might become cancerous, (5) to evaluate the impact of the program on morbidity and mortality from cervical cancer, (6) to compare the effectiveness of a screening program based on visual inspection with that of the cytologic screening program, (7) to evaluate the effect of the screening program on hospital costs associated with treatment of cervical cancer, (8) to make recommendations for a national prevention policy based on the results of pilot studies, and (9) to promote early detection programs among the general public as well as among health professionals (gynecologists, family physicians, and nursing personnel) who work with at-risk population groups.

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Community Promotion and Dissemination of Programs to Prevent Cervical Cancer¹

Awareness of the risk of acquiring the disease and knowledge of the important function of the early detection test are key factors in determining participation by the female population in programs to prevent cervical cancer (1). These factors are in turn dependent on the efficient dissemination of information regarding the prevention of this type of cancer, bearing in mind its relevance to specific social groups (2).

Health knowledge and satisfaction of user expectations help to improve the results of the care provided, as they increase compliance with the recommended treatment as well as access to and use of services. In other words, a well-informed, satisfied patient will have a greater incentive to seek care when she again perceives a need to do so (3).

This essay discusses a number of recommendations for programs designed to disseminate information on the early detection of cervical cancer at the populational level, within the framework of the overall geographic and regional diversity of Latin America. So pronounced is the heterogeneity of the population involved and so varied is the receptiveness of different groups to various communication strategies that it becomes necessary to define the scenarios in which early detection is to be promoted.

¹ Based on an essay by Xochitl Castañeda Camey, Patricia Nájera Aguilar, and Eduardo César Lazcano Ponce, Center for Research on Populational Health, National Public Health Institute, Cuernavaca, Morelos, Mexico.

CONCEPTUAL ASPECTS

Health communication and information and, accordingly, health education require

the sharing of evocative experiences; the greater their richness, the more they facilitate communication (4). "Speaking the same language" means that reality is encoded in a similar fashion, and although such reality may have different nuances for the speaker and listener, the experiences may have a common significance. Thus, dissemination strategies must take into account the differing realities in the various social contexts where the early detection program is implemented.

Although it is generally felt that the mass media constitute the basic mechanism for information dissemination—inasmuch as they have a profound impact on the ideas, behaviors, and attitudes of individuals, families, groups, and social classes (5)—other interpersonal communications media also play a significant role. It is the psychological and emotional content of messages designed to bring about behavioral modifications that has the potential to increase the demand for Pap testing.

TARGET GROUPS FOR PREVENTIVE MESSAGES

In every society it is possible to identify four population groups requiring different communication strategies: (1) women at high risk of cervical cancer, i.e., women between the ages of 35 and 64 who live in poverty, have low levels of schooling, and have not had prior Pap tests; (2) sexually active women under age 34 (who, although at lower risk, should nonetheless become informed early on this subject); (3) nonsexually active adolescents (health education serves to alert these women with regard to predisposing factors and risky sexual behaviors and practices); and (4) spouses or sexual partners, who play a decisive role in the promotion of, and search for, screening services and in women's acceptance of cervical cytology. Men constitute a particularly important group owing to the social control that they exercise and the functions that society delegates to the sexes in these communities.

DISSEMINATION MECHANISMS

Each communications medium has a particular modality for disseminating messages (6). One of the advantages of the mass media is that they simultaneously reach large numbers of individuals who are both distant from the source and distant from each other. Radio and television achieve this result more completely than do the printed media, as reading takes place in heterogeneous situations and circumstances. Audiovisual communications media allow for quicker dissemination and response. In addition, delivery of the same message simultaneously to a large audience leads to increased consistency in its interpretation (7).

The other dissemination media are those that customarily exist in the community, i.e., those occurring through natural networks. An example is women who have benefited from a screening program and communicate their personal experiences. The availability of mechanisms for sharing experiences is crucial if the program is to expand and achieve credibility. Information can also be spread by individuals who visit the health services for other reasons—either the users themselves or those accompanying them—or during special community celebrations.

CHARACTERISTICS OF THE MESSAGES

The messages to be disseminated must be chosen on the basis of the knowledge, attitudes, and behaviors of the community with regard to the prevention of cervical cancer and the socioeconomic circumstances of the target population. Their effectiveness, as reflected in visits to health services, should be judged in light of the cultural setting of the various population groups (1, 8, 9). The basic message should inspire a feeling of ease and a positive attitude toward participation in the cervical cancer detection program.

In addition, there is a need for persuasion strategies that will improve self-esteem and put an end to the many false notions and taboos customarily associated with sexual functions and paradigms. Another problem is that in rural areas the word *cancer* is used as if it were synonymous with death, an idea that must be eradicated. Finally, the messages should promote participation by men in early detection programs, something which is frequently forgotten.

Messages dealing with cervical cancer screening programs should generate certain knowledge, attitudes, and behaviors among the population. It is important to communicate the location and function of the cervix uteri, the various stages of development of cervical cancer, and the treatments appropriate for each stage. It is also necessary to indicate which health services perform the test and how frequently it should be done.

It is essential to get across the idea that cervical cancer is not always lethal and to explain that the earlier the lesion is diagnosed, the greater the possibility of survival. The messages should emphasize that the Pap test is a cheap and easy-to-obtain diagnostic test but that certain factors hinder access. Lastly, the importance of

strict adherence to the screening program must be communicated.

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