Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 6 (2024): June 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i6.333
Original Article

ATTITUDE TOWARDS CERVICALCANCER SCREENING AMONG WOMEN 25-49 YEARS IN ENTEBBE MUNICIPALITY, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

Denis Nsubuga[*]*, Maureen Andinda, Serunjogi David*
Faculty of Health Scinces,Uganda Martyrs University

ABSTRACT.

Background:
The study aims to assess attitudes towards Cervical Cancer Screening and how they influence the likelihood of women accessing screening services in Entebbe Municipality.

Methodology:
The study used a cross-sectional study. Participants were chosen from each division using proportionate sampling, yielding a total of 246 participants in both divisions. Data from study participants were collected using an interviewer-administered questionnaire. The collected data was cleaned, coded, and entered into an MS Excel spreadsheet 2013, after which it was exported to EPI-INFO Version 7 statistical software for Windows for analysis.

Results:
Respondents had a poor attitude which negatively influenced the uptake of cervical cancer screening. The majority would go for a cervical cancer screening test if given the chance (81.3%, 200%). 148 (60.16%) have never been encouraged by their partners or others to go for Cervical Cancer Screening, (68.29%, n=168) presented a neutral response concerning the affordability of Cervical Cancer Screening. (59.76%, n=147) mentioned screening is pleasant, not embarrassing and (56.50%, n=139) were neutral about the painful procedure for Cervical cancer screening. 68(27.87) of the respondents were Single, were married 150(61.48), 6(2.46) were Co- habiting, 17(6.97) were separated and 3(1.23) were Divorced. 28(28.13) had no formal education, 54(21.95) Primary, 128(52.03) Secondary and 44(17.89) had Tertiary level education.

Conclusions:
Women of childbearing age have not yet embraced and owned the responsibility and initiative to utilize and motivate their fellow women to utilize the available cervical cancer screening campaigns even though they know the associated benefits.

Recommendation:
Continuous sensitization of the community about the benefits of cervical cancer screening should be rolled out and maintained throughout the whole country while emphasizing reassuring women that the examination procedure will still protect their dignity and values.

Keywords: *Cervical cancer screening, Entebbe Municipality, Women of childbearing*
Submitted: 2024-05-19 Accepted: 2024-05-22

Corresponding author: *Denis Nsubuga*[*]
Email: *denisnsubuga88@gmail.com*
Faculty of Health Scinces,Uganda Martyrs University

BACKGROUND.

The burden of cervical cancer in both developing and developed countries remains a public health concern in all women of childbearing age with various interventions like cervical cancer screening put in place to help address some of the challenges. Among women in Kenya, vaccination has been mentioned as an alternative to screening and was found to be more culturally acceptable than screening (Becker-Dreps et al, 2010). In other words, uptake of cervical cancer screening was low due to negative attitudes compared to culturally acceptable vaccination. Peculiar negative attitudes towards screening procedures and the negative attitude of some managers towards cervical cancer patients need urgent attention (Diangi et al 2011). Patient-related challenges included a large number of patients, presenting in the late stage of disease with low levels of screening and a poor attitude towards screening (Kivuti-Bitok et al, 2013). Cultural beliefs have been found to reduce screening rates and have hindered health-seeking for cervical cancer

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 6 (2024): June 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i6.333
Original Article

(Daher, 2012). Furthermore, Myths and stigma can affect an individual's behaviors, such that they are less likely to adopt cancer-risk-reducing behaviors or seek out the support and services they need when they are diagnosed with the disease. The issue of parity demonstrates the cultural sensitivity of cervical cancer screening. In Ibadan-, Nigeria women did not perceive cervical cancer as a serious disease and 7.3% of them did not even see themselves at risk of contracting the disease despite their being sexually active (Odetola, 2011).

Experiences like embarrassment in gynecological screening have been noticed as a significant barrier to cancer of the cervix screening by women in both the developing and developed world (Teng et al, 2014). Lack of privacy, discomfort with sexuality, fear of judgment, and religious rationale result in low uptake of cervical cancer screening. Knowing cervical cancer is an important factor affecting attitude towards screening services, therefore, the provision of information, education, and counseling about the disease and screening services are mandatory to address their knowledge gap and to improve women's attitude towards screening services (Geremew et al, 2018). Attitude correlates with women's healthcare-seeking behaviors, a woman's accurate perception of her risk of developing cervical cancer is a significant indicator of action towards screening for cervical cancer (Bayrami et al, 2014). Concurrently, a woman's perception that she is not at risk is an indicator of low uptake of cervical cancer screening (Abiodun et al, 2014). Further still, Negative attitudes poorly influence the uptake of treatment services (Mukama et al, 2017). The negative attitudes towards treatment may explain low screening uptake and poor health-seeking behaviors despite positive attitudes towards screening.

Religious beliefs limit the uptake of screening in that, women's screening decisions and vaccination acceptance are at times determined by their religious beliefs (Masika et al, 2015) Cervical cancer treatment is married with many assumptions, myths, and misconceptions. Fear of tests, outcomes, and consequences determine women's readiness to seek cervical cancer screening services (Hasahya et al., 2016). In England, factors that influence the likelihood of women accessing screening services were mentioned as long distances, fear of pain, embarrassment, intending to go but not getting around to it, worry about what the test might find, and difficulty making an appointment show significant independent associations with screening status (Low et al, 2012). The study aims to assess attitudes towards Cervical Cancer Screening and how they influence the likelihood of women accessing screening services in Entebbe Municipality.

METHODOLOGY.

Study design.

The study was cross-sectional and descriptive. The analysis was quantitative. The cross-sectional design is defined as a research design where data is obtained from a range of a particular group of subjects at one point in time (Bryman & Bell, 2007). This approach was chosen because it is considered appropriate for generalizing the findings over the study population within a cost-effective time.

Study Area.

The study was conducted in Entebbe Municipality situated in Wakiso District, approximately 44 kilometers (27 miles) south of Kampala. The municipality is located on a peninsula into Lake Victoria, covering a total area of 56.2 square kilometers (21.7 square miles), out of which 20 km2 (7.7 square miles) is water and consists of two divisions (A and B).

Target Population.

The target population comprised women (25-49 years).

Inclusion Criteria.

The study included participants aged 25 to 49 years who voluntarily consented.

Exclusion Criteria.

The study excluded Very sick participants, Non-Study Population

Study Population.

All women aged 25 to 49 years who are residents of Entebbe Municipality Wakiso District

Sampling Method and Sample Size.

Sampling procedures.

Women of reproductive age have a population of about 16150 which is 23% of the total population of Entebbe Municipality in divisions A and B (Entebbe Municipal Council Statistical Annual Report 2018-2019). Proportionate sampling was used to select participants from each division for interviews. Proportionate sampling is a sampling strategy (a method for gathering participants for a study) used when the population is composed of several subgroups that are vastly different in number. The number of participants from each subgroup is determined by

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 6 (2024): June 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i6.333
Original Article

their number relative to the entire population. A list of households with females in the required age bracket for each division was obtained from the division leaders (Local Council 1 chairperson and VHTs). Using this list, computer-generated random numbers were assigned to households and picked until the division reached its proportion on the sample size. Where a household had more than one eligible female, simple random sampling was to be done at that level by lottery method whereby pieces of paper were mixed with only one of them having a yes and the rest no, and the women were required to pick at random. The one who picked yes was the one to participate in the study.

Sample Size.

The sample size for the survey was estimated using Leslie Kish's (1965) formula with precisions of +/- 5% at a 95% confidence interval.

$$n = \left(\frac{Z^{2}_{\alpha/2} * P * Q}{e^{2}} \right)$$

Z 2 = Standard value (1.96)
= Proportion of success (20% screening rate for Entebbe Municipality according to HMIS Cancer screening register Entebbe general Hos-
pital)
= Proportion of failure (1-P) e2 = Marginal error (0.05)
Therefore n= 1.962 8*0.2*0.8/0.052 n = 246 participants
The total population of Entebbe Municipality was 70219 and women 25 to 49 years old makeup
23% of that total population (Entebbe Municipal Council Statistical Report 2019).
Therefore:
23/100*70219 = 16150 total women between 25 to 49years in Entebbe Municipality
Division (A) proportion of the population is 56.2% (Entebbe Municipal Council Statistical Report 2019)
Division (B) The Proportion of the population is 43.8% (Entebbe Municipal Council Statistical Report 2019
Proportion of Division A = 56.2/100* 246 = 138 participants
Proportion of Diversion B = 43.8/100*246 =108 participants
Total participants = 138+108 = 246 participants in both divisions.

Method of data collection. (techniques and tools)

An interviewer-administered questionnaire was used to collect data from the study participants. The interviewer-administered questionnaire mainly had close-ended questions. The questionnaire was administered at the respondent's home.

Validity and reliability of the tools proposed.

Content validity was established by extensive literature review, consulting with the research advisor, subject experts, and peer review. The tool was in but was also translated into the local language Luganda for use with participants who preferred the local language. The reliability was maintained by pretesting the Interviewer-administered questionnaire in Katabi town council on 10 respondents to ensure clarity and consistency, and that all questions and instructions are very clear.

Data processing and analysis.

Collected data was cleaned, coded, and entered in MS Excel spreadsheet 2013 and it was then exported to EPI- INFO Version 7 statistical software for Windows for analysis. The study findings were then presented using tables, charts, graphs, and percentages, and frequencies were used to analyze data in this section.

Ethical considerations in the proposed research.

Ethical clearance was obtained from RECHAUREC under the Uganda National Council of Science Technology (UNCST). A research introduction letter was also obtained from the FHS Uganda Martyrs University.
The participants were given a full explanation of the purpose of the study, assurance about the confidentiality of the information given, and assurance that participation would be optional. Persons selected to participate in the research were informed about the purpose of the study and their written informed consent was obtained.
Research assistants ensured privacy and confidentiality while administering the questionnaire. The names of respondents were not recorded and the information collected was kept confidential.

RESULTS.

Description of participant characteristics.

The total number of participants was 246 females. The majority of these participants (50.41%) were in the age category between 25 – 30 years and the average age was 32.6 years (6.6) Additional participant characteristics are shown in Table 1.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 6 (2024): June 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i6.333
Original Article

Table 1- Study participant characteristics (n=246)

Age(years)	
25-30	124(50.41)
31-35	48(19.51)
36-40	40(16.26)
41-49	34(13.82)
Education	
No education	28(28.13)
Primary	54(21.95)
Secondary	128(52.03)
Tertiary	44(17.89)
Marital status	
Single	68(27.87)
Married	150(61.48)
Cohabiting	6(2.46)
separated	17(6.97)
Divorced	3(1.23)
Religion	
Catholic	81(33.06)
Anglican	44(17.96)
Moslem	40(16.33)
Pentecostal SDA	62(25.31)
Born again	4(1.63)
Employment	
Full time	53(21.54)
Part-time	15(6.10)
Unemployed	45(18.29)
Self-employed	89(36.18)
Housewife	34(13.82)

Table 1 shows that 68(27.87) of the respondents were Single, were married 150(61.48), 6(2.46) were Co- habiting, 17(6.97) were separated and 3(1.23) were Divorced. Regarding education level, 28(28.13) had no formal education, 54(21.95) Primary, 128(52.03) Secondary and 44(17.89) had Tertiary level education.

Attitudes of women regarding Cervical Cancer Screening.

The attitude of respondents was assessed by setting questions with Likert scales; Strongly agreed (SA), Agreed (A), Disagreed (D), and Strongly disagreed (SD). Participants who strongly agreed or agreed statements that support the use of Cervical Cancer Screening were considered to have a positive attitude while those who strongly disagreed or disagreed were considered to have a negative attitude on the specific statements. The findings are presented in table 2.

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol. 5 No. 6 (2024): June 2024 Issue
https://doi.org/10.51168/sjhrafrica.v5i6.333
Original Article

Table 2 -Attitudes of Women aged 25-49years regarding Cervical Cancer Screening(n=246)

Item	Neutraln(%)	Agree/strongly agreen (%)	Disagree/stronglydisagree n (%)
If a male doctor performed the test, I would not feel embarrassed	55(22.36)	103(41.87)	88(35.77)
I would go for a cervical cancer screening test if giventhe chance	28(11.38)	200(81.30)	18(7.32)
I am encouraged to have screening for cervical cancer by my partner or others	6(2.44)	92(37.40)	148(60.16)
It is not painful to have cervical cancer screening done	139(56.50)	18(7.32)	89(36.18)
Having a cervical cancer screening test	68(27.64)	147(59.76)	31(12.60)
It is easy to get to the screening clinic/hospital	78(31.71)	136(55.28)	32(13.01)
Being busy is not abarrier for me to be screened for cervicalcancer	9(3.66)	188(76.42)	49(19.92)
Screening is necessary even if there are no signs orsymptoms	10(4.07)	221(89.84)	15(6.10)
Going for cervical cancer screening is affordable	168(68.29)	54(21.95)	24(9.76)
I am not afraid that something wrong will be detected if I go forcervical cancerscreening	23(9.35)	140(56.91)	83(33.74)
I am open to talking about cervical cancer screening	19(7.72)	181(73.58)	46(18.70)
I would tell someone if I were diagnosed with cervical cancer	11(4.49)	188(76.73)	46(18.78)

The majority of respondents would go for a cervical cancer screening test if given the chance (81.3%, 200%**)**. 148 (60.16%) have never been encouraged by their partners or others to go for Cervical Cancer Screening, (68.29%, n=168) presented a neutral response concerning the affordability of Cervical Cancer Screening. (59.76%, n=147) mentioned screening is pleasant, not embarrassing and (56.50%, n=139) were neutral about the painful procedure for Cervical cancer screening.

DISCUSSION.

The Attitude of Participants about Cervical Cancer Screening.

In this study, 56.91% reported they were not afraid that something wrong would be detected if they went for cervical cancer screening this is because they have had no signs and symptoms and others wanted to know their health status. These findings are contrary to other studies by (Oche et al., 2013) 21.1% reported respondents‟ fear of the outcome test. The variation might be due to the difference in educational levels and poor attitudes toward screening.

In addition, 56.50% reported a neutral response concerning fear of experiencing pain during the procedure could be because most of these women had not screened before so they have no comment on whether it is painful or not. In different results by (Oche et al., 2013) 24.7%respondents mentioned fear of experiencing pain during the procedure.

In the present study, 89(36.18) mentioned that Cervical

Cancer screening is a painful procedure. This is consistent with a study conducted by (Low et al., 2012) in England a population-based survey of Cervical Cancer screening attendance pointed out factors that influence the likelihood of women accessing screening services such as the fear of pain, embarrassment, worry about what the test shows significant independent associations with screening status

In this study, a greater proportion of respondents 221(89.84) mentioned that screening is important without signs and symptoms and this is contrary to a qualitative study conducted by Fort et al. (2011) in Mulanje Malawi found that the primary cue to action for cervical cancer screening was symptoms of cervical cancer and perceived behavior control

In this present study, 168(68.29) of the participants mentioned that they did not know that going for Cervical cancer screening is affordable. This finding is in line with the report of the study done in Singapore (Malhotra et al., 2016). This can be explained by the weaker healthcare systems and healthcare professionals failing to sensitize the masses concerning the affordability of the service.

55(22.36%) participants had misconceptions about a male doctor performing a cervical cancer test. This finding is by other studies done in Nepal (Darj et al., 2019). This might be due to stigma and privacy issues. Therefore, health communication is vital to influence women's attitudes towards cervical cancer Screening.

In the current study, nearly half of the study participants 49(19.92) have not attended screenings because they are busy. This finding is consistent with the study done in India (Aswathy et al., 2012). This can be explained by the attention and mindset women accord to Cervical Cancer screening other than their work. This suggests that all women must get at least access to health education that can increase their attitude towards cervical cancer screening.

CONCLUSION.

Women of childbearing age have not yet embraced and owned the responsibility and initiative to utilize and motivate their fellow women to utilize the available cervical cancer screening campaigns even though they know the associated benefits. There is a worrying poor perception about the process of screening and its outcomes which is likely to continue hindering uptake of these services if not addressed.

RECOMMENDATION.

Continuous sensitization of the community about the benefits of cervical cancer screening should be rolled out and maintained throughout the whole country while emphasizing reassuring women that the examination procedure will still protect their dignity and values.

LIST OF ACRONYMS.

HMIS: Health Management Information Systems
HPV: Human Papillomavirus
UNCST: Uganda National Council of Science Technology
VHT: Village Health Teams
VIA: Visual Inspection acid

SOURCE OF FUNDING.

The study had no funding.

CONFLICT OF INTEREST.

The author declares no conflict of interest.

AUTHOR BIOGRAPHY.

Denis Nsubuga Completed a Master of Public Health-Health Promotion from Uganda Martyrs University.

Maureen Andinda is a Senior Lecturer at the Facility of Health Sciences at Uganda Martyrs University

REFERENCES.

1. Abiodun, O. A., Fatungase, O. K. & Olu-Abiodun, O. O. 2014. Knowledge, perception, and predictors of uptake of cervical screening among rural Nigerian women. *Journal of Public Health and Epidemiology,* 6**,** 119-124.
2. Bayrami, R., Taghipour, A. & Ebrahimipour, H. 2014. Challenges of providing cervical cancer prevention programs in Iran: a qualitative study. *Asian Pac J Cancer Prev,* 15**,** 10071-7.
3. Becker-Dreps, S., Otieno, W. A., Brewer, N. T., Agot, K. & Smith, J. S. 2010. HPV vaccine acceptability among Kenyan women. *Vaccine,* 28**,** 4864-4867.
4. Bukenya, A. L., & Ayikoru, J. . (2022). Inclusion of Pregnant Girls and Teenage Mothers in Ugandan Schools: A Proposed Phenomenological Research. *Student's Journal of Health Research Africa*, *3*(6), 5. https://doi.org/10.51168/sjhrafrica.v2i6.119.
5. Daher, M. 2012. Cultural beliefs and values in cancer patients. *Annals of Oncology,* 23**,** 66- 69.
6. Darj, E., Chalise, P. & Shakya, S. 2019. Barriers and facilitators to cervical cancer screening in Nepal: A qualitative study. *Sexual & Reproductive Healthcare,* 20**,** 20- 26.
7. Diangi, Y. T., Panozzo, C. A., Ramogola-

Masire, D., Steenhoff, A. P. & Brewer, N. T. 2011. A cross-sectional study of HPV vaccine acceptability in Gaborone, Botswana. *PLoS One*, 6**,** e25481.

8. Fort, V. K., Makin, M. S., Siegler, A. J., Ault, K. & Rochat, R. 2011. Barriers to cervical cancer screening in Mulanje, Malawi: a qualitative study. *Patient preference and adherence*, 5**,** 125.
9. Geremew, A. B., Gelagay, A. A. & Azale, T. 2018a. Comprehensive knowledge of cervical cancer, attitude towards its screening, and associated factors among women aged 30–49 years in Finote Selam town, northwest Ethiopia. *Reproductive Health*, 15**,**29.
10. Hasahya,O.T.,Berggren,V.,Sematimba,D.,Nabiry e,R.C.& Kumakech, E. 2016. Beliefs, perceptions and health-seeking behaviors about cervical cancer: a qualitative study among women in Uganda following completion of an HPV vaccination campaign. *Global health action*, 9**,** 29336.
11. Kivuti-Bitok, L. W., Pokhariyal, G. P., Abdul, R. & Mcdonnell, G. 2013. An exploration of opportunities and challenges facing cervical cancer managers in Kenya. *BMC research notes*, 6**,** 136.
12. Low, E. L., Simon, A. E., Lyons, J., Romney-Alexander, D. & Waller, J. 2012. What do British women know about cervical cancer symptoms and risk factors? *European Journal of Cancer*, 48**,** 3001-3008.
13. Malhotra, C., Bilger, M., Liu, J. & Finkelstein, E. 2016. Barriers to Breast and Cervical Cancer Screening in Singapore a Mixed Methods Analysis. *Asian Pacific Journal of Cancer Prevention*, 17**,** 3887-3895.
14. Masika MM, Ogembo JG, Chabeda SV, Wamai RG, Mugo N (2015) Knowledge on HPV Vaccine and Cervical Cancer Facilitates Vaccine Acceptability among School Teachers in Kitui County, Kenya. PLoS ONE 10(8): e0135563. https://doi.org/10.1371/journal.pone.0135563
15. Oche, M., Kaoje, A., Gana, G. & Ango, J. 2013. Cancer of the cervix and cervical screening: Current knowledge, attitude, and practices of female health workers in Sokoto, Nigeria. *International Journal*, 5**,** 106-109.
16. Odetola, T. 2011. Knowledge, Attitude, and Practice of Cervical Cancer Screening Among Women in Primary Health Care Centres in Ibadan South-east Local Government Area, Oyo-State. *West African Journal of Nursing*, 22.
17. Teng, F. F., Mitchell, S. M., Sekikubo, M., Biryabarema, C., Byamugisha, J. K., Steinberg, M., Money, D. M. & Ogilvie, G. S. 2014. Understanding the role of embarrassment in gynecological screening: a qualitative study from the ASPIRE cervical cancer screening project in Uganda. *BMJ open*, 4**,** e004783.

Publisher details.

SJC PUBLISHERS COMPANY LIMITED

SJC Publishers Company Limited

Catergory: Non Government & Non profit Organisation
Contact: +256 775 434 261 (WhatsApp)
Email: admin@sjpublisher.org, info@sjpublisher.org or studentsjournal2020@gmail.com
Website: https://sjpublisher.org
Location: Wisdom Centre Annex, P.o.Box 113407 Wakiso, Uganda, East Africa.