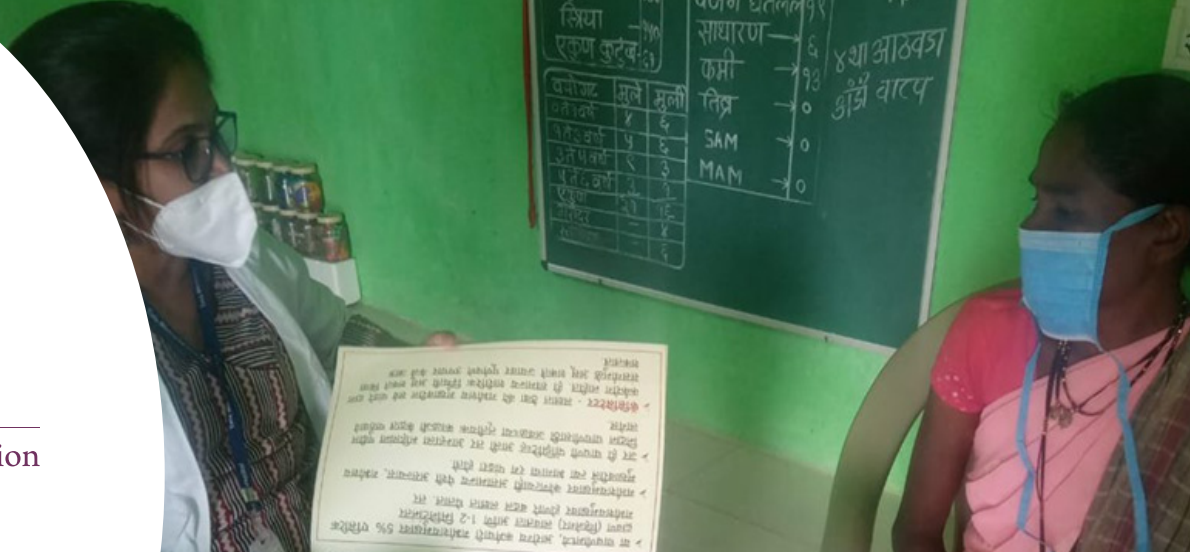




Fund for Innovation and Transformation

Fonds pour l'innovation et la transformation



TORONTO METROPOLITAN UNIVERSITY

Prevention of Cervical Cancer in India through Self Sampling (PCCIS)

Context

In India, cervical cancer is the second leading cause of deaths preventable through regular screenings. In many high-income nations, the incidence and mortality of cervical cancer has declined substantially because of the widespread use of Pap tests as a screening tool. However, the coverage of cervical cancer screening in developing countries like India is only 19%, compared to 63% in developed countries. The low uptake of screening in India can be attributed to limited knowledge and awareness about cervical cancer and screening, cultural barriers, difficulty accessing screening services, and stigma surrounding sexually transmitted infections (STIs) including human papillomavirus (HPV).

The Innovative Solution

Supported by FIT, Toronto Metropolitan University and Tata Memorial Hospital tested an innovative solution aimed at promoting cervical cancer screening through HPV self-sampling (HPV-SS) among rural women in India using a family-centered approach, supported by art-based and culturally appropriate sexual health literacy intervention. The HPV-SS is an easy and user-friendly alternative to the costly, traditional modalities of cancer screening and has been found to be effective in engaging under and never screened (UNS) women. The innovation also aimed to increase participant knowledge, reinforce positive attitudes, and reduce stigma around cervical cancer. Community health care volunteers, known as ASHA, were engaged to promote cervical cancer screening uptake among local population.

Advancing Gender Equality

In order to ensure community-wide uptake, the innovation used a family-centered, culturally appropriate approach to sexual health education that involved both men and women. The approach promoted open dialogue between men and women around gender-equity, in order to ensure that women had the support of their male partners when it came to cervical screening. After the screenings,



COUNTRY	AMOUNT
India	\$ 245,000

TESTING PERIOD
15 months
Ended April 2022



GENDER RESPONSIVE (GE2)

THEME: HEALTH & NUTRITION

women were provided access to further medical support and follow-up in an effort to improve long term health outcomes for women in the region. groups discussions and individual interviews with women, men, and adolescent girls and boys. Gender Equality training and awareness sessions were delivered to test participants.

Testing Framework

The innovation used a pre—post data collection method to inform indicators. An environmental scan through door-to-door surveys was conducted by the research team. The overall score for each intervention domain was presented as mean, standard deviation, minimum and maximum values. The change in scores from pre-intervention to post-intervention was compared using Wilcoxon signed rank test for overall participants, as well as for female and male participants. The comparison of mean difference in scores at pre-intervention, post-intervention and its change from pre to post intervention between males and females was done using Mann Whitney U test.

Results and Impact

In total, 240 participants (120 women and 120 men) were recruited and participated in the sexual health education (SHE) sessions prior to undertaking screening. A total of 118 women completed the self-screened and opted to get screened at the clinic. The results indicated a significant increase in knowledge and positive attitudes towards cervical cancer and screening and a significant reduction in stigma surrounding STIs among participants after their participation in SHE sessions. The reduction in stigma was significantly more in men than women participants. Most of women participants opted for HPV-SS (115/120) supporting the hypothesis of higher uptake of this innovative and women-centred screening method compared to traditional methods. In addition, a total of 451 ASHA workers were trained to raise awareness about cervical cancer and promote the HPV-SS test.

Key Lessons

1. Although stigma reduction was significant among male partners, the change was not as significant for female participants. This suggests that women in these villages may be more vulnerable to STI stigma because historically women with STIs have been viewed as tainted and as “vectors of disease” who pass their infection on to men.
2. The involvement of men as supportive partners was essential in promoting open dialogue between family members to reduce victim blaming.
3. Most service providers felt that taking time during consultations to address women’s concerns and questions about screening could facilitate their screening uptake.

“As some women might not understand what this test is about...we would first convince the family members, involve them, make them understand the importance of this test, also share our experiences with them and make them aware that it is a safe test. We shall give women some space to think (think for themselves about the importance of tests). We can support them by giving them company at the camp.” - Tata Memorial Hospital staff person

PARTNER ORGANIZATION

Tata Memorial Hospital

TARGET PARTICIPANTS

120 women (and 120 men) living in Palghar district in the State of Maharashtra, India

FOR MORE INFORMATION

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ABOUT FIT

The Fund for Innovation and Transformation supports Canadian small and medium-sized organizations (SMOs) testing innovative solutions that advance gender equality in the Global South.



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