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BARRIERS FACED BY WOMEN OF REPRODUCTIVE AGE IN SEEKING CERVICAL CANCER SCREENING SERVICES IN KATABI MILITARY HOSPITAL, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Cervical cancer (CC) is one of the most common cancers among women of reproductive age in low- and middle-income countries. The study aims to assess the barriers faced by women of reproductive age in seeking cervical cancer screening services in Katabi Miltary Hospital, Wakiso.

Methodology

The study adopted a descriptive design using quantitative approach. This design was suggested to enable the researcher to capture information of respondents views in own words. Processed data was analyzed by grouping the same ideas together and interpreted. Finally, data was presented in form of graphs, tables, and pie chart.

Results

The majority of the respondents, 63.3%, reported that there were some social beliefs such as "not everyone should see a female's genitalia, more so men if not their partners". 45.0%, suggested fear of the results, (70.0%) of the respondents couldn't afford the screening, 55.6% reported having fear towards CC screening, Socioeconomic findings 41.6% wouldn't seek CC screening due to poverty, 65.0%) reported that the clinic hours were not convenient for them and 53.4% reported long waiting hours as one the other facility based barriers, 33.3% of them reported health workers having poor attitude while providing these services. The majority of the participants (58.3%) were Baganda by tribe.

Conclusion

The barriers faced by women of reproductive age in seeking cervical cancer screening services were the cost of screening services, inconvenient clinic hours, prolonged waiting hours, fear, and poor attitude of health workers.

Recommendations.

To the ministry, the government and other stakeholders such as NGOs, should establish more health facilities and equip them with supplies for cervical cancer screening so as to further avail services to its female citizens.

Keywords: *Barriers faced by women of reproductive age, Cervical cancer screening services, Katabi Military Hospital.*
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Background

Cervical cancer (CC) is a cancer that occurs on the cervix, mostly caused by the Human papillomavirus (HPV subtypes 16 and 18), transmitted through sexual contact. Cervical cancer (CC) is one of the most common cancers among women of reproductive age in low- and middle-income countries (LMIC). According to the International Agency for Research on Cancer (IARC) (2014), it was reported that cervical cancer is the fourth most common cancer affecting women worldwide and most notable in low-income countries of sub-Saharan Africa. Despite a drastic decrease in cervical cancer morbidity and mortality in high-income countries, there are 528000 new cases estimated globally every year. More than 270000 women die from cervical cancer every year, and more than 85% of these deaths are in low and middle-income countries (Fresier Chiyangwa Maseko et al.,2015).

A study conducted among South Asian women reported that fear of the CC screening procedure and outcome was identified as a screening deterrent, noting that women receive negative information from friends or have themselves had bad screening experiences and therefore avoid repeating screens (Black et al., 2019). Women also are not comfortable with pelvic examinations and fear that

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insertion of the speculum causes pain, hence will not participate in screening. A study by Anderson et al. (2018) revealed that fear of the possibility of receiving a positive result was a barrier. Therefore, finding it is better not to know and worry, which may lead to an early death. Women also expressed fear of contracting other diseases from the screening equipment and finding out their Human immunodeficiency virus (HIV) status if cervical cancer screening was linked to HIV screening.

Cervical cancer screening can reduce the incidence of the disease by 70–80% if targeted appropriately. However, in many parts of Africa, the disease is often not identified until it reaches advanced stages that are associated with poor outcomes. This has been attributed to the lack of comprehensive cervical cancer screening programs in most countries. Cervical cancer is the most preventable cancer due to its slow progression, and early identifiable precancerous lesions can be treated before they progress to cancer; hence, women need not die from it (Ndejjo, Mukama, Kiguli & Musoke, 2017). In sub-Saharan Africa (SSA), including Cameroon, CC is the second leading cause of cancer among women. Cervical cancer is the most common cancer in Ethiopia, accounting for 13.4% of all malignancies, and women account for around two-thirds of all cancer deaths (Amado, Weldegebreal, Birhanu, Dessie, 2022). The study aims to assess the barriers faced by women of reproductive age in seeking cervical cancer screening services in Katabi Miltary Hospital, Wakiso District.

Methodology

Study Design

The study adopted a descriptive design using a quantitative approach. This design was suggested to enable the researcher to capture information about respondents' views in their own words.

Study Setting

The study will be conducted in Katabi Military Hospital, which lies in Wakiso District, 34 Km from Kampala, the capital city of Uganda. This hospital serves both the military and local communities. It offers various services, including, among others, antenatal care, inpatient, outpatient, family planning, cervical cancer screening, dental, ophthalmics, immunization, and laboratory services. This facility serves a population of over 10000 clients annually. Therefore, this study setting was selected because it will give a researcher a bigger picture of the study.

Study Population

The study will consist of all women of reproductive age attending care at Katabi military hospital. The target population for this study will be women of reproductive age, and a total of 60 respondents will be considered suitable for this study.

Sample size determination

According to Kish 1965, a sample size of 30 to 200 suffices if 20 to 80 of the attributes are present. Based on this statement, the sample of 60 respondents can be used as it is within the range. This size is adequate to generate the data needed for this study and will also be cost-effective for the researcher in terms of resources available for data collection.

Sampling procedure.

Simple random sampling method was used to select the respondents. If the selected respondent was unable to participate in the study, another respondent was considered. Katabi military hospital was purposely selected by the researcher based on its population, location, familiarity and short duration for data collection.

Inclusive Criteria

All women of reproductive age freely accepted to take part in the study and filled out a consent form.

Exclusive Criteria

All women of reproductive age who are unable to hear or communicate and are mentally disabled were excluded from the study, as were those who did not fulfill the inclusion criteria.

Independent variables

Individual barriers

The internal personal struggles/ limitations that hold one back from achieving something. This may include communication barriers like shyness, social anxiety, and lack of confidence, psychological barriers like internal beliefs and attitudes, and knowledge /skill barriers.

Socioeconomic barriers

Obstacles that arise due to a combination of social and economic factors limit a person's access to opportunities, resources, and overall well-being. This may include income levels, family background, education level, and social status.

Facility-based barriers

Obstacles that exist within a physical location and hinder someone from accessing its services or resources and can be found in various facilities including schools, hospitals, and government offices among others.

Dependent variables

Cervical cancer screening

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A series of tests used to detect precancerous or cancerous cells in the cervix which is the lower part of the uterus that connects it to the vagina.

Research Instruments

The researcher collected data using a self-administered questionnaire that consisted of closed-ended questions arranged under three headings, that is, social and demographic data, individual, social-economic, and facility-related barriers faced by women of reproductive age in seeking cervical cancer screening services in Katabi military hospital Wakiso district. The instrument will be pre-tested on a small number of respondents of similar backgrounds outside the study area and thereafter be refined by the research with the help of the supervisor to ensure reliability and validity.

Data Collection Procedure

The researcher obtained an introductory letter from the research committee of Mildmay School of Nursing and Midwifery after the approval of the research proposal which was submitted to the hospital administration of Katabi Military Hospital where the interviewing schedule was conducted. The data collected was checked for completeness and accuracy at the end of each day of data collection. The filled questionnaires were kept under key and lock custody and only accessible by the researcher until all 60 respondents were received.

Data management

After collecting data, it was checked and edited at the end of each day to ensure the quality of the questionnaires. The researcher entered the responses in a computer using the statistical package for social scientists (SPSS) software for quantitative and qualitative analysis of the questionnaires where results were converted into percentage distribution of the respondents with the study variables.

Data analysis

Processed data was analyzed by grouping the same ideas and interpreting them.

The findings are compared with those in the literature review forming conclusion. This was done using the statistical package for social scientists' version 16 (SPSS 16) program installed on the computer.

Data presentation

Finally, data was presented in the form of graphs, tables, and pie charts.

Ethical Considerations

Ethical clearance was obtained from the research and ethics committee at Mildmay School of Nursing and Midwifery, and thereafter, administration clearance was obtained from Katabi Military Hospital. The researcher made sure that no harm was done to the subjects in the study. A verbal and written consent was obtained from each study participant. The researcher also made sure that the data collected was handled with confidentiality and that the names of the subjects were coded.

Informed consent

The researcher commenced by introducing and explaining the topic and objectives to the participants. The respondents were informed that participation was voluntary, and an informed consent form was signed. The researcher affirmed to the respondents that the information given was strictly confidential, and serial numbers instead of respondents' names were provided.

Results

Table 1: Showing the socio-demographic data of the respondents. N=60

Variables		Frequency	Percentage (%)
Tribe	Baganda	35	58.3%
	Bagishu	12	20.0%
	Basoga	07	11.7%
	Itesot	06	10.0%
Age	15-24 years	36	60.0%
	25-34 years	16	26.7%
	Above 35years	08	13.3%
Religion	Catholics	20	33.3%
	Protestants	25	41.7%
	Islam	5	8.3%
	Born again	10	16.7%

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Education	Primary	30	50.0%
	Secondary	23	38.3%
	Tertiary	07	11.7%
Occupation	Unemployed	38	63.3%
	Self employed	18	30.0%
	Formally employed	04	6.7%
Marital status	Single	34	56.7%
	married	20	33.3%
	widowed	06	10.0%

Table 1, most of the participants (58.3%) were from the Baganda tribe, and this is because them being natives of the study area followed by Bagisu 20.0% then 11.7% were Basoga and finally 10.0% were Itesot. Most of the respondents (60.0%) were in the age bracket of 15-24 years, 26.7% were in the age bracket of 25-35 years, and the lowest percentage, 13.3 %, were above 35 years of age. The majority of the participants (41.7%) were Protestants, followed by Catholics at 33.3%, then Born Again at 16.7%, and 8.3% were Islams. Half of the respondents 50.0% had completed primary level education, and this was attributed to the costs of education during their study times. 38.3% attained secondary level and only 11.7% had completed at least their tertiary levels. Most of the respondents 63.3% were unemployed. (30.0%) were self-employed, and only 6.7% were formally employed having had the qualifications for their employment. The majority of the respondents, 56.7%, were single, 33.3% were married, and the least 10.0% were widows.

The individual-related barriers faced by women of reproductive age in seeking cervical cancer screening.

Figure 1: Showing whether respondents had ever heard of cervical cancer screening.

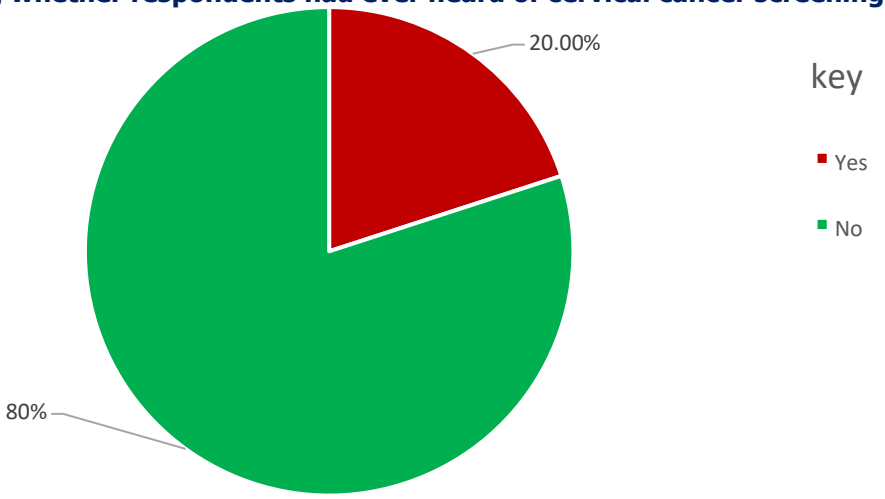

Figure 1, the majority of the respondents, 80.0% reported having not heard of cervical cancer screening and it is a rear screening process to most of them and the remaining 20.0% reported having heard it more so during their seeking health services from health facilities and on media.

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Figure 2: Showing whether respondents have ever taken cervical cancer screening.

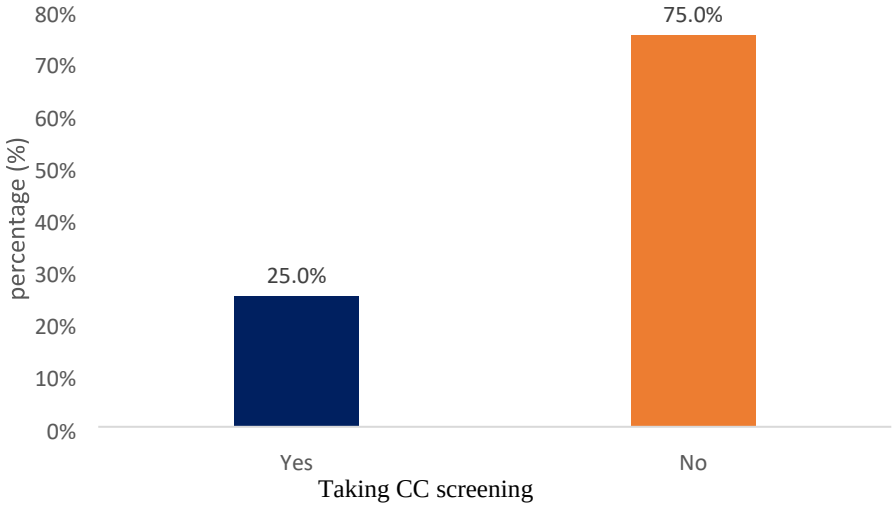

Figure 2 The majority of the respondents, 75.0%, reported having never taken cervical cancer screening owing to the reasons suggested in Figure three below as the remaining 25.0% reported having done cervical cancer screening.

Figure 3: Showing why respondents have never taken cervical cancer screening.

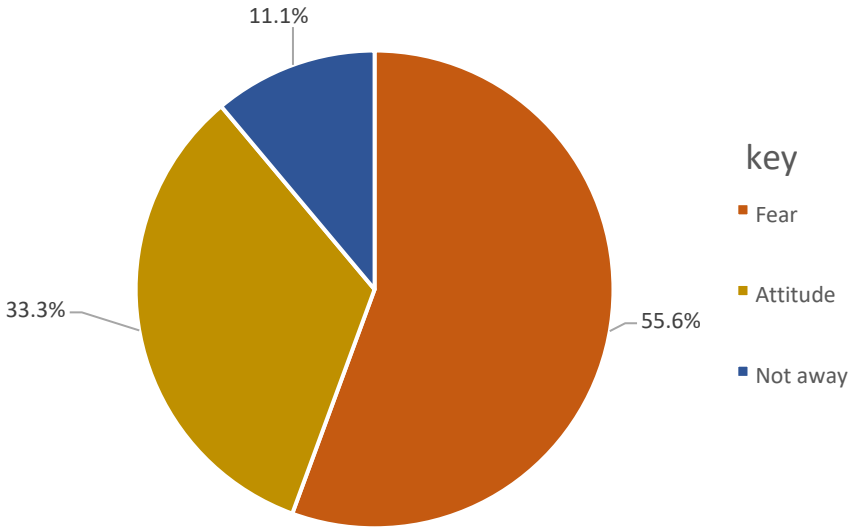

Figure 3 The majority of the respondents, 55.6% reported having fear toward screening for cervical cancer despite theavailability of the services. Thirty-three-point three percent (33.3%) suggested attitude towards screening being poor and the remaining 11.1% reported having been not aware of the screening services.

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Figure4: Showing whether respondents knew about the causes of cervical cancer.

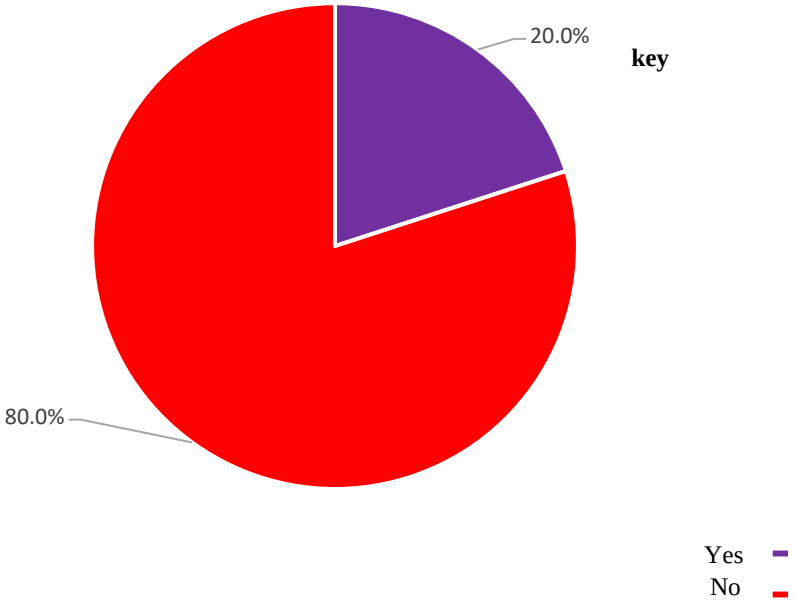

Figure 4, Majority of the respondents, 80.0% reported having no idea about the causes of Cervical cancer while only 20.0% reported knowing the causes of cervical cancer.

Table 2: Showing what worries respondents most when they think of going for CC screening.

Worries	Frequency	Percentage (%)
The procedure	42	70.0%
Positive screening results	10	16.7%
Contracting other infections during the procedure	8	13.3%

Table 2, Most of the respondents, when asked about what worries them most when they think about going for CC screening, 70.0% reported the procedure as their main worry and whenever thought about deciding not to go for screening. 16.7%) suggested that positive screening results were their main worry, while the remaining 13.3% reported contracting other infections during the procedure as their worry in seeking cervical cancer screening services.

The social economic barriers faced by women of reproductive age in seeking cervical cancer screening.

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Figure 5: Showing whether respondents have difficulty affording healthcare services.

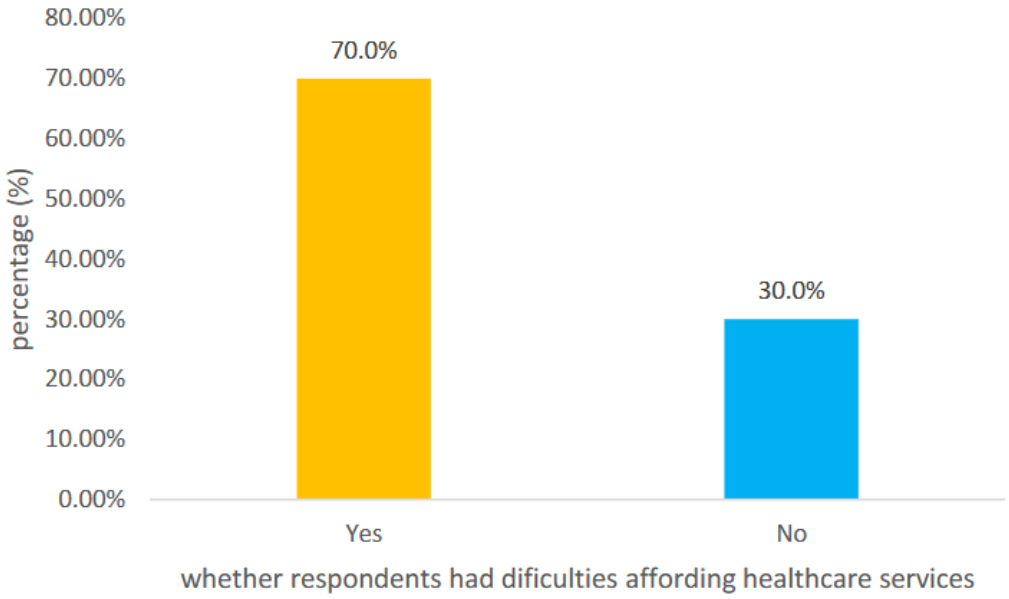

Figure 5 the majority of the respondents, 70.0% reported having difficulties affording healthcare services owing to various reasons as mentioned in table 4. The remaining 30.0% reported having not had any difficulty affording healthcare services.

Table 3: Showing how the costs of screening impact respondents' decision to get screened for CC

Difficulties	Frequency	Percentage (%)
I cannot afford the screening its self	42	70.0%
I cannot afford transportation to the clinic	18	30.0%

Table 3, Seventy percent (70.0%) of the respondents suggested that they couldn't afford the screening itself when asked about how the cost of screening impacts their decision to get screened for Cervical Cancer, and the remaining 30.0% reported not being able to afford the transport costs to the clinic.

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Figure 6: Showing whether respondents have ever shared cervical cancer screening with their husbands or relatives.

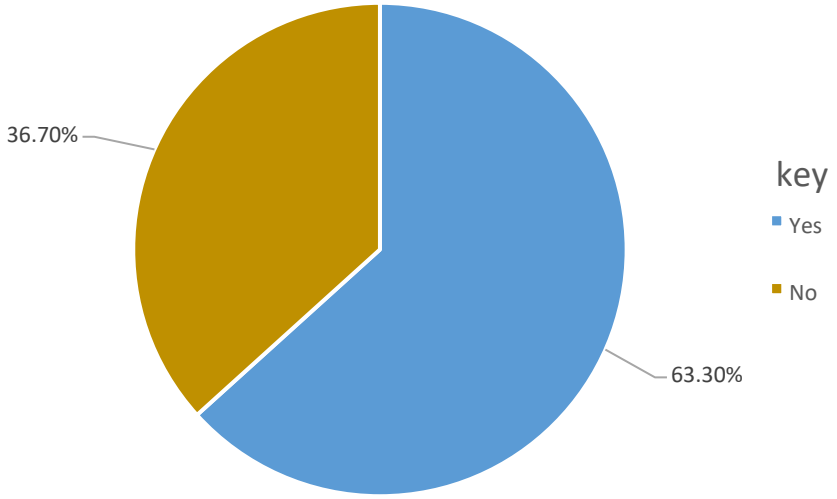

Figure 6 the majority of the respondents, 63.3% reported having ever shared CC screening with their husband and relative while the remaining 36.7% reported having never shared CC screening with their husband or relative.

Table 4: Showing the socio-economic factors that would prevent respondents from seeking CC screening services.

Socioeconomic Factors	Frequency	Percentage (%)
Stigma	15	25.0%
Poor Family Attitude	10	16.7%
Transport Rates	10	16.7%
Poverty	25	41.6%

Table 4, When asked about the socioeconomic factors that would prevent respondents from seeking CC screening service, 41.6% suggested poverty as one of what would prevent them from seeking CC screening service while 25.0% reported that stigma would be the preventive factor for their seeking of CC screening. Poor family attitude and transport rates were respectively suggested by 16.7%of the respondents.

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Figure 7: Showing whether some social beliefs in the respondent's community discouraged cervical cancer screening.

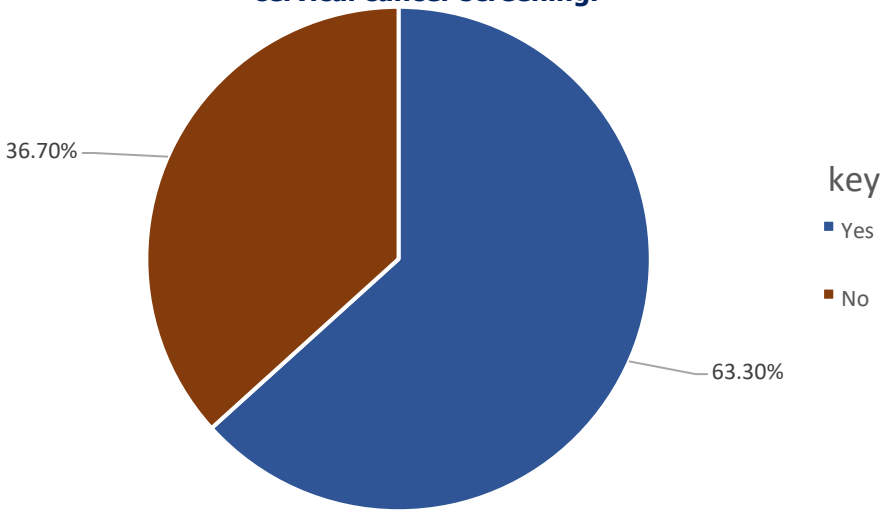

Figure 7, the majority of the respondents, 63.3%, reported that some social beliefs in their community discouraged cervical cancer screening, mentioning that not everyone should see a female's genitalia, more so men if not their partners. The other 36.7% said did not know any social beliefs in their community that discourage cervical cancer screening.

Table 5: Showing whether respondents feel comfortable talking about cervical cancer screening with others.

Feelings of respondents	Frequency	Percentages (%)
Very uncomfortable	28	46.7%
Somehow uncomfortable	15	25.0%
Somehow comfortable	10	16.7%
very comfortable	7	11.6%

Table 5, Forty-six-point seven percent 46.7% of the respondents, when asked whether they feel comfortable talking about cervical cancer screening with others suggested that they feel very uncomfortable and these were followed by 25.0% suggesting that they feel somehow uncomfortable while the 16.7% felt somehow comfortable and only 11.6% suggested that they were very comfortable talking about cervical cancer screening with others.

The Facility-based barriers faced by women of reproductive age in seeking cervical cancer screening in Katabi Military Hospital Wakiso District.

Table 6: Showing how comfortable respondents feel getting a cervical cancer screening.

Feelings of respondents	Frequency	Percentages (%)
very uncomfortable	30	50.0%
somehow uncomfortable	15	25.0%
somehow comfortable	10	16.70%
very comfortable	5	8.3%

Table 6, Half of the respondents, (50.0%) when asked how comfortable they felt getting screened suggested that they felt very uncomfortable and these were followed by 25.0% suggesting that they felt somehow uncomfortable while

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16.7% felt somehow comfortable and only 8.3% suggested that they were very comfortable with getting screened for CC.

Figure 8: Showing any other concerns about the cervical cancer screening procedure.

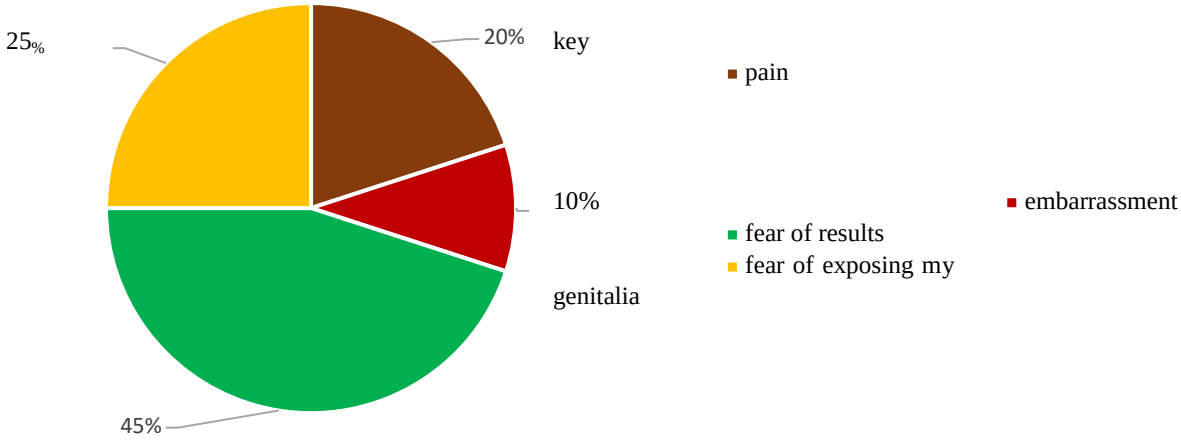

Figure 8, Up to 45.0% of the respondents suggested fear of the results, and these were followed by 25.0% who suggested fear of exposing their genitalia to any health personnel as their main concern. Twenty percent (20.0%) reported pain during the procedure, while the remaining 10.0% suggested embarrassment at the facility.

Figure 9: Showing whether the clinic hours were convenient for the respondents.

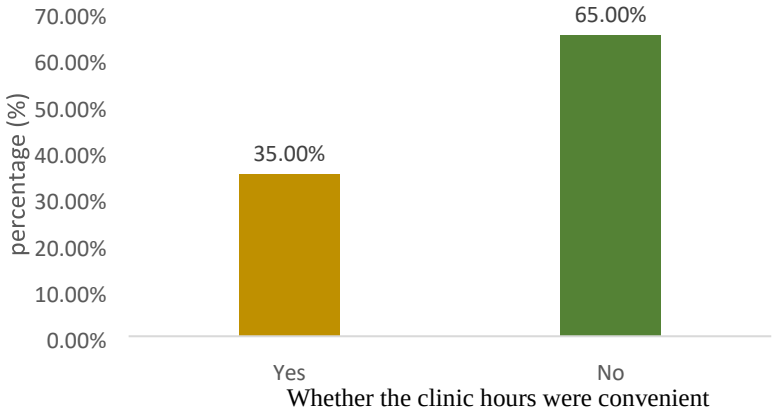

Figure 9, Most of the respondents, 65.0% reported that the clinic hours were not convenient for them owing to many reasons including early closure, and daily home activities among others while the remaining 35.0% reported having no problem with the clinic working hours.

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Figure 10: Showing whether the respondents had anything else they wished to share about facility-based barriers faced in getting screened for cervical cancer.

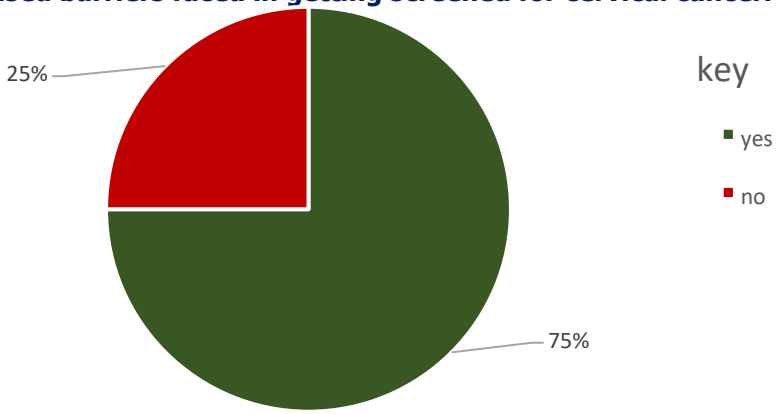

Figure 10, Most of the respondents, 75.0% reported having other things they wished to share about facility-based barriers faced in getting screened for cervical cancer as mentioned in table 7 below. The remaining 25.0% reported having nothing else to share about facility-based barriers faced in getting screened for cervical cancer.

Table 7: Other facility-based barriers faced by respondents while getting a cervical cancer screening.

Other facility-based barriers	frequency	percentages (%)
long distances	6	13.30%
Poor attitude of health workers	15	33.30%
long waiting line	24	53.40%

Table 7, Just above half of the respondents, 53.4%, reported long waiting lines as one of the other facility-based barriers they faced while getting a cervical cancer screening, and 33.3% of them reported health workers having a poor attitude while providing these services which hinder them from seeking for CC screening most times. The remaining 13.3% of the respondents suggested long distances to and from the facility as what challenges their health-seeking behaviors.

Discussion

The individual-related barriers faced by women of reproductive age in seeking cervical cancer screening.

The majority of the respondents, 80.0% from Figure 2 reported having not heard of cervical cancer screening, and it is a rare screening process for most of them were in line with the study by Black et al, (2019) among Ugandan women found out that Poor knowledge about CC was a barrier in four qualitative studies, and poor awareness of CC Screening was a barrier in three qualitative studies. The remaining 20.0% from Figure 2 reported having heard it more so during their seeking of health services from health facilities and on media. When asked about why they had never taken a cervical cancer screening test, the majority of the respondents, 55.6%, reported having fear towards screening for cervical cancer despite the availability of the services. The majority of the respondents, 80.0%, reported having no idea about the causes of Cervical cancer. Several female and male participants highlighted that most men and women in the community did not know the causes or symptoms of Cervical Cancer (CC). Furthermore, similar results were revealed in Black et al. 's study. It was noted that some women did not know about the cause of CC, and many women did not know of any screening method, while only 20.0% reported knowing the causes of cervical cancer.

When asked about what worries them most when they think about going for CC screening, 70.0% of the respondents reported the procedure as their main worry, and whenever they thought about it, they decided not to go for screening. Sixteen-point seven percent (16.7%) suggested that positive screening results were their main worry with similar findings from the research conducted by, Black et al., (2019) among South Asian women, and found that fear of the CC screening procedure and fear of the possibility of receiving a positive result were among

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the barriers. The remaining 13.3% reported contracting other infections during the procedure as their worry to seeking cervical cancer screening services as was in Anderson's study which showed that Women expressed fear of contracting other diseases from the screening equipment and finding out their Human immunodeficiency virus (HIV) status if cervical cancer screening was linked to HIV screening.

The social economic barriers faced by women of reproductive age in seeking cervical cancer screening.

Seventy percent (70.0%) of the respondents suggested that they couldn't afford the screening its self when asked about how the cost of screening impacted their decision to get screened of Cervical Cancer while the remaining 30.0% reported not being able to afford the transport costs to the clinic.

When asked about the socioeconomic factors that would prevent respondents from seeking CC screening services, 41.6% suggested poverty as one of what would prevent them from seeking CC screening services, which also suggests the lower economic status of the participants. While 25.0% reported that stigma would be the hindering factor for their seeking CC screening, this conquers with the findings from the Pakistan study on cervical cancer screening which found out that the stigma surrounding women's health, the taboo nature of cervical cancer, and its testing procedure further discouraged women from seeking screening services. It was also reported that poor family attitude and transport rates were suggested by 16.7% of the respondents.

The majority of the respondents, 63.3%, reported that some social beliefs in their community discouraged them from seeking cervical cancer screening, mentioning that not everyone should see a female's genitalia, more so men if not their partners. These findings are similar to those in a study carried out in Korea among university female students, which revealed that a negative social view among unmarried young women's sexual life was a challenge as they feared their parents knowing about their sexual life and CC screening results. The other 36.7% suggested that they did not know any social beliefs in their community that discourage cervical cancer screening.

Forty-six point seven percent (46.7%) of the respondents, when asked whether they feel comfortable talking about cervical cancer screening with others openly, suggested that they feel very uncomfortable, and these were followed by 25.0% suggesting that they feel somehow uncomfortable. These findings contrast with those in the Pakistan study by Muhammad, Edward, Ishtiaq, & Mohammed (2023), which revealed that social, cultural, and religious factors in Pakistan prevent women from visiting health facilities and discussing their reproductive health issues openly. While 16.7% felt somewhat comfortable and only 11.6% suggested that they were very comfortable talking about cervical cancer screening with others.

The Facility-based barriers faced by women of reproductive age in seeking cervical cancer screening in Katabi Military Hospital Wakiso District.

Up to 45.0% of the respondents suggested that fear of the results was their main concern about the cervical cancer screening procedure, just like the findings from the Anderson et al. (2018) study, which revealed that fear of the CC screening procedure and outcome was identified as a screening deterrent. These were followed by 25.0% who suggested fear of exposing their genitalia to any health personnel as their main concern. Twenty percent (20.0%) reported pain during the procedure. The remaining 10.0% suggested embarrassment at the facility, and this somehow agrees with the results of another study where women reported that health workers were uncooperative and hostile to them, and such inappropriate behavior left them with no option but to consult traditional healers for health care.

Most of the respondents (65.0%) reported that the clinic hours were not convenient for them owing to many reasons, including early closure and daily home activities, among others, as these were in line with the findings from the study by Fannie. Yoesrie and Vikash (2020) revealed that the time of clinic operation, together with the negative attitudes of service providers toward women seeking CC screening, was a major barrier to women utilizing cervical cancer screening services. While the remaining 35.0% reported having no problem with the clinic's working hours

Just above half of the respondents, 53.4% reported long waiting hours as one of the other facility-based barriers they faced while getting a cervical cancer screening which agrees with the findings in the study by Muhammad et al., (2019) where women reported delay in the service provision due to shortage of health care professionals leading to longer waiting hours as the lines of waiting clients were always longer. And 33.3% of them reported health workers having poor attitudes while providing these services, which hinder them from seeking CC screening most times, which conquer with the findings from a study from which women reported negative attitudes of service providers towards women seeking CC screening as a major barrier to women utilizing cervical cancer screening services.

The remaining 13.3% of the respondents suggested long distances to and from the facility as what challenges their health-seeking behaviors. These results were in line with

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those from the study conducted by Mantula *et al., (2024*) to find out the Barriers to cervical cancer screening in Africa with service providers and women participants from eleven countries which also concurred that health facilities that provided screening were few and far away from communities which resulted into women not turning up for CC screening services.

Conclusion

The barriers faced by women of reproductive age in seeking cervical cancer screening services were the cost of screening services, inconvenient clinic hours, prolonged waiting hours, fear, and poor attitude of health workers.

Recommendations.

To the ministry, the government and other stakeholders such as NGOs, should establish more health facilities and equip them with supplies for cervical cancer screening so as to further avail services to its female citizens.

To the Health Facility, health education of the community about dangers associated with not screening for cervical cancer as prevention and early detection and management can be of higher advantage as compared to late diagnosis.

To the Ministry, the government should ensure the timely and equal distribution of cervical cancer screening supplies, considering each household separately.

To the community, parents found neglecting their girls' health about cervical cancer screening should be arrested and worked on as per the law by the government and other concerned stakeholders.

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List of acronyms

AIDS: Acquired Immune Deficiency Syndrome
AMREF: African Medical and Research Foundation
HPV: Human Papilloma Virus
HCW: Health Care Worker
IARC: International Agency for Research on Cancer
ICRW: International Center for Research on Women
LMIC: Low- and Middle-Income Countries.
MOH: Ministry of Health
NGO: Non-Governmental Organization
VIA: Visual Inspection with Acetic Acid
WHO: World Health Organization

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Conflict of interest

The author did not declare any conflict of interest.

Author contributions

Joan Lusike collected data, analyzed the data, and drafted the manuscript of the study.
Olivia Kyere supervised the study from data collection to manuscript writing.

Data availability

Reuse of information from this manuscript may be granted upon request from the corresponding author.

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REFERENCES

1. Anderson de Cuevas RM, et al. A systematic review of barriers and enablers to South Asian women's attendance for asymptomatic screening of breast and cervical cancers in emigrant countries. BMJ Open. 2018. https://doi.org/10.1136/bmjopen-2017-020892
2. Black et al. BMC Women's Health (2019) 19:108, Barriers and facilitators to uptake of cervical cancer screening among women in Uganda: a systematic review. https://doi.org/10.1186/s12905-019-0809-z
3. Chidyaonga-Maseko, F., Chirwa, M. L., & Sinjani Muula, A. (2015). Underutilization of cervical cancer prevention services in low and middle-income countries: A review of contributing factors. Pan African Medical Journal, 21(231).doi:10.11604/pamj.2015.21.231.6350 https://panafrican-med-

journal.com/content/article/21/231/full/. https://doi.org/10.11604/pamj.2015.21.231.6350

4. Devarapalli P, Labani S, Nagarjuna N, Panchal P. Barriers affecting uptake of cervical cancer screening in low and middle-income countries: A systematic review. Indian J Cancer. 2018;55(55):318-26. https://doi.org/10.4103/ijc.IJC_253_18
5. Elia CR, Devine S. Barriers and enablers for cervical cancer screening in the Pacific: A systematic review of the literature. Pacific Journal of Reproductive Health. 2018;
6. https://doi.org/10.18313/pjrh.2018.905
7. F. Mantula, Y. Toefy & V. Sewram, (BMC Public Health 2024), Barriers to cervical cancer screening in Africa: a systematic review. https://doi.org/10.1186/s12889-024-17842-1
8. Girma Amado, Fitsum Weldegebreal, Simon Birhanu, Yadeta Dessie Published: December 30, 2022, https://doi.org/10.1371/journal.pone.0279870 Cervical cancer screening practices and its associated factors among females of reproductive age in Durame town, Southern Ethiopia, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0279870#sec005 https://doi.org/10.1371/journal.pone.0279870
9. Gupta R, Gupta S, Mehrotra R, Sodhani P. Cervical cancer screening in resource-constrained countries: current status and future directions. Asian Pac J Cancer Prev. 2017;18(6):1461-7. Health. 2015;40(4):756-61.
10. Institut Catala d'Oncologia (ICO) Information Centre on HPV and Cancer (HPV Information Centre). Human Papillomavirus and Related Diseases Report: Uganda. 2017 [cited 1st November 2017]. Available from http://www.hpvcentre.net/statistics/reports/UGA.pdf.
11. Islam RM, Billah B, Hossain MN, Oldroyd J. Barriers to Cervical Cancer and Breast Cancer Screening Uptake in Low-Income and Middle-Income Countries: A Systematic Review. Asian Pac J Cancer Prev. 2017;18(7):1751-63.
12. K. Vora, L. Mcquatters, S. Saiyed & P. Guptaknowledge,2020, Attitudes, And Barriers To Screening For Cervical Cancer Among Women In India: A Review
13. Ministry of Health [Ugandan]. Strategic Plan for Cervical Cancer Prevention and Control in Uganda 2010-2014. 2010. [cited 1st Nov 2017]. Available from http://www.rho.org/files/PATH_Uganda_cxca_strat_plan_2010-2014.pd
14. Muhammad Ahmad, DVMa,b, Edward Narayan, PhDc, Ishtiaq Ahmed, PhDd, Mohammed Hussein Bule, Ph.D., Inadequate cervical cancer testing facilities in Pakistan: a major public health concern. Retrieved from International Journal of Surgery: Global Health 6(5):e0336, September 2023. | DOI: 10.1097/GH9.0000000000000336. https://doi.org/10.1097/GH9.0000000000000336
15. Nakisige C, Schwartz M, Ndira AO. Cervical cancer screening and treatment in Uganda. Gynecol Oncol Reports. 2017;20:37-40. https://doi.org/10.1016/j.gore.2017.01.009
16. Ndejjo R, Mukama T, Kiguli J, Musoke D. Knowledge, facilitators and barriers to cervical cancer screening among women in Uganda: a qualitative study. BMJ Open. 2017;7(6):e016282. https://doi.org/10.1136/bmjopen-2017-016282
17. Ndejjo R, Mukama T, Musabyimana A, Musoke D. Uptake of cervical cancer screening and associated factors among women in rural Uganda: a cross-sectional study. PLoS One. 2016;11(2):e0149696. https://doi.org/10.1371/journal.pone.0149696
18. Rosser JI, Hamisi S, Njoroge B, Huchko MJ. Barriers to Cervical Cancer Screening in Rural Kenya: Perspectives from a Provider Survey. J Community
19. The Journal of Nursing Scholarship, 2016, pg 490-498, Integrated Review of Barriers to Cervical Cancer Screening in Sub-Saharan Africa. https://doi.org/10.1111/jnu.12232
20. Titiloye MA, Womitenren YT, Arulogun OS. Barriers to utilization of cervical cancer screening services among women of reproductive age in Ondo, Southwest Nigeria. Afr J Biomed Res. 2017;20(3):229-35.
21. Uganda Bureau of Statistics 2020 statistical abstract. Kampala.
22. Waiswa A, Nsubuga R, Muwasi M, Kimera I, Ndikabona G, Tusingwire PD, et al. Knowledge and attitude towards cervical cancer screening among females attending outpatient department in health Centre IIIs in Oyam District. Open J Prev Med. 2017;7(04):55. https://doi.org/10.4236/ojpm.2017.74005
23. WHO,2024 cancer; retrieved from World Health Organization. Comprehensive Cervical Cancer Control: A guide to essential practice. Second Edition. 2014.

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