

Cervical Screening Among Adult Black, Asian and White Women in England

Comparing Ethnic Inequalities and Evaluating the Proposed ‘Cervical Screening Connect’ Intervention

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Submission deadline	23 October 2026, 14:00 (2:00 PM)

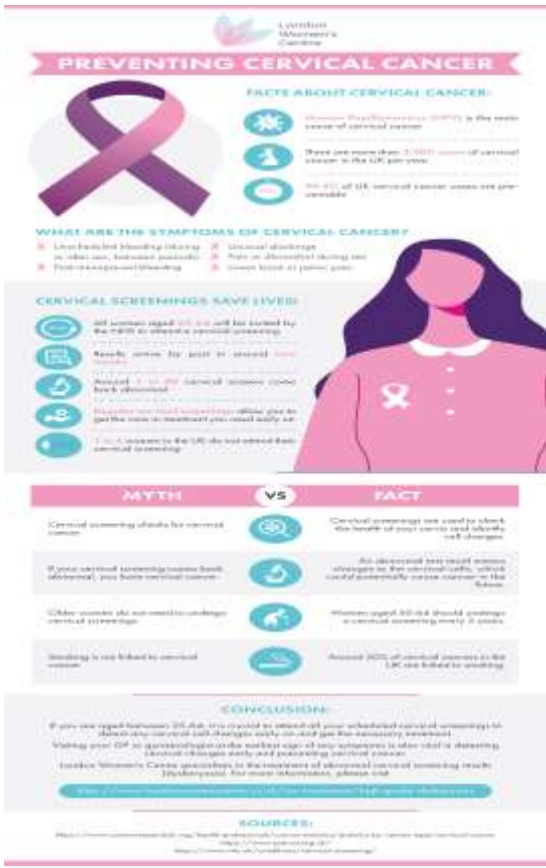
POSTER INTERVENTION

Cervical Screening Connect is a proposed inclusive digital information and navigation website supporting NHS screening invitations; it is not an existing NHS product.

1. BACKGROUND

Cervical screening is offered to eligible women aged 25–64 in England. The test checks for high-risk HPV, which causes nearly all cervical cancers (NHS, 2025; WHO, 2024). National coverage in 2023–24 was 68.8%: 66.1% for ages 25–49 and 74.3% for ages 50–64 (NHS England Digital, 2024). Ethnicity-specific national comparisons are limited by incomplete recording (Chilekwa et al., 2022). This poster therefore compares local Southwark GP data for Asian, Black and White women; these figures are not England-wide rates (Southwark Council, 2025).

Figure 1. Cervical cancer prevention



Source: World Health Organization (2024), HPV and cancer guidance.

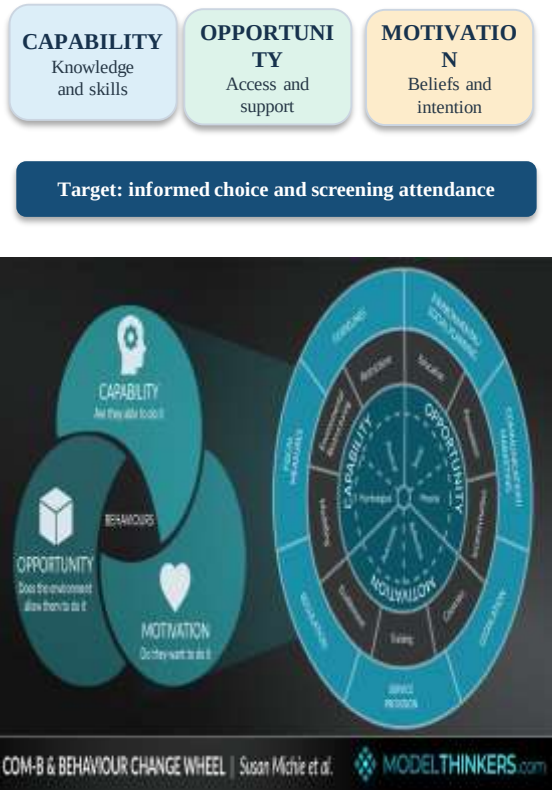
2. HEALTH PROMOTION VALUES

Health promotion should protect informed choice, dignity and fair access (WHO, 1986). Ethnicity must not be treated as a cause or a stereotype: women within every group have different needs. Co-design the resource with adult Asian, Black and White women, including non-attenders, disabled women and community partners. Offer plain English, translated text, audio and easy-read guidance; explain confidentiality and the right to request a female clinician, interpreter or chaperone. Keep phone, paper and in-person routes for anyone unable or unwilling to use digital services (NHS England, 2024; Kuper et al., 2024).

3. BEHAVIOUR CHANGE (COM-B)

COM-B links behaviour to Capability, Opportunity and Motivation (Michie et al., 2011). Capability: explain HPV, the test and screening eligibility in clear, translated formats. Opportunity: provide GP booking links, telephone help, interpreters and accessible appointments. Motivation: use trusted messengers, respectful stories and opt-in reminders—not fear or blame. Co-design with Asian women because local coverage is lowest, while testing messages with Black and White women avoids a one-group solution. Measure completed screening, not clicks alone.

Figure 3. COM-B behaviour change wheel

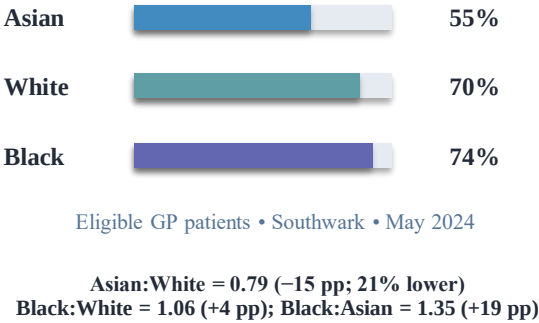


Source: Michie, van Stralen and West (2011), COM-B behaviour change model.

4. EXPECTED OUTCOMES

Primary outcome: completed screening among eligible women. Secondary outcomes: understanding, confidence, booking completion and experience. Compare outcomes by ethnicity, age (25–49/50–64), deprivation and language. An average increase is not success if the access gap widens.

Figure 2. Coverage by ethnicity (2024)



Source: Southwark Council (2025), JSNA Annual Report 2024, Figure 53 (May 2024 local GP data).

INTERVENTION PATHWAY

- Invitation: NHS letter, SMS or App alert.
- Understand: clear HPV and screening information.
- Prepare: interpreter, female clinician, chaperone or adjustment.
- Book: GP, telephone or supported digital route.
- Follow up: opt-in reminder and completion audit.

EQUITY BY DESIGN: THREE GROUPS

Group / need	Local coverage and design response
Asian women	55% locally; translated, culturally responsive explanations.
Black women	74% locally; avoid assumptions; audit diagnostic pathways and follow-up.
White women	70% locally; address specific barriers, not stereotypes.
Access needs	Interpreters, easy-read, audio and disability adjustments; retain phone/paper routes.
Trust & privacy	Female clinician/chaperone options, trauma-informed care, minimal data, no pressure.

CRITICAL TAKEAWAY

Digital support may improve understanding and navigation, but cannot remove every service barrier. Keep screening informed, voluntary and available through digital and non-digital routes.

ETHNICITY COMPARISON & EVIDENCE

A UK survey analysis found lower adjusted odds of screening for Asian than White women (OR 0.68; 95% CI 0.53–0.88), after adjustment for other factors (Chilekwa et al., 2022). A separate review recommends culturally competent outreach, support workers and flexible routes (Torres et al., 2024). Local coverage percentages and adjusted odds ratios are different measures; Southwark figures must not be presented as national estimates.

Figure 4. Inclusive screening message



Source: Healthwatch England (2024), “Cervical screening – my way”.

PILOT & EQUITY EVALUATION

Weeks 1–6: co-design with adult Asian, Black and White women, non-attenders, GP teams and community groups. Months 2–6: pilot against usual invitations. Audit completed tests by ethnicity, age, deprivation and language. Report percentage-point gaps and ratios. Scale only if uptake improves without widening inequity.

5. CONCLUSION & POLICY

Connect NHS invitations to accessible booking, culturally responsive education and trusted community support. Train staff in trauma-informed, non-stigmatising communication. Publish ethnicity-disaggregated coverage when data quality and sample size permit. Judge success by completed screening and smaller access gaps—not page views alone.

REFERENCES

- Chilekwa, D., Cairns, J. and Pitel, L. (2022) 'A cross-sectional analysis of ethnic inequalities in cervical screening uptake in the UK using Understanding Society (wave 10)'. Hull York Medical School. Available at: <https://ukdataservice.ac.uk/app/uploads/chilekwa.pdf>
- Faculty of Public Health (2023) 'Addressing ethnic inequalities in cervical screening uptake'. Available at: <https://www.fph.org.uk/blog/addressing-ethnic-inequalities-in-cervical-screening-uptake/>
- Healthwatch England (2024) 'Cervical screening – my way'. Available at: <https://nds.healthwatch.co.uk/reports-library/cervical-screening-my-way>
- Kuper, H., Andiwijaya, F.R., Rotenberg, S. and Yip, J.L.Y. (2024) 'Principles for service delivery: best practices for cervical screening for women with disabilities', International Journal of Women's Health, 16, pp. 679–692. Available at: <https://doi.org/10.2147/IJWH.S428144>
- Lim, A.W.W. et al. (2024) 'Opportunistic offering of self-sampling to non-attenders within the English cervical screening programme: the YouScreen feasibility trial', EClinicalMedicine, 73, 102672. Available at: <https://doi.org/10.1016/j.eclinm.2024.102672>
- Liu, X., Ning, L., Fan, W., Jia, C. and Ge, L. (2024) 'Electronic health interventions and cervical cancer screening: systematic review and meta-analysis', Journal of Medical Internet Research, 26, e58066. Available at: <https://doi.org/10.2196/58066>
- Michie, S., van Stralen, M.M. and West, R. (2011) 'The behaviour change wheel: a new method for characterising and designing behaviour change interventions', Implementation Science, 6, 42. Available at: <https://doi.org/10.1186/1748-5908-6-42>
- NHS (2025) 'What is cervical screening?'. Available at: <https://www.nhs.uk/tests-and-treatments/cervical-screening/what-is-cervical-screening/>
- NHS England (2024) 'Inclusive digital healthcare: a framework for NHS action on digital inclusion'. Available at: <https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/>
- NHS England Digital (2024) 'Cervical Screening Programme, England: 2023–2024, Section 1: Call and recall'. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-annual/england-2023-24/section-1-call-and-recall>
- Southwark Council (2025) 'JSNA Annual Report 2024', Figure 53: Estimated proportion of eligible Southwark GP patients receiving cancer screening, May 2024. Available at: <https://www.southwark.gov.uk/sites/default/files/2025-02/JSNA%20Annual%20Report%202024.pdf>
- Torres, O., Dehn Lunn, A. and Ford, J. (2024) 'What works: Addressing inequalities in the uptake of cervical screening'. Health Equity Evidence Centre. Available at: <https://www.heec.co.uk/resource/test-evidene-brief-resource/>
- World Health Organization (1986) 'Ottawa Charter for Health Promotion'. Available at: <https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion>
- World Health Organization (2024) 'Human papillomavirus and cancer'. Fact sheet, 5 March 2024. Available at: <https://www.who.int/news-room/fact-sheets/detail/human-papilloma-virus-and-cancer>