



PARIVARTHANE VOL.13

MAINSTREAMING HEALTHCARE FOR UNDER-PRIVILEGED WOMEN

The Corporation of Chennai is the oldest municipal institution in India established on the September 29, 1688. Chennai (earlier known as Madras) is the capital of the Tamil Nadu state having a 12-km-long coastal line on its western edge.



THE INITIATIVE

The Chennai Municipal Corporation (CMC) launched a major health project for screening women in families Below Poverty Line (BPL) for early detection of cervical and breast cancer in addition to training women in self breast examination. This innovative program which included all 10 zonal hospitals was

SITUATION BEFORE THE INITIATIVE

Awareness about cervical cancer and self breast examination for checking the presence of lumps is very low or altogether absent, even among highly educated. There is a general lack of motivation for regular health check-up as a preventive measure, as is the case for women in the slums of Chennai.

It is a common fact that lack of proper screening and treatment strategies are barriers in

any cancer prevention and that the technology for screening and requisite skills have not been available and hence health care providers had no training on screening services. The CMC has 93 urban health posts spread over 10 zones.

Chennai Municipality Profile

Area	176 sq. km.	
Population (2001 census):	4.6 million	
Density of Population	24,700/sq.km	
Decadal Growth Rate	1981-91	17.24 %
	1991-01	9.76 %
Literacy rate	17.24 %	
Number of wards	115	
Number of households	0.96 million	

IMPLEMENTATION STRATEGIES

The CMC has provided a commendable social service for women below the poverty line. The primary objectives of this health initiative are as follows:

- Increase awareness of cervical cancer and motivate women in the age group of 30-45 years to seek screening
- Early detection of Cervical Cancer (Cx Ca) at the pre-cancerous stage by screening and treatment with cryotherapy in a single visit called "Single Visit Approach"; screening once in lifetime between ages of 30 - 40
- Integrating cervical cancer prevention with other primary health care services to help women go for screening and follow up.
- Follow up screening at 5 year interval at the ages of 35, 40 & 45 to reduce the cancer risk (1/3 of high-grade, pre-invasive cancer progresses to cancer within 10 years)
- Teach women about self examination of breast for detection of lumps.



- Training of health care providers other than physicians on the screening approach so that more women in the age bracket of 30-45 years can be reached.

A demographic-based study was carried out in 1391 slum pockets of Chennai in various zones with an emphasis on women to be targeted for the project.

Population	48,59,198
Slum Population	18,63,474
Target Women in Slum 30 to 40 years	1,83,152
No of Slums	1,391
Area (Sq. Km)	174
Eligible couple	8,29,696
Couple protection rate	67.4%
Urban male literacy	87.8%
Urban Female literacy	74.8%

Appropriate budgets were prepared and sanctioned for education and awareness. The program includes counseling, screening and treatment with Cryotherapy in single visit approach (SVA) in the health posts.

The obstetricians in the zonal centers were trained at Kasturba Gandhi Hospital KGH for 5 days. The trainers also visited the zonal centers and provided support for screening. The trained obstetricians in turn trained the doctors serving health posts on the screening approach.

"Women Welfare Clinics" were conducted once a week. Women in the age group of 30-45 years were motivated to attend the clinic by field personnel. Counseling was provided on the screening and treatment services. Initially, these clinics were conducted in the 10 zonal centers and then extended to all the 93 health posts in a phased manner. Specific information of appointment including time and day to attend the clinic was provided to the women.

The women were examined for Reproductive Tract Infection and Sexually Transmitted Infection and treatment was provided. The women were also taught about self breast

examination and were requested to contact the health post if they find any lumps or abnormal changes in the breast.

After counseling, each mother was given an identity card which included number, address, date of examination, follow up visit dates and clinical conditions to help provide follow-up services for referral. The patient data, including the clinical examination report, treatment outcome and follow up service are maintained in the health post register.

District Co-ordination Committee

A district co-ordination committee has been formed under the chairmanship of the Commissioner of the Corporation of Chennai. The committee prepares a district specific plan of action, identifies and coordinates the work of all agencies, plans and conducts IEC activities, conducts monthly evaluation meetings to assess the progress of the program, ensure the best use of available resources for the target population and to conduct analytical activities.

Monitoring and Evaluation

Identification number is given to each beneficiary for periodical follow up. Women with advanced stages of cancer are referred to referral institutions. These women are also provided with follow up services

RESULTS ACHIEVED

More than 13000 women have been screened for cervical cancer and breast cancer till April 2007. Out of these, almost a thousand precancerous cases were detected. More than five thousand women have also been cured of reproductive tract infections.

LESSONS LEARNT

- Health intervention from city governments, particularly in aspects of sexual health among under-privileged women is not common. The project reflects a need for such regular interventions. However, information, education and communication need to be effective to create awareness and should result in action, motivating people to seek assistance.



- Creating zonal centres and health posts with trained medical staff is a priority in certain subject areas, particularly in development of technical skills. If there is shortage of doctors, non-physicians can be adequately trained for screening services.
- Follow-up is critical for the success of the program and to improve the health of women. One third of the untreated high-grade cancerous lesions will progress to active cancer within ten years.
- A palliative cure should be provided for patients with advanced stages. Integrating any specific health intervention with existing health status would be beneficial.

SUSTAINABILITY

Health service provision to the poor, as part of the overall strategy for mainstreaming them is the primary duty of any city government. The early detection of cervical cancer for which there is very little awareness is a relatively cheaper intervention. The lives of women that have been saved makes it worth the effort.

Cryotherapy is the most promising alternative to PAP smears and is a low cost, out-patient procedure. The cost is almost the same as childhood immunization and AIDS prevention programs. It requires little infrastructure and a non-physician can perform the procedure, provided they receive required training.

There is no harmful effect on women's fertility and pregnancy. No anesthesia is required and no electricity or power is required. The results of the procedure are available immediately and treatment and referral options can be provided during the same visit.

TRANSFERABILITY

This project is to be extended to all the 93 Health Posts, thereby targeting 1,83,152 women living in the urban slums of Chennai. Most city governments have a huge existing primary health infrastructure and the same can be utilized for providing alternative services to citizens.

More Information...

The Disease - Cervical cancer

The causative agent for Cervical cancer (Cx Ca) is Human Papilloma Virus (HPV), a sexually transmitted infection, often without symptoms; HPV can remain undetectable in many cases and leads to precancerous conditions. Women may contract HPV infections after the age of 35. About 50-80% of sexually active women contract the disease at least once in lifetime.

Risk factors

Young women in the age group of 30 - 45 years occurrence of genital warts; Early marriage, early child bearing and repeated child birth; Women having multiple sexual partners; Chronic leucorrhoea and severe erosion of cervix; Increased duration of oral contraceptive; Poor genital hygiene, related to sexual intercourse.

Prevention

The disease is 100% curable if detected early and treated. The barriers to prevention of Cx Ca are a lack of awareness about cervical cancer and non-availability of effective screening and treatment strategies. Early detection by screening as well as treatment with cryotherapy in a Single Visit Approach (SVA) and improved personal hygiene and birth control are known to prevent the cervical cancer.

What is Cryotherapy?

Cryotherapy is the application of extreme cold to destroy abnormal or diseased tissues.

REFERENCE

Mega Cities... Poised for Change, Leading Practices Catalogue – 2007, UMC, Gujarat.

FEED BACK

We hope this issue of 'Parivarthane' was useful and informative to you. We look forward to your suggestion and feedback. You can suggest any topics of Urban Sector, to be published in the future volumes of this topical paper.

Please mail your feedback to
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