Carcinogens/Cancer

P-340 CLOSING GAPS FOR PREVENTING CERVICAL CANCER AMONG URBAN: SLUM, NON-SLUM, RURAL AND TRIBAL INDIAN HOMEMAKERS AND MANUAL LABOURERS – EXPERIENCES OF COMMUNITY RESEARCH

1Kavita Anand, 2Gauravi Mishra, 3Sharmila Pimple, 4Mandana Vahabi, 5Vijayshree Prakash, 6Anil Patil, 7Vasundhara Kulkarni. 1Post DOC research fellow, Department of Preventive Oncology, Tata Memorial Centre, Mumbai, India; 2Prof and Physician, Department of Preventive Oncology, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, India; 3Prof Daphne, Codwell School of Nursing, Toronto Metropolitan University, Canada; 4Project Manager - WECAN, Toronto Metropolitan University, Canada; 5Research Assistant (Statistics), Department of Preventive Oncology, Tata Memorial Centre, Mumbai, India; 6Senior Research fellow, Department of Preventive Oncology, Tata Memorial Centre, Mumbai, India

Introduction Deaths due to cervical cancer remains high among women from rural and low-income settings in India. Majority of women among these settings are expected to be homemakers by occupation. Being homemakers and from low economic background, these women in society are most neglected and deprived of fundamental rights for sexual health increasing their susceptibility for genital infection and cervical cancer. Illiteracy, timidness, dependence on male partner for health-related decisions, stigma and misconception adds to the vulnerability of these women for cervical cancer.

Material and Methods Our community based cross-sectional studies enrolled 120 tribal women and 1600 women across low-income neighborhood settings [i.e. Urban slum (500), Urban non-slum (500), rural (600)] in age group of 30–69 yrs. Different modalities of communication were used to create awareness about sexual health including cervical cancer among these groups. Understanding reluctance and barriers of these women for accessing health care facilities, these studies explored the possibilities of HPV self-sampling as a screening modality for cervical cancer.

Results and Conclusion Among 120 women in tribal settings, 55% and 38.3% were homemakers and manual laborers respectively. 95% women had not received/heard of sexual health education and did not perceive any risk of acquiring cervical cancer demonstrating low health literacy. Among 1600 women enrolled from the low-income neighborhood settings, overall, 75.9% and 12.3% women were homemakers and manual laborers respectively. 74.8% women perceived risk of getting cervical cancer but demonstrated poor care trajectory.

After creating awareness towards cervical cancer, 95.8% tribal, 89.8% urban slum, 92.8% urban non-slum and 98.1% rural women accepted HPV-Self-sampling respectively. Culturally appropriate art-based health education materials to generate awareness towards cervical cancer and HPV self-sampling as screening modality looks promising to prevent cervical cancer among these vulnerable and underprivileged homemakers from low economic settings.

P-343 GAP ANALYSIS ON OCCUPATIONAL CANCER CONTROLS IN THE OIL & GAS INDUSTRY

Jayandran Mohan. TAIT, Oman

Introduction As per World Health Organization media report (28 Apr 2021) petroleum industry work was associated with an increased risk of mesothelioma (ES = 2.09; CI: 1.58–2.76), skin melanoma (ES = 1.34; CI: 1.06–1.70), cancers of the prostate (ES = 1.13; CI: 1.05–1.22), urinary bladder (ES = 1.25; CI: 1.09–1.43), lung cancer (ES = 1.20; 95% CI: 1.03–1.39) and leukemia (ES = 1.47; 95% CI: 1.12–1.92). The primary source for such occupational cancer in the Oil & Gas (O & G) industry is due to Asbestos mainly crocidolite (blue asbestos – Na 2Fe II 3Fe III 2Si 8O 22(OH) 2) and amosite (brown asbestos – 1.5Mg0 5.5Fe0 8SiO2 H2O,) and aromatic compound Benzene (C6H6). The above data clearly indicates that the existing controls in the O & G facility needs to be fine-tuned. So a gap analysis has been executed on the Health & Safety Management System (HSMS) of Oil & Gas companies & the effectiveness of the existing Hierarchy of controls evaluated and the recommendations have been given.

Materials and Methods PubMed and Web of Science databases, Journals related to Occupational Cancer in Petroleum Industry have been studied. The Health and Safety Management System of two operational Oil & Gas companies have been analyzed. The existing control measures (Hierarchy of control) and its effectiveness have been analyzed.

Results and Conclusion The gap analysis recommendations as follows: The Health Impact Risk Assessment (HIRA) to be developed specific for occupational cancer and detailed Risk Assessment Matrix to be developed reinforced with competent training. A detailed Root Cause Analysis (RCA) rather than simple investigation procedure. The Respiratory Protective Equipment with Aromatic specific chemical cartridges (carcinogenic Benzene) to be well maintained, tested and training to be given to the work group for pre-inspection checks.

Others topics

P-349 ADMINISTRATIVE CONCERNS IN HEALTHCARE DURING COVID 19 PANDEMIC IN CEMENT INDUSTRY IN INDIA

Sabitha Kamarched. MBA Student, DMIMS, Wardha, India

Introduction Purpose of this research is to describe the general administrative concerns and specific financial concerns in Occupational Health Centre in Cement manufacturing Industry in India during COVID19 and to compare the Administrative concerns in Healthcare in cement Industry.

Methods A descriptive qualitative study with ethnography approach to understand and determine administrative concerns faced by healthcare professionals in cement Industry was