

# Cues to Action and Attitude Towards Cervical Cancer Screening Uptake Among Female Staff in Lead City University, Ibadan, Oyo State

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## Abstract:

Cervical cancer is a global public health problem as it is the fourth most common cancer among women globally. This study aimed to examine the cues to action, attitudes among female staff at Lead City University (LCU), Ibadan. Using a quantitative descriptive cross-sectional design, the study surveyed 184 female staff aged 18 and above, employing a multi-stage sampling technique to ensure diverse representation. A validated, structured questionnaire was used for data collection, with reliability coefficient of 0.8. Analysis was performed using SPSS version 25, employing descriptive and inferential statistics. Ethical approval and informed consent were obtained before data collection. The results revealed significant findings on cues to action, with 98.3% of respondents strongly agreeing that a family history of cervical cancer would prompt screening uptake. However, social media and information sources were less influential, with only 27.2% agreeing to their impact. Attitudes towards CCS showed a mix of barriers and enablers. While 64% of respondents demonstrated a positive attitude. The findings underscore the need for targeted interventions to address barriers such as cost, accessibility, and awareness. Promoting family and cultural involvement, coupled with robust health communication strategies, could significantly improve CCS uptake among women at

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## Introduction

Cervical cancer ranks as the fourth most prevalent disease among women globally, with almost 570,000 new cases reported in 2018, representing 7.5% of all female cancer cases and resulting in over 311,000 fatalities (World Health Organisation, 2020). Annually, over 604,237 new cancer cases are reported globally, representing over 6.5% of total cancer diagnoses (WHO, 2020). Annually, around 250,000 women succumb to cervical cancer, representing a significant fraction of the global cervical cancer burden (WHO, 2020a). In a cohort of high-income nations like the United States, over four thousand (4000) women succumb to cervical cancer annually, with African Americans, Hispanics, and women from low-income regions need enhanced treatment and diversity. Denny et al, 2021. The likelihood of survival following cancer is higher and more economically accessible in impoverished nations.

High-income countries have initiatives to facilitate HPV vaccinations for girls and routine testing for women. Nevertheless, among other affluent nations, China exhibits a significant cancer incidence; research indicates that China and India collectively represent over one-third of global cancer cases, with 106,000 cases and 97,000 cases respectively, including 48,000 fatalities, in India. 6000 fatalities in China and India (United Nations, 2019). The elevated prevalence may result from women's restricted access to screening services caused by overpopulation in these nations. Screening can detect precancerous lesions at a stage amenable to treatment (Denny et al, 2021). In low- and middle-income nations, access to these preventative methods is restricted, and cancer frequently remains undiagnosed until the disease has progressed and symptoms manifest. Furthermore, interventions for diseases like cancer, including surgical procedures, radiation therapy, and chemotherapy, will be restricted, leading to an increased prevalence of cancer among the population in these nations.

Sub-Saharan Africa exhibits the highest incidence of cervical cancer; in contrast, the rate is below 10 per 100,000 women in more sexually conservative Middle Eastern and North African nations, including Algeria, the Arab Republic of Egypt, Libya, Sudan, and Tunisia (Denny et al, 2021). An analysis of the burden of cervical cancer reveals that the largest incidence occurs in women aged 40 to 49 years, with a rate of 14 per 100,000 female individuals annually, and 40% of cervical cancer diagnoses are in women over the age of 40 (Wipperman et al, 2018). The mortality rates from cervical cancer differ according to race and ethnicity. Black women have a twofold increased risk of mortality from cervical cancer compared to white women (Wipperman et al, 2018). Cervical cancer ranks as the second most prevalent disease among women in Nigeria, the second most prevalent cancer in women aged 15 to 44 years, and it is responsible for nearly 90% of cancer-related fatalities globally (World Health Organization, 2023).

World Health Organization (2020a) reported that more than 311,000 people are estimated to die from cancer each year, with more than 85% of these occurring in low- and middle-income countries, including Nigeria. WHO (2020) projected that over 311,000 individuals are estimated to succumb to cancer year, with over 85% of these fatalities occurring in low- and middle-income countries, including Nigeria. This malignancy, which imposes a significant burden, is the second most prevalent cancer among women, representing 63% of genital cancers and 30-40% of malignancies in women aged 15-44 (Amu et al, 2019). Research conducted by Ifediora and Azuike (2018) Research indicates that cervical mortality in Nigeria



is 22.9%. Cervical cancer is a malignant condition of the cervix characterised by precancerous and malignant processes (Heena et al, 2019). In the initial stages, it may be entirely asymptomatic, later manifesting as pelvic pain, unexplained weight loss, vaginal bleeding, and abnormal vaginal bleeding accompanied by pain (Ramaiah&Jayarama, 2018). The majority of malignancies are attributable to HPV and are hence largely avoidable (Tekle, 2020). Furthermore, the early identification and prompt intervention of precancerous lesions can offer optimal cancer prevention (Ifemelumma et al, 2019).

Although 68%-84% of women in developing countries undergo Pap smear testing, the percentage of such tests is lower in developing nations like Nigeria (Jassim, Obeid, and Al-Nasheet, 2018). Screening is a crucial preventive strategy to alleviate the stress on the cervix. The primary objective of cervical cancer screening is to identify cancer at an early stage. This is accomplished by conventional cytology-based Pap smears to identify and eradicate cervical cancer prior to its progression (Jassim, et al, 2018). Cervical Cancer Screening (CCS) procedures are globally inadequate, with screening rates particularly diminished in developing nations (WHO, 2020; Malhotra et al, 2020). The World Health Organisation recommends that all women have cervical cancer screening every three years (Malhotra et al, 2020). There are constraints on the factors that motivate individuals to alter their behaviour. Researchers aim to undertake a study to establish criteria for encouraging women to choose for breast cancer screening.

There may be a medical history, mortality, atypical physical alterations, or unique signs and symptoms associated with cancer. Moreover, numerous research in Nigeria indicate that individuals possess little information of cervical cancer, screening, and cancer diagnosis (Olubodun et al, 2019; Ifemelumma et al, 2019; Aimiosior and Omigbodun, 2020). This research merits consideration as a future study in environmental science. These findings will provide essential information to assist policymakers, nurses, community health specialists, and other healthcare professionals in formulating plans and policies to enhance cervical cancer screening among women in the study area and fortify screening in the region.

The aim of this study is to determine the cues to action and attitudes towards CCS uptake among female staff of Lead City University, Ibadan. The specific objectives are to:

1. identify the cues to action of Cervical Cancer Screening among female staff of Lead City University, Ibadan
2. determine the attitude of female staff of LCU, Ibadan towards Cervical Cancer Screening among female staff of Lead City University, Ibadan

Hypotheses was analysed using inferential statistics of chi-square to establish the relationship between variables which was considered statistically significant at  $P < .05$ . at 0.05 alpha level. Estimated marginal means analysis will be carried out.

The data will be entered using Epi-data version 3.1 and exported to Statistical Package for Social Science (SPSS package) 25th edition for analysis.

## Materials and Methods

This study employed a quantitative descriptive cross-sectional design to gather data on the cues to action and attitudes influencing the uptake of cervical cancer screening among female staff at Lead City University, Ibadan. This approach facilitated the systematic collection of robust information to answer the research questions effectively. The research targeted all



female staff members of the institution, forming the study's population. Specifically, the study included 184 participants aged 18 years and above, selected through a simple random sampling technique, provided they signed consent forms. Inclusion criteria included female staff willing to participate and aged 18 years or older, while exclusion criteria ruled out those unwilling to partake, on annual leave, or not in good health. Purposive sampling targeted health-related departments to obtain in-depth information about cervical cancer screening uptake. The sample size was determined using Taro Yamane's formula, with a total of 184 respondents, including an allowance for a 10% attrition rate.

A structured and validated questionnaire was the primary data collection instrument, divided into four sections. Section A gathered socio-demographic data, Section B focused on cues to action for cervical cancer screening uptake, Section C assessed attitudes towards screening, and Section D evaluated screening uptake. Reliability coefficients for the various sections ranged between 0.76 and 0.78, ensuring consistency and accuracy. The questionnaire's validity was enhanced through face and content validation by experts, including the researcher's supervisor and external scholars. Exploratory factor analysis further refined the instrument by ensuring its psychometric adequacy and reducing items to a manageable size.

To ensure the reliability of the instrument, a pilot study was conducted using a sample of 18 female staff from Methodist High School, Ibadan, who were not part of the main study. The pilot study employed a test-retest method, with data collected two weeks apart, ensuring internal consistency. Ambiguities, question wording, sequence, clarity, and overall presentation of the questionnaire were evaluated and refined during the pilot study. The feedback obtained helped improve the questionnaire's quality, length, and the time required to complete it.

The data collection process followed a structured procedure. A letter of introduction from the Department of Nursing Science, University of Ibadan, was presented to the Ethical Committee of Lead City University. Ethical approval was subsequently obtained, and letters introducing the researcher were distributed to the heads of the selected departments to secure their cooperation and that of the respondents. Participants were briefed on the study's purpose and benefits and were required to provide informed consent. The questionnaire was administered to respondents, with clear instructions provided on how to complete it. On average, the questionnaire took 10–15 minutes to complete, and the researcher collected the completed instruments on the same day. Data collection spanned two weeks, with the assistance of two trained research assistants who were educated on the study's objectives, ethics, and data collection techniques.

For data analysis, completed questionnaires were coded, serially numbered, and entered into the Statistical Package for the Social Sciences (SPSS) software, version 25. Quantitative data were analysed using descriptive and inferential statistics, with a 5% level of significance.

Socio-demographic attributes were analysed using descriptive statistics such as frequency counts, percentages, means, and standard deviations. The cues to action for cervical cancer screening uptake were explored using frequency counts and percentages. Attitudes towards screening were described using charts and graphs, as were the levels of screening uptake.

These analytical methods provided a comprehensive understanding of the factors influencing cervical cancer screening among the respondents.



Ethical approval was obtained from the relevant Ethical Review Committee, and respondents' anonymity and confidentiality were assured. Participation was entirely voluntary, and respondents were informed that they could withdraw at any time without penalties. A detailed informed consent form outlined the study's purpose, benefits, and assurances of confidentiality. Data collection and analysis were conducted with the utmost respect for participants' rights and privacy.

## Results

**Table 1: Socio-demographic attitude of Respondents**

Variable	Categories	F (n=184)	Percentage (%)
<b>Age (in years)</b>	20-29	27	14.6
	30-39	56	30.4
	40-49	60	32.6
	50-59	28	15.2
	60+	13	7.0
<b>Education status</b>	Secondary	37	20.1
	Tertiary	147	79.9
<b>Religion</b>	Islam	65	35.3
	Christianity	110	59.8
	Traditional	9	4.9
<b>Ethnicity</b>	Yoruba	159	86.4
	Igbo	14	7.6
	Hausa	8	4.3
	<b>Others</b>	3	1.6
<b>Marital status</b>	Single	44	23.9
	Married	102	55.4
	Divorced	9	4.9
	Widowed	29	15.7

Table 1 revealed that about one third 60(32.6%) of the respondent nwere between 38-47 years; majority 147(79.9%) had tertiary education while the remaining 37(20.1%) had secondary school education; as regards their religious affiliation, majority 110(59.8%) were Christians, 65(35.3%) were Muslims; all the three major ethnic groups were among the study sample with majority 159(86.4%) being Yoruba; regarding their marital status, majority 102(55.4%) were marrie

**Table 2: Cues to Action of Uptake**



S/N	ITEMS	SA (%)	A (%)	SD (%)	D (%)
1	Will health workers appointment make you to uptake CCS?	68(37)	43(23.4)	42(22.8)	31(16.8)
2.	Will source of information or social media make you uptake CCS?	50(27.2)	40(21.7)	60(32.6)	34(18.5)
3	Will fear of developing cervical cancer make you to uptake CCS	118(64.1)	56(30.4)	0(0)	10(5.4)
4	If you have persistent pelvic pain will you uptake CCS?	133(72.3)	51(27.7)	0(0)	0(0)
5	Will unexplained weight loss make you to uptake CCS?	99(53)	28(15.2)	27(14.7)	30(17.4)
6	Will bleeding between periods make you to uptake CCS	112(60.8)	21(11.4)	20(10.9)	31(16.8)
7	Will unusual vaginal discharge make you to uptake CCS?	146(79.3)	21(11.4)	(0)	17(9.2)
8	Will bleeding and pain after sexual intercourse make you to uptake CCS?	163(88.6)	19(10.3)	1(0.5)	1(0.5)
9	Will family member with cervical cancer or death of a family member make you to uptake CCS??	181(98.3)	0(0)	1(0.5)	2(1.1)

Table 2 above on cues to action of cervical cancer screening uptake; majority, 181(98.3%) strongly agreed that family member with cervical cancer or death of a family member will make them to uptake CCS, 163(88.6%) agreed that bleeding and pain after sexual intercourse make them to uptake CCS, but least 50(27.2) agreed that source of information or social media may make them respondents uptake CCS.

**Table 3: Attitude of Respondents towards CCS Uptake**

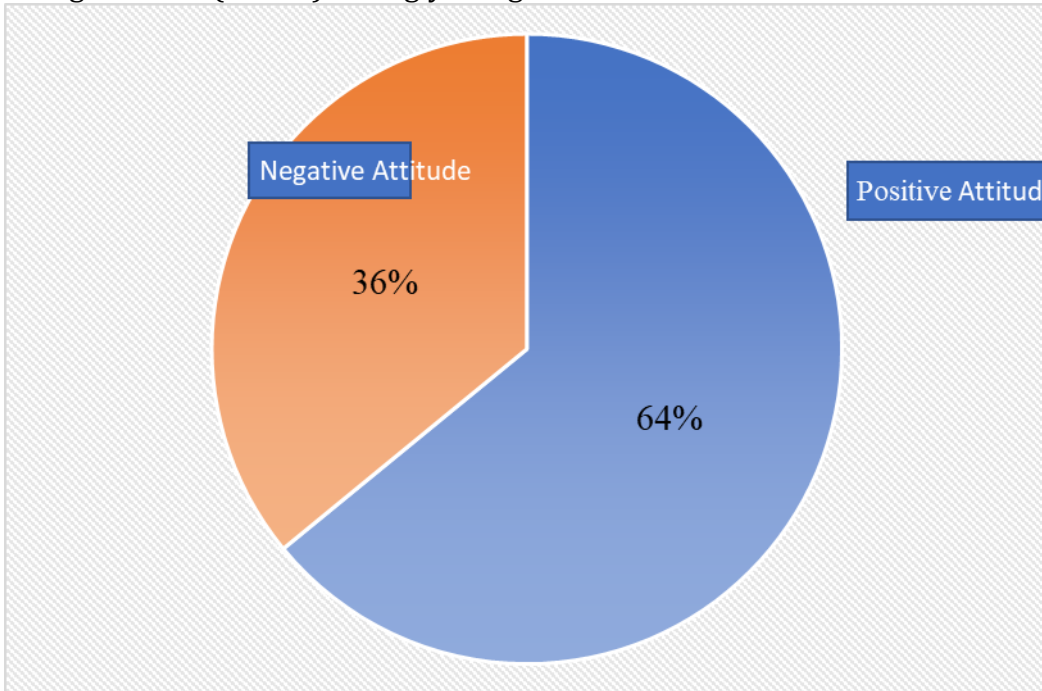
S/N	Items	SA	A	SD	D
1	I do not have access to healthcare with screening facilities	184(100)	0(0)	0(0)	0(0)
2	Cost of screening may be much	111(60.3)	19(10.3)	43(23.4)	11(6)
3	I do not have awareness of CCS in my area	44(23.9)	30(16.3)	91(49.4)	19(10.3)
4	I do not Belief in CCS uptake as prevention of CC	0(0)	19(10.3)	91(49.4)	74(40.2)
5	I do not have values for CCS	4(2.2)	18(9.8)	112(60.9)	50(27.2)
6	My Culture will not allow me to take CCS	30(16.3)	42(22.8)	74(40.2)	38(20.6)
7	I do not have a relation who have CC	159(86.4)	(21.7)	23(12.5)	2(1.1)
8	I used to think CCS is not available in	159(86.4)	0(0)	23(12.5)	2(1.1)





	Nigeria			
9	I think CCS is for the educated and old age	11(6)	6(3.2)	167(90.7) 0(0)

Table 3 Attitude of respondents towards cervical cancer screening uptake, majority of the respondents have 184 (100) do not have access to the screening services, 111 (60.3%) claimed the cost may be too much. 91(49.4%) claimed they are not aware of this service in their area also, 91(49.4%) claimed they do believe that CCS could prevent cervical cancer. 112(60.9%) strongly disagree that they do not have values for CCS. 74 (40.2%) strongly disagree that their culture will allow them to uptake CCS.. Majority 159 (86.4%) claimed that they do not have relation who have CC. 159 (86.4%) claimed they thought CCS is not available in Nigeria. 167 (90.7%) strongly disagree that CCS is for the educated and the old.



**Fig 1: Attitude of Respondents towards Cervical Cancer Screening**

From Fig 1 above on the attitude of the respondents towards cervical cancer screening, majority 118(64%) had good attitude towards cervical cancer screening while the remaining 66(36%) had poor attitude.

**Hypotheses**

**Decision rule:** If the P-value is less than 0.05 the null hypothesis (Ho) will be rejected, otherwise the null hypothesis will not be rejected.

**Hypothesis One**

Ho - There is no significant relationship between educational status of respondents and CCS Uptake.

**Table 4: Relationship between Education and knowledge of CCS.**

Variables	Knowledge of Cervical Cancer Screening
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		Good knowledge	Poor knowledge		
Educational status	Secondary	37(20.1%)	45(78.9%)	28.725	1 <b>0.000*</b>
	Tertiary	147(79.9%)	94(39.5%)		
	Total	184(52.9%)	139(47.1%)		

### Hypothesis Two

Ho - There is no significant relationship between knowledge of respondents on cervical cancer screening uptake.

**Table 5 Relationship between Knowledge and CCS Uptake**

		Yes	No		
Knowledge of Cervical Cancer Screening	Good knowledge	98(53%)	86(47%)	6.847	1 <b>0.009*</b>
	Poor Knowledge	86(47%)	98(87.1%)		
	Total	184(100%)	18(8.7%)		

### Discussion of Findings

Cervical cancer is mostly preventable when detected early via cervical cancer screening and adherence to recommendations. Screening is the primary preventative strategy employed to mitigate the incidence of cervical cancer. The primary objective of cervical cancer screening is the detection of early-stage invasive carcinoma. Primary prevention and screening are the most effective strategies to reduce the incidence of cervical cancer and lower fatality rates. This study evaluated the cues to action and attitudes regarding cervical cancer screening uptake among female employees of LCU, Ibadan. In this study, the majority of participants, 60 (32.6%), were aged between 38 and 47 years, while the smallest age group, 13 (7.0%), was within the range of 58 to 67 years, indicating that young and middle-aged individuals predominated the study population. Research evidence indicates that individuals from late adolescence onwards are at risk of cervical cancer (WHO, 2020). The literacy level of the studied population is considered high, with the majority, 147 (80%), possessing tertiary education. This may be attributable to the study being done among female workers in, the majority of whom are anticipated to possess formal training. Over half of the study participants, 110 (59.8%), identified as Christians, and all three principal ethnic groups were represented, with the Yoruba constituting the majority at 159 (86.4%), attributable to the study's location in a predominantly Yoruba territory. Regarding cervical cancer history, a minority (7.1%) reported a familial history of the disease.

Respondents indicate that the cues few (7.1%) claimed to have a family history of cervical cancer and that it is majorly death of a relation that had cervical cancer that will make them to uptake CCS are irregular vaginal bleeding, post-coital bleeding, lower abdomen pain, unexplained weight loss, and intermenstrual bleeding. This aligns with the findings of Amu et al. (2019), who identified the most often reported symptoms of cervical cancer as foul-smelling vaginal discharge, post-coital bleeding, and lower abdomen pain. The current study indicates that a majority (64%) exhibited a favourable attitude towards cervical cancer



screening. This comprehensive assessment of their perspective is derived from the numerous attitudes and behaviours indicated by the respondents; over half (56.3%) believed that every unvaccinated woman is at danger of cervical cancer. Getaneh et al. (2021) observed that over two-thirds of respondents (67.7%) had a favourable attitude towards cervical cancer and its screening. Similarly Daniyan et al. (2019); Okunowo et al. (2018) ) discovered inadequate participation in cervical cancer screening in Nigeria. And fewer than one-fourth of women at a tertiary hospital in Lagos had received cervical cancer screening this is associated with the poor attitude that the respondents have towards cervical cancer uptake

**Ho one:** There exist positive significant association between educational status of respondents and their knowledge of cervical cancer screening. Having tertiary education is significantly associated with having good knowledge of cervical cancer screening.

**Ho two:** Uptake of cervical cancer screening is influenced significantly by respondents' level of knowledge, larger proportion (53%) of participants who had uptake cervical cancer screening had good knowledge of cervical cancer compared to others (47%) with poor knowledge. Thus, having good knowledge of cervical cancer screening is significantly associated with the uptake.

### Conclusion

Conclusively, in this study the cues that will prompt women to uptake of cervical cancer screening was poor leading to poor uptake of CSS. Cervical cancer screening among the female staff of LCUI. Level of education significantly affected their level of knowledge which was moderate and their attitude which was good, however, their knowledge and attitude were not commensurate to the uptake of cervical cancer screening.

### Recommendations

Therefore, efforts should be made by the nurses to educate the public and private servants emphasizing the need for cervical cancer screening irrespective of feelings of high-level wellness, their education.

1. The government should establish care institutions that provide CCS at affordable costs for individuals at all stages of life.
2. Various marketing and social media initiatives should employ placards, printed graphics, and vests during the cervical cancer health awareness walk to enhance awareness of cervical cancer screening and encourage CCS.



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