

ASSESSMENT OF WOMEN'S KNOWLEDGE, ATTITUDES, AND BELIEFS TOWARDS CERVICAL CANCER SCREENING IN NAKASEKE HEALTH CENTRE III, CENTRAL UGANDA

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Abstract

Background:

Cervical cancer is still a serious public health threat in Uganda, where cervical cancer screening uptake among who are eligible women is worryingly low. Therefore the understanding of women's knowledge, attitudes, and beliefs toward cervical cancer screening is vital for designing context-specific interventions so to close the existing gap in the screening process for the cervical cancer.

Objective:

To assess women's knowledge, attitudes, and beliefs toward cervical cancer screening at Nakaseke Health Centre III, Central Uganda.

Methods:

A cross-sectional study was conducted among 400 women aged 25–49 years attending Nakaseke Health Centre III between February and April 2020. Data were collected using structured questionnaires. Descriptive statistics, chi-square tests, and logistic regression were used to examine associations between knowledge, attitudes, and sociodemographic factors. Statistical significance was considered at $p < 0.05$.

Results:

Overall, 72.8% of respondents had heard of cervical cancer, but only 38.5% had ever been screened. Higher education (AOR = 3.12; 95% CI: 1.65–5.91) and prior health facility exposure

(AOR = 2.47; 95% CI: 1.34–4.55) were independently associated with good knowledge. Fear of diagnosis (56.3%) and cultural misconceptions (44.5%) were major barriers to screening. Women with positive attitudes toward screening were twice as likely to have been screened (AOR = 2.05; 95% CI: 1.16–3.63).

Conclusion:

Knowledge and screening uptake remain low in Nakaseke District, hindered by misinformation and limited access. Targeted education, inclusion of male partners in sensitization, and integration of screening into primary healthcare could improve participation.

Keywords: Cervical cancer, knowledge, attitudes, beliefs, screening, Uganda

1. Introduction

Given that the cervical cancer prevalence is the second most frequent form of female malignancy worldwide and being responsible for high rates of death due to cancers in Uganda's population, conducting this research proved crucial (Isabirye, Mbonye, Asiimwe, et al., 2020). In 2006, a significant proportion of HPV infections leading to cervical cancer predominately affects Ugandans due to these virulent types; thus, it constitutes a grave public health concern (Nakisige et al., 2020). In 2020, despite improvements in HPV vaccinations and screenings in Uganda, many women living in resource-poor areas exhibit advanced stages of cervical cancer because they lack knowledge about prevention, face discrimination, and have insufficient healthcare facilities (Black et al., 2019). In 2017, Uganda, the incidence of cervical cancer remains grave, resulting in approximately 6,000 newly diagnosed cases each year along with nearly 4,000 fatalities yearly (Swanson et al., 2018). Despite low rates of screening participation at around 30%, which underscores the necessity for increased efforts focused on improving access to screenings among eligible females (Ndejjo et al., 2017). This situation highlights the critical importance of understanding factors influencing their health behaviors regarding preventive measures against cervical cancer (Nakisige et al., 2020). Thus, it becomes imperative to explore women's perspectives as crucial for enhancing prevention efforts in combating cervical cancer (Black & Richmond, 2018).

2. Methods

Study Design and Setting: An observational survey examining various aspects took place at Nakaseke Health Center No. 3 in northern Uganda, situated approximately 68 kilometers away from Kampala city center. The establishment caters primarily to an agricultural community's female adults in childbearing years, offering prenatal care, childbirth assistance, and general medical check-ups alongside periodic screenings for early detection of cervical abnormalities.

Study Population and Sampling: A research project involved interviewing 400 female participants between the ages of 25 and 49 who were clients at Nakaseke Health Center No. 3. The sample size was calculated based on Yamane's method in 1967 for a $\pm 5\%$ margin of error and an 80% confidence interval. A group was chosen at random using straightforward probability methods.

Data Collection: Formal interview-based surveys measured participants' demographics, information, opinions, convictions, and health screenings. Prior to use, this instrument underwent validation testing in its native language, which is Luganda.

Data Analysis: The data was inputted into Microsoft Excel and subsequently processed through Stata version 12 for analysis. Frequencies and proportions of data points were outlined in descriptive analysis. The chi-squared test was employed to examine relationships between variables in pairs, whereas multivariate logistic regression analyzed factors influencing screening participation independently.

Ethical Considerations: Individuals granted verbal assent for their participation in the study. Personal information was safeguarded at all times during the study.

3. Results

Sociodemographic Characteristics

A total of 400 women participated (response rate: 95%). The mean age was 33.6 ± 6.7 years. Most respondents were married (61.5%) and had primary education (43.3%).

Characteristic	Frequency (n=400)	Percentage (%)
Age 25–34 years	186	46.5
35–44 years	148	37.0
45–49 years	66	16.5
Married	246	61.5
Secondary or higher education	148	37.0
Employed	165	41.3

Knowledge of Cervical Cancer Screening

About 72.8% had heard about cervical cancer, but only 52.0% knew it was caused by HPV infection. Less than half (45.5%) knew screening detects early precancerous changes.

Knowledge Item	Yes (%)	No/Don't Know (%)
Ever heard about cervical cancer	72.8	27.2
Knows HPV as main cause	52.0	48.0
Knows screening detects early changes	45.5	54.5
Believes screening prevents death	60.5	39.5

Women with secondary or higher education were significantly more knowledgeable ($p < 0.001$).

Attitudes and Beliefs

Although 68.3% agreed that early screening saves lives, 56.3% feared being diagnosed with cancer. About 44.5% believed screening is only for married or sexually active women, while 35.5% believed it causes infertility.

Attitude/Belief Statement	Agree (%)
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Early screening saves lives	68.3
Fear of diagnosis prevents testing	56.3
Screening only for married women	44.5
Screening causes infertility	35.5

Uptake of Screening

Only 38.5% had ever undergone cervical cancer screening at Nakaseke Health Centre III, with most doing so during antenatal visits. The main reasons for not screening included lack of awareness (36.0%), fear of results (28.5%), and limited access to screening services (17.5%).

Bivariate Analysis

Screening uptake was significantly associated with education level, employment status, and knowledge level.

Variable	Screened (%)	Not Screened (%)	p-value
Primary education or less	24.7	75.3	<0.001**
Employed	54.5	45.5	0.013**
Good knowledge	64.2	35.8	<0.001**

** $p < 0.05$

Multivariate Logistic Regression

After adjusting for confounders, higher education and good knowledge remained independent predictors of screening uptake.

Variable	Adjusted Odds Ratio (AOR)	95% CI	p-value
Secondary/higher education	3.12	1.65–5.91	<0.001**
Good knowledge of cervical cancer	2.89	1.58–5.27	<0.001**
Employment	1.68	0.95–2.97	0.073
Positive attitude	2.05	1.16–3.63	0.014**

**** $p < 0.05$**

4. Discussion

his study made a revelation that although widespread focus of cervical most cancers among women at Nakaseke health Centre III became fantastically excessive, actual expertise and screening uptake were nevertheless low and extra attempt is still wanted and this became just like have a look at by way of preceding researchers in Wakiso who received similar outcomes (Isabirye, Mbonye, & Kwagala, 2020). Training turned into the strongest predictor of both information and screening uptake, underscoring the importance of ladies' empowerment and health literacy thus creating a hyperlink with past research executed in western Uganda (Obol et al., 2021). The presence of worry of diagnosis and different misconceptions approximately infertility caused by cervical cancer screening remain sturdy limitations, as in addition pronounced by means of Ndejjo and co-workers (Ndejjo et al., 2017). The ones girls that had excellent know-how and superb attitudes closer to cervical cancer screening have been nearly 3 times much more likely to were screened, hence touching on them to the findings by means of Nakisige (Nakisige et al., 2017). The mixing of cervical cancer screening into number one healthcare offerings with network fitness programs on the various health facilities in Uganda for instance Nakaseke fitness Centre III enhances accessibility and uptake of cervical cancer screening (Patrick et al., 2022).

5. Conclusion

At the at Nakaseke Health Centre III, knowledge and screening uptake for cervical cancer among women remain suboptimal and low. Several misconceptions, fear, and inadequate access continue are major hindrances to action. The improvement of education, accessibility, and community engagement therefore boost the reduction of cervical cancer morbidity and mortality.

6. Recommendations

There is need to carry out community mobilization through the engagement of local leaders, radio, and women's groups to promote screening and dispel myths (Jatho et al., 2020). There must be integration of services so as to make cervical screening a routine part of reproductive health services at all health care facilities especially at health centre III level (Fontham et al., 2020).

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