

**Descriptive Epidemiology of Cervical Dysplasia and Inflammatory changes in Women
Attending *Family Health Options, Kenya* Clinics in Nairobi**

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ABSTRACT

Cancer of the cervix is the second most common cancer in women worldwide and the leading cause of cancer deaths in women in developing countries. The prevalence is highest in the developing countries, one of the reasons being lack of good screening programs. Cervical cancer can be dramatically reduced by screening of Pap or cervical smears in order to detect dysplasia or precancerous changes which can be treated to prevent development of invasive cancer. The risk factors associated with the development of cervical cancer include age at first sexual intercourse, multiple sexual partners, sexually transmitted infections (especially human Papilloma virus), smoking and not taking a Pap test, among others. The incidence of cervical cancer is also highest among poor women in developing countries. The objective of this study was to determine the prevalence of cervical dysplasia and inflammatory changes in Pap smears taken from women attending Family Health Options Kenya (FHOK) clinics in Nairobi. Family Health Options Kenya has been carrying out cervical smear screening program in various parts of the country for more than 12 years. Participants in this study were women who voluntarily went to the Nairobi clinics to have Pap smear tests. Written informed consent was obtained from each participant and a questionnaire administered by the clinician. The clinicians also routinely took the smears and filled in the Pap smear laboratory form. The Pap smears were processed and screened in the cytology laboratory by the researcher and the results given to the participants by the clinicians. The data collected was analyzed using Epi Info version 3.3 statistical software (Atlanta, Georgia). A total of 194 Pap smears were collected and screened between the month of April and June 2008. The combined prevalence of cervical cell abnormalities and inflammatory changes was 91 (46.9%). From these cases, 27 (13.9%) were inflammatory due to various infections while 6 (3.1%) were cervical cell abnormalities and 58 (29.9%) of the rest were

inflammatory changes due to other causes, mainly the use of IUCD contraception (33 cases), 1 case of atrophic cervicitis and 24 cases of non specific causes. One hundred and three (53.1%) Pap smears were negative for either inflammation or cervical cell abnormalities. The study demonstrates that cervical dysplasia and inflammatory changes are present in women attending FHOK clinics in Nairobi. However, the socio demographic characteristics of the women in these clinics indicate that the screening program was capturing women from high socio economic status. Women from poor socio economic background, low literacy and other related risk factors were not captured in the FHOK screening program. The study recommends that for a screening program to be successful, all women should have access to Pap test and that both the private and public healthcare facilities should be equipped for the same.