

## Letters to Editor

# A strategy to increase the uptake of cervical cancer screening in India: A lesson from the ongoing programs

Dear Editor,

Cervical cancer is the second most common cancer in women worldwide and the leading cause of cancer deaths among women in developing countries like India.<sup>[1]</sup> Paradoxically, death is mounting even though it is a preventable disease, owing to lack of organized, population-based, high-level opportunistic screening programs for cervical cancer in any of the states in India, compared to developed nations,<sup>[2,3]</sup> due to which routine screening of asymptomatic women has been almost non-existent.<sup>[4]</sup> For a screening program to be successful, a good attending rate of women undertaking the test is must.

Therefore, to simultaneously tackle the current critical situation of lack of screening and awareness among Indian women with the poor status of the Indian economy toward the health sector, the ongoing ration system, where a gathering of a large group of people occurs, could be used. Data shows that cervical cancer is mostly a disease of the lower socioeconomic group, seen predominantly in women in the rural areas, and it will be valuable to specifically target them so as to appropriately utilize and decrease any monetary wastage in a poor country like India. We suggest provision of an extra subsidy for women in the family who undertake cervical screening. The personal information needed for classifying higher risk (age group, high parity, etc., as suggested by us and others) can be directly obtained from their bio-data in the ration card. A cervical cancer card (CC card) will be generated for such women at the ration card shop, with their important personal particulars written on it, for reference to nearby health center, where it will be sealed and a Pap test number will be added to it after the woman has undergone Pap screening, for which the extra subsidy is utilized. After

cross-checking this Pap test number with the list sent by that health center, it will be sent to that particular ration shop. A particular time period will be mentioned on this card from the date of registration after which it will expire. The success of this idea can be strengthened, similar to the success of mid day meal and Janani Suraksha Yojna, where a benefit is provided for adding on people.<sup>[5,6]</sup> This attempt, with moderate investment, can be fruitful in increasing cervical cancer awareness and screening, thus leading to a decline in cervical cancer prevalence with its application, in lesser time, and with a larger coverage in the nation.

**Sandeep Singh, Sorabh Badaya**

Intern, G. R. Medical College, Gwalior, Madhya Pradesh, India

**Correspondence to:** Dr. Sandeep Singh,

E-mail: sandeepksingh@gmail.com

## References

1. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *Int J Cancer* 2010;127:2893-917.
2. Denny L, Quinn M, Sankaranarayanan R. Chapter 8: Screening for cervical cancer in developing countries. *Vaccine* 2006;31 (24 Suppl 3):S3/71-7.
3. Curado MP, Edwards B, Shin HR, Storm H, Ferlay J, Heanue M, *et al.* Cancer Incidence in Five Continents. Volume IX. Lyon, France: IARC Scientific Publications No. 160; 2007.
4. Basu P, Chowdhury D. Cervical cancer screening and HPV vaccination: A comprehensive approach to cervical cancer control. *Indian J Med Res* 2009;130:241-46.
5. Mid-day meal scheme. Available from: [http://pib.nic.in/archieve/flagship/bkg\\_mdm1.pdf](http://pib.nic.in/archieve/flagship/bkg_mdm1.pdf). [Last accessed on 2012 Jan 8].
6. Janani Suraksha Yojana. Ministry of Health and Family Welfare. 2006 Oct. Available from: <http://www.jknrm.com/PDF/JSR.pdf>. [Last accessed on 2012 Jan 8].

### Access this article online

Quick Response Code:



Website:

[www.sajc.org](http://www.sajc.org)

DOI:

10.4103/2278-330X.119902