

**UPTAKE OF CERVICAL CANCER SCREENING AND ASSOCIATED FACTORS
AMONG WOMEN ATTENDING SELECTED GOVERNMENT OWNED HOSPITAL IN
ABUJA, NIGERIA**

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ABSTRACT: *Cervical cancer is one of female gynecological cancer that causes high morbidity especially in developing countries. It is a preventable disease that can be identified early through screening but the uptake of screening is low in developing countries, Nigeria inclusive. This study assessed uptake of cervical cancer screening and associated factors among women attending selected government owned hospital in Abuja, Nigeria. Descriptive research design was employed and simple random technique was used to select 224 respondents. Questionnaire with reliability index of 0.737 was used as instrument for data collection. The data collected were analyzed using SPSS package. Descriptive statistics of frequencies and percentages was used and results were presented in tables. The outcome of the study shows that 93.8% of the respondents have heard about cervical cancer preventive strategies and only 45.1% had utilized it. The factors identified to influence the uptake of cervical cancer screening services in this study were knowledge and awareness about cervical cancer screening services, affordability, fear of having a positive result, women's level of education, non recommendation of screening by health workers and accessibility of Hospitals for screening. It is therefore recommended that cervical cancer screening should be made accessible and affordable. Women should be educated on the importance of screening and not to be afraid of positive results.*

KEY WORD: cervical cancer, cancer screening, uptake, women

INTRODUCTION

Cervical cancer is a global challenge that contribute about 12% of all cancer in women(Lyimo & Beran, 2012). It is One of the exceedingly preventable predominant disease (Murfin et al., 2019). Cervical cancer is caused by human pappiloma virus especially 16/18 strain which is responsible for 70% of global cervical cancer incidence (Li et al., 2018). The risk for cervical cancer include having multiple sexual partner, having a family history of cervical cancer, women with low socio-economic status, young age lesser than 20 at first full time pregnancy, long term use of oral contraceptive pills, infections such as chlamydia infections, having a weakened immune system, being sexually active at a young age lesser than 18 years Kour rt al., 2015; Li et al., 2018; Mwaka et al., 2016; Momenimovahed & Salehiniya, 2017).

Cervical cancer is the most occurring gynecological cancer ((Okunowo et al., 2018). Globally, cervical cancer is the second commonest cancer in women (Bukirwa et al., (2015) and leading cause of death in developing countries (Idowu et al., (2016) especially among women living in rural area with poor socioeconomic status and that do not have access to quality health care (Ndejo et al., 2016). An estimate of 569,847 people were diagnose of having cervical cancer in 2018 globally and 311,000 death were estimated (Bray et al., 2018). About 85% of cervical cancer cases occurs in developing countries Nwobodo (2015). It is also a major challenge in Sub-Saharan Africa (Mburu et al., 2019) as about 70% of global cervical cancer is found in Sub-Saharan Africa (Adamu et al., 2019). Also, in Nigeria, cervical cancer is a major problem . and its rank second cause of death among women in Nigeria (Okunowo et al., 2018). In 2012, 20.3% death related to cervical cancer was recorded in Nigeria (Nwobodo et al., 2011).

Mortality related to cervical cancer have been documented to reduce by screening (Olesen et al., 2012) if it is done early (Ncube et al., 2015; Dulla, et al., 2017; Nwabichie et al., 2018). Cervical Cancer can be prevented if apposite measures are carried out early through vaccination and screening (Heena et al., 2019) as early screening and detection have been shown to be effective in reducing morbidity and mortality related to cervical cancer in developed countries. If cervical cancer screening is utilized early, pre-cancerous cells can be detected earlier for proper intervention to be effected but most women in developing countries do not make use of the screening until it has reached an advance stage where little or nothing can be done (Seyoum et al., 2017). it is paramount to work on improving efforts to promote vaccination and screening in other to curtail cervical cancer.(Finocchiaro-Kessler et al., 2016).

Though cervical cancer screening and vaccination is seen to be effective in quest to control cervical cancer but its utilization is seen to be suboptimal in Sub Saharan, Nigeria inclusive (Ilevbare et al., 2020) as poor uptake of screening services was documented in developing countries (Ndikom & Ofi, 2012). Studies have shown low uptake of cervical cancer screening despite its usefulness in early detection and prevention of high morbidity and mortality that are

related to cervical cancer (Ndejjo et al., 2016; Idowu et al., 2016; Nwanbichie et al., 2018; Bante et al., 2019; Lymo & Beran, 2012; Aweke et al., 2017; Ilevbare et al., 2020 & Al-amro et al., 2020). It was against this backdrop the study assessed the Uptake of cervical cancer screening and associated factors among women attending selected government owned hospital in Abuja because it is some factors that are responsible for low uptake of cervical cancer screening.

Objectives

To determine the uptake/ utilization of cervical cancer screening among women of reproductive age in two selected hospitals in Abuja.

To determine the factors influencing uptake of cervical cancer screening among women of reproductive age in two selected hospitals in Abuja.

METHODOLOGY

Research Design

This research adopted a descriptive research design which is appropriate because it describes specific phenomenon and also help find relationship among the variable been discussed

Research Setting

The setting for this research was Abuja. it is the federal capital territory comprising of different tribe. The research was carried out in two selected government owned hospitals. The hospital comprises of units like labour ward, theatre, dialysis, radiology, laboratory, general outpatient department, surgical outpatient department, medical outpatient department, pediatrics emergency unit, pediatrics unit, obstetrics & gynecology clinics

Population of study

Target population was women of child bearing age in two selected hospitals in Abuja, not minding their race, norms, language and tribe.

Sample size determination

Cochran's formula was used to calculate the sample size. 224 respondents were used for the study

Sampling technique

A Total of 224 respondents were randomly selected.

Instrument for data collection:

A self-developed questionnaire was used to collect data

Pilot study

A mini study was carried out among women attending outpatient department of obstetrics and gynecological unit of another government owned hospital that has same characteristics as the place where the main study was conducted using 10% of the calculated sample size.

Psychometric property of instrument

Validity of instrument

The instrument was carefully constructed putting into consideration the objectives of the study and after reviewing relevant literatures. The instrument was also critically scrutinized and validated by expert and necessary corrections were effected before administering the questionnaire to the respondents

Reliability of instrument

This was ascertained through analysis of the pilot test. Cronbach's Alpha was used to test the internal consistency of instrument and the result was 0.74

Method of Data collection

An introductory letter and permission to conduct research was presented to management and ethical review committee of the selected government owned hospitals. The aim of the study was communicated to the respondents and informed consent was signed. Questionnaires were distributed and retrieve immediately after filling it.

Method of data analysis

Data analysis was done using SPSS package. Descriptive statistics of frequencies and percentages was used and results were presented in Tables.

Ethical considerations

Consent was sought at two levels; the first was obtained from the ethical review committee of the health facilities, while the second was obtained from the participating respondents before the commencement of this study. The respondents were assured of confidentiality and anonymity and that they can withdraw at any stage of the research without it having a negative impact on them

RESULTS**Table 1: Demographic Characteristics of the Respondents**

Variables	Classification	Frequency	Percentage
Age Range	20-30	101	45.1
	31-40	102	45.5
	41-50	21	9.4
	Total	224	100.0
Highest Level of Education	Uneducated	29	12.9
	Primary	11	4.9
	Secondary	24	10.7
	Tertiary	143	63.8
	PostGraduate	17	7.6
	Total	224	100.0
Socio-Economic Status	Employed	127	56.7
	Business	36	16.1
	Unemployed	17	7.6
	House wife	37	16.5
	Students	7	3.1
	Total	224	100.0
Marital Status	Married	149	66.5
	Widowed	16	7.1
	Single	40	17.9
	Divorced	19	8.5
	Total	224	100.0
Religion	Christian	168	75.0
	Islam	48	21.4
	Traditional	8	3.6
	Total	224	100.0

Source: Field Survey, 2020

Table 1 indicates that 101(45.1%) of the respondents were between the age of 20-30 years, 102(45.5%) of the respondents were between the age range of 31-40 years and 21(9.4%) of the respondents were between the age of 41-50 years. Table 1 also showed that 143(63.8%) had tertiary education certificate, 29(12.9%) were uneducated, 24(10.7%) of the respondents had secondary certificates, 17(7.6%) had postgraduates certificates and 11(4.9%) had primary certificates. Also, it was observed that 127(56.7%) of the respondents were employed, 36(16.1%) of the respondents were into business, 37(16.5%) of the respondents were house wife, 17(7.6%) of the respondents were unemployed and 7(3.1%) of the respondents were students. The analysis based on religion as presented in Table 1 indicates that majority of the respondents 75% were Christians, 21% of the respondents were Islam and 4% were traditional worshipers. Table 1 revealed that out of 224 respondents, 149 were married, 40 were single, 19 were divorce and 16 were widowed.

Table 2: Showing utilization of cervical cancer preventive strategies

	Frequency	Percentage
Have you heard about cervical cancer preventive strategies before?		
Yes	210	93.8
No	14	6.3
Total	224	100
Have you ever utilize cervical cancer preventive strategies before?		
Yes	101	45.1
No	123	54.9
Total	224	100
Which one have you utilized before?		
Pap smear	53	23.7
Visual inspection of cervix using acetic acid	14	6.3
Human Papilloma Virus DNA testing	11	4.9
Cervicography	4	1.8
Visual Inspection using Lugol Iodine	2	0.9
Automated screening technology	1	0.4
Lanbonard easy prep	3	1.3
Liquid based cytology	4	1.8
Cytoscreen	4	1.8
Sure path	2	0.9
Colposcopy	1	0.4
Polar probe	1	0.4
Routine cytological test	1	0.4

Source: Field Survey, 2020

Table 2 presents the result of analyses of respondents' opinion on utilization of cancer preventive strategies. The analysis revealed that 210(93.8%) have heard about cervical cancer preventive strategies, 101(45.1%) of the respondents have ever utilize cervical cancer preventive strategies. Out of 101 of the respondents that has utilized cervical cancer preventive strategies, 53(23.7%) had utilized Pap smear, 14(6.3%) had utilized Visual inspection of cervix using acetic acid 4(1.8%) each had utilized Cervicography, Liquid based cytology and Cytoscreen. 3(1.3%) of the respondents had utilized Lanbonard easy prep, 2(0.9) had utilized Visual Inspection using Lugol Iodine and 1(0.4%) each had utilized Automated screening technology, Colposcopy, Polar probe and Routine cytological test. This suggests that majority of the respondents had utilized Pap smear.

Table 3: Respondents opinion on Factors influencing uptake of cervical cancer preventive strategies

	Frequency	Percent
Socio economic reason (not having money for test/ affordability)		
Yes	211	94.2
No	13	5.8
Awareness of cervical cancer preventive strategies		
Yes	199	88.8
No	25	5.8
Not having adequate knowledge on cervical cancer preventive strategies		
Yes	205	91.5
No	19	8.5
Fear of positive result		
Yes	168	74.6
No	57	25
Religious factor		
Yes	104	46.4
No	120	53.6
Attitude of health workers		
Yes	108	48.2
No	116	51.8
Level of education		
Yes	162	72.3
No	62	27.7
Accessibility of Centre for cervical cancer screening services		
Yes	191	85.3
No	33	14.7
Knowledge about cervical cancer		
Yes	187	83.5
No	37	16.5
Believe that you can never get cervical cancer		
Yes	156	69.6
No	68	30.4
High cost of vaccine		
Yes	135	60.3
No	89	39.7
None recommendation of the test by health workers		
Yes	107	47.8
No	117	52.2
Individual attitude towards health care		
Yes	169	75.4
No	55	24.6

Source: Field survey, 2020

From table 3, it can be seen that most of the women reported that 211(94.2%) stated that socio economic reason (not having money for test/affordability) is a factor effecting the uptake of cervical cancer preventive strategies while 199(88.8%) stated that awareness of cervical cancer preventive strategies as factor. Also, 205(91.5%) consider not having adequate knowledge on cervical cancer preventive strategies as a factor and 168(74.6%) considered fear of positive result

as a factor. However, only 104(46.4%) consider religious believed as a factor, 108(48.2%) consider attitude of health workers as a factor and 107(47.8%) reported none recommendation of the test by health workers as a factor preventing the uptake of cervical cancer preventive measures. Furthermore, 162(72.3%) of the respondents consider level of education as a factor, 191(85.3%) reported Accessibility of Centre for cervical cancer screening services as a factors, 187(83.5%) reported Knowledge about cervical cancer as factor, 156(69.6%) respectively reported that one's believe that she can never get cervical cancer and individual attitude towards health care are factors preventing the uptake of cervical cancer preventive measures.

DISCUSSION OF FINDINGS

From table 2, 210(93.8%) respondents have heard about cervical cancer screening. The outcome of this study was similar to the findings of Idowu et al., (2016) in which majority of their respondents (88.9%) have heard about cervical cancer screening before. The study further shows that 124(54.9) respondents have not utilized cervical cancer screening before. It was only 101 (45.1%) respondents that make use of screening services and the most widely used method was pap smear as 53(23.7%) utilized pap smear, other methods were used sparingly. There is need to work towards the uptake of cervical cancer screening. The outcome of this study corroborate with the study of Ncube et al., (2015) that reported that only 43 (4.8%) of their respondents had cervical cancer screening. . However, the outcome of this study was not in line with the findings of (Lyimo & Beran, 2012; Aweke et al., 2017; Ilevbare et al., 2020 & Al-amro et al., 2020) that documented low uptake of cervical cancer screening among their respondents.

From table 3, it can be observed that majority of the women 211(94.2%) reported that socio economic reason (not having money for test/affordability) is a factor affecting the uptake of cervical cancer preventive strategies. The outcome of this study goes in tandem (Ndikom & Ofi, 2012) that documented financial incapability as a factor that influence the uptake of cervical cancer screening. Also, 199(88.8%) stated awareness of cervical cancer screening as factor that determine the uptake of cervical cancer screening. This goes in line with the findings of Ndejjo et al., (2016) & Mugassa & Frumence, (2020) that identify awareness about and where to go for screening as a factor that influence uptake of cervical cancer preventive strategies. Also, Ifediora & Azuike, (2018) documented that proper awareness of cervical cancer screening increases knowledge of when to start screening. It is therefore necessary to improve awareness level of women by government, individual and organizations on need to carry out cervical cancer screening.

Furthermore, from table 3, 205(91.5%) consider not having adequate knowledge on cervical cancer preventive strategies as a factor that determine the uptake of cervical cancer screening. This findings goes with the findings of Lyimo & Beran, (2012) that identified women's knowledge as a predictor to uptake of cervical cancer screening. It is therefore important to improve women's knowledge about cervical cancer in various ways through the use of mass media, health education when visiting the hospitals during utilization of maternal health services and other means In addition to the above, 168(74.6%) considered fear of positive result as a factor that influence

uptake of cervical cancer screening services. This findings corroborate with the findings of Ndikom & Ofi, (2012) that identified fear of a positive report as a barrier to uptake of cervical cancer screening. Women should be counsel not to be afraid of positive result because if it is detected early, it can still treated. Also, only 104(46.4%) consider religious believed as a factor. This goes in line with the findings of Modibbo et al., (2016) that identified religious factors as part of barriers to utilization of cervical cancer screening. The outcome of the study also shows that 108(48.2%) consider attitude of health workers as a factor. This corroborate the findings of Dike & O, (2017) that documented uncaring attitude of female health workers as a factor that influence the uptake of screening of cervical cancer. It is therefore important to encourage health workers to attend to their clients in a loving, attentive, sensitive and compassionate manner.

The findings from table 3 also shows that 107(47.8%) reported non recommendation of the test by health workers as a factor preventing the uptake of cervical cancer preventive measures. The outcome this study substantiate the findings of Okunowo et al., 2018 & Ndejjo et al., 2016) that also identified non recommendation of screening services by health worker as having impact on uptake of cervical cancer screening in their study. Also, Al-amro et al., (2020) identified that encouragement from health workers can help improve uptake of cervical cancer screening. Furthermore, 162(72.3%) of the respondents consider level of education as a factor, this validate the findings of Murfin et al., (2019) that identified educational level as determinant to uptake of cervical cancer screening. Okunowo et al., (2018) also documented increase in uptake of cervical cancer screening with increase in education. Also, 187(83.5%) reported Knowledge about cervical cancer as factor that influence the uptake of cervical cancer screening. This agree with the findings of Nwabichie et al., 2018; Aweke et al., 2017 Seyoum et al., 2017) that identified knowledge as a predictor to uptake of cervical cancer screening . Lastly, 156(69.6%) respondents reported that having the believe that an individual can never get cervical can influence the uptake of cervical cancer screening. This findings verifies the findings of Ndikom & Ofi, (2012) that identified that factor in their study as an impediment to uptake of cervical cancer screening.

CONCLUSION

The factors identified to influence the uptake of cervical cancer screening services in this study are knowledge and awareness about cervical cancer screening services, affordability, fear of having a positive result, women's level of education, non-recommendation of screening by health workers and accessibility of Hospitals for screening services

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