

HPV and/or CIN had poor sexual and genital hygienic practices, and none of them were using barrier method of contraception, these factors might be responsible for increasing the possibility of infection, cervical neoplasia and cancer.

Conclusions

The prevalence of pre-cancerous and cancerous cervical lesions are low and comparable to other studies. Low educational level and improper genital and sexual hygienic practices are associated with inflammatory smears, and they are common findings among women with pre-cancerous lesions. History of prior genital infection, abortion and curettage are associated with cervicitis.

In view of the results obtained from this study, the recommendations suggested were; establishment of cervical clinics at all maternity hospitals and at general hospitals with maternity departments, these clinics would enhance the establishment of screening programs for cervical lesions so that women are encouraged to participate and to have cervical smears annually or biannually, and health education programs emphasizing on the importance of papanicolaou screening test in prevention and early diagnosis of cervical cancer and the need for genital and sexual hygiene and proper treatment of genital infection.

These programs should be directed also at men since genital tract infections are sexually transmitted; adoption of the Bethesda System to unify the terminologies in the reporting of papanicolaou smears by different pathologists and laboratories; and inclusion in intermediate and secondary school curricula of specific messages on reproductive and sexual health with special emphasis on the risk factors of cervical pre-cancerous and cancerous lesions.

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