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Editorial Comment

Idiopathic diseases are those of unknown or poorly understood cause, mechanism or process. It is oftentimes referred to as Diseases of unknown aetiology. With apparent spontaneous origin, when call idiopathic, a word from Grecean origin - idios "ones own" , pathos - "suffering", giving its meaning approximately "a disease of its own kind" - when an individual is affected, scientists are worried but when it becomes of global emergencies, even the invisible elements join with scientists in their frustrations.

Diseases of Unknown Aetiology (DUA) have plagued humanity from the days of human creation. From leprosy to cancer, acquired immunodeficiency syndrome (AIDS) , Lassa fever, severe acute respiratory syndrome (SARS) and the most recent one; COVID-19 and several others.

Factual and fictitious claims swell the world concerning them. Scientists of all disciplines, laymen and religious proponents postulates several of their concepts, philosophies and ideas towards the "cure" and treatment or preventions; the myth goes on and on.

Following the yearly and seasonal occurrences, one may be attempted to postulate that subsequent upon the severity and the morbidity of upcoming conditions, the future of humanity hangs yet on an unforecastable scale.

In this edition, critical analysis of some of these conditions are outlined as well as others. Digest them yourself and you will be hungry more.

(Executive Editor)

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About your Articles

Any article or paper which any researcher wants published in this journal should be a thoroughly researched material ranging from contemporary nursing theoretical formalities, to new and modern methods and technologies applicable to nursing.

If such research is descriptive, it should include abstract, introduction, background to the study, statement of problem, significance of the study as well as a review of literaure pertinent to the study.

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- ***Review of literature pertinent to the study***
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- ***Methods design***
- ***Sample***
- ***Sampling procedure-their psychometric properties and procedure for used***
- ***Discussion of finding and***
- ***Recommendations***

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Executive Editor

PSYCHOLOGICAL FACTORS INFLUENCING CERVICAL CANCER SCREENING AMONG FEMALE WORKERS AT STATE AND FEDERAL SECRETARIATS IN OYO STATE

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ABSTRACT

Cervical cancer is a global health issue that leads to increased morbidity and mortality, among women. Clinically, about 1.4 million cases of cervical cancer are diagnosed yearly worldwide and it is assumed that 7 million women will have high-grade change in the cervix (more or less becoming cancer) of which 80% are in developing countries[18]. Documented evidence revealed that cervical cancer screening could lead to early detection and prompt treatment, with better outcome. However, most women do not utilize the screening services, and many psychological factors have been implicated. Therefore, the study assessed the psychological factors affecting cervical cancer screening among federal female civil servants, in Ibadan, Oyo State.

A descriptive cross sectional design was adopted for the study. Multistage sampling technique was utilized to select four hundred and twenty two (422) reproductive age female workers of both Federal and State Secretariats in Ibadan. Adapted questionnaires were structured for data collection and the information obtained was analysed using IBM SPSS version 20. The results were presented on frequency-percentage tables and the inferential statistics were tested using Pearson Chi-square and logistics regression at 0.05 level of statistical significance.

The respondents mean age was 37.1±11.2 years, more than half were married and had 1–4 children. Majority had tertiary education. Most of them were aware of cervical cancer and the screening through mass media, only one-third had sufficient knowledge of cervical cancer and screening. The uptake of cervical cancer screening was significantly associated with some demographic characteristics such as age ($p < 0.001$, $X^2 = 25.7$), marital status ($p < 0.001$, $X^2 = 24.7$), educational status ($p < 0.001$, $X^2 = 35.5$) and some psychosocial factors such as stigmatization ($p = 0.012$, OR = 0.097, 95%C.I = 0.016 – 0.600), anxiety ($p = 0.027$, OR = 0.047, 95%C.I = 0.003 – 0.702) and stress-induced ($p = 0.019$, OR = 7.38, 95%C.I = 1.381 – 39.407).

Respondents showed low uptake of cervical cancer screening influenced by some psychological factors. It is recommended that the stakeholders re-orientate women against misconceptions about cervical cancer screening.

Keywords: Cervical cancer, Screening, Psychological factors, Female worker, Secretariats

Introduction

Cancer of the cervix is currently the second most common cancer worldwide and the leading cause of cancer deaths among women in developing countries with over 270,000 deaths each year.[1] However, cervical cancer is a preventable disease if detected early, it takes about 10 years on average, for the disease to progress from moderate to severe precancerous cells and finally to invasive cancer.[18] Clinically, about 1.4 million cases of cervical cancer are diagnosed yearly worldwide and it is assumed that 7 million women will have high-grade change in the cervix (more or less becoming cancer) of which 80% are in developing countries.[17]

In less developed countries, the burden of cervical cancer is enormous. Each year, 68,000 cases of cervical cancer are diagnosed in Africa, this symbolizes a conventional estimate that poses a health problem in health information system and cancer databases in Nigeria[9]. Nigeria recorded 115,950 cases of cancer in 2018 and 12.9% of those

cases were cervical cancer. It is estimated that in 2025, there will be new cervical cancer cases of 22,915 while there will be about 15,251 cervical cancer deaths in Nigeria[7]. With child bearing age uniformity incidence rate in Nigeria, cervical cancers will double the world's average[18]. In Nigeria, members of the public still see cancer as a disease of the wealthy, the elderly and developed countries. Many sufferers of the disease in the country still regard it as their fate and, as such, a death sentence. Cancer is not just a health issue; it has far-reaching social and economic implications.

Every society has certain norms which may approve some health behaviours and thus individuals comply to avoid stigmatization, alienation by peers, family and society. Factors such as fear, stigma and embarrassment, belief that cancer is God's will, availability of traditional medicine, and permission from spouse and family, considerably influence the acceptability of cancer screening which is peculiar to Africa[3]. The implementation of organized screening programmes in developing countries like Nigeria where most of the population have poor health seeking attitude; uninformed and disempowered population, increasing competing health needs, limited human and material needs, unaffordable treatment for cervical cancers and lack of political will on the part of the governments to create policies that will focus resources on early detection of cervical cancer has so far proven abortive.[4]

Early detection and adequate treatment are important approaches in the control of cervical cancer as they significantly improve survival outcome and quality of life. In Oyo state, a study conducted in 2014 revealed that the attendees in Ante natal clinic in were willing to utilize cervical cancer screening services but the uptake was still very low.[8]

Consequently, clients with cervical cancer present at their advanced stages when physicians can do nothing to cure them. There is proof to put forward that client factors persuade the uptake of cervical screening by women as constantly reported among different nations in which Asians, Caucasian and Latin-American women are included.[9]

The low uptake of cervical cancer screening could thus be attributable to factors such as low socioeconomic status; because educational and occupational status of people often determines their awareness level about a particular health condition and their financial capability to access healthcare services. Moreover, cervical cancer screening services are mostly available in tertiary health institutions with appalling cost implications in most cases.

A study reported that about 13.5% of its respondents could not access screening due to cost considerations, also, about 20% of the women interviewed had never gone for screening because they did not know where to get the services, low risk perception was the main reason attributed to non-screening of most (66.3%) of the respondents who had never been screened.[6]

Women's belief, perception, poor knowledge of cervical cancer and screening, poor acceptance of HPV vaccines are major contributory factors.[17] It is asserted that non-participation or delayed participation in cervical cancer screening may be linked to basic social psychological processes that create negative emotions such as embarrassment, fear and anxiety.

Despite the above submissions, very few studies have been undertaken to determine psychosocial factors that may be influencing the uptake of cervical cancer screening by women in the study area. This study is therefore necessary to investigate the psychosocial factors influencing cervical cancer screening among the female workers at the State and Federal Secretariats in Oyo State because lack of participation in cervical cancer screening by the female workers can lead to declination of quality of life (QoL), increased morbidity and mortality, absenteeism at work and consequently low productivity.

Method

The study adopted a descriptive quantitative cross sectional design to identify the psychological factors influencing cervical cancer screening among female workers at Federal and State Secretariats in Ibadan, Oyo State in south west Nigeria. Multistage sampling technique was utilized to select four hundred and twenty two (422) respondents. The total female workforce in the ministries was eight hundred and ten (810) women. Purposive sampling was used to select the two centres among the governmental centres in Ibadan.

Secondly, total sampling was used for the ministries available in the two purposively selected centres.

Thirdly, the participants were randomly selected as true representatives of the women working in Secretariat, Ibadan. A proportional allocation of the sample size was given to each ministry using the sampling ratio gotten from the total in each ministry divided by the grand-total from the ministries considered.

A total of 422 women were randomly selected to improve the power of the study and make provision for non-response. Adapted questionnaires were structured for data collection and the information obtained was analysed using IBM SPSS version 20.

The results were presented on frequency-percentage tables and the inferential statistics were tested using Pearson Chi-square and logistics regression at 0.05 level of statistical significance.

Results

Table 1.0: Socio-demographic Characteristics (n = 413)

Variable	Response	Frequency	Percentage (%)
Age group (years)	21 – 30	166	40.2
Mean ±SD = 37.1±11.2	31 – 40	76	18.4
	41 – 50	108	26.2
	51 and above	63	15.2
Marital status	Single	161	39.0
	Married	252	61.0
Educational status	Primary	6	1.5
	Secondary	33	8.0
	Tertiary	374	90.5
Designation	Clerical Officer	109	26.4
	Executive Officer/Technician	130	31.5
	Administrator/Managerial	171	41.4
	No response	3	0.7
Grade level	1 – 6	65	15.7
	7 – 14	335	81.1
	15 and above	7	1.7
	No response	6	1.5
Number of Children	No child	16	3.9
	1 – 4	229	55.4
	5 and above	30	7.3
	No response	138	33.4
Family planning method	IUCD	57	13.8
	Pill	48	11.6
	Tubal ligation	7	1.7
	None	301	72.9

Table 1.0 reveals that about 60.0% of the respondents aged between 21 and 40 years with mean ±SD age of 37.1±11.2 years, 61.0% were married and 90.5% had tertiary education certificate and there were more administrative/managerial officers and executive officers/technicians having 41.4% and 31.5% respectively, 81.1% were on grade level 7 – 14 which means they earned above #40,000 per month. 55.4% of the respondents had 1 – 4 children and 27.1% were on family planning method ranging from IUCD, Pill and tubal ligation

Table 2.0: Knowledge of Cervical cancer and Screening (n = 413)

Statement	Response	Frequency (%)
Awareness of cervical cancer	Yes	364 (88.1)
	No	49 (11.9)
Source(s) of the awareness	Mass media	286 (69.2)
	Friend/Family	71(17.2)
	Health workers	159(38.5)
	None	49(11.9)
Duration of the awareness	Just now	49(11.9)
	Less than 6months	54(13.1)
	Less than 1 year	84(20.3)
	More than 1 year	226(54.7)
Awareness of cervical cancer screening	Yes	230 (55.7)
	No	183(44.3)

Source(s) of the awareness	Mass media	227 (55.0)
	Friend/Family	86(20.8)
	Health workers	82(19.9)
	None	189(44.3)
Method of screening includes	PAP smear	144(34.9)
	HPV testing	94 (22.8)
	Ultrasound examination	149(36.1)
	Physical examination	72(17.4)
	Pelvic examination	88(21.3)
Risk factors for cervical cancer	Cigarette smoking	81(19.6)
	Family history	173(41.9)
	Human papilloma virus	121(29.3)
	Multiple sexual partner	110(26.6)
	Early sexual debut	82(19.9)
	Poor hygiene	117(28.3)
	STIs	153(37.0)
Signs and symptoms of cervical cancer	General pain	175(42.4)
	Menstrual cramps	118(28.6)
	Infertility	153(37.0)
Prevention of cervical cancer	Vaccination	138(33.4)
	Regular screening	222(53.8)
	Delaying first sexual intercourse	76(18.4)
	Avoidance of multiple sexual partner	79(19.1)
	Fewer number of children	68(16.5)

Table 2.0 reveals that 88.1% of the women were aware of cervical cancer, 69.2% got the awareness through mass media, 38.5% through health workers and least (17.2%) were gotten from friends/family. About 55.0% were aware for more than one year and just 11.9% were just aware of cervical cancer. In addition, 55.7% were aware cervical cancer screening, 55.0% got the information through mass media. Furthermore, 34.9% of the respondents said Pap smear, 22.8% HPV testing, 36.1% ultrasound examination were cervical cancer screening method. 41.9% of the respondents picked family history, 37.0% sexually transmitted infections, 29.3% human papilloma virus, 26.6% multiple sexual partners, 19.9% early sexual debut and 19.6% cigarette smoking as risk factors for cervical cancer. 42.4% of the respondents said general body pain and 28.6% opined menstrual cramps were signs and symptoms of cervical cancer. 53.8% of the respondents claimed regular screening, 33.4% vaccination, 19.1% avoidance of multiple sexual partners, 18.4% delaying first sexual intercourse and 16.5% fewer number of children were preventive methods.

Table 3.0: Level of knowledge of cervical cancer and screening(n = 413)

Value	Score	Frequency	Percent (%)	Remark
Mean Score = 7.5±3.6	= 7	263	63.7	Poor
	> 7	150	36.3	Good
Total		413	100.0	

Table 3.0 reveals that respondents' knowledge mean score was 7.5±3.6 and with this mean score only 36.3% have good knowledge of cervical cancer and screening.

Table 4.0: Uptake of Cervical cancer Screening (N = 413)

Statement	Response	Frequency (%)
Screening for cervical cancer	Yes	24 (5.8)
	No	389 (94.2)
Reason for not being screened	Unaware of the screening	12 (2.9)
	Unaware of the Centre	6(1.5)
	No health issue	16(3.9)
	No time	7(1.7)
	Not necessary	6(1.5)
	Nursing of baby	3(0.7)
	No reason	339(82.1)

Number of time of screening (n=24)	One	14(58.3)
	Two	10(41.7)
Type of screening done	PAP smear	9(2.2)
	HPV testing	24(5.8)
	Physical examination	10(2.4)
	Pelvic examination	4 (1.0)
The screening centre attended (n=24)	State hospital	17(70.8)
	Private	7(29.2)
Willingness for screening if yet to be screened (n=389)	Yes	133(34.2)
	No	256(65.8)
Why not willing to be screened (n=256)	I don't have any health issue	34(13.3)
	I can't have cancer	56(21.9)
	Cost of screening	18(7.0)
	Wrong diagnosis	39(15.2)
	No reason	109(42.6)

Table 4.0 reveals that 5.8% of the respondents have done cervical cancer screening. Out of those who have done, 58.3% have done it once while 41.7% have done it two times. Out of those who are yet to do the screening, 34.2% were willing to do it while the rest 65.8% were not, 13.3% claiming they don't have any health issue, 21.9% insisted they can't have cancer, 7.0% cost of screening, 15.2% were claiming wrong diagnosis and 42.6% have no reason for not willing to be screened

Table 5.0: Psychological factors influencing the uptake of the screening (n = 413)

Psychological factors	Frequency (%) Yes	No
It is embarrassing to go for the screening (stigmatization)	56(13.6)	357(86.4)
I am scared of the cervical diagnosis and treatment (anxiety)	131(31.7)	282(68.3)
Whenever I hear screening I get palpitations	150(36.3)	263(63.7)
I believe in God so it is not possible for me to have any cervical cancer	261(63.2)	152(36.8)
The screening can induce stress if positive	239(57.9)	174(42.1)
Cervical cancer does not exist	100(24.2)	313(75.8)
I can't go for screening because I learnt that it is painful	125(30.3)	288(69.7)
The outcome of the screening may cause depression	199(48.2)	214(51.8)
I am not confident of the screening, I don't think it can prevent cervical cancer	74(17.9)	339(82.1)

Table 5 reveals that the major factors reported by the respondents; 63.2% of the respondents claiming they believe in God, they cannot have cervical cancer, 57.9% said the result of screening can induce stress if positive, 48.2% the outcome of the screening may cause depression, 36.3% get palpitations on hearing cervical cancer screening, 31.7% said they were scared of the cervical diagnosis and treatment (anxiety).

Table 6.0: Bivariate analysis of association between Psychological factors and the uptake of cervical cancer screening (N = 413)

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	òőŷ n(%)	bŎ n(%)	ó²- Value	Ŭ-value
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Yes	14 (58.3)	42 (10.8)	43.58	< 0.001*
No	10 (41.7)	357 (89.2)		
! ļ εĕ́Ă				
Yes	17(70.8)	114(29.3)	18.00	< 0.001*
No	7(29.2)	275(70.7)		
DőÆę ◦ palpitations				
Yes	14 (58.3)	136 (35.0)	5.33	0.021*
No	10 (41.7)	253(65.0)		

Believing in God				
Yes	17(70.8)	244 (62.7)	0.64	0.424
No	7(29.2)	145 (37.3)		
Induced stress				
Yes	6(25.0)	233 (59.9)	11.29	0.001*
No	18 (75.0)	156 (40.1)		
Cervical cancer does not exist				
Yes	14(58.3)	86 (22.1)	16.17	< 0.001*
No	10 (41.7)	303 (77.9)		
The screening is painful				
Yes	14 (58.3)	111 (28.5)	9.51	0.002*
No	10 (41.7)	278 (71.5)		
Result may cause depression				
Yes	6(25.0)	193 (49.6)	8.64	0.003*
No	18 (75.0)	196 (50.4)		
I am confident of the screening				
Yes	0 (0.0)	74 (19.0)	5.56	0.018*
No	24 (100.0)	315 (81.0)		

** Significant association at p < 0.05; Fisher's exact result for small cell*

Bivariate analysis of association between Psychological factors and the uptake of cervical cancer screening

Table 6 reveals that psychological factors such as stigmatization (p <0.001, X^2 = 43.58), anxiety (p <0.001, X^2 = 18.00), getting palpitations (p = 0.021, X^2 = 5.33), induced stress (p <0.001, X^2 = 11.29), cervical cancer is not in existence (p <0.001, X^2 = 16.17), the screening is painful (p =0.002, X^2 = 9.51), the outcome of the screening may cause depression (p =0.003, X^2 = 8.64) and being confident of the screening (p =0.018, X^2 = 5.56).

Table 7: Logistics regression of association between Psychological factors and the uptake of cervical cancer screening (n = 413)

Variables	*Adjusted ORs (95%CI)*	p-value
Stigmatization		
No	1.00	0.012*
Yes	0.097(0.016 – 0.600)	
Anxiety		
No	1.00	0.027*
Yes	0.047(0.003 – 0.702)	
Getting palpitations		
No	1.00	0.127
Yes	5.77(0.608 – 54.72)	
Believing in God		
No	1.00	0.725
Yes	1.25(0.366 – 4.240)	
Induced stress		
No	1.00	0.019*
Yes	7.38(1.381 – 39.407)	
Cervical cancer does not exist		
No	1.00	0.957
Yes	1.038(0.262 – 4.122)	
The screening is painful		
No	1.00	0.540
Yes	0.633(0.146 – 2.737)	
Result may cause depression		
No	1.00	0.291
Yes	2.651(0.434 – 16.178)	

** Significant association at p < 0.05*

Logistics regression of association between Psychological factors and the uptake of cervical cancer screening

Table 6 of multivariate analysis using logistic regression shows that out of significant factors under bivariate stigmatization was significant (p = 0.012, OR = 0.097, 95%C.I = 0.016 – 0.600), anxiety (p = 0.027, OR = 0.047, 95%C.I = 0.003 – 0.702) and induced stress (p = 0.019, OR = 7.38, 95%C.I = 1.381 – 39.407).

Discussion

Socio-demographic characteristics

Demographically, the findings revealed that about three-fifth of the respondents were between the ages of 21 and 40 years with mean age of 37.1±11.2 years. This is an indication that the respondents were within the childbearing age. More so, six in ten of them were married and approximately nine in every ten of the respondents had tertiary education certificate and there were more administrative/managerial officers and executive officers/technicians, therefore it is believed that their level of exposure to health issue should be adequate. Slightly more than half of the respondents had 1 – 4 children and about three in ten were on family planning method ranging from IUCD, Pill and tubal ligation. This is in correlation with a study which reported that socio-economic and demographic factors such as level of education, occupation, marital status and religion affects knowledge, attitude and practice regarding cervical cancer screening.[16] Another study reported that women who are married are more likely to be screened than their counterparts[7]. This might be explained by high number of visits to health facilities which increases the chances of the women to be aware of cervical cancer and screening.

Knowledge of Cervical cancer and Screening

The findings revealed that 9 in every ten of the women were aware of cervical cancer, with about three-quarter got the awareness through mass media, about two-fifth from health workers and least were gotten from friends/family. Out of those who were aware of cervical cancer, slightly above half were aware for more than a year. On the aspect of cervical cancer screening, about three in every five were aware of cervical cancer screening and the majority got the information through mass media. This is in line with a study which reported high awareness rate in their study. In contrast, their awareness was due to hospital attendance because health workers were their source of awareness which was not the same with our findings.[10] Furthermore, another study reported that one third of the women were aware of cervical cancer screening, this is lower than the findings of this study which is three-fifth[13]. The difference in the level of awareness could be as a result of year in year out mass media enlightenment program on health issues.

The study findings revealed that about one –third of the respondents have good knowledge of cervical cancer and screening. Not more than one-third of the respondents correctly indicated Pap smear and HPV testing as cervical cancer screening methods. About two-fifth of the respondents reported family history and sexually transmitted infections; less than one-third mentioned human papilloma virus and having multiple sexual partners; one-fifth mentioned early sexual debut and cigarette smoking as risk factors for cervical cancer. Slightly above two-fifth of the women reported general body pain and less than one-third said menstrual cramps as signs and symptoms of cervical cancer. On the prevention of cervical cancer, about three-fifth of the respondents said regular screening, one-third accepted vaccination, about two-fifth said avoidance of multiple sexual partner, delaying first sexual intercourse and fewer number of children. This is in agreement with authors who reported in their separate studies that despite the great proportion of awareness, majority of the childbearing women lack adequate knowledge of cervical cancer[10, 12, 13]. The low level of knowledge of cervical cancer could be as a result of inadequate attendance to health workshop/seminar among the civil servants.

Uptake of cervical cancer screening

The findings revealed that very few like three in every 50 of the respondents have done cervical cancer screening and among these people, majority have done it once. Out of those who were yet to do the screening, only one-third were willing to do it while the rest were claiming they don't have any health issue and insisted that they can't have cancer, cost of screening, claiming wrong diagnosis. This is similar to various studies who reported that the uptake of cervical cancer screening was very low which was attributable to low socioeconomic status, low risk perception and poor knowledge of health related issues[15,14,8,6,11]. This similarity inferred that the misconceptions about the cervical cancer screening is yet to be corrected among female reproductive age civil servants and consequently, this may go a long way in determining female reproductive age morbidity and mortality.

Psychological factors influencing the uptake of the screening

The study findings revealed that psychosocial factors influence the uptake of cervical cancer screening as the majority of the women claimed their believe in God will not allow them to be infected with any form of cancer, the result of the screening may induce stress if positive. And slightly below half of the respondents claimed that the outcome of the screening may cause depression, about two-fifth had palpitation on hearing about cervical cancer screening because they were scared of the cervical cancer diagnosis and treatment (anxiety). These study findings are similar to others who reported in their separate studies that women experienced despair, uncertainty, stress induced agitation, feelings of loneliness, depression and fear.[3,4,7] Also, another major concern was pain associated with the procedure. Similarly, a study reported that women are afraid of a cancer diagnosis and treatment and experience of vaginal examination had been uncomfortable to them[10].

The analysis revealed that psychological factors such as stigmatization ($p < 0.001$, $X^2 = 43.58$), anxiety ($p < 0.001$, $X^2 = 18.00$), getting palpitations ($p = 0.021$, $X^2 = 5.33$), induced stress ($p < 0.001$, $X^2 = 11.29$), cervical cancer is not in existence ($p < 0.001$, $X^2 = 16.17$), the screening is painful ($p = 0.002$, $X^2 = 9.51$), the outcome

of the screening may cause depression (p =0.003, X^2 = 8.64) and being confident of the screening (p =0.018, X^2 = 5.56).

Conclusion

The study concluded that majority of the women were already aware of cervical cancer and its screening though their awareness had not translated to the knowledge because they lacked sufficient knowledge of cervical cancer and the screening. Very few of the women had done the cervical cancer screening and the majority of the rest were not ready to uptake the screening due to some psychological factors such as belief in God, stress and/or depression from the outcome of the screening, anxiety as a result of cervical cancer diagnosis and treatment. Therefore, the study concluded that the low uptake of cervical cancer screening was influenced by some psychological factors excluding awareness which was not translated to the knowledge.

Recommendation

- The knowledge of cervical cancer is very important, therefore professionals such as nurses are to organise educational programme like symposiums, workshops, Health talks etc. to improve the knowledge of cervical cancer and the screening.
- Government and Non-governmental organizations should encourage cervical cancer screening by providing health education, enlightenment programmes on mass media discussing the benefits of the screening and guiding against misconception about the screening.
- Government and Non-governmental organizations should also liaise with religious leaders to re-orientate their worshippers on the right attitude towards cervical cancer screening to aid early detection and provide appropriate treatment by the professionals.
- Experienced and skilful health professionals with good attitude should be allowed to manage cervical screening centres.

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UTILIZATION OF CERVICAL CANCER SCREENING SERVICES AMONG WOMEN ATTENDING ANTENATAL CLINIC IN UNIVERSITY COLLEGE HOSPITAL, IBADAN

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Abstract
Carcinoma of the cervix is the second leading cancer affecting women aged 15 to 44 years worldwide. It has been noted that cervical cancer screening could identify women at risk thereby reducing morbidity. Evidence shows underutilization and poor awareness . Therefore the study was conducted to assess the level of utilization of cervical cancer screening among women attending antenatal clinic in University College hospital, Ibadan.
A descriptive cross-sectional study conducted among 146 pregnant women selected through random sampling technique. Data were collected using a semi-structured, self-administered, pre-tested questionnaire and analyzed using SPSS version 20. Descriptive and inferential statistical tests were done with p-value < 0.05.
The mean age of the participants was 33 years . Majority, 66.4% of the women were aware of screening centers, but only a few 19.2% had utilized it. The perceived barriers to utilization included fear of confidentiality(%), unaffordable cost of screening test(%), Fear of discomfort or pain (%)of unsafe procedures amongst others.
Despite the awareness of cervical cancer screening, utilization is poor. Management and service providers should plan awareness strategies to sensitize prospective clients in order to achieve a wider coverage. Mandatory screening for cervical cancer for women attending antenatal clinic should be introduced. Awareness campaigns on availability and benefits of cervical cancer screening should be embarked upon to sensitize women with the aim of subsequently improving women's health.

Keywords; ***Cervical Cancer, Women, Utilization*, Barriers**

Introduction

Carcinoma of the cervix is the second leading cancer affecting women worldwide with an estimated 569, 847 new cases and 311, 365 deaths in 2018 representing 7.5% of all female cancer deaths in the world[7]. The disease affects relatively young women of reproductive age and it is the largest single cause of debilitation (years lost to cancer) in the developing world. The deaths of these women have bad effects on the well-being of their families. Cancer of the cervix affects women at a time of life when they are crucial to the sustainability of the social and economic status[14].

In Sub Saharan Africa and Nigeria in particular, cervical cancer is a major cause of mortality and morbidity in terms of amount of years of life lost (YLL) and years lived with disability (YLD) among women of child bearing age and it makes the largest contribution to Disability Adjusted Life Years (DALY's) in this region[9]. In Africa, there were 119, 284 new cases in 2018 alone[7]. According to World Health Organization, cervical cancer will kill more than 443, 000 women per year worldwide by 2030, nearly 90% of them in sub-Sahara Africa.[3]

In Nigeria, cervical cancer is the second most frequent cancer among women, current estimates indicate that every year 14, 943 women are diagnosed with cervical cancer and 10, 403 die from the disease. About 3.5% of women in the general population are estimated to harbor cervical HPV-16/18 infection at a given time[8]. Various studies indicate that cervical cancer screening services is poorly utilized and the awareness very low.[10] It is speculated that the low uptake of cervical cancer screening services may be influenced by level of awareness, cultural issues relating to cervical cancer screening practices, poor access to screening services and poor knowledge of the disease and its proven preventive measures.

Despite the high mortality from this disease in developing countries, it is preventable and its morbidity and mortality could be greatly reduced using preventative health methods such as safe

sexual practice and most importantly the Pap smear test. Experience from developed countries has shown that well planned and organized screening programs with high coverage of the "at risk" group could significantly reduce the number of new cases with cervical cancer and in turn the mortality rate. Uptake of Pap smear test in Nigeria is very low[4,5,11] even when compared with other developing countries[2,12] further contributing to the reported[6] levels of cervical cancer and its attendant morbidity. It has been reported that almost two thirds of cervical cancer cases in Nigeria present at stage III or later, and that a single one time screen could potentially save more than 6,000 women annually.

The antenatal clinic, University College hospital Ibadan, is a hub for pregnant women and doubles as a screening center for cervical cancer, it is logical to think pregnant women will utilize the Centre because of its proximity. However, getting fact is important than logic. This research is based on this premise.

Methods

The study was descriptive cross-sectional in design and was conducted among pregnant women attending antenatal clinic in university college hospital, Ibadan, Oyo state, a teaching hospital in South-West Nigeria. With a total of 197 booked pregnant women in July, 2018. The sample size was calculated using Taro Yamane's formula. A 10% attrition rate was added to the sample size to give a total of 146 participants. The validity of the instrument was determined by research experts who scrutinized the content of the questionnaire and determined if the questions measure what it is supposed to measure in relation to the hypotheses. A self-administered questionnaire was used for the collection of data. Approval to conduct the research was obtained from Ethical board of University of Ibadan/ University College Hospital Ibadan. Consent was taken from each woman before administering the questionnaires.

Descriptive statistical analysis (frequency, percentages, mean and standard deviation) was used in the determination of socio-demographic distribution. Correlation analysis was used to test for the significant relationship between women' attitude towards cervical cancer screening service and its utilization and participants' level of knowledge on cervical cancer screening and uptake of the screening services.

Results

Table 1: Socio-Demographic Variables

Variables	Responses	Frequency	Percent %
Marital status			
	Single	15	10.3
	Married	128	87.7
	Separated	1	0.7
	Divorced	2	1.4
Religion			
	Christianity	76	52.1
	Islam	65	44.5
	Others	5	3.4
Ethnicity			
	Igbo	20	13.7
	Hausa	8	5.5
	Yoruba	106	72.6
	Others	12	8.2
Educational level			
	Primary	13	8.9
	Secondary	50	34.2
	Tertiary	83	56.8
Occupation			
	Civil Servant	37	25.3
	Trader	26	17.8
	Student	16	10.9
	Self-employed	67	45.9
Number of Children			
	0	11	7.7
	1	17	11.6
	2	24	16.4
	3	59	40.4
	4	11	7.7
	5	6	4.1
	6	4	2.7
	7	5	3.4

Age (in years)			
	15-24	23	15.8
	25-35	76	52.1
	36-44	41	28.1
	45-55	6	4.1

Table 2: Participants Awareness of Cervical Cancer Screening Services and source of information. n=146

	No	**Yes**
Do you know any Centre where pap smear is performed in Oyo state?	49(33.6%)	97(66.4%)
If yes what was your source of information?		
Family Member		5(3.42%)
Friend		21(14.4%)
Media		34 (23.3%)
Health Worker		29(19.9%)
Public Health Lecture		57(39.0%)

Table 2 reveals the participants' awareness of cervical cancer screening services. Majority of the participants 97(66.4%) are aware of the availability of cervical cancer screening Centre in Oyo state and only 43(33.6%) of the respondents are unaware. Upon further data collection, 21 (14.4%) participants received the information about the center from the media and 34(23.3%) of the participants heard of the Centre from their family member. It was also revealed that 5(3.4%) of the participants received the information about the center from their family members. 29(19.9%) of the participants received the information about Pap smear from healthcare workers. And only 57(39.0%) of the participants received the information about the center in a public health lecture.

Table 3: Perceived Barriers to utilization of cervical cancer Screening Services. n=146

Perceived Barrier	**YES**	**NO**
Unaffordable cost of screening test	99(67.8%)	47(32.4%)
Fear of discomfort or pain of unsafe procedures	112(76.7%)	34(23.3%)
Fear of adverse effect(s) of pap smear	101(69.2%)	45(30.8%)
Inaccessibility to the cervical screening service	103(70.5%)	43(29.5%)
Inaccessibility to cervical screening facilities	106(72.6%)	40(27.4%)
Fear of lack of privacy and confidentiality	103(70.5%)	43(29.5%)

Table 3 reveals the perceived barriers to utilization of cervical cancer screening services 99(67.8%) of the respondents will not be going for cervical cancer screening because of the cost which is unaffordable, 112(76.7%) of the respondents indicated that fear of discomfort or pain of unsafe procedures is a barrier, another 101(69.2%) of the respondents indicated that fear of adverse effects of pap smear is a barrier to the utilization of screening. Similarly, 103(70.5%) and 106(72.6%) of the respondents will not utilize cervical cancer screening service because of inaccessibility to cervical cancer screening service and inaccessibility to cervical screening facilities respectively. While 103(70.5%) of the respondents indicated that fear of lack of privacy and confidentiality is a barrier.

Table 4: Utilization of cervical cancer screening services n=146

	Yes	**No**	**I don't know**
Cervical cancer screening is important	122 (83.6%)	10 (7.2%)	24 (16.4%)
Cervical cancer screening if done could be used for early detection of cervical cancer	115 (78.8%)	10 (7.2%)	21 (14.4%)
	Yes	**No**	**No response**
Have you ever participated in cervical cancer screening	28 (19.2%)	42 (28.8%)	76 (52.1%)
	Years	**Frequency**	
When last did you have cervical cancer screening done? In years	1.00	5 (3.4%)	
	2.00	15 (10.3%)	
	3.00	4 (2.7%)	
	4.00	1(0.7%)	
	5.00	2 (1.4%)	
	7.00	1 (0.7%)	

Reasons for non-utilization	
Why have you never had cervical cancer screening done?	
I have never heard of it	11 (7.5%)
I don't know where it is done	13 (8.9%)
I don't have the time	10 (6.8%)
Fear of test results	35(23.9%)
Maybe expensive	67(45.9%)
Others	10(6.8%)

Table 4 shows the results of utilization of cervical screening services among women attending antenatal clinic in university college hospital, Ibadan. 122(83.6%) of the respondents agreed that cervical cancer screening services is important while 10(7.2%) of the respondents disagreed and 24(16.4%) of the respondents did not know whether it was important or not. Also 115(78.8%) of the respondents indicated that cervical cancer screening is useful in early detection of cervical cancer, 10 (7.2%) indicated otherwise and 21 (14.4%) of the respondents indicated that they do not know. 76 (52.1%) of the 146 respondents provided no response to the question asking if they have ever participated in cervical cancer screening while 28(19.2%) of the respondents indicated yes, 42(28.8%) of the respondents indicated no. It can be said that majority of the respondents have not had cervical screening done. 15(10.3%) of the respondents indicated they had it done two years ago, 2(1.4%) indicated they had cervical cancer screening done five years ago, 5(3.4%) also indicated they had it done a year ago, another 4(2.7%) had it done 3 years ago. Only 1(0.7%) 4 years ago and 1(0.7%) had done the screening 7 years ago.

Discussion

Findings from our study suggest that although respondents are aware of cervical cancer screening services available to them, it appears utilization was not a culture they are ready to imbibe. This can be deduced from the less than optimum level of utilization demonstrated by the respondents. Only 28(19.2%) of the 146 respondents have been screened for cervical cancer. To corroborate this[1] in a study on determinants of cervical cancer screening uptake among Women in Ilorin, North Central Nigeria, revealed that most of the participants (67%) were aware of cervical cancer screening, also 66.9% of them were aware of the benefits of screening in cervical cancer disease control. More so, majority (97.0%) of the respondents had positive attitude to cervical cancer screening. However, only (8.0%) of the respondents had ever been screened for the disease. 29.6% of those who had been screened claimed that they had been screened twice, while 25.9% of them said that they had been screened on three occasions. Low risk perception regarding cancer of the cervix was the commonest reason for not participating in screening activities among respondents who had never been screened before; this was reported by 36.3% of such women.

Also, a study on the knowledge, practice and screening for cervical cancer among female students of tertiary institution in South Eastern Nigeria by[11] showed that 60.9% of the student involved in the study had knowledge of cervical cancer but about two-thirds (2/3) have never been screened. More than half of the respondents 57(39%) still cited the public health talks in hospitals as their source of information about cervical cancer or Pap smear test. Thus the healthcare professionals play an important role in disseminating health educational information. However, emphasis should be placed on actual implementation by the clients. the next most common source is the media. Other authors have shown that the role of the media in disseminating health maintenance information cannot and should not be discounted when health education is being carried out[13]. A health education program about cervical cancer that incorporates the media should be encouraged.

Our findings also revealed the perceived barriers to cervical cancer screening uptake. 99(67.8%) of the respondents will not be going for cervical cancer screening because of the cost which is unaffordable, 112(76.7%) of the respondents indicated that fear of discomfort or pain of unsafe procedures is a barrier, another 101(69.2%) of the respondents indicated that fear of adverse effects of pap smear is a barrier to the utilization of available screening service. Similarly, 103(70.5%) and 106(72.6%) of the respondents will not utilize cervical cancer screening service because of inaccessibility to cervical cancer screening service and inaccessibility to cervical screening facilities respectively. While 103(70.5%) of the respondents indicated that fear of lack of privacy and confidentiality is a barrier. This agrees with the findings of[14] where low participation in screening was attributed to several reasons including ignorance of existence of such a test, lack of awareness of centers where such services are obtainable, ignorance of important of screening and the risk factors to development of cervical cancer.

The level of utilization of Pap test smear test among respondents in this study was 19.2%, slightly higher than was reported among female state civil servants from a similar population[8] and much higher than the 4.4% that was reported in Northern Nigeria among

female healthcare workers[4] and female undergraduates[11]. The level of utilization of Pap smear test in this study population was also higher than was reported among health care workers in Jos[11], although lower than was reported among female healthcare workers from South Eastern Nigeria[11]. Cost of Pap smear test was the most commonly cited reason for not having had a Pap smear test.

Conclusion

This study shows a high level of awareness of cervical cancer and Pap smear test (66.4%), compared with reports from other parts of Nigeria. The major source of information about cervical cancer and Pap smear test was healthcare professionals. Although awareness about cancer of the cervix was high among the women, there was no statistically significant relationship between Pap smear test awareness, and its utilization. The result is a reflection of our society. There is low utilization of cervical cancer screening services among women attending antenatal clinic in University College Hospital, Ibadan

Recommendations

Based on our findings, we recommend the following:

1. Management and service providers should plan awareness strategies to sensitize prospective service users in order to achieve a wider coverage.

2. Mandatory screening for cervical cancer for women attending antenatal clinic should be introduced.

3. Awareness campaigns on availability and benefits of cervical cancer screening should be embarked upon to sensitize women to improve the utilization with the aim of subsequently improving women's health.

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