Female Gynaecological Cancer Awareness Project Report (2025)

the eve appeal
the gynaecological cancers charity

CAHN
Caribbean & African Health Network

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Executive Summary

This report describes a collaborative outreach project between the Caribbean and African Health Network (CAHN) and The Eve Appeal, designed to improve gynaecological cancer awareness among Black and minoritised women. Five one-day workshops were delivered between August and November, each structured as two 2-hour sessions with a 30-minute break. On average, nine women attended each workshop, creating a small-group environment that supported questions, discussion and peer support.

Recruitment was led by CAHN using its community networks and an online booking link. This approach enabled efficient planning and helped reach women who may not usually access mainstream cancer awareness activities. Demand exceeded capacity, and some women who booked could not be accommodated within the limited number of slots and dates.

Session content was based on The Eve Appeal's outreach materials and covered: basic gynaecological anatomy; periods, perimenopause and menopause; the five gynaecological cancers (with emphasis on womb and ovarian cancers); key symptoms and risk factors; non-cancer gynaecological conditions; and practical guidance on preparing for and attending GP and gynaecology appointments. The Ask Eve nurse-led helpline and CAHN's wider support offer were promoted throughout.

Evaluation used pre- and post-workshop questionnaires. Forty-seven women completed the pre-session survey and 52 completed the post-session survey. Baseline data showed moderate but uneven knowledge and confidence, especially around gynae cancer symptoms and recognising early warning signs. After the workshop, mean scores for all seven evaluation questions rose to between 4.75 and 4.88 (on a 1–5 scale), and 100% of respondents reported high agreement (score 4 or 5) on every item. Confidence in recognising early warning signs increased particularly sharply: pre-workshop responses were spread across the scale, while post-workshop 75% selected the highest score (5) and the remaining 25% selected 4.

Qualitative feedback highlighted four main areas of impact: better understanding of their own bodies; clearer knowledge of gynaecological cancers and symptoms; unlearning of myths about vaginal care; and a stronger sense of empowerment to act, with women describing themselves as the "first rescuer" of their own health. Participants were highly positive about the facilitation and repeatedly requested that similar training be offered more widely.

The main limitations were capacity constraints (with some booked participants unable to attend), incomplete pairing of pre/post questionnaires and reliance on self-reported outcomes collected immediately after the workshops. Nonetheless, the findings provide strong evidence that this CAHN–Eve Appeal model is an effective and acceptable way to improve gynae health knowledge and confidence among Black and minoritised women. The report recommends exploring additional dates, targeted follow-up content on topics such as vaginal cleansing, cervical screening and FGM, and longer-term evaluation of behaviour change and service use.

Introduction

This report describes a collaborative outreach project between the Caribbean and African Health Network (CAHN) and The Eve Appeal to improve awareness and understanding of gynaecological cancers among Black and minoritised women. It responds to evidence that public awareness of gynaecological cancers is low and that Black women experience later-stage diagnosis and poorer outcomes for some cancers, including womb cancer (Cancer Research UK, 2023; UK Parliament Women and Equalities Committee, 2023).

The Eve Appeal is the leading UK charity focused on gynaecological cancers and defines five main gynaecological cancers: womb, ovarian, cervical, vulval and vaginal (The Eve Appeal, 2024). Within this project, the educational content covered all five cancers but placed particular emphasis on womb and ovarian cancers, given emerging evidence on inequities in diagnosis, treatment and survival among Black women (Illah et al., 2023; Darko et al., 2024). CAHN, as a Black-led organisation with strong community roots, hosted and delivered the sessions to ensure that women could access accurate information in a culturally safe and trusted environment.

The following subsections outline the background and rationale for this work and summarise the partnership between CAHN and The Eve Appeal that underpinned the project.

2.1 Background and Rationale

Gynaecological cancers affect thousands of women in the UK each year. The Eve Appeal estimates that around 22,000 people are diagnosed annually with one of the five gynaecological cancers, with about 60 new diagnoses every day (The Eve Appeal, 2024). Despite this burden, campaign data suggest that roughly one in three people cannot name a single gynaecological cancer and many delay seeking help for symptoms such as abnormal bleeding or pelvic pain because of embarrassment or uncertainty (The Eve Appeal, 2022, 2024).

Low awareness is particularly concerning in the context of racial and ethnic inequalities. Recent analyses indicate that Black women in England are more likely than White women to be diagnosed with ovarian and uterine cancers at a later stage and to have higher mortality from uterine (womb) cancer, partly due to more aggressive tumour types and delays in diagnosis (Cancer Research UK, 2023; Leicester BRC, 2023; Darko et al., 2024).

These patterns sit within a wider landscape of unequal experiences of women's health. The Royal College of Obstetricians and Gynaecologists has highlighted that Black, Asian and minority ethnic women often face poorer outcomes and experiences across maternity and gynaecology, shaped by structural and interpersonal factors including racism, bias and organisational barriers (RCOG, 2024). A review by The King's Fund similarly points to intersecting barriers around language, health literacy, cultural competence and trust in services (The King's Fund, 2022).

In relation to gynaecological cancers specifically, qualitative studies show that many women misinterpret or normalise symptoms, or feel shame discussing intimate issues, leading to prolonged intervals before consulting a GP (Williams et al., 2022; Lim et al., 2014). For Black and minoritised women, these individual factors intersect with systemic issues such as previous negative encounters with healthcare and limited representation in public health messaging (Scott et al., 2024).

Taken together, this evidence supports the need for targeted, community-based interventions that normalise conversations about gynaecological health, increase knowledge of key symptoms and risk factors for womb and ovarian cancer, and build confidence to navigate primary and specialist care in safe, culturally responsive spaces (RCOG, 2024; The King's Fund, 2022; Scott et al., 2024). This project was conceived as one such response.

2.2 Partnership between CAHN and The Eve Appeal

The project was delivered through a structured partnership between CAHN and The Eve Appeal, bringing together complementary strengths in specialist cancer knowledge and culturally grounded community engagement.

The Eve Appeal is the UK's national charity for gynaecological cancers, funding research, delivering awareness campaigns and providing the Ask Eve nurse-led helpline for information and support (The Eve Appeal, 2024). It leads national initiatives such as Gynaecological Cancer Awareness Month and the Get Lippy campaign, which aim to break taboos around gynae health and improve symptom awareness (The Eve Appeal, 2022, 2024).

CAHN is a Black-led organisation working to improve health and wellbeing outcomes for Caribbean and African communities in the UK, with a strong track record in community-based programmes on cancer, long-term conditions and women's health. Its established relationships with churches, community groups and grassroots organisations enabled the project team to reach women who might not otherwise attend mainstream cancer awareness events and to host sessions in familiar, trusted spaces.

Within this partnership, The Eve Appeal provided the outreach delivery brief, slide deck and educational materials on gynaecological anatomy, symptoms, risk factors, screening and early diagnosis, along with pre- and post-session evaluation tools (The Eve Appeal, 2024). CAHN led on promotion, recruitment, the online booking system, venue logistics and on-the-day facilitation. Clinical volunteers linked to CAHN delivered the content using an interactive, discussion-based approach, encouraging questions and tailoring explanations to participants' concerns while maintaining fidelity to evidence-based key messages.

This model ensured that the outreach combined nationally consistent, clinically accurate information on gynaecological cancers with locally responsive, culturally sensitive delivery rooted in the lived experiences of Black and minoritised women.

2.3 Aims and Objectives

The overarching aim of the project was to improve awareness and understanding of gynaecological cancers, with a particular focus on womb and ovarian cancers, among Black and minoritised women engaged through CAHN's networks, and to support earlier, more confident help-seeking for gynae symptoms.

1. **Increase knowledge of gynaecological cancers and their symptoms** – Provide clear, accessible information on the five gynaecological cancers, with particular focus on womb and ovarian cancers, including key signs, risk factors and when to seek medical advice.

2. **Improve confidence in navigating care** – Equip participants with practical tools for preparing for GP and gynaecology appointments, explaining their symptoms and advocating for themselves within the healthcare system.

3. **Reduce stigma and misinformation** – Create a culturally safe, women-centred space to discuss menstruation, menopause and other intimate gynae issues without judgement, and challenge myths that may delay help-seeking.

4. **Promote ongoing support and information** – Signpost participants to the Ask Eve helpline, online resources and CAHN's wider offer so they have trusted sources of information beyond the one-day sessions.

5. **Generate evidence on impact** – Use pre- and post-session questionnaires to assess changes in awareness, symptom recognition and confidence, and to inform future collaborative work between CAHN and The Eve Appeal.

Subsequent sections of the report describe how these objectives were translated into a concrete delivery model, outline the participant profile and attendance across the five sessions, and present findings from the pre- and post-session evaluation.

3. Methodology

This section describes how the project was designed and delivered, how participants were recruited, what each session involved, and how data were collected to assess change.

3.1 Project Design and Session Dates

The project used a repeat **cohort model**, delivering the same structured outreach session on five separate dates to different groups of women. This design allowed consistency in content while widening reach across CAHN's networks.

Sessions took place between August and November, on:

- 6 September
- 23 September
- 13 September
- 6 October
- 12 November

Each date comprised a single full-day workshop, with women attending for the whole day. This format enabled sufficient time to cover core educational content, allow questions, and complete pre- and post-session questionnaires. To accommodate everyone's availability, the session dates were varied to include weekends. The locations were also varied to allow representation from various parts of Manchester.

3.2 Recruitment and Booking Link

Recruitment was led by CAHN using its existing community networks, including faith-based organisations, community groups and social media channels. Information about the sessions was shared through CAHN's usual communication routes, emphasising that the workshops were **free, women-only** and focused on gynaecological health and cancer awareness.

An **online booking link** was created to manage registrations. The link allowed women to:

- select a preferred session date
- provide basic contact details
- confirm consent to be contacted with joining instructions

The booking system supported efficient planning (for venue set-up, refreshments and printed materials) and provided a clear record of expected attendance. On the day, a paper sign-in sheet was used to confirm who actually attended.

3.3 Session Format and Content

Each workshop followed the same **full-day format**:

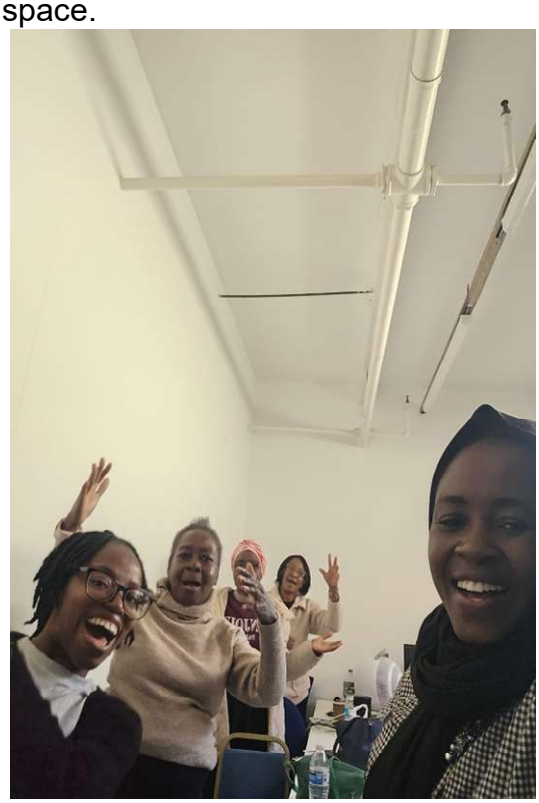
- **First session:** 2 hours
- **Break:** 30 minutes
- **Second session:** 2 hours

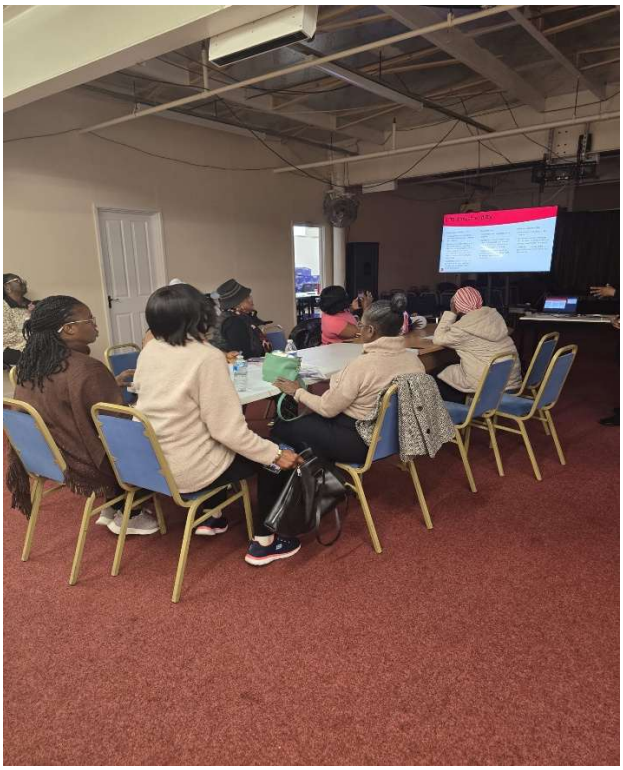
On average, **nine women** attended each session, creating a small-group environment that encouraged interaction and questions. They were informed in advance that photographs would be taken and that they had the right to decline. Those who agreed completed a photo consent form.

Session content was based on The Eve Appeal's outreach materials and delivery brief, adapted for CAHN's community setting in a culturally tailored manner. Across the two teaching blocks, the sessions covered:

- basic gynaecological anatomy and menstrual health
- an overview of the five gynaecological cancers, with emphasis on womb and ovarian cancer
- common signs and symptoms that should prompt help-seeking
- key risk factors and protective factors
- non-cancer gynaecological conditions to reduce confusion and anxiety
- practical guidance on preparing for and attending GP and gynaecology appointments
- information on the Ask Eve nurse-led helpline and other support routes

Delivery was led by a clinical volunteer linked to CAHN, supported by CAHN staff and volunteers. The facilitation style was **interactive and discussion-based**, with time allocated for questions, clarification and sharing of experiences in a culturally safe, women-centred space.





3.4 Data Collection (Pre and Post Questionnaires)

To assess change in awareness and confidence, participants were invited to complete brief **pre- and post-session questionnaires**.

- The **pre-session questionnaire** was completed at the start of the day and captured baseline information on:
    - awareness of gynaecological cancers
    - recognition of key symptoms
    - confidence in seeking help from a GP or gynaecologist
    - intention to act if symptoms were noticed
- The **post-session questionnaire** was completed at the end of the day and repeated key questions to measure any change. It also included items on:
    - satisfaction with the session
    - perceived usefulness of the information
    - likelihood of using services such as Ask Eve or contacting a GP

CAHN staff and volunteers were available to support women who needed help with reading, writing or understanding questions. Completed questionnaires were collected at the end of each session and subsequently entered into a simple dataset for analysis of pre- and post-changes, which will be presented in the Findings section.

4. Findings

4.1 Attendance and Engagement

Across the five workshops delivered between August and November, **47 women** completed the pre-session questionnaire and **52 women** completed the post-session questionnaire. The slight increase in post-session responses indicates that a small number of women joined on the day without completing baseline forms, which is noted later as a limitation.

Session registers and observation confirmed an **average attendance of around nine women per session**, consistent with the intended small-group format. This size appeared well suited to the aims of the project: participants were able to ask questions freely, seek clarification and engage in discussion without feeling exposed. Facilitators reported high levels of participation, with women actively contributing to conversations about symptoms, screening and help-seeking.

Qualitative feedback from the post-session questionnaires described the training as “eye opening”, “engaging” and “very informative”, with several women explicitly asking for “more of this training” to be offered more widely.

4.2 Changes in Knowledge and Confidence

All seven core evaluation questions used a **1–5 Likert scale**, where 1 indicated very low agreement or confidence and 5 indicated very high agreement or confidence. Items covered knowledge of gynae anatomy, menstrual and menopausal health, awareness of the five gynaecological cancers and their symptoms, and confidence and awareness related to help-seeking.

4.2.1 Mean scores pre and post

At baseline, mean scores across the seven items ranged from **2.43 to 3.47**, indicating **moderate but uneven knowledge and confidence**. After the training, mean scores across all items increased to between **4.75 and 4.88**, reflecting **consistently high levels of self-reported knowledge and confidence**.

Figure 1 shows a clear improvement in participants' knowledge. The mean score for knowledge of gynae anatomy increased from 3.23 before the workshop to 4.88 after the workshop (on a 1–5 scale). This shift suggests that most women moved from having only moderate understanding to feeling very confident in their knowledge by the end of the session.

Fig 1: Knowledge of gynae anatomy increased from 3.23 (pre) to 4.88 (post).

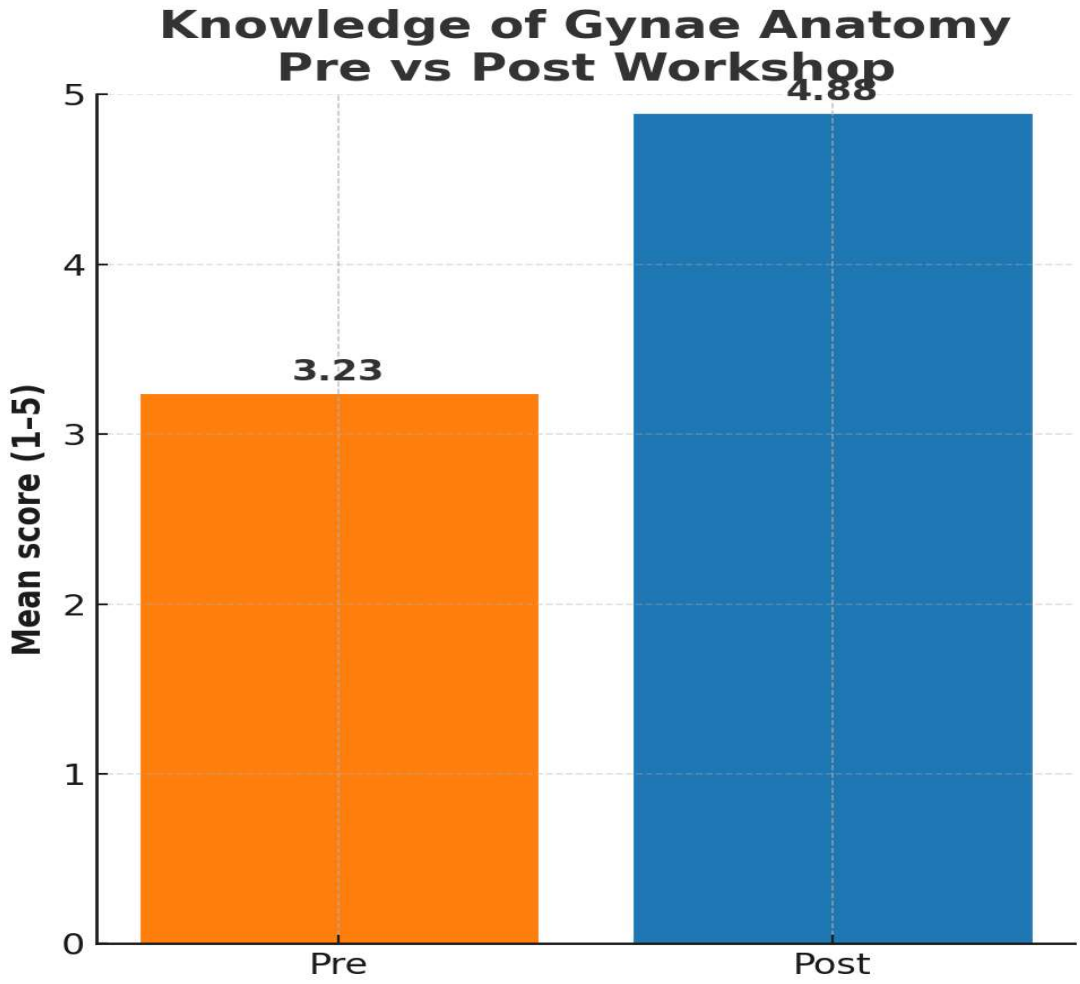
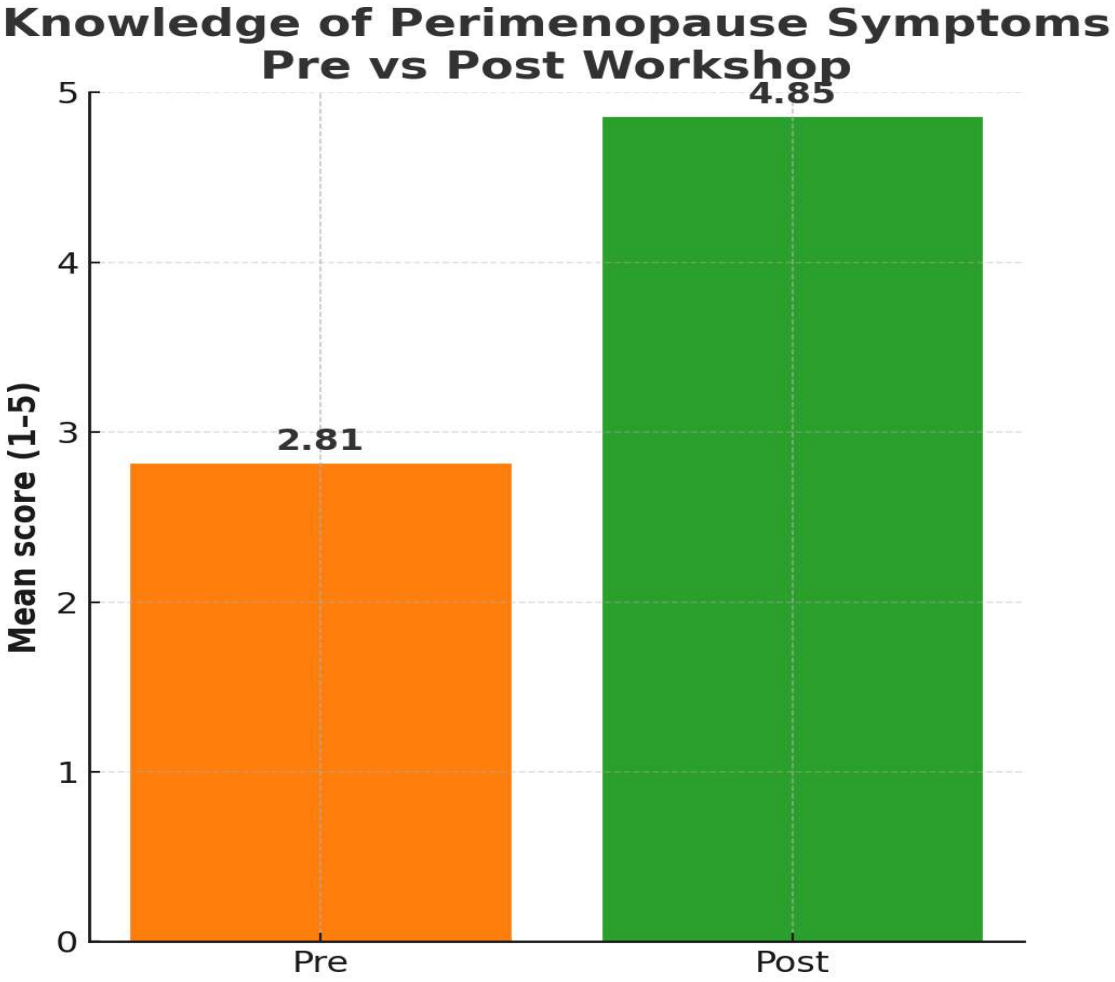


Fig ii: Knowledge of perimenopause symptoms increased from 2.81 to 4.85. Knowledge of perimenopause symptoms improved substantially. The mean score increased from 2.81 before the workshop to 4.85 afterwards (on a 1–5 scale). This indicates that many participants started with quite limited or patchy understanding of perimenopause, but by the end of the session they felt very confident recognising common symptoms and knowing what to look out for.



- Recognition of the five gynaecological cancers increased from **2.55** to **4.79**.

Fig iii. Knowledge of gynaecological cancer symptoms increased markedly. The mean score rose from **2.43 before the workshop** to **4.77 afterwards** (on a 1–5 scale). This suggests that many women initially had limited awareness of the warning signs of gynae cancers, but by the end of the session they felt much more confident recognising key symptoms that should prompt them to seek medical advice.

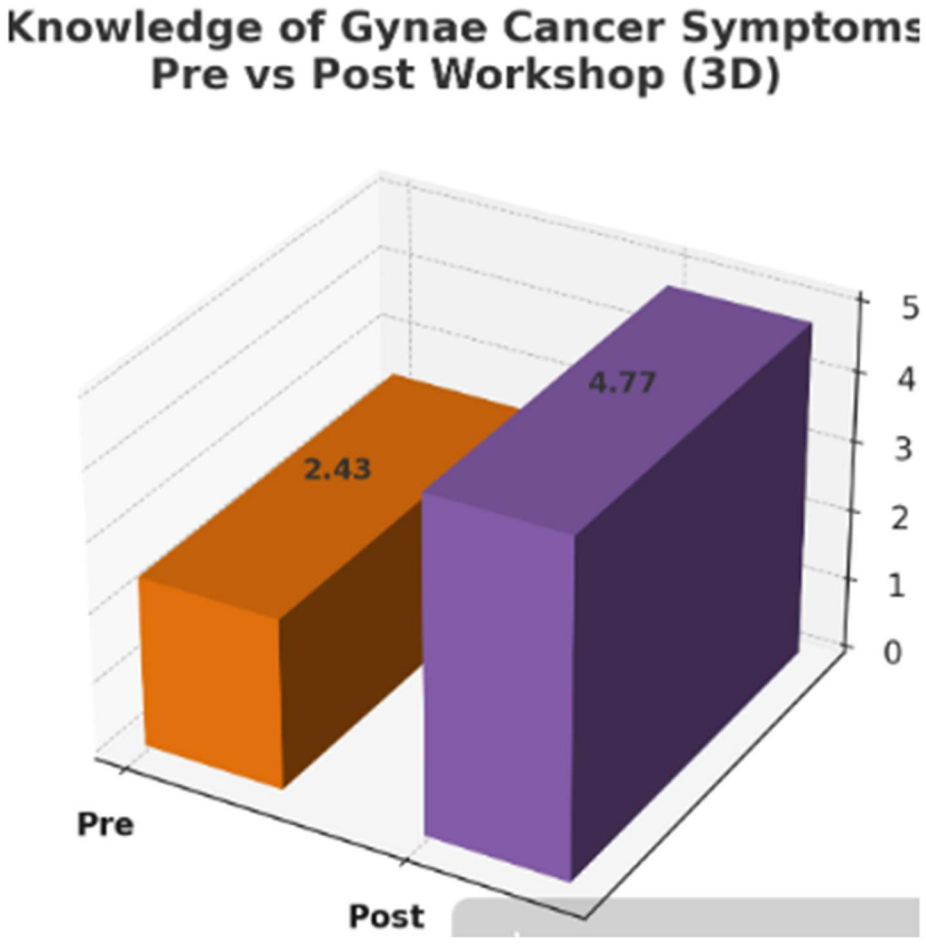
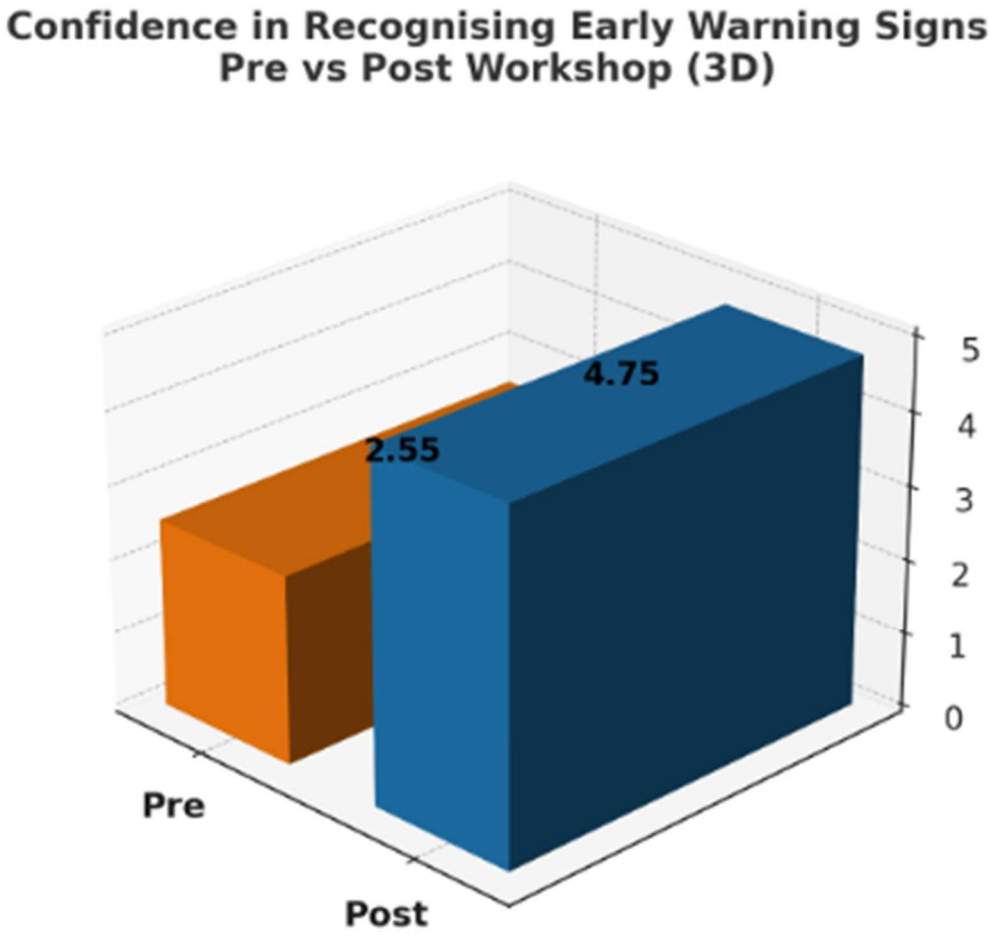


Figure (iv) shows a substantial rise in confidence in recognising early warning signs. The mean confidence score increased from 2.55 before the workshop to 4.75 afterwards (on a 1–5 scale). This indicates that participants moved from feeling unsure about spotting possible symptoms to feeling very confident that they could identify early warning signs and seek help promptly if needed.



- Awareness of when and how to seek medical help increased from **3.04** to **4.87**.

Figure 1: Bar chart showing pre- and post-workshop mean scores (1–5) for the seven evaluation questions.

4.2.2 Proportion reporting high agreement

A second way of viewing impact is to consider the proportion of women who reported **high agreement (scores 4 or 5)**.

- **Before** the workshop, high agreement ranged from **17% to 53%** depending on the item. For example, only **17%** felt they already knew the symptoms of gynae cancers, and **23%** felt confident recognising early warning signs.
- **After** the workshop, **100% of participants** reported high agreement (4 or 5) on **every** item.

This shift from mixed or cautious baseline responses to **universal high levels of confidence and knowledge** strongly suggests that the session content effectively addressed the priority knowledge gaps identified in the project rationale.

4.2.3 Confidence recognising early warning signs

Changes in confidence recognising early warning signs and symptoms of gynaecological cancers are particularly noteworthy.

- **Pre-workshop**, responses were widely distributed:
  - 30% scored **1**
  - 19% scored **2**
  - 28% scored **3**
  - 13% scored **4**
  - 11% scored **5**

  The pre-workshop pie chart therefore shows a relatively even spread across the scale, with a clear cluster at the lower end (scores 1–3).

- **Post-workshop**, the distribution became heavily skewed toward the top end of the scale:
  - 25% scored **4**
  - 75% scored **5**

  The post-workshop pie chart is dominated by the "5" segment, indicating that **three quarters** of respondents left the session feeling maximally confident in recognising early warning signs, with the remainder still reporting high confidence (score 4).

Figure 2: Pre-workshop pie chart showing the distribution (1–5) of confidence recognising early warning signs of gynae cancers.
Figure 3: Post-workshop pie chart showing the distribution (1–5) of confidence recognising early warning signs of gynae cancers.

Taken together, the bar chart and pie charts demonstrate not only increases in average scores but also a flattening of inequities in confidence within the group: women who began with very low confidence moved closer to those who already felt more knowledgeable, resulting in near-universal high confidence by the end of the day.

4.3 Qualitative Feedback

The qualitative questions in the post-session questionnaire provide useful insight into **what participants valued most**, **where they wanted more depth** and **how they experienced the training overall**.

4.3.1 Most valuable aspects

When asked about the most valuable thing they learned, participants emphasised four recurring themes:

- **Knowing their bodies better** – women spoke about "learning about vaginal care and the parts of reproductive system", "knowing much more about my body" and "getting to know parts of the vagina and each part's function".
- **Understanding gynaecological cancers and symptoms** – participants highlighted "learning about the different cancer that affects women", "I learnt the five gynaecological cancers" and "the symptoms of perimenopause".
- **Dispelling myths** – several responses stressed "unlearning and relearning so many myths surrounding vaginal care", reflecting the value of directly addressing misinformation.
- **Feeling empowered to act** – for some, the key message was that "I am the first rescuer and saver of my body", signalling a shift towards more proactive, self-advocating help-seeking.

These comments align closely with the project objectives around knowledge, stigma reduction and confidence to navigate care.

4.3.2 Topics for more emphasis

Most participants indicated that no major topics were missing. However, a small number of women suggested areas for deeper or repeated coverage, notably:

- Traditional myths and practices around vaginal cleansing
- Vaginal cleansing/douching more generally
- Cervical screening
- Female genital mutilation (FGM)

These suggestions point to specific cultural and clinical issues where further detail, or follow-on sessions, could be valuable.

4.3.3 Overall satisfaction

Additional comments about the training were overwhelmingly positive. Facilitators were described as "really engaging", "fantastic" and "encouraging". Several participants emphasised that the initiative should be scaled up, for example stating that "this is a very good initiative and should be more available so women are more aware and confident about their bodies". No negative comments were recorded, and suggestions centred on expanding rather than changing the offer.

5. Discussion and Limitations

5.1 Discussion

The pre- and post-workshop data show a **substantial and consistent improvement** across all measured domains of knowledge and confidence related to gynaecological health and cancer awareness. The combination of quantitative and qualitative findings suggests that the outreach model adopted by CAHN and The Eve Appeal is both **acceptable** to participants and **highly effective** in achieving its core educational aims.

First, the shift from mixed baseline knowledge to universal high agreement across items indicates that the content was pitched at an appropriate level for the audience. Participants entered with partial awareness – particularly low around gynae cancer symptoms and the range of cancers – and left with strong self-reported understanding of anatomy, menstruation and menopause, cancer types, and early warning signs.

Secondly, the transformation in confidence recognising symptoms and navigating care is particularly important in light of evidence that Black and minoritised women face barriers to timely help-seeking and experience later-stage diagnosis and poorer outcomes for some cancers. By the end of the workshop, all respondents felt confident about **when and how to seek medical help** and **encouraging others to do so**, which directly supports the project's aims around earlier presentation and peer support.

Thirdly, the qualitative data show that the sessions did more than transmit information. Participants described **unlearning myths**, feeling **affirmed and empowered**, and seeing themselves as active "rescuers" of their own health. This suggests that CAHN's culturally grounded facilitation, in partnership with The Eve Appeal's evidence-based materials, helped to create a **psychologically safe environment** in which difficult or intimate topics could be discussed openly.

Finally, the expressed desire for "more of this training" and for wider roll-out indicates that the model has potential for **scaling or adaptation** to other communities, settings or languages, particularly if combined with more targeted content on issues such as vaginal cleansing practices, cervical screening and FGM.

5.2 Limitations

The findings should be interpreted in light of several limitations:

- **Capacity constraints and unmet demand:** The project was limited by the number of available dates and the small-group format. Although an online booking link was used to manage registrations, demand was higher than the number of spaces available. Some women who booked could not be accommodated due to limited slots and the fixed delivery schedule. This constraint may have introduced a degree of selection bias, with the evaluated sample potentially more motivated, available or engaged than the wider group who expressed interest.

- **Incomplete pairing of pre- and post-data:** A small number of participants completed the post-session questionnaire without having completed the pre-session form. As a result, the comparison presented here is based on group-level pre/post data rather than strictly matched pairs. This is common in community settings but should be acknowledged when interpreting the size of change.
- **Self-reported outcomes only:** All outcomes were self-reported and measured immediately after the session. While the sizeable increases in knowledge and confidence are encouraging, the evaluation does not capture **long-term retention**, actual **behavioural changes** (such as increased GP consultations or screening uptake), or impact on clinical outcomes.
- **Single-site, small sample:** The workshops were delivered through one community organisation and involved relatively small groups. This is appropriate for an exploratory, community-based project but limits the generalisability of findings to other areas or populations.

Despite these limitations, the evaluation provides strong indicative evidence that this CAHN–Eve Appeal collaboration is an effective and valued approach to improving gynaecological cancer awareness and confidence among Black and minoritised women. Future work could build on this by increasing capacity, exploring follow-up sessions or digital materials, and integrating longer-term outcome measures such as screening uptake, GP attendance for symptoms or qualitative follow-up interviews.

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APPENDIX

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