

INTEGRATION OF CERVICAL CANCER SCREENING INTO THE HEALTH PROGRAM OF THE LOCAL GOVERNMENT IN NIGERIA

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CERVICAL CANCER IN NIGERIA

In Nigeria, cervical cancer is the 2nd most frequent cancer In Nigeria, each year approximately

- 10,000 Women will develop cervical cancer
- 8,000 women will die from cervical cancer

¹Globocan 2002. IARC 2004 <http://www.iarc.fr/> last accessed October 4 2006

CERVICAL CANCER IN NIGERIA

In Nigeria cervical cancer is the leading cause of cancer mortality

About 90% of women present in advanced stages. Age specific incidence 18.8 per 100,000 in 20-24 years

Rising to 373.75 per 100,000 in the age group 60-64 years²

² Thomas J, et al. Current Concepts in Cervical Carcinogenesis and New Perspectives in Prevention. *Archives of Ibadan Medicine* April 2002. 3(1) 36-39.

CERVICAL CANCER IN NIGERIA

Trend over the past one decade has not changed with over 90% presenting in advanced stages in OAUTHC³

2.9% of Gynae admission in our centre

Awareness is low and less than 5% have done Pap smear in the last 5 years

No policy on cervical cancer prevention

³ Ajenifuja KO et al Trend in presentation and mortality from cervical cancer in Nigeria. Saudi Med J 2008 28 (8) 447-448.

Total population is 140m people

The country is divided into 774 LGAs. Each LGA is like a US county

Over 70% of its inhabitants live in rural area with no access to modern health facilities.

High level of ignorance and wrong perception about cervical cancer.

Poverty level is also high in the rural area

CERVICAL CANCER IN NIGERIA

Trained Cyto-screeners in Nigeria are very few

About 70 pathologists to a population of 140 million people hence,

Results of Pap smear, the oldest and widely used method screening takes 3 to 4 months to get to the patients

Conventional cytology is only available in urban areas

Very few centres have Colposcope

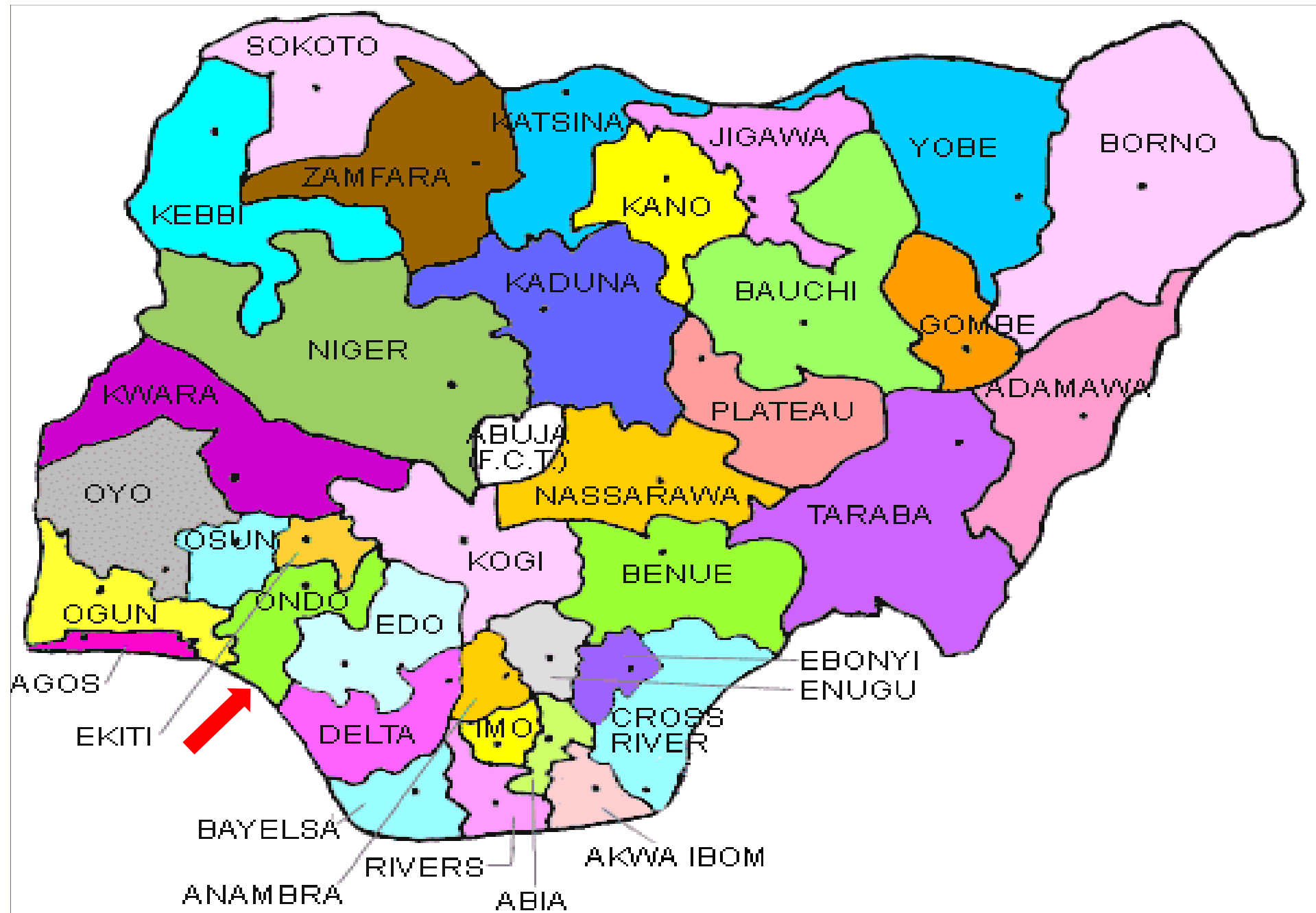
Most Nigerian Gynaecologists prefer the expensive in patient management of abnormal cytology ⁴

There are only 4 RTs centres in the country

Due to advanced presentation, management is mainly palliative which is also poorly developed

There is practically no screening for cervical premalig lesions in the rural communities

⁴ A.O. Omigbodun and Ayinde OA Inter J of Gyne & Obstet 88, (3) , 2005, 340-341



OBJECTIVES

Feasibility of cervical cancer screening at the community level by community health workers and Nurses using VIA and treatment by cryotherapy

Acceptability of screening by direct visualization

Acceptability of “see and treat” approach

Complications associated with use of cryotherapy

METHODS

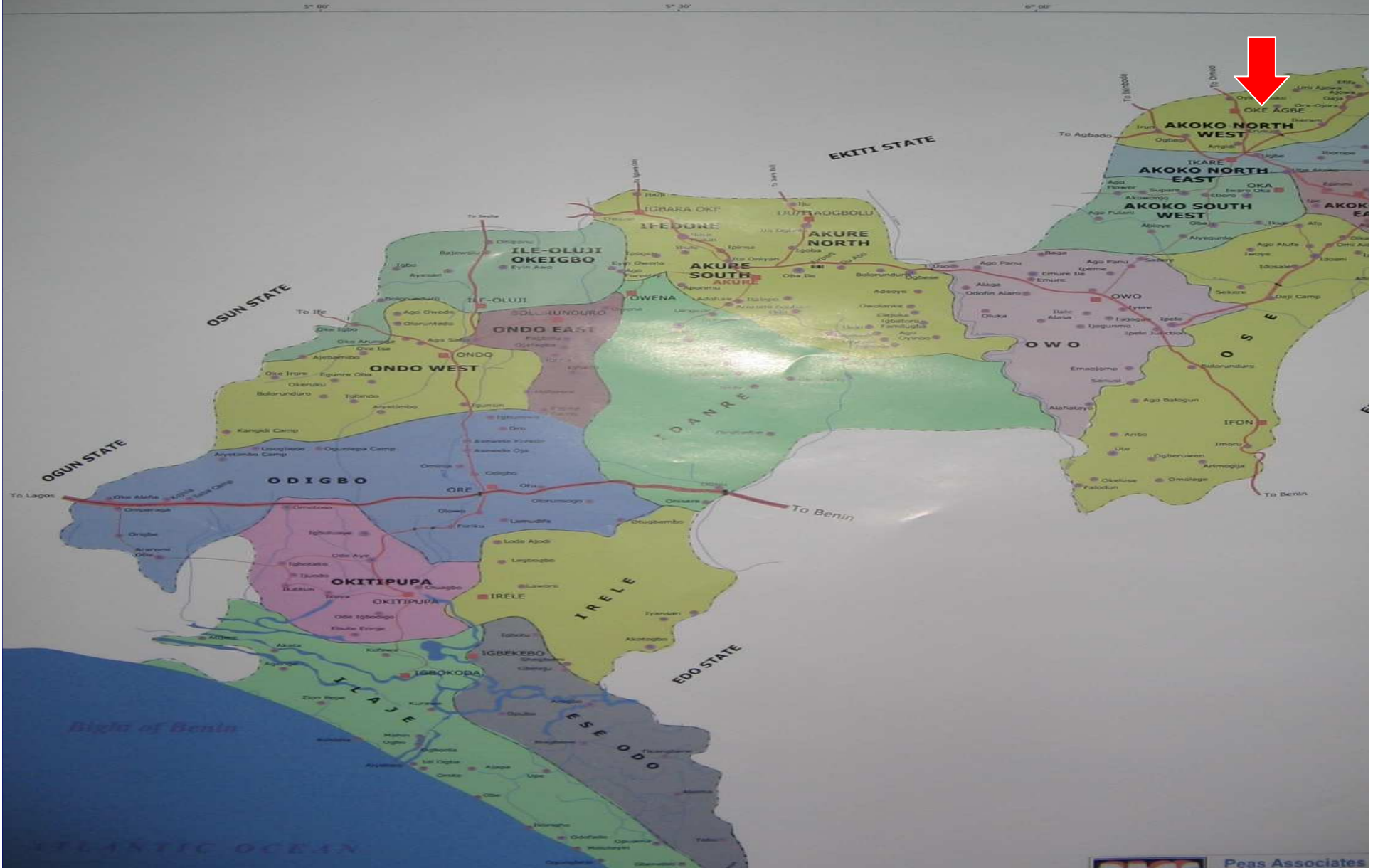
Site chosen was Akoko-north West LGA with a population of about 200,000 inhabitants.

Project was a collaboration between OAUTHC, Akoko-North West local government and a NGO, Homemakers foundation.

The LGA provided the Nurses and Health workers while the program was funded by the NGO

OAUTHC provided the personnel that trained, organized and evaluated the program

LOCAL GOVERNMENT MAP OF ONDO STATE



AKOKO NORTH WEST LOCAL GOVERNMENT
OKE-AGBE AKOKO, ONDO STATE (INTERIM)



FIL PHARMACEUTICALS LTD.
 Confidently introduce the *limited*

METHODS

Two (2) Health workers were recruited from each of the 10 administrative wards of the local government.

IARC training manual on VIA & Cryotherapy was used

They were trained on the techniques of cervical cancer screening using the Visual Inspection with Acetic Acid.

Client's recruitment and treatment with cryotherapy. As well as managing the side effects of cryotherapy

Awareness program was carried out in the community at the local government level

Involvement of local chiefs, religious leaders, market women and other stakeholders

Training of community health workers on how to recognise the transformation zone

Program was launched







RESULTS

1100 women have been screened so far.

Mean age of the women is 39 (20-59) years

The mean parity was 4 (1-7), the majority of the women (68%) were traders and 22% were house wives. 36% has had more than one sexual partners. 42% were married in polygamous relationship.

The squamo-columnar junction was visible in 80%, partially in 13% and not all in 7%.

More than 98% of the women were not aware of cervical cancer and none had ever been screened

RESULTS

The VIA was positive in 99 of the women (9%). Cryotherapy was performed in 73 (73%) women.

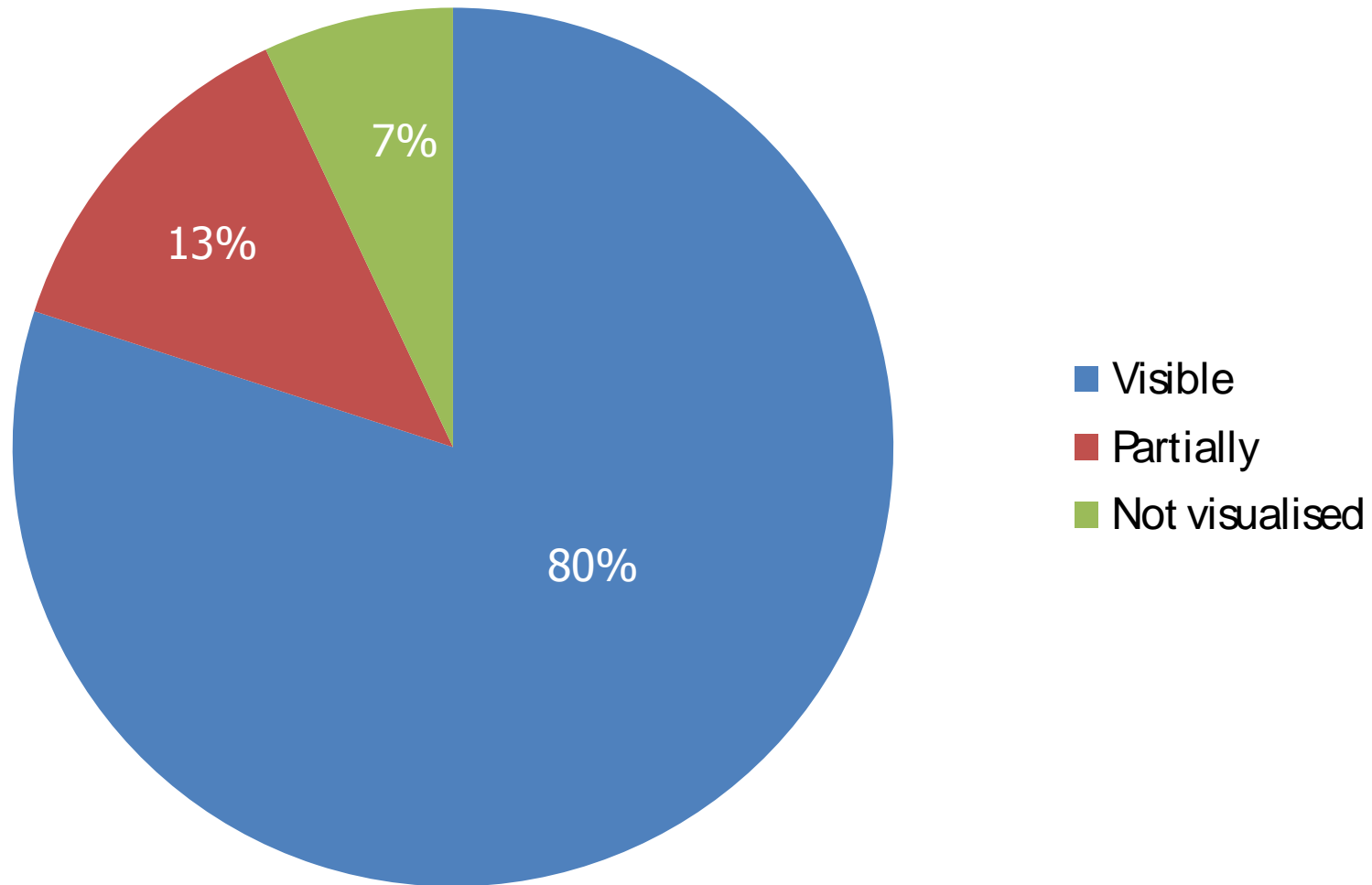
Side effects were minimal and consisted mainly of cramps during treatment and watery vaginal discharge.

No case of excessive bleeding was reported.

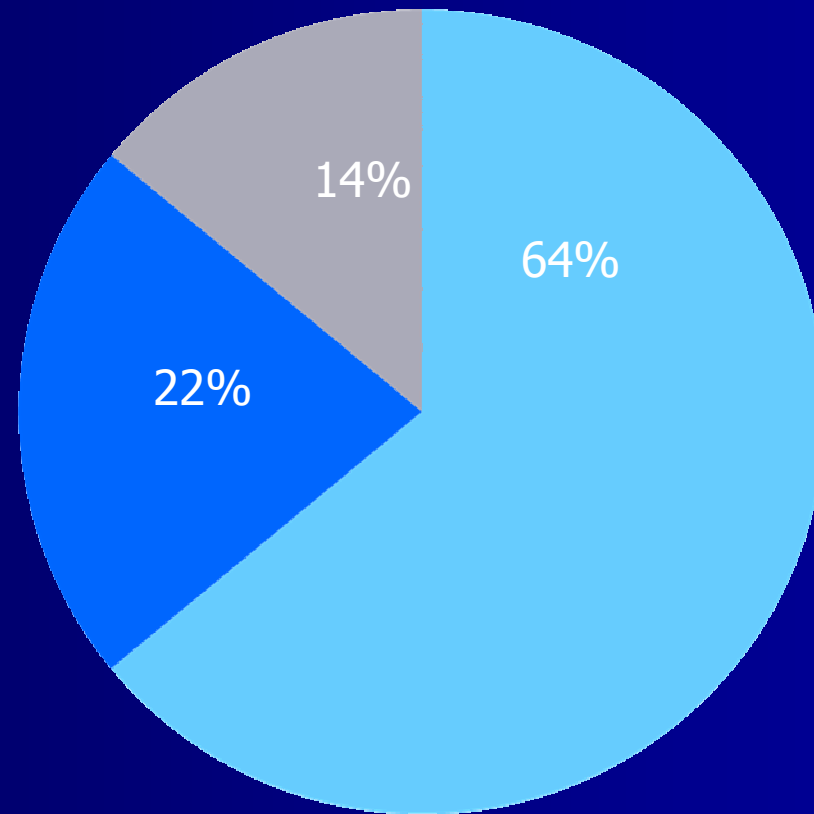
These side effects were accepted by the women once prior explanation was given.

Acceptability of treatment was high as over 98% of women who were screened positive agreed to be treated

SCJ Junction

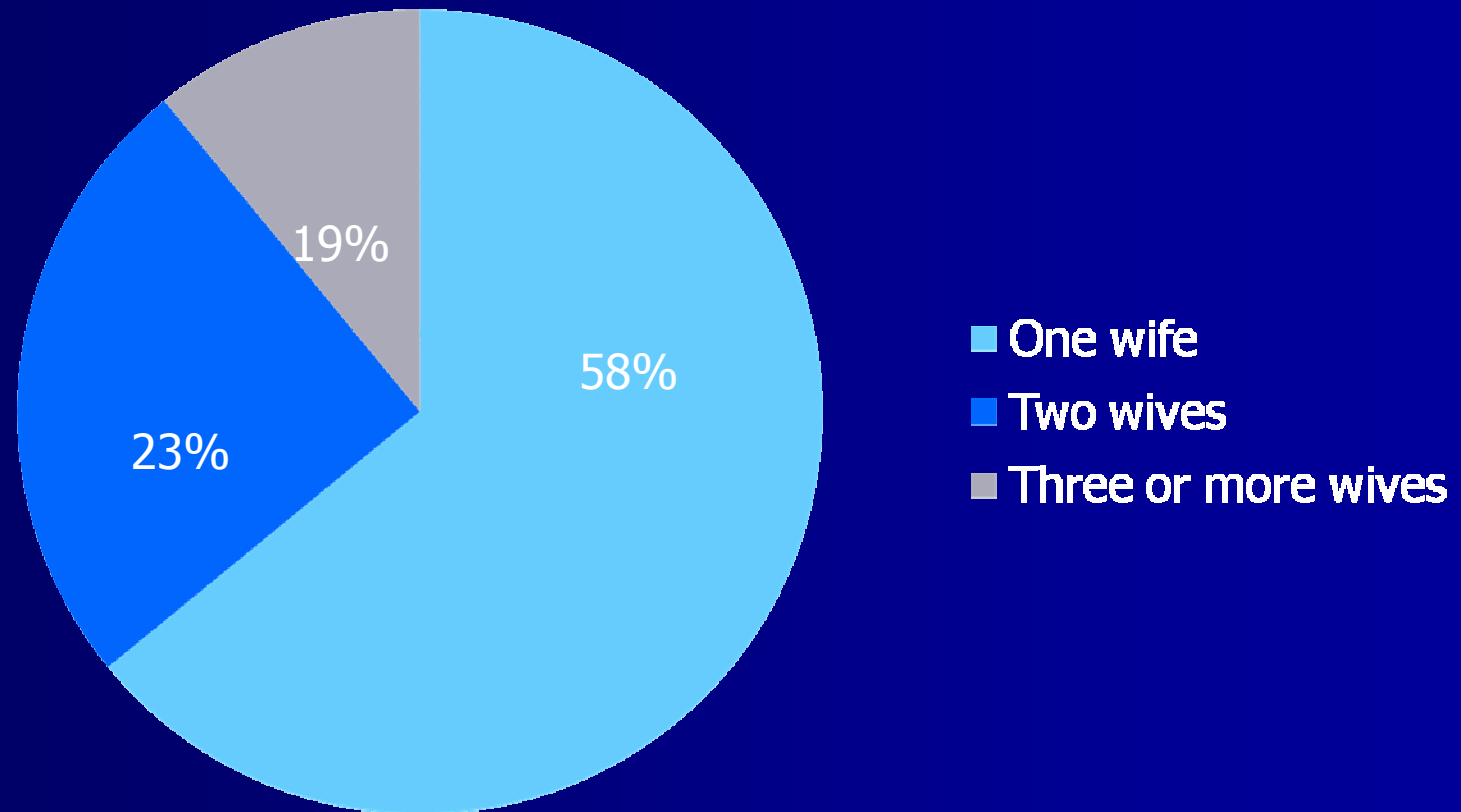


No of sexual partners

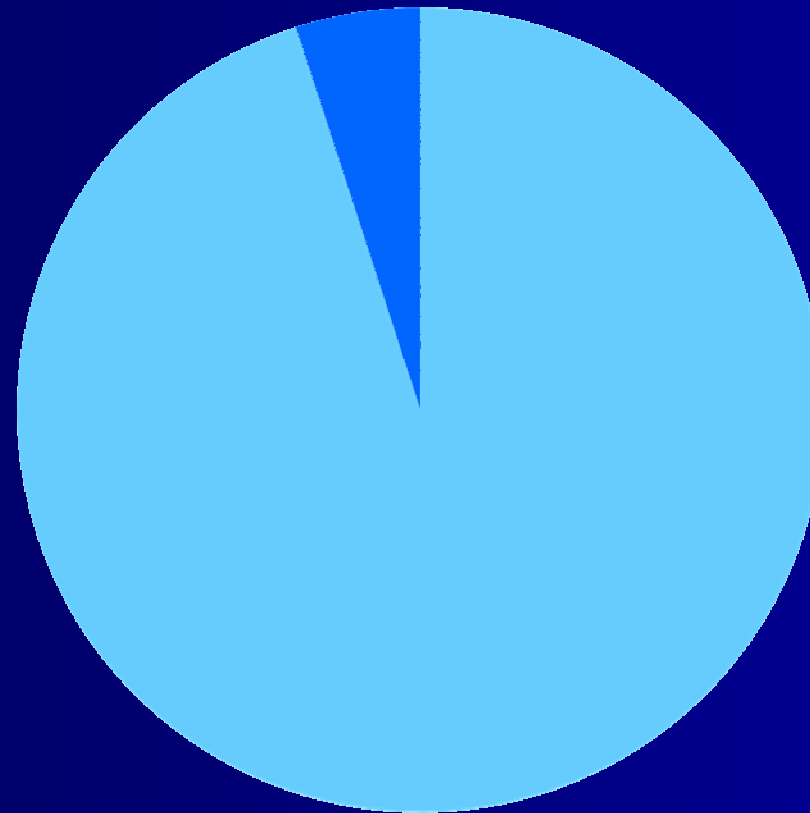


- ◇ One partner
- ◇ Two partners
- ◇ Three partners

No of wives of husband



AWARENESS OF CERVICAL CANCER



■ No
■ Yes

Conclusion

In a low income country like Nigeria, low and middle cadre health workers can be taught to screen for cervical premalignant lesion.

Visual Inspection with Acetic acid is an acceptable method of screening for cervical cancer in rural part of Nigeria.

See and treat is also acceptable to women in Nigeria. Cervical cancer screening can be successfully incorporated into the health care program of the local governments in Nigeria

PROBLEMS ENCOUNTERED

Initial difficulty in procuring cryogun as it is not being sold in the country

Lack of regular supply of Nitrous oxide which meant that treatment was delayed in some cases and this was the cause of anxiety in some of our clients

Funding especially for Nitrous oxide which is the most expensive component of the project.