

The chief reasons given for not getting mammograms were not believing a mammography was needed (51.2%). Other barriers were workload, time constraints, cost, and access to services.

**Conclusion:** Continuing education programs for nurses in Shiraz hospitals are needed to improve their knowledge and performances toward of breast and cervical cancer screening programs.

#### P17

##### **Community mobilization and client recruitment into cervical cancer screening in Kenya as a means of prevention**

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**Background:** Go Fishnet Youth Project (GFYP) is part of the fraternity of registered Non Governmental Organizations (NGOs) by Kenya government to facilitate, create awareness and bring empowerment process for income-generation to community health workers (CHWs) especially in the area of cancer and its prevention. This project builds upon local efforts to develop an affordable and sustainable method of cervical cancer prevention services.

**Methods:** Through partnership with local NGOs and CBOs with the same mind on cancer prevention and Ministry of Health, Ministry of Culture and Gender.

Most Kenyan community health workers in the rural areas will recognize some important basic steps of the income-generation empowerment process being used to sustain volunteer community health workers, who motivate and sensitize communities in western Kenya about cervical cancer screening services through a join collaboration network and partnership.

The Go Fishnet Youth Project has been in collaboration with other community based entities and organization such as Maendeleo Ya Wanawake (MYW) which is a national women's advocacy organization and Awuoth Widows and Orphan Group, to facilitate, sensitize, mobilize and recruit women in surrounding communities for screening. The community based health workers were encouraged to venture into income-generating activities through Go Fishnet Youth Project facilitation programmes without foreign support when donors funding is not available.

**Results:** The Community Health Workers are integrating micro-enterprises into their cervical cancer prevention activities which link them with local small-scale enterprenuer companies offering loans to individuals/groups working with cancer patients.

There are many factors which otherwise could have affected Community Health Workers in creating early awareness of cervical cancer and its prevention and this includes financial resources constraints, sociocultural norms amongst the Luos in western Kenya and continued poverty amongst the people living in the area. This study attempts to use these factors to build a successful method for screening behavior among women aged 21–40 in Nyanza Province. Since March 2006, Go Fishnet Youth Project (GFYP) has provided cervical cancer prevention services in Kisumu District. As a result, over 6000 women residing in a rural area have received cervical cancer screening through active every home crusade visual inspection with acetic acid or Lugol's iodine and over 50 (CHW) registered them. The comparison of previous data and the current one show the study results of the current as of remarkable prevention of carvical cancer in low-resource setting.

**Conclusions:** An effective local infrastructure by community health workers in cancer prevention in a low-income area of Nyanza in western Kenya brings a sustainability to community based health workers in their prevention outreach in rural communities giving little concern to foreign funding dependability to eradicate cervical cancer.

#### P18

##### **Knowledge, attitudes, beliefs, behaviour and breast cancer screening practices in Ghana**

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**Background:** Ghanaian women have a low awareness and participation rates in breast cancer screening practises. As a result about 60% of the patients are diagnosed with advanced disease resulting in poor outcome.

**Purpose of the study:** The purpose of the study was to explore various factors needed to develop socio-economic and cultural specific models to improve breast cancer care in Ghana.

**Methodology:** The study which was conducted in Accra and Sunyani both in Ghana involving 474 women, physicians and traditional healers employed both quantitative and qualitative methods. Statistical tests were done on the quantitative data whilst the qualitative data was analysed by constant comparison method.

**Findings:** Respondents' knowledge on breast cancer was found to very low, however, higher education levels indicated superior knowledge and a more positive attitude towards breast screening ( $U = 3138$ ,  $N = 474$ ,  $p < 0.001$ ). The attitude towards the disease range from fear; denial; guilt and spiritual attributes of the disease and linked treatment of the disease with death as many patients die shortly after treatment.

**Conclusion:** The low level of breast cancer awareness among the respondents indicates that the public educational campaigns, intended to educate women in Ghana on breast cancer, are inadequate and ineffective. The study came to the realization that routine mammography screening will be very difficult to implement in Ghana at the moment due to lack of capacity and other socioeconomic factors and therefore proposes a model based on current socio-cultural and economic development in the country. The first approach to the model is to increase awareness and encourage the women to undertake breast self-exam (BSE) and report any suspicious findings for clinical evaluation. The second is to encourage widespread adoption of clinical breast examination (CBE). The few mammogram centres can then be used for diagnostic purposes and screening for high risk or symptomatic women. Provision of treatment facilities and development of an efficient early referral system are stressed.

#### P19

##### **Breast cancer challenges in Grodno region (Belarus)**

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**Goals:** The aim of this work was to study some trends in the breast cancer (BC) epidemiology and management in Grodno region.

**Methods:** Incidence were investigated using data from national cancer registry for 12 years and official reports. Local state reports, 161 outpatients histories from Grodno regional hospital were analyzed in order to estimate BC management from 2003.

**Results:** BC incidence in Grodno region is rising significantly with time ( $P < 0.001$  for linear relationship) from 43.9 per 100,000 in 1997 to 60.7 in 2008. In 2008 BC incidence was on the second spot (17.0%) among female cancer incidence in Grodno region after cancer of skin (21.5%) and ahead of cancer of large intestine (11.1%) and cancer of the uterus (8.8%). Number of surgeries of breast in Grodno regional health center is growing with time ( $P = 0.32$ ) from 498 in 2003 to 741 in 2008. Patterns of pharmacological treatment of BC are changing toward using more modern