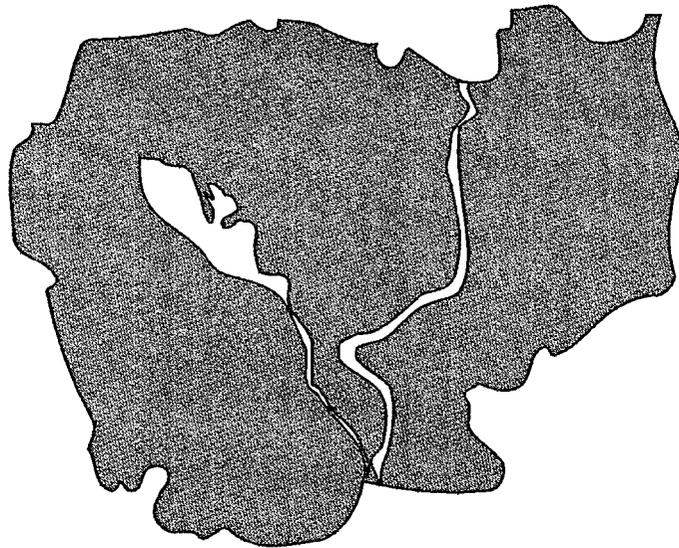


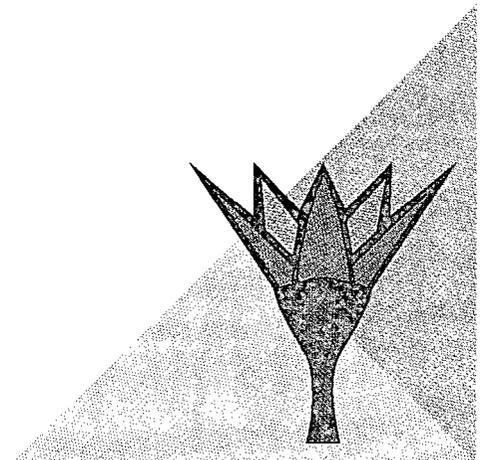


Cambodian Women's Health Project

Outreach Worker Manual



January, 1998



The Cambodian Women's Health Project

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This manual provides background information that can be used by the outreach workers for the Cambodian Women's Health Project. The outreach workers' role is to enhance awareness about cervical cancer and increase the use of Pap testing.

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PROJECT OVERVIEW

Increasing the regular use of Pap testing by underserved populations has been identified as a national research priority. Southeast Asian immigrants to the United States have high rates of invasive cervical cancer and demonstrate low use of Pap testing compared to other groups. However, there is little information concerning the control of cancer in Southeast Asian populations.

Harborview Medical Center and Fred Hutchinson Cancer Research Center are working together on the Cambodian Women's Health Project. The overall goal of this project is to increase the use of Pap testing by women from Cambodia.

The project emphasizes community involvement with bilingual, bicultural outreach workers delivering the intervention program. Components include home visits and small group meetings. Women will be asked to watch a video on Pap testing, and encouraged to obtain screening at a local clinic. Additionally, assistance with clinic appointment scheduling and medical interpretation will be provided, as necessary.

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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.

PAP TESTING

Key Facts about Cervical Cancer Screening

- Cervical cancer is 99% curable when found at its earliest stage (in situ).
- The five-year survival rate is almost 90% for women with localized invasive cervical cancer, but is considerably lower (about 40%) when regional or distant disease is present.
- Since Pap testing was first introduced in 1946, the overall mortality from cervical cancer has decreased dramatically.
- Some groups in the U.S. have not experienced a decrease in cervical cancer mortality because they have low rates of Pap testing.
- **Cambodian women have lower rates of Pap testing than any other group in the U.S.**

The Pap Test

The Pap test is a simple, painless procedure to detect abnormal changes in and around the cervix. Cells on the surface of the cervix are sometimes abnormal, but not yet cancerous. However, these abnormal changes often become cancerous over time. With regular Pap testing, abnormal changes that lead to cancer can be detected and treated before cancer actually develops. That way, most in situ and invasive cancers can be prevented. Also, any cancer that does occur (and is detected through Pap testing) is more likely to be found at an early curable stage.

Pap testing must be done in a health clinic. During a Pap test, the doctor slides a speculum into the vagina and uses a small brush and/or wooden scraper to take a few cells from the cervix. These cells are smeared on a glass slide and sent to a laboratory for analysis. Results are usually available in a couple of weeks.

Pelvic Exams and Cultures

Sometimes women confuse pelvic exams and cultures with Pap testing. In a **pelvic exam**, the doctor checks the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum. The doctor feels these organs for any abnormality in their shape or size. A speculum is used to widen the vagina so that the doctor can see the upper part of the vagina and the cervix. **Cultures** are tests that are performed when a woman is experiencing symptoms like vaginal itching or discharge. During a pelvic exam, a doctor may do a culture by using a swab to wipe secretions from the cervix and vagina.

Preparation for Pap Testing

Women who are going to have a Pap test should be given the following instructions:

- Do not put anything in the vagina for two days before the exam (no sexual intercourse, tampons, diaphragms, vaginal creams, or douches).
- Do not schedule your clinic appointment during a menstrual period.

Women may also be given the following explanation:

- In the clinic, you will go to an exam room and put on a gown. You will lie down on the exam table with a sheet over your legs and stomach. With your knees relaxed to the sides, you will put your feet up in holders called stirrups.

Pap Testing Guidelines

Current Pap testing guidelines specify:

- Pap testing should be performed every year until three or more annual Pap tests have been normal, and then can be performed less frequently (for low risk women) if recommended by a doctor.
- All women over 18 need regular Pap testing.
- Women who have had a hysterectomy should ask their doctor whether a Pap test is necessary.

However, the following facts should be noted:

- In Seattle, most doctors prefer to perform Pap tests annually for all women (because they do not know who has risk factors, and often do not have access to previous Pap test results).
- Because Southeast Asian women have high cervical cancer rates, all Cambodian women should be considered at high risk.
- It may not be culturally acceptable to recommend Pap testing for young Cambodian women who have never been sexually active.

Payment for Pap Tests

- Medicare pays for Pap tests every three years (and more frequently if recommended by a doctor).
- The Washington State Medicaid system reimburses for Pap tests.
- The State Basic Health Plan covers Pap testing.
- Most commercial insurance companies pay for Pap tests.
- Most health maintenance organizations provide Pap testing as a benefit of coverage.

TREATMENT ISSUES

Pap Test Results

Pap tests are classified according to the Bethesda System. Results fall into one of the following categories:

Result	Definition	Action
Within normal limits	No abnormal cells found	None, continue yearly Pap tests
Unsatisfactory	Slide cannot be read	Repeat Pap test
Benign cellular changes	Normal cell repair due to infection or inflammation	Repeat Pap test in 6-12 months
Atypia	Minor cell changes	Repeat Pap test in 3-6 months (may have colposcopy if persists)
Low grade changes	HPV, mild dysplasia	Varies, may include colposcopy
High grade changes	Moderate dysplasia, severe dysplasia, cancer in situ	Varies, will include colposcopy with biopsies
Invasive cancer	Invasive cancer	Varies, will usually include surgery

Precancerous or High Grade Changes

Women with precancerous or high grade changes usually have a **colposcopy**. This is a procedure used to check the cervix for abnormal areas. The doctor applies a vinegar-like solution to the cervix and then uses an instrument much like a microscope to look closely at the cervix. He/she may then coat the cervix with an iodine solution. Healthy cells turn brown; abnormal cells turn white or yellow. Colposcopy is usually done at a health clinic.

A **biopsy** is done to remove tissue for examination. Biopsies are used to diagnose as well as treat some precancerous and high grade changes. Various types of cervical biopsies are done depending on the area and tissue involved. These include the loop electrosurgical excision procedure, endocervical curettage, and conization. Biopsies may be done in the health clinic using local anesthesia. These procedures for removing tissue may cause some bleeding or other discharge. However, healing usually occurs quickly. Women also often experience some pain similar to menstrual cramping; this discomfort can be relieved with over-the-counter medicines.

Invasive Cervical Cancer

Most often, treatment for invasive cervical cancer involves surgery and radiation therapy. Sometimes, chemotherapy is also used. The choice of treatment for cervical cancer depends on tumor location, tumor size, and the extent of disease as well as a woman's age and general health.

Surgery usually involves a hysterectomy (removal of the uterus). This is major surgery that requires a hospital stay. Women who have their uterus removed no longer have menstrual periods. Normal activities can usually resume four to eight weeks after surgery.

Radiation therapy involves high-energy rays that damage cancer cells and stop them from growing. By using a large machine, radiation can be used in such a way that it only affects the cancer cells. A woman having radiation therapy goes to the hospital each day. Treatments are given five days a week for five to six weeks.

Chemotherapy involves the use of drugs to kill cancer cells. It is most often used when cervical cancer has spread to other parts of the body. Chemotherapy is given in cycles; a treatment period followed by a rest period. Most patients have chemotherapy as an outpatient at a hospital or special clinic.

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.

- If a woman's principal concern is roliak sboan, tleak sboan, and sboan toum (and she has no symptoms of these), she may not see the point of having Pap tests.
- If a woman has a good kind of womb, has observed sor sai kjai appropriately, and is in good health, she may well feel that cancer is not a personally relevant issue.

In Khmer, the term mahareek (great blooming) is used to describe cancer. (Gynecologic cancers are often considered in association with sboan toum.) The project will acknowledge the Cambodian model of reproductive health, and introduce concern about cervical cancer within the context of this model. (Any effort to refute the Cambodian model of reproductive health would probably be harmful.) Cambodian women will be encouraged to add routine Pap testing to their traditional methods for maintaining health.

Traditional Cambodian Versus Biomedical Beliefs

It is obvious that biomedical ideas about cancer, its risks, and its treatment do not figure prominently in the Cambodian model for reproductive health. Older Cambodian women have very little information about cancer, but many concerns about traditionally defined symptoms that are unique to their culture. In the United States, immigrant women find themselves using the American biomedical system for serious illness and relying on home remedies (supplemented by occasional advice from the few available Kru Khmer) for minor complaints. There is no agreed upon rule concerning when women should go to the Kru and when they should go to the clinic. In general, women decide themselves based upon their personal inclinations and the availability of services. Most Cambodian families will combine health care approaches to some extent. Dual usage should be assumed. However, the amount of knowledge that individuals have about traditional Cambodian concepts and practices as well as biomedical concepts and practices varies by family.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Which women are more likely to develop cervical cancer?

Any woman can develop cervical cancer. However, the risk is increased among women who were sexually active at a young age, have had multiple sexual partners, have genital warts, or smoke cigarettes.

If I am a virgin, do I need to worry about cervical cancer?

We do not recommend Pap testing for very young women until they are sexually active. Women who have never had intercourse can still get cancer, but they have a lower risk than women who have had sexual contact. Virgins should begin to get screening at about 21 to make certain they are not developing cancer.

If I am old, my husband is dead, and I am no longer menstruating, why do I have to worry about pelvic problems like cervical cancer?

Unfortunately, cervical cancers and other pelvic cancers are more common among older women. Once women reach a time in life when they have less sexual activity and are no longer menstruating, it can seem like the risk of problems has decreased. It is true that problems with sexually transmitted diseases drop off, but cancer remains a concern. Older women have to be particularly aware of their continued risk for cancer.

Does the kind of sboan I have determine whether or not I get cancer?

Throughout Cambodia, women have traditionally recognized different types of sboans (e.g., sboan undine and sboan klok). Usually, sboan type is felt to determine whether or not a woman is at risk for difficulty during labor and delivery, and whether she is at risk for tleak sboan later in life. Western medicine has no understanding of the Cambodian way of categorizing the uterus, but we do understand your concern. We do not think the kind of sboan you have will put you at risk for cervical cancer or protect you from the disease. Instead, we have found that every kind of sboan can develop cancer and must be examined regularly.

If I have observed sor sai kjai, am I protected from cancer?

While sor sai kjai is important to protect women from tos, observing it unfortunately does not protect women from cancer. Women who have observed sor sai kjai can still get cancer. Science has never studied sor sai kjai and we cannot comment on its importance or utility. Still, we do know that the causes of cancer and the causes of tos are different, and cancer cannot be prevented by strictly observing sor sai kjai.

If I do not have “tos”, do I need to worry about cancer?

Yes, even though you have good health and no chronic problems with tos chamneh, tos damneh, or tos sor sai you can still have cervical cancer. It is for this reason that the doctor does routine screening to find cancers early when they are still easily treatable. Symptoms of tos should be brought to your doctor's attention, but they do not tell you whether or not you have cancer.

If I have sboan srod or tleak sboan, am I at greater risk for cancer?

No, not necessarily. Tleak sboan may simply be because the muscles and ligaments of the vagina have been stretched over time and need to be repaired (to improve the discomfort and problems with urination that frequently accompany it). This is an annoying problem that can be fixed, and women do not need to worry about cancer. However, they should be screened to make certain that, in addition to tleak sboan, they do not have cervical cancer.

If I have no problems with vaginal discharge, do I need a Pap test?

Yes, even though you do not have symptoms you could have cervical cancer. The Pap test can help find cancer early before symptoms develop. Many women with cervical cancer do not have any discharge.

If I have never had a sexually transmitted disease, do I need to have a Pap test?

It is true that women who have had sexually transmitted diseases are more likely to get cervical cancer. However, many women with cancer have never had a sexually transmitted disease (to their knowledge). All women must be evaluated to know whether or not they have cancer.

What are the symptoms of cervical cancer?

Symptoms include vaginal discharge, bleeding after intercourse, bleeding between periods, and unusually long periods.

If I have white discharge and bleeding, do I have cervical cancer?

You may or may not have cancer. Often this sort of problem is simply an infection and can be treated with antibiotics. If not, a Pap test or another test can help determine if you have cancer. Early intervention will help identify problems before they become complicated and difficult to treat.

Are roliak sboan or sboan toum cancer?

Roliak sboan or sboan toum may be cancer in some cases, but in others they may not be. The only way to know is to have a Pap test and pelvic exam. In this country, there are some possible treatments for sboan toum, and women should see their physician to be evaluated for the possibility that their sboan toum can be treated. In those cases where

Even if the problem is incurable, the physician can certainly help make a woman more comfortable.

If I am found to have cancer, is there a cure?

If you are found to have cervical cancer it is easy to treat if caught early. If cancer is found at very early stages, it can be easily removed by simple techniques like freezing, scraping, or minor surgery. The important idea here is “caught early.” If it is caught too late and is big, or has spread to nearby locations in the abdomen, then it requires surgery, many medications, and is much more difficult to treat. There is no way to know, without testing, whether or not a woman has cancer, if she requires an operation, or if a cancer can easily be removed.

If I am found to have cancer, will I need a hysterectomy?

Only in those cases where women have waited so long that the cancer is deep in the cervix, large, or spreading is hysterectomy required. Most women do not need one, if the cancer is caught early. No one will do a hysterectomy without explaining it to you, why it is required, and making certain it is necessary. Remember, in the United States hysterectomies are done much more often than in Cambodia. No one can make you have one, but if it is required, it can be done much more safely than you are used to.

Why do they have to look every year, rather than just once?

Cancer can start at any time. For this reason, doctors usually check the cervix every year to make certain that it is normal. Just like the video says, it makes no sense to weed once; a gardener weeds regularly to prevent unwanted weeds from taking over the garden.

Can the Kru Khmer treat cancer?

Cambodian people sometimes report hearing that the Kru has a herbal treatment for cancer that American doctors do not know about. You might have heard someone say, “if I could only get to Cambodia or get that herb here, I could be cured.” Unfortunately, there is no good evidence that this is true. There are no known herbal cures for cervical cancer. Delaying the identification of problems by visiting a Kru or using herbs may be dangerous and cause a woman to wait until the condition has spread. The Kru can be helpful for many other things. We would recommend seeing your physician for Pap testing and going to the Kru as well (but let your physician know that you are going to the Kru and what he is doing for you).

If my karma is responsible for my health, why go looking for trouble with screening? Wouldn't it be better to make merit and accept my karma as it comes?

Karma (sanskrit) and Kam (pali) derive from the idea that attitudes and behaviors during previous reincarnations will be played out in subsequent incarnations. The idea that your health is strictly the result of previous incarnations is an interesting one. While this may

or may not be true, it seems impossible to test. The approach most sensible people take is that, even though karma may mean a woman will die young, she should still take care crossing the street. That is, no one should try to precipitate an early death. Similarly, even if a woman's general health is beyond her immediate control, measures taken to act in her own best interest are considered wise. We feel that cervical cancer screening is a sensible, easy measure that can prolong life, just the same as observing sor sai kjai, in spite of one's karma.

When someone has people completely dependent on them, as parents do, then attentive nurturing care of the children makes merit for the parent. We also feel that a mother's care for herself means that she will be able to nurture and sustain those dependent upon her, and in this way make merit. Taking care of yourself makes you a healthier, wiser, better example to your children, and thereby provides them with long term benefit. Cervical cancer screening is only one small part of taking care of yourself, but may well be a very important step.

PROTOCOL SUMMARY

General

- All women will get an introductory mailing; this will include a letter written in both Khmer and English as well as a refrigerator magnet.
- The minimum full intervention consists of one home visit and one group meeting.
- Additional inperson and telephone contacts will be at the outreach workers' discretion.
- Logistic assistance will be offered, as necessary.

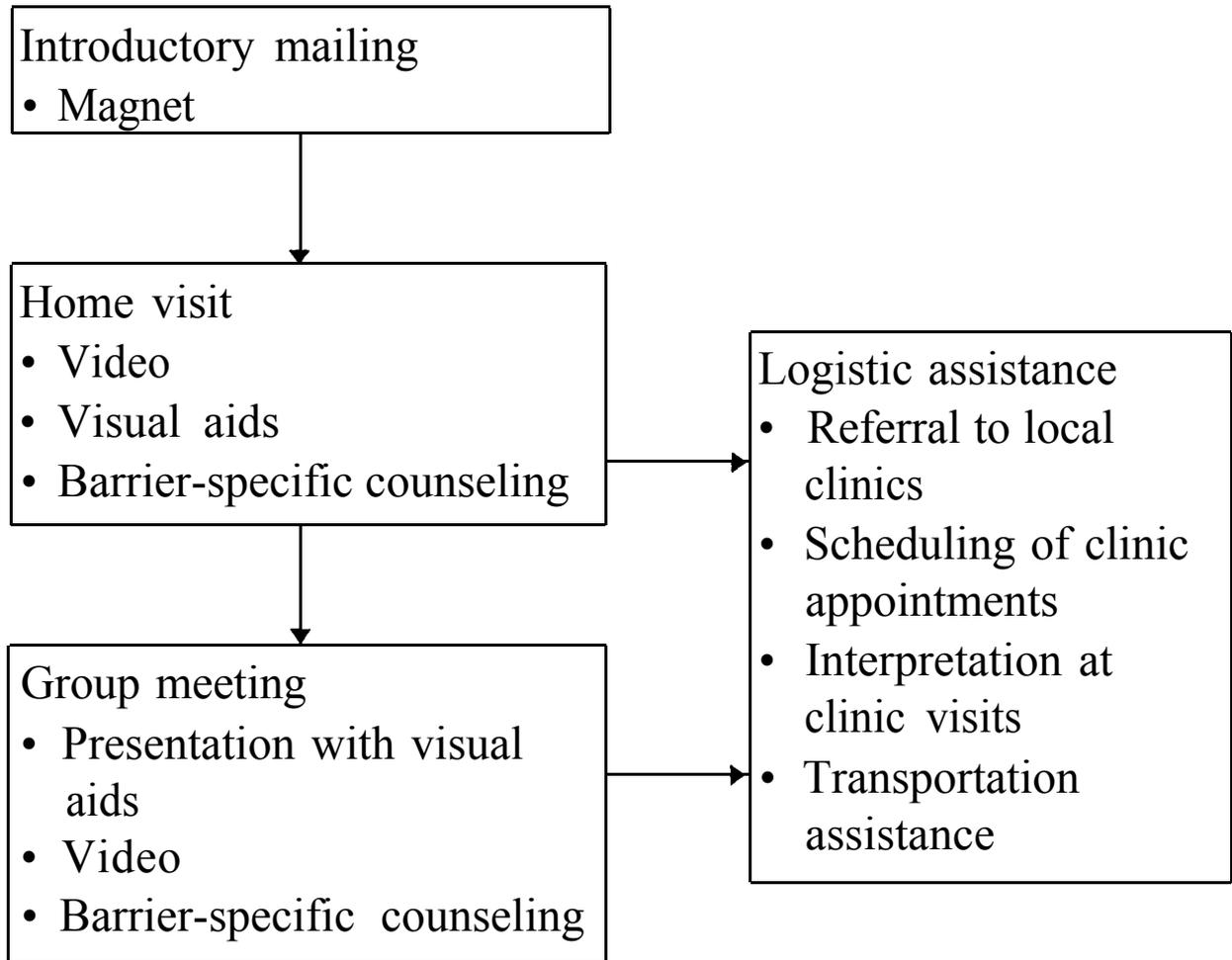
Initial Contact

- The initial contact should be made in person (i.e., by going to the woman's home).
- A home visit can be completed at the time of the initial contact, if convenient; otherwise, the outreach worker should make an appointment to return.
- At least 10 contact attempts should be made. At least two of these attempts should be at the weekend, and at least two should be in the evening.

Group Meetings

- The outreach workers should try and identify at least one woman from the neighborhood area who is prepared to host group meetings in her home. If this is not possible, a local community setting can be used (e.g., a community center or a clinic).
- If all the women in the neighborhood are available at the same time (e.g., during the daytime on weekdays) only one meeting will be necessary. If this is not the case, two meetings should be held at different times (e.g., one in the afternoon and one during the early evening).
- The outreach workers will provide food at the meetings.
- If necessary, the outreach workers can arrange taxicab transportation to and from meetings.

INTERVENTION PROTOCOL OVERVIEW



PROTOCOL FOR HOME VISITS

Overview

- Home visits should be tailored to the needs of each woman, and expressed barriers to Pap testing should be systematically addressed.
- **The outreach worker should always offer to show the video.**

Content

- The outreach workers should use their own judgement with respect to the content of each home visit and the timing of the video showing. However, possible introductory comments and questions are provided below.

In Southeast Asia, people usually only go to doctors when they are very sick. Most Americans have regular checkups so any problems can be found early. Women who have regular checkups are more likely to stay healthy so that they can continue to look after their families. Today, I would like to talk to you about Pap testing which is used to find cervical cancer early when it can be completely cured.

Have you ever heard of the Pap test?

Have you ever had a Pap test?

When was your last Pap test?

Is there a particular reason why you have never had a Pap test / have not had a Pap test for a while?

- Some women may be having regular Pap testing, and express no barriers to future cervical cancer screening. These women should simply be given positive reinforcement. For example, the outreach worker could say the following:

Many Cambodian women do not get Pap tests. It is very good that you are getting regular Pap tests so you can stay healthy.

- If a woman is not having regular Pap testing, the outreach worker should address her specific reasons for not being screened (e.g., believing that sor sai kjai protects women from cervical problems, or lack of understanding about early detection concepts). She should also offer logistic support (e.g., assistance with appointment scheduling and taxicab transportation), as indicated.
- Outreach worker materials (e.g., the black and white photographs) should be used, as necessary. For example, if a woman has questions about female anatomy, the outreach worker could show her the anatomical model; if she says she does not believe Cambodian women get cervical cancer, the cervical cancer and Pap testing graphs could be used.

Magnets

At some point during the home visit, the outreach worker should discuss the refrigerator magnet that was included with the introductory mailing.

- If the woman remembers getting the magnet, ask her if she has written her clinic phone number in the space provided. If not, ask:

Why don't we do that now?

- If the woman does not remember getting the magnet, offer another one and write her clinic phone number in the space provided.

4. Group Meeting Invitation

At the end of each home visit, tell the woman about the planned group meeting(s). Find out what days and times would be convenient for her. Let the woman know that you will send an invitation later. **If appropriate, ask her if she would consider hosting a meeting in her home.**

PROTOCOL FOR GROUP MEETINGS

1. Overview

- Group meetings should start with introductions, if the women do not already know each other.
- **The outreach worker should always give a presentation using visual aids, show the video, and address logistic issues.** These three components can be delivered in any order.
- Questions should be answered throughout the meeting, and discussions between the participating women should be encouraged.
- Food should be offered at an appropriate point in the meeting.

2. Presentation

Each presentation should cover the following points:

- Cambodian women have many traditional ways of preventing health problems. For example, observing sor sai kjai is an effort to prevent toa. Southeast Asians usually only use American medicine for acute problems. However, western methods of prevention such as Pap tests can keep women healthy just like sor sai kjai. Today, we are going to talk about the importance of having regular Pap tests to make sure you are not developing cervical cancer.
- First, I am going to tell you a little bit about cervical cancer. Our bodies are composed of tiny cells. Sometimes, cells in the cervix grow abnormally. If the abnormal cells are not found early, they start destroying the normal cells around them and cancer develops.

Show pelvic models. Point to the cervix, and describe how cancer starts on the surface but then “breaks through” into deeper tissue, and eventually spreads outside the womb.

- Many Cambodian women do not think they need to worry about cervical cancer. However, women from Southeast Asia are more likely to get cervical cancer than any other group in the US.

Show the cervical cancer graph. Explain that each bar represents the proportion of women who get cervical cancer. Stress that the biggest bar represents Southeast Asian women.

- I am going to explain why Pap testing is so important for Cambodian women. Pap testing finds cervical cancer changes early, so women do not need a hysterectomy and can be completely cured.

Show the garden picture. Explain analogy between weeding a garden and Pap testing. Stress that Pap tests should be done regularly in the same way that weeding must be done at periodic intervals.

- Most American women get Pap tests every year. Southeast Asian women are less likely to get Pap testing than any other group in the US. In fact, many Cambodian women have never had a Pap test.

Show the Pap testing graph. Explain that each bar represents the proportion of women who have had a Pap test. Stress that the smallest bar represents Cambodian women.

- Some of you may not know much about the Pap test. It is a simple, painless procedure that is done at the doctor's office. During a Pap test, the doctor slides a speculum into the vagina and uses a small brush and wooden scraper to take a little tissue from the cervix. The tissue is put on a slide and sent to the laboratory for analysis.

Pass black and white photographs around. Explain that the photos show a Southeast Asian woman having a Pap test.

Show speculum.

Show Pap testing kit.

- We have a long history of taking care of our health. For example, most Cambodians know that observing sor sai kjai helps women stay healthy. Pap testing is an American way of taking care of our health that we should add to the Cambodian traditions.

Show Angkor Wat picture.

- That is the end of my talk. Does anyone have any questions?

3. Logistic Issues

Acknowledge that some women have logistic barriers to Pap testing, and cover the points summarized below. Invite women to let you know if they need help with logistic problems.

- The project can refer women to a local clinic if they do not have a regular physician, and can schedule Pap testing appointments for women who do not speak English.
- The outreach workers can provide interpretation at clinic visits for Pap tests.
- The project can provide taxicab transportation to and from Pap testing clinic visits, if necessary; alternatively, women can be given bus passes.
- The project can assist with child care, when necessary.

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March 20, 1998

ជូនចំពោះ _____

កម្មវិធីនៃការថែទាំសុខភាពស្ត្រីខ្មែរ បានគាំទ្រឡើងដោយមន្ទីរពេទ្យ Harborview Medical Center និង Fred Hutchinson Cancer Research Center ដែលជាមជ្ឈមណ្ឌលស្រាវជ្រាវផ្នែកជម្ងឺមហារីក។ ភារកិច្ចរបស់យើងខ្ញុំ គឺជួយថែទាំសុខភាពក្នុងចំណោមស្ត្រីខ្មែរឱ្យកាន់តែប្រសើរឡើង។ យើងខ្ញុំមានច្បាប់នូវការសិក្សានៃការថែទាំសុខភាពសំរាប់ស្ត្រី ដែលរស់នៅផ្នែកខាងត្បូងនៃទីក្រុងស៊ីអាតុលនេះ (South Seattle) ចុះរបស់អ្នកត្រូវបានជ្រើសរើសមកចូលរួមក្នុងកម្មវិធីនេះ ព្រោះមានបងប្អូនខ្មែរជាច្រើនរស់នៅទីនោះ។

ក្នុងរយៈពេលបី ឬ បួនសប្តាហ៍ខាងមុខនេះ បុគ្គលិកធ្វើការប្រចាំកម្មវិធីយើងនេះនឹងទៅចុះរបស់អ្នក ដើម្បីនិពិភាក្សាអំពីសុខភាពស្ត្រី។ បុគ្គលិកធ្វើការដែលនឹងទៅចុះនោះនឹងទៅជាស្ត្រីខ្មែរ ហើយមានពាក់កណ្តាលសំគាល់ខ្លួន បង្ហាញឱ្យយើងថា គាត់ជាបុគ្គលិកធ្វើការប្រចាំកម្មវិធីយើង។

យើងខ្ញុំមានរបស់ឆ្នាប់ជាមួយនិងលិខិតនេះ ទុកជូនដល់អ្នកសំរាប់បិទលើទូរទឹកកក (magnet) នូវលើរបស់នោះមាន ថែទាំនៃប្រទេសខ្មែរ ការរំលឹកឱ្យធ្វើ Pap tests ឱ្យបានឡើងវិញ ហើយនិងបន្ទាត់សំរាប់សរសេរលេខទូរស័ព្ទរបស់ វិទ្យុបណ្ឌិតរបស់អ្នក។

លើសពីនេះមានសំនួរ អ្វីដែលទាក់ទងនឹងកម្មវិធីនេះ សូមទូរស័ព្ទមក Roeun Sam តាមរយៈលេខ: 521-1284 ឬ Paularita Seng តាមលេខ: 521-1828 ។

ហត្ថលេខា

Carey Jackson MD, Medical Director,
International Clinic
Harborview Medical Center

325 Ninth Avenue
Seattle, Washington 98 104
(206) 731-3000



Dear _____

The Cambodian Women's Health Project is sponsored by Harborview Medical Center and Fred Hutchinson Cancer Research Center. Our mission is to improve health among Cambodian women. Therefore, we are offering a health education program to women who live in South Seattle. Your household was picked because you live in an area where many Cambodians live.

In the next few weeks, an outreach worker from the project will come to your house to talk with you about women's health. The outreach worker will be a Cambodian woman, and will wear a badge to show that she is part of the project.

We have enclosed a refrigerator magnet for you kitchen. This magnet has a map of Cambodia, a reminder to get regular Pap tests, and a space for your doctor's phone number.

If you have any questions or concerns about this, please call Roeun Sam at 521-1284 or Paularita Seng at 521-1828.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Carey Jackson".

Carey Jackson, MD
Medical Director,
Refugee Clinic,
Harborview Medical Center

SUMMARY OF PROGRAM MATERIALS

- **Kitchen Magnets**

Participation incentive mailed to women before outreach worker contacts.

- **Clinic Resource Manual**

Manual (for outreach workers) providing relevant information about South Seattle clinics that serve Cambodian women.

- **Videotape “Preservation of Traditions”**

Motivational video addressing Cambodian women’s barriers to Pap testing.

- **Anatomy Models**

- **Speculums**

- **Pap Test Kits**

- **Black and White Photographs**

Pictures of an Asian woman having a Pap test.

- **Cervical Cancer and Pap Testing Graphs**

Visual displays of high cervical cancer and low Pap testing rates.

- **Garden Figure**

Picture demonstrating early detection through an agrarian analogy.

PROBLEM SOLVING BARRIERS TO PAP TESTING

- 1. Avoids Doctors**
- 2. Lack of Knowledge**
- 3. Believes Unnecessary**
- 4. Fear of Results**
- 5. Believes Painful**
- 6. Believes Embarrassing**
- 7. Concern about Cost**
- 8. Lack of English Proficiency**
- 9. Lack of Transportation**
- 10. Lack of Childcare**

1. AVOIDS DOCTORS

Counseling Guidelines	Suggested Responses
Find out why she doesn't go to doctors.	<ul style="list-style-type: none"> • Is there a reason why you don't go to doctors?
<p><i>If she believes that traditional Cambodian healing methods are better than American methods, listen carefully and show respect for her beliefs. Explain that American tests can be added to traditional methods.</i></p>	<ul style="list-style-type: none"> • In Cambodia, most people did not see a doctor unless they were very ill. • In our culture, we have always taken care of ourselves by taking herbs and getting help from a Kru or Chmob. • We can improve our health by adding American tests to our traditional Cambodian methods.
<p><i>If she believes that seeing a doctor is unnecessary, refer to barrier 3.</i></p>	
<p><i>If she is frightened of invasive procedures, refer to barrier 4.</i></p>	
<p><i>If she believes that gynecologic exams are embarrassing, refer to barrier 6.</i></p>	

2. LACK OF KNOWLEDGE

Counseling Guidelines	Suggested Responses
<p>Find out whether a woman knows whether she has had a Pap test, and if she is familiar with the test.</p>	<ul style="list-style-type: none"> • Have you ever had a Pap test? • Do you know what a Pap test is? • Do you know why Pap tests are done?
<p><i>If she is unsure whether she has had a Pap test, ask whether she has seen a doctor for prenatal care or family planning services. If necessary, explain the difference between pelvic exams, cultures, and Pap testing.</i></p>	<ul style="list-style-type: none"> • Have you ever seen a doctor in the US for childbirth care? • Have you ever seen a doctor in the US for family planning? • Have you ever been asked to lie down on a table with your feet up in stirrups for a doctor's exam? • In a pelvic exam, the doctor checks the size and shape of the womb, but does not always do a Pap test. • If a woman has a discharge, the doctor might take a culture, but does not usually do a Pap test. • Women don't necessarily know exactly what the doctor is doing during an exam, so they need to ask. • Pap test results are kept in your medical chart, so your doctor would know if you have had the test.
<p><i>If she doesn't know what a Pap test is or why it is done, provide a simple explanation.</i></p>	<ul style="list-style-type: none"> • The Pap test is a simple, painless test to find cervical problems. • Pap tests are used to find problems like cervical cancer early so a woman can be treated easily and does not need her womb removed. • All women should have regular Pap tests because nobody knows who will get cervical cancer.

3. BELIEVES UN-NECESSARY

Counseling Guidelines	Suggested Responses
Find out why the woman does not think she needs a Pap test.	<ul style="list-style-type: none"> • Why don't you think you need a Pap test? • Do you think Pap tests are important for other women?
<i>If she does not believe Pap tests are necessary unless a woman has symptoms, explain why this is not true.</i>	<ul style="list-style-type: none"> • A Pap test can find problems that a woman does not know about because she does not have any symptoms yet. • If problems are found early through Pap testing, they can be treated easily and surgery is usually not necessary.
<i>If she does not believe Cambodian women get cervical cancer, explain that women from Southeast Asia are at high risk.</i>	<ul style="list-style-type: none"> • All women can get cervical cancer. • Cambodian women are more likely to get cervical cancer than American women; this is mostly because Cambodians do not get Pap tests as often as Americans.
<i>If she believes she will not get cervical problems because she observed sor sai kjai, explain why that is not enough</i>	<ul style="list-style-type: none"> • Observing sor sai kjai is not enough to prevent cervical cancer. • It is important to add American methods like Pap tests to our traditional Cambodian methods of womb care.
<i>If she gives her age as the reason, explain why someone her age should have Pap tests.</i>	<ul style="list-style-type: none"> • All women can get cervical cancer. • Women can get cervical cancer at any age. • Older and younger women should all get regular Pap tests,

3. BELIEVES UNNECESSARY (continued)

Counseling Guidelines	Suggested Responses
If she <i>has never been sexually active</i> , explain that all women can get cervical cancer (and that smoking is a risk factor, if appropriate).	<ul style="list-style-type: none">• It is true that women who have never been sexually active are less likely to get cervical cancer; however, all women can have this problem.• Women who smoke or live with a heavy smoker are more likely to get cervical cancer.
<i>If she is not currently sexually active</i> , explain that past sexual activity can affect a woman's risk of cervical cancer.	<ul style="list-style-type: none">• All women can get cervical cancer.• Because the problem can take a long time to develop, cervical cancer can be related to sexual activity many years ago.
<i>If she is post-menopausal</i> , explain that women can get cervical cancer after the menopause.	<ul style="list-style-type: none">• All women can get cervical cancer.• Many cervical cancers occur in women who no longer have periods, and have stopped having children.

4. FEAR OF RESULTS

Counseling Guidelines	Suggested Responses
Find out if the woman has a particular reason for being frightened of the results.	<ul style="list-style-type: none">• Are you frightened that your Pap test might be abnormal?• Are you frightened about what may happen if the test is abnormal?
<i>If she is worried because she believes cancer is always incurable, explain that cancer can often be cured and discuss the benefits of early detection.</i>	<ul style="list-style-type: none">• Cancer is a very common disease and people are still not sure what causes it.• Many people are cured of cancer if it is found early.• The best way to prevent cervical cancer is to find any changes in the cervix early.
<i>If she is afraid of surgery, explain how hysterectomy can be avoided through early detection.</i>	<ul style="list-style-type: none">• A Pap test helps find early changes in the cervix.• Early changes can be treated in the clinic without surgery.• If a woman waits until early cancer changes have progressed, then surgery is usually necessary.

5. BELIEVES PAINFUL

Counseling Guidelines	Suggested Responses
Find out why the woman is worried about pain or discomfort.	<ul style="list-style-type: none"> • Have you ever had a Pap test? If so, what was it like? • What part of the procedure was painful or uncomfortable? • Have other women told you that Pap tests are painful or uncomfortable?
<i>If she has had a Pap test that was painful or uncomfortable, explain that speculums come in different sizes, etcetera.</i>	<ul style="list-style-type: none"> • Speculums come in different sizes; some women may be uncomfortable if the speculum is too big. • If the exam is uncomfortable, you can ask the doctor if he / she could use a smaller speculum. • It sometimes helps to take a few deep breaths while the speculum is being inserted.
<i>If another woman has told her that Pap tests are painful or uncomfortable, explain the procedure to her, etcetera.</i>	<ul style="list-style-type: none"> • During a Pap test, a speculum is used to open the vagina so the doctor can see the cervix. A small brush or scraper is used to take a little tissue from the cervix. • Pap tests should not be painful and do not harm the cervix.
<i>If the she cannot explain why she is concerned about pain or, discomfort, refer to barrier 6.</i>	

6. BELIEVES EMBARRASSING

Counseling Guidelines	Suggested Responses
Reassure the woman that her modesty is quite natural; find out what aspect of Pap testing embarrasses the woman.	<ul style="list-style-type: none"> • You are not alone; most women feel the same way. • What part of the exam bothers you most?
<i>If she is embarrassed by the procedure it self, provide information about the procedure.</i>	<ul style="list-style-type: none"> • Pap tests only take a few minutes. • You will wear a gown, and be given a sheet to put over your legs and stomach. • The clinic staff know this sort of exam is embarrassing for many women. • Usually there will be a nurse in the room if you see a male doctor. • During the test, try looking at something in the room or thinking about something pleasant.
<i>If she is concerned about seeing a male doctor, explain that many clinics have female doctors, and offer to help her find out about their availability.</i>	<ul style="list-style-type: none"> • Some women are more comfortable seeing women doctors; others prefer men. • Would you rather see a woman doctor? • Would you like me to find out if there is a woman doctor at your clinic?
<i>If she is concerned about having a male interpreter, explain that many clinics have female interpreters, and offer to help her find out about their availability.</i>	<ul style="list-style-type: none"> • Would you rather have a woman interpreter? • Would you like me to find out if there is a woman interpreter at your clinic?

7. CONCERN ABOUT COST

Counseling Guidelines	Suggested Responses
Find out if the woman has any medical insurance.	<ul style="list-style-type: none"> • Do you have any health insurance? • Do you have medical coupons? • Do you have Medicare? • Do you have the state Basic Health Plan?
<i>If she has health insurance</i> , ask her if she knows the name of her plan, and whether she has met her deductible for the year. (Ask to see her insurance card if she does not remember the name of her plan.)	<ul style="list-style-type: none"> • Many insurance plans pay for Pap smears once deductibles have been met. • Would it help if I checked whether your insurance pays for Pap tests?
<i>If she has Medicaid</i> , tell her that the Washington Medicaid system pays for Pap tests.	<ul style="list-style-type: none"> • You can use medical coupons to get a Pap test.
<i>If she has Medicare</i> , tell her that Medicare pays for Pap tests.	<ul style="list-style-type: none"> • Medicare will pay for Pap tests.
<i>If she has the Basic Health Plan</i> , tell her that it pays for Pap tests.	<ul style="list-style-type: none"> • The Basic Health Plan will pay for Pap tests.
<i>If she has no insurance</i> , offer to call her clinic and find out if it uses sliding scales for Pap testing.	<ul style="list-style-type: none"> • Many clinics have sliding scales for people without insurance. • Would it help you if I called and asked if your clinic uses sliding scales for Pap tests?

8. LACK OF ENGLISH PROFICIENCY

Counseling Guidelines	Suggested Responses
<p><i>If the woman has limited English proficiency, find out if she is anxious about communicating through medical interpreters.</i></p>	<ul style="list-style-type: none"> • Many clinics have specially trained medical interpreters to help women explain things to the doctor; these people can be trusted to keep everything confidential, and communicate what you say as accurately as possible. • Do you know if your clinic has interpreters? • Would you be comfortable having a Pap test if there was an interpreter available?
<p><i>If the clinic does not have interpreters or she is not comfortable communicating through interpreters, ask her if she has a female relative who could interpret for her; offer to meet her at the clinic and act as the interpreter.</i></p>	<ul style="list-style-type: none"> • Could your daughter go with you to the clinic and translate for you? • Would it help if I met you at the clinic and translated for you?
<p><i>If she does not know if interpreter services are available at her clinic, refer to the resource manual. Provide her with the relevant information.</i></p>	<ul style="list-style-type: none"> • It looks like your clinic does have interpreters. • Would you like me to call the clinic and find out when there is an interpreter available?

9. LACK OF TRANSPORTATION

Counseling Guidelines	Suggested Responses
Find out what transportation problems the woman has.	<ul style="list-style-type: none"> • Do you have a way of getting to the clinic? • How do you usually get to shops and other places? • Do you have any relatives that could drive you to the clinic?
<i>If she has no relatives that can help, suggest asking a friend or neighbor to drive her?</i>	<ul style="list-style-type: none"> • Our community has a long tradition of helping one another. • Do you have any friends or neighbors that could drive you to the clinic? Maybe you could help with childcare sometime in return?
<i>If she is used to taking the bus, refer to the resource manual and provide bus route information. Offer two bus passes.</i>	<ul style="list-style-type: none"> • There is a good bus service to your clinic; I can tell you which bus to take and where to get it from. • I could give you a couple of bus passes if that would help.
<i>If there is no support available and she is not comfortable taking the bus, offer to arrange taxicab transportation.</i>	<ul style="list-style-type: none"> • We could arrange for a taxi to take you to the clinic and bring you home again if that would help.

10. LACK OF CHILDCARE

Counseling Guidelines	Suggested Responses
Find out what specific childcare responsibilities the woman has.	<ul style="list-style-type: none"> • Many women are busy taking care of children. • What specific childcare responsibilities do you have that make it difficult for you to get to the clinic?
<i>If she takes care of grandchildren, suggest she talk to her son or daughter.</i>	<ul style="list-style-type: none"> • Your family depends on you; it is important that you take care of your health so you can go on helping your family. • Could you talk to your son or daughter about taking the time for a Pap test?
<i>If she is working and has school age children, suggest scheduling a clinic appointment during work hours, in the evening, or on a Saturday morning.</i>	<ul style="list-style-type: none"> • Many women work outside the home, and then take care of their family in the evening; this leaves very little time to take care of their own health. • Some employers will let women take time off to go for checkups. • Could you go for a checkup during your lunch break? • Many clinics have evening and / or Saturday hours. Would your husband or another relative be able to watch the children while you go to the clinic?
<i>If there is no family support available, suggest asking a neighbor or friend to watch the children.</i>	<ul style="list-style-type: none"> • Our culture has a tradition of helping one another. • Do you know anyone you could trade childcare with? • All women need a Pap test; therefore, there are many women in the community with the same childcare problems as you.

FORM SUMMARY

Form	Who should complete the form?	When should the form be completed?
1. Neighborhood group	Program assistant	One form for each neighborhood group
2. Contact attempts	Outreach worker	One form for each woman
3. Intervention summary	Outreach worker	One form for each woman
4. Home visit	Outreach worker	One form for each woman
5. Group meeting	Outreach worker and program assistant	One form for each group meeting

FORM 3: INTERVENTION SUMMARY

**Identification
Label**

Outreach Worker: _____

HOME VISIT:

Outcome	Yes	No
Completed		
Moved (could not be traced)		
Nobody home after 10 attempts		
Refused		

GROUP MEETING:

Outcome	Yes	No
Completed		
No show		
Refused		

COMMENTS:

TAILORED ACTIVITIES:

Activity	Yes	No
Second home visit (specify purpose below)		
Telephone contact (specify reason below)		
Second telephone contact (specify reason below)		
Third telephone contact (specify reason below)		
Referral to a local clinic (women without a regular provider)		
Assistance with appointment scheduling		
Interpretation at clinic visit		
Taxicab transportation		
Bus passes		
Other (specify below)		

FORM 4: HOME VISIT**Identification
Label****Date:** ___/___/___**Outreach Worker:** _____**CORE COMPONENTS:**

Component	Yes	No
Video		
Magnet discussion		

DISCUSSION TOPICS:

Topic	Yes	No
Female anatomy		
Sexually transmitted diseases		
Cervical cancer		
Pap testing generally		
Pap testing barriers (specify below)		
Traditional Cambodian health beliefs and practices		
Other (specify below)		

FORM 5: GROUP MEETING

Date: _____/_____/_____

Group Number: _____

Location: _____

Outreach Worker: _____

ATTENDEES:

Name	Taxi provided (yes/no)	Child care provided (yes/no)	ID#	This interven. group	Another interven. group	Control group	Not in study

NOTE: Shaded columns do not need to be completed by the outreach worker.

CORE COMPONENTS:

Component	Yes	No
Presentation		
Video		
Logistic information		

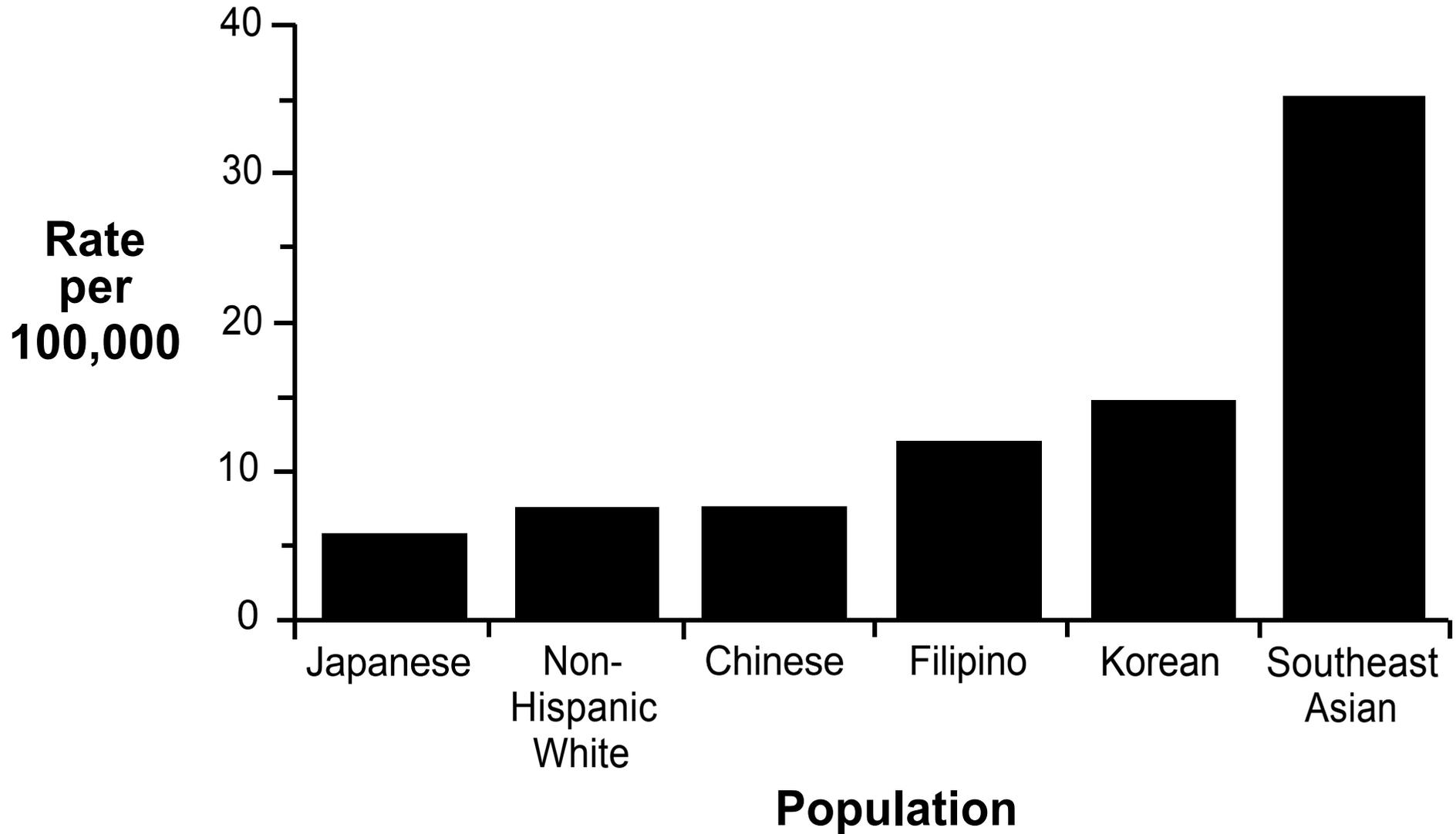
DISCUSSION TOPICS:

Topic	Yes	No
Female anatomy		
Sexually transmitted diseases		
Cervical cancer		
Pap testing generally		
Pap testing barriers (specify below)		
Traditional Cambodian health beliefs and practices		
Other (specify below)		

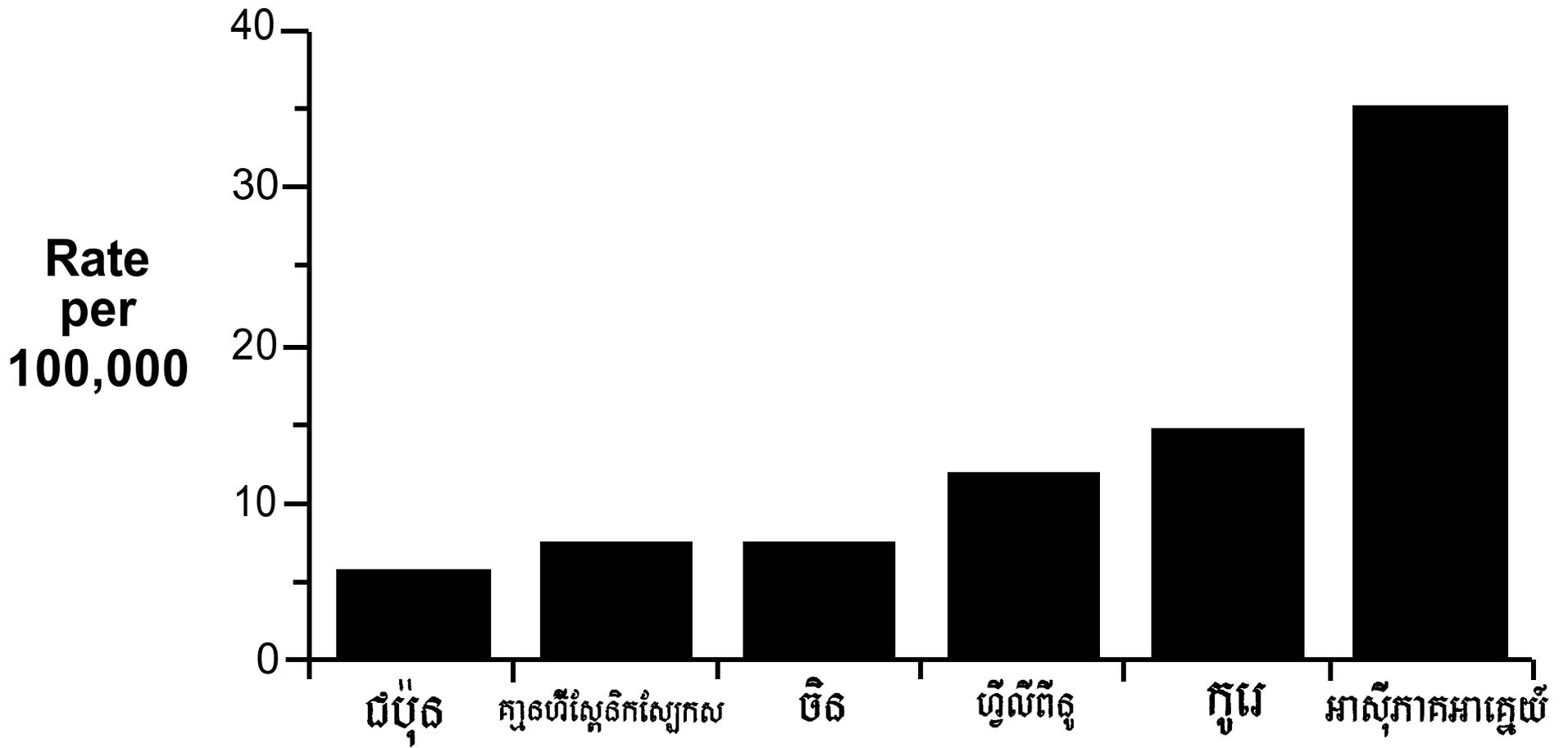
COMMENTS:



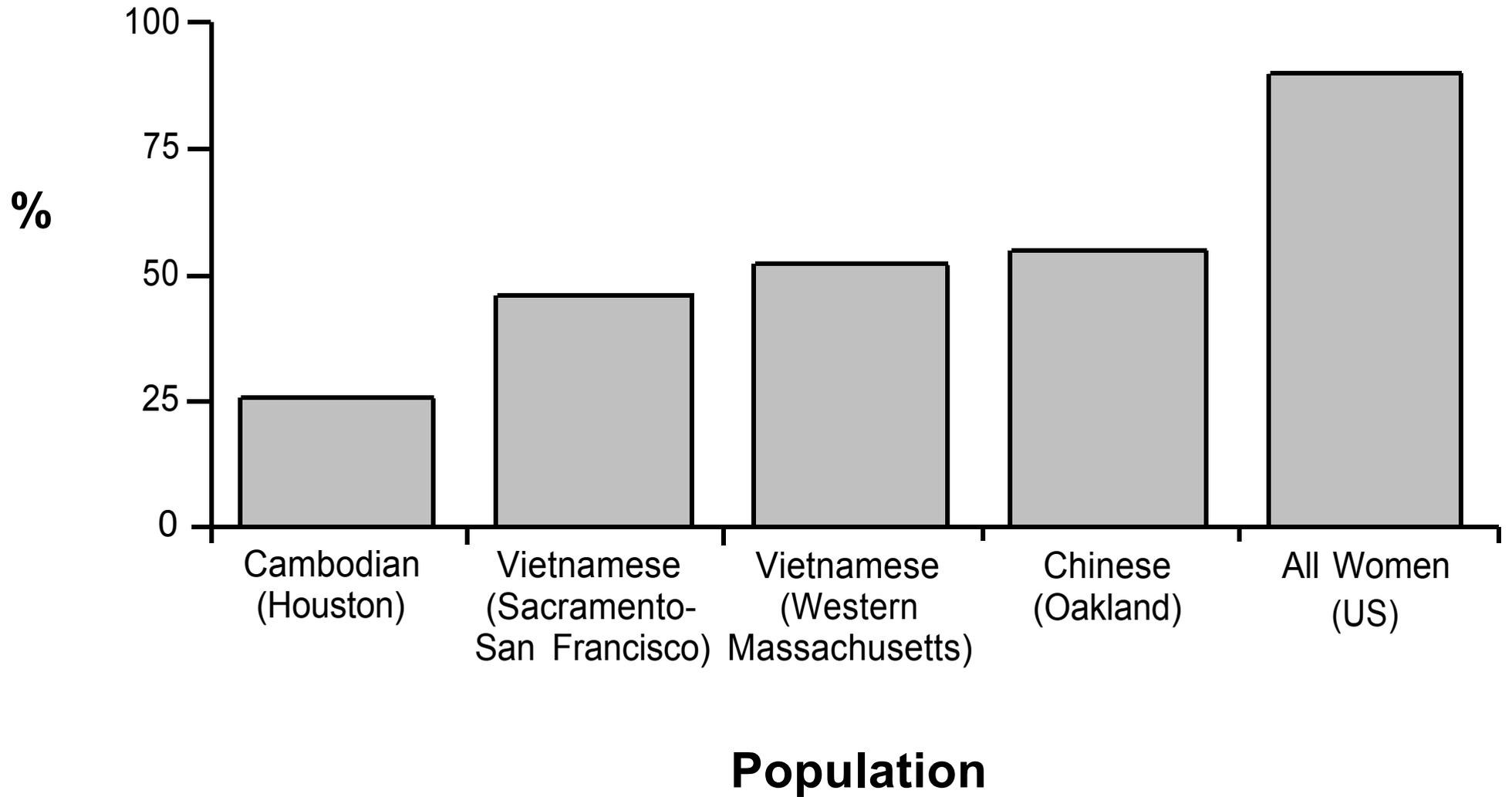
Cervical Cancer: California



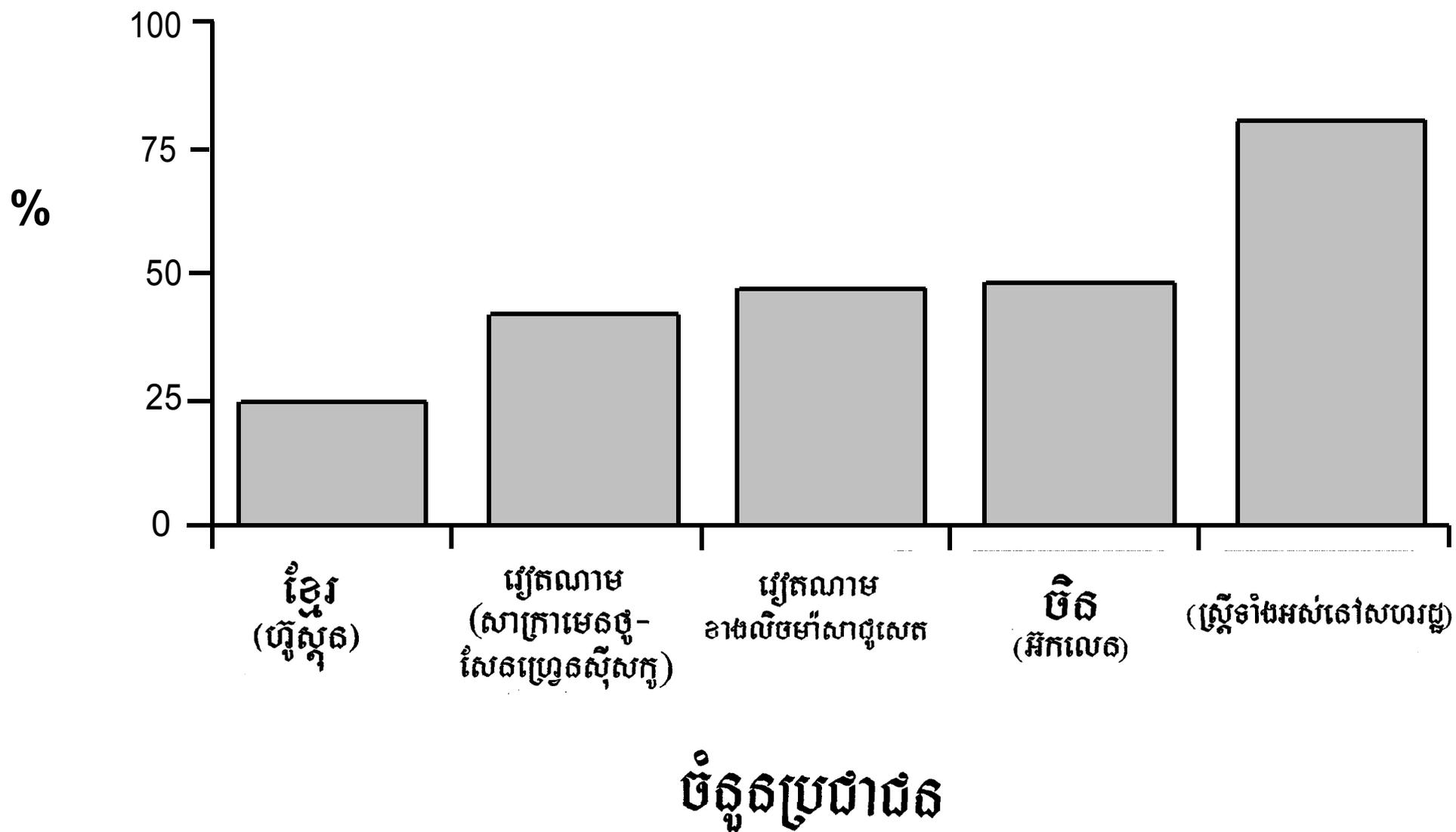
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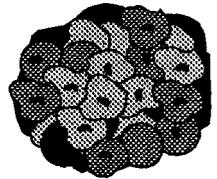
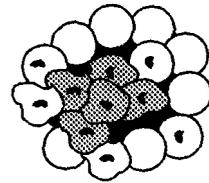
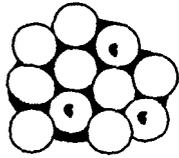
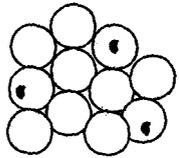
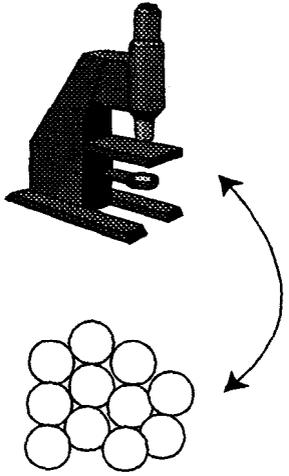
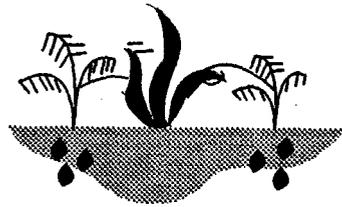
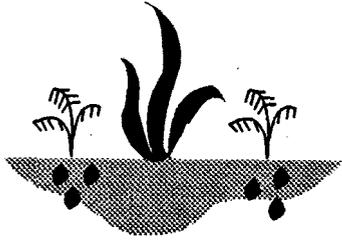
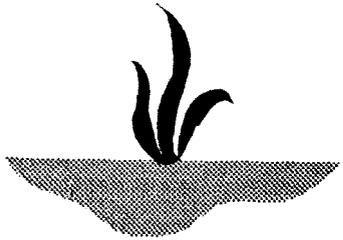
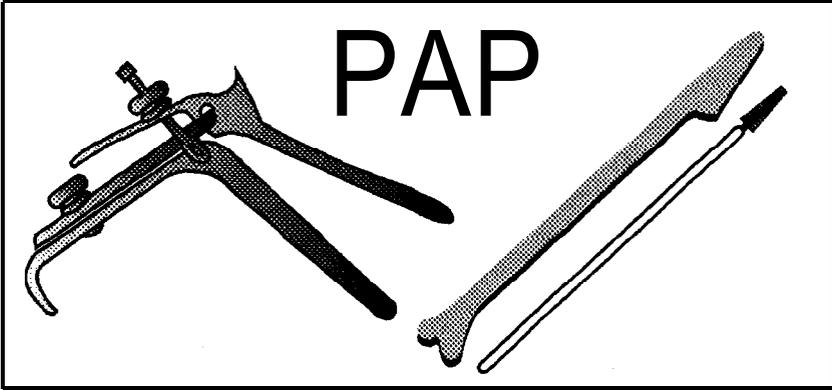


Pap Testing: US Populations



ធ្វើទេបតែសៈ ចំនួនប្រជាជនរស់នៅសហរដ្ឋ





GLOSSARY FOR CAMBODIAN TRANSCRIPTS

CAMBODIAN TERM	<u>TRANSLATION</u>	<u>MEANING</u>
chiam ar-krok	bad blood	“bad blood” refers to blood after delivery, and occasionally menstrual blood, that the body needs to get rid of. Obstruction of bad blood flow, such as having intercourse during the post-partum period, might cause certain kinds of illnesses such as roliak sboan or cancer. It may also cause dark spots on the face.
chmob	midwife	midwives were/are often used in Cambodian deliveries and in post-partum treatment of the sboan.
dambao	infection	refers to any kind of infection anywhere in the body.
gai sboan	massage sboan	refers to when a woman has a “weak” sboan and the midwife, or chmob, massages her sboan every morning before breakfast.
ka ork chiam	coughing up blood	thought to be a sign of cancer or another serious illness.
ka ork riak naum	unable to control bladder	refers to when a woman coughs and it causes urine to come out. It is related to post-partum “weakness”.

kjai	unripe (fruit) or young	weak; in post-partum period means unable to perform work.
klok	wax gourd	<ol style="list-style-type: none"> 1. a kind of gourd used as food. 2. when dried, used as water jar. 3. used to express how fast children grow, i.e. <i>big like klok</i> means the child is growing fast. 4. in folk lore: if eaten by the man who “gives love”, a magic power could reduce the strength of his power.
maha	great	used as a title for a retired senior monk or king.
maha reek	cancer	considered to be the most feared illness (with no cure).
maha reek sboan	cancer of the womb	considered to be the worst type of cancer; feared greatly by Cambodian women.
meul sboan/twia	pelvic exam	to have sboan checked by a doctor (may or may not refer to Pap smear as well).
reek	growing, blooming	<ol style="list-style-type: none"> 1. used in context that something continues to grow, i.e. <i>phka reek</i> (flower is blooming); <i>dombao reek</i> refers to a wound that is growing large. 2. uncontrolled growth.

roleak (phleung)	burned (from fire)	the skin is red, may become blistered.
roleak sboan	red and burned inside the womb	refers to serious illness in which the womb is described as burned, red, and painful on the inside.
sboan	womb	female body part where baby stays before birth; female body part considered to give energy.
sboan klok	a kind of womb	a kind of womb identified by having an easy first birth; characterized by: <ol style="list-style-type: none"> 1. is likely to be a stronger womb, i.e. woman has less problems related to the womb when she gets older. 2. woman is less likely to develop prolapsed uterus.
sboan korb	barrier sboan	means the sboan is “hidden” deep down.
sboan loin	“noisy” sboan	sound coming from inside the sboan, like passing gas. It means sboan is weak, is beginning to move downward.
sboan srod (or sboan lian)	sboan is coming out	sboan has moved downwards more, but is still inside vagina.
sboan tleak	sboan hanging out	sboan has dropped out, is hanging out; sboan has completely prolapsed outside

		of vagina.
sboan toum	sboan is ripe and old	sboan has prolapsed for a period of time, has become old and red; produces drainage; has very bad smell. Like a fruit that is ripe and old, it will “fall from the stem.” A person with “sboan toum” is going to die.
sboan undine	a kind of womb	a kind of womb identified by having a long and difficult first birth; characterized by: <ol style="list-style-type: none"> 1. woman is more likely to have problems related to the womb. 2. woman is more likely to develop a prolapsed uterus.
sor sai	blood vessel, nerve	refers to any blood vessel or nerve in the body.
sor sai kjai	new, young blood vessel or nerve	refers to the post-partum period when a woman’s “new” body system is still not mature (is weak). This period continues for 3-6 months after delivery, during which she is considered physically and mentally vulnerable.
tleak chiam	bleeding	blood dropping or dripping from somewhere.
tleak chiam pe bat (twia)	vaginal bleeding	blood dropping or dripping from the vagina.

tleak soh, riak soh	white “stuff” from the vagina	white discharge from the vagina.
toum	ripe; old	(fruit) is ripe and will fall off the stem; “toum” is used to describe the last stage of illness just before death.
tos	conflict	refers to “conflict” or “allergy” in body caused by something.
tos chamney	conflict associated with food	conflict in body caused by eating the “wrong” food during post-partum period.
tos damnek	conflict associated with intercourse	conflict in body caused by having intercourse too soon during post-partum period.
tos sor sai	conflict associated with certain activity	conflict in body caused by hard work, lifting something heavy, or sitting or walking in the “wrong” position during sor sai kjai
twia	door or gate; vagina	literally means “door” or “gate”. In the context of the female reproductive system it refers to the vagina.
undine	a kind of catfish-walking catfish	a kind of catfish whose sting can be very painful; used to describe the type of womb in which birth can be long and difficult.

BIOMEDICAL MODEL FOR CERVICAL NEOPLASIA AND PAP TESTING

Barriers to Pap testing

- Lack of perceived vulnerability to cancer
- Belief that cancer is incurable
- Perception that early detection does not alter prognosis
- Lack of knowledge about test
- Embarrassment
- Concern about discomfort or pain
- Fear of abnormal results

Demographic characteristics associated with low screening rates

- Older age
- Lower income
- Lower educational level
- Minority race

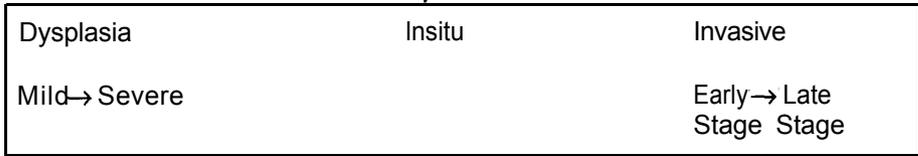
Facilitators of Pap Testing

- Primary care provider
- Family planning or obstetric services
- Low-cost services
- Transportation available
- Child-care available

PAP TESTING

Early Detection

CERVICAL NEOPLASIA



- Increased risk of HPV infection

- Smoking
- Oral contraceptive use

Putative risk factors for cervical neoplasia

Known risk factors for cervical neoplasia

- Early intercourse
- Multiple sexual partners
- Male partner with multiple sexual partners

- Low socioeconomic status
- Race and ethnicity

Demographic characteristics associated with cervical neoplasia*

*Younger women (20-39) have the highest rates of dysplasia and insitu; older women (40+) have the highest rates of invasive

BIOMEDICAL MODEL FOR CERVICAL NEOPLASIA AND PAP TESTING (continued)

