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Short Research Communication

Assessment of health facilities providing cervical cancer screening services in Nasarawa Local Government Area of Kano State, Nigeria

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This study was undertaken to assess the availability of cervical cancer screening services in health facilities in Nasarawa local Government area (LGA) of Kano State. A cross sectional descriptive survey was used to assess the availability of cancer screening services in health facilities in the LGA. Data were collected using questionnaire as well as checklist and data analyzed using Minitab. Results showed that the availability of cervical cancer screening is grossly low (4.8%) in health facilities in Nasarawa LGA as only one secondary facility is offering the services. Pap smear and fine needle aspiration cytology were the only available screening services provided. Majority of the respondents (95.2%) gave lack of equipment, inadequate facility and lack of trained providers as factors responsible for non- availability. In conclusion, availability of cervical cancer screening services in health facilities in Nasarawa LGA is very poor. Cervical cancer screening services should be made available and affordable to women.

Key words: health facilities, cervical cancer, screening services

INTRODUCTION

Cervical cancer represents a major global health problem and has emerged recently as a health problem of increasing proportion.In the United States; it is the 8th most common cancer in women and 5th in the United Kingdom (Ferley et. al 2000). Adesokan (2014) defined cervical cancer as a malignant growth or immortalization of the cervix-uteri. It is more common in Africans than Caucasians. In Caucasian women, it takes approximately 15 years after the peak incidence to develop invasive cancer and these may be seen between the ages of 40 and 45 years. (Adesokan, 2014).

Cervical cancer is both preventable and curable yet morbidity and mortality from the disease remain high especially in developing countries. Availability and utilization of cervical cancer screening services have been found to be exceedingly low in most developing countries. The cornerstone of the preventive measure is the use of cervical cancer screening. Each year approximately 10,000 women develop cervical cancer, and about 8,000 women die from cervical cancer in Nigeria (Airede et al., 2008), There are several socio-cultural practices, particularly in Northern Nigeria that promote the development of cervical cancer(Shehu and Sule , 2005). In Northwest Nigeria, 77% of the population live below the poverty line and only 22% of females aged 15 years and above are literate. The median age at marriage is 14.6 years and 40.3% live in polygamous unions which are culturally and religiously acceptable and this gives room to a partner with multiple sexual partners (Shehu and Sule , 2005).

Hence this study was designed to assess the availability of cervical cancer screening services in Nasarawa Local Government Area of Kano State, Nigeria.

METHODOLOGY

The research design for this study was an exploratory, descriptive survey design. A total of 21 Government owned health facilities were all used due to the small number of facilities in Nasarawa LGA for the assessment of availability of cervical cancer screening services. A semi-

Table 1. Distribution of Health Facilities by availability of cervical cancer screening services

Names of Health facility	Available (5)	Not available (%)	Total
- Abdullahi Wuse Specialist Hospital	1 (4.8)		
- Sir Muhammed Sunusi General Hospital		0	
- Gingiyu Basic Health Clinic		0	
- Badawa Health Clinic		0	
- Gama Health Clinic		0	
- Haye Health clinic		0	
- Hotoro South Health clinic		0	
- Kawaji Health Clinic		0	
- Kawo Health Clinic		0	
- Ladanai Health clinic		0	
- SHT School Clinic		0	
- Tudun Murtala Health Clinic		0	
- Kaura Goje Health Clinic		0	
- Dawakin Dakata PHC		0	
- Gama PHC		0	
- Hotoro North PHC		0	
- Mallam Shaibu Medical Centre		0	
- Sawuna Kawaji PHC		0	
- Tokarawa PHC		0	
- Kaura Goje PHC			
TOTAL	4.8%	95.2	100%
		N=21	

N= 21 Availability of cervical cancer screening services
The table above indicates that only one (4.8%) of the surveyed Health care facilities in Nassarawa LGA had has cervical cancer screening services.

structured questionnaire and check list was used for data collection. Split-half method was used to test the validity of the instrument. The correlation coefficient was 0.81.

Nasarawa is a Local Government Area in Kano State, Nigeria. Its headquarters located at Bompai, within the city of Kano State. It has an area of 34km^2 and a population of 596, 669 (NPC 2006). The major tribes include- Hausa, Fulani, Yoruba, Ibo and few other tribes.

Ethical approval was obtained from Hospital Management Board Kano State to carry out the study. Verbal informed consent was sought from respondents, nature of research was duly explained to participants. Confidentiality of information was guaranteed. The completed questionnaires were collated and analyzed using computer Minitab. The discrete variables were expressed as percentages and displayed as frequency tables.

RESULT AND DISCUSION

This study is on the availability of cervical cancer screening services in Health facilities in Nasarawa LGA of Kano State. The results in Table 1 showed that the availability of cervical cancer screening services in Nasarawa LGA was grossly in adequate. In a situation where only one health facility out of the 21 (4.8%) health facilities in the LGA has cervical cancer screening facilities is not acceptable more so when the population(596,669) of the area is considered (NPC 2006) . The results also showed in Table 2 that the only health facility that offered the screening service had complete equipment for the particular method of test they offered. This finding gives a ray of hope that some screening can be done in the LGA. It should be noted in Table 3 that medical officers and gynecologists were not involved in the testing. With this finding one may start to wonder who are those involved in the decision making after the test and also considering Adefuye's (2006) finding that lack of physicians led to low utilization of cervical cancer screening in Sagamu. Table 4 shows that only pap smear and fine needle aspiration cytology are the only test available. Table 5 should that infection control equipment are available. Low utilization of cervical cancer screening recorded in some part of the country(Anyebe et al., 2014 ; Ezem, 2007)may have been due to low availability of the facility in most of the health facilities as identified from the study.

CONCLUSION AND RECOMMENDATIONS

Cervical cancer screening and early treatment are vital in combating this disease.The availability of cervical cancer screening services are very low. These should be addressed in order to reduce the incidence of cervical cancer in Nigeria. A coordinated cervical cancer screening programme targeted at risk groups (e.g. elderly and sexually active women) should be instituted.

Table 2. Availability of specific cervical cancer screening equipment, consumables and stationeries in Health facilities

Equipment/Instrument	N=21	Consumable	N=21	Stationary	N=21
Examination bed	16	Cotton	21	Reporting	I
Autoclave	14	Gloves	21	Form	
Torch light	13	Solution	20		
Cusco's Vaginal specula	18	Distilled water	15	Request	I
Cytobrush	1	Detergent	19	Form	
Glass Slides	12	Formation	1		
Spare bulb	9	Solution	12	Consent	I
Instrument Trolley	18	Gauze pieces	2	Form	
Trays	20	Vaginal packs	1		
Bolls/Gallipot	17	KY Jelly	0	Register	I
Needle	1	Glacial acetic Acid	1		
		Biofix spray	1		

Table 2 above indicates that the only health facility that offered cervical cancer screening services had complete specific cervical cancer screening equipment, consumables and stationeries

Table 3. Staff involved in cervical screening

Variable	Frequency	Percentage (%)
Nurses	2	33.3
Medical officers	0	0
Gynecologists	0	0
Histopathologist	1	16.7
Medical Lab Scientist	3	50
TOTAL	6	100

Table 3 above shows that 50% of the staff involved in cervical cancer screening in the health facility were Medical Lab Scientist while the remaining 33.3% and 16.7% were Nurses and Histopathologist respectively.

Table 4. Availability of cervical cancer screening in health facilities

Variables	Yes	No	Total
Do you have adequate equipment for cervical screening Do you have enough trained personnel to provide these services	1(4.8%) 3 (14.5%) 1 (5%)	20 (95.2%) 17 (85%)	
What screening services are available in your facility?		4.8%	
Pap smear	1		
Visual inspection aided	0		
Visual inspection with magnification	1	0	
Cervicography	0	0	
Colposcopy	1	0	
Fine needle aspiration cytology	0	4.8%	
HPV DNA Test	0	0	
Variable Which of the services do you provide to clients	0		
Pap smear	4%	5.%	
HPV DNA Test Biopsy of the cervix Visual inspection aided Visual inspection with magnification Fine needle aspiration cytology Colposcopy	0 0 0 0 0 0 0	0 0 0 0 5% 0 0	
TOTAL	21		100%

The above table 4 indicates that only one facility which represents 04.8% had cervical cancer screening services in the study area. This also accounted for adequate equipment and enough trained personnel.
Also the above table indicated that it is Pap smear and fine needle aspiration cytology that were available in the facility out of other screening services- like visual inspection aided, visual inspection with magnification, HPV DNA test etc.

Table 5. Infection control equipment

Variable	Frequency	Percentage
Autoclaved/Sterilization	6	28.5
Use of chemical disinfectants	2	9.5
Boiling at 100C for 60 minutes	12	57.1
	1	4.8
Total	21	100

Table 5 indicates that where the services were available their major infection control was by the use chemical disinfectants and observation of single use disposable instruments as an infection control measure.

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