

Acceptability of Community Women in Rural Area for Ca Cervix and Ca Breast Screening

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Abstract: Cervical and breast cancer are very important public health problem in women above 30 years of age in all over the world. **Objective:** To study the acceptability of cervical cancer screening by VIA, VILI, To study the acceptability of clinical examination of breast by trained female health care worker. **Methodology:** Quantitative research approach with a community based observational study design carried out over a period of one year. A random sampling method was used to select a total of 1037 rural women's in the age group 30 – 60 years from 4 primary health centers, sub centers and remote area in Karad Taluka, Maharashtra. Two Auxiliary nurse midwives (ANM) and three ASHA workers from each PHC were selected and orientation and training program was arranged for them. Awareness program was given by community project supervisor and senior gynecologist and two field nurses. And those were willing for screening for them appointments were given for screening. **Result:** 430 women participated in screening for cervix and found 12 cases suspected malignancy, 85 cases found some associated uterine and medical problems, 17 cases found with lump in breast. **Conclusion:** There was significant increase acceptability of community women in rural area for ca cervix and ca breast screening.

Keywords: Field nurses Primary Health Centre, ASHA workers, Awareness Program on cervical cancer and breast cancer, cervical screening

1. Introduction

Cervical and breast cancer are very important public health problem in women above 30 years of age in all over the world. Breast cancer ranks second and cervical cancer ranks seventh according to incidence of cancers in the world. In India cervical and breast cancer are most common cancers in woman.¹ These cancers are very advanced at the time of detection. In India both early detection and screening remains a major area of concern to the health workers in the absence of screening facilities coupled with poor literacy and low level of awareness² Early diagnosis is possible if awareness programe fixed with screening is undertaken at PHC level. Screening interventions are designed to early detection of disease in community, thus enabling earlier intervention and management will reduce mortality rate.

2. Literature Survey

1. Shelia F.D et al (2017): conducted study on Cervical and Breast Cancer Screening after CARES: A Community Program for Immigrant and Marginalized Women. From May 15, 2012 to October 31, 2013, a total of 1, 993 women attended 145 educational sessions provided in 20 languages. Thirty-five percent (118/331) and 48% (99/206) of CARES participants who were age eligible for Pap and mammography, respectively, were UNS on the education date. Subsequently, 26% and 36% had Pap and mammography, respectively, versus 9% and 14% of UNS controls.³

2. Evelyn C I et.al (2016): conducted study on on Increasing Cervical Cancer Awareness and Screening in Jamaica: Effectiveness of a Theory-Based Educational Intervention. 225 women attending health facilities in an intervention consisting of a pre-test, educational presentation and post-test he greatest improvements were observed in responses to questions on knowledge, symptoms and prevention, with some items increasing up to 62% from pre-test to post-test. Of the 123 women reached for follow-up, 50 (40.7%) screened for cervical cancer⁴.

3. Zakia M, et.al (2014): conducted study on Evaluating awareness and screening of cervical cancer among women in Sharjah, United Arab Emirates. The study included 212 respondents, More than 70% of women had a positive attitude towards screening; however, 59.9% did not know that they can be vulnerable to cervical cancer⁵

3. Methodology

Quantitative research approach with a community based observational study design carried out over a period of one year. A random sampling method was used to select a total of 1037 rural women's in the age group 30 – 60 years from 4 primary health centers, sub centers and remote area in Karad Taluka, Maharashtra.

Inclusion criteria included, the women aged 30 to 60 years, women who were willing for cervical screening and examination of the breast, non pregnant, who attended the awareness program and had given the pre and post test.

Exclusion Criteria: women aged below 30 and above 60 years, women who had history of cancer or already diagnosed as cancer and taking treatment were excluded.

Description of Tool

Awareness program was including lecture cum discussion on cancer cervix and cancer breast with the help of charts, posters, and flash cards which described the prevalence of ca cervix and breast, risk factors, etiology, signs & symptoms, treatment, importance of screening and preventive measures and demonstration of breast examination.

A self reported questionnaire on knowledge assessment regarding breast and cervical cancer was used for pre and post test for assessment of knowledge before and after the awareness programme. Apart from the demographic data, the questionnaire included ten questions each on breast and cervical cancer.

Data Collection Method

Women were identified by ASHA workers and field nurses. In each PHC area 450 women were identified, 150 for PHC, 150 for Sub centre area and 150 for remote area. ASHA workers along with field nurses went house to house to contact, interviewed and counseled eligible women for screening, taken pre-questionnaires filled by all identified women. Women were invited for awareness program.

Awareness program was arranged as lecture cum discussion method on cancer cervix and cancer breast with the help of charts, posters, and flash cards which described the risk factors, etiology, sign/symptoms, treatment, importance of screening and preventive measures and demonstration of self breast examination and same day appointments were given to women for the cervical screening and breast examination. Side wise actual screening were done on same day who those were willing and those were not willing for the same day were given appointments for the next day or next week on screening day.

In first few weeks, there was a lot of response from the women. But in subsequent weeks response was not the satisfactory because women were not ready to come twice, that is once for awareness and second visit for screening so we changed the plan. First four days of week. Awareness program arranged in a group of women at their nearby place for their convenient. They were invited for the screening on fifth and sixth day of week. One PHC for four weeks worked in a same manner. Reassessment and follow up cases were also done by field nurses and obstetrician for all four PHC's.

Most of the women underwent cervical screening and breast examination. Those were found problems like white patches, lesions and cervical erosions, they were referred to Krishna Hospital K.I.M.S.D.U. Karad for further treatment.

4. Results

Table 1: The Acceptance Rate Of Cancer Cervix & Breast Awareness & Screening At Phc, Subcentre, Remote Place

Place PHC Area	No. of Attending %	Expressed Willingness %	Actually Underwent Screening%
PHC AREA (Kale, Masur, Umbraj, Kole)	365	332	172
SUBCENTRE (Dhondewadi, Andharwadi, Koparde, Shinganwadi)	346	301	162
REMOTE AREA (Chachegaon Ganeshnagar, Shahunagar, Hanbarwadi)	326	282	91
TOTAL	1037 100%	925	430

The rate of attendance of awareness programs, willingness for screening and availing screening were highest for PHC area, followed by sub centre area and least in remote area.

During the screening out of 430 cases 9 cases were detected with cervical abnormality. 210 PAPs smear test done and found 1.9% cases of ASCUS, 1.9% Cases of LSIL. In the colposcopy 12 cases found CIN and 4 LEEP procedure performed.

Table 2: Frequency And Percentage Rates For Associated Findings Seen Among The Women Undergone Screening

Associated Findings	Frequency	Percent
UTERINE PROLAPSE	17	4.0
UTERINE /CERVICAL POLYP	4	0.9
UTERINE FIBROID	3	0.7
INFERTILITY	10	2.3
BACKACHE	199	46.3
IRREGULAR MENSTRUATION	63	14.7
ABDOMINAL PAIN	75	17.2
DUB	28	6.5
LEUCORRHOEA	85	19.8

Table no. 2 shows that total 85 women had various associated medical problems. Some medical problems were treated at respective PHC's and uterine fibroid, prolapsed, polyps like conditions treated at K.H.K.I.M.S. University Karad with free of cost or minimum cost by giving appointments.

Table 3: The Treatment Given For Positive Cases After Screening

Management	Frequency	Percentage
Medical Management	49	72
Cryo Therapy	4	5.9
Leep	4	5.9
Surgery For FIBROID /POLYP /PROLAPSE	10	14.7
Chemotherapy	1	1.5
Total	68	100

As shown in Table no. 3 total 68 cases were treated during study period. Treatable conditions were managed at PHC level. Services which are not available in the PHC procedure like LEEP, Chemotherapy, Crayotherapy, treatment for Prolapse/ Fibroid Uterus, and Polyps such cases were treated at Krishna Hospital KIMS University Karad after giving

proper appointments and after doing necessary investigations with minimum charges no profit no loss basis.

Table 4: The Percentage and Frequency Rates of Breast Problems among the Women Underwent Screening

Breast	Frequency	Percentage
Normal	413	96.0
Lump In Breast	17	4.0
Total	430	100.00

In the study out of 430 women screened for breast examination and it is found that 17 women detected with lump in breast. These cases were referred to surgeon at Krishna Hospital KIMS University Karad. Out of it 4 suspected cases found so F.N.A.C. done for further investigation and treatment.

Acceptability of Breast Examination

In study after the awareness program me, 925 women were willing for screening and all the 430 women performed breast examination as it is non invasive procedure and 17 have taken treatment for breast lump. This shows a significant increase in the level of acceptability regarding breast cancer screening of rural women. It suggests that awareness through mass media may not be sufficient in changing attitude or practice. Privacy during examination is very important and also convincing for screening is also equally important.

Acceptability of Cervical Screening

Women beliefs towards cervical cancer screening were influenced by the level of awareness. 1800 women were motivated for awareness program. 1037 Women actually came for awareness program. Most of the women 89% were willing for screening after the awareness programme. Although a greater proportion of women (89%) were aware of the presence of the screening services in the study center, only 430 (46%) of the respondents underwent the screening for cervical cancer and 68 undertook treatment. Majority of women agreed to go for follow up clinics if their pap smear results showed cancer changes there were 8 suspected cases for cervical problems and 4 were detected with malignant and all 12 were taken treatment in Krishna Hospital Karad. The majority of respondents (87%) agreed to continue with pap smear test in the future. This evidence showed that increased awareness automatically translated into change in attitude and practice. Fear, anxiety, no time for self due to household responsibilities were the major deterrents in acceptance of screening.

5. Discussion

Result of study conducted by Zakia M, et.al. in 2014 conducted study on Evaluating awareness and screening of cervical cancer among women in Sharjah, United Arab Emirates. The study included 212 respondents, More than 70% of women had a positive attitude towards screening; however, 59.9% did not know that they can be vulnerable to cervical cancer⁽⁸⁾. When comparing the result of with present study the awareness and practice of the screening procedure of cervical cancer (Pap smear) among married women in Sharjah, UAE was low. Where as in this study out of 1063 '925 (87%) women's are shown willingness for

screening. 430 (46%) were actual underwent screening. 68 were under gone through treatment However, the acceptability of women towards screening for cervical cancer in both study was positive.

Similar study was conducted by R. S. P. Rao, et.al. on acceptability and effectiveness of a breast health awareness program me for rural women in India in 2005⁽⁶⁾. Result shows that following the educational intervention, a significant increase in overall awareness regarding breast cancer (93%) was observed and in present study 1037 women's came for the awareness program out of 430 women screened for breast examination. 87% agreed to continue the breast examination in the future. So acceptance is positive if one would create awareness appropriately.

6. Conclusion

Results of this study that ASHA workers can motivate eligible populations of women >_ 30 years for awareness programe and availing screening for cancer cervix and breast are encouraging and can be considered as ongoing activity at PHC level which can be arranged once in a week. The acceptance of screening can be improved by arranging screening facilities at sub centre and village level on fixed days with once a month frequency.

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