

Introduction: The cancer risk patterns and burden of common cancers among tribal populations and particularly vulnerable tribal groups (PVTGs), are not well-documented. The impact of cancer on Indigenous tribal communities often receives insufficient attention, largely due to inadequate identification of Indigenous individuals in cancer notifications. Moreover, there is a significant lack of national data regarding cancer risk patterns and the burden of common cancers among Indigenous and tribal populations in India. This study aims to assess the burden of common cancers in tribal India while addressing the challenges faced in cancer screening and care within these communities.

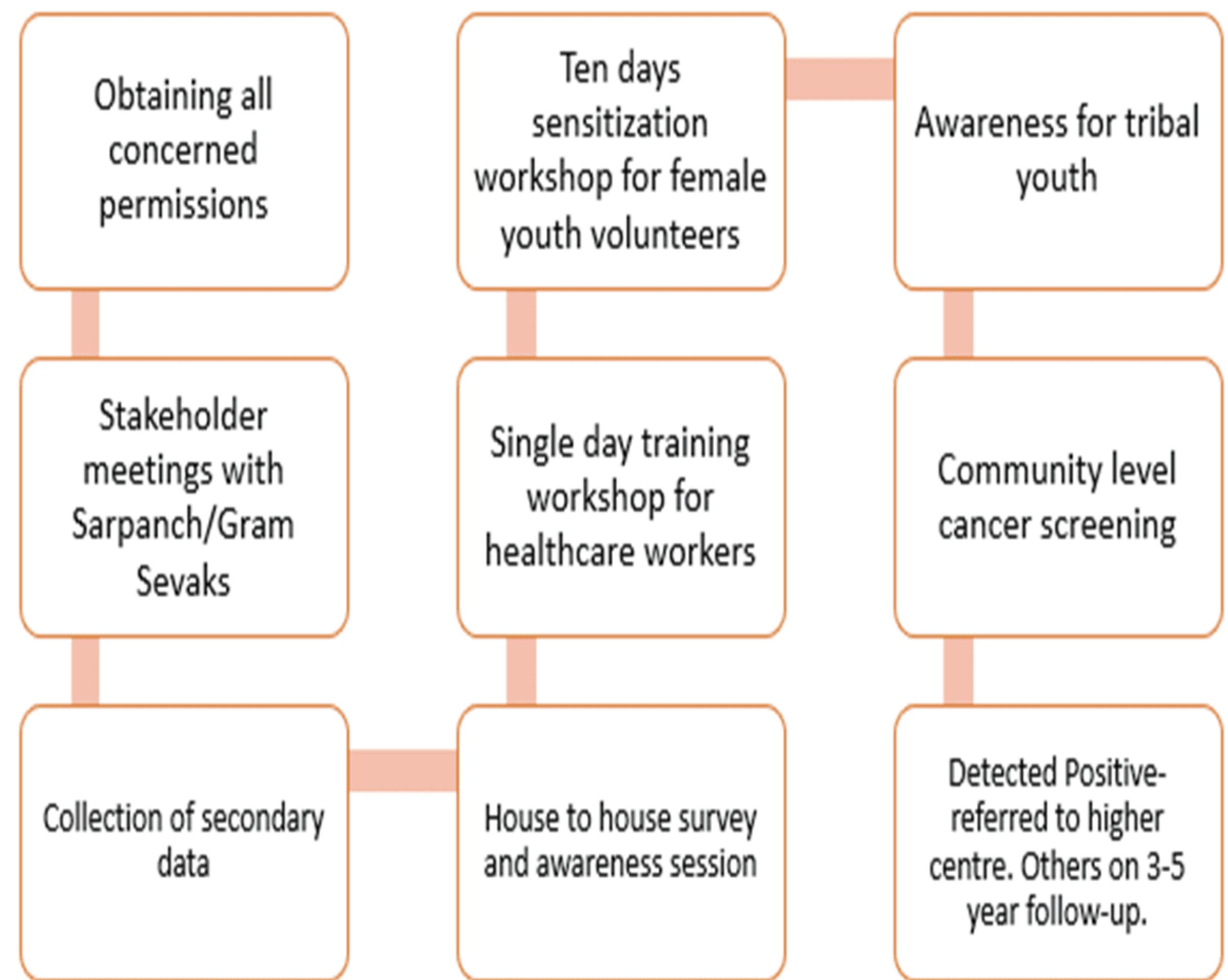
Objectives :

1. To assess the prevalence of breast and cervical cancer among tribal women using community-based screening methods.
2. To identify and address the challenges associated with cancer screening among tribal women.

Methodology :

Study setting: Tribal villages in Khalapur Tehsil, Raigad District, Maharashtra
Study design: Community based screening program
Study population: Tribal women aged 18-65 years
Study duration : Two years (November 2023-November 2025)
Sampling strategy: Universal sampling to include all eligible participants

Fig 1: Schematic representation of Methodology




Result Table 1		N	%
Eligible women		2112	
Underwent screening	Breast cancer	536	56.7
	Cervical cancer	152	16.1
Screen Positives		47	4.9
	Breast Cancer	35	3.7
	Cervical Cancer	12	1.2
Investigations	NDC	29	54.8
	PAP smear	12	22.6
	HPV DNA	12	22.6

19 NDC were normal and other reports are awaited. In PAP smear, one had ASCUS and others were normal while in HPV testing one was positive for other high risk groups and others negative.


Fig 2: Challenges in screening and strategies used to overcome the challenges faced

Privacy concerns were overcome by ensuring good privacy at all camps using proper screens and curtains. The healthcare team organised awareness sessions at every tribal villages clearly explaining the need for cancer screening and how it will be done. This helped to address the stigma, low awareness and the fear of getting diagnosed. Local leaders and healthcare workers were also involved in the initiative to address these issues and encourage participation.



House to house survey was conducted in all tribal villages to collect data regarding eligibles and to develop rapport. Stakeholder meetings were organised at every level to ensure support for the initiative. Local leaders-religious and political, tribal department and health authorities were all included. Few general care medicines like vitamin tablets, iron and calcium tablets were made available.

Geographical issues, migration and working hours were addressed by adjusting the camp hours. Discussions were done prior to fix the venue that is easy for majority of the population and timings that are convenient.



The healthcare team walked kilometres to reach the hard to reach areas and organised camps there. Reports were informed telephonically or through stakeholders and follow ups were ensured.

Discussion: A study done in Palghar district Maharashtra identified limited knowledge, lack of health facilities, financial constraints, misconceptions, inability to prioritize health and belief on traditional healers as the important challenges in cancer screening in tribal villages. ASHAs were recognized as the key connecting link between health system and community.

Significant lack of awareness about the gynecological cancers was seen in the tribal respondents of Aarey circle of Borivalli Taluka, Mumbai regarding the symptoms, treatment, and preventive measures of gynecological cancers in a cross-sectional study done among 100 tribal women.

In a qualitative study done among tribal women working in tea gardens of Darjeeling, West Bengal, lack of support, burden of responsibility and lack of felt need were identified as the major barriers in cervical cancer screening.

In a study done in Madhya Pradesh, disturbing lack of awareness, financial constraints, cultural beliefs, limited accessibility to healthcare facilities and negative attitude towards screening was observed.

In a study done in Assam, lack of motivation, fear, attitude, lack of support from higher authorities were the barriers for cancer screening among tribal women.

Conclusions: There are significant challenges in cancer screening among tribal women. The low participation, particularly in cervical screening, highlights the need for interventions targeted to cervical cancer. Additionally, poor follow-up rates emphasize the importance of strengthening referral systems and improving access to higher centers for timely diagnosis and treatment. Improving access to cancer screening in tribal areas can significantly reduce cancer-related morbidity and mortality, provided that a robust, well-coordinated healthcare infrastructure, supported by community health workers, is established.

References:

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