

Cleopatra White Polyclinic Pap Smear Project Report
SUNY Cortland

Author's note

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The Problem

Across the world, cancers such as breast, cervical, and ovarian cancer lead to hundreds of thousands of premature deaths amongst women. According to the American Cancer Society (2015), cervical cancer ranks fourth among all cancer deaths worldwide. Furthermore, as noted by the World Health Organization [WHO] (2013), cervical cancer is the second most common women's cancer, causing more than 270,000 deaths each year. Among these mortalities, more than 85% are in low and middle income countries, due to poor access to screening and treatment services (WHO, 2013). While greater income countries are successful in early detection of precancerous lesions, cervical cancer screening in most low and middle income countries is difficult to achieve. Technological developments, such as the Pap smear and Visual Inspection with Acetic Acid (VIA), are frequently used for screening in high income countries, whereas low and middle income countries often lack financial resources, have limited numbers of trained healthcare professionals, and face competing health care priorities and insufficient health systems (WHO, 2013). Thus, implementation of cervical cancer prevention and control programs in low and middle income countries is essential to decrease premature mortalities and improve the overall health of girls and women worldwide.

Although cervical cancer is amongst the top women's cancers, it is both preventable and treatable. According to the Belize Cancer Society [BCS] (2018), the simplest prevention activity against cervical cancer is for individuals to practice safe sex by using condoms and to limit their number of sexual partners. Furthermore, as noted by the Centers for Disease Control and Prevention [CDC] (2017b), cervical cancer is the easiest gynecologic cancer to prevent, through vaccinations, regular screening tests, and follow-up visits. Cervical cancer is caused by human papillomavirus (HPV), the most common viral infection of the reproductive tract, and is transmitted through sexual activity, such as vaginal, anal, or oral sex (CDC, 2017a). Although almost all sexually active individuals will be infected with HPV at some point in their lives, the majority of these infections do not cause any symptoms or diseases and will resolve naturally (WHO, 2013). Infection with specific strains of this infection, however, such as types 16 and 18, often lead to precancerous lesions, and if gone untreated, may result in cervical cancer (WHO, 2013). The CDC (2017a) recommends that all boys and girls ages 11-12 years should get vaccinated against HPV, and all women between the ages of 21 and 65 years should have routine

Pap smear tests for cell changes on the cervix (2017b). Therefore, it is important for sexually active women to take preventive approaches against HPV and cervical cancer.

For the Maternal-Child Health Clinic at Cleopatra White, the main focus is on disease prevention. Due to the greater number of trained professionals, the Pap smear is the preferred method of cervical cancer screening at CWPC, as opposed to VIA. As noted by Athinarayanan and Drinath (2016), regular Pap smear examinations can detect precancerous cells, allowing the patient to seek treatment according to the result. Generally, these precancerous changes develop slowly, and therefore, most cervical cancer cells can be prevented when discovered and treated early (Athinarayanan & Dirnath, 2016). In a study by Consul, Sharma, Gutch, Agrawal, Bansal, and Jain (2012), it was found that the sensitivity, or true positive rate, of Pap smear was 84.20%, and the specificity, or true negative rate, was 62.10%. Therefore, there are few false negatives of the Pap test, but a greater number of false positives, meaning that all abnormal results should have a follow-up examination. The BCS (2018) claims that “most women who are diagnosed with cervical cancer today have not had regular Pap smears, or they have not followed up on abnormal results” (para 2). In addition to unprotected sexual behaviors and lack of knowledge on preventative methods, poor economic status is often a risk factor of cervical cancer, due to the inability to afford regular Pap smear examinations (BCS, 201). If followed up and treated properly, however, precancerous conditions are completely curable.

The ICO Information Centre on HPV and Cancer (2017) states that for the Central America region as a whole, almost five percent of women in the general population are estimated to be afflicted with cervical HPV types 16 or 18, and 63.1% of invasive cervical cancers are attributed to these strains (ICO, 2017). Among women in Belize, cervical cancer ranks as the second most frequent cancer, and the most frequent cancer among women between the ages of 15 and 44 years of age. As of 2017, Belize had a population of 122,603 women ages 15 years and older who are at risk of developing cervical cancer (ICO, 2017). For the Central Health Region of Belize in 2017, the total number of Pap smears performed was 2,214, making up merely 13% of women of child-bearing age (I. Baptist PHN, personal communication, February 16, 2018). Of these Pap smears, 650 were for first-timers, while 1,807 were repeats. The target number of Pap smears for the Central Health Region as a whole is 16,000 (I. Baptist PHN, personal communication, February 16, 2018). Public Health Nurse I. Baptist noted the low coverage for

Pap smears in the region as a challenge that must be addressed in 2018 by increasing Pap smear campaigns in each of the health facilities (personal communication, February 16, 2018).

In regards to the Cleopatra White Polyclinic [CWPC] (2018), the number of Pap smear tests performed in the past three years has dramatically declined. As illustrated in *Table 1*, as of 2015, there were 365 total Pap smear tests performed, followed by 408 tests in 2016, and a total of 232 tests in 2017 (CWPC, 2018). The target number of Pap smears for CWPC is roughly 1,000 each year (A. Welcome, PHN, personal communication, March, 19, 2018); thus, the clinic has been well below the target goal for each of these years, and the problem has only gotten worse. Consistently, from 2015 to 2017, the majority of patients were between the ages of 26-35 or 36-45, and the fewest patients were either below the age of 19 or over the age of 55 years (CWPC, 2018).

Table 1: Pap Smear Trends 2015-2017

	Age						Unknown	Total
	<19	20-25	26-35	36-45	46-55	>55		
Pap smears 2015								
MCH	13	43	52	67	30	13	5	233
OPD	12	25	33	44	18	10	0	142
Total	25	68	85	111	48	23	5	365
Pap smears 2016								
MCH	7	31	40	28	16	6	5	133
OPD	36	37	75	66	24	37	0	275
Total	43	68	115	94	40	43	5	408
Pap smears 2017								
MCH	0	13	17	20	7	5	5	67
OPD	8	24	44	46	29	14	0	165
Total	8	37	61	66	36	19	5	232

(CWPC, 2018)

As noted by WHO (2013), “The core principle of a comprehensive approach to cervical cancer prevention and control is to act across the life course using the natural history of the disease to identify opportunities in relevant age groups, to deliver effective interventions” (p. 3). Furthermore, it is suggested that women targeted for screening may actually feel perfectly

healthy and believe there is no reason to visit health facilities (WHO, 2013). Currently in Belize, the targeted population for Pap smear examinations is women between the ages of 21 and 55 years. However, according to the ICO (2017), the range of median age at first sexual intercourse for women in Belize are 15.6 and 18.5 years. Since having sex at an early age is a common cause of cervical cancer (BCS, 2018), it is important for women to start routine Pap smear examinations as soon as they are sexually active. Thus, rather than focusing on women aged 21 to 55 years, the target population for this intervention will be all sexually active women who attend the Cleopatra White Polyclinic, specifically those who have never received a Pap smear examination or have not received a Pap smear examination during the past three years.

Data Collection

To determine the necessary intervention for the targeted population, a survey was administered to the women who attended Cleopatra White Polyclinic. The intervention was then designed in accordance to the needs of the target population. Data was collected via an in-person questionnaire by 220 women who attended the clinic, using a convenience sample. All women were allowed to participate in the questionnaire, regardless of age, ethnicity, or reason for attending CWPC. The data collection began on Tuesday, February 13th, and ended on Tuesday, February 20th, allowing for one week to gather data. This research helped to establish why or why not the women who attended Cleopatra White Polyclinic have received Pap smear examinations, thus impacting the design of the intervention based on the identified needs.

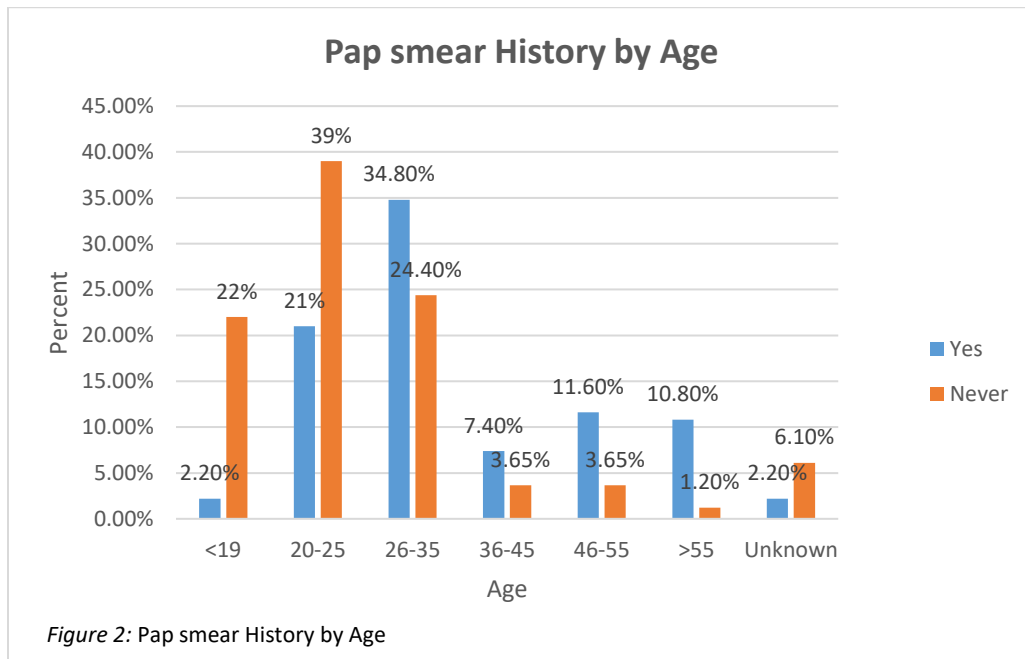
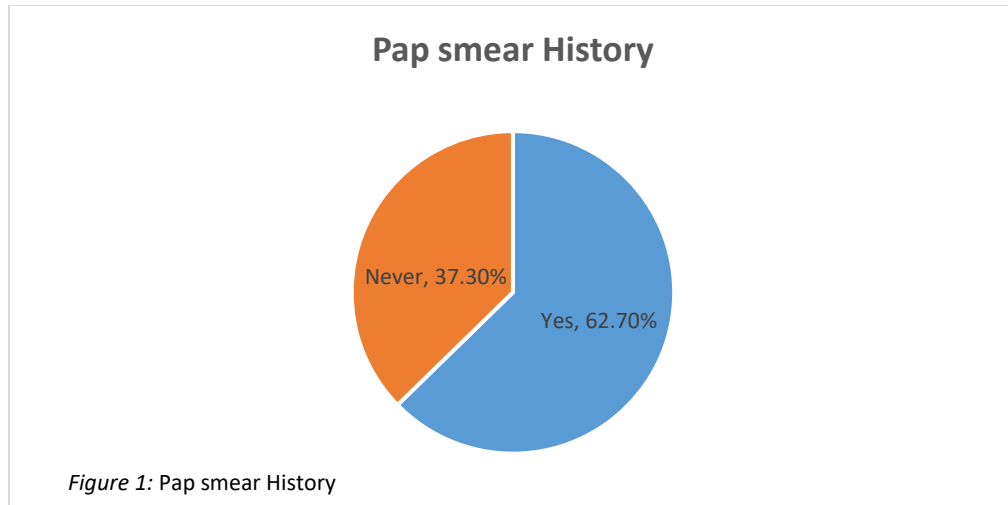
The information collected from participants was a combination of qualitative and quantitative data. Participants were asked a variety of qualitative questions about themselves, including whether or not they have received Pap smear tests, where they received their last Pap smear test, their main reasons for why or why not they have received Pap smear tests, and what would encourage them to receive Pap smear tests in the future. In addition, participants were asked quantitative questions such as their ages, the number of years they have been sexually active, and the number of years since their last Pap smear examinations. There were a total of 16 questions on the questionnaire, including five multiple choice questions, four dichotomous questions, four open-ended questions, and three checklist questions. In addition, following the questionnaire, women had the option to leave their names and phone numbers if they were

interested in being contacted to receive a Pap smear screening. A revised copy of this questionnaire can be found in the Appendix following this project report.

Data Results and Analysis

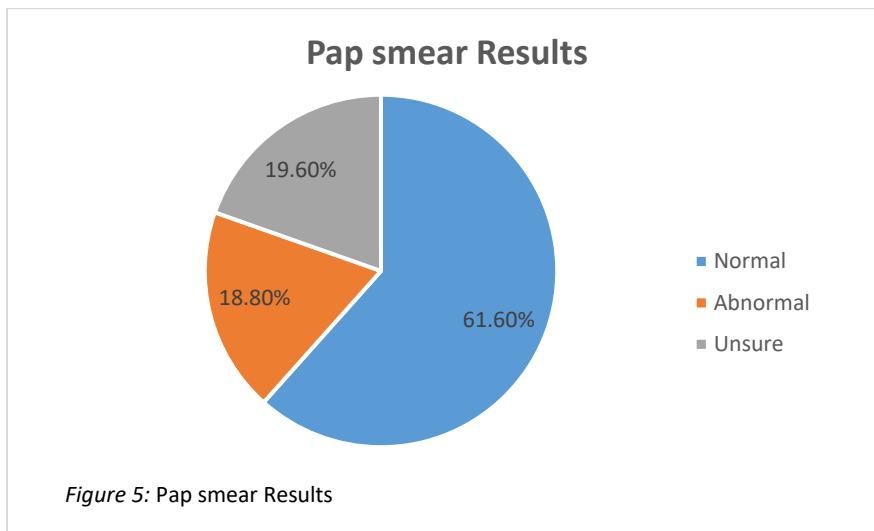
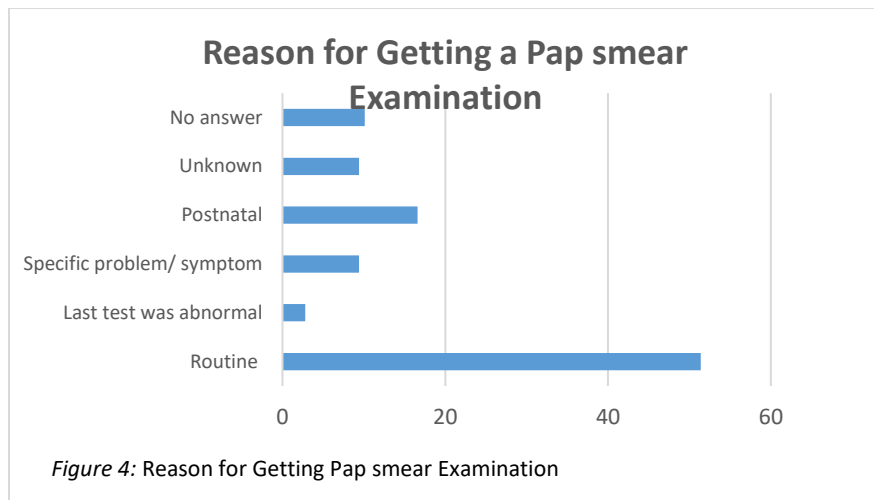
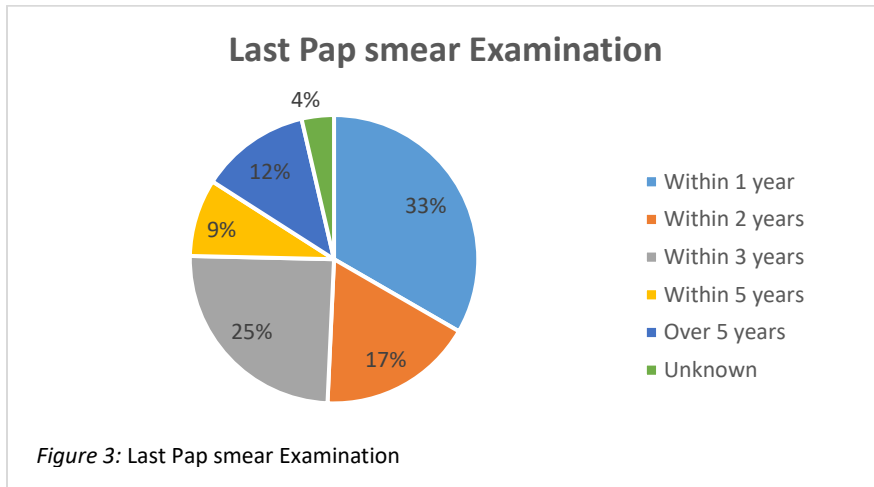
The data was analyzed through a variety of charts, graphs, and lists. First, the surveys were separated and counted regarding whether or not the participants have ever received a Pap smear examination. Next, a list was made of all the women who left their names and phone numbers to be contacted about receiving a Pap smear test. To respect the confidentiality of these women, the list of these names is not included in this project report. Women who have previously received a Pap test were further categorized by their age, whether they have ever received an abnormal Pap smear test, how long it has been since their last Pap smear test, where they received their last Pap smear test, and the main reason for receiving a Pap smear test. Women who have never received a Pap smear test were categorized by their age, when they expect to receive their next Pap smear test, as well as their main reasons for not receiving a Pap smear test. In addition, all surveys were evaluated for whether or not their doctor or healthcare providers have recommended a Pap smear test, when they expect to have their next Pap smear test, what would encourage them to get a Pap smear test, whether the offered examination times at CWPC are convenient for them, and what more information about Pap smear tests they would like to be provided. These data were made into bar graphs and pie charts and analyzed for the frequency of responses in order for key concerns to be prioritized during the intervention.

When asked the question, “Have you ever had a Pap smear test?” of the 220 participants, 138 women (62.7%) answered yes, they have gotten a Pap smear screening in the past, while 82 women (37.3%) answered no, they have never gotten a Pap smear. Therefore, as illustrated in *Figure 1*, more than one-third of participants have never gotten a Pap smear. Of the total number of participants, 118 women left their contact information to be reached for the Pap smear campaign. Nearly 40% (47 women) of the participants who left their contact information have never gotten a Pap smear. As shown in *Figure 2*, of the participants who have gotten a Pap smear, 84.7% were between the ages of 20 and 55 years, the target population for Pap smear examinations. The average age of the questionnaire participants who answered yes was 36 years, and the majority of these participants (71 persons) have been having sex for ten years or more.

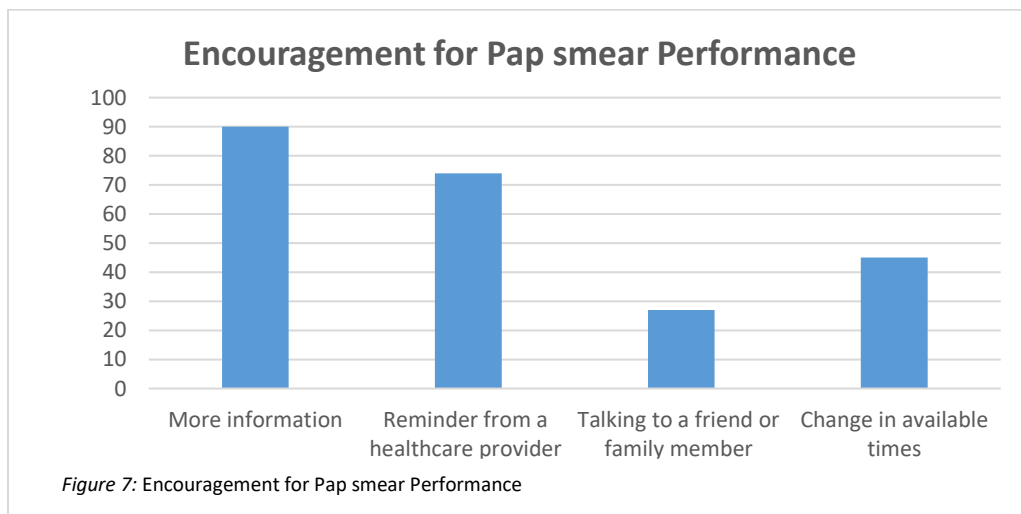
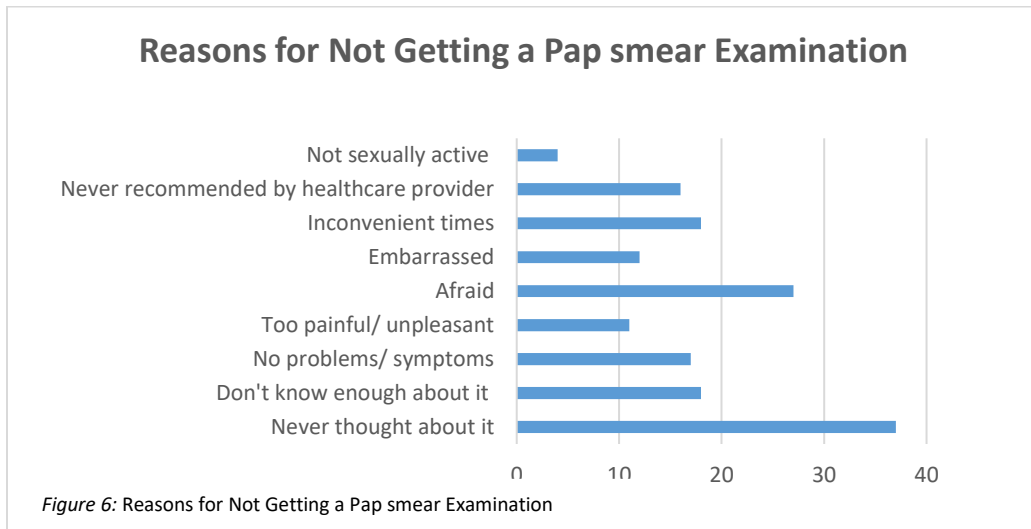


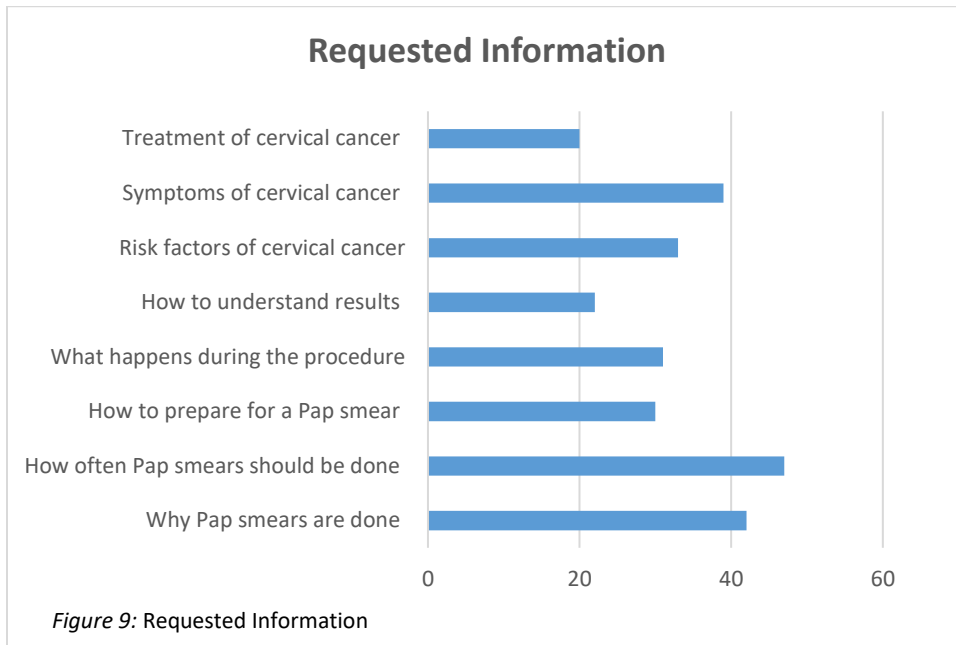
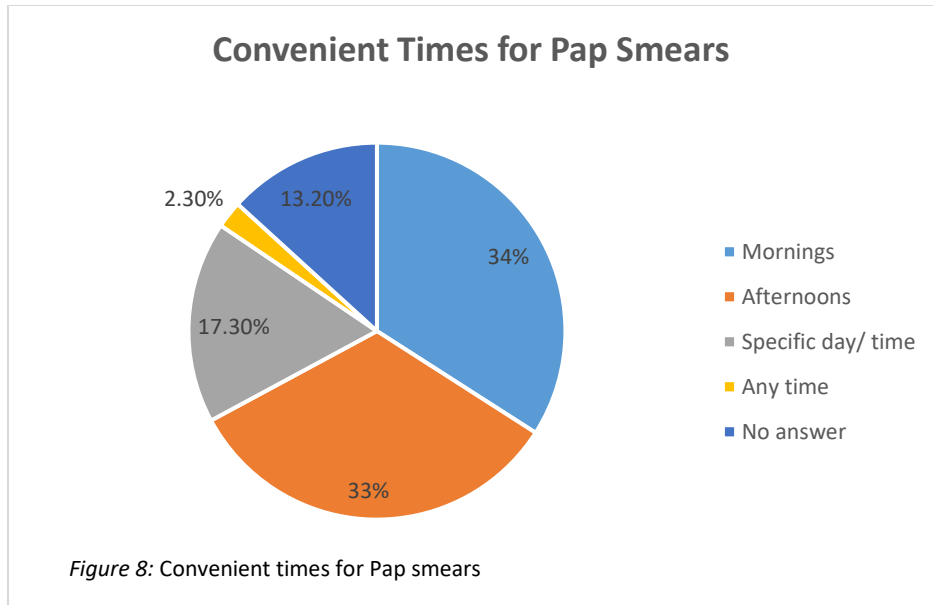
Three-fourths of the women who have gotten a Pap smear have gotten screened within the past three years, while the remaining one-fourth of women had not gotten screened in three years or more, as demonstrated in *Figure 3*. As shown in *Figure 4*, of the participants who answered yes, the majority of participants noted that their main reason for getting a Pap smear was because it was a routine Pap test. Only 30.4% of these participants have gotten screened at CWPC, while others received their screenings at Matron Roberts Clinic, Belize Family Life Association, Belize Cancer Society, or at a variety of private clinics. Furthermore, *Figure 5* illustrates that out of the participants who have gotten a Pap smear, 18.8% said they have gotten an abnormal Pap smear, 61.6% said they have never gotten an abnormal Pap smear, and 19.6% of women said they were

unsure. Although it was not a specific question, some women noted on their surveys that they were currently waiting for Pap smear results.



Of the women who have never gotten a Pap smear, 70.7% were between the ages of 20 and 55 years, the target population for Pap smear examinations, as shown in *Figure 2*. The average age of participants who answered no was 25 years, and the majority of these participants have been sexually active for one to three years. Of these same participants, 24% said that they expect to get a screening within the next 12 months, while 21% noted that they are not planning on getting a Pap smear. When asked the main reasons for not getting a Pap smear, the most common responses were that they never thought about it, they were afraid, they do not know enough about it, the times are inconvenient, they have never experienced any abnormal symptoms or problems, and it has never been recommended by a healthcare provider, as demonstrated in *Figure 6*. Over half (55%) of participants answered that their doctor or healthcare provider has not recommended a Pap smear in the past 12 months.





When asked “What would encourage you to get a Pap smear test?” 90 participants answered more information regarding Pap smear tests, and 74 participants said that a reminder from their doctor or healthcare provider would encourage them to get screened, as shown in *Figure 7*. When asked when a convenient time to receive a Pap smear test is, roughly one-third of participants said that they prefer mornings, while another one-third stated that they prefer afternoons. The remaining participants either did not answer, said that any time is convenient, or wrote in a specific day or time, as shown in *Figure 8*. In addition, *Figure 9* illustrates that the

most common responses for “What more information about Pap smear tests/ cervical cancer would you like to receive?” were: why Pap smears are done; how often Pap smears should be done; symptoms of cervical cancer; risk factors of cervical cancer; and what happens during the procedure.

Discussion of Results

Based on these results, it can be concluded that the main reasoning for the lack of Pap smear screenings at Cleopatra White Polyclinic is due to women’s lack of knowledge and awareness on the topic. Since over half of the participants have stated that their healthcare provider has not recommended a Pap smear screening within the past 12 months, it is likely that receiving a Pap smear test has never crossed their minds. Correspondingly, many women stated that they have not received a Pap smear because they have never had any abnormal problems or symptoms. This demonstrates that more health education regarding Pap smear examinations needs to be done. Furthermore, since the average age of women who have received a Pap smear was greater than that of women who have never received a Pap smear, and the length of sexual activity is longer, it can be concluded that women generally wait until they are older to receive their first screening, rather than when they first become sexually active. It is likely that the reason women may be afraid of the procedure is because they do not know enough about it

There were limitations to this data collection in that not everyone who participated in the questionnaire fully answered each of the questions. Since women were given the option to stop at any time, not every participant completed the entire survey. Therefore, the results of the questionnaire included more “no answers” than anticipated. In addition, during the week long data collection, there were roughly 30 women who declined participation in this research. If these women had chosen to participate, the results of the questionnaire would have been altered. Due to the convenience sampling of women who entered CWPC, the results are a representation of the 220 women who agreed to participate, rather than the total female population of CWPC patients.

Intervention

The purpose of the intervention was to increase the number of Pap smear tests performed for sexually active women at Cleopatra White Polyclinic. Women who left their names and

phone numbers at the end of the survey were contacted for a Pap smear screening campaign held at Cleopatra White Polyclinic. In addition, a flyer advertising the campaign was administered throughout CWPC in both English and Spanish languages. The dates of the campaign were Friday, March 9th and Wednesday, March 12th. During the campaign, Pap smear screening tests were provided to the women of the community free of charge. Women who have never received a Pap smear were prioritized during the campaign, followed by those who have ever received an abnormal Pap smear, and those who have not received a Pap smear in over three years. In addition, nurses and health educators were present to spread awareness of cervical cancer and to answer any questions from the participants. The health education intervention held by Cleopatra White Polyclinic included information regarding a general overview of cervical cancer, including its complications, risk factors, how it can be prevented, cervical cancer screening methods—with emphasis on the Pap smear—and options for treatment. Furthermore, the intervention included information regarding how often a Pap smear test should be performed, how to prepare for a Pap smear test, what happens during the procedure, and how to understand Pap smear results. This information was provided to women via a promotional brochure, as well as through health talks done at the clinic.

As noted by Canada Newswire (2011), the purpose of a Pap test campaign is to make it as convincing and convenient as possible for women to get tested and thus, reduce the incidence of cervical cancer. The few minutes required for a Pap smear exam could potentially prevent countless hours in the treatments, pain and suffering caused by cervical cancer. According to Foley, Rauh-Hain, Clark, DiTavi, and Carmen (2015), creating a program based on the particular characteristics of a sampled community may effectively alter how information is delivered, processed, and fulfilled for many different populations. Since it was found that the women at Cleopatra White were not receiving Pap smears primarily because they did not know enough about it, they were afraid, the times were inconvenient, they never had any problems or symptoms, and it has never been recommended by their healthcare providers, the intervention was planned according to these needs. Theory-based health education was provided in order to change the women's knowledge, attitude, and practice of Pap smear screening. The theory of planned behavior (TPB), as noted by the National Institutes of Health [NIH] (2005), looks at the relationship between behavior and beliefs, attitudes, and intentions. According to the model, a person's behavioral intention is influenced by his or her attitude toward the behavior, as well as

the beliefs, or subjective norms, about the behavior (NIH, 2005). In addition, Azjen and Driver (1991) claim that people may be more inclined to perform a behavior if they believe they have control over it.

Based on the survey, it was found that the poor level of Pap smear screening practice was largely due to lack of awareness, poor attitudes about the test, and the lack of perceived control regarding the procedure. Thus, the health education campaign at CWPC was targeted at the participants' beliefs to influence intention. In addition, women were reminded that the Pap smear examination is simple, fast, and painless, in order to increase perceived behavioral control. According to a study by Adamu, Abiola, and Ibrahim (2012), the mean scores of both women's knowledge and attitudes towards Pap smear examinations significantly increased following a health education intervention. Likewise, Pap smear service utilization, HPV vaccination acceptance, and accepting attitudes towards cervical cancer significantly differed after an educational intervention, in a study by Foley et al. (2015). During the intervention, all men and women present were encouraged to talk to their wives, mothers, sisters, daughters, or any other women in their lives about getting a Pap smear screening. By doing so, the health-education campaign also targeted subjective norms, in addition to beliefs about the behavior.

Since more than half of the participants noted that a Pap smear screening has not been recommended by their health care providers, all health care providers at Cleopatra White—including nurses, doctors, patient care assistants, and interns—were reminded to inform all female patients to partake in routine Pap smear tests. According to the communication theory (NIH, 2005), health communication can not only raise knowledge and awareness of a health issue, but may increase support for services and prompt action, amongst others. Therefore, this simple recommendation from a healthcare provider may greatly encourage women to take action in the future.

The Cleopatra White Polyclinic offers Pap smear tests Monday through Friday from 1:00PM until 3:30PM. During the questionnaire, women were asked if the existing screening times were convenient for them. An additional question asked what times were more appropriate— mornings, afternoons, or a specific day or time. Since 34% of the participants noted that mornings were more convenient to get tested, and another 33% noted that afternoons were more convenient, the Pap smear campaign was held from 8:00AM until 3:30PM. By doing

so, two-thirds of the participants had the opportunity to come in at a time that worked for them, allowing for a higher degree of control over performing the behavior. The women who suggested a specific day or time would be most convenient were then contacted to accommodate an appointment, if they left their names and phone numbers.

A total of 48 women participated in the intervention. This was much lower than the expected number of 78 attendees who said they would be present. Of these 48 women, 21 were original participants of the questionnaire who had left their contact information, while the remaining 27 were recruited via the Pap smear advertisement flyer, or by word of mouth. The majority of women (41 persons) were between the ages of 20 and 55 years old, while one woman was under the age of 20, and six women were above the age of 55 years. Of the total participants, 34 (71%) of these women were receiving a Pap smear for the first time.

As a community health intern, my role was a combination of collecting and analyzing data, as well as to help develop and implement the intervention. Based on the needs provided by women in the questionnaire, I designed an educational brochure and health talk that was given at Cleopatra White Polyclinic. Here, the women's responses to, "What more information about Pap smear tests/ cervical cancer would you like to receive?" were prioritized. In addition, I contacted the women who noted they were interested, reminded women who attended the clinic to come in for a Pap smear screening, and designed the advertisement flyers administered in the clinic. Throughout the Pap smear campaign, I was present to provide knowledge and to answer any questions from the women in attendance. By doing so, I was directly involved in all aspects of the intervention.

Discussion of the Intervention

Roughly ten percent of the original 220 participants of the questionnaire participated in the free Pap smear campaign. Based on the results of the survey, it can be assumed that women chose not to attend the intervention because they were afraid, they did not have any abnormal problems or symptoms, the times of the campaign were inconvenient, or they have already scheduled a routine Pap smear. As mentioned, there were 78 women scheduled to attend the campaign; however, only 48 were able to receive a Pap smear. Between the two dates, ten additional women came to CWPC for a Pap smear but were unable to get screened because they were menstruating. Following the campaign date of March 9th, women who were scheduled to

attend the March 14th date were contacted and reminded to come and get screened on a later date if they were menstruating. However, some women who were menstruating reported to the clinic anyway and were kindly asked to return at a later date. To make up for the lack of attendees, more health education regarding cervical cancer screening was done, and will continue to be done at CWPC.

Prior to the Pap smear campaign, women were told that they would be able to receive their Pap smear results within one week of the screening. Unfortunately, due to complications between CWPC and the Central Health Region Medical Laboratory, women have not yet received their results. This was, and is currently, the greatest problem concerning the intervention, considering that participants were promised early access to their results. The faculty at CWPC have apologized to the participants for the inconvenience; however, the promptness of the results is now out of the clinic's control and resides among the laboratory technicians.

Recommendations

In order to further increase the number of cervical cancer screenings performed at Cleopatra White Polyclinic, additional health education and awareness regarding the Pap smear procedure needs to be done. This education should be continued through monthly health talks performed at the clinic and available educational pamphlets regarding the Pap smear. In addition, the VIA screening method should be more publicized at CWPC and trained staff members should be readily available when necessary. It is especially important for women to know that these screening methods are simple, fast, and painless, and could potentially save up to years of treatment, in order to target those women who are afraid. It is recommended that the staff at CWPC continue to campaign and spread knowledge on cervical cancer screenings.

Yet, more than educational brochures, health talks, and flyers advertising screening methods, it is especially important for all healthcare providers to recommend screening services, such as the Pap smear and VIA, to all female patients at CWPC, despite the women's age, race, ethnicity, or reason for attending the clinic. As mentioned, nearly one-third of the participants of the questionnaire noted that a reminder from their doctors or healthcare providers would encourage them to get screened; therefore, healthcare providers must take action and take advantage of their influence. Furthermore, during the Pap smear health talks, all persons who

attend the clinic, regardless of gender, should be encouraged to talk to their loved ones about getting screened for cervical cancer.

In the future, there should be better communication between CWPC and the Central Health Region Medical Laboratory regarding the timeliness of results. It is likely that another core reason for the lack of Pap smears is due to the long waiting period between the screening test and the retrieval of results. If women are promised their results in a week's time, it is not acceptable for them to still be waiting for their results almost two months later. This is a poor reflection of the clinic's work, and may discourage women to get screened in the future.

Reflections

I feel that my direct involvement in the intervention not only contributed to my professional development in regards to my leadership, communication skills, cultural competence, and ability to work as a team member, but has benefitted me personally, as well. Taking part in this intervention has allowed me to express my patients, kindness, and compassion for helping others. Through this intervention, I have helped increase the number of Pap smears performed at CWPC for the month of March, and I hope this will continue into the future. This has, and will further benefit the agency in terms of the health and well-being of its patients. I have found this experience especially rewarding in that I know I am helping to make a difference in the quality of life of Belizean women.

For me, I found that the most challenging part of this project was convincing women to attend the campaign. I had definitely underestimated the amount of effort that goes into planning an intervention. I felt that I was constantly bothering the women at the clinic, and at first, I was afraid of rejection. However, since I knew it was for a good cause, I did not let this fear stop me. At the least, I am very proud of the cervical cancer awareness I was able to spread and the data I gathered from the 220 survey participants. Although I was originally discouraged with the lack of attendees for my campaign, I realized that through this intervention, I was able to recruit 48 women to receive Pap smears in just two days, which is roughly one-fifth of the clinic's total number of Pap smears in 2017. The effectiveness of this intervention will be evaluated through CWPC's 2018 yearly report. Although this report will not take place until after the completion of fieldwork, I plan to stay informed on the success of this project.

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Appendix

INFORMED CONSENT INFORMATION

You are being asked to participate in a research study that will help us learn why or why not women at Cleopatra White Polyclinic are receiving Pap smear tests. During a Pap smear examination, the health care provider uses a plastic or metal instrument to widen the vagina in order to examine the cervix. The cells are then placed on a slide and sent to a laboratory to determine whether the cells are normal or precancerous (Centers for Disease Control and Prevention, 2017). The purpose of this study is to find out how we can increase the number of Pap smear tests being performed. If you choose to participate, you will be asked to answer a few questions about yourself including whether or not you have received a Pap smear test, how long it has been since your last Pap smear test, your main reason for why/ why not you have received a Pap smear test, and what would encourage you to receive a Pap smear test. Answering questions should not pose any risk to you and all of your information shall remain confidential. Participation is completely voluntary and you may choose to stop at any time. Your decision to participate will not affect your relationship with Cleopatra White Polyclinic. Thank you for your time!

Would you like to participate in this survey?

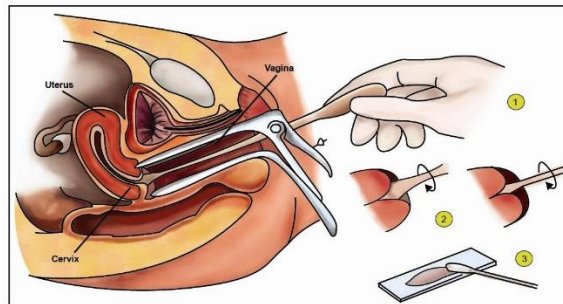
- Yes
- No

Are you at least 18 years of age?

- Yes
- No

Instructions: Please fill out each question to the best of your ability

1. What is your age? _____
2. What is your ethnicity? (Select one or more responses)
 - Asian
 - Creole
 - East Indian
 - Garifuna
 - Maya
 - Mennonite
 - Mestizo
 - Other
3. How much school do you have?
 - Primary
 - Secondary
 - Tertiary
 - Other _____
4. How long have you been sexually active (vaginal, anal, or oral sex)?
 - 1-3 years
 - 4-6 years
 - 7-10 years
 - 10+ years
 - I am not sexually active
5. A Pap smear is a test of cancer of the cervix. Have you ever had a Pap smear test (shown below)?



- Yes
 - No (Skip to question #10)
6. Have you ever had an abnormal Pap smear test?
 - Yes
 - No

7. How long has it been since your last Pap smear test?
- Within one year
 - Within two years
 - Within three years
 - Within five years
 - More than five years
 - I don't know
8. Where did you receive your last Pap smear examination?
- Cleopatra White Polyclinic (CWPC)
 - Belize Family Life Association (BFLA)
 - Belize Cancer Society (BCS)
 - Matron Roberts Clinic (MRC)
 - Other _____.
 - I don't know
9. What was the main reason that you had your last Pap smear test? (Select all that apply)
- Routine Pap test
 - Last Pap test was abnormal
 - Specific problem/ symptom
 - Follow up to birth/ Postnatal
 - I don't know
 - I have never gotten a Pap smear test
10. What is your main reason for not receiving a Pap smear test? (Select all that apply)
- I have never thought about it
 - I do not know enough about it
 - I have never had any abnormal symptoms/ problems
 - It is too painful/ unpleasant
 - I am afraid
 - I am too embarrassed
 - The available times are not convenient
 - My healthcare provider has never recommended it
 - I am not sexually active
11. In the past 12 months, has your doctor or healthcare provider recommended a Pap smear test?
- Yes
 - No
12. When do you expect to have your next Pap smear test?
- Within the next 12 months
 - More than 1 year, but less than 3
 - More than 3 years, but less than 5
 - Over 5 years from now
 - Only if I have abnormal symptoms
 - When it is recommended by my doctor or healthcare provider
 - I am not planning to get a Pap smear test

13. What would encourage you to get a Pap smear test? (Select all that apply)
- More information about Pap smear tests
 - A reminder from my doctor or healthcare provider
 - A friend or family member telling me about Pap smear tests
 - A change in the available times to receive a Pap smear test
14. Cleopatra White Polyclinic currently offers Pap smear examinations Monday through Friday from 1:00PM-4:00PM. Are these times convenient for you?
- Yes
 - No
15. When is a convenient time for you to get a Pap smear test?
- Mornings (8:00AM-12:00PM)
 - Afternoons (1:00PM-4:00PM)
 - Specific day/ time: _____
16. What more information about Pap smear tests/cervical cancer would you like to receive? (Select all that apply)
- Why Pap smear tests are done
 - How often Pap smear tests should be performed
 - How to prepare for a Pap smear test
 - What happens during the procedure
 - How to understand Pap smear test results
 - Risk factors of cervical cancer
 - Symptoms of cervical cancer
 - Treatment for cervical cancer

Thank you for participating in our research survey.

Optional:

1. Are you interested in doing a Pap smear test?
 - A. Yes
 - B. No

2. If yes, please provide your name and phone number.
 - A. Name: _____

 - B. Phone Number: _____