

Putting marginalised voices at the centre of cervical cancer screening and prevention

THE BRIEF

Cervical cancer is the second most commonly diagnosed cancer amongst women in Bangladesh, with 8,000+ new cases reported in 2018. In response, Marie Stopes Bangladesh (MSB) implemented a GSK-funded project to provide cervical cancer screening & preventative treatment plus HPV vaccinations in Dhaka.

31% of ‘slum-dwelling’ women and 50% of sex workers screened were found to have precancerous cervical lesions. Of these, 3% of women were referred to tertiary facilities for higher level treatment and 97% were treated for cryotherapy, to freeze off lesions. This study aimed to understand how to better meet the needs of these clients with the aim of improving our services and increasing adherence to post-cryotherapy guidelines.

THE CHALLENGE

Overcoming barriers to safe services

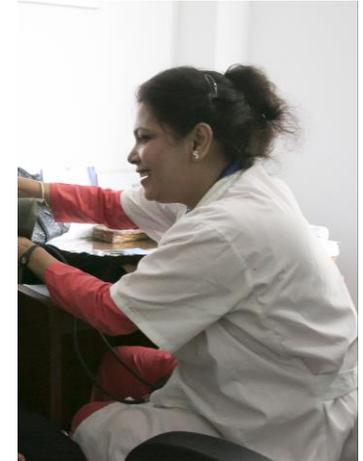
Across Dhaka, nearly 1,000 women were tested for precancerous cervical lesions. Women in poor areas of Dhaka, including sex workers and women living in slums, were found to be at particularly high risk, with a third of women living in slums and half of sex workers testing positive for lesions and receiving follow-up treatment, including cryotherapy. WHO guidelines state that to allow the cervix to heal, women should be abstinent for at least **4 weeks** following cryotherapy, or at least use condoms, but for many women, this is not feasible. We wanted to find out: **how can we make treatment as safe as possible for these clients?**

WHAT WE DID

Understanding our client experience

To better understand how our clients experienced our cervical cancer screening services including their motivations and barriers to accessing health services, we asked them directly. We wanted to know, would a period of abstinence be possible for sex workers, and for women living in slums whose husbands may not be understanding of their need for a period of abstinence?

To find out, between October - November 2018, we interviewed 47 clients who had been treated with cryotherapy to learn more about their experiences with the screening camps, their ability to adhere to the abstinence guidelines, their contraceptive preferences, and their approach to seeking and receiving care for Menstrual Regulation.



“Those who have money and wealth, they can follow these rules.

There are many people here who have support from their mother, sister or family. They can follow the rules without doing the work.” – client in Dhaka



WHAT WE FOUND

Centering marginalised voices

The women and girls we talked with shared that they valued the services and respectful providers, but were often fearful of the procedures involved, due to a lack of awareness of what to expect. Sex was a day-to-day occurrence for many women, either for their work or within their relationships, meaning abstinence and condom-use was challenging.

Our research showed that effective contraceptive use was rare. Both sex workers and women living in the slums predominantly use short-term methods, and discontinuation was high due to side effects. Concurrently, most participants reported at least one unintended pregnancy and use of menstrual regulation to manage pregnancy was extremely common and often unsafe.

Finally, several sex workers were unable to access sexual and reproductive health services, either due to concerns from brothel leaders about certain methods of contraception, rules around condom use or barriers at a service-provision level, including being turned away by providers due to prejudice. The clear lesson was the need to tailor sexual and reproductive health and rights programmes to ensure they are accessible to particularly marginalised women, many of whom face multiple levels of discrimination and stigma, and to put their needs and voices firmly at the centre of programme development.

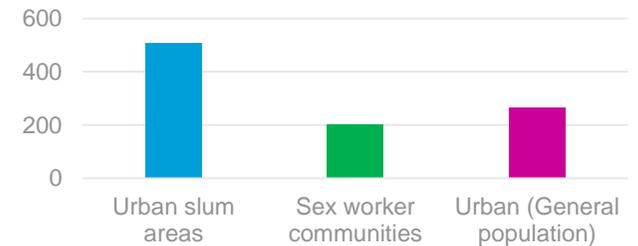
% of women testing positive for cervical lesions

Urban (General population) Urban slum areas Sex worker communities



■ Tested positive ■ Tested negative

Number of women tested for cervical lesions



WHAT THIS MEANS

How to deliver tailored programming

Based on the findings, we recommend that cryotherapy services are delivered with specific strategies in place for clients that face challenges in observing the abstinence period:

- Deliver community-based sessions and quality counselling to ensure clients and partners have a clear understanding of cervical cancer risks and what procedures involve.
- Ensure guidelines on abstinence and condoms are shared with clients, and involve partners in follow-up visits.
- Deliver Values Clarification for Action and Transformation training to providers, to ensure health services deliver non-judgmental care for all, including to sex workers.
- Tailor programmes to meet marginalized and high risk communities, e.g. by avoiding overtreatment, implementing single provider models, and partnering with community-based organisations and sex worker communities to support safe access to reproductive healthcare for all.
- Involve brothel leaders in the process to build awareness of cervical cancer risks and consider subsidising lost income.

Where can I find more information?

For more information on Marie Stopes International and the work that we do, please contact:

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