

**Rise in Cervical Cancer and Reproductive Tract Infections**

140. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether large numbers of reproductive tract infections and cases of cervical cancer among women are being reported in the country;

(b) if so, the details thereof and the reasons therefor along with the reaction of Government thereto;

(c) whether lack of menstrual hygiene amongst women in the country especially in poor and rural women has been reported in various studies;

(d) if so, the steps taken/being taken by Government to create awareness about menstrual hygiene among girls/women particularly in the rural areas; and

(e) the other measures taken by Government for improving the reproductive health profile of women in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) There is no separate evaluated national level data with regard to reproductive tract infections only.

As per the District Level Household and Facility Survey-3 data, 18.2% of women have symptoms of reproductive tract infection (19.6% in rural and 15% in urban women). Detailed report and comparison with District Level Household and Facility Survey -2 data is given in Statement-I (*See below*).

The National Cancer Registry of the Indian Council for Medical Research (ICMR) shows a slight increase in absolute numbers of cancer cervix cases between the years 2012-2014

(b) The reasons for reproductive tract infections are broadly as follows:

- Procedures done on the cervix and adjoining area
- Abortion done in septic conditions
- Insertion of an intra uterine device without following full asepsis
- Poor menstrual hygiene

Similarly the risk factors for cervical cancer are multiple, as follows:

- Human Papilloma Virus (HPV) is the major cause of the main types of cervical cancer

- Co infection of Human Papilloma Virus with other Sexually transmitted infection.
- Multiple sexual partners increase the risk.
- Oral contraceptive pill.
- Smoking.
- Weakened immune system.
- Early and multiple pregnancies.
- Cancer cervix in a first degree relative.

Details of the incidence of cancer cervix in India, taken from the National Cancer Registry of the Indian Council for Medical Research (ICMR) over the last three years is given in Statement-II (*See below*).

Under the National AIDS Control Programme (NACP) and the National Health Mission, the Government of India has taken the following key steps for management of reproductive tract infections and cancer cervix :

- Universal, Comprehensive and Standardised quality free RTI services through all public health facilities.
- Free consultation and treatment of patients of RTI.
- Free testing and laboratory services for the patients.
- Free provision of condoms.
- Free services of counsellor for education on prevention and management of infection in client and their partners.
- Regular Pap smear of all women to diagnose early cervical cancer.
- Training of health providers to carry out Pap smear and testing.

(c) The data regarding use of sanitary napkins by women in India has not been captured from National Level Surveys.

Poor menstrual hygiene may lead to reproductive tract infections. A few small scale studies carried out in India do show a correlation between the low use of sanitary napkins and greater incidence of reproductive tract infections.

(d) Government of India is running a Menstrual Hygiene Scheme for the adolescent girls residing in the rural areas of our country. This scheme encompasses the following:

- To increase awareness among adolescent girls on Menstrual Hygiene

- To increase access to and use of high quality sanitary napkins to adolescent girls in rural areas.
- To ensure safe disposal of Sanitary Napkins in an environmentally friendly manner.
- ASHAs are provided funds to hold monthly meeting with adolescents to discuss issues related to menstrual hygiene.
- In addition, Information Education and Communication (IEC) material in the form of posters, leaflets and audio-visuais have been developed to promote good menstrual hygiene and end the cultural taboos associated with it.

(e) Multiple initiatives have been taken by the Government of India to improve the reproductive health profile of the women in our country including:

- Counsellor services at district hospital and medical colleges for promoting genital and menstrual hygiene and prevention of reproductive tract infections among women.
- Regular capacity building and training programs to educate and orient staff working at designated clinics at district hospital and medical colleges.
- Special emphasis on high risk groups and provision of counselling and educating women and men on reproductive tract infections control and prevention.
- National Guidelines on control and prevention of reproductive tract infections and sexually transmitted infections among adolescents and pregnant women have been disseminated to the States.
- Regular Antenatal check-ups to detect and treat reproductive tract infections in pregnant women.
- Regular capacity building of service providers in correct intra uterine device (IUD) insertion techniques and insertion of IUD in full aseptic conditions to prevent occurrence of reproductive tract infections.
- Provision of free condoms to all clients.
- Provision of good quality sanitary napkins to adolescent girls to improve their menstrual hygiene.

**Statement-I****India – Key Indicators**

|  | DLHS-3 (2007-08) |       |       | DLHS-2 (2002-04)   |       |       |
|--|------------------|-------|-------|--------------------|-------|-------|
|  | Total            | Rural | Urban | Total <sup>1</sup> | Rural | Urban |
| 1  | 2                | 3     | 4     | 5                  | 6     | 7     |
| <b>Awareness about Diarrhoea and ARI</b>   |                  |       |       |                    |       |       |
| Women aware about danger signs of ARI <sup>12</sup> (%)  | 57.4             | 54.9  | 62.8  | 41.3               | 41.6  | 40.4  |
| <b>Treatment of childhood diseases (women who had live birth during reference period)</b>          |                  |       |       |                    |       |       |
| Children with diarrhoea in the last 2 weeks who received ORS <sup>13</sup> (%)                     | 34.2             | 30.7  | 43.8  | 30.3               | 25.7  | 42.0  |
| Children with diarrhoea in the last 2 weeks who sought advice/treatment (%)                        | 70.6             | 68.9  | 75.4  | 73.2               | 71.2  | 78.3  |
| Children with acute respiratory infection or fever in last 2 weeks who sought advice/treatment (%) | 77.4             | 75.0  | 84.8  | 73.9               | 71.7  | 79.6  |
| <b>Awareness of RTI/STI and HIV/AIDS</b>   |                  |       |       |                    |       |       |
| Women who have heard of RTI/STI (%)  | 33.3             | 28.6  | 43.6  | 43.9               | 41.5  | 50.1  |
| Women who have heard of HIV/AIDS (%)   | 59.6             | 50.1  | 80.2  | 52.2               | 42.1  | 78.1  |
| Women who have any symptoms of RTI/STI (%)   | 18.2             | 19.6  | 15.0  | 32.5               | 33.7  | 29.3  |
| Women who know the place to go for testing of HIV/AIDS <sup>14</sup> (%)                           | 61.7             | 56.5  | 68.9  | NA                 | NA    | NA    |
| Women underwent test for detecting HIV/AIDS <sup>14</sup> (%)                                      | 11.5             | 8.9   | 14.9  | NA                 | NA    | NA    |
| <b>Other reproductive health problems</b>  |                  |       |       |                    |       |       |
| Women had primary or secondary infertility (%)   | 8.2              | 8.4   | 8.0   | NA                 | NA    | NA    |
| Women had problem of obstetric fistula (%)   | 1.5              | 1.6   | 1.2   | NA                 | NA    | NA    |

| 1  | 2    | 3    | 4    | 5    | 6    | 7    |
|--|------|------|------|------|------|------|
| <b>Quality of family planning services</b>   |      |      |      |      |      |      |
| Currently married non-users who ever received counselling by health personnel to adopt family planning (%) | 15.9 | 16.2 | 15.4 | 11.7 | 11.4 | 12.6 |
| Current users ever told about side-effects of family planning methods (%)                                  | 17.6 | 18.3 | 16.4 | 28.0 | 27.9 | 28.1 |
| Users who received follow-up services for IUD/sterilization within 48 hours (%)                            | 76.4 | 75.3 | 78.6 | NA   | NA   | NA   |
| <b>Indicators based on unmarried women (age 15-24)</b>   |      |      |      |      |      |      |
| <b>Characteristics of women</b>  |      |      |      |      |      |      |
| Unmarried women with 10 or more years of schooling (%)   | 45.3 | 34.9 | 57.9 | NA   | NA   | NA   |
| <b>Family life education</b>   |      |      |      |      |      |      |
| Unmarried women who opined family life education/sex education important (%)                               | 80.9 | 77.4 | 85.1 | NA   | NA   | NA   |
| Unmarried women who ever received family life education/sex education (%)                                  | 48.5 | 43.4 | 54.8 | NA   | NA   | NA   |
| Unmarried women who are aware of legal minimum age at marriage for girls in India (%)                      | 88.5 | 84.4 | 93.5 | NA   | NA   | NA   |
| <b>Awareness of contraceptive methods</b>  |      |      |      |      |      |      |
| Unmarried women who know about condom (%)  | 70.2 | 65.2 | 76.3 | NA   | NA   | NA   |
| Unmarried women who know about pills (%)   | 78.5 | 75.4 | 82.3 | NA   | NA   | NA   |
| Unmarried women who know about Emergency Contraceptive Pills (ECP) (%)                                     | 30.4 | 24.0 | 38.2 | NA   | NA   | NA   |
| Unmarried women who ever discussed about contraception with any one (%)                                    | 23.1 | 22.0 | 24.4 | NA   | NA   | NA   |
| <b>Awareness of RTI/STI and HIV/AIDS</b>   |      |      |      |      |      |      |
| Unmarried women who have heard of RTI/STI (%)  | 33.1 | 28.2 | 39.0 | NA   | NA   | NA   |

| 1  | 2    | 3    | 4    | 5  | 6  | 7  |
|--|------|------|------|----|----|----|
| Unmarried women who have heard of HIV/AIDS (%)                               | 78.9 | 72.0 | 87.3 | NA | NA | NA |
| Unmarried women who know the place for testing of HIV/AIDS <sup>14</sup> (%) | 65.6 | 61.5 | 69.6 | NA | NA | NA |
| Unmarried women underwent test for detecting HIV/AIDS <sup>14</sup> (%)      | 1.3  | 1.1  | 1.6  | NA | NA | NA |

<sup>12</sup> Acute Respiratory Infection

<sup>13</sup> Oral Rehydration Solution/Salt

<sup>14</sup> Based on women who have heard of HIV/AIDS.

**Statement-II**

Based upon data provided by National Cancer Registry Programme of ICMR, which covers approximately 7% of population of 16 states and 1 Union territory in country the estimated number of incidence cases of cancer cervix among women in the country, for the years 2012, 2013 and 2014 are given below.

*Estimated number of incidence cases Cancer Cervix – (2012-2014) Females*

| Year             | 2012  | 2013  | 2014  |
|------------------|-------|-------|-------|
| Number of cases* | 91696 | 92731 | 93786 |

\* Based on “Three Year population report of Population Based Cancer Registries 2009-11” and “Time Trends in Cancer incidence rates (1982-2020 Reports)”.

**Unethical Practice by Healthcare Providers**

141. SHRI MANSUKH L. MANDAVIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of media reports that many private sector hospitals/labs/diagnostic centres/individual doctors are resorting to tactics like unnecessary tests/investigations and even avoidable major surgical procedures in order to fleece innocent patients, especially the health insured one, thereby playing with their health; and

(b) if so, the mechanism available and fresh steps being contemplated by the Ministry, including punitive laws, in consultation with the State Governments and various stakeholders, to prevent such practices as also to punish such entities severely and the details thereof?