

# Improve women's health through integration of cervical cancer screening in routine gynecologic care

## Abstract

Healthy women will safeguard a healthy family, healthy population and healthy countries. This could be happen if we improve women's health because women play a vital role in our societies. Cervical cancer considered a consequence, of the morbidity and the mortality which can extremely affect a woman's quality of life. The aim of integration of cervical cancer screening in routine gynecologic care is to improve the detection of pre-cancer in earlier and easily treated stages. In conclusion this integration of cervical cancer screening services will provide an important opportunity to engage male partners to educate them, particularly in counties where men have the dominant role for health care decision.<sup>1</sup>

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## Introduction

The basis for a comprehensive definition to women's health was provided in 1994 during the event international conference on population and development, which held in Cairo.<sup>2</sup> Then, in 2000, all United Nations member settled approval to agree Millennium Development Goal 5, this goal includes a maternal and a reproductive health target. There are two sub targets belongs to that target focused on reduce the maternal mortality ratio between 1990 and 2015 75% and called (5a), and the other sub-target was to achieve "universal access to reproductive health" by 2015 which called (5b).<sup>3</sup>

Furthermore cervical cancer considered a consequence, of the morbidity and the mortality which can extremely affect a woman's quality of life. During late stage of cervical cancer, the women might experience specific symptoms as irregular bleeding, pain symptoms mainly in back and pelvic regions in addition to general symptoms as weakness, leg edema, loss of appetite and consequently weight loss.<sup>4</sup> Therefore, cervical cancer lead to early death related (DALYs) which refer to disability-adjusted life years due to affected by disease-related disability which contributed to the loss of 6.4 million globally in 2010, mostly in low-middle income countries LMICs.<sup>5</sup>

There are important factors participate in developing an evidence of the possibility of integrating cervical cancer prevention into human *papilloma virus*, maternal/reproductive health services which using low-cost screening strategies attached with treatment for precancerous lesions.<sup>6</sup> There are promising simple, low-cost screening techniques, such as visual inspection with acetic acid (VIA) and human papillomavirus (HPV) DNA testing, are undergoing widespread evaluation rather than traditional screening methods (Pap smears and biopsies), which requires infrastructure and clinical expertise and are hard to scale up.<sup>7</sup>

Consequently, the World Health Organization describes a screening with visual inspection with acetic acid as a "best buy," which mean that it is highly economical within non-communicable diseases. In addition to its possibility to implement in low settings health systems.<sup>8</sup>

## Conclusion

Integration of effective screening methods for cervical lesions into

primary care services will increase the detection of pre-cancer as is seen in developed countries, which consequently, prevents progression of cervical cancer. Furthermore, this integration of cervical cancer screening services will provide an important opportunity to engage male partners to educate them, particularly in counties where men have the dominant role for health care decision.<sup>1,9</sup>

Currently, there is a realistic goal for dramatic global reductions in cervical cancer incidence due to an extensive variety of simple, cost-effective, and prevention alternative methods.<sup>10</sup>

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## Conflict of interest

The author declares no conflict of interest.

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