CHAPTER 1

INTRODUCTION

Cervical cancer is the most common cancer found in Thai women with an incidence of 23.4 per 100,000 populations. This type of cancer accounts for 80% of all cancer types found in female productive organs and resulted in 30 % of total death of female cancer cases. There was no decline of the incidence and no decrease in death rate associated with cervical cancer in the past 40 years. (National Cancer Institute, 1992-1994).

Nevertheless, cervical cancer is different from other type of cancer as it can be prevented and is curable. The treatment of cancer cells is best effective and least expensive with fastest results at the earliest stage of diagnosis (Tomkinson 1978:1605, referred in Nuchanad Chugiart, 1996:1). In developed countries, 80 % of cervical cancer cases detected is cured because of early detection. However in developing countries where cervical cancer accounts for 80% of gynaecological cancer, 80% of the cases are incurable at time of detection.(World Health Organization, 1996 and Monsonego and Franco, 1997) Numerous case control studies showed a lower risk of cervical cancer in screened populations compared with unscreened populations. (Parkin, 1997).

The incidence of cervical cancer was found to be significantly lower in developed countries than in developing countries. For example, 9.8 incidence was found per 100,000 population in the United States compared to 12.6 and 17.6 incidence per 100,000 population in the United Kingdom and Singapore respectively (NCI, 1992-1994). This

situation was resulted from cervical cancer screening programs using Pap Smear method. The screening program has reduced the death rate caused by cervical cancer in the United States. The screening program in the US in 1950-1960 led to the gradual reduction of the death rate of 31 per 100,000 women populations during the beginning of 1930 to only 5 per 100,000 populations in 1984 (Nuchanad Chugiart, 1996:2). Moreover, according to the report from American National Cancer Institute in 1973-1987, the death rate caused by cervical cancer in advanced stage has reduced by 36 % and Brenda who was the Assistant Project Director of the Cancer Monitoring and Control Program stated that this was the result of the wide spread screening program for cervical cancer (Newman 1990:1238-1239 quoted in Pornranee Surin, 1992:3).

The World Health Organization (WHO) report on Pap Smear screening method in one million women around the world in 1992 indicated that:

- For women age between 35 and 40 years old, one Pap Smear screening can reduce the incidence of cervical cancer by 20 %.
- If Pap Smear tests cover 50% of the above population, the incidence will reduce by 44 %.
- If these populations get a Pap Smear test once in every five years, the incidence will reduce by 77%.

According to the WHO study, reduction of the cancer incidence by screening depends on the following 3 factors:

- Age at the time of screening
- Coverage of the target group
- Frequency of screening

It is estimated that some 40-50% of women in developed countries has been screened for cervical dysplasia by 1988 compared with 5% of women in developing countries (Sherris et al., 1993). The main problem apart from paucity of services has been poor utilization of cervical cancer screening facilities even where it exists. (Ayinde et al., 1998.)

The result of determinants of utilization of cervical cancer screening facility in a low socio-economic setting in Nigeria found that: The magnitude of the problems health care providers and policy makers in Nigeria face in the prevention of cervical cancer was identified in this study to be enormous. Only 1.2% had been screened and 3.5 % of the study group had known about the Pap smear test and they lacked or had very little general or specific knowledge about the test. This finding is similar to what has been found in other African countries where it has been reported that much of women, especially the poor and rural based, had little or no knowledge about the Pap smear. (Machoki and Rogo, 1991, Barnum and Greenberg, 1993; London, 1993;Sherris et al., 1993). The cognizance rate in this study is far from what obtains in developed countries. As high as 100% knowledge rate has been reported in some developed countries notable Iceland (Hakama, 1978; Johannesson et al., 1982; Anderson, et al. 1988) and in the developing countries such as Taiwan (Cheng and Chou, 1994)(96.8) and Singapore (Scow et al., 1993)(73.1). This difference is not unrelated to the lack of cancer control activities in Nigeria, most especially cytology screening services which is unlike developed countries where coverage of 75 % and over has been reported (Sherris et al., 1993).

In Thailand, the Public Health Development Program, which is part of the 8th Social and Economic Development Plan 1997-2001, aimed to establish the screening program for cervical cancer at early stage in 1998. The main objective of the program was to reduce the incidence and death rate associated with cervical cancer in advanced stage by 50 % in 5 years time. The target in the initial phase of the program was to cover 50 % of the women age of 35-64 years old with repeat screening every 5 years. From the 1999 population statistic, the number of women age between 35-64 years old were estimated to be approximate 10 millions. With 50% target coverage and 5-year interval of repeat screening, minimum of 1 million women (essentially new cases who have not received screening within the past 5 years) are expected to be screened each year. However, the current screening statistic in Thailand is only 10 % (NCI).

This project was set out for a representative group of female village leaders and village health volunteers of Linfa Sub-district, Chaturaphukphiman District, Roi-Et Province, to evaluate general knowledge level on cervical cancer and Pap smear screening and to understand emotional issues associated with the screening. The health intervention program using participatory learning approaches was established to educate women about cervical cancer with the long-term objective to increase the screening rate of the region.

The following chapters discuss the detail of the project, its implementation and outcomes. The project background, objectives, approaches and procedure are looked at in Chapter 2. Chapter 3 outlines the monitoring and evaluation plans and procedure, which includes the purpose of the evaluation, the evaluation design, the data collection methods and data analysis and results. Chapter 4 provides discussion and conclusion of the project

outcomes. Finally, recommendations gaining from implementation of the project and suggestions for future work are outlined in Chapter 5.