
Greater Inequality and Lower Wealth Affects Cervical Cancer Screening Uptake in India



Cervical cancer is the second most common cancer-related deaths among women in India. In 2020, India accounted for 21% of new cases of cervical cancer and 23% of deaths due to cervical cancer in the world. India has been facing a significant burden of cervical cancer cases, making it one of the countries grappling with a high number of new cases and fatalities caused by this disease.

Data from the fifth National Family Health Survey were analysed to assess the prevalence of cervical cancer screening among women in the 30 to 49 years-age group and its relation to demographic, social and economic factors. The survey was conducted between 2019 and 2021, and gathered information from 6,36,699 households, 7,24,115 women, and 1,01,839 men.

The adjusted odds ratio was computed to compare the prevalence of screening, considering one predictor while adjusting for the influence of other predictors.

To evaluate the inequality in the prevalence of cervical cancer screening based on the household wealth of the participants, both the Concentration Index and the Slope Index of Inequality were examined.

The average national prevalence of cervical cancer screening is found to be 1.97%. The prevalence is higher among the groups who are educated, higher age group, Christian, scheduled caste, Government health insurance coverage, and high household wealth.

Whereas, statistically significant lower prevalence rates were observed among various subgroups including Muslim women, women belonging to scheduled tribes, general category castes, individuals without government health insurance coverage, those with high parity, and individuals who reported using oral contraceptive pills and tobacco.

At the national level, the Concentration Index (CIX) was calculated to be 0.22, indicating a significantly higher prevalence of screening among women from wealthier quintiles. Similarly, the Slope Index of Inequality (SII) was calculated as 0.018, reinforcing the higher prevalence of screening among wealthier quintiles.

When examining regional disparities, significantly higher screening prevalence was observed among wealthier quintiles in certain regions including the North-East, West, and Southern regions. As well, screening prevalence was significantly higher among the poor quintiles in the Central region.

The analysis also revealed an inequality pattern in the North, North-East and Eastern regions. The analysis indicates an overall low performance in providing screening services where only the rich individuals managed to take advantage of the service.

Overall, the analysis reflected the low prevalence (2%) of cervical cancer in India. Screening rates for cervical cancer are significantly higher for women who possess education and Government Health insurance coverage, reflecting the notable disparity in screening prevalence based on wealth.

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