

REPROT FROM FIELD

Women Empowerment for Cancer Prevention and Control – lessons from Kerala State

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Abstract

Background: Common cancers occurring in India are either preventable or curable, if detected early. Women's organisation in Kerala working for poverty eradication was utilized to disseminate the message of cancer prevention in a southern district of Kerala state. **Objectives:** To create awareness among the community on cancer prevention and motivate them for early detection utilizing trained volunteers. **Material and methods:** Based on the three-tier system of functioning, master trainers at the top level of the organization were trained initially on primary prevention and early detection of common cancers viz. oral and breast. The trained resource persons further conducted awareness programmes in the second level and later at the grass root level also called the Neighborhood groups. **Results:** 174 master trainers were trained initially and further utilized to sensitize 920 members at the second level. At the NHG level, 1,00,257 volunteers were sensitized. 39169 house visits were conducted by trained volunteers to create cancer awareness in the community. **Conclusion:** Cancer literacy mission could effectively be implemented by empowered women in the community. Their acceptance in the community reinforces the fact that they can act both as a messenger for cancer prevention and a source of motivation for early detection.

Keywords

Women Empowerment; Cancer; Prevention and Control; Kerala

Introduction

The emergence of cancer as a major public health problem in India is a matter of concern. This raises the question of whether the public health system of the country is equipped to prevent and control the disease. Affordable and equitable care for cancer in India is an elusive dream where out of the pocket

expenditure contributes to more than three-quarters of cancer expenditures. (1) It was reported that among the total cancers detected every year, one third of the cancers viz. breast, oral and cervix (2) are amenable for early detection, whereas more than a third of the cancer cases could probably have been prevented by reducing the exposure to potentially modifiable risk factors viz tobacco, diet,

alcohol, physical activity and infections. While two thirds of the cancers are manageable by reducing exposure to risk factors and by early detection, strengthening palliative care assures good quality of life for the remaining one third of cancer patients. (3) In this context, cancer prevention and early detection of treatable cancers has got a pivotal role in controlling the cancer burden and mortality in the country.

Kerala scenario: The state of Kerala, located in the southwest corner of India and representing 3% of the total population, has been a model for other states in the country in achieving good health indicators particularly low infant mortality rate and maternal mortality rate and high life expectancy at birth. (4) Improved social reforms, in terms of high literacy particularly female literacy and efficient public distribution system, have all resulted in low poverty which subsequently contributed to improved health care reforms. However, there are challenges for Kerala because of the epidemiologic and demographic transition. An ageing population, control of communicable diseases, changes in life style and rapid urbanization has all resulted in an increase in non-communicable diseases in Kerala. (5) As per the consolidated Population based Cancer Registry report of cancer incidence and mortality in Thiruvananthapuram district (the Capital region of the state) during the period 2012-2014, the leading cancer sites among males are lung and oral cavity; while among females, breast, thyroid and cervical cancers lead the table. Rectal and oral cancers rank fifth in the order of cancer incidence among males and females respectively. The report points to the fact that tobacco related cancers constitute 38.1% of cancers among males and 11.2% among females. (6) It was also observed that 50-60% of the common cancers such as oral, breast, cervix uteri and colorectal cancers present in advanced stages of the disease. In this background, the role of cancer prevention and early detection assumes great significance in the state of Kerala where the overall incidence of cancers is increasing which has its reflection in increasing mortality as well.

Involving women's organization for message dissemination on cancer control: To strengthen cancer prevention and control activities, capacity building at various phases with the support of governmental and non-governmental organizations is essential. This would be useful to develop leadership qualities at the individual and

organizational level to further scale up activities for primary prevention and motivating the community for early detection. In this context, the women's organization for poverty eradication named Kudumbashree (meaning prosperity of the family) mission, launched by the Government of Kerala in 1988, assumes significance as one of the largest women empowerment projects in Asia.

The Kudumbashree mission is a network of more than 4 million women in Kerala collectively working for women empowerment by generating income and seeking microcredit for poverty eradication and women empowerment. (7) They are also in the forefront to address a range of issues and projects being implemented to overcome factors related to food, nutrition, agriculture etc in their respective communities. With this background, a pilot project was launched in Pathanamthitta district (located in the southern part of Kerala) by the Kudumbashree mission with the technical support of the Regional Cancer Centre (RCC), Thiruvananthapuram.

Aims & Objectives

- To train Kudumbashree community resource persons on cancer prevention.
- To create awareness among the community on cancer prevention and motivate for early detection.

Material & Methods

The Swasthyam (wellness) project, a vertical programme initiated in Pathanamthitta district in the year 2015 by the Kudumbashree mission had its overall objective to sensitise households of the district on cancer prevention. (8) The project also aimed to motivate eligible subjects to undergo early detection of common cancers or advise them to undergo diagnostic evaluation at hospitals if any warning signals of cancer were present. The decentralized structure of the Kudumbashree mission follows a three-tier system to make it fully functional by forming Neighborhood groups (NHG) at the grassroots level in the community. The NHG's are mainly composed of 10–20 women mainly from poor families. Weekly meetings are conducted in one of the member's house. Other than the basic unit of NHG, the next is the ward (lowest form of administration) level committee (from the Panchayath /Municipality/Corporation of the district) also known as Area Development Societies (ADS) formed by representatives from the NHG's. 5 representatives are selected from each NHG to form

the ADS in each ward. From the ADS, elected representatives were sent to the top layer of the structure called the Community Development societies (CDS), who monitor and control the organization in each district thus completing the structure of the organization. Considering the immense expertise in community related activities for social development, it was ideal to twine in Kudumbashree mission for cancer prevention and control programmes in the community.

The role of RCC was to train women volunteers of the Kudumbashree mission in cancer prevention activities. The intention was to signify the importance of the emergence of cancer as a major public health problem in the state and to seek their willingness to assist in cancer prevention and control activities in the district.

A meeting was conducted under the direction of higher officials of Pathanamthitta district and Kudumbashree mission. After the initial meeting, 17 Kudumbashree district resource persons had undertaken a trainer-trainee programme as part of the programme implementation. After this programme, 3 trainer-trainee programmes of 2 days duration were conducted for selected 3 members from each CDS of the district by experts from RCC. The topics included primary prevention of cancers with specific focus on tobacco, alcohol, diet and physical activity, tobacco cessation counseling, warning signals of common cancers viz. mouth cancer and breast cancer, importance of mouth self-examination, breast self-examination and early detection for common cancers in the community and further to propagate government schemes for cancer treatment. The idea was to communicate the message in the Community Development Society (CDS), ADS and Kudumbashree NHG's and to further propagate the message through house to house visits.

Results

174 CDS resource persons were trained in cancer prevention activities. The trained resource persons took cancer awareness programmes in 56 CDS of Pathanamthitta district. The trained resource persons further took the initiative to train Area Development Society (ADS) members of the Kudumbashree Mission. Awareness classes were thus conducted in 920 ADS of the district in this manner. At present there are 9437 NHG's of Kudumbashree functioning in Pathanamthitta

district (Each NHG consists of 10-20 members). The trained ADS members sensitised 8652 NHG's and through which 1,00,257 members of the NHG's of the Kudumbashree units in Pathanamthitta district were sensitized ([Table 1](#)).

In addition to this, advocacy programmes were initiated by Kudumbashree mission, Pathanamthitta District. A signature campaign was conducted titled "My Village, Cancer Free Village" in the district in which 1,29,651 people participated. The organisation had also undertaken organic farming exhibition, quiz programmes on tobacco for school students, painting competition, exhibition of posters on cancer prevention in all wards and also printed an information guide on cancer.

The observations point to the fact that cancer literacy mission could effectively be implemented by empowered women in their respective communities. Since a referral pathway was not formulated, suspected high risk subjects as observed by the volunteers were referred to tertiary hospitals for further evaluation. This might have caused unnecessary fear among few in the community as to whether they are affected with cancer or some other disease. This can be rectified if they are referred to the nearest health centre and from there to tertiary hospitals if required.

Discussion & Conclusion

This project reiterates the fact that trained women volunteers could be effectively utilized to spread the message of cancer prevention, alleviate fear and motivate subjects for breast or oral examination if found doubtful. Conversion of women volunteer as a liaison between the community and health service department was found useful in rural areas where they can act both as a messenger for cancer control and a source of motivation for early detection. Their duties and responsibilities has to be carefully demarcated so as to avoid unnecessary fear among the community on cancer, while on the other hand being a motivator for the individual to undergo early detection in the nearest health centre with a positive message to rule out cancer, there by clear the individual's suspicion.

Recommendation

The current programme conducted in the rural community in Kerala has important public health implications. Cancer literacy mission could be successfully implemented in rural areas where awareness is relatively low. Women volunteers with

focused training in areas like cancer prevention and communication skills, to motivate the community for early detection, would be useful to implement sustainable and cost effective cancer prevention activities in the community.

Limitation of the study

Since a referral pathway was not formulated, suspected high risk subjects as observed by the volunteers were referred to tertiary hospitals for further evaluation. This might have caused unnecessary fear among a few in the community as to whether they were affected with cancer. This could be rectified if they were referred to the nearest health centre and from there to tertiary hospitals, if required.

Relevance of the study

This programme reiterates the fact that trained women volunteers could be effectively utilized to spread the message of cancer prevention, alleviate fear and motivate subjects for breast or oral examination if found doubtful.

Authors Contribution

RJ : Concept and design, drafting and reviewing for intellectual content; PS : Concept and design, review and approval; MCK: Concept, review and approval; ST: Concept, review and approval

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Tables

TABLE 1 OVERVIEW OF THE ACTIVITIES CONDUCTED IN PATHANAMTHITTA DISTRICT AS PART OF THE SWASTHYAM PROJECT

Activities	Total
Trainer of Trainers programme	
District resource persons trained	17
Number of CDS persons trained	174
Awareness programmes by Kudumbashree Mission	
Programmes conducted by CDS in Panchayaths	56
Programmes conducted by ADS	2427
Programmes conducted at NHGs (N=9437)	8652
Total participants attended in NHG's	100257
House visits conducted for message dissemination by CDS	39169
Awareness programmes conducted along with other organizations	87
(Anganwadi, State Health services department, Schools, Residents associations etc)	

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