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### Loss to follow up in cervical cancer screening in India: A proposed solution through mHealth

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Cervical cancer is the one of the most common cancer in women worldwide and a major health menace among women in low and middle income countries like India. In many studies conducted in India including Singh and Badaya (2012) it was found that mounting number of cervical cancer patients are missing after their first hospital visit due to inappropriate screening and follow up strategy. In the backdrop of this grave situation mHealth or mobile health seems to be an effective remedial mechanism. The unprecedented spread of mobile technologies as well as advancements in their innovative applications to address health priorities has evolved into a new field of eHealth known as mHealth. Therefore it is proposed that during their Pap smear test all women and their relatives contact mobile number should be taken to create Health directory. After cytopathology report creation, it will be send to concerned mobile number via SMS with attached Pap report copy and the physician's advice about normality or abnormality in the local language and guidance for further line of action. If their report is abnormal they will be specifically rang with advice and guided to follow visit to the concerned treatment facility. If they fail to follow advice then nearest responsible public health professional can be asked to seek these women in regular terms for specialize treatment. This proposed theory can supplement and even replace the overburdened brick and mortar healthcare system in providing unprecedented healthcare diffusion deep in society, realizing universal concept of 'Affordable Health for All'.

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### Risk factors of diarrheal disease in under-five years of age children among health extension model and non-model families in Sheko district rural community, southwest Ethiopia

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**Background:** Worldwide diarrheal disease is the second leading cause of death in under-five year's children. In Ethiopia, diarrhea kills half million under-five years of aged children every year. Poor sanitation, unsafe water supply and inadequate personal hygiene are responsible for 90% of its occurrence. The Ethiopian government introduced health extension program in 2002/03. As a strategy of the program; households have been graduated as model families. Therefore the aim of the study was to assess risk factor of diarrheal disease in under-five years of age children among health extension model and non-model families.

**Method:** A community based comparative cross-sectional study design was employed on 825 households that had at least one under-five year of aged children. A summary descriptive, binary and multivariate logistic regression was computed to describe the functional independent predictors of childhood diarrhea.

**Result:** The two weeks diarrhea prevalence in under-five of age children among health extension model and non-model households were 6.4% and 25.5%, respectively. The independent predictors of childhood diarrhea revealed in the study were being mothers hand washing not practice at critical time with soap [OR: 7.40, 95% CI: (2.61, 20.96)], improper refuse disposal [OR: 3.19, 95% CI: (1.89, 5.38)] and being non-model families for the program [OR: 4.50, 95% CI: (2.52, 8.03)].

**Conclusion:** The level of diarrheal disease variation was well explained by maternal personal hygiene, waste disposal system and the effect of health extension program. Thus encouraging families to being model families for the program and enhancing community based behavioral change communication that emphasize on personal hygiene and sanitation should be strengthening to reduce childhood diarrhea.

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