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

Nelly Mandona[1]

1 Independent researcher

Potential competing interests: No potential competing interests to declare.

The paper is clearly organized. The transitions between sections are logical. It would be beneficial if terminologies such as the health belief model were defined earlier on, which would be helpful to readers not familiar with the concept right from the get-go. I have not read a paper combining HBM and Health Promotion Strategy; hence, I find this a unique approach. It would be nice to see a more concrete suggestion to policymakers on how they can prioritize addressing social determinants without overlooking personal responsibilities. The use of a mixed method strengthens this paper. There is a thorough analysis using HBM looking at the strengths and weaknesses, and I would recommend strengthening it more by discussing other behavioral models and comparing them with HBM. The paper provides actionable recommendations such as incorporating culturally sensitive communication and addressing socioeconomic barriers. The writer can be more specific in the actions recommended, such as the steps to implementing at-home testing kits or what specific community outreach strategies have been successful elsewhere and how these can increase access. For example, the Australia Pap Smear Victoria program successfully increased cervical screening uptake among culturally and linguistically diverse (CALD) women. The campaign included community talks, ethnic media advertisements, and culturally specific educational materials. Also, in the United States, the Tamale Lesson worked with Latina women. The conclusion could include a stronger call to action and include hot topics such as the integration of HPV vaccination programs with screening efforts. Integrating HPV vaccination and screening—one of the weaknesses in the current strategy is the separation of HPV vaccination and screening efforts. Integrating the two could enhance prevention efforts and improve outcomes. This is generally a solid, timely, and relevant ongoing discussion about health equity. More authors can build on this paper by providing more examples of alternative models or strategies that address the weaknesses identified in the HBM and by offering more concrete policy solutions. For example, the social cognitive theory expands beyond individual beliefs and includes social influences on behavior. The CSP could incorporate this model by promoting positive role models in communities, such as testimonials from women who have undergone cervical screening, especially from underserved groups. This could foster social reinforcement and encourage participation. The theory of planned behavior (TPB) could help explain why women in certain cultural contexts, even if they believe screening is beneficial as in HBM, might not feel they have control or support to take action. Ecological models focus on the interaction between individuals and their environments, acknowledging the influence of intrapersonal, interpersonal, community and organizational, and policy levels.