SJ Public Health Africa
Vol. 1 No. 4 (2024): April 2024 Issue
https://doi.org/10.51168/wekk4s25
Original Article

SOCIAL-RELATED FACTORS INFLUENCING LOW CERVICAL CANCER SCREENING UPTAKE AMONG WOMEN AGED 25-35 YEARS AT MUKONO GENERAL HOSPITAL. A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Background:
Cervical cancer screening is a medical screening test designed to identify abnormal potentially precancerous cells within the cervix as well as cells that have progressed to the early stages of cervical cancer. The study aims to assess Social-related factors influencing low cervical cancer screening uptake among women Aged 25-35 Years.

Methodology:
A cross-sectional study was carried out among women of reproductive age between 25-35 years attending the family planning clinic at Mukono Hospital, Mukono district.

Results:
worried about going for a cervical cancer screening, education level, low access to health facilities, low socioeconomic status, and fear of bad results were the main social-related factors influencing low cervical cancer screening uptake among women. 17/30(56.7%) indicated that they were worried about going for a cervical cancer screening test. The majority 27/30(90%) agreed that the education level of women influences the uptake of cervical cancer screening. On why rural women are less likely to seek CaCx screening services, the majority 18/30(60%) said they have **low** access to health facilities while the minority 5/30(16.7%) said poverty prevents them from seeking healthcare services regularly. All respondents 30/30(100%) agreed that low socioeconomic status affects CaCx screening.

Conclusion:
The majority of respondents were worried about undergoing cervical cancer screening. In addition, low education levels and low socioeconomic status also hurt the uptake of cervical cancer screening. The study also discovered that the majority of the women feared a bad result.

Recommendation:
There should be continuous sensitization of the population about the benefits of cervical cancer screening to ensure a positive change in attitude among the population. Health workers should always provide enough information to patients about their conditions to avoid speculations.

Keywords: *Cervical cancer screening, Family planning, Women of reproductive age, Mukono General Hospital*
Submitted: 2024-02-22 Accepted: 2024-03-30

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BACKGROUND OF THE STUDY.

Cervical cancer screening is a medical screening test designed to identify abnormal potentially precancerous cells within the cervix as well as cells that have progressed to the early stages of cervical cancer, (CDC,2018). There are two types of tests which include the Pap test and the HPV test. Various factors like Bad perceptions about cancer as a whole are reported to have prevented women from being screened because they tried to associate it with religious beliefs and believed that it is their GOD's seek to prevent such types of bad things and some preferred to pray for God instead of screened and treated, (Asante et al, 2019). In Africa, the primary barriers were identified as poor access to screening services, lack of awareness and knowledge on cervical cancer and screening, and socio-cultural influences (Mantula et al, 2024).

In Ethiopia pain and discomfort associated with a Pap smear test were reported as a barrier among women where some women also mentioned incidences of the feeling of shame and uneasiness as preventing them from seeking cervical cancer screening and treatment services. (Mitiku Tefera F,

2016)In Uganda, some cervical cancer clients with low socioeconomic status also face severe challenges accessing treatment services as compared to their counterparts with higher economic status (Kei et al, 2016), Among many rural un educated women there is a general belief that cervical cancer is a terminal illness and death is inevitable when cancer is detected which has turned out to be a barrier to participation in cancer screening, detection and treatment (Ndejjo, Mukama and Musoke, 2016). Clients whose close friends have negative information about places that offer cervical cancer treatment services have been found less likely to seek such services (Chang et al, 2017). This study aims to assess the Social-related factors influencing low cervical cancer screening uptake among women.

METHODOLOGY.

Study design and rationale.

A cross-sectional study design was used. The study design was selected because helped to convert the responses obtained (data) into percentages.

Study setting and rationale.

The study was carried out at Mukono Hospital, located in Mukono Municipality, Mukono district along the Kampala Jinja highway. Major departments within the hospital include the gynecology and obstetrics ward, pediatrics, surgical ward, and medical ward. Outpatient services at the health facility include family planning, daily immunization, HIV testing and counseling, and Elimination of mother-to-child HIV Transmission (EMTCT) and safe male circumcision (SMC). The area was chosen due to the low number of women turning up for free cervical cancer screening services.

Study population.

The study was carried out among women of reproductive age between 25-35 years attending the family planning clinic at Mukono Hospital, Mukono district.

Sample size determination.

Using Button's (1965) formulae to calculate the sample size, 30 respondents were selected and interviewed during the study.
S=GR/0
Where S=Sample Size
G=Number of people interviewed per day
R=Maximum number of days for data collection
O=Maximum time the interviewer spends on each respondent

There $S=5 \times \frac{3}{0.5}$
$= 30$

Thirty (30) respondents were selected and interviewed during the study. A small number of respondents was chosen for easy data collection.

Procedure/sampling technique.

A simple random technique was used to pick the respondents. Because everyone in the target group had equal chances of being included in the study, 60 papers written on yes and no were distributed to women gathered at the FP clinic at Mukono Hospital**.** However, only the 30 respondents who picked the yes papers were included in the study.

Inclusion criteria.

Women of reproductive age who were present at the time of data collection and consented to the study were included in the study.

Dependent variables.

Cervical cancer screening among women

Independent variables.

Social-related factors influencing low cervical cancer screening uptake among women.

Research instruments.

Pre-tested semi-structured questionnaires were used to collect data from patients. Pre-testing was done on five women. Modifications were then made to the questionnaire.

Data collection procedure.

Before giving out the questionnaires, the reasons for the research were fully explained to the respondents. The interpretation was done for respondents who cannot read and write. Self-administered questionnaires were used to collect data. Each filled-in questionnaire was checked for accuracy and completeness.

Data management.

The data obtained was stored in notebooks, computers, and a flash disk as a backup copy.

Data analysis.

After collecting the data, it was analyzed by use of a computer through tallying and presented in frequency tables, figures, and text.

Ethical consideration.

On approval of the research proposal, a letter of introduction was provided by the Principal St Francis School of Health Sciences who introduced the researcher to the director Mukono General Hospital who introduced the researcher to the in-charge FP clinic. The In-charge FP clinic then introduced the researcher to the respondents and obtained consent from them. Initials instead of respondent's full names were used and respondents were assured of maximum confidentiality.

RESULTS.

Socio-demographic data of the respondents.

Table 1: Shows socio-demographic characteristics of the respondents (n=30)

Responses	Frequency (n=30)	Percentage (%)
Age		
15-20 years	2	6.7
21-25 years	6	20
26-30 years	10	33.3
31 years and above	12	40
Education		
Primary	14	46.7
Secondary	10	33.3
Tertiary	2	6.7
No formal education	4	13.3
Occupation		
Farmer	15	50
Civil servant	1	3.3
Businesswoman	8	13.3
Housewife	6	23.3
Religion		
Protestant	13	43.3
Catholic	7	23.3
Moslem	2	6.7
Born Again	8	26.7
Marital status		
Single	6	20
Married	17	56.7
Divorced/separated	5	16.7
Widow	2	6.6

According to the socio-demographic characteristics of the respondents, most of the respondents 12(40%) were 31 years and above while the smallest number 2(6.7%) were between 15-20 years. On education level, most of the respondents 14(46.7%) stopped in primary school while the least 2(6.7%) had attained a tertiary level of education. On occupation, half of the respondents 15(50%) were farmers while the least 1(3.3%) was a civil servant. Regarding religion, most of the respondents 13/30(43.3%) were Protestants while a few respondents 2/30(6.7%) were Muslims. Concerning marital status, the majority of the respondents 16(56.7%) were married while the minority 2(6.7%) were widows.

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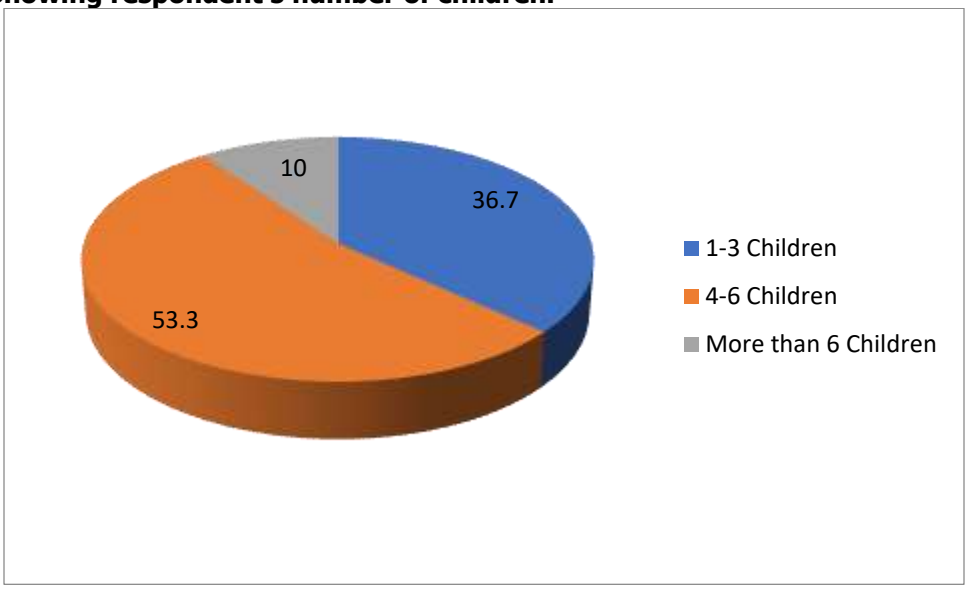
Figure 1: Showing respondent's number of children.



According to data in figure 1, the majority of the respondents 16/30(53.3%) had between 4-6 children while the minority 3/30(10%) had more than 6 children.

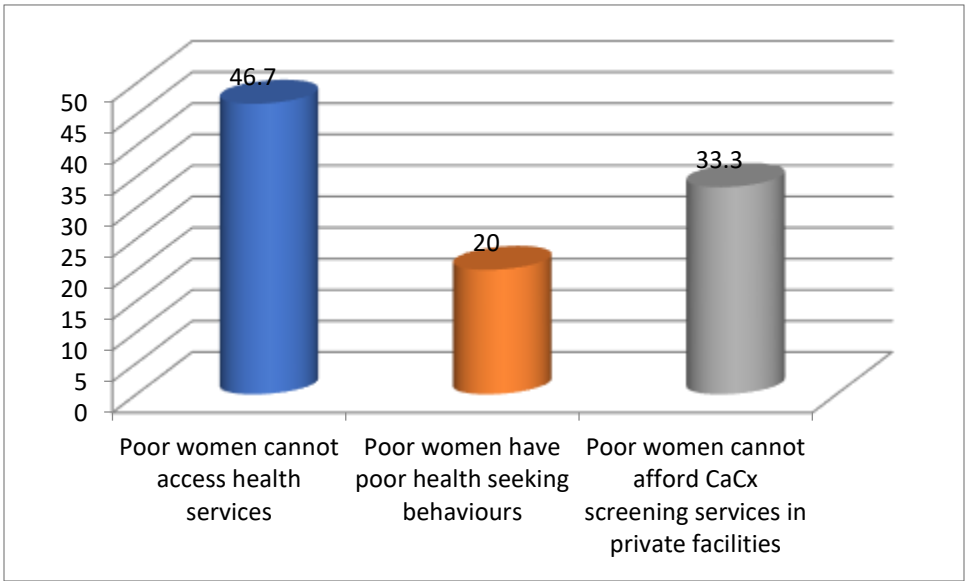
Social-related factors influencing low cervical cancer screening uptake.

Table 2: Showing social-related factors influencing low cervical cancer screening uptake.

Response	Frequency (n=30)	Percentage (%)
How do you feel going for a cervical cancer screening test		
Worried	17	56.7
Anxious	3	10
Comfortable	8	26.7
Panic	2	6.6
The education level of women influences the uptake of cervical cancer screening		
Yes	27	90
No	3	10
If yes, how	If yes, how (n=27)	
Low-educated women ignorant about the benefits of CaCx screening	15	55.5
Low-educated women have false perceptions about CaCx screening	5	18.5
They have inadequate information about CaCx screening	7	25.9
Why rural women are less likely to seek CaCx screening services	(n=30)	
They have low access to health facilities	18	60
Have inadequate information about health care services	7	23.3
Poverty prevents them from seeking health care services regularly	5	16.7
Low socioeconomic status affects CaCx screening		
Yes	30	100
No	-	-

According to results in table 2, the majority of the respondents 17/30(56.7%) indicated that they were worried about going for a cervical cancer screening test while the minority 2/30(6.7%) panicked. The biggest number of respondents 27/30(90%) agreed that the education level of women influences the uptake of cervical cancer screening while the smallest number 3/30(10%) disagreed. Out of the 27 respondents who agreed that education level influenced CaCx screening, the majority 15/27(55.5%) reasoned that low-educated women were ignorant about the benefits of CaCx screening while the minority 5/27(18.5%) said low-educated women have false perceptions about CaCx screening. On why rural women are less likely to seek CaCx screening services, the majority of the respondents 18/30(60%) said they have low access to health facilities while the minority 5/30(16.7%) said poverty prevents them from seeking healthcare services regularly. All respondents 30/30(100%) agreed that low socioeconomic status affects CaCx screening.

Figure 2: Showing how low socioeconomic status influences uptake of cervical cancer screening.



According to data in figure 2 on how low socioeconomic status influences the uptake of cervical cancer screening, most of the respondents 14/30(46.7%) said women cannot access health services while 6/30(20%) said low socioeconomic women have low health-seeking behaviors.

Table 3: Showing whether stigma prevents women from seeking cervical cancer screening.

Response	Frequency (n=30)	Percentage %
Stigma prevents women from seeking cervical cancer screening		
Agree Strongly agree Disagree	19 11 -	63.3 36.7 -

The biggest number of respondents 19/30(63.3%) agreed that stigma prevents women from seeking cervical cancer screening services while the smallest number 11/30(36.7%) strongly agreed.

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https://doi.org/10.51168/wekk4s25
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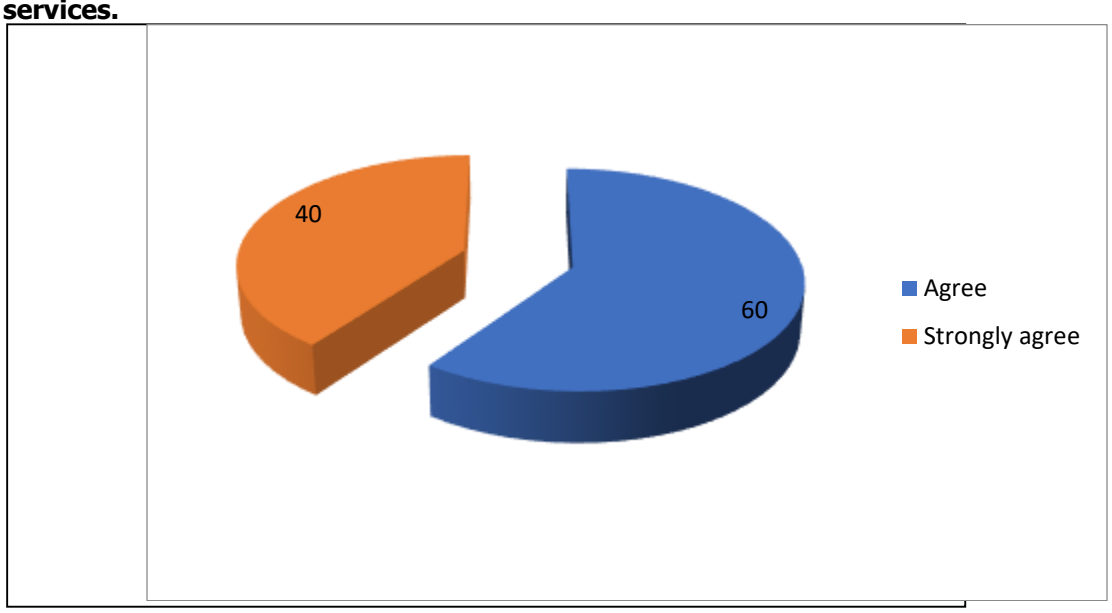
Figure 3: Showing whether fear of bad results affects the uptake of cervical cancer screening services.



The majority of the respondents 18/30(60%) agreed that fear of bad results affects the uptake of cervical cancer screening services while the minority 12/30(40%) strongly agreed.

Table 4: Showing whether women who are HIV positive require regular cervical cancer screening as compared to their counterparts who are HIV negative.

Response	Frequency (n=30)	Percentage
Whether women who are HIV positive require regular cervical cancer screening as compared to their counterparts who are HIV negative		
Yes	21	70
No	4	13.3
Not sure	5	16.7

The biggest number of respondents 21/30(70%) agreed that women who are HIV positive require regular cervical cancer screening as compared to their counterparts who are HIV negative while the minority 4/30(13.3%) disagreed.

DISCUSSION.

Research findings revealed that the majority of the respondents (56.7%) indicated that they were worried about going for a cervical cancer screening test while the minority (6.7%) panicked. Overall, respondents were uncomfortable seeking a cervical cancer screening test. These findings are also in line with a study done by (Mitiku & Tefera F, 2016) who discovered that the pain and discomfort associated with a Pap smear test were reported as a barrier among women in Ethiopia, and some women also mentioned incidences of the feeling of shame uneasiness as preventing them to seek cervical cancer screening and treatment services.

The biggest number of respondents (90%) agreed that the education level of women influences the uptake of cervical cancer screening and (55.5%) of them reasoned that low-educated women are ignorant about the benefits of CaCx screening.

On why rural women are less likely to seek CaCx screening services, the majority of the respondents (60%) said they have low access to health facilities while the minority (16.7%) said poverty prevents them from seeking health care services regularly. This is also in line with a study done in Rural Ethiopia which revealed that women from rural areas are more likely to refrain from attending cervical cancer screening compared to those from urban locations (Gizaw et al, 2020). All respondents (100%) agreed that low socioeconomic status affects CaCx screening and (46.7%) of the respondents said low socioeconomic women cannot

access health services. This might be because many health facilities especially in rural areas are out of reach for most people due to the distance they have to travel to reach them and the low road infrastructure which makes transport costly. These findings are also supported by a study done in Uganda by (Ndejjo, Mukama & Musoke, 2016) which established that some cervical cancer clients with low socio-economic status also faced severe challenges accessing treatment services as compared to their counterparts with higher economic status.

The biggest number of respondents (63.3%) agreed that stigma prevents women from seeking cervical cancer screening services. Stigma might be a result of inadequate information about CaCx or misconceptions women have about CaCx screening hence affecting uptake. Similarly, a study by Ginjupalli in western Kenya revealed that Stigma has the potential to lead to decreased screening and treatment uptake through its drivers which include a decreased perception of personal risk due to a lack of knowledge, which results in increased HPV-risk behaviors (Ginjupalli et al, 2022).

Furthermore, the biggest number of respondents (70%) agreed that women who are HIV positive require regular cervical cancer screening as compared to their counterparts who are HIV negative and this could be attributed to the fact that such women have a lower immunity.

CONCLUSION.

According to research findings, the majority of respondents were worried about undergoing cervical cancer screening. In addition, low education levels and low socioeconomic status also had a negative effect on the uptake of cervical cancer screening. The study also discovered that the majority of the women feared a bad result.

RECOMMENDATION.

There should be continuous sensitization of the population about the benefits of cervical cancer screening to ensure a positive change in attitude among the population. Health workers should always provide enough information to patients about their conditions to avoid speculations.

ACKNOWLEDGEMENT.

I do acknowledge my research supervisor for the guidance throughout my research.

I also appreciate my tutors for their guidance and direction towards the achievement of this milestone. My warm appreciation goes to Mukono General Hospital and above all the respondents who participated in sharing their experience and made this work possible.

Finally, I would like to acknowledge the support of my school tutors, classmates, and friends. Thank you for supporting me and always encouraging me. May the almighty God richly bless you.

LIST OF ABBREVIATIONS.

CDC: Centre for Disease Control
CaCx: Cervical Cancer
HPV: Human Papilloma Virus
HIV: Human Immune Virus
EMTCT: Elimination of Mother-to-child HIV Transmission
SMC: Safe Male Circumcision

SOURCE OF FUNDING.

No Source of funding.

CONFLICT OF INTEREST.

No Conflict of interest.

AUTHOR BIOGRAPHY.

Everlyne Aguti is a student of a Diploma in Midwifery at St Francis School of Health Sciences.

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