

ENHANCEMENT OF AWARENESS ABOUT CERVICAL CANCER AMONG WOMEN OF HARDAH GRAM PANCHAYAT AND ASSESSING THEIR HYPERTENSION AND DIABETIC STATUS.

Study Conducted & Supported by:
Krishna Kumar Chatterjee Memorial Association

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Background of the study: Cancer of the uterine cervix is the commonest gynecologic cancer in India. Most women seek treatment when the disease is in advanced stage. A large number of the patients belong to lower socioeconomic status, rural area and highly non-compliant for complete treatment and follow-up. Opportunistic screening with cytology, colposcopy and test for Human Papilloma Virus (HPV) and appropriate treatment are available on payment at urban private medical centers but are not available at urban and rural government health centers that are accessed by women of the lower socioeconomic status.

Most cervical cancer develops slowly. It may take about 10 years for the pre-cancerous lesions to develop into invasive cervical cancer. Incidences of cervical cancer declined steadily (between 30% to 78%) over the years in developed countries, primarily because of the use of Papanicolaou (Pap) Smear, a screening test procedure that detects cervical changes (pre-cancerous) before cancer develops. Studies in India showed that women have limited knowledge and a negative attitude towards cervical cancer. These cause their non-participation in screening programs for Pap smear and even if screened, they do not present themselves for follow-up for further management. Screening test for cervical infection of Human Papillomavirus (HPV) has proved to be more effective. Recently developed prophylactic vaccines to HPV have the potential to protect new generations of girls.

The key to reducing cervical cancer morbidity and mortality is early detection and treatment of cervical pre-cancerous lesions. However, despite the availability of non-invasive, effective, well-proven cervical screening test (Pap) and/or visual inspection with acetic acid (VIA), incidences of cervical cancer could not be reduced. Lack of women's knowledge, attitude, belief and practice about the disease remains as main hurdle for their non-availing the screening test and avoid the risk behavior. Cytology (Pap) can achieve higher detection rates than VIA though VIA is 34% cheaper.

Purpose of this study: In the context of above background our association intended to carry out the current work to spread awareness about cervical cancer among the rural women of Hardah Gram Panchayate in Baruipur subdivision and draw attractions of all concerned to save women from the threat of the disease. It is hoped that the knowledge gained by the women by attending our awareness program will help in detecting the disease, if at all, at the early stage and receive treatment to avoid invasive cancer at advanced

stage. We are not aware of any such systematic previous study carried out in any gram panchayate under Baruipur.

About Baruipur: Baruipur is one of the 5 sub-divisions of South 24-Parganas district of West Bengal and consisting of 7 blocks with 80 Gram Panchayats. Hardah is one of these 80 Gram Panchayats having 15 villages under its jurisdiction and its office located on Canning Road starting from Baruipur. In 2011 (Census report) the district had a sex ratio of 949 females for every 1000 males and a literacy rate of 78.57%.

Study subjects & procedure: Necessary permission to conduct a cervical cancer awareness program among the women (aged 18-60 years) of all the villages under Hardah Gram Panchayat was obtained from its Pradhan. Women of the villages were requested through their village representative (called as 'Sansad') to take part in the programs. Women were free to participate in the study. Many did not opt for this program. The study was conducted from Feb. 14, 2015 to March 6, 2016 among 148 women of 7 villages (named as Tangerberia, Purba Mallickpur, Chakraborty Abad, Jaikrishnanagar, Hardah, Kulari, Chayani). Programs were organized in rural health centers or in primary schools on a date and time convenient for the women. Prior to holding the program women were explained its procedure and purpose. Awareness talk on cancer of cervix was delivered by an expert in the field using power point presentation in simple Bengali language to make it easy for them to understand.

Free test for diabetes and hypertension: Coexistence of hypertension and diabetes has serious health impact increasing the risk of cardiovascular diseases, stroke and renal diseases. In India rapid changes are occurring in lifestyle of rural people and thereby increasing the risk of hypertension and diabetes among them. However, there is scarcity of studies showing prevalence of such risk in rural areas, especially among the women. As a service to the women of Hardah gram panchayate who attended the cervical cancer awareness program prevalence of hypertension and diabetes among them was examined free of cost.

One time random blood sugar was tested using Accu chek Glucometer (Roche India) and blood pressure was measured using digital machine (Reli On Automatic, Made in China) for 112 and 133 of the participants respectively from 6 of the 7 villages. Women were informed about their

blood pressure level and also their blood sugar status in writing. They were briefly advised about necessary measures to control blood sugar as well as blood pressure.

Observations: Face to face interview was conducted with the participants by our volunteers to record their demographic characteristics (Tables 1 & 2). Very few (N=9) of the participants were aged 20 years or below and of 51 years or above. Majority (N=68; 45.95%) were in the age range 21-30 years and many (N=48; 32.43%) in the range 31-40 years. Most (N=140) of them were married. Almost similar number of Muslim (N=76) and Hindu (N=72) women attended the programs. In all 43 (out of 148 i.e. 29.05%) of the participants belonged to scheduled Caste and 3 did not disclose their caste. Although most (85/140; 60.71%) of them got married at the age between 16-20 years, quite a few (46/140; 32.85%) got married at a very young age (15 years or below). Education level of the participants (N=65 of 69) from 4 villages (Chayani, Hardah, Kulari, Jaikrisnanagar) were recorded. Maximum (37/65; 56.92%) of them had some school education while 12 (out of 65 i.e. 18.46%) were illiterate. Excepting 7 none of the 69 participants had heard about any previous awareness program on cancer of cervix or attended it.

High blood pressure (around 140/90) was found among 28 (out of 133 i.e. 21.05%) and diabetic condition (>200mg/dl) was detected among 2 (married, aged 40 & 41 years from Chayani village) of the participants (Tables 3 & 4). Out of the 28 hypertensive women 26 were married, they were well represented in the three age groups (8 were <30 years, 6 between 31-40 years, 5 were >40 years). One woman of Chayani village who was detected as diabetic also had hypertension.

Discussion: Majority (89.85%; 62 of 69) of the women of our study never heard of or attended a previous cervical cancer awareness program. Majority (96.5%) of the respondents of a study (1) among 200 married women in a rural field practice area of the medical college in Kaiwara village, located in the Chintamani taluk of Chickaballapur district, Karnataka did not know what screening for cervical cancer meant. Another study was carried out during February and March 2016 to assess the knowledge of cervical cancer among 300 women in rural areas of Trichy District (2). Knowledge on cervical cancer was assessed among 809 women randomly selected from 4 of

the 7 *Panchayats* in Vypin Block

of Ernakulam District, Kerala (3). Indian studies reveal that the reasons for not getting the screening test done in spite of a desire to do so were mainly no awareness, no disease or symptoms, do not know where to go, no one is doing it and never thought of it. The most frequently reported obstacles to screening in Kolkata included not knowing where to obtain a Pap test, the test is painful, anxiety about results and cost. Some other determinants included being scared of the tests, feeling shy, etc.(4).

Similar to our observation of hypertension among 21.05% of the women a previous community based study (December 2014 to January 2015) (5) from Kolkata, among 124 adults (18 years and more) of rural area of Singur block, Hooghly district of West Bengal reported hypertension among 21.8%. Another study (6) in a rural community of central India found prevalence of hypertension among 19.04% of adults. Yet another community based study (7) in north India showed prevalence of hypertension among 14.5% rural population.

Conclusion: All women who attended this program were informed about necessary steps to be taken to detect cervical cancer, if it is there, at an early stage and consult an expert doctor. Results of this study suggest that it is imperative for all adult women to acquire fairly good knowledge about all aspects of cervical cancer. This can be beneficial for them to make a reasonable demand for undergoing preventive test for the disease to detect it at the early stage or at the pre-cancer stage. Early detection ensures best prognosis and longer healthy life. It is unfortunate that many women could not appreciate the importance of this awareness program and abstained from attending it. The village representative and local community leaders ought to convince them to attend such program for their own benefit.

Recommendations: One of the prime reasons for the increased incidence of cervical cancer is the lack of awareness. Effective female education and mass screening are necessary for successful cervical cancer screening programme in India. In India, the onus of preventing cervical cancer is on the women themselves. Therefore, it is the women's knowledge level, motivation for screening and other psychosocial factors determine her health seeking behaviour. The disease consumes resources at a staggering rate in the way of medical, non-medical spending and lost productivity. Specific health

education exercises can motivate women to go for Pap test. These exercises should involve community leaders and also the males in the family. It should not just provide information but should involve a process of reconstructing concepts in the context of women's lives. Unfortunately, screening is considered a preventive service which is not a priority for asymptomatic persons who are struggling to cope with more acute day to day problems.

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Table 1. Characteristics of the participants

Villages (N)	Age					Marital status		Religion		#Caste		#Age of marriage (Yrs)		
	20	21-30	31-40	41-50	51	M	UM	H	M	Gen	SC	15 16-20 21		
*Tangerberia (24)	1	11	6	2	4	22	1	24	0	2	22	13	9	1
Chayani (14)	0	6	7	1	0	14	0	14	0	12	2	5	8	1
Chakraborty Abad ** (34)	3	14	11	3	3	31	1	0	34	34	0	6	26	1
Jal Krishnanagar (13)	0	3	5	3	2	13	0	13	0	12	1	4	7	2
Kulari (12)	0	6	5	1	0	12	0	2	10	10	-	1	6	0
Purba Mallickpur (21)	4	11	4	2	0	20	1	18	3	3	18	8	12	1
Hardah (30)	1	17	10	2	0	28	2	1	29	29	-	9	17	2
Total (148)	9	68(45.9%)	48 (32.4%)	14	9	140	5	72	76	102	43	46	85	8

*Widow – 1; Age of marriage unknown = 1; ** Widow = 1 Unknown marital Status = 1; # cast not known for 2; ## Age at marriage not known for 9

Table 2: Education level of the participants (of 4 villages)

Village	Illiterate	Literate- school	Literate- no sch	Secondary	Above Higher Secondary	Heard of ca cx prog/attended
Chayani (N=14)	3	8	1	1	1	5
Hardah (N=30)	5	14	4	5	2	None*
Jaikrishnanagar (N=13)	3	10	-	-	-	1
Kulari (N=12) **	1	5		2	-	1
Total= 69	12	37	5	8	3	7

*No answer ** Education level not known for 4

Table 3: Detail of the program

Date of prog.	Village name	No. of participants	Parameters done			
			BP	Sugar	Ca cx	Heard of/attended such prog
14/2/15	Tangerberia	24	Y	Y	Y	NA**
1/3/15	Purba mallickpur	21	Y	Y	Y	NA
8/3/15	Chakrabarty Abad	34	Y	N	Y	NA
5/4/15	Jaikrishnanagar	13	Y	Y	Y	1
12/4/15	Hardah	30	Y	Y	Y	0
6/3/16	Kulari	12	N	Y	Y	1
6/3/16	Chayani	14	Y	Y	Y	5
Total		148	133*	112*	148	7

*Blood pressure of 3 & blood sugar of 2 of the women could not be measured. *NA - not answered

Table 4: Status of blood pressure and diabetes of the women.

Blood pressure (N=133)	Number	Blood sugar (N=112)	Number
Normal (120/80)	105	Normal (< 150 mg/dl)	110
High (140/90)	28 (21.05%)	Prediabetic (150-190 mg/dl)	-
		Diabetic (> 200 mg/dl)	2 (Chayani: 201 mg/dl & 225 mg/dl)



Photo Description : (from Left to Right)

1. Venue of the program at Chakrabarty Abad Village with banner.
 2. Our team in waiting for the program with one village representative.
 3. A Poster hung in front of a venue of the program.
 4. Women in Q to be registered to participate in program.
- Blood pressure of a participant in being checked.