test result means and what she should do next
- Give the following background situation to the entire group including the role players:

Ayesha has been advised at the primary health centre to see a doctor as her VIA test is positive. She has been told that the doctor would do a few tests to confirm or exclude the presence of the disease. But she is very apprehensive that the test may be painful and has strong fear of being diagnosed with cancer. Uma explains to Ayesha that a positive tests result does not mean that she has cancer but she needs to go to see a doctor for further check-up.



Focus of the role play

The focus of the role play is the interaction between a CHW (Uma) and a woman (Ayesha) who is positive on the VIA test. Uma makes Ayesha feel comfortable and then tries to understand how much Ayesha knows about cervical cancer and its early detection through these tests. Uma explains that since Ayesha has a positive VIA test report, she needs to go to see a doctor who would do further tests like colposcopy to see if there is the possibility of underlying pre-cancer or cancer. Uma then explains in simple language and reassures Ayesha that the tests done during further check-ups are not painful but she may have some discomfort. Uma also informs that if the doctor detects cervical pre-cancer and advises treatment then she should agree to take them as it will prevent her from the risk of developing cervical cancer in future. To lessen the fear of cancer in Ayesha's mind, Uma explains that there is only a small possibility of her having cervical cancer. However, by going for further check-ups, Ayesha will have the benefit of getting the disease diagnosed at a very early stage or even at a premalignant condition when treatment is very effective. So the test and subsequent treatment will ensure a long and healthy life to Ayesha.

Time allotted for the role play: 10 minutes

Role play 2: Talking to a woman who has suspected cervical cancer on screening by VIA

Participants and background situation for role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Rakiba – A 45-year-old lady with five children, who has undergone a VIA test at a health centre and has suspected cervical cancer
 - Afroza – A CHW who talks to Rakiba on what should be her next steps
- Give the following background situation to the entire group including the role players:

Rakiba had attended a primary health centre where the nurse performed a VIA test on her. After the test, Rakiba had been advised to see a doctor as her VIA test result was suspicious of cervical cancer. She also informed her of the nearest health facility where further tests are done for confirmation of the screening test result. Afroza addressed Rakiba's fear and guided her to go for the check-up.



Focus of the role play:

The focus of the role play is the interaction between Rakiba, who has undergone a VIA test and Afroza, a CHW who listens to Rakiba's fears and tries to address them. After having the VIA test at a village primary health centre, Rakiba and her family members have been informed at the clinic that they suspect presence of cervical cancer that may be in a very early stage. She is heartbroken to hear the test result and thinks that since she has cancer she is going to die. Rakiba is referred to the nearest district hospital where there are facilities to do further tests for confirmation but she is scared about further tests. Afroza briefs her that the doctor at the district hospital would do a procedure named colposcopy to have a close look at her cervix. She also informs that the doctor may take a very small piece of tissue from the affected area for confirmation of diagnosis. Afroza reassures her that even if her diagnosis is confirmed as cancer, it can be successfully treated and for that she should attend the referral centre without any delay. Afroza addresses Rakiba's concerns, doubts and fears regarding colposcopy and other test procedures at the hospital. Afroza guides Rakiba about the location, day and time when she should visit the district hospital for further tests.

Time allotted for the role play: 10 minutes

Session 7: Raising community awareness

Role play 1: Reassuring a woman who fears screening by VIA may be painful

Participants and background situation for the role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Rowsan – a 33-year-old CHW who works for cervical cancer prevention activities in her village
 - Sahida – a 40-year-old woman with 3 children residing in the same village
- Give the following background situation to the entire group including the role players:

Rowsan is a CHW who is involved in cervical cancer prevention activities in her village. Sahida, a mother of three children, resides in the same village. She had failed to attend the community awareness meetings held earlier in the village. Rowsan meets Sahida and encourages her to attend the local health centre for a VIA test but Sahida is scared that undergoing the test may cause pain to her. Rowsan reassures Sahida that the test is not painful and explains how the VIA test is done.



Focus of the role play

Focus of the role play is the interaction between Rowsan and Sahida, who thinks that the VIA test is painful. Rowsan greets Sahida warmly and makes her sit comfortably. She first listens to Sahida's concerns who says since the test procedure involves examination of her private parts, the test must be painful. On asking why she thinks that way, she replies that one of her neighbours had gone for the test and said the test procedure hurt her. Sahida also adds that she herself had never undergone any kind of examination of her internal organs even during her pregnancies. All her children were delivered at home by attendants/neighbours. Rowsan recognizes her fears and explains in simple language so that Sahida understands properly and feels at ease to go for the VIA test at her nearest health centre. Rowsan tells her that the VIA test is a simple test, does not take much time to do and is not painful. She explains that since the mouth of the womb or cervix cannot be seen from the outside, a small instrument is used so that it becomes visible. She explains that during the test, the woman is placed on the examination table with legs folded at knees. Then a small spoon-shaped instrument is gently introduced into her vagina so that the cervix comes into view. It does not cause any pain but it is important that the woman cooperate and is relaxed during the test. The entire test procedure takes only around 4–5 minutes. Some women may feel a little bit of burning or tingling sensation during and after the test due to the solution (dilute vinegar), which is used for the test. But this sensation is very temporary and

goes away after a few minutes. Throughout the role play, Rawson encourages Sahida to ask questions to make the discussion interactive. She addresses any other fears that she may have about the test and advises her to go to the nearest health centre that provides this service. Sahida feels reassured, thanks Rowsan for helping her to clear her misconception and informs that she would be going for the VIA test on her scheduled date.

Time allotted for the role play: 10 minutes

Role play 2: Explaining about cervical cancer to a small group of women at a community awareness meeting

Participants and background situation for role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Jessica – a 41-year-old CHW who works for cervical cancer prevention activities in her village
 - Susan, Mary and Rose – women residing in the same village who are attending the awareness meeting
- Give the following background situation to the entire group including the role players:

Jessica is a CHW who is involved in cervical cancer prevention activities in her village. She organizes a meeting with a small group of women to provide information on what is cervical cancer and pre-cancer, what are the different tests done to detect it and what are the treatment methods of cervical pre-cancers. Jessica uses a flip chart to explain her points to the women in the group.



Focus of the role play

The focus of the role play is between Jessica and the small group of women at a community awareness meeting on cervical cancer where Jessica uses a flip chart to help her provide information in a systematic way. She welcomes the group participants and makes them sit comfortably so that all of them can see the pictures clearly that she has planned to show them. She makes the women feel relaxed by asking about their general wellbeing, their children and family. She starts the discussion by saying that she is going to show them some picture series and tell them what each picture means. She holds the flip chart with the picture facing her audience. She asks them if they are able to see clearly. Jessica first asks them a few questions to understand how much the women know about cervical cancer. Then she starts with the flip chart elaborating each

picture series. She refers to the description of each picture written on the other side of the picture and goes on to explain the following: location of cervix inside a woman's body, causes of cervical cancer and its symptoms, risk factors, cervical pre-cancers, tests available to detect the risk of having the disease, and treatment available for cervical pre-cancers. Jessica goes through each page slowly explaining the visuals and the contents in simple and short sentences. All through the meeting, she encourages participation to make sure that women understand the topics.

Time allotted for the role play: 10 minutes

Session 8: Making home visits

Group discussion

- Ask trainees to thoroughly read Session 8 – Making home visits
- Allow 15 minutes reading time
- Conduct a group discussion on *reasons that may keep a woman from attending screening clinics*
- Write down the important points of discussion on chart paper and elaborate on those
- Summarize the entire discussion
- Conclude the group discussion and thank trainees for participation and contribution

Session 9: Getting to know service delivery points in your area

Role play 1: Addressing a small community gathering to inform them about the available cervical cancer screening services in the locality

Participants and background situation for role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Pensri – a 42-year-old CHW who talks at a small community gathering
 - 5–6 participants who form a part of the community gathering. Out of them, 3 participants would perform the role of village women and the rest would perform the role of men who are prominent figures in the village (e.g., school teacher, village head man)
- Give the following background situation to the entire group including the role players:

Pensri is a CHW who works for the cervical cancer prevention activities in her village. She organizes a small gathering of women, men and prominent people of the village to spread awareness about the cervical cancer screening services available in her village. The participants of the community gathering (5–6 trainees) attend the meeting organized by Pensri to know more about the services. They interact with Pensri to understand which health facility they should visit and what kind of services they will be able to have from those centres.



Focus of the role play

Focus of the role play is the interaction between Pensri and a small group people attending a community gathering in their village. Pensri starts the meeting by greeting all participants and invites them to introduce themselves. She asks each one by turn if they know about the health centres where cervical cancer screening services are provided, what are the services that are available and so on. She first listens carefully to what each one of them says and then gives them all the information that is required to increase uptake of screening services. Pensri starts with the health centre that is most familiar and largely visited by the village people. She gives details of the screening services available there, the days when such services are available, timings of the screening clinics and other relevant facilities. She encourages the group to ask questions to make sure they understand and remember. Pensri then moves on to provide details about the other health centres describing the various levels of healthcare provided by each, like where should women go if they have a positive screening test report; which type of health centres provide treatment facilities like LEEP and cone biopsy; which is the nearest referral centre for cancer treatment, etc. She also guides them on the location and guides them on using the area map that she has prepared to help women reach the health centres easily. Pensri assures that she would be happy to help women attend the clinics for screening and/or treatment whenever required. Throughout the role play, Pensri encourages all participants of the gathering to ask her questions to make the discussion interactive. She also requests the support of men folk to help women reach respective service delivery points as appropriate.

Time allotted for the role play: 10 minutes

Role play 2: Guiding a woman to an appropriate service delivery point for screening by VIA

Participants and background situation for the role play

- Select trainees or ask trainees from the group to volunteer to perform the following roles:
 - Ngam-chit – a 49-year-old CHW who works for cervical cancer prevention activities in her village

- Phueng – a 36-year-old woman with three children, who is seeking appropriate guidance to go to a healthcare facility for a VIA test
- Give the following background situation to the entire group including the role players:

Phueng had previously attended a cervical cancer awareness meeting where she understood the benefits of having a VIA test. She is motivated to go for the test but is unable to do so as she has to walk nearly 40 minutes from her home to reach the nearest health centre. Ngam-chit had invited Phueng to attend the health centre on a specific date for the VIA test but on finding that Phueng did not undergo the test, she approaches her to understand her problems and tries to address the issues.



Focus of the role play

Focus of the role play is the interaction between CHW Ngam-chit and Phueng, who fails to attend the village health centre for undergoing VIA test on her scheduled date. Ngam-chit approaches Phueng to ask about her problems that kept her from attending the health centre for her VIA test. Phueng says that she is interested in going for the test but as the health centre is far off from her place, she could not manage to find time for going. She also says that she keeps busy during morning hours with her routine household work, looking after her children, cooking for them, etc. This makes it difficult for her to go for the test. Ngam-chit listens to her problems carefully and offers her a solution that may be acceptable to Phueng. Ngam-chit informs that in the coming week, a cervical cancer screening camp is going to be organized very close to her doorstep. She gives details about what are the services that will be available at the temporary clinic (VIA test, cryotherapy/cold coagulation/referral facilities). She informs Phueng that the camp would be a day-long one and that she may also attend in the afternoon after finishing off her household chores. However, she also informs Phueng that there are certain services that are not possible to provide at such camps (like colposcopy, LEEP, cone biopsy). If the health staff at the camp feel the necessity of such procedures on Phueng, they will be referring her to the health centre that has the facility of providing such services. Ngam-chit reassures her about the quality of such services (give example of sterilization procedure), which are similar to those provided at health centres. Phueng thanks Ngam-chit for helping her to find a solution to her problem and enlists her name for having the VIA test at the community-based cervical cancer screening clinic.

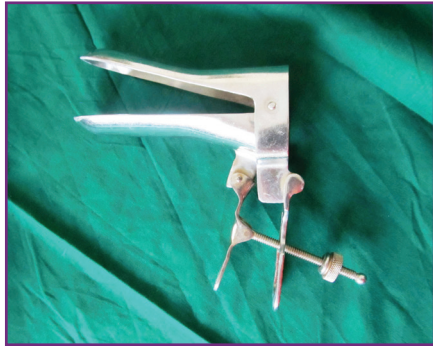
Time allotted for the role play: 10 minutes

Section 6: Annex



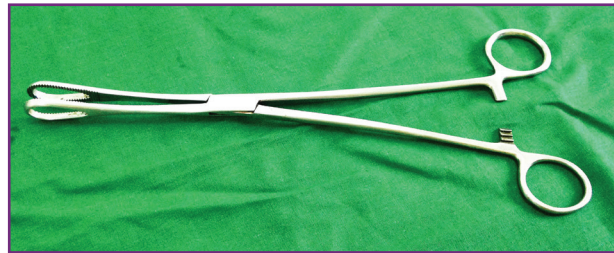
Annex 6.1

Knowing the instruments/equipment used in screening clinics



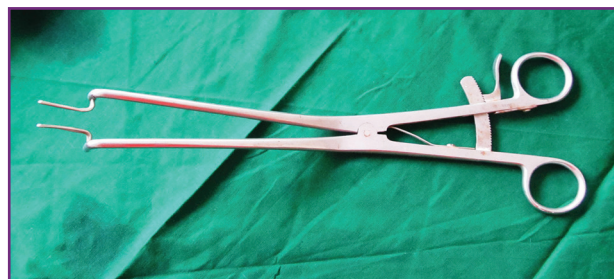
Cervical speculum: Is introduced inside the birth canal (Vagina) to visualize the cervix

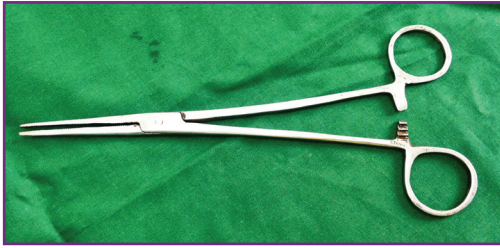
Sponge holding forceps: To hold on to cotton swabs



Cervical biopsy forceps: For taking sample tissue from abnormal area of cervix

Endocervical speculum: To examine the cervical canal





Long artery forceps: Can be used to take a look into the cervical canal if endocervical speculum is not available

Kidney tray: For holding instruments, swabs, etc.



Steel bowls: For holding instruments, water

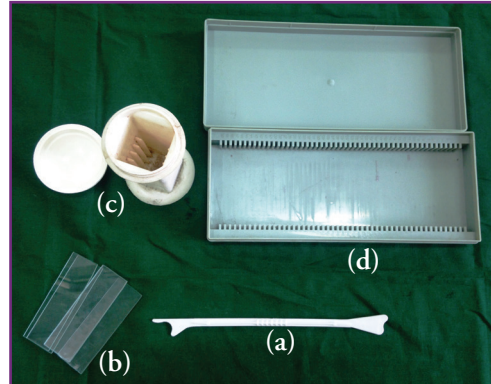
Sterilizer: For high-level disinfection of instruments



Requirement for HPV DNA sample collection: (a) Brush for collecting cervical cells and (b) Vial containing specimen transport medium

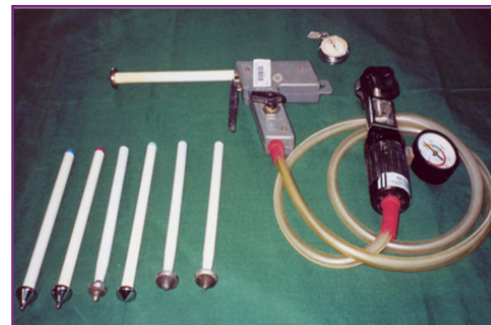
Requirement for PAP smear collection

- a. **Cervical brush/broom/spatula:** For collecting cells from cervix
- b. **Glass slides:** Collected cervical cells are uniformly smeared on glass slides
- c. **Koplin's jar:** Glass slides with the cervical smear are put in Koplin's jar containing alcohol
- d. **Slide box:** For storage and transportation of glass slides



Colposcope: For examination of cervix with magnification

Cryotherapy unit



Cold coagulation unit

Annex 6.2

Processing of instruments in screening clinics

Step 1

Used instruments are kept dipped in 0.5% chlorine solution for 10 minutes. This process inactivates many harmful microbes.



Step 2

After 10 minutes, the instruments are removed from chlorine solution for cleaning.

Step 3

- (a) A mild detergent is put in a bowl containing clean water.
- (b) The instruments are then placed in the detergent water for cleaning.



(a)

(b)



Step 4

The instruments are scrubbed with a scrubber or brush taking special care of the corners and grooves to remove blood and other body fluids.

Step 5

All instruments are thoroughly rinsed with water to remove detergent residue.

- (a) Rinse in running water if available.
- (b) Rinse in clean stored water if running water is not available.



(a)

(b)



(a)

Step 6 (a)

Cleaned instruments are submerged in a sterilizer containing clean water. The water is brought to a rolling boil and the instruments are boiled in it for 20 minutes. No instruments should be added after the water starts boiling

Step 6 (b)

Cleaned instruments are soaked in 2% glutaraldehyde solution for 20 minutes.



(b)

Annex 6.3

Frequently asked questions

1. What is cervical cancer or the cancer of 'mouth of the womb'?

When cells of 'mouth of the womb' or the cervix multiply abnormally and without control to form a growth, it is known as cervical cancer. The growth can spread into surrounding normal body parts and can damage them badly. If the cancer is not treated in time, it can lead to death of the woman.

2. Which women are at risk of developing cervical cancer?

- Women above the age of 40 years who have ever had sexual relations
- Women who start having sex at a very young age
- Women who have sex with multiple partners or women whose partners have multiple sex partners
- Women who have too many children, especially at a young age
- Women who smoke
- HIV infected women

3. What are the symptoms of cervical cancer?

- Vaginal discharge that smells bad and does not respond to treatment with antibiotics
- Blood-stained discharge
- Bleeding after having sexual contact
- Vaginal bleeding in between menstrual cycles
- Vaginal bleeding after stoppage of menstruation (menopause)
- Low back pain

4. What causes cervical cancer?

The cause of cervical cancer is infection with a virus called Human Papillomavirus (HPV). The infection is spread during sexual contact with a person who is already infected with the virus. This is the reason why women who have sex at an early age, or have multiple sexual partners have a higher risk of getting HPV infection and are more prone to develop cervical cancer.

5. How does HPV infection cause cervical cancer?

Nearly all women get HPV infection at some point during their reproductive age. However having

HPV infection does not mean that they have cervical cancer. In majority of women, the infection clears on its own due to natural immunity of the body. Only in a small number of women, the infection may stay for long period of time and lead to abnormal multiplication of cells of the cervix causing cervical cancer. HPV infection can cause a healthy cervix to change into cervical cancer in 10–15 years.

6. How can a woman know if she has HPV infection?

HPV infection does not produce any symptom. This is why it is not possible for a woman to know if she has HPV infection in her cervix.

7. What is the treatment for HPV infection?

HPV infections do not need any treatment. In the majority of women, this infection clears on its own in 1–2 years.

8. What is meant by cervical pre-cancer?

If HPV stays in the cells of the cervix for a long time it may cause the cells to multiply abnormally. As a result of abnormal multiplication, there is a change in the cervix. This change is known as 'pre-cancer' of the cervix. If the 'pre-cancers' are not detected and treated, it may progress to develop cervical cancer later in life.

9. What can be done to reduce the risk of getting cervical cancer?

- **HPV vaccination** – There is a vaccine available that can be given to young girls to prevent HPV infection. The vaccine is safe. Except for some mild reactions like slight pain or redness at the injection site, it does not have many side effects.
- **Screening** – The process of detection of the disease at a pre-cancer stage is called cervical cancer screening. There are special tests (screening tests) available to detect the pre-cancers.
- **Safe sexual practices** –For example, avoiding sexual contact at very young age, avoiding too many sex partners, use of condoms regularly.

10. Who should be screened for cervical cancer?

All women after the age of 30 years should have cervical cancer screening tests once in 3-5 years or even 10 years, depending on the type of screening test used. Women who are negative on screening test have very little chance of developing cervical cancer in future.

11. When can HPV vaccines be given to young girls?

HPV vaccines provide protection from infection with high-risk HPVs that are responsible for causing majority of cervical cancers. The HPV vaccine is to be given to young girls aged between 9 and 13 years. Vaccinated girls will have little risk of getting cervical cancer in future.

12. Do women still need to go for screening if they have received HPV vaccine earlier?

The currently available HPV vaccines do not give complete protection against cervical cancer. Even if a woman has already received HPV vaccine in childhood, it is very important that she should continue to have regular cervical cancer screening.

13. Does a woman require screening even if her menstrual cycles have stopped (menopause)?

Stoppage of menstrual cycles does not mean that a woman is free from risk of having cervical cancer. She should continue to go for screening tests as advised by healthcare providers.

14. Is screening required for women whose uterus was removed surgically?

Women who had their uterus removed for conditions like cervical pre-cancer or cancer are still considered to be at risk. These women should continue to have regular screening tests as advised by doctors.

15. If a woman is having menstruation, can she still go for screening on those days?

Screening tests can be done during menstruation if there is spotting/slight bleeding. In the presence of heavy bleeding, it becomes difficult to visualize the cervix properly and collect an adequate sample of cervical cells. Screening tests should be avoided during the heavy bleeding days of menstrual cycle.

16. Can a pregnant woman go for cervical cancer screening?

Pregnancy is not the ideal time to perform screening. Screening should be deferred till six weeks after childbirth.

17. What are the common screening tests that are done to find out if there is cervical pre-cancer?

The common screening tests that are done to detect cervical pre-cancers are:

- HPV test
- Visual inspection with acetic acid (VIA)
- PAP smear

18. What is done in the clinic during the screening tests?

In the screening clinic, a woman is placed on the examination table and is helped to lie on her back with legs folded at knees. A 'spoon-like' small instrument known as a 'speculum' is introduced inside the vagina to visualize the cervix. This is not painful but some women may feel a little discomfort. For PAP smear and HPV tests, cells are collected from the cervix with the help of a brush and sent to laboratory for examination. VIA involves application of diluted acetic acid (Vinegar) on the cervix to detect abnormal areas.

19. What should a woman do if she has a positive screening test report?

The woman should be reassured that a positive screening test does not mean that she has cervical cancer. However, she should be advised to see a doctor who may choose to do any of the following:

- Further tests like:
 - **Colposcopy** – This is a procedure where the cervix is examined with the help of a special equipment known as Colposcope. A Colposcope provides enlarged view of the cervix so that abnormal areas can be better identified.
 - **Cervical biopsy** – This is a procedure where a small sample (about the size of a rice grain) from the abnormal area on the cervix is taken and sent to a laboratory for examination.
- Advise treatment for cervical pre-cancer during the same visit.
- Refer her to a specialized centre for treatment if cancer is suspected.

20. What is done when a woman is detected to have cervical pre-cancer?

If a woman is detected to have cervical pre-cancer, she needs to be treated by a suitable method. If cervical pre-cancers are left untreated, they may progress to develop into cervical cancer in future. Treatment for cervical pre-cancers is done by either destroying or removing the abnormal area on the cervix. The common treatment methods are:

- i) Cryotherapy
- ii) Cold coagulation
- iii) LEEP (loop electrosurgical excision procedure)
- iv) Cone biopsy

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