Common Beliefs and Misconceptions about Gynecologic Cancer: A Qualitative Study of U.S. Women

Cynthia A. Gelb, BSJ; Lindsey Polonec, MA; Jennifer Chu, MPH; Jennifer J. Clay Wayman, MHS; Lauren Wine Grella, MA

Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA; United States. — The Centers for Disease Control and Prevention, Atlanta, MA; United States.

Background

The Centers for Disease Control and Prevention (CDC), in collaboration with the U.S. Department of Health and Human Services’ Office on Women’s Health, developed the Inside Knowledge: Get the Facts About Gynecologic Cancer campaign. This initiative supports the Gynecologic Cancer Education and Awareness Act of 2005, or Johanna’s Law.

Objectives

The principal objectives of Inside Knowledge are to:
- Increase awareness among women and health care providers about the signs, symptoms, risk factors, screening, and prevention strategies related to the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar.
- Encourage women to pay attention to their bodies and know what is normal for them, in order to increase recognition of warning signs and symptoms.
- Encourage women to see a health care provider and ask about gynecologic cancers when faced with warning signs.

Methods

The CDC research team conducted formative research in 2009 with women in 7 cities across the United States. In 48 focus groups with 408 women aged 40-60, we explored knowledge, attitudes, beliefs, and behaviors related to gynecologic cancer and tested creative approaches to ensure effectiveness of campaign materials. Focus groups were held in:
- Atlanta
- Chicago
- Houston
- Los Angeles
- Miami
- New York City

Results

Our research revealed knowledge gaps and misconceptions about gynecologic cancers, such as a common misunderstanding about the purpose of the Pap test, lack of familiarity with vaginal and vulvar cancers, and generally poor understanding of the female anatomy. Our research also showed that creative approaches using testimonials, woman-to-woman communication, and featuring women of diverse racial and ethnic groups were most appealing to our target audience.

Common Beliefs and Misconceptions

- Participants were largely unfamiliar with the word “gynecologic,” but were able to guess its meaning.
- “A study to do with the female anatomy. You know...[something] you go to the gynecologist for.” — Johnson, Los Angeles
- Many women were familiar with cervical, ovarian, and uterine cancers but few knew about vaginal and vulvar cancers.
- “I don’t believe I’ve ever heard of vaginal or vulvar cancer.” — Jess, Chicago
- Several women said they had little understanding of the female anatomy, including the locations and names of reproductive organs.
- “[The anatomy diagram] helps me explain it. Because I didn’t know what the anatomy was until you explained it to me. Now I’m paying attention to the pictures to see what it is.” — Sarah, Chicago
- Cervical cancer is the only gynecologic cancer for which population-based screening is recommended, using the Pap test. However, women in the focus groups often said that the Pap test screened for several types of gynecologic cancer and other conditions.
- “I assume that with the Pap smear, it checks for everything.” — Dale, 먼
- Women were unsure how often Pap tests should be performed.

Preferred Communication and Creative Approaches

- Many women remarked that they liked a straightforward, woman-to-woman approach used in some of the creative concepts explored.
- “I liked that she’s talking directly to you. She could be anybody. She could be your sister or your mother or your neighbor...and it’s good to see that she pulled through this, which gives other people hope.” — Zelda, New York City
- Focus group participants expressed a preference for hearing a real story from a ‘real’ woman with whom they could identify, especially someone who had survived gynecologic cancer or had some personal connection to gynecologic cancer.
- “It was helpful to hear from someone who was diagnosed with cancer. And she encourages you to see a doctor. It was short and to the point, I felt.” — Robin, Los Angeles

Conclusions

Misconceptions about gynecologic cancer were common among the women included in this study. Gynecologic cancer educational resources should address knowledge gaps common among women. Study participants responded most favorably to straightforward approaches, and in the case of posters and advertising, they preferred testimonial approaches featuring ‘real’ women.

While this study was undertaken to guide the development of CDC’s Inside Knowledge campaign, it also may help to inform similar public health efforts targeted to reach women, particularly those aged 40-60 years.