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Factors Influencing the Uptake of Cervical Cancer Screening Services among Women Attending Gynecological OPD at KIUTH, Ishaka-Bushenyi, South Western Uganda

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ABSTRACT

This work aimed to determine the factors influencing uptake of cervical cancer screening services among women attending gynecologic OPD at KIUTH, Ishaka-Bushenyi, South-western Uganda. A cross sectional study design and Quantitative approach was used. 100 women attending gynecologic OPD at KIUTH were selected using Kish Leslie formular. Data collected using a questionnaire was entered and analyzed using SPSS, presented in frequency, percentage and P-values tables. 41.2% were aged 25-31 years and the minority 2.0% being >45 years. 65.7% coming away from Ishaka; married 73.7% for 1-5 or 11-20 years each accounting for 32.5%. 37.4% while 30(30.3%) reached tertiary education level. 42.4% were unemployed whereas 7.1% were simply housewives. 50.0% had 2-4 children, and only 18.3% had <2 children. 86.9% were aware while 13.1% who weren't. 56.8% got their information concerning cervical cancer and its screening from health facility compared to 3.7% from press. 34.7% had knowledge on screening recommendation among adult women who specified it being 22.1% every three years and 12.6% yearly. 88.4% specified it to be treatable if detected early with a P-value=<0.01*, 73.5% knows a local health facility offering the services; p-value=0.05, 53(62.4%) of 62.2% claim that results return time could influence the testing uptake, p-value=0.18, also, 89.2% agreed that Recommendation/counseling affects the uptake of cervical cancer screening/testing p-Value=0.05, as well as having tested before 43.4% already tested had a p-value=0.05. Long distance to HF affects 75.9% aware of screening of 77.1% p-value=0.49, cervical test cost affect with 75.6% aware of the services p-value=0.55, and Gender of HW where 39.5% who were aware of the services out of 47.5% agreed that it affects uptake p-value=<0.001. According to the study findings, awareness/knowledge of cervical cancer screening/testing services among women attending KIUTH stands at 86.9%; whose info is mostly from health facility and Television/Radio. Early detection; availing of local health facility, short results return time, Recommendation/counselling and having tested before increases uptake whereas the long distance to the health facility, cervical test cost and longest distances reduces uptake of cervical cancer and screening services/testing.

Keywords: Cervical cancer, Screening services, Healthy facility, Women, OPD.

INTRODUCTION

Cancer of the cervix is the fourth most common cancer among women worldwide and the leading cause of gynecologic cancer deaths in low to middle income countries [1-3]. In 2012, there were an estimated 527,624 new cases and 265,672 deaths due to cervical cancer. 85% of these deaths occurred in sub-Saharan Africa. East Africa has the highest age standardized incidence rates for cervical cancer at 42.7 per 100,000 per year [4]. In Uganda, cervical cancer is the number one cause of cancer related deaths in women. The WHO estimates that in 2014 approximately 3,915 Uganda women were diagnosed with cervical cancer and that 2,160 died from the disease [5]. A 33.6% prevalence of HPV among women in Uganda combined with low screening uptake has resulted in the country having one of the highest cervical cancer rates in the world of 47.5 per 100,000 per year [5]. Furthermore, according to Uganda cancer institute (UCI) 80% of women who present with cervical cancer have advanced stage disease [6]. This is attributed to inadequate access to effective screening which results in to less recognition of the disease during its early stages and higher chances of it developing to advanced stages with poor

prospects of treatment [7]. Indeed, over 80% of cancers in sub-Saharan Africa are detected in their late stages [8-12].

Available evidence so far suggests that cervical cancer screening services have not been optimally utilized in Uganda despite efforts by the government in launching a strategic plan for cervical cancer prevention and control in 2010 with a target of screening and vaccinating 80% of eligible persons by 2015 [13]. Several factors both individual and attitudinal influence women's decision to undergo cervical cancer screening [14]. Cancer of the cervix is easily avoidable by way of vaccination before it sets on using HPV vaccine. It can also be averted through regular screening to detect any abnormality in the cervix [15]. Increasing knowledge about cervical cancer and screening will improve uptake of the available screening services [16]. Wrong perception of cervical cancer and cervical cancer screening due to low level of knowledge about the disease and inadequate cervical cancer prevention were identified as the major determinants of low cervical cancer screening uptake in Nigeria [17]. Another study among women in Eastern Uganda showed low utilization of cervical cancer screening services. This was attributed to factors including lack of knowledge about cervical cancer, personal perceptions about the disease like not being at risk, lack of time, fear of result outcome and health facility related factors such as distance, costs and long waiting times at facilities [18]. Considering the challenges faced in accessing cervical cancer screening, it is important to understand the uptake of these services and factors that affect their utilization so as to inform effective interventions [18]. This study assessed the uptake of cervical screening and associated factors among women attending gynecological OPD at KIUTH, Ishaka-Bushenyi, South western Uganda.

METHODOLOGY

Study Design

The research design was a cross-sectional descriptive design. This design entailed information or data that was gathered and represented the population at a particular time.

Area of Study

Kampala International University Teaching Hospital (KIUTH) is located in Ishaka municipality, Bushenyi district. Ishaka is found approximately 62 kilometers west of Mbarara town. Ishaka has a population of 16,646 where females are 8,840 (UBOS 2014) KIUTH has a bed capacity of 700, providing both inpatient and outpatient services. The study was conducted in the department of obstetrics and gynaecology, outpatient clinic. The department has 7 specialists, 18 senior house officers and 14 midwives. The outpatient department has a gynaecologic clinic, antenatal clinic, mother and child health clinic and a family planning clinic.

Study Population

This included women aged 18-49 years considered to be the reproductive age, attending gynaecologic outpatient department at KIU-TH.

Inclusion Criteria

All women of reproductive age attending gynaecologic OPD at KIU-TH who consented.

Exclusion Criteria

Those who did not consent to participate in the study were excluded.

Sample Size Determination

The sample size was determined using the Kish Leslie [19] formula below

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

Where;

n=estimated minimum sample size required,

p=proportion of a characteristic in a sample (25.2% at MRRH by Mayanja et al. [20])

Z=1.96(for 95% confidence interval)

E=Margin of error set at 5%

$$n=\frac{(1.96)^2\times 0.252(1-0.252)}{(0.05)^2}$$

n= 290

However, using the "Finite Population Correction for Proportions" formula

$n = \frac{n1}{1+[\frac{n1-1}{N}]}$ where N is the population size (for this case number of women of reproductive age at the hospital, =135) and n1 is the sample obtained above;

Sample size was; $\frac{290}{3.140740740740741} = 92.33490566037736$

Thus approximately; 100 women was sampled.

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Sampling Technique

The study used a convenience sampling method which involved choosing the readily available women during the data collection period.

Data Collection Methods

A researcher-designed questionnaire consisting of closed-ended and open-ended questions on factors affecting the utilization of cervical cancer screening among women was used as the data collection instrument. The questionnaire was developed based

on the study objectives and the relevant literature from different sources. Participants who were not be able to read English were given the Kinyankore version of the questionnaire to answer. No translators were used.

Data Analysis

Quantitative data was coded and analyzed using SPSS version 20, Data was coded for ease of entry, and entered for analysis. Descriptive analysis techniques were applied to present the trends of the data. These will include frequencies and percentages which was presented in table and figure forms where appropriate.

Quality Control

Inclusion and exclusion criteria were strictly adhered to and a common pre-tested questionnaire was used.

Ethical Consideration

Ethical clearance and approval was obtained from the KIU- Research Ethics Committee (KIU-REC). The respondents were informed about the objective and purpose of the study. Eventually, a written consent of the respondents was considered regardless of their educational status. Confidentiality of the study participants was kept.

RESULTS

The socio-demographic factors influencing uptake of cervical cancer screening services among women attending gynaecologic OPD at KIU-TH, Ishaka-Bushenyi, south western Uganda.

Table 1: The socio-demographic characteristics of the study participants

Variable	Frequency (n)	Percentage (%)
Age		
18-24	21	21.2
25-31	41	41.4
32-38	24	24.2
39-45	11	11.1
>45	2	2.0
Area of Residence		
Ishaka	34	34.3
Away from Ishaka	65	65.7
Marital Status		
Married	73	73.7
Widowed	15	15.2
Single	5	5.1
Divorced/separated	6	6.1
Duration in Marriage		
1-5	27	32.5
6-10	21	25.3
11-20	27	32.5
> 20	8	9.6
Education Level		
Primary Education or less	37	37.4
Secondary Education	32	32.3
Tertiary Education	30	30.3
Occupation		
Civil Servant	26	26.3
Unemployed	42	42.4
Self employed	22	22.2
House wife	7	7.1
Parity		
<2	15	18.3
2-4	41	50.0
>4	26	31.7

According to the study findings; majority 41(41.2%) were aged 25-31 years, followed by 32-38 years 24(24.2%), 18-24 years 21(21.2%), 39-45 years 11(11.2%) and the minority 2(2.0%) being >45 years. Majority 65(65.7%) coming away from Ishaka and 34(34.3%) from Ishaka; married 73(73.7%) and only 5(5.1%) were single. Majority have been married for about 1-5 or 11-20 years each accounting for 27(32.5%). Majority 37(37.4%) while 30(30.3%) reached tertiary education level. Majority 42(42.4%) of the study participants were unemployed, 26 (26.3%) civil servants, 22(22.1%) self-employed whereas 7(7.1%) were simply housewives. Half 41(50.0%) of the study participants had 2-4 children, and only 15(18.3%) had <2 children.

The knowledge on cervical cancer and screening among women attending gynaecologic OPD at KIU-TH, Ishaka-Bushenyi Southwestern Uganda.

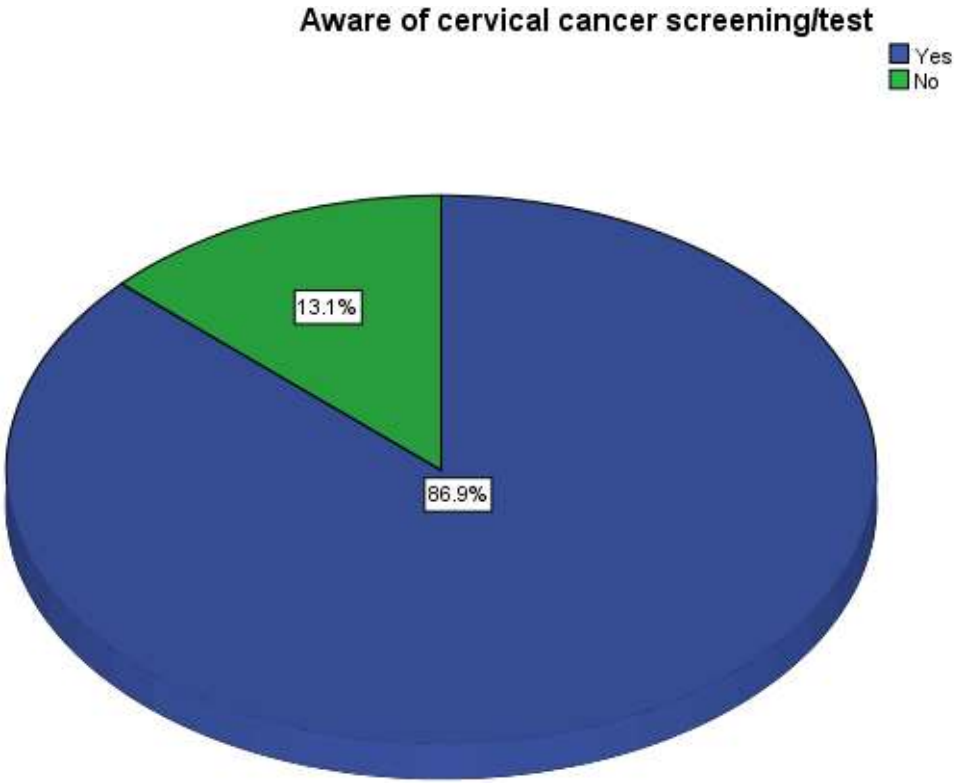

Figure 1: Awareness about cervical cancer and cervical cancer screening/testing

As shown in fig. 1: majority 86.9% were aware of the cervical cancer screening/testing services in comparison to 13.1% who weren't.

Table 2: Knowledge/awareness of cervical cancer and its screening among the study participants attending KIUTH

Variable		Cervical cancer awareness		TOTAL N (%)	P-Value
		Aware N (%)	Unaware N (%)		
Source of Information	Television/Radio	19(23.5%)	5(100.0%)	24(27.9%)	0.01*
	Printed materials, brochures, posters etc.	3(3.7%)	0(0.0%)	3(3.7%)	
	Health facility	46(56.8%)	0(0.0%)	46(56.8%)	
	Family, friends, neighbours &colleagues	6(7.4%)	0(0.0%)	6(7.4%)	
	Community health workers	7(8.6%)	0(0.0%)	7(8.6%)	
signs and symptoms of cervical cancer	Inter-periods Vaginal bleeding	16(20.3%)	0(0.0%)	16(17.4%)	<0.01*
	Post-menopause Vaginal bleeding	2(2.5%)	3(23.1%)	5(5.4%)	
	Persistent vaginal discharge	15(19.0%)	0(0.0%)	15(16.3%)	
	Menstrual periods that are heavier or longer than usual	10(12.7%)	0(0.0%)	10(10.9%)	
	Discomfort or pain during sex	5(6.3%)	0(0.0%)	5(5.4%)	
	Persistent lower back pain	7(8.9%)	0(0.0%)	7(7.6%)	
	Do not know	24(30.4%)	10(76.9%)	34(37.0%)	
causes of cervical cancer	multiple sexual partners	22(24.2%)	0(0.0%)	22(24.2%)	<0.01*
	Early sexual intercourse	12(13.2%)	0(0.0%)	12(13.2%)	
	Cigarette smoking	17(21.8%)	1(7.7%)	18(19.8%)	
	Long-term contraceptive pill use	2(2.2%)	0(0.0%)	2(2.2%)	
	Not going for regular screening	4(4.4%)	0(0.0%)	4(4.4%)	
	Do not know	12 (92.3%)	21 (26.9%)	33(36.3%)	

***=statistically significant, P-value=<0.05; OR=Odds ratio; C. I=Confidence Interval**

According to the study findings, majority 46(56.8%) got their information concerning cervical cancer and its screening from health facility; 19(23.5%) from Television/Radio, Community health workers 7(8.6%), Family, friends, neighbors &colleagues 6(7.4%) and 3(3.7%) from Printed materials, brochures, posters among others whereas some members with television claim to be unaware. Similarly, to do with signs and symptoms of cervical cancer; majority 24(30.4%) were aware of cervical cancer and screening while 16(20.3%) were aware and gave Inter-Periods Vaginal bleeding, Persistent vaginal discharge15 (19.0%), Menstrual periods that are heavier or longer than usual 10(12.7%), Persistent lower back pain 7(8.9%), Discomfort or pain during sex 5(6.3%) and only 2(2.5%) mentioned Post-Menopause Vaginal bleeding as the signs and symptoms of cervical cancer. Furthermore, the causes put forward especially among those who were aware of cervical cancer and its screening services which mostly 22(24.2%) included having multiple sexual partners and Cigarette smoking 17(21.8%); and to a small extent 4(4.4%) for Not going for regular screening as well as Long-term contraceptive pill use 2(2.2%).

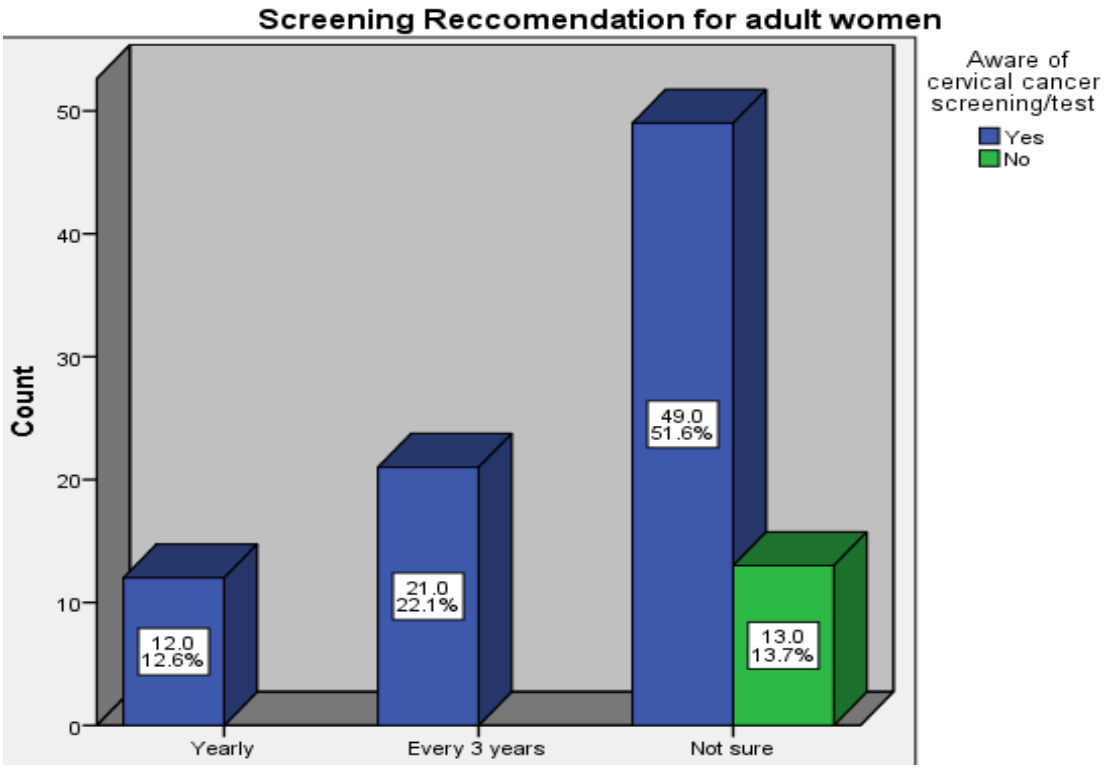

Figure 2: Knowledge on screening period recommendation

As clearly shown in figure 1 above, only 34.7% had knowledge on the screening recommendation among adult women who specified it being 21(22.1%) every three years and 12(12.6%) yearly. 63(65.3%) whose majority (51.6%) were aware of the services and 13.7% who were unaware of the services were all not sure of the recommendation for screening of cervical cancer screening/testing among the study participants.

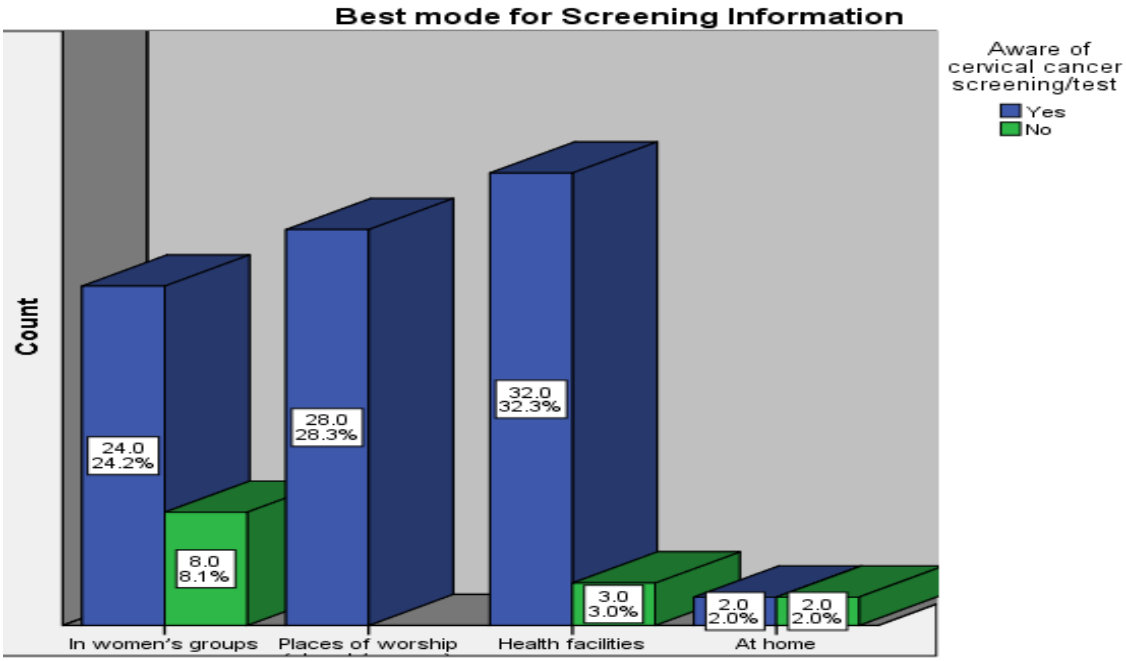

Figure 3: Platform for screening information flow

Among those who were aware of cervical cancer screening/test; majority 32(32.3%) mentioned health facilities, followed by 28(28.3%) place worship, 24(24.2%) in women's group whereas majority 8(6.1%) mentioned women's groups, 3(3.0%) health facilities and 2(2.0%) at home among those who testified to be unaware of the cervical cancer screening/test among the study participants.

Table 3: health facility factors influencing uptake of cervical cancer screening among women attending gynaecologic OPD at KIU-TH

Variable		Cervical cancer screening/test awareness		TOTAL N (%)	P-Value	O.R (95% C.I)
		Aware N (%)	Unaware N (%)			
Treatable if detected early	**Yes**	**76(88.4%)**	**7(53.8%)**	**83(83.8%)**	**<0.01***	**6.51(1.82-29.3)**
	No	10(11.6%)	6(46.2%)	16(16.2%)	Ref	1
Knows a local HF offering the service	**Yes**	**61(73.5%)**	**6(46.2%)**	**67(69.8%)**	**0.05**	**3.24(0.98-10.7)**
	No	22(26.5%)	7(53.8%)	29(30.2%)	Ref	1
Facility	KIUTH	59(75.6%)	9(100.0%)	68(78.2%)	0.09	0.87(0.79-0.95)
	Others	19(24.4%)	0(0.0%)	19(21.8%)	Ref	1
Interval recommended	**Yearly**	**12(14.6%)**	**0(0.0%)**	**12(12.6%)**	**0.02**	**-**
	3 yrs or more	21(25.6%)	0(0.0%)	21(22.1%)	**-**	**-**
	Not sure	49(59.8%)	13(100.0%)	62(65.3%)	Ref	1
Long distance to HF affect	**Yes**	**63(75.9%)**	**11(84.6%)**	**74(77.1%)**	**0.49**	**0.57(0.12-2.8)**
	No	20(24.1%)	2(15.4%)	22(22.9%)	Ref	1
cervical test costs affect	**Yes**	**65(75.6%)**	**10(83.3%)**	**75(76.5%)**	**0.55**	**0.62(0.13-3.05)**
	No	21(24.4%)	2(16.7%)	23(23.5%)	Ref	1
Results time	**Hours**	**62(73.8%)**	**6(54.5%)**	**68(71.6%)**	**0.18**	**2.35(0.65-8.47)**
	Days-weeks	22(26.2%)	5(45.5%)	27(28.4)	Ref	1
Waiting time to see a doctor affects	**Yes**	**53(62.4%)**	**8(61.5%)**	**61(62.2%)**	**0.96**	**1.04(0.31-3.44)**
	No	32(37.6%)	5(38.5%)	37(37.8%)	Ref	1
Recommendation/counseling affects	**Yes**	**74(89.2%)**	**9(69.2%)**	**83(86.5%)**	**0.05**	**3.65(0.93-4.32)**
	No	9(10.8%)	4(30.8%)	13(13.5%)	Ref	1
Gender of HW affects	**Yes**	**34(39.5%)**	**13(100.0%)**	**47(47.5%)**	**<0.001***	**0.72(0.61-0.86)**
	No	52(60.5%)	0(0.0%)	52(52.5%)	Ref	1
Already tested	**Yes**	**36(43.4%)**	**2(15.4%)**	**38(39.6%)**	**0.05**	**4.21(0.88-0.21)**
	No	47(56.6%)	11(84.6%)	58(60.4%)	Ref	1

***=statistically significant, P-value=<0.05; OR=Odds ratio; C. I=Confidence Interval**

According to the cross-tabulation findings of the relationship or effect of health facility factors; 76(88.4%) of the 83(83.8%) were aware of cervical cancer screening/tests and specified it to be treatable if detected early with a P-value=<0.01*, OR=6.51(1.82-29.3). 61(73.5%) of 67(69.8%) knows a local health facility offering the services; p-value=0.05, OR=3.24(0.98-10.7). 53(62.4%) of 61(62.2%) claim that results return time could influence the testing uptake, p-value=0.18, OR=2.35(0.65-8.47). also, 74(89.2%) agreed that Recommendation/counseling affects the uptake of cervical cancer screening/testing p-Value=0.05, OR=3.65(0.93-4.32) as well as having tested before 36(43.4%) of the 38(39.6%) who were already tested had a p-value=0.05, OR=4.21(0.88-0.21). On contrary, long distance to HF affect 63(75.9%) aware of screening of 74(77.1%) p-value=0.49, OR=0.57(0.12-2.8). cervical test cost affect with 65(75.6%) aware of the services p-value=0.55, OR=0.62(0.13-3.05) and Gender of HW where 34(39.5%) who were aware of the services out of 47(47.5%) agreed that it affects uptake p-value=<0.001* and OR=0.72(0.61-0.86).

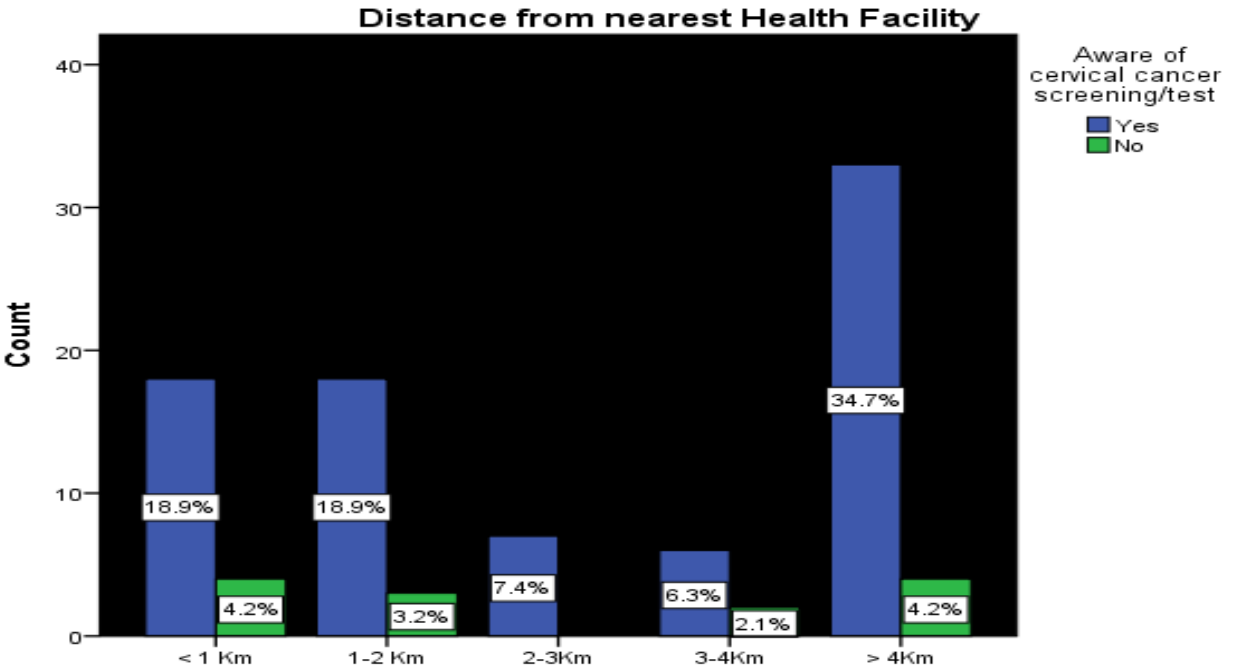

Figure 4: Distance from the nearest health facility

According to the study findings; those who came from longest distances being >4km were the majority 34.7% among those who were aware of the services whereas shorter distances of <1km to 1-2km were equally 18.9% each aware of the cervical cancer screening services/testing. As illustrated on figure; majority of those who reside far, had to pay >5000/= to access the facility as opposed to their counterparts who had to meet a lesser bill.

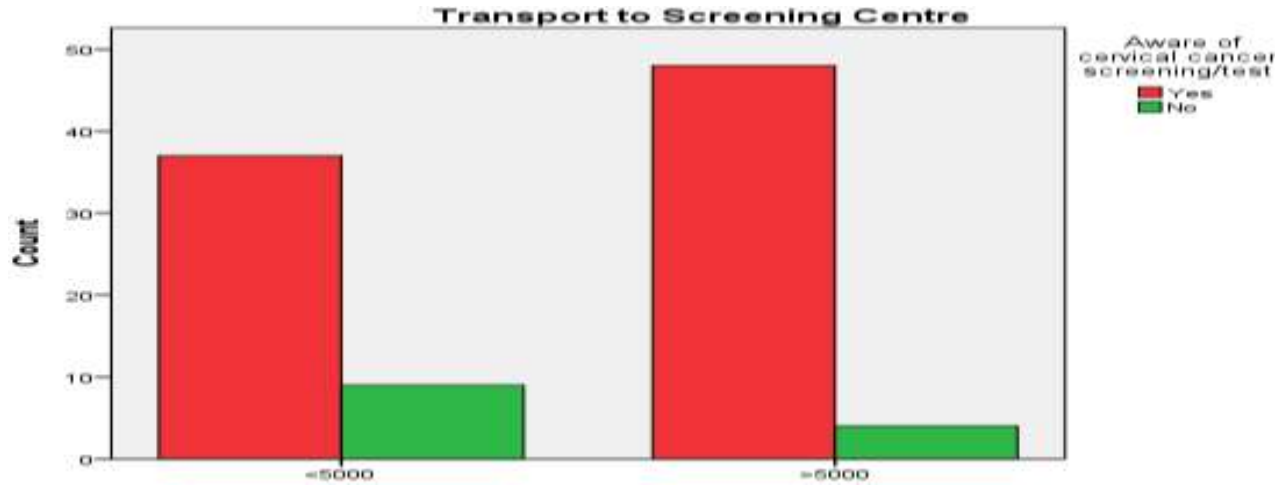

Figure 5: Transport expenditure to the nearest health facility

DISCUSSION

The socio-demographic factors influencing uptake of cervical cancer screening services among women attending gynecologic OPD at KIU-TH, Ishaka-Bushenyi, south western Uganda.

According to the current study findings; majority of the participants reside away from Ishaka; married and mostly aged between 25-31 years old. This disagrees with a study by Gebru et al. [21] in which it was concluded that the odds of ever screening was 8 times higher for those whose age was ≥30 years than those whose age was <30 years. Similarly, a few were 39-45 as well as >45 years. Similarly, Teame et al. [22] stipulates that being in the age group of 30–39 and 40–49 years were two and four times more likely to utilize cervical cancer screening than those who were

21–29 years. Furthermore, Niresh et al. [23] showed that in Nepal; married women were more likely to screen for cervical cancer than the unmarried. Likewise, majority had been married for about 1-5 or 11-20 years. This rhymes with Cecilia et al. [24] which elaborated on the relationship with marital status married women were 2 times more likely to have a good uptake of cervical cancer screening services when compared to unmarried women and as well reasoning it to be attributed to support from their husbands moreover unemployed or simply housewives with 2-4 or <2 children thus with lots of time for the services.

More so, majority having only reached primary education level or less, it complements Niresh et al. [23] study which concluded that illiterate women were more likely to have a favorable attitude and go for cervical cancer screening than the literate. However, Ali et al. [25]; a study in Oyam District-Uganda concluded that there was no statistical significance between level of education and cervical cancer despite percentage increase with higher levels of education. And Patricia et al. [26] showed that secondary education women were 4.5 times more likely to have ever had a Pap smear compared with women of a primary school education.

The Knowledge about cervical cancer and screening among women attending gynecologic OPD at KIU-TH, Ishaka-Bushenyi Southwestern Uganda

According to the study findings, majority 86.9% were aware of cervical cancer screening/testing services this is higher compared to studies by Ali et al. [25], where 62.7% knew about cervical cancer services. Similarly, 13.7% did not know what screening was Ali et al. [25] in comparison to 13.1% who weren't in this study. According to Mukama et al. [27] it's stipulated that 88.2% of those who knew about cervical cancer screening, 70.2% had received information from radio and 15.1% from health facilities; in the current study, the majority 56.8% got their information concerning cervical cancer and its screening from health facility, Community health workers 8.6%; and only 23.5% from Television/Radio. Like a study by Mukama et al. [27]; most women (62.4%) knew at least one preventive measure and (743; 82.6%) at least one symptom or sign of the disease; similarly, the participants in this study, knew signs and symptoms of cervical cancer; including inter-periods vaginal bleeding, persistent vaginal discharge, menstrual periods that are heavier or longer than usual, persistent lower back pain, discomfort or pain during sex as well as post-menopause vaginal bleeding. Furthermore, the causes put forward included having multiple sexual partners and cigarette smoking and to a small extent not going for regular screening as well as long-term contraceptive pill use among others. Only 12.6% mentioned yearly screening recommendations. Also, majority mentioned health facilities, place worship women's group as best place for sharing information on cervical cancer screening among women.

The health facility factors influencing uptake of cervical cancer screening among women attending gynecologic OPD at KIU-TH Ishaka-Bushenyi, South western Uganda

According to the findings majority (88.4%) significantly agreed that cervical cancer is over 6 time likely to be treatable if detected early. This is complements Bingham et al. [28] who concluded that one of the problems is that over 80% of cancers in sub-Saharan Africa are detected in their late stages which WHO [7] associated to inadequate access to effective screening which results into less recognition of the disease during its early stages and higher chances of it developing to advanced stages with poor prospects of treatment. Similarly, Eze et al. [29] stipulates that non-availability of screening centers locally, in primary health centers as a factor affecting screening uptake among Igbo women in rural Nigeria. Ndejjo et al. [18] concluded that knowledge of a place where screening was offered being significantly associated with having undergone cervical cancer screening. In this study 73.5% knows a local health facility offering the services and 3 times likely to screen but not statistically significant (p-value=0.05). Unlike Ndejjo et al. [18] in which its stipulated that having ever been recommended for screening by a health worker increases likelihood to screen by 77.13 odds. Also, majority 89.2% agreed that Recommendation/counseling affects the uptake of cervical cancer screening/testing [p-Value=0.05, OR=3.65] as well as having tested before [p-value=0.05, OR=4.21] but were both statistically insignificant. On the other hand, Kahesa et al. [30] adds that decline in subsequent cervical cancer screening after the initial screening by ever screened women was attributed to poor-quality of service. On contrary, long distance to HF affect offering the screening services reduces the uptake by 0.57 nonetheless not statistically significant (p=0.49) but agrees with Ndejjo et al. [18] who puts it that ease of access to this care has 2.27 times likelihood of increasing the uptake. In this study, many of the Participants travel >4 km for the services thus either come at later stages or use a lot of input in form of transport (>5000/= to access these services. Additionally, cervical test costs in some instances which thereafter reduces uptake by 0.62. This complements Ndikom et al. [31] in which it's stipulated that availability of cervical cancer prevention services in secondary and tertiary health

facilities makes it inaccessible to women in rural areas who spend additional money and time on transport to get to the facilities, making service expensive and unaffordable. Gender of HW where 39.5% who were aware of the services out of 47.5% agreed that it affects uptake p-value=<0.001* and OR=0.72. In a study by Sandeep et al. [32] done in India, it was concluded that if waiting time is too long in the hospital; it spoils the whole day for getting one's turn thus very problematic to reach the consultancy room to seek physician and fee counter to pay for the consultancy and testing. This study, results return time could influence the testing uptake by over 2 odds though not statistically significant (p=0.18). According to the study findings; those who came from longest distances being >4km were the majority 34.7% among those who were aware of the services whereas shorter distances of <1km to 1-2km were equally 18.9% each aware of the cervical cancer screening services/testing. Majority of those who reside far, had to pay >5000/= to access the facility as opposed to their counterparts who had to meet a lesser bill. Generally, available evidence so far suggests that cervical cancer screening services have not been optimally utilized in Uganda despite efforts by the government in launching a strategic plan for cervical cancer prevention and control in 2010 with a target of screening and vaccinating 80% of eligible persons by 2015 [13].

CONCLUSION

According to the study findings, awareness/knowledge of cervical cancer screening/testing services among women attending KIUTH stands at 86.9%; who got their information concerning cervical cancer and its screening mostly from health facilities, community health workers; and Television/Radio. The uptake of these services is positively influenced by early detection; availing local health facility, short results return time, recommendation/counselling and having tested before. On the contrary, long distances to the health facility offering the services, and cervical tests cost and longest distances negatively impact the uptake of cervical cancer and screening services/testing.

Recommendations

The stakeholders at the health facility level, community and district level as well as national should ensure that the women are well informed of the benefits of screening especially early screening in order to boost and maintain the level of awareness, and participation in the screening and treatment if necessary; of cervical cancer among women attending KIUTH and similar facilities within or away from Ishaka or Bushenyi district. The services should be extended to the districts or areas around Ishaka or Bushenyi district to cater for the women from the surrounding areas and reduce distances travelled which often limit many owing to the financial implications as well as time requirement. There should be community-based campaigns launched targeting information flow through the health facility, community health workers in women groups as well as in places of worship. Recommendations through the health workers, as well as the media, television and radios should be considered as a potential means of communication of the means, importance and emphasis for the services as well as guidance and counselling on the same matter if required.

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