# ABSTRACT

Ministry of Health initiated the Well Woman Clinic Programme in Kalutara District in June 1996. Cervical screening was one of the activities of W.W.Clinics. Cervical cancer in many developing countries including Sri Lanka is shows a rising trend. At the completion of five years of implementation of cervical screening programme it is necessary to evaluate some aspects of National Cervical Screening Programme in the district and also to investigate means of improving its effectiveness.

The study was carried out in Kalutara District with the objective of evaluating selected aspects of National Cervical Screening Programme in Well Woman Clinics and to assess the effectiveness of a target community intervention through Public Health Midwives to improve utilization of services.

Phase I of the study assessed cervical screening coverage since the inception of the programme in the district and individual DDHS areas and the quality of cervical screening services. Coverage and quality of care indicators were developed and standards for indicators were identified as recommended by experts using a consensus approach.

In the second phase the effectiveness of an educational intervention, which was developed and implemented through Public Health Midwives on the target community was assessed using a quasi-experimental design. The objective was to improve cervical screening coverage. Effectiveness was measured by comparing baseline and post intervention knowledge, attitudes and practices of Public Health Midwives and eligible community on cervical screening and utilization of cervical screening services during the period of intervention in study and control areas.

The study revealed a low cervical screening coverage in Kalutara District of 2.2% since the inception of the programme. An increasing trend was observed from 1996 and a more obvious increase after 1998 with the training of Public Health Nursing Sisters.

Many shortcomings in the screening programme emerged from the study. Inadequate knowledge, poor attitudes and incorrect practices on cervical screening among Public Health Midwives (pre- intervention; study group- % mean scores for knowledge

38.8±18.5 and control group-38.9±17.7) and among the target community (pre-intervention; subjects in study area- % mean scores for knowledge 38.5± 21.4 and subjects in control area 31.8±17.8) was seen. Health staff was lacking in counseling skills with client acceptance was 54% of the standard and client education 39% of the standard.

Physical facilities in the clinics were present only up to 73% of the expected standard. While facilities to perform cervical screening were available up to 68% of the expected standard and did not achieve expert's recommendations. Health education was 23% of the standard and record maintenance was 75% of the standard. During the period of survey out of the 1962 Pap smear reports 1004 (51%) only were available for analyze due to incomplete and inaccurate data recording. There was much room for improvement.

Results of the study showed 98% of the smears were satisfactory for reporting although there were some areas to be improved in taking the cervical smear.

Problems of follow up of clients were marked. Deficiencies and lack of uniformity in the follow up care, delay in receiving the reports was encountered. Out of the 45 abnormal Pap smear reports 4 (9%) had been lost for referral care. Mean duration of time between the performance of Pap test and receipt of the smear report was too long, being more than three months.

There was poor communication between W.W.Clinic staff and referral clinic staff; 99% of clients referred to referral clinic in the secondary care institutions had not been sent back to the W.W.Clinic.

The intervention was developed based on a needs assessment of public health staff by focus group discussions. In-service training on cervical screening was conducted for the Public Health Midwives to improve their knowledge, attitudes and practices on the subject using a user friendly, attractive and activity based handbook in the study area. They promoted awareness of the eligible female on cervical screening using a set of flash cards and brochures. Referral cards directed eligible females to the clinic.

During the intervention the number of clinics in both areas were increased to meet the excess demand on services to be expected after the intervention.

Following the intervention Public Health Midwives, the study group in comparison to the control group had gained significantly higher knowledge on cervical cancer (%mean

scores of study group 78.2± 12.2; control group 9.8±7.6: p=. 000), cervical screening (% mean scores study group 81.7±12.6; control group 45.9± 23.0: p=. 000) and favourable attitudes (% mean scores study group 63.0±12.4; control group 9.31± 13.0: p=. 000).

Similarly significant improvement of knowledge on cervical cancer (% mean scores study subjects 78.2±9.3; control subjects 69.2±12.8: p=.000), cervical screening and follow up (% mean scores study subjects 70.4 ±24.2; control subjects 34.3 ± 22.0 p=.000) and favourable attitudes (% mean scores study subjects 58.1 ±20.3; control subjects 44.7 ± 8.8 p=.000) was observed among the study community at post intervention in comparison to the control community. Percentage of subjects who expressed the intention to do the Pap test in the future was significantly higher among the study community (56%) in comparison to the control community (2%).

The study observed an increased utilization of cervical screening services by both communities during the period of intervention but the increase was highly significant in the study group. Proportion of Pap smears performed in the study area (1.3%) in comparison to the control area (.87%) during the intervention period was significantly higher (p=. 001).

The study clearly demonstrates the need of clear guidelines through out the screening process and especially at follow up. Orientation of health staff in the secondary care institutions is also mandatory to achieve programme objectives.

It is essential to improve knowledge, attitudes and practices of Public Health Midwives and the community to increase cervical screening coverage. Increasing the number and frequency of clinics, provision of essential facilities also in demand.