CERVICAL CANCER SCREENING USING DIRECT VISUAL INSPECTION: DEFAULT FROM FOLLOW UP CARE AND ITS PREDICTORS IN SOUTHWESTERN NIGERIAN.

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Background: Increasingly evidence is emerging on the burden of default to follow up after a positive cervical cancer screening, which impacts negatively on cervical cancer prevention and control.

Objective: Is to determine the proportion, predictors and reasons for default from follow up care after positive cervical cancer screen.

Method: Women who screen positive at community cervical cancer screening using direct visual inspection were followed up to determine the proportion of default and associated factors. Multivariate logistic regression was used to determine independent predictors of default.

Results: One hundred and eight (15.9%) women out of 673 enrolled into the study screened positive to direct visual inspection. Fifty one (46.7%) out of the 108 women that screened positive defaulted from follow-up appointment. Women who were poor (OR: 3.1, CI: 2.0 – 5.2), or lived more than 10 Km from the clinic (OR: 2.0, CI: 1.0 – 4.1), or never screened for cervical cancer (OR: 3.5, CI: 3.1 – 8.4) were more likely to default from follow-up after screening positive to precancerous lesion of cervix. The main reasons for default were cost of transportation (48.6%) and time constraints (25.7%).

Conclusion: The rate of default was high (46.7%) as a result of unaffordable transportation cost and limited time to keep the scheduled appointment. A change from the present strategy that involves multiple visits to a “see and treat” strategy in which both testing and treatment are performed at a single visit is recommended.