

FACTORS AFFECTING THE UPTAKE OF CERVICAL CANCER SCREENING SERVICES AMONG WOMEN AGED 15-49 YEARS ATTENDING KIBOGA HOSPITAL IN KIBOGA DISTRICT. A CROSS-SECTIONAL STUDY.

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Page | 1

ABSTRACT.

Background:

The objectives are to find out the knowledge about cervical cancer screening services, sociodemographic factors affecting the uptake of cervical cancer screening services, and the attitude of women aged 15-49 years towards cervical cancer screening services attending Kiboga Hospital in Kiboga district.

Methodology:

The study employed the cross-sectional study design. This study was conducted at Kiboga Hospital in Kiboga District in the Outpatient Department from 5th July 2023 to 5th August 2023.

Results:

The results of the study were that the majority of the respondents, 55 (55%), did not know about cervical screening services, and 64% knew that cervical cancer screening should be done at least once. The majority, 58 (58%), said that cervical cancer screening was important because it ensures early diagnosis and treatment. The majority, 74 (74%) believed that cervical cancer screening is important. The majority, 62 (62%), believed that religious belief cannot protect them from cervical cancer. The majority of respondents, 57 (57%) aged 15-32 years were willing to participate in cervical cancer screening. The majority, 89 (89%) had never screened.

Conclusion:

The respondents had little knowledge about cervical cancer screening services and established that the sociodemographic factors affecting cervical cancer screening were the age of the respondent, employment, and level of education. It also found that the respondents had a good attitude towards cervical cancer screening.

Recommendation:

The Ministry of Health should do more health education for women about the existence of cervical cancer screening services, the government should ensure the empowerment of women in education and the government should empower women in employment through affirmative action. Also, the government should encourage women to cervical cancer screening. Health workers should continuously encourage women to participate in cervical cancer screening.

Keywords: Cervical Cancer Screening, Women, Kiboga Hospital, Kiboga District.

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BACKGROUND OF THE STUDY.

Cervical cancer affects the cells lining the cervix, most commonly occurring in the cells of the transformation zone, which is the part of the cervix where the glandular cells of

the endocervix are the squamous cells of the exocervix. (Stumbar, et al, 2019)

Cervical cancer is by far the most common HPV-related disease (Okunade, 2020).

About 99.7% of cervical cancer cases are caused by persistent genital high-risk human papillomavirus (HPV) infection (Okunade, 2020).

Globally, 370 million women out of 1 billion women aged 30-49 years have been screened for cervical cancer ever in their lifetime; 160 million (15%) in the previous year, 292 million (28%) in the previous 3 years, and 330 million (32%) in the previous 5 years. High-income countries are estimated to have at least 3 times higher coverages for testing women in the previous year, 3 years, 5 years, and ever lifetime (Bruni, et al, 2022). Globally, an estimated 1.6 billion (67%) of 2.3 billion women aged 20-70 years had never been screened for cervical cancer, including 521 million (57%) of 909 million women in upper-middle-income countries, 804 million (92%) of 872 million in lower-middle-income countries, and 152 million (90%) of 169 million in low-income countries. (Bruni, et al, 2022).

In Europe, a study done in Lithuania showed that after the first invitation letter, the coverage of cervical cancer screening increased more in rural than urban primary healthcare centers, up to 30.8% and 24.6% respectively. The lowest participation rate was observed among the women aged 25-34 years, 18.9% in urban and 23.1% in rural areas. The participation rate after a letter was also significantly higher among the rural than the urban female population, 22.2% and 16.9%, respectively. (Paulauskiene, et al, 2019).

Incidence and mortality of cervical cancer have declined since the 1970s in high-income Western European countries. These trends have been linked to the introduction of cervical cancer screening using Pap smears. Consequently, the European Union has recommended 25 – to 64-year-old women to undergo to undergo cervical cancer screening at a 3-yearly interval. In Belgium, the screening coverage was higher among women with higher education (79.0%) compared to women with lower (54.3%) or intermediate (69.1%) education. In Switzerland, lower-educated women (57.8%) showed remarkably lower screening rates compared to women with an intermediate (72.8%) and a higher level of educational attainment (76.2%). The income gradient in cervical cancer uptake was more pronounced in Belgium compared to Switzerland. In Belgium, women with the lowest and highest income showed a difference in screening coverage of about 25% points (first quintile: 54.2%; fifth quintile 79.0%), whereas this difference consisted of 15% points in the Swiss sample (first quintile: 63.3%; fifth quintile: 77.8%). (De Prez, 2020).

In Asia, in Nepal, a study found that women had misconceptions about screening and low levels of

knowledge. Sociocultural barriers, service provider behavior, geographical challenges, and limited finances were all perceived as obstacles to attending screening centers. Facilitating factors, such as participation in various programs and support from family and women's groups, may convince women to attend screening clinics, (Darj, et al, 2019). In Malaysia, a study found that education talk alone was effective in improving knowledge on cervical cancer and Pap smears, attitude towards the test, and the actual uptake of the test. In another study done in Hong Kong, it was found that the Pap test uptake was 40.3% among 776 South Asian women aged 21 years and above and that two barriers towards uptake were perceived; not knowing where to have the test and the belief that they did not need a test if they felt well. (Chan, So, 2022).

In Africa, in a study done about Sub-Saharan Africa in a total of 36,374 women, the study involved countries of; Ghana, Burkina Faso, Nigeria, Ethiopia, Kenya, Uganda, Tanzania, Zimbabwe, Cameroon, South Africa; the pooled uptake of cervical cancer screening in Sub-Saharan Africa was 12.87%. (Yimer et al, 2021).

In East Africa, a study done in Ethiopia of women aged 25 years and above showed that the prevalence of cervical cancer screening was 17.8% in Sidama zone southern Ethiopia and that women aged 35-39 years old were 5 times more likely to have cervical cancer screening than those aged 25-29 years old. (Gemed, et al, 2020).

In a study done in two central districts of Uganda that is Wakiso and Nakasongola, with 850 participants, it showed that only 1 in 5 (20.6%) of women had ever screened for cervical cancer.

Although studies have been done in Uganda, no study has been done in Kiboga Hospital on the factors affecting the uptake of cervical cancer screening services among women aged 15 to 49 years attending Kiboga Hospital in Kiboga district

The purpose of the study was to find out the factors affecting the uptake of cervical cancer screening services among women aged 15-49 years attending Kiboga Hospital in Kiboga district.

METHODOLOGY.

Study Design.

A cross-sectional study was used to collect qualitative data due to the limited timeframe allocated as well as the limited resources that were available for the study.

Study area.

This study was conducted at Kiboga Hospital in Kiboga District at the Outpatient Department. This hospital is located in Kiboga Town Council along the Kampala-Hoima road in Kiboga district, central Uganda. The hospital serves as the district hospital of Kiboga district and also serves nearby districts of Kyankwanzi, Mityana, and Kassanda. The study was carried out from 5th July 2023 to 5th August 2023.

Study Population.

The study population was women aged 15-49 years. The researcher used this population in the study because it is very sexually active and at risk of developing cervical cancer.

Sample size determination.

The sample size of the respondents who participated in this study was generated using a statistical formula of Kish and Leslie (1965)

$$n = \frac{Z^2 P (1-P)}{d}$$

Where;

n=Sample size, Z=1.96 (standard normal deviation at 95% confidence interval=proportion of the population was estimated to have a particular characteristic (in this case cervical cancer screening).

In the absence of a known estimate I used, p=prevalence (0.5) since it gives the most conservative sample size

d = acceptance marginal error of 9.8%

$$N = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.098)^2}$$

N≈100 respondents

Therefore, the total number of respondents that were interviewed in the study was 100 respondents.

Sampling Technique.

A purposive sampling technique was used to select respondents where all women aged 15-49 years who consented to participate were considered making it easy and precise to conduct, and it minimized bias as every nth name was taken.

Sampling Procedures.

The researcher determined the study population (N), then the sample size (n), and then obtained a sample frame

Determined interval = $\frac{\text{study population (N)}}{\text{sample size (n)}}$
= nth person

Then the start points between 1 and N took every nth name.

Data Collection Method.

The researcher used the questionnaire method to collect data from the women aged 15-49 years where the care was identified and consent was obtained from them. The questionnaire contained easy-to-understand close-ended questions. This method enabled data collection in a short period at relatively low costs and it was also easy to quantify the data for analysis.

Data Collection Tool.

A self-administered questionnaire was used to collect data from the women because it enabled the researcher to collect data from many respondents in a short period. The questionnaire contained a chapter of questions on the knowledge of the women about cervical cancer screening, sociodemographic factors, and attitudes of the women toward cervical cancer screening services. Other tools like pens, calculators, and paper were also used to record data from respondents.

Data Collection Procedures.

A letter of introduction to the facility was obtained from Medicare Health Professional's College. Permission was sought from the DHO Kiboga district and the medical superintendent of Kiboga Hospital to carry out a study in their areas of jurisdiction.

The researcher introduced himself to the women and then explained the procedure, meaning of the study, level of confidentiality, and purpose of the study. The researcher also sought consent by offering a consent form to voluntary participants who would be administered the questionnaires afterward. The researcher then asked the respondents to fill the gaps where necessary or tick in the box with appropriate answers (yes or no), those respondents who were unable to read and write were helped to read and interpret questions and were also guided when answering by research assistants.

Study Variables.

Dependent variable.

Cervical cancer screening services.

Independent variable.

Factors affecting the uptake of cervical cancer screening services among women aged 15-49 years. That is to say, knowledge of the women about cervical cancer screening, sociodemographic factors, and attitude of the women aged 15-49 years towards cervical cancer screening.

Quality control.

The researcher assured quality by pre-testing of the research tool. Pre-testing of the questionnaire was carried out in Bukomero Health Center IV because of similar facilities and services that the village shares in common with the study area. The questionnaire will be pretested for time, cost-effectiveness, flexibility, reliability, and validity.

The researcher also ensured quality by having clear inclusion and exclusion criteria for the respondents. Women of age 15-49 years were included in the study and those below 15 years or above 49 years were excluded from the study.

The researcher trained the research assistants on how to use the questionnaire for two days.

Inclusion criteria.

All women aged 15-49 years at Kiboga Hospital and had consented to participate in the study.

Data Analysis and Presentation.

Data was recorded, categorized, coded, and analyzed manually tallying using summarized data master-sheet and

reviewed for accuracy, consistency, and completeness. Later data was analyzed using SPSS (Statistical Package for Social Sciences) and results will be presented using graphs, pictures, and tables.

Ethical Considerations.

The researcher first submitted the research proposal to the research committee for approval, and then a letter of introduction to the facility was obtained from Medicare Health Professional's College; Permission was sought from the DHO Kiboga district and the medical superintendent of Kiboga Hospital to carry out the study in their areas of jurisdiction.

The researcher gained consent from each woman by giving a consent form attached to the questionnaire. In the consent form, women were given a right to deny or withdraw from participation in the study.

The information obtained from the women was kept with utmost confidentiality by the researcher by not disclosing the women's information to anyone during and after the study and in the same way, the information obtained was only used for study purposes.

The welfare of the women was assured by explaining the research procedure, the purpose of the study, and the level of confidentiality to them before issuing a consent form.

The women were assured of anonymity, as no names of the respondents were taken by the researcher and the data to be collected was only used for statistical purposes.

RESULTS.

Demographic data of respondents.

Table 1: shows the characteristics of respondents by demographic data. (n=100)

Respondents characteristics	Variables	Frequency	Percentages (%)
Age	15-32	57	57
	33-49	43	43
Religion	Catholic	34	34
	Anglican	33	33
	Muslim	15	15
	Born-again	13	13
	Others	5	5
Level of Education.	Primary	20	20
	Secondary	41	41
	Tertiary	32	32
	No education at all	7	7
Place of resident	Urban	27	27
	Rural	73	73
Marital status	Unmarried	47	47

	Married	53	53
Employment	Employed	69	69
	Unemployed	31	31
Total		100	100

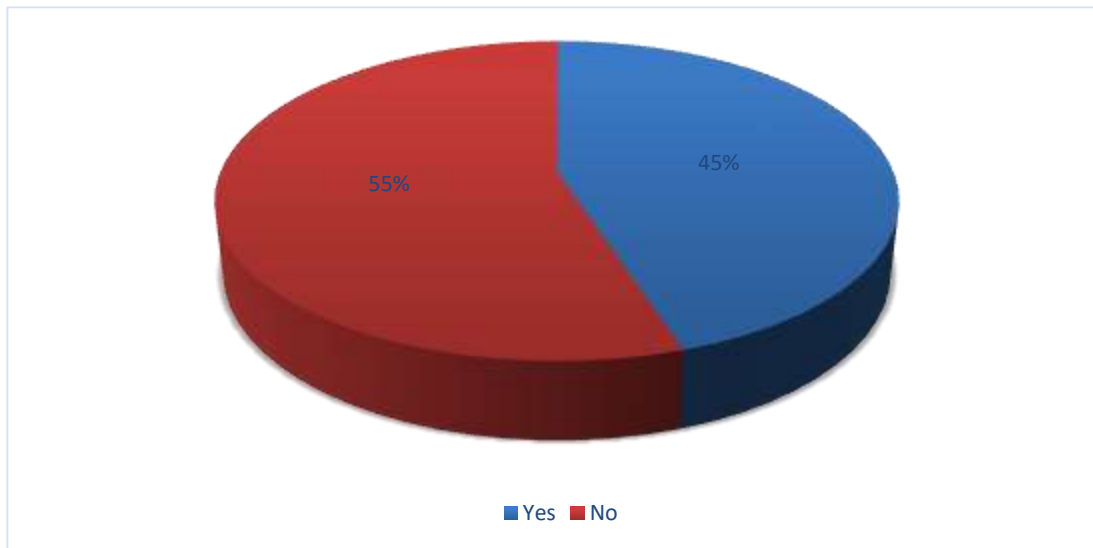
Source: Primary data,2023.

The majority, (57%) 57 of the respondents were between 15-32 years. The majority of the respondents 34 (34%) were Catholics while 5 (5%) were from other religions. The majority of the respondents 41 (41%) had obtained secondary-level education, minority 7 (7%) had no education at all. The majority of the respondents 73 (73%) were living in the rural areas of Kiboga district, minority 27 (27%) were living in the urban area of Kiboga district.

The majority of the respondents 53 (53%) were married and only 47 (47%) were unmarried. The majority of the respondents 69 (69%) were employed and only 31 (31%) were unemployed.

Knowledge of the respondents to cervical cancer screening.

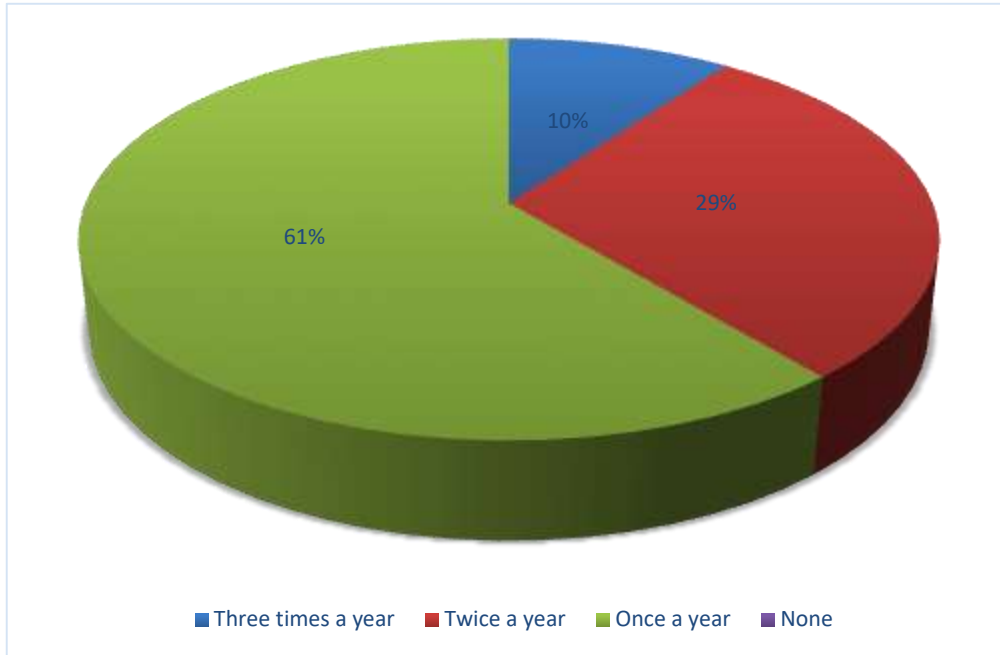
Figure 1: Distribution of the respondents of the knowledge of respondents about cervical cancer screening services.



Source: Primary data,2023.

The majority of the respondents 55 (55%) did not know about cervical cancer screening services and only 45 (45%) of the respondents knew about cervical cancer screening services.

Figure 2: Distribution of the respondents by the knowledge of the number of times that a woman should go for cervical cancer screening services.



Source: Primary data, 2023.

The majority of the women, 64 (64%) said that cervical cancer screening should be done at least once a year while no one said that cervical cancer screening should not be done at all.

Table 2: Distribution of respondents regarding the importance of cervical cancer screening.

Importance of cervical cancer screening	Frequency	Percentage
Early diagnosis and treatment	58	58%
Reduces chances of death	26	26%
Promotes safety	14	14%
Not aware	2	2%
Total	100	100%

Source: Primary data, 2023.

The majority of the respondents 58 (58%) knew that cervical cancer screening was important for early diagnosis and treatment of a person with the disease while only 2 (2%) did not know anything about cervical cancer screening.

Sociodemographic factors affecting the uptake of cervical cancer screening services among women aged 15-49 years.

Table 3: Distribution of the respondents by their employment rates.

Employment status	Number of respondents (%)	Response to screening	Frequency	Percentage of respondents to screening (%)
Employed	69	Yes	50	72.5
		No	19	27.5
Unemployed	31	Yes	14	45.2

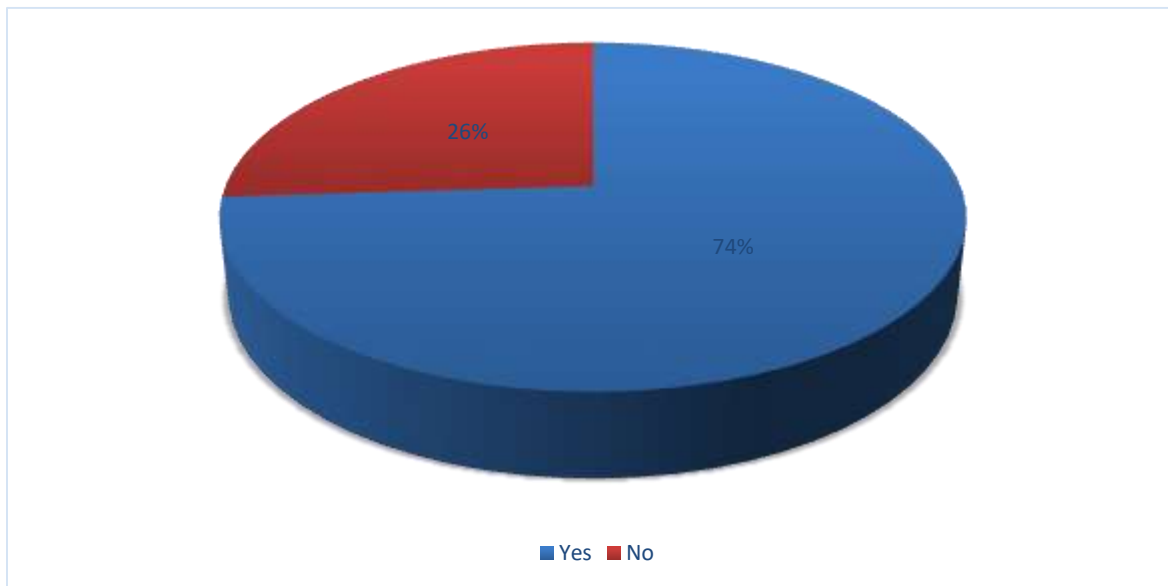
		No	17	54.8
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Source: Primary data, 2023.

Majority of the respondents 69 (69%) were employed, whereas only 31 (31%) of the respondents were unemployed.

Attitude affecting the uptake of cervical cancer screening services among women aged 15-49 years.

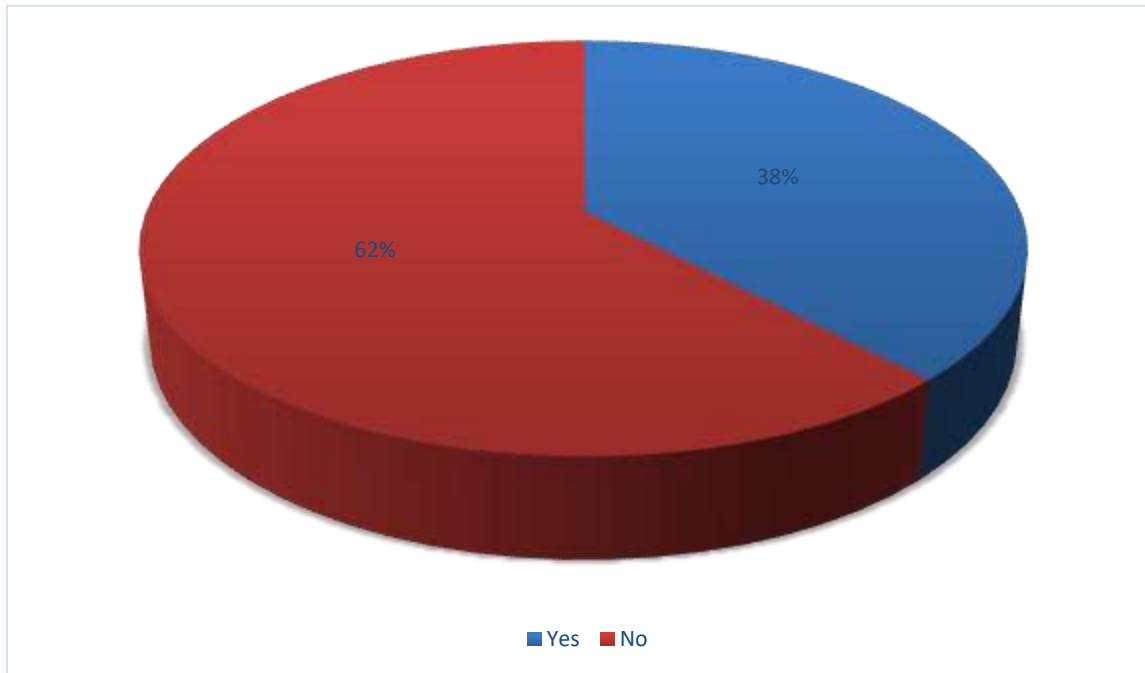
Figure 3: Distribution of the respondents by their belief of the importance of cervical cancer screening.



Source: Primary data, 2023

Majority the 74 (74%) of the respondents believed that cervical cancer screening was important compared to 26 (26%) of the respondents who believed that cervical cancer screening services were not important.

Figure 4: Distribution of respondents by whether their religious beliefs/faith can protect them from cervical cancer.



Source: Primary data, 2023.

The majority of the respondents, 62 (62%), believed that cervical cancer could not be protected from them through their religious beliefs whereas the rest, 38 (38%) believed that their faith or religious belief could protect them from acquiring cervical cancer.

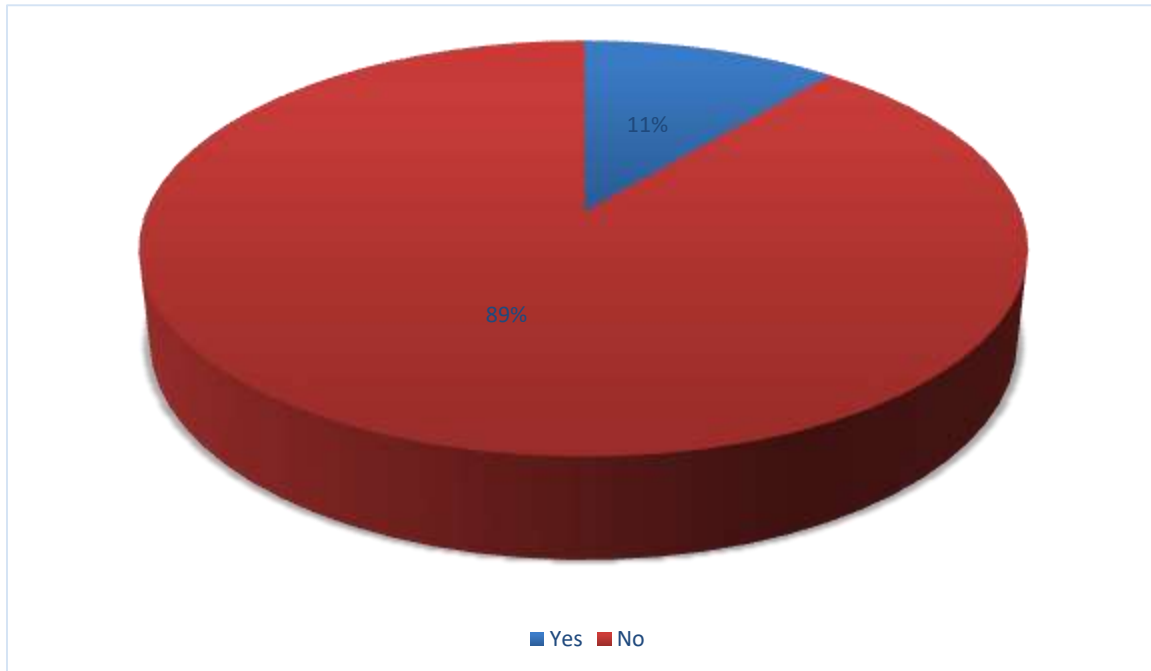
Table 4: Distribution of respondents by who can participate in cervical cancer screening.

Participation in cervical cancer screening	Age (years)	Frequency	Percentage (%)
Yes	15-32	17	17
	33-49	47	47
No	15-32	16	16
	33-49	20	20
Total		100	100

Source: Primary data, 2023.

The majority of the respondents 64 (64%) would accept to participate in cervical cancer screening compared to 36 (36%) respondents.

Figure 5: Distribution of the respondents regarding who had ever screened for cervical cancer.



Source: Primary data, 2023.

The majority of the respondents, 89 (89%), had never screened for cervical cancer while a minority, 11 (11%) had ever gone for cervical cancer screening.

DISCUSSIONS.

Knowledge of women aged 15-49 years about cervical cancer screening services.

From the study, the majority of the respondents, 51 (51%), did not know of the existence of screening services whereas only 45 (45%), knew of the existence of cervical cancer screening services. This may be due to low levels of health education by government authorities about cervical cancer screening. This is by the study done in Ethiopia which showed that 37% of the respondents had adequate knowledge about cervical cancer services. (Mahumud, et al, 2020)

Also, from the study it was shown that the majority of the respondents, 64 (64%), knew that cervical cancer screening should be done once a year whereas the least that is 11 respondents (11%) said that screening should be done after every three years. This may be because of information obtained from health workers, online websites, or even radio

and television health talks. This is similar to the study done in Swaziland by Phebeni, *et al*, 2019, which showed that the majority (35.7%) of the respondents said that cervical cancer screening should be done once a year whereas the minority (17.9%) reported that screening should be done three times a year.

Concerning the importance of cervical cancer screening, the majority of the respondents, 58 (58%), said that cervical cancer screening enables early diagnosis and treatment of cervical cancer. This might be because of the information obtained from television or radio health talks by the respondents. This is by a study done in the Hhohho Region of Swaziland in which the majority of the respondents, 96.4%, reported that screening could detect early symptoms of cervical cancer. (Phebeni, et al, 2019).

Sociodemographic factors affecting the uptake of cervical cancer screening services among women aged 15-49 years.

From the results of the study, the majority, 67(67%) of the respondents who were between 33-49 years showed a higher percentage (47%) of being screened for cervical cancer compared to younger respondents aged between 15-32 years whose percentage of being screened was 17%. The women aged 33-49 had higher chances of being screened for cervical cancer because such an age group consists of women who are mothers who actually may know about cervical cancer screening from antenatal care services. This is by a study done in Mangochi, Malawi, which showed that respondents in the age group of 25-35 and 36-49 were 2.63 and 3.90 times are likely to undergo cervical cancer screening than those aged between 18-24 years. (Mpachika-Mfipa, et al, 2022). It is also in agreement with a study done in the Tigray region of Ethiopia which showed that respondents aged 30-39 and 40-49 were 2 and 4 times more likely to utilize cervical cancer screening services than those between 21-29 years. (Teame, et al, 2019).

Also, according to the study, of the 69 (69%) employed respondents who participated in the study, (72.5%) 50 respondents had a higher likelihood of being screened for cervical cancer compared to the 31 unemployed respondents (31%) of which only (42.5%) 14 respondents showed a likelihood of being screened, thus the employed respondents have a higher ability to be screened for cervical cancer than the unemployed. This is because employed women obtain income which helps them to have access to media such as televisions or radios or even visit private health facilities for screening. This is by the study done in Ethiopia on the factors affecting the utilization of cervical cancer screening services among women attending public hospitals in the Tigray region which showed that private and government employees were 4 and 3 times more likely to utilize cervical cancer screening than those who are housewives. (Teame, et al, 2019).

In the study, most of the respondents had attained secondary education, 41 (41%), followed by tertiary education with 32% of the respondents. The study showed that respondents who had attained secondary and tertiary education had a higher likelihood of being for cervical cancer compared to women who had stopped in primary school or had no education at all. This is because individuals with a higher level of education have better access to information about anything they need to know such as cervical cancer screening and also, they may be more concerned about their health than those with low levels of education or no education at all. This is by a study done in Cameroon in which women who had obtained post-secondary education had a high likelihood of being screened at a rate of 9.48%. (Okyere, et al, 2021).

Attitude affecting the uptake of cervical cancer screening services among women aged 15-49 years.

The study results showed that 74 respondents (74%) believed that cervical cancer screening was important whereas the other 26 respondents (26%) believed that cervical cancer screening was not important. This might be because they believed that screening for cervical cancer ensured earlier diagnosis of the disease hence the provision of earlier treatment by the health workers to cure the disease. This is by the study done in Ethiopia which showed that most (38.2%) agreed that cervical cancer screening was essential. (Tekle, et al, 2020). However, this was against a study done in Ethiopia on the knowledge, attitude, and practice of cervical cancer prevention in which only 46.1% of the 414 respondents had a positive attitude towards cervical cancer screening and only one-fourth (25.8%) of the respondents agreed that precancerous cervical cancer screening can help prevent cervical cancer. (Gebisa, et al, 2022).

The results from the study also showed that the majority of the respondents that is (62%) 62 respondents believed that religion or faith could not protect them from obtaining cervical cancer compared to (38%) 38 respondents who believed that faith or religion could protect them from cervical cancer. This is because many of the respondents were educated or had knowledge of how cervical cancer comes about. This is against a study in Nigeria on the knowledge, attitudes, and practices towards cervical cancer protection among women living in an urban slum in Lagos, in which 60.7% of the respondents said that they are spiritually protected. (Olubodun, et al, 2019).

The results from the study also showed that 64 respondents (64%) were willing to participate in cervical cancer screening whereas 36% of the respondents were not willing to take part.

This willingness to participate in screening may be related to the respondent's knowledge of cervical cancer and the importance of cervical cancer screening. This is in agreement with a study done in Nigeria in which 88.9% of the respondents were willing to undergo cervical cancer screening when they were asked. (Olubodun, et al, 2019).

The study also showed that the majority of the respondents, (89%) 89, had never gone for cervical cancer screening while only 11% (11 respondents) had been screened before. This may be because many of the respondents fear being screened for cervical cancer and do not go for screening. This is in agreement with a study done in Ethiopia where

only 6.3% of the 414 respondents had been screened before. (Gebisa, et al, 2022).

CONCLUSION.

The study specifically sought to find out; the level of knowledge about cervical cancer screening services among women aged 15-49 years attending Kiboga Hospital in Kiboga district and it was found that the respondents had little knowledge of cervical cancer screening with most respondents not knowing about cervical cancer screening while the majority said the importance of cervical cancer screening ensures early diagnosis.

In the study, the sociodemographic factors affecting cervical cancer screening among women aged 15-49 were age, education, and employment of the respondent.

Concerning the respondents' attitude towards cervical cancer screening, it was found that most respondents believed that cervical cancer screening was important, and most believed that religion could not protect them from cervical cancer. The study also showed that the majority of the respondents were willing to participate in cervical cancer screening. Also, the study found out that most of the respondents had never undergone cervical cancer screening.

RECOMMENDATIONS.

The Ministry of Health through the office of the district health officer should do more health education to educate women about the existence of cervical cancer screening services.

The government through the Ministry of Education should ensure the empowerment of women through supporting the education of women such as giving scholarships to them as educated women take more care about their health.

Also, the government should promote women's empowerment through employment by promoting women's affirmative action.

The government through religious institutions should continuously encourage believers to go for cervical cancer screening services.

The health workers should continuously encourage women to participate in cervical cancer screening at the health facilities.

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ABBREVIATIONS.

HIV: Human Immunodeficiency Virus

HPV: Human papillomavirus

WLHIV: Women Living with HIV

Conflict of interest.

There was no conflict of interest.

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