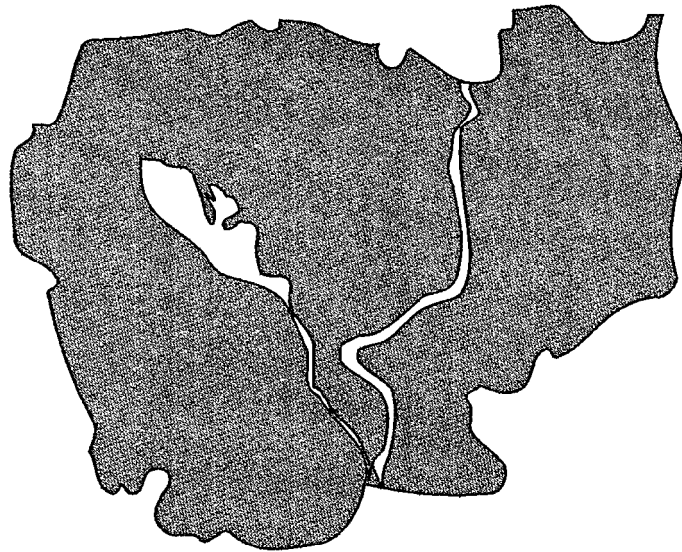


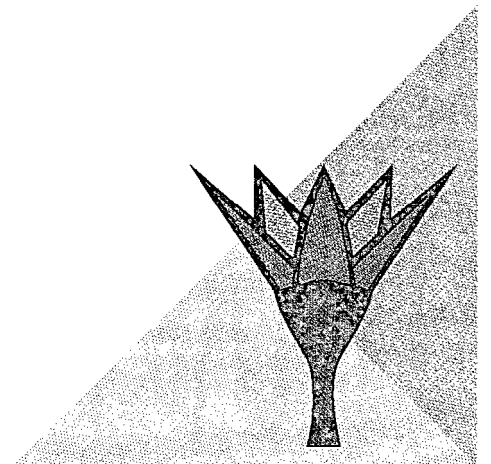


Cambodian Women's Health Project

Outreach Worker Manual



January, 1998



CERVICAL CANCER

Key Facts about Cervical Cancer

- Worldwide, cervical cancer is the second most common cause of cancer mortality among women.
- Studies from Vietnam, Thailand, and elsewhere show that cervical cancer is a major contributor to mortality among Southeast Asian women.
- Every year, 16,000 American women are diagnosed with invasive cervical cancer.
- There are 50,000 new cases of in situ cervical cancer each year in the U.S.
- If left untreated, a substantial number of in situ cases develop into invasive malignancies.
- **Southeast Asian women have a higher incidence of cervical cancer than any other group in the U.S.**

Known and Probable Risk Factors for Cervical Cancer

- Exposure to the human papilloma virus (HPV)
- History of sexually transmitted diseases
- Early age at first sexual intercourse
- Multiple sexual partners (or a male partner with multiple partners)
- Smoking (or exposure to passive smoke)
- **Lack of regular Pap testing**

Natural History of Cervical Cancer

- Usually, there is a long period between the time when abnormal changes first occur in the cervix and the development of invasive cervical cancer.
- Early abnormal changes are known as dysplasia.
- In situ cervical cancer (malignant cells are present, but confined to the surface of the cervix) follows dysplasia.
- Invasive cervical cancer occurs when malignant cells “break through” the surface of the cervix into deep tissue.

QUALITATIVE DATA FINDINGS

The Cambodian Women's Health Project talked to about 40 Cambodian women about cervical cancer and Pap testing. These interviews indicated that barriers to Pap testing include:

- Belief that life is a matter of karma or fate (a woman's destiny cannot be changed).
- Perception that Cambodian women do not get cervical cancer.
- Belief that Pap testing is unnecessary if sor sai kjai has been observed (because this protects a woman from cervical disease).
- Fear of cancer (perceived as incurable).
- Fear of surgery (particularly hysterectomy).
- Lack of understanding about the value of early detection.
- Lack of familiarity with the Pap test.
- Belief that screening is unnecessary (particularly if asymptomatic, older, post-menopausal, or not sexually active).
- Concern about embarrassment in association with gynecologic exams.
- Concern about pain and discomfort in association with Pap testing.
- Concern about the cost of Pap testing.
- Lack of female physicians.
- Lack of interpreter services (particularly female interpreters).
- Problems scheduling clinic appointments (because of inability to speak English).
- Transportation problems.
- Childcare problems.

The women who participated in the interviews also reported the following Pap testing facilitators:

- Physician recommendation.
- Support of family and friends.
- Belief that Pap testing may help women live longer (so they can continue to care of their families).

TRADITIONAL CAMBODIAN REPRODUCTIVE HEALTH MODEL

Background Information

Women from rural Cambodia have had little exposure to western health models, and maintain an intricate set of ideas and practices that determine much of their health behavior. The model begins for females at birth, when they inherit a certain type of womb from their mother. The name for the type of womb varies from region to region but is generally a descriptive term describing size and location of the womb. These features have implications for the probability of prolapse and difficulty with labor. During infancy, they are treated in ways that may affect their long-term gynecologic health. The critical period, however, is following the first pregnancy and delivery. During this post-partum period the midwife (Kru Chmop) tells the woman what kind of womb she has, and how that will influence her future reproductive health. Small, light wombs make it difficult to have babies, but mean that tleak sboan (roughly translated as uterine prolapse) is less likely. In contrast, a large, heavy womb may make delivery easier, but is also subject to prolapse. Sboan (womb) care during the post-partum period is critical for long term gynecologic health. By observing sor sai kjai (the correct post-partum observances), a woman enhances her reproductive health and decreases the likelihood of subsequent difficulties.

Sor sai kjai lasts three to six months after the delivery of each child. During this time, the woman is regenerating “new veins.” Women must avoid certain foods, heavy labor, sexual intercourse, and cold inducing activity. They must rest, heat their wombs with herbs, and use heavy warm compresses to restore the “heat” they lost in delivery. They must also get massage, if possible, to restore the womb to its original position. If these activities and dietary prescriptions are not properly observed then women are at risk of having tos of various types. Tos roughly translates as “going against or fighting with.” There are several types: tos chamneh (if one violates the taboo concerning sexual intercourse), tos damneh (if one violates the taboo against work), and tos sor sai (if one violates dietary taboos). The sequelae are long lasting and potentially severe.

Conditions potentially resulting from an interaction between sboan type and observance of sor sai kjai include roliak sboan and sboan toum. Roliak sboan is an inflammatory state that often accompanies tleak sboan (uterine prolapse). Tleak sboan is the result of an incremental process that begins with loan sboan (noisy uterus) and progresses to srod sboan, and finally tleak sboan. Once prolapsed, the sboan can become inflamed; the combination of inflammation and prolapse is felt to represent a dangerous and fatal condition called sboan toum (over-ripe uterus).

Concerns about uterine discharge, sexually transmitted diseases, inflammation, and poor health generally resonate around these core concepts. The implications for cervical cancer control interventions are as follows:

- Cervical cancer is not part of the traditional model and has no obvious place (with the exception of roliak sboan, perhaps) in Cambodian women’s thinking about gynecologic health.