1. Achieve higher uptake of cervical cancer screening by including husbands and household decision makers in communication.

2. Achieve better results of cervical cancer screening by reducing drop-out rate after home-based self-collected hrHPV samples.

On average the knowledge on risks and symptoms is moderate among women and low among men in all four countries. Only in Slovakia a majority of women takes decisions autonomously on cervical cancer screening. In Uganda, Bangladesh and India husbands or mothers-in-law have an important say in health matters of women or are the principal decision-makers. Increasing knowledge of men and mothers-in-law during the sensitisation phase might increase uptake of cervical cancer screening among women.

hrHPV prevalence rates varied much depending on the population: less than 2% in rural Asia, around 7% in urban Asia, around 11% in Europe, 21% in Uganda and 30%-40% in women living with HIV or sex workers in India.

When health workers and volunteers make personal contacts, they may convince women and their husbands to visit clinics for further screening.

Even when hrHPV prevalence is low, HPV positive women must complete the screening procedure to reduce morbidity and mortality.

The PRESCRIP-TEC project conducted research into knowledge concerning cervical cancer and decision-making processes with the modified AWACAN tool in Slovakia, Uganda, Bangladesh and India.