Review of: "Reassessing Cervical Cancer Prevention: Evaluating the NHS Cervical Cancer Screening Programme Through the Health Belief Model and Global Health Promotion Strategies"

Ismail Rabiu[1]

1 Kaohsiung Medical University, Kaohsiung, Taiwan

Potential competing interests: No potential competing interests to declare.

Strengths and Insights:

Relevance and Timeliness: The paper addresses an important and timely issue—cervical cancer prevention through screening programs—which continues to be a major public health concern, particularly in the UK. It demonstrates how a robust, long-established national program like the NHS Cervical Screening Programme (CSP) is both vital and in need of reassessment.

Innovative Analytical Framework: The application of the *Health Belief Model (HBM)* and *Ottawa Charter* to assess the NHS CSP adds depth to the analysis. The HBM's focus on individual beliefs about susceptibility, severity, benefits, and barriers is crucial in understanding why women might not participate in cervical screening. Furthermore, tying the program to broader global health promotion strategies like those outlined in the Ottawa Charter lends a more comprehensive, multi-level perspective to the critique.

Highlighting Inequities: A key strength of the paper is its critique of socioeconomic and cultural barriers within the CSP, underscoring disparities in access, understanding, and participation among different social groups. The author effectively argues that the CSP's reliance on individual responsibility through the HBM may inadvertently overlook structural and systemic factors, such as poverty, language barriers, and cultural stigma.

Culturally Sensitive Recommendations: The paper provides sound recommendations for making cervical screening more equitable, emphasizing the need for targeted interventions, particularly for high-risk and underserved populations. The suggestions for more inclusive strategies, such as mobile screening units and self-sampling kits, reflect a forward-thinking approach to reducing barriers to participation.

Ethical Considerations: The critique of how patient autonomy might be compromised by a top-down approach in the CSP is valuable. Highlighting the potential for women to feel coerced rather than empowered to make informed decisions points to an ethical issue that health policymakers should address to maintain trust and engagement in health programs.

Weaknesses and Limitations:

Over-reliance on Secondary Data: While the paper provides a solid literature review, it lacks primary data or empirical research that could strengthen its arguments. Relying on secondary sources such as reports and prior studies makes the analysis less robust, especially when discussing real-time challenges. Including interviews, surveys, or case studies would enhance the empirical basis for the findings and recommendations.

Narrow Scope of the Health Belief Model (HBM): Although the HBM is an effective framework for understanding individual health behaviors, it has significant limitations that are only partially addressed in the paper. The model's emphasis on personal responsibility and decision-making processes overlooks larger systemic barriers, which the paper could have explored more deeply. The author touches on the shortcomings of the HBM, but further exploration of alternative models (e.g., the *Social Determinants of Health* framework) would add more depth to the critique.

Underdeveloped Analysis of Cultural Barriers: While the paper acknowledges the existence of cultural barriers (such as misconceptions among ethnic minorities), it does not fully explore specific cultural factors that contribute to low screening uptake. Providing more concrete examples from diverse ethnic communities within the UK and explaining how targeted interventions could be tailored to these groups would strengthen the analysis.

Limited Engagement with Broader Global Comparisons: The paper refers to global health promotion strategies, particularly the Ottawa Charter, but could benefit from a deeper comparison between the UK's screening program and similar programs in other countries. By benchmarking against successful strategies in other healthcare systems (e.g., Scandinavia or Japan), the paper could highlight specific practices or policies that could be adopted by the NHS CSP.

Lack of Discussion on HPV Vaccination Integration: The paper does not sufficiently discuss the integration of HPV vaccination programs into cervical cancer prevention strategies. Given that HPV vaccination is a key preventative measure alongside screening, a more thorough analysis of how these two components work in tandem—or fail to—would provide a more comprehensive view of cervical cancer prevention.

Recommendations for Improvement:

Primary Data Collection: Incorporating interviews or surveys with women from different socioeconomic and cultural backgrounds in the UK would provide firsthand insights into the barriers they face in accessing cervical screening. This could validate some of the secondary findings and offer richer qualitative data for the analysis.

Expand the Theoretical Framework: The paper would benefit from integrating additional theoretical models, such as the *Social Ecological Model*, which considers both individual and systemic factors influencing health behaviors. This would allow for a more comprehensive critique of the NHS CSP, moving beyond the HBM's individualistic focus.

Deepen Focus on Cultural Sensitivity: Conduct a more thorough exploration of cultural factors that impact screening behaviors in specific ethnic communities. For example, discussing religious and social stigmas in greater detail, as well as strategies for community engagement, would provide clearer action points for health policymakers.

Strengthen Global Contextualization: Broaden the comparison between the UK's cervical screening program and

international efforts. Highlight how other countries address issues like health equity, cultural barriers, and patient autonomy in their screening programs, offering a clearer global perspective.

Include HPV Vaccination as a Key Component: Expand the discussion on the role of HPV vaccination in cervical cancer prevention. An analysis of how well-integrated the vaccination and screening programs are within the NHS could offer additional insights into improving overall cervical cancer prevention strategies.