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# Promoting cervical screening by involving men as motivators

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TABLE 2.2: Articles that meet the inclusion criteria (n=6)

| Year | Country | Setting | Design | Sample Size | Focus | Population | Objectives | Procedure (educational Material used) | Implementation (educational approach) | Out Comes | Conclusion | Level of evidence |
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| 2011 | USA | Rural | Randomised<br><br>Control<br><br>Trial | 381 | Breast and Cervical Cancer screening | Women aged 50 and older | To test the effectiveness of a promotora through educational intervention to increase cervical cancer screening uptake among post-menopausal women living along US-Mexico border | Shower cards, calendars were circulated to women as incentives | Trained promotora created small groups of 3-12 women.<br><br>Women were asked to invite family members, neighbors, friends from existing network to participate in the educational programme.<br><br>Those who were randomised offered refresher class a year later and the reminders, such as emails and telephone calls, were used for scheduling of cervical cancer screening.<br><br>Participation included messages which embed ice-breakers, games and activities relating to cervical | Women in the intervention group were 1.5 times more likely to report having a Pap smear within the last year when compared with the usual care group. It was not statistically significant (95%) Secondary analysis proposed effect on those that had not had a Pap smear within the last year baseline. | A promotora-based educational programme can be used to increase cervical cancer screening in Hispanic women | Level 1.c |

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| 2011 | Iran | Urban | Quasi-Experimental | 70 | Pap smear test | Women from the age of 16 to 54years old | To measure the effect of education on health beliefs and practice of women suitable for Pap test using Health Belief Model (HBM) | Lectures showing slides and pamphlets were circulated among women who were willing to participate | Volunteers were divided into 10 groups of people. Each group was held twice for 2hour seasons. The following training methods were used in every group: lectures, questions, answers and discussion groups.<br><br>After two months, a follow-up training season was held for all the participants to assess the effect of training intervention based on HBM. | Education based on health belief model was effective and could enhance the participant's knowledge significantly, and improve the health belief model constructs including perceived susceptibility, severity, benefit and barrier.<br><br>The training programme increasing knowledge from zero to 81.4%<br><br>There was an increase of knowledge, which had a | There was an increase of women's knowledge about cervical cancer, and their health beliefs, which improved their behaviors regarding screening programmes, like the Pap test | Level 2.c |

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| | | | | | | | | | | result on the health belief model constructs. There was significant relationship between knowledge, age and level of education. | | |
| 2012 | USA | Rural | Pre-test and Post-test | Sample size was not mentioned | Cervical cancer screening | Hispanic women 18years and older | To improve cervical cancer screening and create plans for helping Women overcome obstacles to regular screening.<br><br>To measure women's knowledge | Phase1: DVD, brochures and flipcharts were used.<br><br>Phase2: toolkit which consisted of a flipchart was used | In Phase1: Training took six hours in two days to develop social cognitive theory by use of Hispanic promotora.<br><br>The curriculum was evaluated by the promotoras-post training focused on group discussion, follow-up of telephonic interviews.<br><br>Phase2: flipcharts were written in Spanish and the lesson took one hour.<br><br>This included step-by-step, purpose of the lesson, and expectations of the promotora. | There was an increased knowledge in Hispanic women by use of promotora | Interventions are needed to address the barriers which Hispanic women faced to seek basic health care, such as preventive screenings, mostly in rural areas. In the<br><br>future, there is a plan to develop additional educational programmes such as videos, to improve the appeal of the multimedia intervention toolkit, and to test the effectiveness | Level 2.d |

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| | | | | | | | | | | | of this toolkit in increasing cervical cancer screening rates among Hispanic immigrant women in rural areas. | |
| 2012 | India | Urban | Pre-test and post-test prospective | 56 | Mammography and Pap test screening | Women's age groups were not specified | To assess the effectiveness of educational programme based on self-efficacy to increase knowledge and create behaviour change recommended on Pap smear screening guidelines. | Not mentioned | Two programmes offered in a local church as part of a health fair.<br><br>Other two groups were offered through health promotion initiative | There was an increased rate of 84% Pap smear screening behaviour 15 months later. | Educational interventions based on self-efficacy helped to increase knowledge of cervical cancer screening rate | Level 2.d |
| 2012 | USA | Rural | Randomised Controlled Trial | 600 | Cervical cancer screening | Women aged 21-64 years | To measure the efficacy of two culturally-appropriate and design educational programmes to increase cervical cancer screening among Hispanic women who are not compliant with Pap smear screening guidelines. | Video plus a promotora | In this regard, three arms were used, such as 1. Control arm (usual care).<br><br>Participants allocated in control arm did not receive any motivational message or educational material from the study staff, information on the benefits of regular cervical cancer screening and risk reduction provided routinely by clinic staff to all women at community clinics. 2. Low intensity | The primary outcome: a follow up of cervical cancer screening was done after 7 months using medical record review.<br><br>Secondary outcome end point was cost effective for the two different intensity intervention programmes | Conclusion of this study is not clear | Level 1.c |

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| | | | | | | | | | information programme – consists of Spanish language video that educates women about the benefits of cervical cancer screening and which lasts for 13 minutes.<br><br>3. High intensity intervention this consists of video plus promotora or lay-community health educator out reach. Trained promotoras conducted educational sessions in homes to encourage cervical cancer screening. The education session consists of culturally-appropriate video used in low intensity intervention.<br><br>The initiative training in the community lasts for 3 days. | | | |
| 2012 | USA | Urban | Intervention | 946 | Breast and cervical cancer screening | Women 40 years and older | To report the findings<br><br>and evaluate cervical cancer screening adherence among the Witness Project of Harlem (WPH) attendees and the health beliefs | Reminders were distributed in communities, centres and private organisations' such as public libraries, nursing | Educational sessions were held in 59 different local churches coordinated by WPH staff and each participant was encouraged to complete a | There were no significant differences found between cancer screening and health beliefs. | There is a need to increase access to quality health care services and cervical cancer screening in underserved | Level of evidence would not be determined due to lack of |

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| | | | | | | | that may influence adherence among African American women | homes, hospitals and schools | questionnaire.<br><br>The Witness Project Model (WPM's) also educates women at local churches and community gathering places, where they use local African American breast and cervical cancer survivors as witness role models and share their personal experiences with cancer. | | communities.<br><br>The major barriers to healthcare should be addressed and discussed during future Witness Project of Harlem (WPH) interventions in order to improve screening rates and healthcare seeking behaviours | information |