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Experience of Establishment of a Community PAP Smear Lab at Rural Community Health Center in North India

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Cervical cancer is second commonest cancer in rural Indian females.[1] This is most preventable cancer due to long biological course, identifiable precancerous lesions, and effective vaccine.[2,3] Other risk factors are younger age at marriage, number of pregnancies, genital hygiene, and tobacco consumption.[4] In rural areas, most women are illiterate and ignorant about health. Awareness, screening, and early detection lead to improvement in mortality.[1,5]

Our prospective study aimed to establish a community PAP smear lab as part of (demonstrable) healthcare reforms in rural India.

This prospective study involved four subcenters under community health center (CHC), Kachola (Bhilwara, Rajasthan), India. Community healthcare experts and oncologists formed the team.

Hands-on training for PAP smear collection and staining was done for female healthcare workers.

Community leaders were sensitized. Dates for screening camps were decided mutually.

A targeted population of 1,970 women aged between 30 and 65 years was enlisted. Government CHC doctors and female community health worker were educated about cervical cancer. Health awareness talks using billboards were delivered. PAP smear was reported by pathologists.

Total 197 out of 1,970 (10%) women participated in seven health camps. Most women in the target population remained absent due to fear of loss of daily wages. Majority (90%) of patients aged between 30 and 45 years were daily wagers. Only 60/197 (30.4%) women agreed for PAP smear. None had pathologic abnormalities. Genital tract infections were observed in 79/197 (40%) females. Incidentally, hemoglobin was less than 10 gm/dL in 90% participants.

We observed lack of motivation, illiteracy, shyness, and poverty with fear of loss of wages as main barriers.

Awareness of the community is major challenge.[1] Successful cancer screening programs need decentralization with focus on rural health centers and incentives. Use of technology in form of mobile smart phone and use of artificial intelligence technology may lead to improve outcome in resource limited setting.

Conflict of Interest

None declared.

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