HPV AND CERVICAL CANCER SCREENING AWARENESS AMONG BANGLADESHI WOMEN

2025

LONDON BANGLADESHI HEALTH PARTNERSHIP

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VOICE 4CHANGE ENGLAND

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1. INTRODUCTION

In June 2025, Voice4Change England, in partnership with the London Bangladeshi Health Partnership, Bangla Housing Association, funded and supported by the Northeast London Cancer Alliance, organised a cancer awareness workshop with approximately 20 Bangladeshi women in Tower Hamlets. This session combined an interactive quiz, group discussions, and opportunities for participants to share experiences and concerns about HPV and cervical cancer screening. The findings of the report were further informed following feedback from a subsequent Cancer Alliance online Workshop in July, capturing organisational learnings, cultural insights, and recommendations for tackling persistent health inequalities among Bangladeshi women in London.

2. KEY FINDINGS: 2.1. AWARENESS AND KNOWLEDGE

2.1.1. Cervical Cancer Screening:

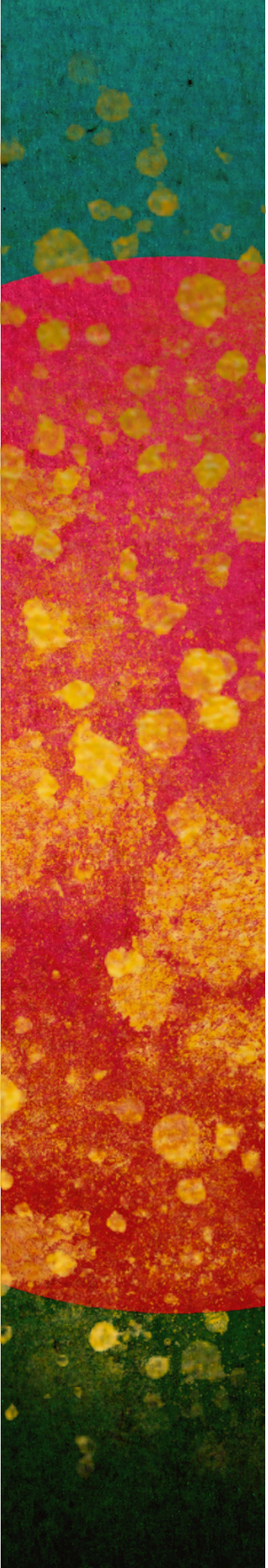
All participants understood the importance of regular screening for cervical cancer, acknowledged the NHS's provision of free screening, and recognised that feeling healthy does not guarantee being cancer-free. While the test was described as uncomfortable, it was not viewed as dangerous.

2.1.2. HPV Awareness:

Prior to the workshop, no one had heard of HPV. The session clarified its link to cervical cancer and its long, asymptomatic development. Misconceptions, such as the belief that only married or sexually active women need screening or vaccination, were addressed.

2.1.3. HPV Vaccination:

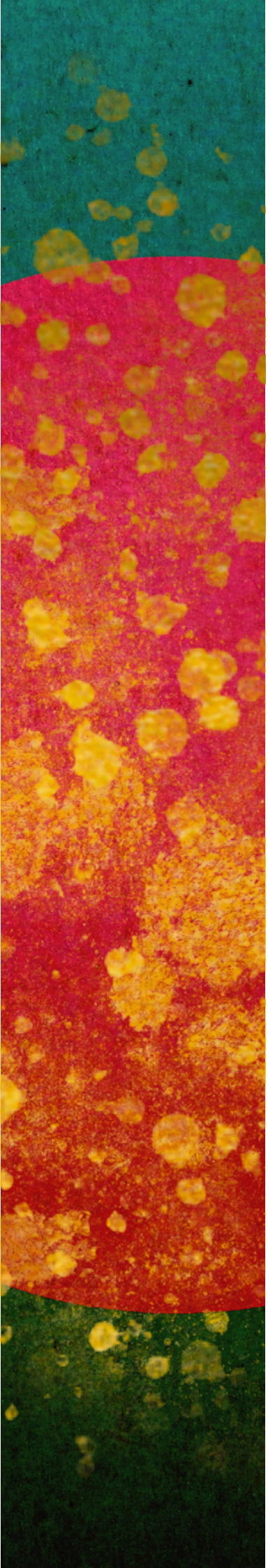
Participants generally supported vaccinating their children but expressed confusion around eligibility (particularly for boys), safety, side effects (including fears of infertility), and effectiveness. They voiced the need for more information in their own languages, within school settings, before granting consent.



2.1.4. Attitudes Toward Smear Tests and Self-Testing

All women had previously attended smear tests, but cited shyness, fear, lack of understanding, and preference for female clinicians as barriers to attendance. Some delayed screening due to absence of appointment invitations or access issues, particularly those over 50.

There was reluctance to self-administer HPV swabs, with most preferring testing by health professionals in community or clinical settings.



2.2. BARRIERS IDENTIFIED

2.2.1. Cultural Norms & Perceived Risk:

Many parents, drawing on strong cultural expectations of abstinence before marriage, perceived their daughters' risk as low. Traditional values (e.g., faithfulness, hygiene) were seen as providing protection, fostering a sense that the vaccine was unnecessary.

2.2.2. Awareness & Access:

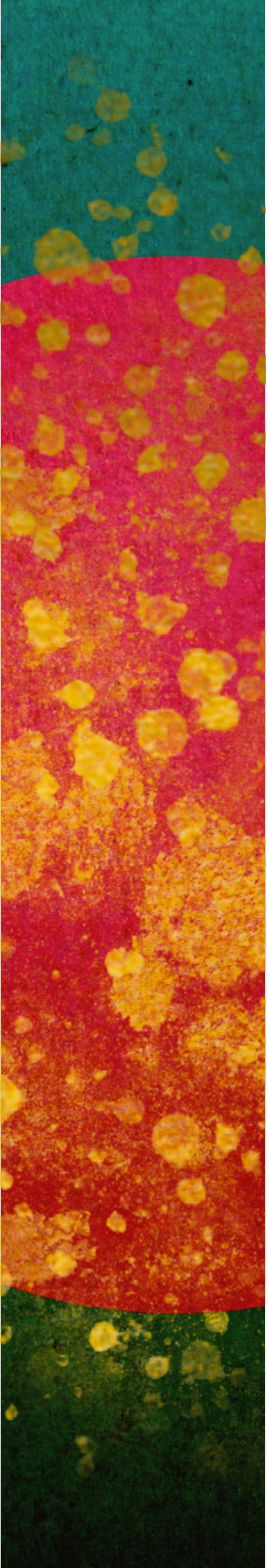
General knowledge of HPV remains very low among Bangladeshi women in London. Challenges include difficulty booking GP appointments, missed letters, and discomfort with online systems.

2.2.3. Safety Concerns & Mistrust:

Women expressed fears of vaccine side effects, doubts about long-term protection, and some suspicion of the motives underpinning vaccination campaigns.

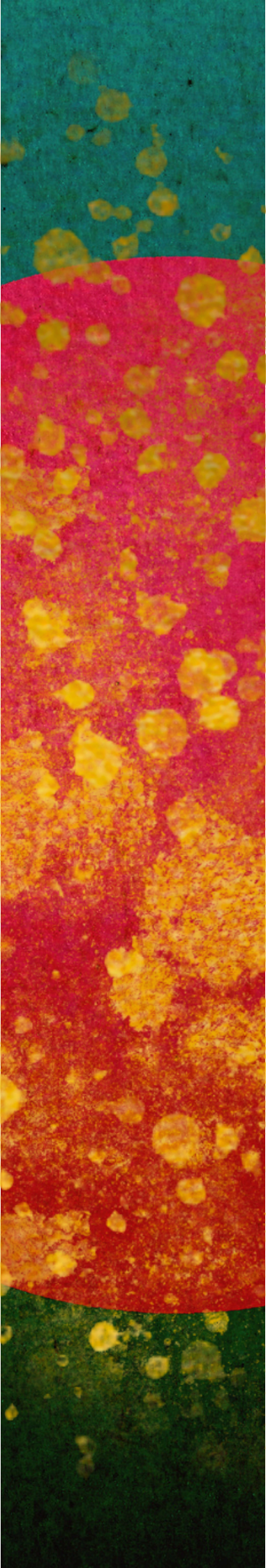
2.2.3. Language & Literacy:

Limited English proficiency and low health literacy made understanding consent forms and outreach materials difficult. There was a clear preference for in-person, language-appropriate information sessions over standard written leaflets.



2.2.4. Logistical Issues & School Absenteeism:

London reports consistently lower vaccine uptake compared to other regions, exacerbated by school absences, missed consent forms, and insufficient follow-up; especially post-COVID.



3. COMMUNITY INSIGHTS FROM WIDER ENGAGEMENT

The Cancer Alliance online workshop highlighted the importance of women-only health events (“Health Melas”) to create supportive, comfortable spaces for sharing and learning about sensitive health topics. The presence of female healthcare professionals and trusted community figures significantly increases engagement. Actionable feedback can be captured from women’s groups and chat discussions, emphasising the value of peer support and community-led recommendations.

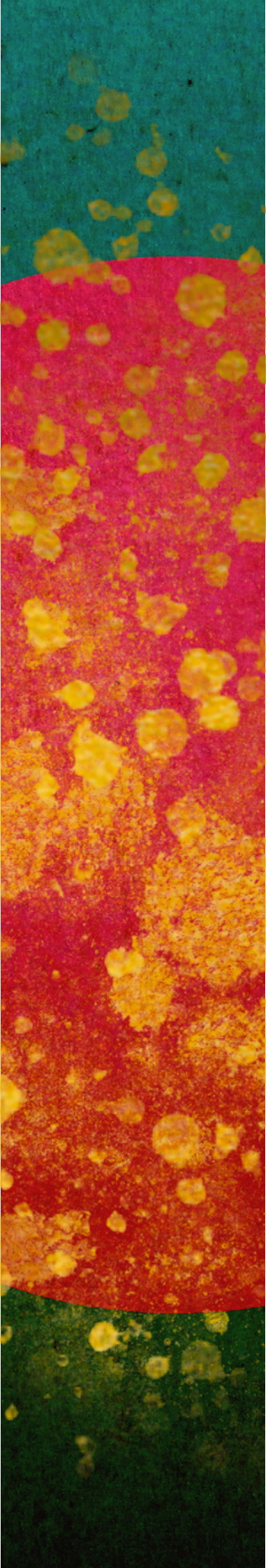
4. RECOMMENDATIONS

4.1. Culturally Tailored Community Engagement

- Organise workshops and health events (including “Health Melas”) in Bangla and Sylheti, led by trusted female clinicians and community leaders, to address side effects, morality concerns, and sexual health with sensitivity.
- Ensure venues are safe, accessible, and familiar; such as community centers, mosques, and women’s groups.

4.2. Communication and Educational Strategies

- Provide clear, simplified consent forms and information materials in native languages, supported by verbal explanations and visual aids.
- Use trusted messengers: local GPs, senior female managers, and respected community leaders in familiar settings (mosques, schools, community centers). To effectively reach the audience and convey the message through trusted channels, Bangla Housing Association recommended engaging health champions, i.e., respected and trusted members from within the community.
- Incorporate early education on the importance of smear tests and HPV during vaccination events to normalise discussions about screening.



4.3. Improving Service Access

- Offer community-based screening and self-sampling options, ideally facilitated by female clinicians with walk-in or pharmacy-style appointments.
- Implement proactive outreach and follow-up—especially for missed consent forms, school absentees, and women over 50 who may not receive invitation letters.

4.4. Empowerment and Sustainability

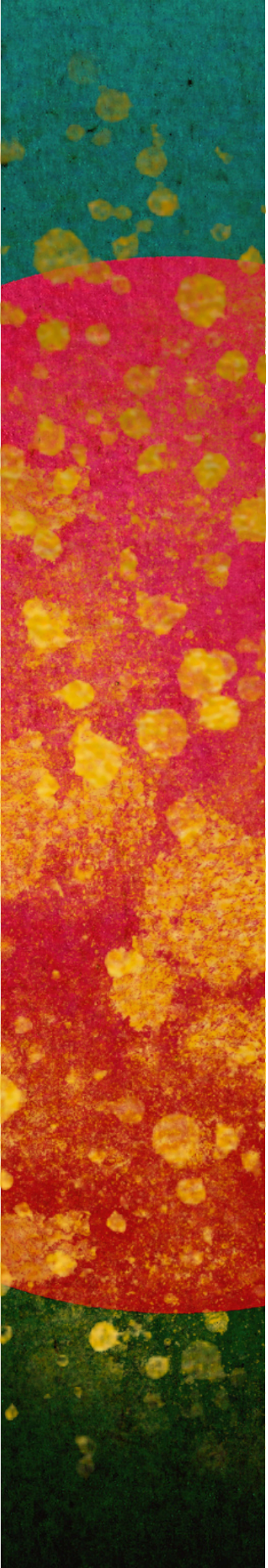
- Establish a sustainable Bangladeshi Women's Health Forum, giving women the power to shape, deliver, and lead health services encompassing vaccinations, screenings, mental health, and chronic conditions.
- Arrange women-only events for open discussion and peer support, reducing shyness and stigma.

4.5. Combating Misinformation

- Deliver targeted, gender- and culture-sensitive campaigns on platforms popular with young women to address myths and build vaccine confidence.

5. WHY PRIORITISE BANGLADESHI WOMEN'S HEALTH IN LONDON?

Bangladeshi women face pronounced health inequalities; including higher rates of chronic illnesses, lower screening and immunisation rates, and significant cultural, linguistic, and socioeconomic barriers to care. Many undertake key caregiving roles, experience financial insecurity, and are exposed to online misinformation about health interventions. Investing in community-driven, culturally sensitive women's health initiatives not only boosts individual and family well-being but also strengthens trusted leadership and supports systemic change for present and future generations.



6. CONCLUSION

Findings from both workshops highlight persistent gaps in HPV and cervical cancer awareness alongside significant support for regular screening. Tackling barriers, through culturally tailored education, improved access, trusted messengers, and practical support, will be essential for increasing uptake of preventive health services and narrowing health inequalities among Bangladeshi women in London.